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End-Stage Renal Disease Network of New York  
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## 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?)  
\_\_\_\_\_  
\_\_\_\_\_
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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