

ESRD CORE SURVEY INTERVIEW WORKSHEET: DIETITIAN

Facility:_____ **CCN:**_____ **Date:**_____

Dietitian:_____ **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?	
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
Are there sufficient qualified and trained staff in this facility to meet patients' (in-center and home, if applicable) medical, nutritional, and psychosocial needs?	<input type="checkbox"/> V757 <input type="checkbox"/> V758	<input type="checkbox"/> No
How do you assess patients' nutritional status and collaborate with the IDT to develop a congruent plan of care that addresses outcomes?	<input type="checkbox"/> V509 <input type="checkbox"/> V542	<input type="checkbox"/> No
How do you encourage patients to participate in their plan of care?	<input type="checkbox"/> V456	<input type="checkbox"/> No
How do you educate patients, including those with learning barriers when monitoring, recognizing and addressing patients' failure to meet outcome targets ?	<input type="checkbox"/> V559 <input type="checkbox"/> V562	<input type="checkbox"/> No
How do you work with patients who have mental illness, cognitive impairment, cultural or language differences that may help the facility better meet patients' medical and nutritional needs to reduce the risk of involuntary transfers/discharges ?	<input type="checkbox"/> V452 <input type="checkbox"/> V766	<input type="checkbox"/> No
How do you participate in QAPI and what topics do you bring to QAPI meetings?	<input type="checkbox"/> V626 <input type="checkbox"/> V756	<input type="checkbox"/> No
What training do you have in infection prevention ?	<input type="checkbox"/> V132	<input type="checkbox"/> No
What were you taught about emergency preparedness ? What do you teach patients about adjusting their diet and fluids if they can't do dialysis in an emergency or disaster?	<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 & Care Planning	Deficient Practice?	
What are some nutritional issues you address with patients (in-center and home HD and PD, nursing home residents)?	<input type="checkbox"/> V545	<input type="checkbox"/> No
If your facility does not allow in-center patients to eat at mealtimes during treatment, how do you counsel them to assure that their nutritional needs are met on dialysis days? How do you collaborate with a nursing home staff, if applicable, to help patients meet nutritional outcomes?	<input type="checkbox"/> V545 <input type="checkbox"/> V562	<input type="checkbox"/> No
What are your responsibilities related to diet education when patients switch permanently or temporarily between HD and PD or between standard and more frequent dialysis?	<input type="checkbox"/> V545 <input type="checkbox"/> V562	
How do you identify patients as unstable to increase their frequency of IDT assessment and care planning?	<input type="checkbox"/> V520	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
Were you offered the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No