

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
CEO/ADMINISTRATOR (OPTIONAL)**

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

CEO/Administrator: _____ **Surveyor:** _____

This interview is optional, but you may wish to interview the CEO/Administrator if you identified an issue in an applicable area during the survey, or where lack of governing body oversight may have contributed to serious findings.

There Are No Core Questions Only Extended Questions

Staff Voice/Culture of Safety	Concern Identified?	
How does this facility promote a facility-wide culture of safety, including encouraging staff to report errors/near misses, or safety risks they identify? What action(s) does this facility take with staff when an error/near miss or safety risk is reported? How does the facility address these to reduce and prevent problems in the future? How do you encourage staff to speak up, and voice comments or suggestions about making improvements at the facility?	<input type="checkbox"/> V627 <input type="checkbox"/> V634 <input type="checkbox"/> V715	<input type="checkbox"/> No
Patient Voice/Culture of Safety	Concern Identified?	
How does this facility encourage patients to voice suggestions, comments, and complaints? What is your system for handling patient complaints, including reporting complaint resolution to the patient?	<input type="checkbox"/> V636 <input type="checkbox"/> V765	<input type="checkbox"/> No
Staffing, Appointments & Continuing Education	Concern Identified?	
How do you assure that there are sufficient numbers of qualified and trained staff, including registered nurses, dietitians, social workers, and technicians to meet the individualized clinical and technical needs of patients based on their acuity and care needs? Is there 24/7 coverage for dialysis patients?	<input type="checkbox"/> V757 <input type="checkbox"/> V758 <input type="checkbox"/> V681	<input type="checkbox"/> No
How do you assure that at least one RN is present at all times when patients are in the dialysis facility?	<input type="checkbox"/> V759	<input type="checkbox"/> No
How do you appoint the medical staff (physicians, advanced practice registered nurses, and physician assistants)?	<input type="checkbox"/> V762	<input type="checkbox"/> No
How does this facility assure that nurses, dietitians, social workers, and patient care technicians working with patients on in-center and/or home dialysis (if applicable) have opportunities for continuing education (internal training and external professional education)?	<input type="checkbox"/> V761	<input type="checkbox"/> No
QAPI	Concern Identified?	
How do you assure that there are appropriate personnel and resources (time and money) for this facility's QAPI program? How do you share the information from QAPI with the governing body for their review?	<input type="checkbox"/> V756	<input type="checkbox"/> No

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Fiscal Operations	Concern Identified?	
How do you meet the fiscal needs of this dialysis facility's in-center and home training and support program (if applicable)?	<input type="checkbox"/> V754	<input type="checkbox"/> No
Furnishing Services	Concern Identified?	
Are all services under this provider's CCN provided on the main premises or on premises that are contiguous (connected) with the main premises and are under the direction of the same professional staff and governing body as the main premises?	<input type="checkbox"/> V764	<input type="checkbox"/> No
Relationship with ESRD Network	Concern Identified?	
What is this facility's relationship with the ESRD Network to improve quality of care and reduce involuntary discharges?	<input type="checkbox"/> V772 <input type="checkbox"/> V767	<input type="checkbox"/> No