

**END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY (DIALYSIS UNITS ONLY)**

FOR THE PERIOD _____

Facility Physical Address _____
(If different than mailing address) Suite/Room Street City State/Zip Code

Number of Dialysis Stations: _____ **Facility Telephone:** () _____

Facility Ownership Type: Profit Non-Profit

Facility Local/National Affiliation/Chain Information _____
(i.e. Gambro, etc.)

Types of dialysis services offered:
 Incenter Hemodialysis Peritoneal Dialysis Home Hemodialysis Training

Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?
 Yes No

DIALYSIS PATIENTS AND TREATMENTS

DIALYSIS PATIENTS

Patients Receiving Care Beginning of Survey Period			Additions During Survey Period				Losses During Survey Period						
Incenter	Home	Total Fields 01 thru 02	Started for first time ever	Restarted	Transferred from other dialysis unit	Returned after transplantation	Deaths	Recovered kidney function	Received transplant	Transferred to other dialysis unit	Discontinued dialysis	Other (LTFU)	
01	02	03	In-center	04A 04B	05A 05B	06A 06B	07A 07B	08A 08B	09A 09B	10A 10B	11A 11B	12A 12B	13A 13B
			Home										

Patients Receiving Care at End of Survey Period													Total Patients Fields 20 and 25
Incenter Dialysis		Self-Dialysis Training				Total Incenter Dialysis	Home Dialysis				Total Home Dialysis		
Hemo-Dialysis	Other	Hemo-Dialysis	CAPD	CCPD	Other	Fields 14 thru 19	Hemo-Dialysis	CAPD	CCPD	Other	Fields 21 thru 24		
14	15	16	17	18	19	20	21	22	23	24	25	26	

Patient Eligibility Status End of Survey Period			Hemodialysis Patients Dialyzing More Than 4 Times Per Week			Vocational Rehabilitation			
Currently enrolled in Medicare	Medicare application pending	Non-Medicare	Setting	Day	Nocturnal	Patients aged 18 through 54	Patients receiving services from Voc Rehab	Patients Employed full-time or part-time	Patients attending school full-time or part-time
27	28	29	Incenter	30A 30B	31A 31B	32	33	34	35
			Home						

TREATMENT AND STAFFING

Incenter Dialysis Treatments (Include Training Treatments)		Staffing			
Hemodialysis	Other	Number of Staff		Number of Open Pos.	
		Full Time	Part Time	Full Time	Part Time
		a. RNs			
		b. LPN/LVNs			
		c. PCTs			
		d. APNs			
		e. Dietitians			
		f. Social Workers			
36	37	38	39	40	41

COMPLETED BY (Name) _____ DATE _____ TITLE _____ TELEPHONE NO. _____

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42 CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).