

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
MEDICAL DIRECTOR**

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

Medical director: _____ **ID#:** _____

Surveyor: _____ **ID#:** _____

Alert the medical director that you would like to interview him/her in person or by phone if their schedule allows. You must interview the medical director if you identify a significant problem at the facility. 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 have you done to set the tone for this facility and its management that encourages patients and staff to openly and directly voice concerns, suggestions and report grievances, errors or near misses to management without fearing retribution or reprisal?	<input type="checkbox"/> V627	<input type="checkbox"/> No
How do you ensure that in all required/appropriate areas of the QAPI program data are regularly monitored; issues addressed; and improvements taken and sustained?	<input type="checkbox"/> V712 <input type="checkbox"/> V626	<input type="checkbox"/> No
How do you monitor and address staff turnover at this facility and work with the governing body to ensure sufficient numbers of qualified staff to meet patients' needs?	<input type="checkbox"/> V757	<input type="checkbox"/> No
How do you ensure that all staff have the appropriate education, training and competency to perform their job responsibilities?	<input type="checkbox"/> V713	<input type="checkbox"/> No
How do you ensure that patient plans of care are individualized? Specifically, how do you monitor and manage adequacy, anemia and fluid removal during dialysis?	<input type="checkbox"/> V541 <input type="checkbox"/> V543 <input type="checkbox"/> V544 <input type="checkbox"/> V547	<input type="checkbox"/> No
What do you do (what is your process) when you receive a patient suggestion/complaint?	<input type="checkbox"/> V765	<input type="checkbox"/> No
How do you maintain and review patient and staff lists of suggestions/complaints/incidents?	<input type="checkbox"/> V627	<input type="checkbox"/> No
What do you do to prevent any involuntary transfers/discharges or facility denial of admissions?	<input type="checkbox"/> V766 <input type="checkbox"/> V767	<input type="checkbox"/> No
How are staff/patients informed about and monitored for appropriate infection control?	<input type="checkbox"/> V713 <input type="checkbox"/> V715	<input type="checkbox"/> No
What is the process for ensuring that every patient is informed about and receives the treatment that he/she chooses unless medically contraindicated?	<input type="checkbox"/> V458 <input type="checkbox"/> V553 <input type="checkbox"/> V554	<input type="checkbox"/> No
What else can you tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

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Additional Questions

Medical Director Responsibilities	Deficient Practice?	
What does your role as medical director encompass at this facility?	<input type="checkbox"/> V711	<input type="checkbox"/> No
How do you participate in the development, review, and approval of the “patient care policies and procedures manual” for the facility and assure that all policies and procedures are adequate, accurate, and up-to-date?	<input type="checkbox"/> V714	<input type="checkbox"/> No
How do you provide oversight to assure that medical and other staff are adhering to facility policies related to admissions, patient care, infection control and safety?	<input type="checkbox"/> V715	<input type="checkbox"/> No