



Please complete the required monthly educational trainings and email this form back to the Network by the DUE DATE listed each month.

Check Boxes	Training	Completion Date	Initials and Date Completed			
<input type="checkbox"/>	Home Modality feedback: 1. Facility Job Description Form 2. Facility Contact Form 3. Complete Pre-Project evaluation survey . 4. Home QIA Introduction Webinar 5. Home QIA Attestation and Polling survey 6. Data Collection Tools 7. Attended ESRD NCC LAN with staff and shared material with patients.	January 31	Initials:	Date:		
	<table border="1"> <tr> <td>Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If no, please add comments:</td> </tr> <tr> <td>Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Explain how or why not:</td> </tr> </table>		Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please add comments:	Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:
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Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:					
<input type="checkbox"/>	Staff education and competency: 1. Facility Root cause Analysis 2. Report Facility Patient Engagement Activity Survey 3. Data Collection Tools	February 28	1.	1.		
	<table border="1"> <tr> <td>Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If no, please add comments:</td> </tr> <tr> <td>Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Explain how or why not:</td> </tr> </table>		Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please add comments:	Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:
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Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:					
<input type="checkbox"/>	Patient education/engagement: 1. Review the Home Conversation Starter with Patients. 2. Register for Home QIA Webinar 2 3. Data Collection Tools 4. Attended ESRD NCC LAN with staff and shared material with patients.	March 31	3.	3.		
	<table border="1"> <tr> <td>Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If no, please add comments:</td> </tr> <tr> <td>Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Explain how or why not:</td> </tr> </table>		Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please add comments:	Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:
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Facility 6-digit CCN #: _____ After completion of training each month, fax this form to
 Facility Name: _____ Attn: **Betrice Williams, OC** email: bwilliams@nw14.esrd.net



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		March 31						
<input type="checkbox"/>	<p>Patient education/engagement:</p> <p>1. Review the Patient Engagement Activity with Patients: _____</p> <p>2. Attended and or viewed Home QIA Webinar 2</p> <p>3. Home QIA Webinar Attestation and Polling survey</p> <p>4. Data Collection Tools</p>	April 28	<p>Initials:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Date:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>				
<input type="checkbox"/>	<p>Patient education/engagement:</p> <p>1. Review the Patient Engagement Activity with Patients: _____</p> <p>2. Register for Home QIA Webinar 3</p> <p>3. Complete Mid-Project Evaluation survey</p> <p>4. Data Collection Tools</p> <p>5. Attended ESRD NCC LAN webinar with staff and shared material with patients.</p>	May 31	<p>Initials:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>Date:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>				
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Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:							
<input type="checkbox"/>	<p>Patient education/engagement:</p> <p>1. Review the Patient Engagement Activity with Patients: _____</p> <p>2. Data Collection Tools</p>	June 30	<p>Initials:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Date:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>				
<input type="checkbox"/>	<p>Patient Engagement Feedback:</p> <p>1. What month did patients find the patient engagement activity effective or enjoyed? Why: _____</p> <p> a. February- _____</p> <p> b. March- _____</p>	July 31	<p>Initials:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Date:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>				

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	<p>c. April- _____ d. May- _____</p> <p>2. Data Collection Tools</p> <p>3. Attended ESRD NCC LAN webinar with staff and shared material with patients.</p> <table border="1" data-bbox="198 373 1094 646"> <tr> <td data-bbox="198 373 521 527"> Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td data-bbox="521 373 1094 527"> If no, please add comments: </td> </tr> <tr> <td data-bbox="198 527 521 646"> Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td data-bbox="521 527 1094 646"> Explain how or why not: </td> </tr> </table>	Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please add comments:	Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:	<p style="text-align: center;">July 31</p>		
Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please add comments:							
Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain how or why not:							
<input type="checkbox"/>	<p>Staff Review:</p> <p>1. Shared facility Sustainability Plan with staff. Specify how: _____</p> <p>2. Review the Patient Engagement Activity with Patients: _____</p> <p>3. Attended and or viewed Home QIA Webinar 3</p> <p>4. Home QIA Webinar Attestation and Polling survey</p> <p>5. Data Collection Tools</p> <p>Patient Review:</p> <p>6. Share and celebrate patients home modality rates with patients. Specify how: _____</p>	<p style="text-align: center;">August 31</p>	<p>Initials:</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____</p>	<p>Initials:</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____</p>				
<input type="checkbox"/>	<p>Project Review/Wrap-up:</p> <p>1. Complete post-project evaluation survey</p> <p>2. Complete Network Sustainability Plan</p> <p>3. Data Collection Tools</p> <p>4. Attended ESRD NCC Home LAN Webinar</p>	<p style="text-align: center;">September 30</p>	<p>Initials:</p> <p>1. _____ 2. _____ 3. _____ 4. _____</p>	<p>Date:</p> <p>1. _____ 2. _____ 3. _____ 4. _____</p>				
<input type="checkbox"/>	<p>Project Maintenance :</p> <p>1. _____</p>	<p style="text-align: center;">October 31</p>	<p>Initials:</p> <p>1. _____ 2. _____</p>	<p>Date:</p> <p>1. _____ 2. _____</p>				
<input type="checkbox"/>	<p>Project Maintenance :</p> <p>1. ESRD NCC Home LAN Webinar Finale</p>	<p style="text-align: center;">November 30</p>	<p>Initials:</p> <p>1. _____</p>	<p>Date:</p> <p>1. _____</p>				

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Additional Comments related to any of the above Monthly Activities:

Large empty light blue rectangular area for providing additional comments.

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