

# ESRD CORE SURVEY INTERVIEW WORKSHEET: IN-CENTER HEMODIALYSIS PATIENT

**Patient Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **CCN:** \_\_\_\_\_

**Surveyor:** \_\_\_\_\_ **#:** \_\_\_\_\_

From your sample, choose “interviewable” (i.e., alert, oriented, not mentally impaired) in-center HD patients to interview. Explain the purpose of the interview. Ask if the patient would prefer to be interviewed at the facility or by phone. Ask the **core questions**. If an issue is identified in one or more data-driven focus areas, ask appropriate **additional questions**.

## Core Questions

	Deficient Practice?	
How do the staff at this facility <b>encourage you to give input</b> ? 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 <b>respect and dignity</b> and protect your privacy during dialysis?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
How do staff encourage you to <b>participate in care planning</b> and consider your <b>needs, wishes and goals</b> ? How do staff help you address barriers to meeting goals (targets)? Do staff discuss changes in your prescription before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
What were you told about other <b>treatment options</b> ? How did you choose in-center hemodialysis? Are you satisfied with in-center hemodialysis?	<input type="checkbox"/> V458	<input type="checkbox"/> No
<b>What have you been told</b> about your condition, risks and benefits of dialysis and access types, infection prevention, personal care, home dialysis, self-care, quality of life, rehabilitation, transplant, your rights and responsibilities, and what to do in an emergency here or at home, including if you're not able to get to dialysis?	<input type="checkbox"/> V451 <input type="checkbox"/> V562 <input type="checkbox"/> V464	<input type="checkbox"/> No
How <b>safe, clean, and comfortable</b> is this facility?	<input type="checkbox"/> V401 <input type="checkbox"/> V402	<input type="checkbox"/> No
Do you see <b>staff cleaning hands and changing gloves</b> when moving from one patient or station to another?	<input type="checkbox"/> V113	<input type="checkbox"/> No
Have you ever had any <b>problems or symptoms during dialysis</b> and if so, how and how quickly were they addressed?	<input type="checkbox"/> V681 <input type="checkbox"/> V713	<input type="checkbox"/> No
Are there <b>enough staff</b> , i.e., nurses, technicians, dietitians and social workers at this facility <b>to meet your needs</b> ?	<input type="checkbox"/> V757	<input type="checkbox"/> No
Have you been offered a <b>survey</b> that asks how your health and symptoms affect 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**

<b>Patients' Rights and Responsibilities</b>	<b>Deficient Practice?</b>	
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
<b>Treatment Issues</b>	<b>Deficient Practice?</b>	
How do you feel after dialysis? Do you get to your target weight? Have you ever had physical problems at home after dialysis?	<input type="checkbox"/> V543	<input type="checkbox"/> No
<b>Infection Control</b>	<b>Deficient Practice?</b>	
What have you been taught about washing hands and cleaning your access site (fistula or graft) before dialysis and washing your hands before leaving the clinic?	<input type="checkbox"/> V562	<input type="checkbox"/> No
<b>Emergency Preparedness</b>	<b>Deficient Practice?</b>	
If your dialysis facility was closed in case of a disaster, what would you do?	<input type="checkbox"/> V412	<input type="checkbox"/> No
<b>Patient Assessment &amp; Plan of Care</b>	<b>Deficient Practice?</b>	
What would you do if you had bleeding from your dialysis access after dialysis or signs and symptoms of access infection or clotting?	<input type="checkbox"/> V550 <input type="checkbox"/> V551	<input type="checkbox"/> No
What has the dietitian told you about food options, meal preparation, 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 have you been told about how to manage your fluid intake and blood pressure?	<input type="checkbox"/> V543	<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"/> V552	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No
How often do staff review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
(If reuse) What were you told about dialyzer reuse? How do you know you get your dialyzer each treatment?	<input type="checkbox"/> V312 <input type="checkbox"/> V348	<input type="checkbox"/> No