



Please complete the required monthly educational trainings and email this form back to the Network by the DUE DATE listed each month. **Please include your facility CCN and Name on all forms submitted**

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" style="width: 100%;"> <tr> <td style="width: 50%;">Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">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:	1.	1.
	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:							
		2.	2.					
<input type="checkbox"/>	Staff education and competency: 1. Facility Root cause Analysis 2. Report Facility Patient Engagement Activity Survey 3.	February 28	3.	3.				
			1.	1.				
			2.	2.				
<input type="checkbox"/>	Patient education/engagement: 1. Review the Home Conversation Starter with Patients. 2. Register for Home QIA Webinar 2 opens 3/18/2019 3. Attended ESRD NCC LAN with staff and share material with patients. 4. Report Facility Patient Engagement Activity Survey	March 31	3.	3.				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">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:	4.	4.
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		1.	1.					

Facility 6-digit CCN #: _____ After completion of training each month, email 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 a 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. Report Facility Patient Engagement Activity Survey</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 a 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. Report Facility Patient Engagement Activity Survey</p> <p>5. Attended ESRD NCC LAN webinar with staff and shared material with patients.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%; padding: 5px;"> If no, please add comments: </td> </tr> <tr> <td style="padding: 5px;"> Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="padding: 5px;"> 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:	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 a Patient Engagement Activity with Patients: _____</p> <p>2. Report Facility Patient Engagement Activity Survey</p> <p>3.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Were the educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%; padding: 5px;"> If no, please add comments: </td> </tr> <tr> <td style="padding: 5px;"> Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="padding: 5px;"> Explain how or why not: </td> </tr> </table>	Were the 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:	June 30	<p>Initials:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Date:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
Were the 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>Patient Engagement Feedback:</p> <p>1. What month did patients find the patient engagement activity effective or enjoyed? Why: _____</p> <p style="padding-left: 20px;">a. February- _____</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>				

Facility 6-digit CCN #: _____
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	<p>b. March- _____ c. April- _____ d. May- _____</p> <p>2. Attended ESRD NCC LAN webinar with staff and shared material with patients.</p> <p>3. Report Facility Patient Engagement Activity Survey</p> <table border="1" data-bbox="196 441 1094 716"> <tr> <td data-bbox="196 441 518 590"> Were the ESRD NCC educational links easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td data-bbox="518 441 1094 590"> If no, please add comments: </td> </tr> <tr> <td data-bbox="196 590 518 716"> Did you incorporate the training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td data-bbox="518 590 1094 716"> 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 a 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>Patient Review:</p> <p>5. Share and celebrate patients home modality rates with patients. Specify how: _____</p> <p>6. Report Facility Patient Engagement Activity Survey</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. Attended ESRD NCC Home LAN Webinar</p> <p>4. Report Facility Patient Engagement Activity Survey</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. Submit any outstanding activities/ reports to the Network</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 rectangular area for providing additional comments.

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