

ESRD CORE SURVEY INTERVIEW/REVIEW WORKSHEET MACHINE/EQUIPMENT/MAINTENANCE TECHNICIAN

Facility: _____ CCN: _____ Surveyor: _____

Technician(s): _____ ID #: _____ Date/time: _____

Use this worksheet to document your 1) Interview with the machine/equipment maintenance technician; 2) Review of the preventative maintenance (PM) documentation of hemodialysis (HD) machines maintained by the facility personnel; and 3) Review of the documentation of calibration of the equipment used to conduct the HD machine PMs and to test dialysate pH/conductivity.

1. Interview with machine/equipment technician				Trigger Identified	
ASK: What types of patient and staff concerns, suggestions/complaints, errors and near misses are staff taught to respond to, report, and record? How comfortable would you feel to report? What is your facility's system for reporting resolution?				<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V467 <input type="checkbox"/> V627	<input type="checkbox"/> No
ASK: What hemodialysis (HD) machines does the facility maintain? Are there machines from different manufacturers? Does the facility maintain the HD machines for home patients? What is the total number of HD machines maintained by the facility?					
ASK: What are the manufacturer's PM directions for use (DFU) for each type of machine (i.e., at what prescribed intervals—by calendar months or operating hours, or both)? Machine type _____ PM DFU _____ Machine type _____ PM DFU _____ Machine type _____ PM DFU _____					
2. Review 10% of PM logs (minimum 3)					
REVIEW: 12 months of PM logs for 10% (minimum of 3) of the HD machines maintained by the facility. Include machines of home HD patients, and of the different types (manufacturers) of machines used at the facility. Record the dates, operating hours, and degree of PM procedures conducted (e.g. quarterly, semi-annual, annual, etc.) in the table below.					
Machine # or ID & Type	Dates of PMs for Past 12 Months	Operating Hours Recorded	PM Procedure (quarterly, semi- annual, annual, etc.)	Trigger Identified	

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Machine # or ID & Type	Dates of PMs for Past 12 Months	Operating Hours Recorded	PM Procedure (quarterly, semi-annual, annual, etc.)	Trigger Identified	
Were the HD machines you reviewed maintained according to the manufacturer's DFU for PM procedures and intervals between PMs?				<input type="checkbox"/> V403	<input type="checkbox"/> No
3. Review documentation of calibration of equipment				Trigger Identified	
ASK: What is the manufacturer's DFU <ul style="list-style-type: none"> For calibrating the dialysate pH and conductivity meters? For the equipment/meter used to conduct HD machine PM and repair 					
REVIEW: 2 months of calibration logs for the dialysate pH and conductivity meters used at the dialysis machines prior to patients' treatments.					
Were the pH/conductivity meters calibrated according to manufacturer's DFU (e.g., daily, specific solutions used, etc.				<input type="checkbox"/> V403	<input type="checkbox"/> No
REVIEW: The most recent calibration documentation for the equipment/meter used to conduct the HD machine PMs and repairs.					
Was the equipment/meter used to conduct HD machine PM and repairs calibrated according to the manufacturer's DFU?				<input type="checkbox"/> V403	<input type="checkbox"/> No

Additional notes: _____
