

**ESRD CORE SURVEY INTERVIEW WORKSHEET:  
NURSE**

**Facility:** \_\_\_\_\_ **CCN:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Nurse:** \_\_\_\_\_ **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**

	<b>Deficient Practice?</b>	
How has the facility leadership defined your role in <b>patient safety</b> ?	<input type="checkbox"/> V627	<input type="checkbox"/> No
What do you do to prevent or reduce <b>treatment errors or near misses</b> at this facility? Can you report without fear of reprisal? How would you expect an error/near miss involving you or others to be addressed?	<input type="checkbox"/> V627 <input type="checkbox"/> V634 <input type="checkbox"/> V715 <input type="checkbox"/> V756	<input type="checkbox"/> No
How are patients encouraged to <b>participate</b> in their plan of care?	<input type="checkbox"/> V456	<input type="checkbox"/> No
What types of <b>patients' concerns</b> do you document and address? How are patients encouraged to voice suggestions and complaints without fear of reprisal? What is your facility's system for reporting resolution to the patient?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V636	<input type="checkbox"/> No
Are there <b>sufficient qualified and trained staff</b> in this facility to meet patients' medical, nutritional, and psychosocial needs?	<input type="checkbox"/> V757 <input type="checkbox"/> V758	<input type="checkbox"/> No
How and how often do you <b>monitor in-center patients before, during and after dialysis</b> ?	<input type="checkbox"/> V503 <input type="checkbox"/> V504	<input type="checkbox"/> No
What does this facility do for <b>infection control and prevention</b> ?	<input type="checkbox"/> V132 <input type="checkbox"/> V562	<input type="checkbox"/> No
How do you <b>monitor, recognize and address patients' failure to meet outcome targets</b> addressing learning barriers?	<input type="checkbox"/> V559	<input type="checkbox"/> No
How do you <b>participate in QAPI</b> and learn about QAPI activities? [For nurse manager] How do you track and trend data for QAPI?	<input type="checkbox"/> V626 <input type="checkbox"/> V628	<input type="checkbox"/> No
What have you and patients been taught about <b>emergency preparedness</b> ?	<input type="checkbox"/> V409 <input type="checkbox"/> V412	<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 <b>prevent involuntary transfers and involuntary discharges</b> ?	<input type="checkbox"/> V452	<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**

<b>Patient Assessment &amp; Plan of Care</b>	<b>Deficient Practice?</b>	
How are interested patients evaluated for other treatment modalities (home dialysis and transplant)?	<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
How often do you review patients' immunizations and medication history with them (i.e., allergies, current in-center medications and home medications, over-the-counter medications, supplements, etc.)?	<input type="checkbox"/> V506	<input type="checkbox"/> No
<b>Infection Control</b>	<b>Deficient Practice?</b>	
Were you and in-center HD patients 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
<b>QAPI</b>	<b>Deficient Practice?</b>	
What practice audits of patient care are done at this facility and which ones have you performed?	<input type="checkbox"/> V628	<input type="checkbox"/> No
How are problems that threaten the health and safety of in-center HD patients and that require immediate correction addressed in QAPI?	<input type="checkbox"/> V640	<input type="checkbox"/> No
[Nurse manager] How does the medical director take responsibility in QAPI for in-center HD patients' clinical indicators?	<input type="checkbox"/> V629-637, <input type="checkbox"/> V712	<input type="checkbox"/> No
<b>Recordkeeping</b>	<b>Deficient Practice?</b>	
How often are in-center HD patients' flow sheets/treatment records reviewed for accurate documentation and used to revise the plan to meet outcomes/goals?	<input type="checkbox"/> V559 <input type="checkbox"/> V726	<input type="checkbox"/> No