

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
IN-CENTER HEMODIALYSIS PATIENT**

Patient Name: _____ **ID#:** _____ **Date/Time:** _____

Facility: _____ **Surveyor:** _____

Explain the purpose of the interview. **Core questions** (required) are **theme-based**. If you have identified additional issues during the survey, ask appropriate **extended questions** (optional). Note that some of the core questions may not be applicable to the patient sampled as involuntarily discharged. Establish rapport with the patient.

Core Questions	Concern Identified?	
[Modality knowledge & satisfaction] What were you told about other treatment options and their risks and benefits, including those treatment options that are not offered here? How did you choose in-center hemodialysis (listen for inappropriate steering to in-center HD for the benefit of the provider)? How satisfied are you with in-center hemodialysis? What were you told about your condition and why your kidneys failed?	<input type="checkbox"/> V458 <input type="checkbox"/> V461	<input type="checkbox"/> No
[Education/knowledge] What have you been told about the different vascular access types? [If the patient has a CVC] How was it decided you would have a CVC? What education have the staff given you about infection prevention, personal care, quality of life, rehabilitation, and your rights and responsibilities?	<input type="checkbox"/> V562 <input type="checkbox"/> V555 <input type="checkbox"/> V451	<input type="checkbox"/> No
[Emergency procedures] What were you taught about what to do if you need to disconnect from the machine and evacuate from the facility in an emergency? What have you been told to do if there is an emergency or disaster and you cannot get your dialysis here?	<input type="checkbox"/> V412 <input type="checkbox"/> V409	
[Patient & staff partnership/care planning] How are you encouraged to participate in planning your care? Does the staff ask and consider your needs, wishes, and goals? How does the staff help you address barriers to meeting your goals (targets)? Does the staff discuss dialysis prescription changes with you before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
[Patients' rights] Do dialysis staff members treat you with respect and dignity? Do they protect your privacy during dialysis?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
[Patient voice/culture of safety] How are you encouraged to speak up and make suggestions or comments about the facility and your care here? If you had a concern, how would you file a grievance here or elsewhere? How safe from retaliation would you feel voicing a concern, making a suggestion, or filing a grievance? If you were afraid of retaliation, could you file a grievance anonymously?	<input type="checkbox"/> V627 <input type="checkbox"/> V467 <input type="checkbox"/> V636 <input type="checkbox"/> V465 <input type="checkbox"/> V466	<input type="checkbox"/> No
[Physical environment/infection control] How clean, comfortable, and safe do you think this facility is? Do staff members change their gloves and wash their hands before caring for you?	<input type="checkbox"/> V111 <input type="checkbox"/> V113 <input type="checkbox"/> V401 <input type="checkbox"/> V405	<input type="checkbox"/> No
[Treatment issues] Have you ever had any problems or symptoms during dialysis? If so, how and how quickly did the staff address them?	<input type="checkbox"/> V543 <input type="checkbox"/> V713	<input type="checkbox"/> No
[Staffing] Are there enough staff, i.e., nurses, technicians, dietitians, and social workers at this facility to meet your needs? Does the staff respond to your machine alarms quickly?	<input type="checkbox"/> V757 <input type="checkbox"/> V758	<input type="checkbox"/> No
[Physical/mental functioning] Have you been offered a survey that asks how your health and symptoms affect your energy, activity level, and lifestyle? How was the survey and its use explained to you? If problems were identified on the survey, how did the staff address them?	<input type="checkbox"/> V552	<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

Patients' Rights and Responsibilities	Concern Identified?	
How do staff members make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Treatment Issues	Concern Identified?	
Who reviews your lab values with you? How is your dialysis adequacy? Does dialysis usually get you to your weight and blood pressure goal? If not, do you know why not? What has the staff done to help you reach these goals?	<input type="checkbox"/> V544 <input type="checkbox"/> V543 <input type="checkbox"/> V504	<input type="checkbox"/> No
What have you been told about the risks of covering your access during dialysis?	<input type="checkbox"/> V562 <input type="checkbox"/> V407	<input type="checkbox"/> No
(If reuse) What were you told about dialyzer reuse? How do you know that you get your dialyzer each treatment?	<input type="checkbox"/> V312 <input type="checkbox"/> V348	<input type="checkbox"/> No
Infection Control	Concern Identified?	
What have you been taught about washing your hands, cleaning the skin over your fistula or graft (if applicable) before treatment, and washing your hands after treatment before you leave this dialysis facility?	<input type="checkbox"/> V562	<input type="checkbox"/> No
Emergency Preparedness	Concern Identified?	
What would you do if you were at home and had chest pain, your access would not stop bleeding, or you had signs and symptoms of a clotted access or access infection?	<input type="checkbox"/> V412 <input type="checkbox"/> V768	<input type="checkbox"/> No
Interdisciplinary Clinical Care	Concern Identified?	
What has the dietitian told you about food options, meal preparation, nutritional supplements, medications, the emergency diet, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? How has the social worker helped you and your family cope with kidney disease and treatment? What else has the social worker helped you with?	<input type="checkbox"/> V552 <input type="checkbox"/> V555	<input type="checkbox"/> No