

# OPTIONAL WORKSHEET INTERVIEW: PD PATIENT

**Patient Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **CCN:** \_\_\_\_\_

**Surveyor:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

Interviews with PD patients may be conducted in person, if the patient is on-site, or by phone. Introduce yourself, explain the purpose of the interview and ask for permission to proceed. Choose one or more questions in each section. For a focused interview, use questions in the section of interest.

<b>Knowledge about ESRD</b>	<b>Deficient Practice?</b>	
How long have you had kidney disease/been on dialysis? Have you been on other types of dialysis or had a transplant? What caused your kidney disease?	<input type="checkbox"/> V461 <input type="checkbox"/> V562	<input type="checkbox"/> No
What were you told about the other dialysis treatment options available to you, such as in-center hemodialysis and home hemodialysis?	<input type="checkbox"/> V458 <input type="checkbox"/> V554	<input type="checkbox"/> No
What were you told about living and deceased donor kidney transplant?	<input type="checkbox"/> V554	<input type="checkbox"/> No
If you're interested in transplant, did your dialysis staff refer you to a transplant center?	<input type="checkbox"/> V513	<input type="checkbox"/> No
<b>Training &amp; Support for Home Care</b>	<b>Deficient Practice?</b>	
Tell me about your training for peritoneal dialysis.	<input type="checkbox"/> V562	<input type="checkbox"/> No
Who did the teaching?	<input type="checkbox"/> V584	<input type="checkbox"/> No
How did your self-care/home training nurse know you were ready to do PD at home?	<input type="checkbox"/> V586	<input type="checkbox"/> No
How are you to report problems after hours? If you had to report a problem after hours, how well did the process work?	<input type="checkbox"/> V585	<input type="checkbox"/> No
What should you do if something prevents you from doing dialysis?	<input type="checkbox"/> V585	<input type="checkbox"/> No
What should you do if you have a medical emergency?	<input type="checkbox"/> V585	<input type="checkbox"/> No
Who is your contact person at the facility?	<input type="checkbox"/> V590	<input type="checkbox"/> No

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<b>Training &amp; Support for Home Care (continued)</b>	<b>Deficient Practice?</b>	
How often do you come to the facility for clinic visits? How often do you see your doctor or medical practitioner at the facility or his/her office? How often do you send/take flow sheets to the facility? Who reviews them with you?	<input type="checkbox"/> V587	<input type="checkbox"/> No
Did anyone from your facility come to your home? Has anyone from your facility asked you how well you're adapting to PD?	<input type="checkbox"/> V589	<input type="checkbox"/> No
How are your supplies provided to you? Have you ever had a problem getting your supplies?	<input type="checkbox"/> V588	<input type="checkbox"/> No
[If using a cyclor] How is your machine maintained?	<input type="checkbox"/> V597	<input type="checkbox"/> No
<b>Management of PD Prescription</b>	<b>Deficient Practice?</b>	
What, if any symptoms do you have during or after dialysis? Does PD normally get you to your goal weight?	<input type="checkbox"/> V543	<input type="checkbox"/> No
How do you decide what PD solution to use?	<input type="checkbox"/> V504	<input type="checkbox"/> No
How often do you check your weight, BP and temperature?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V509	<input type="checkbox"/> No
What drugs, if any, do you get to treat anemia (ESAs and iron) at home? What were you and/or your partner taught about giving them, storing them and side effects to watch for?	<input type="checkbox"/> V548	<input type="checkbox"/> No
How often do any of the dialysis staff review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
<b>Infection Control</b>	<b>Deficient Practice?</b>	
How do you care for your PD access? Have you had any problems with your PD access? What have you been told to do if you have a problem with your PD access?	<input type="checkbox"/> V582 <input type="checkbox"/> V585 <input type="checkbox"/> V586	<input type="checkbox"/> No
Can you list the signs of an exit site infection or peritonitis and what would you do if you had any of them?	<input type="checkbox"/> V582 <input type="checkbox"/> V585 <input type="checkbox"/> V586	<input type="checkbox"/> No

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<b>Emergency Preparedness</b>	<b>Deficient Practice?</b>	
What have you been told to do in a case of fire, disaster or other emergency, when you may not have electricity to complete your dialysis or must stop dialysis and get out of your house quickly?	<input type="checkbox"/> V412 <input type="checkbox"/> V585	<input type="checkbox"/> No
What have you been told to do if you cannot get your home dialysis supplies due to an emergency?	<input type="checkbox"/> V412 <input type="checkbox"/> V585	<input type="checkbox"/> No
What have you been told to do to adjust your fluids and food if an emergency keeps you from getting your PD as usual?	<input type="checkbox"/> V412 <input type="checkbox"/> V585	<input type="checkbox"/> No
What have you been told to do if you need backup dialysis?	<input type="checkbox"/> V598	<input type="checkbox"/> No
<b>Patient Assessment &amp; Plan of Care</b>	<b>Deficient Practice?</b>	
How are you involved in planning your care?	<input type="checkbox"/> V542	<input type="checkbox"/> No
What are your goals and expectations for your care? How well do staff take your interests, preferences, and expectations into consideration?	<input type="checkbox"/> V512 <input type="checkbox"/> V541	<input type="checkbox"/> No
How often do you talk with the dietitian? Is this enough? Do you know how to contact the dietitian if you need him/her?	<input type="checkbox"/> V509	<input type="checkbox"/> No
What has the dietitian told you about food options, meal preparation, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
How often do you talk with the social worker? Is this enough? Do you know how to contact the social worker if you need him/her?	<input type="checkbox"/> V510	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514	<input type="checkbox"/> No
How are you and the social worker working together to improve or maintain your physical and mental functioning? Did you take a survey and were the scores explained to you and used to help set goals for care?	<input type="checkbox"/> V552	<input type="checkbox"/> No

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<b>Patient Assessment &amp; Plan of Care (continued)</b>	<b>Deficient Practice?</b>	
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No
<b>Patients' Rights and Responsibilities</b>	<b>Deficient Practice?</b>	
How did you learn about your rights and responsibilities as a dialysis patient? Can you tell me some of them?	<input type="checkbox"/> V451	<input type="checkbox"/> No
Do dialysis staff members treat you with respect and dignity?	<input type="checkbox"/> V452	<input type="checkbox"/> No
What do staff do to make sure you can understand verbal and written information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
How is your privacy protected when you are at the dialysis facility? How is confidentiality maintained when you talk with your physician or staff at clinic visits?	<input type="checkbox"/> V454	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
What has your facility told you about the rules for expectations about your behavior and responsibilities?	<input type="checkbox"/> V464	<input type="checkbox"/> No
What would you do if you had a problem/complaint about this facility, staff, or supply delivery? Who would you complain to and how safe would you feel about making a complaint? If you have ever filed a complaint, how did your facility handle it?	<input type="checkbox"/> V465 <input type="checkbox"/> V467	<input type="checkbox"/> No
If your facility doesn't correct the problem or complaint internally, who outside your facility can you contact next to try to get your complaint resolved?	<input type="checkbox"/> V466	<input type="checkbox"/> No
<b>Additional Questions/Concerns</b>	<b>Deficient Practice?</b>	
Is there anything else you would like to tell me about your care and/or the PD training program?	<input type="checkbox"/> V <input type="checkbox"/> V <input type="checkbox"/> V	<input type="checkbox"/> No