

Home QIA Monthly Online Status Form Worksheet

Facility Information

Network: Select Network 3
CCN: Select your facility from the dropdown
Reporting Month: Select from the dropdown

Contact Information

Name of the person providing the above information and completing this update
First Name: _____ Last Name: _____
Email: _____

Facility-Reported Metrics

Does your facility use telemedicine to support patients in accessing a home modality?
Select Yes or No

If yes, which of the following does your facility offer via telemedicine for home dialysis patients:
(Select all that apply)

- Interact at home with patients undergoing home hemodialysis or peritoneal dialysis
- Conducting required home dialysis monthly visits
- Offering on-demand care between regularly scheduled office visits

How many patients dialyze in-center that could be eligible for home dialysis (PD or HHD) during this reporting month? _____

Of those identified above, how many are incident (less than 90 days on dialysis) patients during this reporting month? _____

Of those patients identified as potential candidate, how many were referred to a home dialysis during this reporting month? _____

Which social determinants of health (social needs) are most likely to prevent your patients from pursuing a home modality? (Select all that apply)

- Access to affordable, nutritious food
- Access to primary care provider
- Crime and violence
- Discrimination
- Employment status
- Environmental conditions

- Health literacy
- Housing situation
- Income
- Interpersonal violence
- Level of education
- Transportation needs
- Utilities
- Other

Other (please specify) _____

If none, please explain how you have mitigated these barriers. _____

Barriers and Mitigation

Which of the following domain(s) remains the most influential barrier impeding performance on the areas of opportunity topics this reporting month? (Select all that apply)

- Dialysis facility-related
- Patient-related
- System-related

What actions did your team take this reporting month to address identified barriers?

Please share any barriers/educational needs for which you would like the Network to assist the facility in identifying solutions?

Verify you are not a robot and submit your data using the Submit button at the bottom of the form.

