

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
IN-CENTER HEMODIALYSIS PATIENT**

Patient Name: _____ **ID#:** _____ **Date/Time:** _____

Facility: _____ **CCN:** _____

Surveyor: _____ **#:** _____

From your sample, choose “interviewable” (i.e., alert, oriented, not mentally impaired) in-center HD patients to interview. Explain the purpose of the interview. Ask if the patient would prefer to be interviewed at the facility or by phone. Ask the **core questions**. If an issue is identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How do the staff at this facility encourage you to give input ? If you had a complaint, how would you file it here or elsewhere?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V627	<input type="checkbox"/> No
Do dialysis staff members treat you with respect and dignity and protect your privacy during dialysis?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
How do staff encourage you to participate in care planning and consider your needs, wishes and goals ? How do staff help you address barriers to meeting goals (targets)? Do staff discuss changes in your prescription before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
What were you told about other treatment options ? How did you choose in-center hemodialysis? Are you satisfied with in-center hemodialysis?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What have you been told about your condition, risks and benefits of dialysis and access types, infection prevention, personal care, home dialysis, self-care, quality of life, rehabilitation, transplant, your rights and responsibilities, and what to do in an emergency here or at home, including if you're not able to get to dialysis?	<input type="checkbox"/> V451 <input type="checkbox"/> V562 <input type="checkbox"/> V464	<input type="checkbox"/> No
How safe, clean, and comfortable is this facility?	<input type="checkbox"/> V401 <input type="checkbox"/> V402	<input type="checkbox"/> No
Do you see staff cleaning hands and changing gloves when moving from one patient or station to another?	<input type="checkbox"/> V113	<input type="checkbox"/> No
Have you ever had any problems or symptoms during dialysis and if so, how and how quickly were they addressed?	<input type="checkbox"/> V681 <input type="checkbox"/> V713	<input type="checkbox"/> No
Are there enough staff , i.e., nurses, technicians, dietitians and social workers at this facility to meet your needs ?	<input type="checkbox"/> V757	<input type="checkbox"/> No
Have you been offered a survey that asks how your health and symptoms affect your energy, activity level, and lifestyle? If problems were identified, how were they addressed?	<input type="checkbox"/> V552 <input type="checkbox"/> V628	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

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Additional Questions

Patients' Rights and Responsibilities	Deficient Practice?	
What do staff do to make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Treatment Issues	Deficient Practice?	
How do you feel after dialysis? Do you get to your target weight? Have you ever had physical problems at home after dialysis?	<input type="checkbox"/> V543	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
What have you been taught about washing hands and cleaning your access site (fistula or graft) before dialysis and washing your hands before leaving the clinic?	<input type="checkbox"/> V562	<input type="checkbox"/> No
Emergency Preparedness	Deficient Practice?	
If your dialysis facility was closed in case of a disaster, what would you do?	<input type="checkbox"/> V412	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
What would you do if you had bleeding from your dialysis access after dialysis or signs and symptoms of access infection or clotting?	<input type="checkbox"/> V550 <input type="checkbox"/> V551	<input type="checkbox"/> No
What has the dietitian told you about food options, meal preparation, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What have you been told about how to manage your fluid intake and blood pressure?	<input type="checkbox"/> V543	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514 <input type="checkbox"/> V552	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No
How often do staff review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
(If reuse) What were you told about dialyzer reuse? How do you know you get your dialyzer each treatment?	<input type="checkbox"/> V312 <input type="checkbox"/> V348	<input type="checkbox"/> No