Home Dialysis Coordination Facility Self-Assessment

Facility interventions and activities to identify, refer and support home dialysis candidates.	Yes/ Always	No/Not Always	Priority/Notes
We educate patients on all treatment modalities and settings, including but not limited to., transplantation, home dialysis modalities (Home Hemodialysis (HHD), continuous ambulatory peritoneal dialysis (CAPD), continuous cycling peritoneal dialysis (CCPD), and incenter hemodialysis (ICHD).			
We document patient interest in home dialysis. Where/how documented?			
We document patient decisions regarding their choice of dialysis options (accept or decline). Where/how documented?			
We document why a patient is not a candidate for home dialysis. Where/how documented?			
We ***effectively*** track patient home dialysis referral outcomes. Where/how tracked?			
We have a written policy defining delivery of home dialysis education to all patients that includes when education will be provided, the specific educational resources to be used and who follows up with patient.			
Our IDT (interdisciplinary team) assesses all newly admitted patients for home dialysis suitability. This initial assessment is completed within 30 calendar days of admission to facility or within the first 13 treatments at facility.			
We inform all patients (both suitable and unsuitable) about the IDT's determination of their suitability for home dialysis. Where/how documented?			
We assist patients to locate a home dialysis program to meet their needs if their desired schedule or modality is not available at their current in-center dialysis clinic.			
We regularly re-assess our patient population (at minimum, annually) for suitability for home dialysis referral.			
We provide new staff education about home dialysis (i.e. during their orientation) and update it annually.			
All staff in my facility know whom to refer patients/families for education and information about home dialysis and to request education for staff.			
The person responsible for patient modality education has undergone initial and continuing educational preparation to fulfill this role.			
We discuss home dialysis issues at QAPI meetings (i.e. Educational resources, trends, initiatives, referrals etc.).			
We communicate ***effectively*** with home dialysis staff when there is a change of patient status or suitability for home dialysis.			
We coordinate ***effectively*** with the home program on the transition of patients to the home training program.			
We ***effectively*** support patients throughout the referral process and access placement phase of preparation for a home dialysis modality where possible by helping with such tasks as appointments, reminders, transportation arrangements.			

Instructions:

Review interventions and activities in column A. Indicate if your facility routinely does or does not perform the action by checking "Yes/Always" or "No/Not Always". The "No/Not Always" selections will be your opportunity/ies to improve the support of patients pursing home dialysis. Work with your IDT to prioritize them for improvement.

Quality Insights
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