

ESRD CORE SURVEY INTERVIEW WORKSHEET: NURSE MANAGER, CHARGE NURSE, STAFF NURSE

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

Nurse/Type: _____ **Surveyor:** _____

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

Core Questions	Concern Identified?	
[Staff voice/culture of safety] What do you do to prevent or reduce treatment errors or near misses? What errors or occurrences are expected to be reported at this facility? How comfortable would you feel to report an issue or make a suggestion? How does this facility address an error or near miss involving you or others?	<input type="checkbox"/> V627 <input type="checkbox"/> V634	<input type="checkbox"/> No
[Patient voice/culture of safety] What types of patients' concerns do you respond to, report, and record? How are patients encouraged to voice suggestions and complaints? How do you encourage PCTs to report patient concerns to you? What is your facility's system for reporting resolution to the patient?	<input type="checkbox"/> V627 <input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V636 <input type="checkbox"/> V765	<input type="checkbox"/> No
[Staffing] Does this facility have enough qualified and trained staff to meet patients' medical, nutritional, and psychosocial needs? How are direct care staff members routinely scheduled to address vacations, sick calls, etc.? How and how often does the dietitian, social worker, and the patients' nephrologists see and provide services to patients?	<input type="checkbox"/> V757 <input type="checkbox"/> V681 <input type="checkbox"/> V758	<input type="checkbox"/> No
[Patient education/knowledge] What information do you give to patients about their options for transplant and dialysis modalities and settings? How do you evaluate patients' abilities, interests, preferences, and goals? How do you educate patients who have mental illness, cognitive impairment, cultural or language differences? What topics are included in your patient education program?	<input type="checkbox"/> V453 <input type="checkbox"/> V458 <input type="checkbox"/> V512 <input type="checkbox"/> V513 <input type="checkbox"/> V562	<input type="checkbox"/> No
[Staff & patient partnership/care planning] How do patients participate in their plan of care? How do you monitor, recognize, and adjust the plan of care to address patients' barriers to meeting goals (targets), including learning barriers?	<input type="checkbox"/> V456 <input type="checkbox"/> V542 <input type="checkbox"/> V559	<input type="checkbox"/> No
[Monitoring patients/fluid management] How and how often do you monitor in-center patients before, during, and after dialysis? How do you supervise the care the direct care staff provide to patients? How are patients' dialysis treatment records reviewed for accuracy? What is the facility system for monitoring patients' fluid management and fluid removal during dialysis?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V543	<input type="checkbox"/> No
[Infection control] What training did you receive about infection prevention and control? How do you monitor the infection control practices of the direct care staff? What precautions do you and direct care staff take when caring for an HBV+ patient? How are staffing assignments made when HBV+ patients are scheduled?	<input type="checkbox"/> V132 <input type="checkbox"/> V130 <input type="checkbox"/> V131	<input type="checkbox"/> No
[QAPI] How are you included in the facility QAPI activities?	<input type="checkbox"/> V626	<input type="checkbox"/> No
[QAPI/Nurse manager] How do you participate in QAPI? How do you track and trend data for QAPI? What is your role and responsibility in QAPI?	<input type="checkbox"/> V626 <input type="checkbox"/> V628 <input type="checkbox"/> V712	<input type="checkbox"/> No
[Emergency preparedness] What training do you have in dealing with patient emergencies and cardiac arrest? What are patients taught about emergency disconnection and evacuation from the facility, and about preparing for disasters? How do you determine and keep track of which patients need more help with evacuation? How would you contact a physician in an emergency?	<input type="checkbox"/> V409 <input type="checkbox"/> V410 <input type="checkbox"/> V411 <input type="checkbox"/> V412 <input type="checkbox"/> V769	<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?	
How are staffing assignments made taking into consideration patient acuity and special needs?	<input type="checkbox"/> V757 <input type="checkbox"/> V759	<input type="checkbox"/> No
What types of patient issues would you refer to the dietitian or social worker?	<input type="checkbox"/> V509 <input type="checkbox"/> V510	<input type="checkbox"/> No
How do you review patients' immunizations and medication history with them (e.g., allergies, current in-center medications and home medications, over-the-counter medications, supplements, etc.) and assure the accuracy of their medications?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Patients' Rights	Concern Identified?	
How do you show respect to patients and address undesirable patient/staff behaviors? What would you do if you saw a patient being treated disrespectfully?	<input type="checkbox"/> V452	<input type="checkbox"/> No
Infection Control	Concern Identified?	
How do you track infections in the in-center patients?	<input type="checkbox"/> V637	<input type="checkbox"/> No
Did the facility offer you the Hepatitis B vaccine? What vaccinations are patients offered here? How are patients' HBV status monitored? What tracking mechanism do you have to assure that patients get the full HBV vaccination series? How do you track their HBV immunity status after vaccination?	<input type="checkbox"/> V126 <input type="checkbox"/> V124 <input type="checkbox"/> V127	<input type="checkbox"/> No
QAPI	Concern Identified?	
What practice audits of patient care are done at this facility and which ones have you participated in?	<input type="checkbox"/> V638	<input type="checkbox"/> No
How do you and the QAPI team address/correct serious problems that have harmed or may harm patients?	<input type="checkbox"/> V634 <input type="checkbox"/> V640	<input type="checkbox"/> No
How are you informed about and participate in improvement efforts related to patients' satisfaction, grievances, and involuntary discharges that are addressed in QAPI?	<input type="checkbox"/> V636 <input type="checkbox"/> V767	<input type="checkbox"/> No
Qualifications and Training	Concern Identified?	
What responsibilities, if any, do you have for water treatment, reuse, and/or machine maintenance?	<input type="checkbox"/> V681 <input type="checkbox"/> V694 <input type="checkbox"/> V713	<input type="checkbox"/> No