



ATTACHMENT A: KCQA PATIENT EDUCATION DATA COLLECTION FORM
PATIENT EDUCATION AWARENESS, FACILITY LEVEL

PATIENT EDUCATION INFORMATION	
1.	Has the patient initiated renal replacement therapy? <input type="checkbox"/> Yes → Answer question 2. <input type="checkbox"/> No → End.
2.	Have renal replacement modality options been discussed with the patient during the 12-month reporting period? <input type="checkbox"/> Yes → Answer questions 2.a. through 2.d. <input type="checkbox"/> No → End. 2.a. Indicate the types of modalities discussed. Education sessions may be conducted by any qualified facility personnel (e.g., nurse, social worker, case manager, etc.). Sessions need not be conducted by a single individual nor occur on the same date. Check all that apply: <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Home hemodialysis <input type="checkbox"/> Transplants <input type="checkbox"/> Identification of potential living donors <input type="checkbox"/> No or cessation of renal replacement therapy 2.b. Indicate the date on which the <u>most recent</u> discussion occurred: ____/____/____ <div align="right">(mm) (dd) (yyyy)</div> 2.c. Indicate the type of documentation in the facility's medical records (check all that apply): <input type="checkbox"/> No documentation <input type="checkbox"/> A note prepared by the facility indicating the date on which the facility discussed renal replacement modality options with the patient. <input type="checkbox"/> A note or letter prepared by the nephrologist or other healthcare professional within the nephrologist's practice indicating the date on which the facility discussed renal replacement modality options with the patient. 2.d. Name of nephrologist: _____