

## ESRD Core Survey Entrance Conference Questions

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

**Gather the following information from the facility representative:**

1. Current HD in-center census: \_\_\_\_\_
2. Number of currently used in-center HD treatment stations: \_\_\_\_\_
3. What are the facility's days & hours of operation? \_\_\_\_\_
4. How many patient shifts are there? MWF \_\_\_\_\_ TThS \_\_\_\_\_
5. What hours is the facility open? \_\_\_\_\_
6. What time do patient shifts start? \_\_\_\_\_
7. What time do staff arrive? \_\_\_\_\_
8. When are water tests done? \_\_\_\_\_
9. Does the facility have an isolation room or area? ☐ Yes ☐ No
10. If yes: how many isolation stations are available? \_\_\_\_\_
11. How many HBV+ patients are on census? \_\_\_\_\_
12. If no: does the facility have a written agreement with a local facility which accepts HBV+ patients? ☐ Yes ☐ No
13. If opened or expanded on or after 10/14/2008, does the facility have a waiver from CMS for the requirement of an isolation room? ☐ Yes ☐ No
14. Does the facility reprocess/reuse dialyzers? ☐ Yes ☐ No
15. If yes, what type of germicide is used? \_\_\_\_\_
16. Is the reprocessing off-site/centralized? ☐ Yes ☐ No
17. Does the facility have any home dialysis programs? ☐ Yes ☐ No
  - a. If yes: Number of PD patients \_\_\_\_\_ Number of HHD patients \_\_\_\_\_
18. Does the facility provide home staff-assisted hemodialysis? ☐ Yes ☐ No
19. If the facility does not provide home peritoneal and/or hemodialysis training and support, how is access to these modalities provided? \_\_\_\_\_  
\_\_\_\_\_
20. Do you have patients on census who weigh less than 30 kg or who are under 18 years of age? ☐ Yes ☐ No
21. Does the facility dialyze or support the dialysis of nursing home patients at their nursing homes? ☐ Yes ☐ No

22. Are any staff members currently in orientation? ☐ Yes ☐ No
23. Do agency nursing staff provide care in the facility? ☐ Yes ☐ No
24. Has the facility ever had any TB conversions (patients or staff)? ☐ Yes ☐ No
25. If yes, did the facility report TB positive patients to the state health department?  
☐ Yes ☐ No
26. What action is taken if a patient is identified with active TB? \_\_\_\_\_  
\_\_\_\_\_
27. Are there any current patients with MRSA or VRE? ☐ Yes ☐ No
28. What are the names of those patients? \_\_\_\_\_  
\_\_\_\_\_
29. What system for patient medical records is used? Is part or all of the medical record  
computerized? \_\_\_\_\_  
\_\_\_\_\_