2019 Quality Improvement Activity (QIA)
Patient Evaluation and Feedback Form

Please use this anonymous form to give us feedback on the work that your dialysis facility has been doing as part of the ESRD Network QIAs this year.

1. Do you know what the ESRD Network of New York is? Yes/No ____________________________

2. Have you visited your facility’s Education Station/Bulletin Board/Display? Yes/No ____________

3. Did you attend a Lobby Day (or educational event) at your dialysis facility? Yes/No ____________
   • (If yes, what did you think of it?)________________________________________________

4. This year, have you met with any Facility QIA Champions, QIA Coaches, Access Ambassadors, Peer Mentors, or PAC Members? (Circle any that you have met with since January 2019)
   • Facility QIA Champions, QIA Coaches, Access Ambassadors, Peer Mentors, or PAC Members

5. This year, have you been given any educational information on: (Circle all that apply)
   • Transplant as a Treatment Option
   • Home Therapies (Hemodialysis and/or Peritoneal Dialysis)
   • Vocational Rehabilitation: Work, School, or Skills Training while on dialysis
   • Hand Washing/Hygiene
   • Sepsis or Bloodstream Infections (BSIs)
   • Long-term Catheter (LTC) (catheters in use > 90days) Use
   • Vascular Access: Arteriovenous Fistulas (AVFs) or Grafts (AVGs)

6. If you were given information on any of the topics above, have they been helpful? Yes/No _____
   (If no, why not, what could have been done differently to make more helpful?)
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7. Have you taken part in any Quality Assurance Performance Improvement (QAPI) discussions with facility staff? Yes/No ________________________________________________

8. Do you have any suggestion on how we can make patient education better?
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