

Please provide updates and feedback by March 31, 2019.

Acronyms used in the form: VR (Vocational Rehabilitation); EN (Employment Network)

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

2. Your name and contact information

Your Name

e-mail

phone

3. Your facility's current patient census:

Patient Engagement Activities

4. Patient Knowledge Assessment Outcomes:

How many patients were asked to "Did you know that the government has work/school programs for people with disabilities?" and "Did you know that being on dialysis may qualify you for these programs?"

How many were unaware?

Was there any patient feedback when asked about work/school options?

How many patients expressed interest work/school/ or VR?

5. How many patients and family members were educated on engaging in their care?(Hint: discussing work/school/VR could be considered engagement education)

6. 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

7. 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 work/school/VR?

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

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

Yes

No

If no, please explain barriers:

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

Yes

No

If no, please explain barriers:

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

Yes

No

If no, please explain barriers:

11. Did your facility post outcomes from QAPI for patient review? (for example the # of patients interested in VR?)

Yes

No

If no, please explain barriers:

12. 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:

13. Have you identified any disparities to date related to patients not having access to VR/EN services?

Yes

No

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)

14. 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

15. What INNOVATION would you like to share? (Examples: Staff lunch and learn, Patient led training (Hobby show and tell); Patient art project, care partner support meeting)

16. Comments or Questions about this 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**