

**Please provide updates and feedback by April 30, 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 Involvement in QAPI Meetings: Please rank how beneficial patient involvement in QAPI discussions has been. (1 being the lowest and 4 being the highest)

Not Beneficial

Average

Above Average

Excellent

N/A



If No or N/A, please explain why you are not incorporating the patient voice into QAPI.

## QIA Activities

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. How many patients expressed interest in Ticket to Work?

7. How many patients expressed interest in VR?

8. Have you made any progress in your RCA Intervention? (*Hint, are you working on your top barrier identified and using PDSA to see if it is working*)

Yes

No

Were we supposed to do that?

Can you do a refresher webinar on what an RCA is? and how we use PDSA?

9. Please share a sample of patient comments on your QIA activities/interactions (Both positive and Negative)

10. Comments or Questions about this QIAs?

**Thank you for completing the April 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**