

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
HOME HEMODIALYSIS PATIENT**

Patient Name: _____ **ID#:** _____ **Date/Time:** _____

Facility: _____ **CCN:** _____

Surveyor: _____ **#:** _____

From your sample, choose “interviewable” (i.e., alert, oriented, not mentally impaired) home HD patients (or care partners) to interview while in facility or by phone. Ask the home training nurse to contact the patient to alert him/her that the surveyor will be calling for an interview. Explain the purpose of the interview. 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?	
How do the staff at this facility encourage you to give input ? If you had a complaint, how would you file it here or elsewhere?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V627	<input type="checkbox"/> No
Do dialysis staff members treat you with respect and dignity and protect your privacy during training and visits to the facility?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
How do staff encourage you to participate in care planning and consider your needs, wishes and goals ? How do staff help you address barriers to meeting goals (targets)? Do staff discuss prescription changes with you before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
What were you told about other treatment options ? How did you choose home hemodialysis? Are you satisfied with home hemodialysis?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What have you been told about your condition, risks and benefits of dialysis types, infection prevention, disposal of used supplies, rehabilitation, quality of life, transplant, rights and responsibilities, who to contact for problems 24/7, and what to do in an emergency or if something prevents you from doing home HD?	<input type="checkbox"/> V451 <input type="checkbox"/> V464 <input type="checkbox"/> V562 <input type="checkbox"/> V585	<input type="checkbox"/> No
Are there enough staff , i.e., home training nurses, dietitians and social workers at this facility to meet your needs ? Do you see these staff members as often as you need to?	<input type="checkbox"/> V582 <input type="checkbox"/> V592 <input type="checkbox"/> V757	<input type="checkbox"/> No
How did your training nurse know you (and your care partner if applicable) were ready to do hemodialysis at home ?	<input type="checkbox"/> V586	<input type="checkbox"/> No
How safe, clean, and comfortable is the area for home training and facility visits?	<input type="checkbox"/> V401 <input type="checkbox"/> V402	<input type="checkbox"/> No
Have you been offered a survey that asks how your health affects your energy, activity level, and lifestyle? If problems were identified, how were they addressed?	<input type="checkbox"/> V552 <input type="checkbox"/> V628	<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

Patients' Rights and Responsibilities	Deficient Practice?	
What do staff do to make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Training & Support for Home Care	Deficient Practice?	
How often do you send/take flow sheets to this facility? Who reviews them?	<input type="checkbox"/> V587	<input type="checkbox"/> No
Did anyone come to your home to test the water quality before you started home HD? [Unless bagged dialysate] How and how often do you or facility staff test the water/dialysate?	<input type="checkbox"/> V593 <input type="checkbox"/> V594 <input type="checkbox"/> V595 <input type="checkbox"/> V596	<input type="checkbox"/> No
Do the staff ask you how well you are doing on home HD?	<input type="checkbox"/> V589	<input type="checkbox"/> No
Management of Home Hemodialysis Prescription	Deficient Practice?	
How do you decide how much fluid to remove during dialysis? Do you get to your goal weight? What symptoms do you have during or after dialysis? How do you monitor and control your blood pressure?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V543	<input type="checkbox"/> No
How often does the nurse review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
What have you been taught about signs of an access infection and what would you do if you had any of these symptoms?	<input type="checkbox"/> V585	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
What has the dietitian told you about food options, meal preparation, managing fluids, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant in the facility or at the office? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No