

NW2 Combined Treatment Options QIA Review
(Transplant and Home Therapies)

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

2. Has the Transplant QIA or Home Therapies QIA lead(s) changed since last survey submission?

Yes

No

If yes, please submit new QIA lead(s) Name(s) and e-mail(s) here (Please indicate which QIA they are lead for).

* 3. Name of person completing this form:

* 4. E-mail Address:

5. When are Treatment Options (Home Therapies, Transplant) discussed in your facility?

Lobby Day

Patient Rounds

Care Plan Meeting

QIA Meeting

Annually with every patient

Depending on patient interest

As needed

Upon admission to our clinic

Other (please specify)

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Transplant QIA Mid Point Evaluation

(If your facility is not in the Transplant QIA, please skip to next page for The Home Therapies Section)

6. Think about all the steps leading up to TRANSPLANT (Step 1: Patient is eligible for transplant to Step 7: Patients is on the waitlist and/or inquiring about living donor transplant).

Please list your patient population's top three (3) barriers to receiving a transplant:

Barrier 1

Barrier 2

Barrier 3

N/A: Please describe why

7. Please indicate what you consider to be your facility's stop three (3) successes in improving waitlist and/or transplant rates:

Success 1

Success 2

Success 3

N/A (Describe why N/A)

8. Please summarize your facility's BEST PRACTICE in the Transplant QIA Project below (max 100 characters):

(A best practice could be a one-time intervention or an on going modus operandi that you have done/ are doing at your facility that seems to be working for your patients regarding any step towards transplant)

9. Which of the following transplant centers does your facility most often refer patients to for transplant evaluation? Please select between 1 and 3 centers from the list below.

- Albany Medical Center, Albany
- Downstate Medical Center - SUNY, Brooklyn
- Erie County Medical Center, Buffalo
- Montefiore Hospital and Medical Center, Bronx
- Mt. Sinai Medical Center, New York
- NY Presbyterian Hospital/Columbia, Bronx
- NY Presbyterian Hospital/Weill Cornell, New York
- NYU Langone Hospital, New York
- North Shore University Hospital, Manhasset
- Strong Memorial Hospital University of Rochester, Rochester
- SUNY Health Sciences Center at Syracuse University Hospital, Syracuse
- Stony Brook University Hospital, Stony Brook
- Westchester Medical Center, Valhalla

Other(s) (please specify)

10. In general, how would you describe your relationship with the Transplant Center(s) you mostly work with:

- Excellent
- Good
- Neutral
- Fair
- Poor

11. Please list the top three challenges/barriers you have with the transplant center(s) that you mostly work with

Barrier 1	<input type="text"/>
Barrier 2	<input type="text"/>
Barrier 3	<input type="text"/>
No barriers at all (Explain)	<input type="text"/>

12. Please list your top three identified successes (if any) in your relationship with the Transplant Center(s) you work most with.

Success 1

Success 2

Success 3

We have not identified any successes (Explain)

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Home Therapies QIA Mid Point Evaluation

(If your facility is not in the Home Therapies QIA, please skip to the next page)

* 13. Think about all the steps leading up to HOME THERAPIES (Step 1: Patient Interest to Step 7: Patients Training). Please list your patient's the top three (3) barriers to Home Therapies:

Barrier 1

Barrier 2

Barrier 3

We don't have any barriers (explain)

* 14. Please indicate what you consider to be your facility's stop three (3) successes in increasing patient utilization of Home Therapies:

Success 1

Success 2

Success 3

N/A (Describe why N/A)

15. Please list you facility's Home Therapies Training Center

- We provide home training (PD and HHD) at our facility
- We refer to a sister facility for all home training
- We do not have a relationship with a home training facility
- We have patients find their own home training facilities if they want it

Comments:

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Please Evaluate Network QIA Interventions

* 16. Did you have patient feedback about your Treatment Options Education Station?

- Yes
- No
- Do not have an Education Station

Please share brief comments

17. If you received feedback from patients, was it positive, neutral, or negative?

- Positive
- Neutral
- Negative

Comments:

* 18. What has been the most challenging part of these QIAs for you?

* 19. How many approximate hours per month do you spend on implementing strategies to assist patients with navigating the 7 steps? (Please provide a numerical value)

Transplant QIA
Interventions

Home Therapies QIA
Interventions

* 20. What educational material(s)/resources do you wish were made available to assist you in this work?

21. Please rate the quality and usefulness of the following Network Interventions

	Poor/Not Useful	Below Average	Average	Above Average	Excellent	N/A
Transplant QIA Kickoff Webinar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<div style="border: 1px solid black; height: 20px;"></div>					
Home Therapies QIA Kickoff Webinar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Poor/Not Useful Below Average Average Above Average Excellent N/A

Comments

5 Whys Root Cause Analysis Webinar

Comments

National Bi Monthly ESRD NCC CE QIA Webinars

Comments

Treatment Options Education Station Guidelines

Comments

QI and LEAN Techniques Webinar

Comments

Monthly Home Therapies Newsletter

Comments

1:1 Calls and meetings to review facility needs and QIA progress

Comments

Network Transplant Toolkit

Comments

Home Therapies Webpage

Comments

	Poor/Not Useful	Below Average	Average	Above Average	Excellent	N/A
Transplant QIA Webpage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>					
Network Monthly Newsletter <i>Provider Insider</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>					
Seven Step Tracker/Flyer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>					
Monthly Home Therapies QIA Feedback Worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>					
Team Huddle Guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<input type="text"/>					

**Thank you for completing this feedback form.
We appreciate your time and effort.**

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