

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
HOME HEMODIALYSIS TRAINING NURSE**

Facility: _____ CCN: _____ Date/Time: _____

Home HD Training Nurse: _____ ID#: _____

Surveyor: _____ ID#: _____

NOTE: Ask the **core questions**. If an issue has been identified in one or more data-driven focus areas, ask appropriate **additional questions**. If the dialysis facility supports home PD performed in LTC settings, follow the survey process in the current CMS Survey & Certification letter for home dialysis in LTC facilities.

Core Questions

	Deficient Practice?	
What do you do to prevent or reduce treatment errors or near misses ? 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
What types of patients' concerns do you respond to, report, and record? How are patients encouraged to voice suggestions and complaints so they don't fear 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 sufficient qualified and trained staff in this facility to meet patients' medical, nutritional, and psychosocial needs (nurses, dietitians, social workers)?	<input type="checkbox"/> V757 <input type="checkbox"/> V758	<input type="checkbox"/> No
How do you ensure that the patient and/or caregiver are well trained and competent ?	<input type="checkbox"/> V586	<input type="checkbox"/> No
What does this facility do for infection control and prevention ?	<input type="checkbox"/> V132 <input type="checkbox"/> V562	<input type="checkbox"/> No
How do you monitor the home HD patient's home adaptation , including visits to the patient's home?	<input type="checkbox"/> V589	<input type="checkbox"/> No
How is the home environment evaluated prior to home treatment and how is home HD patient's machine and water and dialysate system maintained ?	<input type="checkbox"/> V593-597	<input type="checkbox"/> No
How are home HD patients encouraged to participate in their plan of care?	<input type="checkbox"/> V456 <input type="checkbox"/> V542	<input type="checkbox"/> No
How do you monitor, recognize and address home HD patients' failure to meet outcome targets addressing learning barriers?	<input type="checkbox"/> V559	<input type="checkbox"/> No
How do you participate in QAPI and separately track and trend home HD program data , including but not limited to vascular access and blood stream infections?	<input type="checkbox"/> V628 <input type="checkbox"/> V637 <input type="checkbox"/> V756	<input type="checkbox"/> No
What are you and your 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

Home HD Training & Support	Deficient Practice?	
How and how often do IDT members, including the physician, nurse, dietitian and social worker see and provide services to home HD patients?	<input type="checkbox"/> V588 <input type="checkbox"/> V592	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
How are interested patients evaluated for home HD and/or other modalities, including transplant? How do you evaluate the patient's need for a home dialysis care partner?	<input type="checkbox"/> V512 <input type="checkbox"/> V513 <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 home HD patients/family/care partners 24/7?	<input type="checkbox"/> V585	<input type="checkbox"/> No
How often do you review patients' immunizations and medication history with them (i.e., allergies, home medications, over-the-counter medications, supplements, etc.)?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
Were you and your home HD patients offered the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
How do you train patients who are HBV+?	<input type="checkbox"/> V130 <input type="checkbox"/> V585	<input type="checkbox"/> No
QAPI	Deficient Practice?	
How are home HD patient involuntary transfers and involuntary discharges prevented?	<input type="checkbox"/> V636	<input type="checkbox"/> No
How are problems that threaten the health and safety of home HD patients and that require immediate correction addressed in QAPI?	<input type="checkbox"/> V640	<input type="checkbox"/> No
How does the medical director take responsibility in QAPI for home HD clinical indicators?	<input type="checkbox"/> V629-637, <input type="checkbox"/> V712	<input type="checkbox"/> No
Recordkeeping	Deficient Practice?	
How often are home HD patients' flow sheets/treatment records obtained and reviewed for accurate documentation and used to revise the plan to meet outcomes/goals? Who reviews them?	<input type="checkbox"/> V587 <input type="checkbox"/> V731	<input type="checkbox"/> No