

NW2 Home Therapies QIA: February/March 2018 Reporting 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. Phone Number:

e.g. 123-456-7890

- * 6. E-mail Address:

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Please complete the following information for your facility.

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

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

February

Year to Date Number of
Patients in Step 1

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

February

Year to Date Number of
Patients in Step 2

*** 9. 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

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

February

Year to Date Number of
Patients in Step 4

*** 11. Step 5: Placement of HT Access**

February

Year to Date Number of
Patients in Step 5

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

February

Year to Date number of
Patients in Step 6

* 13. Step 7: Patients Training for Home Therapies

February

Year to date Number of
Patients in Step 7

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

15. Please provide feedback on the QIA Webpage:

<http://network2.esrd.ipro.org/provider/qia/hometherapies/>

16. Please provide feedback on the Patient Education Materials:

Flyer: What are my treatment choices? [PDF](#)

Booklet: Considering your treatment choices [PDF](#)

Booklet: Know the Facts about Home Dialysis Choices [PDF](#)

17. 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**