

NW2 Home Therapies QIA:  
April 2018 Feedback and Data Collection Tool

Please complete the following information for your facility.

- \* 1. Please select your facility from the dropdown list below; facility name and CMS Certification Number (CCN) have been included.

2. Total In Center HD Patient Census

- \* 3. 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.

- \* 4. Name of person completing this form:

- \* 5. E-mail Address:

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Please complete the following information for your facility.

- \* 6. How has your facility provided *Customer Focus* in educating patients and family members about home therapies?

\* 7. Please list any successes or barriers to patients advancing through the steps in the month of February.

8. Comments and or Suggestions for Improvement

**Instructions for Entering Monthly Step Data: (Required for Independent Facilities)** *Optional for facilities using LDO Batching (DCI, DaVita and FMC)*

**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*

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

February

Year to Date Number of Patients in Step 1

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

February

Year to Date Number of Patients in Step 2

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

February

Year to Date Number of Patients in Step 3

12. Step 4: Assessment for appropriate HT access placement

February

Year to Date Number of Patients in Step 4

13. Step 5: Placement of HT Access

February

Year to Date Number of  
Patients in Step 5

14. Step 6: Patient Accepted for HT Training

February

Year to Date number of  
Patients in Step 6

15. Step 7: Patients Training for Home Therapies

February

Year to date Number of  
Patients in Step 7

**Thank you for completing this form.  
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**