

ESRD CORE SURVEY INTERVIEW WORKSHEET: DIETITIAN

Facility: _____ **Date:** _____

Dietitian: _____ **Surveyor:** _____

Ask the theme-based **core questions** (required). If you have identified additional issues during the survey, ask the appropriate **extended questions** (optional).

Core Questions	Concern Identified?	
[Patient & staff voices/culture of safety] 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 an issue or make a suggestion? What is your facility's system for reporting resolution?	<input type="checkbox"/> V627 <input type="checkbox"/> V466 <input type="checkbox"/> V765	<input type="checkbox"/> No
[Staffing] Do you have enough time to help in-center and home patients (if applicable) meet their nutritional needs? How often do you have contact with in-center and home (if applicable) patients?	<input type="checkbox"/> V757 <input type="checkbox"/> V681 <input type="checkbox"/> V758	<input type="checkbox"/> No
[Patient education/knowledge] How do you educate and counsel patients and families about the renal diet, labs, and nutritional status and needs, including addressing learning barriers? How do you work effectively with patients who have mental illness, cognitive impairment, cultural or language differences?	<input type="checkbox"/> V562 <input type="checkbox"/> V453	<input type="checkbox"/> No
[Meeting nutritional needs/targets in-center patients] What nutritional issues do you address with in-center patients, including their diet on dialysis days? If you have in-center nursing home patients, how do you communicate and collaborate with NH staff to meet nutritional needs and targets?	<input type="checkbox"/> V545	<input type="checkbox"/> No
[Meeting nutritional needs/targets home patients (if applicable)] What nutritional issues do you address with home patients, including those on dialysis in nursing homes (if applicable)? How and how often do IDT members see and provide services to home patients? How do you communicate and collaborate with NH staff to meet nutritional needs and targets?	<input type="checkbox"/> V545 <input type="checkbox"/> V592	<input type="checkbox"/> No
[Reviewing labs] What are your responsibilities for monitoring lab test results? What is your responsibility if the patient's lab results are outside identified parameters?	<input type="checkbox"/> V505 <input type="checkbox"/> V509 <input type="checkbox"/> V545 <input type="checkbox"/> V559	<input type="checkbox"/> No
[Staff & patient partnership/care planning] How do patients at this facility participate in their plan of care? How do you monitor, recognize, and address patients' nutritional needs and barriers? How do you collaborate with the patient and team to overcome barriers to their goals and clinical targets?	<input type="checkbox"/> V509 <input type="checkbox"/> V542 <input type="checkbox"/> V456 <input type="checkbox"/> V559	<input type="checkbox"/> No
[QAPI] How do you participate in QAPI? What facility-level nutritional and other data do you bring to QAPI meetings?	<input type="checkbox"/> V756 <input type="checkbox"/> V626 <input type="checkbox"/> V630 <input type="checkbox"/> V631	<input type="checkbox"/> No
[Emergency preparedness] What were you taught about emergency preparedness? What do you teach patients about adjusting their diet and fluids if they can't do dialysis in an emergency or disaster?	<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"/> V____	<input type="checkbox"/> No

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Extended Questions

Interdisciplinary Clinical Care	Concern Identified?	
What are your responsibilities related to patient and family diet education when patients switch permanently or temporarily between HD and PD or between standard and longer or more frequent dialysis?	<input type="checkbox"/> V545 <input type="checkbox"/> V562	<input type="checkbox"/> No
How does the interdisciplinary team identify patients as unstable?	<input type="checkbox"/> V520	<input type="checkbox"/> No
Infection Control	Concern Identified?	
Were you offered the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
What training do you have in infection prevention and control?	<input type="checkbox"/> V132	<input type="checkbox"/> No