

# Knowledge Assessment of Home Modalities

	Question/Statement	Response
1	Dialysis facilities are required by CMS to provide education on all treatment options, including home dialysis and transplant, at the start of dialysis and during care plan reviews.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
2	Older patients and those with multiple comorbidities are automatically excluded from home dialysis consideration.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False
3	A patient with mild vision or hearing impairment, but reliable caregiver support, may still be an appropriate candidate for home dialysis.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
4	Documenting that education was provided about home dialysis and transplant is required even if the patient refuses further discussion.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
5	Home dialysis patients no longer need a dialysis care team once training is complete.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False
6	Fear of self-cannulation, lack of storage space, and misconceptions about adequacy are common barriers that staff can help address.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
7	Home dialysis patients do not require regular follow-up visits at the dialysis facility.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False
8	Infection prevention is not a critical teaching point for both HHD and PD.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False

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9	Early referrals for PD catheter placement can reduce the risk of a patient not needing urgent-start in-center hemodialysis.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
10	A lack of electricity and running water at home is an absolute contraindication to home dialysis.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
11	Patients and/or their care partner must demonstrate safe self-care skills during training before starting home dialysis.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
12	Which of the following best describes staff responsibility in home dialysis referrals?	<input type="checkbox"/> Decide which patients are “too sick” and avoid mentioning home dialysis <input checked="" type="checkbox"/> Provide unbiased education, assess barriers, and initiate referral discussions <input type="checkbox"/> Wait for the nephrologist to bring it up <input type="checkbox"/> Don't Know
13	Which type of peritoneal dialysis requires a cyclor machine, usually performed overnight?	<input type="checkbox"/> CAPD <input checked="" type="checkbox"/> CCPD <input type="checkbox"/> HHD <input type="checkbox"/> None of the Above <input type="checkbox"/> Don't Know
14	One way facilities can increase home dialysis utilization is by:	<input type="checkbox"/> Waiting until patients ask about home dialysis <input checked="" type="checkbox"/> Providing structured education on modality options early in CKD care <input type="checkbox"/> Referring only young patients to home dialysis program <input type="checkbox"/> Limiting home dialysis to patients with caregivers <input type="checkbox"/> Don't Know

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15	How should staff address a patient who initially declines home dialysis?	<input checked="" type="checkbox"/> Respect the decision but revisit the discussion periodically <input type="checkbox"/> Avoid mentioning it again <input type="checkbox"/> Pressure the patient until they agree <input type="checkbox"/> Only bring it up if the nephrologist orders it <input type="checkbox"/> Don't Know
16	When discussing home modalities, staff should tailor the conversation to:	<input checked="" type="checkbox"/> The patient's lifestyle and goals <input type="checkbox"/> The staff member's personal opinion <input type="checkbox"/> The facility's preferred modality <input type="checkbox"/> The easiest option for scheduling <input type="checkbox"/> Don't Know

For more information or to file a grievance, please contact:

ESRD Network 10  
 8245 Tournament Dr., Ste. 201  
 Memphis, TN 38125  
 Toll-Free: 800-456-6919

ESRD Network 12  
 8245 Tournament Dr., Ste. 201  
 Memphis, TN 38125  
 Toll-Free: 800-444-9965

