

NW2 Home Therapies QIA:
June 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. Have you reviewed your process for educating patients on their treatment options? Please report an example of *Rapid Cycle Improvement* to your process for educating patients on their treatment options.

- * 6. Please list any successes or barriers to patients advancing through the steps in the month.

7. Please upload a picture of your facility's Treatment Options Education Station - or what you are using to visually promote Home Therapies at your clinic.

Please share a picture of your Education Statuion/Home Therapies Visual.

Choose File

No file chosen

8. Please rate the *Patient Interview Worksheet* that we featured in June.

Poor	Below Average	Average	Above Average	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

9. Please rate the *CROWNWeb HT Data Entry Tip Sheet* that we featured in June.

Poor	Below Average	Average	Above Average	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

10. Please rate the 6/12 ESRD NCC National Home Therapies LAN Call/presentation

Poor	Below Average	Average	Above Average	Excellent	No one from our facility attended.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

11. How would you prefer to receive project updates?

- Monthly e-mail newsletter
- Bi monthly webinar/conference call
- Both Monthly Newsletter and bi-monthly webinar
- Other (please specify)

12. 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)

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

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

Total #

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

Total #

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

Total #

16. Step 4: Assessment for appropriate HT access placement

Total #

17. Step 5: Placement of HT Access

Total #

18. Step 6: Patient Accepted for HT Training

Total #

19. Step 7: Patients Training for Home Therapies

Total #

**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**