

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
SOCIAL WORKER**

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

Social Worker: _____ **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' psychosocial status and collaborate with the IDT to develop a congruent plan of care that addresses outcomes?	<input type="checkbox"/> V510 <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
When do you offer patients a health-related quality of life (HRQOL) survey, e.g., KDQOL-36 or age appropriate survey , share results with the patient and team, and use them for plan of care and QAPI? What are your refusal and annual completion thresholds?	<input type="checkbox"/> V552 <input type="checkbox"/> V628	<input type="checkbox"/> No
How do you work with patients who have mental illness, cognitive impairment, cultural or language differences that may contribute to risk of involuntary transfers (IVT)/discharges (IVD) ? What is your role with IVT/IVD?	<input type="checkbox"/> V452 <input type="checkbox"/> V766 <input type="checkbox"/> V767	<input type="checkbox"/> No
How do you participate in QAPI and what topics do you bring to QAPI meetings? How are patients' satisfaction, grievances and involuntary discharges addressed in QAPI?	<input type="checkbox"/> V626 <input type="checkbox"/> V636 <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 ? How do you help patients get care elsewhere during an emergency?	<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

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
SOCIAL WORKER**

Additional Questions

Patients' Rights/Education	Deficient Practice?	
What are patients' rights and responsibilities? How and when do they learn their rights? How do you teach patients to self-advocate?	<input type="checkbox"/> V451	<input type="checkbox"/> No
What do you do to assure that patients have their desired level of privacy and confidentiality when they communicate with you?	<input type="checkbox"/> V454	<input type="checkbox"/> No
What do you tell patients about their right to establish an advance directive? What are the facility's policies for honoring advance directives and are patients told about these policies?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Patient Assessment and Plan of Care	Deficient Practice?	
What are some psychosocial issues you address with patients (in-center and home HD and PD, nursing home residents)?	<input type="checkbox"/> V552	<input type="checkbox"/> No
Do you have adequate resources (including time) to do what your job requires, per the Conditions for Coverage?	<input type="checkbox"/> V758	<input type="checkbox"/> No
How do you identify patients as "unstable" for "significant change in psychosocial needs?"	<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