

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
PATIENT CARE TECHNICIAN**

Facility: _____ **CCN:** _____ **Date/Time:** _____

PCT: _____ **ID#:** _____

Surveyor: _____ **ID#:** _____

Ask the **core questions**. If an issue has been identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How has the facility leadership defined your role in patient safety ?	<input type="checkbox"/> V627	<input type="checkbox"/> No
What do you do to prevent or reduce treatment errors or near misses at this facility? How would you expect an error or near miss involving you or someone else to be addressed?	<input type="checkbox"/> V627 <input type="checkbox"/> V634 <input type="checkbox"/> V715 <input type="checkbox"/> V756	<input type="checkbox"/> No
What types of patient concerns were you taught to document and address? How are patients encouraged to voice suggestions and complaints without fear of reprisal?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V636	<input type="checkbox"/> No
Are there sufficient qualified and trained staff in this facility to meet patients' medical, nutritional, and psychosocial needs?	<input type="checkbox"/> V757	<input type="checkbox"/> No
How and how often do you monitor in-center patients before, during and after dialysis ?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V681	<input type="checkbox"/> No
When would you notify a nurse if a patient has a problem?	<input type="checkbox"/> V681	<input type="checkbox"/> No
What training do you and in-center patients have in infection prevention ?	<input type="checkbox"/> V132 <input type="checkbox"/> V562	<input type="checkbox"/> No
How do you encourage patients to meet outcome targets ?	<input type="checkbox"/> V559	<input type="checkbox"/> No
How would you work with patients who have mental illness, cognitive impairment, cultural or language differences that may contribute to challenging behaviors as a way to prevent involuntary transfers and involuntary discharges ?	<input type="checkbox"/> V452	<input type="checkbox"/> No
How do you participate in and/or learn about QAPI activities ?	<input type="checkbox"/> V626 <input type="checkbox"/> V756	<input type="checkbox"/> No
What are you and the in-center patients taught about emergency preparedness ?	<input type="checkbox"/> V409 <input type="checkbox"/> V412	<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

Patient Assessment & Plan of Care	Deficient Practice?	
How and who would you report patients' interest in other treatment modalities (home dialysis and transplant) to?	<input type="checkbox"/> V553 <input type="checkbox"/> V554	<input type="checkbox"/> No
Who is available to provide resources and assistance to respond to questions/concerns from in-center HD patients/families/partners?	<input type="checkbox"/> V514 <input type="checkbox"/> V552	<input type="checkbox"/> No
What types of patient issues would you refer to the dietitian or social worker?	<input type="checkbox"/> V509 <input type="checkbox"/> V510	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
Were you offered the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
How do you care for patients who are HBV susceptible?	<input type="checkbox"/> V124	<input type="checkbox"/> No
QAPI	Deficient Practice?	
What practice audits of patient care are done at this facility and which ones have you performed?	<input type="checkbox"/> V637	<input type="checkbox"/> No