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DRAFT IPRO ESRD Network 9 Collaborator Survey (2023)

Your Opinion Matters

The IPRO ESRD Network of the Ohio River Valley (Network 9) would appreciate your taking a few minutes to complete the following questionnaire regarding your experience working with us. Your responses will be kept private to the extent provided by law. Information provided by you is voluntary. Your decision whether to participate or not in this survey will not affect any Medicare or Medicaid reimbursements to your organization.

PRA Disclosure Statement:

*The ESRD Network of the Ohio River Valley 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. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is TBD. The expiration date is TBD. The purpose of this voluntary information collection request is to collect feedback about the ESRD Network of the Ohio River Valley (Network 9). The end goal of this effort is to collect actionable data to help improve the overall customer experience. The time required to complete this voluntary information collection is estimated to average 1 minute per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions about the survey please contact jcashman@ipro.org.*

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. When contacting the Network, I can easily reach an appropriate person to assist me.

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 EQRS (formerly CROWNWeb), NHSN, etc.)
- ☐ Regulatory Issues (e.g., facility openings, closures, condition for coverage questions, etc.)
- ☐ Forms/Data Request/Data Issue
- ☐ IPRO Learn
- ☐ 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

☐☐☐☐☐☐☐

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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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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.



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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 IPRO Learn, email, fax, U.S. mail, website, and social media).

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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 IPRO Learn 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. Freshdesk, the Help Desk ticketing system, helps me resolve issues in a timely manner.

Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 3: Network Activities

18. You gave an unfavorable rating for the question, "Freshdesk, the Help Desk ticketing system, helps me resolve issues in a timely manner." Please explain how we can improve in this area.



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Section 3: Network Activities

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

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



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Section 4: Comments

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

22. 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).

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

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>



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Section 4: Comments

Thank you for completing this survey. Please click Done when you are finished.