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NW2 2020 Combined QIA Feedback Form

February 2020 Worksheet

Deadline for Reporting is February 15, 2020

Please use this worksheet to review QIA feedback prior to filling out online form:
https://redcap.ipro.org/surveys/?s=WC8YYX3WL9

Questions 1-6 are: Facility, CCN (33XXXX), Facility Address, Your Name, Title, and e-mail

National Bi-Monthly ESRD NCC Learning and Action Network Webinars

 # 7: Does your facility have a practice that you would like to present on a National QIA LAN call?? (Yes, No)

 # 8 If YES, please briefly describe:

ESRD NCC Learning and Action Network Webinars

Did a facility representative attend or watch recording?
 # 9 BSI/LTC QIA LAN (1/7): Lobby Days: Select one: Attended, Viewed Recording, Plan to View Recording
#10 HT QIA LAN (1/14) Patient Champions: Select one: Attended, Viewed Recording, Plan to View Recording
#11 TX QIA LAN (1/21) Continuous Screening: Select one: Attended, Viewed Recording, Plan to View Recording

Transplant (TX) QIA Feedback

#12 How often do you discuss TX with eligible patients who have refused? (Monthly, Quarterly, Annually, Never)

#13 Are your patients screened monthly for TX interest or referral status? (YES,NO)

#14 Does your staff discuss TX options (living donation/KDPI/self-advocacy) monthly? (YES,NO)

#15 Does your staff review patient TX evaluation/workup status monthly? (YES,NO)

#16 Does your staff review UNOS Active/Inactive status monthly? (YES, NO)

Home Therapies (HT) QIA Feedback

#17 Monthly Screening: Has your facility used screening tools to empower patients to determine the dialysis treatment option that will be the most beneficial for their lifestyle and reviewed with patients if there is interest in a home modality? (YES, NO)

#18 Monthly Education: Has your facility provided in depth education about the advantages and disadvantages of each dialysis modality to empower interested patients to make an informed decision regarding treatment modality? (YES, NO)

#19 Monthly Nephrologist Review: For patients who expressed a desire to pursue a home modality in the last month, the facility reviewed each of these patients with a nephrologist experienced in home modality therapies to determine the suitability of each of these patients in pursuing a home modality? (YES, NO)

#20 Monthly PD Catheter/AVF/AVG: For patients who were determined suitable to pursue a home modality in the last month, has the facility assisted these patients to secure and attend appointments for assessment and placement of appropriate dialysis access? (YES, NO)

#21 Home Training: For patients who had a dialysis access placed in preparation for home therapy *in the last month*, has the facility assisted the patient to secure and attend appointments for home modality training? (YES, NO)

#22 Does your facility have a PATIENT Home Therapies Champion/Peer Mentor? (YES, NO)

#23 Does your facility have a STAFF Home Therapies Champion? (YES, NO)

Long Term Catheter (LTC) QIA Feedback

#24 Does your facility have a process in place to track Long Term Catheters? (YES, NO)

#25 Is your facility planning a Lobby Day focusing on Infection Prevention and Catheter Reduction? (YES, NO)

#26 Has at least one NHSN user in the facility completed the online annual NHSN Dialysis Event Surveillance training for this calendar year? (YES, NO)

#27 Which of the CDC Core Interventions have you successfully implemented into facility practice? (select all that apply) *Surveillance and feedback using NHSN; Hand hygiene observations; Catheter/vascular access care observations; Staff education and competency testing; Patient education/engagement; Catheter reduction; Chlorhexidine for skin antisepsis; Catheter hub disinfection; Antimicrobial ointment*

#28 Are you using a Health Information Exchange (HIE) or another evidence-based highly effective information transfer system to receive information relevant to positive blood cultures during patient transition of care between treatment facilities? Please select all that apply. (select all that apply) *Electronic Medical Record (EMR/HIE System); Fax; Email; Other; None*

#29 If HIE "Other" please describe: ____

Peer Mentor QIA Feedback

ONLY 10% in NY State are targeted for participation – please write N/A if not enrolled

#30 What was the # of patient MENTEES in your facility for January? (Numeric Value) _____
#31 What was the # of patient MENTORS that completed mentor training in January? (Numeric Value) _____
#32 What was the # of mentor-mentee interactions in your facility for the month?? (Numeric Value) _____

COMMENTS/REQUESTS

#33 Comments/Requests: