

End Stage Renal Dialysis Checklist

Services

- _____ Do you provide home- and facility-based services? What are those services?
- _____ What treatment options would you recommend for my lifestyle and condition?
- _____ What are the operating hours of the facility?
- _____ What time of the day would I receive my treatment?
- _____ What kind of training courses do you offer?
- _____ Do the in-center dialysis hours or training time for home dialysis treatments meet my scheduling needs?
- _____ Do you offer online training?
- _____ Do you offer travel support?
- _____ Will you arrange for my medications to be delivered?
- _____ If I choose in-center care, what am I allowed to bring to make myself more comfortable (i.e., blankets, laptops, snacks)?
- _____ What resources are available to help me manage my diet?
- _____ Do you have staff available at night and/or weekends for emergencies?

Facility

- _____ Does the facility have a warm and inviting feel?
- _____ May I see the area where that care will be provided?
- _____ What are the facility's staffing patterns?
- _____ Is the location of the facility convenient?
- _____ Observe staff and patient interactions. Are they positive? Courteous?
- _____ Are the staff and director approachable?
- _____ Ask other patients whether staff members handle requests in a timely way.

Care Plan

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- _____ Does each patient have a written care plan?
- _____ Will I be involved in creating that plan?
- _____ Who will be primarily responsible for my care?
- _____ How does the facility work to provide me with a better quality of life?

Payment

- _____ Will you help me determine my payment options?
- _____ Will you directly bill to my insurance or Medicare/Medicaid?
- _____ How much money will I have to pay out of pocket?

Quality

- _____ Is the facility licensed? Ask to review the last Office of Health Facility Licensure and Certification survey report.
- _____ Does the facility conduct patient-satisfaction surveys? If so, ask to see the latest results.
- _____ How does the facility reduce the risk of hospitalization?

References

- _____ How long have you been providing services in the community?
- _____ Who owns the facility?
- _____ Will you provide me a list of references of doctors and other health care providers who are familiar with your services?

Complaints

- _____ Whom should I call with questions or complaints?
- _____ Is there a 24-hour telephone number I can call?