



End-Stage Renal Disease  
Network of New York



esrd.ipro.org

## NW2 Home Therapies QIA: January 2018 Data Collection Tool Home Therapies 7 Steps Patient Tracking

Please select your facility from the dropdown list below; facility name and CMS Certification Number (CCN) have been included.

**Total Patient Census**

**Has the project lead for this QIA changed since last submission?**

Yes

No

If yes, please submit new QIA lead name and e-mail here.

**Name of person completing this form:**

**Phone Number:**

*e.g. 123-456-7890*

**E-mail Address:**



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### Instructions for Entering Monthly Step Data:

**Monthly Data:** Please include the total number of patients who during the month have entered the step for the first time or have not progressed to the next step. (Each patient should only be counted in ONE Step)

**Year to Date Data:** Include all patients who have achieved the step from January to current month.

*Note: Not all patients will begin at step 1. If a patient has attained more than one step in a month, only count them in the highest numbered step attained. i.e. Patient expressed interest and attends education session in the month would be counted in step 2*

### Step 1: Number of Patient(s) interested in home dialysis

January

Year to Date

### Successes/Barriers to Step 1: Patient Interest in Home Therapies

Successes

Barriers

### Step 2: Number of Patient(s) Attending Educational session to determine patient preference.

January

Year to Date

### Success/Barriers to Step 2: Patient Education Sessions

Successes

Barriers

**Step 3: Number of Patient(s) suitable for home modality as determined by a nephrologist with expertise in home dialysis therapy**

January

Year to Date

**Successes/Barriers to Step 3: MD determined Patient Suitability**

Successes

Barriers

**Step 4: Assessment for appropriate HT access placement**

January

Year to Date

**Successes/Barriers to Step 4: HT Access Assessment**

Successes

Barriers

**Step 5: Placement of HT Access**

January

Year to Date

**Successes/Barriers to Step 5: HT Access Placement**

Successes

Barriers

**Step 6: Patient Accepted for HT Training**

January

Year to Date

**Successes/Barriers to Step 6: Patient Accepted for Home Therapy**

Successes

Barriers

**Step 7: Patients Training for Home Therapies**

January

Year to date

**Successes/Barriers to Step 7: Patient Training for Home Therapy**

Successes

Barriers

**Comments and or Suggestions for Improvement**

**Thank you for completing the monthly Home Therapies QIA collection tool for your facility.**

**We appreciate your time and effort.**

**Please click on "DONE" to submit your responses to the Network.**

**Quality Improvement Team  
IPRO ESRD Network of New York**