ESRD CORE SURVEY INTERVIEW WORKSHEET:
PD TRAINING NURSE

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

PD 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?	☐ V627 ☐ V634 ☐ V715 ☐ V756	☐ 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?	☐ V465 ☐ V466 ☐ V636	☐ No
Are there **sufficient qualified and trained staff** in this facility to meet patients' medical, nutritional, and psychosocial needs (nurses, dietitians, social workers)?	☐ V757 ☐ V758	☐ No
How do you ensure that the **patient and/or caregiver are well trained and competent**?	☐ V586	☐ No
What does this facility do for **infection control and prevention**?	☐ V132 ☐ V562	☐ No
How do you monitor the home PD patient's **home adaptation**, including visits to the patient's home?	☐ V589	☐ No
How are home PD patients encouraged to **participate** in their plan of care?	☐ V456 ☐ V542	☐ No
How do you **monitor, recognize and address home PD patients' failure to meet outcome targets** addressing learning barriers?	☐ V559	☐ No
How do you **participate in QAPI and separately track and trend PD program data**, including but not limited to catheter infections and peritonitis?	☐ V628 ☐ V637 ☐ V756	☐ No
What are you and your patients taught about **emergency preparedness**?	☐ V409 ☐ V412	☐ No
Is there anything else you would like to tell me about this facility?	☐ V467	☐ No

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Additional Questions

PD 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 PD patients?	☐ V588 ☐ V592	☐ No
Patient Assessment & Plan of Care	**Deficient Practice?**	
How are interested patients evaluated for home PD and/or other modalities including transplant? How do you evaluate the patient's need for a home dialysis partner?	☐ V512 ☐ V513 ☐ V553 ☐ V554	☐ No
Who is available to provide resources and assistance to respond to questions/concerns from home PD patients/family/care partners 24/7?	☐ V585	☐ No
How often do you review patients' immunizations and medication history with them (i.e., allergies, home medications, over-the-counter medications, supplements, etc.)?	☐ V506	☐ No
Infection Control	**Deficient Practice?**	
Were you and your home PD patients offered the Hepatitis B vaccine?	☐ V126	☐ No
How do you train patients who are HBV+?	☐ V130 ☐ V585	☐ No
QAPI	**Deficient Practice?**	
How are home PD patient involuntary transfers and involuntary discharges prevented?	☐ V636	☐ No
How are problems that threaten the health and safety of home PD patients and that require immediate correction addressed in QAPI?	☐ V640	☐ No
How does the medical director take responsibility in QAPI for home PD clinical indicators?	☐ V629-637, ☐ V712	☐ No
Recordkeeping	**Deficient Practice?**	
How often are home PD patients' flow sheets/treatment records obtained and reviewed for accurate documentation and used to revise the plan to meet outcomes/goals? Who reviews them?	☐ V587 ☐ V731	☐ No