

Your Opinion Matters

The IPRO ESRD Network of New York (Network 2) 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 York 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.



DRAFT IPRO ESRD Network 2 Collaborator Survey (2020)

Section 1: Information About You

1. Who contributed in respon	iding to this survey? (Check ea	ach that applies.)
Facility Administrator		Nurse
Data Contact		Social Worker
Medical Director		
Other (please specify)		



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 Network is positive.

Strongly Disagree	Disagree	Slightly DIsagree	Slightly Agree	Agree	Strongly Agree	NA



DRAFT IPRO ESRD Network 2 Collaborator Survey (2020)

Section 2: Overall Impression

* 3. You gave an unrelationship with t		=	=	=	-	vorking
IPRO Better healthorealized.						
DRAFT IPRO E	ESRD Netw	ork 2 Collabora	tor Survey (20	20)		
Section 2: Over	rall Impress	ion				
When contacting Strongly Disagree	ng the Netwo	rk, I can easily re	ach an appropria Slightly Agree	ate person to a	assist me. Strongly Agree	N/A
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strollgly Agree	N/A
IPRO Better healthorealized.						

Section 2: Overall Impression

* 5. You gave an un appropriate person		-		_		ach an
IPR(
DRAFT IPRO E	SRD Netw	ork 2 Collabora	tor Survey (20	20)		
Section 2: Over	all Impress	sion				
6. The Network is	-		•	sues I have.		
Strong Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
\bigcirc		\circ			0	
IPR(Better healthcarealized.						
DRAFT IPRO E	SRD Netw	ork 2 Collabora	tor Survey (20	20)		

Section 2: Overall Impression

* 7. You gave an un or issues I have."	_	•		•	e in following up wi	th questions
IPRO Better healthorealized.						
DRAFT IPRO E	ESRD Network	2 Collaborat	tor Survey (20	20)		
Section 2: Over	rall Impression					
8. I am treated re						
Strongly Disagree	Disagree S	lightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
IPRO Better healthorealized.						
DRAFT IPRO E	ESRD Network	2 Collaborat	tor Survey (20	20)		
Section 2: Over	rall Impression					

	ease explain how we can improve in this area.
	PRO healthcare,
DRAFT	IPRO ESRD Network 2 Collaborator Survey (2020)
Section	3: Network Activities
	hat is the primary reason you have collaborated with the Network in the past year? k all that apply)
P	articipation in Quality Improvement Activities
In	formation/Educational Resources
P	atient Related Issues
	echnical Assistance (with CROWNWeb, NHSN, etc.)
_ I €	
	egulatory Issues (e.g., facility openings, closures, condition for coverage questions, etc.)
R	egulatory Issues (e.g., facility openings, closures, condition for coverage questions, etc.) orms/Data Request/Data Issue
R	
R F	orms/Data Request/Data Issue



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



Better healthcare, realized.

DRAFT IPRO ESRD Network 2 Collaborator Survey (2020)

Section 3: Network Activities

quality initiatives." Please explain how we can improve in this area.



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



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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.



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



Better healthcare, realized.

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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

	escribe informat list all that appl		the Network p	rovides to your o	ganization that he	elps you the
.8. How can t	the Network pro	ovide better cus	stomer service t	o your facility:		



Section 4: Comments

	lowing area to provide any examples of ex	ceptional customer service and support
received from our IPR	O staff.	
20. Would you like	to be contacted by a member of the IPRO	staff regarding your answers to this survey?
○ No	•	,
Yes (provide conta	act information below).	
21. Please enter your	contact information below (Please comple	te if you wish to be contacted.)
Name:		
Company:		
Address:		
Address 2:		
City/Town:		
State:	select state	
ZIP:		
Country:		
- 24.11		
Email Address:		
Phone Number:		



Section 4: Comments

Thank you for completing this survey.