

**OPTIONAL WORKSHEET
INTERVIEW: HOME HEMODIALYSIS PATIENT**

Patient Name:_____ **ID#:**_____ **Date/Time:**_____

Facility:_____ **CCN:**_____

Surveyor:_____ **#:**_____

Interviews with Home Dialysis 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.

Knowledge about ESRD	Deficient Practice?	
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 PD?	<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
What type of vascular access do you have? What have you been told about the different types of vascular accesses?	<input type="checkbox"/> V511 <input type="checkbox"/> V520	<input type="checkbox"/> No
What were you taught about how to care for and protect your vascular access (no BP or blood draws from access limb, clotting, prolonged bleeding, pain)? Have you had any problems with your vascular access? What have you been told to do if you have problems?	<input type="checkbox"/> V582 <input type="checkbox"/> V585 <input type="checkbox"/> V586	<input type="checkbox"/> No
Training & Support for Home Care	Deficient Practice?	
Tell me about your training for home hemodialysis.	<input type="checkbox"/> V562	<input type="checkbox"/> No
Who was involved in your training?	<input type="checkbox"/> V584	<input type="checkbox"/> No
Who is your contact person at the facility?	<input type="checkbox"/> V590	<input type="checkbox"/> No
How did your self-care/home training nurse know you were ready to do hemodialysis 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

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Training & Support for Home Care	Deficient Practice?	
What should you do if you have a medical emergency or something prevented you from doing dialysis?	<input type="checkbox"/> V585	<input type="checkbox"/> No
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 home hemodialysis?	<input type="checkbox"/> V589	<input type="checkbox"/> No
Did anyone come to your home to test the water quality prior to you starting home hemodialysis?	<input type="checkbox"/> V593	<input type="checkbox"/> No
How is your home hemodialysis machine maintained?	<input type="checkbox"/> V403 <input type="checkbox"/> V597	<input type="checkbox"/> No
How is your water treatment system maintained?	<input type="checkbox"/> V595	<input type="checkbox"/> No
How and when do you test the water for chlorine/chloramines?	<input type="checkbox"/> V594	<input type="checkbox"/> No
How often is the water/dialysate chemical content tested? How often are water/dialysate cultures done? Who does them?	<input type="checkbox"/> V594 <input type="checkbox"/> V595	<input type="checkbox"/> No
If there was a problem with your water or dialysate quality, or you had a water or power outage, or machine malfunction what would your facility do?	<input type="checkbox"/> V596 <input type="checkbox"/> V598	<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
Management of Home Hemodialysis Prescription	Deficient Practice?	
What, if any symptoms do you have during or after dialysis? Does home hemodialysis normally get you to your goal weight?	<input type="checkbox"/> V543	<input type="checkbox"/> No
How do you decide how much fluid you need to remove during dialysis? Has anyone talked with you about ways to manage fluids and blood pressure?	<input type="checkbox"/> V504 <input type="checkbox"/> V543	<input type="checkbox"/> No
How often do you check your weight, BP and temperature [nocturnal home dialysis requires this at pre and post only]?	<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

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Infection Control	Deficient Practice?	
How have you been taught to protect your vascular access from infection (e.g. swimming/baths with catheters, skin prep prior to cannulation of fistulas and grafts)?	<input type="checkbox"/> V585	<input type="checkbox"/> No
Can you list the signs of an access infection and what would you do if you had any of these symptoms?	<input type="checkbox"/> V582 <input type="checkbox"/> V585 <input type="checkbox"/> V586	<input type="checkbox"/> No
Emergency Preparedness	Deficient Practice?	
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 hemodialysis 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? What have you been told to do to get your hemodialysis if your machine is not working, or if there is a problem with your water or electricity?	<input type="checkbox"/> V598	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
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

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Patient Assessment & Plan of Care	Deficient Practice?	
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
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
Patients' Rights and Responsibilities	Deficient Practice?	
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
Additional Questions/Comments	Deficient Practice?	
Why did you choose home hemodialysis and what are your goals for treatment?	<input type="checkbox"/> V512	<input type="checkbox"/> No

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Additional Questions/Comments	Deficient Practice?	
Do you draw your own blood samples or do you go to the facility for blood draws?	<input type="checkbox"/> V676	<input type="checkbox"/> No
What other kinds of things were you taught? What were you/your partner trained to do? Do you have a training manual to refer to at home? What were you taught about infection control precautions? What symptoms/ problems should you report and to whom?	<input type="checkbox"/> V585	<input type="checkbox"/> No
What fluid and dietary restrictions do you have?	<input type="checkbox"/> V504 <input type="checkbox"/> V509	<input type="checkbox"/> No
What steps do you/your partner take to avoid infection when inserting/removing needles (PPE)?	<input type="checkbox"/> V113	<input type="checkbox"/> No
What precautions were you taught to take when your hemodialysis catheter, if applicable, is open during put on/off procedures?	<input type="checkbox"/> V582 <input type="checkbox"/> V585 <input type="checkbox"/> V586	<input type="checkbox"/> No
What were you taught about disposing of used dialyzers, tubing, dialysate, and sharps?	<input type="checkbox"/> V582 <input type="checkbox"/> V585 <input type="checkbox"/> V586	<input type="checkbox"/> No
What has the staff told you about area transplant programs and their selection criteria? Are you a candidate? [If yes] Were you referred to a transplant program for evaluation? [If no] What were you told about why you're not a transplant candidate?	<input type="checkbox"/> V513 <input type="checkbox"/> V554	<input type="checkbox"/> No
What has the staff done to help you achieve your rehabilitation goals, including telling you about community resources?	<input type="checkbox"/> V555	<input type="checkbox"/> No
Who talks with you about the plan, and how to identify and address problems to meet goals for the following:		
• Volume status/BP	<input type="checkbox"/> V543	<input type="checkbox"/> No
• Adequacy	<input type="checkbox"/> V544	<input type="checkbox"/> No
• Mineral metabolism	<input type="checkbox"/> V546	<input type="checkbox"/> No
• Anemia	<input type="checkbox"/> V547 <input type="checkbox"/> V548	<input type="checkbox"/> No
• Vascular access and what to do if you have an access problem? Has your physician or nurse monitored whether you have the best vascular access for you and how it is working?	<input type="checkbox"/> V550 <input type="checkbox"/> V551	<input type="checkbox"/> No
• Psychosocial status/KDQOL survey for adults or age appropriate survey for patients <18	<input type="checkbox"/> V552	<input type="checkbox"/> No
• Rehabilitation status	<input type="checkbox"/> V555	<input type="checkbox"/> No
How well do you feel like the facility maintains confidentiality of your personal medical records?	<input type="checkbox"/> V455	<input type="checkbox"/> No

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Additional Questions/Comments	Deficient Practice?	
Are you aware that you can refuse to participate in research or any aspect of treatment and even discontinue dialysis? Do staff talk with you about changes in your dialysis prescription and why the change is needed?	<input type="checkbox"/> V456	<input type="checkbox"/> No
If you wanted or needed to change from home hemodialysis to another treatment, who would you ask about information about other treatment options not offered at your facility?	<input type="checkbox"/> V458	<input type="checkbox"/> No
If you had an infectious disease that required isolation, what would your facility need to do for you?	<input type="checkbox"/> V459	<input type="checkbox"/> No
What has your doctor or dialysis staff told you about your medical status?	<input type="checkbox"/> V461	<input type="checkbox"/> No
What have you been told about what services your facility offers, the charges for your treatment and services that aren't covered by Medicare?	<input type="checkbox"/> V462	<input type="checkbox"/> No
How do you know that you're receiving the necessary services that are outlined in your plan of care?	<input type="checkbox"/> V463	<input type="checkbox"/> No
What do have you been told about this facility's transfer and routine and involuntary discharge policy including advance notice?	<input type="checkbox"/> V468 <input type="checkbox"/> V469	<input type="checkbox"/> No
Where would you find a posting of your rights and responsibilities and contact information for the ESRD Network and state survey agency?	<input type="checkbox"/> V470	<input type="checkbox"/> No
Is there anything else you would like to tell me about the care here and the HHD training program?	<input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No