January 28, 2020 Rev 1.0  Combined Worksheet for NW2 2020  QIAs

Please report results online by the 15th of the Month.
#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: