DRAFT IPRO ESRD Network 1 Collaborator Survey (2020)

Your Opinion Matters

The IPRO ESRD Network of New England (Network 1) would appreciate your taking a few minutes to complete the following questionnaire regarding your experience working with us. All responses will be kept confidential and will not be released. Information provided by you is voluntary and your decision whether to participate or not in this survey will not affect any Medicare or Medicaid reimbursements to your organization.

The ESRD Network of New England initiates and supports quality improvement activities, the collection and management of data, provides community education and serves as an informational resource to the provider, ESRD beneficiaries and regulatory communities.

This survey is for people who are involved with the IPRO ESRD Program. Please click on the "Next" button below and after each question. Please click "Done" at the end of the survey to capture your responses.

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Section 1: Information About You

1. Who contributed in responding to this survey? (Check each that applies.)

- [ ] Facility Administrator
- [ ] Nurse
- [ ] Data Contact
- [ ] Social Worker
- [ ] Medical Director
- [ ] Other (please specify)

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Section 2: Overall Impression

Please indicate the extent you agree or disagree with the following statements on a scale of 1 to 6 with 1 being "Strongly Disagree" and 6 being "Strongly Agree", by checking the appropriate box.

* 2. My overall impression of my organization's working relationship with IPRO is positive.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

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Section 2: Overall Impression

* 3. You gave an unfavorable rating for the question, "My overall impression of my organization's working relationship with the Network is positive." Please explain how we can improve in this area.

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Section 2: Overall Impression

* 4. I am treated respectfully and with courtesy by the Network staff.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

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Section 2: Overall Impression

* 5. You gave an unfavorable rating for the question, "When contacting the Network, I can easily reach an appropriate person to assist me." Please explain how we can improve in this area.

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Section 2: Overall Impression

* 6. The Network is responsive in following up with questions or issues I have.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

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Section 2: Overall Impression

* 7. You gave an unfavorable rating for the question, "The Network is responsive in following up with questions or issues I have." Please explain how we can improve in this area.

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Section 2: Overall Impression

* 8. I am treated respectfully and with courtesy by the Network staff.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

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Section 2: Overall Impression

* 9. You gave an unfavorable rating for the question, "I am treated respectfully and with courtesy by the Network staff." Please explain how we can improve in this area.

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Section 3: Network Activities

10. What is the primary reason you have collaborated with the Network in the past year? (Check all that apply)

- [ ] Participation in Quality Improvement Activities
- [ ] Information/Educational Resources
- [ ] Patient Related Issues
- [ ] Technical Assistance (with CROWNWeb, NHSN, etc.)
- [ ] Regulatory Issues (e.g., facility openings, closures, condition for coverage questions, etc.)
- [ ] Forms/Data Request/Data Issue
- [ ] All of the above
- [ ] Other (please specify)

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Section 3: Network Activities

11. The Network’s assistance supports my organization's quality initiatives.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

DRAFT IPRO ESRD Network 1 Collaborator Survey (2020)

Section 3: Network Activities

* 12. You gave an unfavorable rating for the question, "The Network’s assistance supports my organization's quality initiatives." Please explain how we can improve in this area.

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Section 3: Network Activities

13. Network initiatives help my organization with patient and family engagement, and incorporating the patient voice in facility activities.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

DRAFT IPRO ESRD Network 1 Collaborator Survey (2020)

Section 3: Network Activities

* 14. You gave an unfavorable rating for the question, "Network initiatives help my organization with patient and family engagement, and incorporating the patient voice in facility activities." Please explain how we can improve in this area.

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Section 3: Network Activities

15. The educational materials provided by the Network are used by my organization as part of QI or patient education (materials provided via email, fax, U.S. mail, website, and social media).

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
○	○	○	○	○	○	○

DRAFT IPRO ESRD Network 1 Collaborator Survey (2020)

Section 3: Network Activities

* 16. You gave an unfavorable rating for the question, "The educational materials provided by the Network are used by my organization as part of QI or patient education (materials provided via email, fax, U.S. mail, website, and social media)." Please explain how we can improve in this area.

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Section 3: Network Activities

17. Please describe information or data that the Network provides to your organization that helps you the most (please list all that applies).

18. How can the Network provide better customer service to your facility:

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Section 4: Comments

19. Please use the following area to provide any examples of exceptional customer service and support received from our IPRO staff.

20. Would you like to be contacted by a member of the IPRO staff regarding your answers to this survey?

- ◯ No
- ◯ Yes (provide contact information below).

21. Please enter your contact information below (Please complete if you wish to be contacted.)

Name:	
Company:	
Address:	
Address 2:	
City/Town:	
State:	-- select state --
ZIP:	
Country:	
Email Address:	
Phone Number:	

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Section 4: Comments

Thank you for completing this survey.