

ESRD CORE SURVEY INTERVIEW WORKSHEET: MEDICAL DIRECTOR

Facility: _____ **Date/Time:** _____

Medical director: _____ **Surveyor:** _____

You are expected to interview the medical director during the survey. Alert the medical director that you would like to interview him/her in person or by phone as their schedule allows. Ask the theme-based **core questions**, and any applicable **extended questions**. Let the survey findings guide the interview.

| Core Questions | Concern Identified | |
|--|---|-----------------------------|
| [Patient and staff voice/culture of safety] What do you do to set the tone for the culture of this facility? How do you and facility management encourage patients and staff to openly voice concerns, suggestions and report grievances and errors or near misses? How do you review, evaluate, and act on patient and staff suggestions/complaints/incidents? | <input type="checkbox"/> V627 <input type="checkbox"/> V634 | <input type="checkbox"/> No |
| [Staffing] How do you monitor and address staffing issues, such as staff turnover at this facility? How do you work with the governing body to ensure there are sufficient numbers of qualified staff to meet patients' needs? | <input type="checkbox"/> V757 | <input type="checkbox"/> No |
| [Staff education/training/knowledge] How do you ensure that all staff at this facility are appropriately trained and competent to perform their job responsibilities, including PCTs and anyone performing water treatment and reprocessing (if applicable)? | <input type="checkbox"/> V713 <input type="checkbox"/> V693 <input type="checkbox"/> V696 <input type="checkbox"/> V309 | <input type="checkbox"/> No |
| [Staff & patient partnership in care planning] How do you ensure that patient plans of care are individualized and patients are encouraged to attend plan of care meetings? | <input type="checkbox"/> V541 <input type="checkbox"/> V456 | <input type="checkbox"/> No |
| [Adverse events] When and how are you alerted of adverse events/occurrences or problems at the facility? What is your role regarding the review of occurrences and taking actions to prevent recurrence? | <input type="checkbox"/> V634 | <input type="checkbox"/> No |
| [QAPI] What is your role in the QAPI program? How do you ensure that the QAPI team regularly monitors all required/appropriate quality metrics, and segments the data for each modality and dialysis setting? What is the QAPI process at this facility for data analysis and identification of areas needing improvement? How are these areas prioritized and addressed for performance improvement? | <input type="checkbox"/> V712 <input type="checkbox"/> V628 <input type="checkbox"/> V626 | <input type="checkbox"/> No |
| [Modality] What is this facility's process for ensuring that every patient receives fact-based unbiased education about transplant and all possible dialysis modalities and settings? What is this facility's process for referring candidates for transplant evaluation and to other facilities for dialysis modalities and settings not offered here? | <input type="checkbox"/> V458 <input type="checkbox"/> V553 <input type="checkbox"/> V554 | <input type="checkbox"/> No |
| [Infection control] How are staff, including medical staff, and patients educated about infection prevention? How does this facility monitor whether staff members are following infection control policies & procedures? | <input type="checkbox"/> V132 <input type="checkbox"/> V562 <input type="checkbox"/> V713 <input type="checkbox"/> V715 | <input type="checkbox"/> No |
| [Admissions & Involuntary transfer/discharge] What do you do to prevent situations with patients that may lead to involuntary transfers/discharges? How do you work with the interdisciplinary team and patient care staff to resolve the issues of concern? How do you assure that the interdisciplinary team follows admission/discharge/transfer policies and procedures? | <input type="checkbox"/> V627 <input type="checkbox"/> V715 <input type="checkbox"/> V716 <input type="checkbox"/> V766 <input type="checkbox"/> V767 | <input type="checkbox"/> No |
| Is there anything else you would like to tell me about this facility? | <input type="checkbox"/> V____ | <input type="checkbox"/> No |

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
MEDICAL DIRECTOR**

Extended Questions

| Medical Director Responsibilities | Concern Identified | |
|--|--|-----------------------------|
| What are your responsibilities as medical director at this facility? How do you participate in the development, review, and approval of the facility's "patient care policies and procedures manual" and assure that all policies and procedures are adequate, accurate, and up-to-date? | <input type="checkbox"/> V711 <input type="checkbox"/> V712 <input type="checkbox"/> V713 <input type="checkbox"/> V714 | <input type="checkbox"/> No |
| How do you provide oversight to assure that other medical staff members who provide care in the facility are informed about QAPI activities and goals and are adhering to facility policies and procedures? | <input type="checkbox"/> V715 <input type="checkbox"/> V763 | <input type="checkbox"/> No |
| How do you ensure that the water for in-center dialysis and home dialysis (if applicable) is chemically and biologically acceptable? | <input type="checkbox"/> V177 <input type="checkbox"/> V179 <input type="checkbox"/> V595 | <input type="checkbox"/> No |