

Please provide updates and feedback by March 31, 2019.

1. Which QIA(s) are you reporting for?

- Transplant QIA ONLY
- Home Therapies QIA ONLY
- BOTH Transplant and Home Therapies QIAs

2. Please select your facility from the drop down list below; facility name, CMS Certification Number (CCN - 33-XXXX), and city/town have been included.

3. Your name and contact information

Your Name

e-mail

phone

4. Your Feedback: Customer Focus

| | Yes | No | N/A |
|--|-----------------------|-----------------------|-----------------------|
| Have the Network's activities been helpful in supporting your work in the Transplant Quality Improvement Activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have the Network's activities been helpful in supporting your work in the Home Therapies Quality Improvement Activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments

5. Your facility's current patient census:

Patient Engagement Activities

6. Patient Knowledge Assessment Outcomes:

How many patients were asked to name the four ESRD Treatment Options?

How many were unable to name all 4?

Was there any patient feedback when asked about Treatment Options?

How many patients expressed interest in Home Therapies?

How many patients expressed interest in Transplant?

7. How many patients and family members were educated on engaging in their care?(*Hint: discussing treatment options could be considered engagement education*)

8. QIA Champion Recruitment:

How many staff members did you recruit to be QIA Champions?

How many patients did you recruit to be QIA Champions? (*Hint: recruiting patients to champion a treatment option is considered engagement education*)

If zero in either of the above, why?

9. Does your facility have a policy to ensure patients/family members/care partners are involved in plan-of-care meetings?

Yes

No

If no, please explain your barriers

10. PDSA Review of the MEI Patient Interest Checklist

Did your facility utilize the MEI Patient Interest Checklist in any Plans of Care or patient activity? (yes or no)

If no, why did you not utilize it?

If yes, how many patients used the tool?

How many patients requested more information on transplant?

How many patients requested more information on Home Therapies?

Was there any patient feedback on the tool? (if yes, list)

Was the tool useful to your facility practice? (Adopt or Adapt or Abandon)

Please briefly explain why you will Adopt, Adapt or Abandon the tool

11. Has your facility established / initiated patient and family support groups?

Yes

No

If no, please explain barriers:

12. Did your facility hold a new patient adjustment group?

Yes

No

If no, please explain barriers:

13. Did your facility include a patient representative in any QAPI meetings (Jan - March)?

Yes

No

If no, please explain barriers:

14. Did your facility post outcomes from QAPI for patient review? (for example the # of patients interested in Transplant or Home Therapies?)

Yes

No

If no, please explain barriers:

15. Did your facility include a patient representative in a Governing Body or Regional Leadership meetings (Jan-March)?

Yes

No

No Governing Body Meetings

If no, please explain barriers:

16. Have you identified any disparities to date related to patients not having access to Home Therapies?

Yes

No

N/A

If yes, please identify the disparity group type.

CMS Disparity List:

Age (65 and older vs. 18-64)

Ethnicity (Hispanic vs. Non-Hispanic)

Facility Location (Rural vs. Urban)

Gender (Female vs. Male)

Race (Population other than White, including African American, Asian, Native American, Pacific Islander, etc. vs. White)

17. Have you identified any disparities to date related to patients not having access to Transplant?

Yes

No

N/A

If yes, please identify the disparity group type.

CMS Disparity List:

Age (65 and older vs. 18-64)

Ethnicity (Hispanic vs. Non-Hispanic)

Facility Location (Rural vs. Urban)

Gender (Female vs. Male)

Race (Population other than White, including African American, Asian, Native American, Pacific Islander, etc. vs. White)

18. Staff Knowledge Assessment Outcomes:

How many staff members were asked to name the 4 ESRD Treatment Options?

How many were unable to name all 4?

Are you planning any staff education on Treatment Options? If yes, what are you planning? (*Hint: asking clinical and non clinical staff to listen to NCC LAN Recordings is considered staff education*)

19. Education Station/Visual Display: What stage is your facility at?

- Planning Education Station.
- Soliciting patient and/or staff Volunteers/Feedback to incorporate in design/layout.
- It's done and we are ready to submit a picture for the contest.
- We are still in the procrastinating stage.
- What is an education station?

Please list any patient comments/feedback

20. What INNOVATION would you like to share? (Examples: Staff lunch and learn, Treatment options pop quiz competition in the waiting room, Patient Art Project, care partner support meeting)

21. Comments or Questions about these QIAs?

**Thank you for completing the March QIA MSR 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**