Home Dialysis Coordination Facility Self-Assessment

Column A: Interventions and Activities	Yes/ Always	No/Not always	Priority/ Notes
Home Dialysis Education Policy			
We maintain a written policy that outlines the delivery of home dialysis education to all patients. This policy specifies:			
When the education will be provided			
The educational resources to be used			
The individuals responsible for follow-up			
Staff Education			
We provide home dialysis education to new staff during their orientation and update this training annually.			
Home Champion/ Educator Preparation			
The person responsible for patient modality education has completed initial and ongoing educational preparation for this role.			
Referral Process for Education			
All staff in our facility are aware of whom to refer patients and families to for home dialysis education and support.			
Patient Education			
We educate patients on all treatment modalities and settings, including but not limited to transplantation, home dialysis modalities (e.g., Home Hemodialysis [HHD], Continuous Ambulatory Peritoneal Dialysis [CAPD], Continuous Cycling Peritoneal Dialysis [CCPD]), and in-center hemodialysis (ICHD).			
Assess Patient Interest and Goals			
We assess patients' interest in home dialysis (Ex. My Kidney Life Plan: https://mykidneylifeplan.org/) **Where and how is this documented?**			
Initial Suitability Assessment			
Our interdisciplinary team (IDT) assesses the suitability of all newly admitted patients for home dialysis (MATCH_D tool). This assessment is completed within **30 calendar days of admission** or **within the first 13 treatments** at the facility.			

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Column A: Interventions and Activities	Yes/ Always	No/Not always	Priority/ Notes
Documenting Patient Decisions			
We record patients' decisions regarding their chosen dialysis options (e.g., acceptance or declination). **Where and how is this documented**			
Non-Candidacy for Home Dialysis			
We document the reasons why a patient is deemed unsuitable for home dialysis. **Where and how is this documented?**			
Tracking Referral Outcomes			
We effectively track patient outcomes following referrals for home dialysis. **Where and how is this information tracked?**			
Assistance in Finding Home Programs			
We assist patients in locating a suitable home dialysis program if their preferred schedule or modality is unavailable at their current in-center dialysis clinic.			
Annual Reassessment			
We reassess the suitability of our patient population for home dialysis referral at least **annually**.			
Referral Process Support			
We actively support patients throughout the referral process and access placement phase for home dialysis. This includes assisting with tasks such as scheduling appointments, sending reminders, and arranging transportation.			
QAPI Discussions			
We address home dialysis issues during QAPI meetings, including topics such as educational resources, trends, initiatives, and referral outcomes.			
Communication with Home Dialysis Staff			
We ensure effective communication with home dialysis staff whenever there is a change in a patient's status or suitability for home dialysis.			
Coordination with Home Training Programs			
We coordinate effectively with home dialysis programs to support patients transitioning to home training.			

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Instructions:

Review the interventions and activities listed in Column A. For each item, indicate whether your facility routinely performs the action by selecting either "Yes/Always" or "No/Not Always."

Use the "No/Not Always" responses to identify opportunities for improvement in supporting patients pursuing home dialysis.

Collaborate with your interdisciplinary team (IDT) to prioritize these areas for improvement and develop an action plan.

Refer to the Network 3 Home Dialysis Webpage for tools and resources to support your action plan.

Contact us for questions and or assistance at qirn3@qualityinsights.org.

Let us know if you like this tool

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