HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Network 15

Fluid Management In End Stage Renal Disease (ESRD) Patients

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Objectives

- Review of Regulations – Part 494 Conditions for Coverage (CfCs) for ESRD Facilities
- ESRD CORE Survey
- Patient Assessment – Fluid Status
- Ultrafiltration – Current Thinking
- Post-Dialysis Weight – Current Thinking
- Quality Assessment and Performance Improvement (QAPI) – Fluid Management
- Review of Citations – Arizona and National

Centers for Medicare & Medicaid Services (CMS)

Part 494 - Conditions for Coverage for End Stage Renal Disease Facilities

PART 494 - Conditions for Coverage for ESRD Facilities

- The Federal Register - published continuously since March 14, 1936. Provides the only complete history of the regulations of the federal government with the text of all changes.
- Orders from federal agencies or the Executive Branch - not effective until published in the Federal Register.
- In 1937 - amended to create the Code of Federal Regulations, a set of paperback books that arrange effective regulations from the Federal Register by subject.
- The Code of Federal Regulations (CFR) annual edition - codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government produced by the Office of the Federal Register (OFR) and the Government Publishing Office.
- 42 CFR Part 494 Conditions for Coverage for ESRD facilities - Posting Date: October 3, 2008

https://www.cms.gov/
https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/downloads/esrdfinalrule0415.pdf

PART 494 - Conditions for Coverage for ESRD Facilities

- **Conditions for Coverage (CfCs) & Conditions of Participations (CoPs)** - health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs.
- **Providers** and **Suppliers** of health services - comply with minimum health and safety standards. "Conditions of Participation" ("CoPs") or "Conditions for Coverage" ("CfCs"), depending on the type of Medicare-participating entity.
- "CoPs" – Hospitals, Home Health Agencies, Community Mental Health Centers, Transplant Centers
- "CfCs" – End-Stage Renal Disease Facilities, Ambulatory Surgical Centers, Portable X-Ray, Rural Health Clinics

https://www.cms.gov/
https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/downloads/esrdfinalrule0415.pdf

PART 494 - Conditions for Coverage for ESRD Facilities (cont.)

- End Stage Renal Disease Facilities (42 C.F.R. Part 494)
- 16 Conditions, V Tags 100 – 773 (635 tags or regulations)
- Conditions:
    - Compliance with Federal, State, and Local laws and regulations
    - Infection Control
    - Water and Dialysate Quality
    - Patients' Rights
    - Patient Assessment
    - Patient Plan of Care
    - Care at Home
    - Quality Assessment and Performance Improvement
    - Responsibilities of Medical Director
    - Governance

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/esrdpgmguidance.pdf

PART 494 - Conditions for Coverage for ESRD Facilities (cont.)

Standards: Fluid Assessment, Target Weight, Ultrafiltration, Fluid Management

- Condition: Patient Assessment
  - V503 -(2) Evaluation of the appropriateness of the dialysis prescription
  - V504 - Blood pressure, and fluid management needs
  - V509 - 6) Evaluation of nutritional status by a dietitian (references V504)
  - V520 - (2) At least monthly for unstable patients including, but not limited to, patients with the following:
    i. Extended or frequent hospitalizations;
    ii. Marked deterioration in health status;
    iii. Significant change in psychosocial needs; or
    iv. Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis.

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/esrdpgmguidance.pdf

PART 494 - Conditions for Coverage for ESRD Facilities (cont.)

- Condition: Patient Plan of Care
  - V543 - The plan of care must address, but not be limited to, the following: (1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status; and
  - V544 - Achieve and sustain the prescribed dose of dialysis to meet a hemodialysis Kt/V of at least 1.2 and a peritoneal dialysis weekly Kt/V of at least 1.7 or meet an alternative equivalent professionally-accepted clinical practice standard for adequacy of dialysis.
  - V559 - (3) If the expected outcome is not achieved, the interdisciplinary team must adjust the patient's plan of care to achieve the specified goals. When a patient is unable to achieve the desired outcomes, the team must:
    - i. Adjust the plan of care to reflect the patient's current condition;
    - ii. Document in the record the reasons why the patient was unable to achieve the goals; and
    - iii. Implement plan of care changes to address the issues identified in paragraph (b)(3)(ii) of this section

V545, V547, V549, V562

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/esrdpgmguidance.pdf

PART 494 - Conditions for Coverage for ESRD Facilities (cont.)

- Condition: Care at Home
  - V584, and more
- Condition: Quality Assessment and Performance Improvement
  - V629 - (i) Adequacy of dialysis.
  - V640 - The facility must immediately correct any identified problems that threaten the health and safety of patients.
- Condition: Responsibilities of the Medical Director
  - V715 - (2) Ensure that:
    - i. All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers; and

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/esrdpgmguidance.pdf

ESRD CORE Survey

ESRD CORE Survey

- **ESRD Core Survey Field Manual Version 1.8** effective date: 09/29/2015
- **Measures Assessment Tool (MAT) -** Version 2.4
- **Fiscal Year 2016 (10/01/15-9/30/16) ESRD CORE Survey Data Worksheet**
- **Fiscal Year 2016 (10/01/15-9/30/16) ESRD CORE Survey Data Worksheet**
  - **III. Clinical Outcomes Thresholds table**

https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/guidanceforlawsandregulations/dialysis.html

Measures Assessment Tool (MAT)

MEASURES ASSESSMENT TOOL (MAT)

Tag	Condition/Standard ➡	Measure ➡	Values ➡	Reference ➡	Source
494.40 Water and dialysate quality:					
V196 V178 V180	Water quality; test for total chlorine Water & dialysate quality/test for microbiological contamination	Max. total chlorine (includes chloramines) Action / Max. bacteria – product water / dialysate Action / Max. endotoxin – product water / dialysate	≤0.1 mg/L daily/shift 50 CFU/mL / <200 CFU/mL 1 EU/mL / <2 EU/mL (endotoxin units)	AAMI RD52	Records
494.50 Reuse of hemodialyzers and blood lines (only applies to facilities that reuse dialyzers &/or bloodlines)					
V336	Dialyzer effectiveness	Total cell volume (TCV) of (hollow fiber dialyzers	Measure original volume/TCV Discard if after reuse <80% of original TCV	KDOQI HD Adequacy 2006 AAMI RD47	Records Interview
494.80 Patient assessment: The interdisciplinary team (IDT), patient/designee, RN, MSW, RD, physician must provide each patient with an individualized & comprehensive assessment of needs					
V502 V503 V504 V505 V506 V507 V508 V509 V510 V511 V512 V513 V514 V515	- Health status/comorbidities - Dialysis prescription - BP & fluid management - Lab profile - Immunization & meds history - Anemia (Hgb, Hct, iron stores, ESA need) - Renal bone disease - Nutritional status - Psychosocial needs - Dialysis access type & maintenance - Abilities, interests, preferences, goals, desired participation in care, preferred modality & setting, expectations for outcomes - Suitability for transplant referral - Family & other support systems - Current physical activity level & referral to vocational & physical rehabilitation	- Medical/nursing history, physical exam findings - Evaluate: HD every mo; PD first mo & q 4 mo - Interdialytic BP & wt gain, target wt, symptoms - Monitor labs monthly & as needed - Pneumococcal, hepatitis, influenza; med allergies - Volume, bleeding, infection, ESA hypo-response - Calcium, phosphorus, PTH & medications - Multiple elements listed - Multiple elements listed - Access efficacy, fistula candidacy - Reason why patient does not participate in care, reason why patient is not a home dialysis candidate - Reason why patient is not a transplant candidate - Composition, history, availability, level of support - Abilities & barriers to independent living; achieving physical activity, education & work goals	Refer to Plan of care & QAPI sections (below) for values	Conditions for Coverage KDOQI Guidelines (see POC)	Chart Interview
494.90 Plan of care The IDT must collaboratively develop & implement a written, individualized plan of care that specifies the services necessary to address the patient's needs as identified by the comprehensive assessment & changes in the patient's condition, & must include measurable & expected outcomes & estimated timetables to achieve outcomes. Outcome goals must be consistent with current professionally accepted clinical practice standards. Citations are based on facility IDT failure to recognize & implement strategies for improvement when individual patients' outcomes are out of range, not on out-of-range outcomes alone.					
V543	(1) Dose of dialysis/volume status Monitor each treatment	Management of volume status	Euvolemic & pre-BP <140/90; post-BP <130/80 (adult); lower of 90% of normal for age/ht/wt or 130/80 (pediatric)	KDOQI HD Adequacy 2006 KDOQI Cardiovascular 2005	Chart Interview
V544	(1) Dose of dialysis (HD adequacy) Monitor adequacy monthly	Adult HD <5 hours 3x/week, minimum spKt/V Adult HD 2x/week, RKF <2 mL/min. HD 2, 4-6x/week, minimum stdKt/V	≥1.2 (or URR≥65); Min. 3 hours/tx if RKF <2ml/min Inadequate treatment frequency ≥2.0/week	NQF #0249 (adult) NQF #1423 (peds) KDOQI HD Adequacy 2006	Chart Interview
V544	(1) Dose of dialysis (PD adequacy – adult) Monitor 1st month & every 4 months	Minimum delivered Kt/V_{urea}	≥1.7/week	NQF #0318 KDOQI PD Adequacy 2006	Chart Interview
V544	(1) Dose of dialysis (PD adequacy – pediatric) Monitor 1st month & every 6 months	Minimum delivered Kt/V_{urea}	≥1.8/week	KDOQI PD Adequacy 2006	Chart Interview
V545	(2) Nutritional status - Monitor albumin & body wt monthly; monitor other parameters at V509 as needed	Albumin Body weight & other parameters listed at V509	≥4.0 g/dL BCG preferred; if BCP: lab normal % usual wt, % standard wt, BMI, est. % body fat	KDOQI Nutrition 2000 KDOQI CKD 2002	Chart Interview
V545	(2) Nutritional status (pediatric) monitor monthly	Length/ht-for-age % or SD, dry wt & wt-for-age % or SD, BMI-for-ht/age % or SD, head circ/age % (age ≤3), nPCR	nPCR normalized-HD teen (nPCR and albumin are not predictive of wt loss/nutritional status in younger children)	KDOQI Pediatric Nutrition 2008	Chart Interview
V546	(3) Mineral metabolism & renal bone disease Monitor calcium & phosphorus monthly Monitor intact PTH every 3 months	Calcium uncorrected Phosphorus Intact PTH (consider with other MBD labs, not in isolation)	normal for lab or <10.2 mg/dL[1] (3 mo rolling average) All: 3.5-5.5 mg/dL[2] Under review	[1]NQF #1454 [2]KDIGO CKD-MBD 2009	Chart Interview
V547	(4) Anemia – Hgb non-ESA - monitor monthly	Hemoglobin (Adult & pediatric)	No safe upper level established[3] See Hgb on ESA (below) for management of anemia[3]	[3]FDA 6/24/11 for more info re CKD 5D recommendation	Chart Interview
V547 V548	(4) Anemia – Hgb on ESA – monitor weekly until stable; then monitor monthly; evaluate other anemia causes; educate patients about risks/benefits	Hemoglobin (Adult & pediatric) Blood transfusion	Initiate ESAs <10 g/dL; interrupt/ ↓ dose near or >11 g/dL[3] Give lowest dose of ESAs to avoid transfusion (especially in transplant candidates); consider patient preference	[3]FDA 6/24/11 for more info re CKD 5D recommendation	Chart Interview
V549	(4) Anemia - Monitor iron stores routinely	Adult & pediatric: transferrin saturation Adult & pediatric: serum ferritin	>20% (HD, PD), or CHr >29 pg/cell HD: >200 ng/mL; PD: >100 ng/mL HD/PD: <500 ng/mL or evaluate if indicated	KDOQI Anemia 2006	Chart Interview

Sources: ***DFR***=Dialysis Facility Reports; ***CW***=CROWNWeb; ***Chart***=Patient Chart; ***Records***=Facility Records; ***Interview***=Patient/Staff Interview; **Abbreviations:** ***BCG/BCP***=bromcresol green/purple ***BMI***=Body mass index; ***CAHPS***=Consumer Assessment of Healthcare Providers & Services; ***CFU***=colony forming units; ***CHr***=reticulocyte hemoglobin; ***CMS CPM***=CMS Clinical Performance Measure; ***DOPPS***=Dialysis Outcomes & Practice Patterns Study; ***ESA***=erythropoiesis stimulating agent; ***KDIGO***=Kidney Disease Improving Global Outcomes; ***KDOQI***=Kidney Disease Outcomes Quality Initiative; ***nPCR***=normalized protein catabolic rate; ***NQF***=National Quality Forum; ***RKF***=residual kidney function; ***SD***=standard deviation; ***spKt/V***=single pool Kt/V

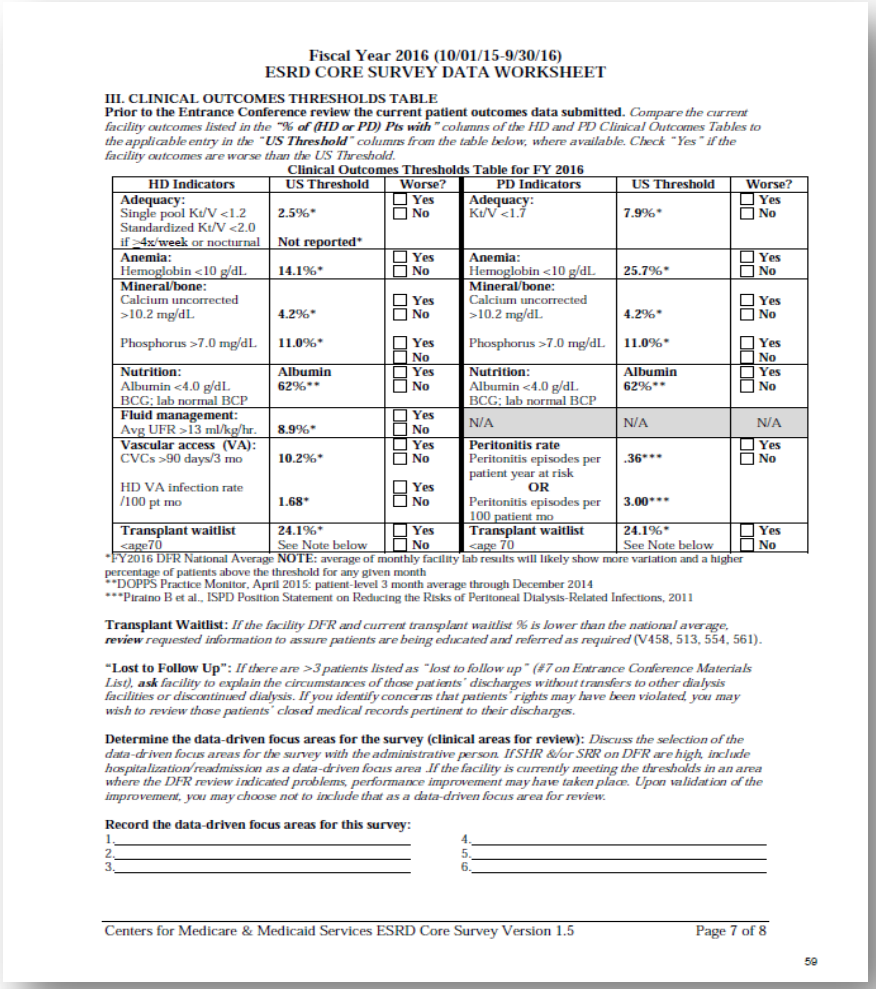
MAT (continued)

MEASURES ASSESSMENT TOOL (MAT)

Tag	Condition/Standard ➡	Measure ➡	Values ➡	Reference ➡	Source
V550 V551	(5) Vascular access (HD)	Fistula Graft Central Venous Catheter	Preferred, if appropriate[4,5,7, 8] Acceptable if fistula not possible or appropriate[5,8] Acceptable if evaluated for fistula/graft [5,8], if transplant soon, or if AVF/AVG not possible in small adult or peds pt[5]	[4]NQF #0257 [5]KDOQI Vascular Access 2006 [6]NQF #0251 [7]NQF #0256; [8]Fistula First	Chart Interview
V552	(6) Psychosocial status	Survey physical & mental functioning by standardized tool, e.g.KDQOL-36 survey or age appropriate survey	Documentation of action in response to results	Conditions for Coverage NQF #0260 (adult)	Chart Interview
V553 V554	(7) Modality	Home dialysis referral Transplantation referral	Candidacy or reason for non-referral	Conditions for Coverage	Chart Interview
V555	(8) Rehabilitation status	Productive activity desired by patient Pediatric: formal education needs met Vocational & physical rehab referrals as indicated	Achieve & sustain appropriate level, unspecified	Conditions for Coverage	Chart Interview
V562	(d) Patient education & training	Dialysis experience, treatment options, self-care, QOL, infection prevention, rehabilitation	Documentation of education in record	Conditions for Coverage	Chart Interview
494.110 Quality assessment & performance improvement (QAPI): The dialysis facility must develop, implement, maintain, & evaluate an effective, data-driven QAPI program with participation by the professional members of the IDT. The program must reflect the complexity of the organization & services (including those under arrangement), & must focus on indicators related to improved health outcomes & the prevention & reduction of medical errors. The dialysis facility must maintain & demonstrate evidence of its QAPI program including continuous monitoring for CMS review. Refer to your ESRD Network's goals for targets for aggregate patient outcomes.					
V628	Health outcomes: Physical & mental functioning	Survey adult/pediatric patients by standardized tool, e.g. KDQOL-36 survey or age appropriate survey	Achieve & sustain appropriate status ↑ % of eligible patients completing survey	Conditions for Coverage	Records
V628	Health outcomes: Patient hospitalization	Standardized hospitalization ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average)	↓ unplanned hospitalizations	Conditions for Coverage	DFR Records
V628	Health outcomes: Patient survival	Standardized mortality ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average)	↓ mortality	Conditions for Coverage	DFR Records
V629	(i) HD adequacy (monthly)	HD: Adult (patient with ESRD ≥3 mo)	↑ % with spKt/V ≥1.2 or URR ≥65% if 3 times/week dialysis and stdKt/V ≥2.0/week if 2 or 4-6 times/week dialysis	Conditions for Coverage NQF #0249 (adult) NQF #1423 (peds)	DFR Records
V629	(i) PD adequacy (rolling average, each patient tested ≤4 months)	PD: Adult	↑ % with weekly Kt/V_{urea} ≥1.7 (dialysis+RKF)	Conditions for Coverage NQF #0318	DFR Records
V630	(ii) Nutritional status	Facility set goals; refer to parameters listed in V509	↑ % of patients within lab target range on albumin and other nutritional parameters set by the facility	Conditions for Coverage; KDOQI Nutrition 2000 KDOQI CKD 2002	Records
V631	(iii) Mineral metabolism/renal bone disease	Calcium, phosphorus, & PTH	↑ % in target range on all measures monthly	Conditions for Coverage	Records
V632	(iv) Anemia management Monitor patients on ESAs &/or patients not taking ESAs	Anemia symptoms Blood transfusion Serum ferritin & transferrin saturation or CHr Patient education on ESAs	↓% of patients with anemia symptoms ↓ % of patients (esp. transplant candidates) transfused Evaluate if indicated ↑% of patients educated about potential risks/benefits	FDA 6/24/11 for more info re CKD 5D recommendation	DFR Records Interview
V633	(v) Vascular access (VA) Evaluation of VA problems, causes, solutions	Cuffed catheters > 90 days AV fistulas for dialysis using 2 needles, if appropriate Thrombosis episodes Infections per use-life of access VA patency	↓ to <10%[9] ↑ to ≥65%[6] or ≥66%[7] ↓ to <0.25/pt-yr at risk forfistulas; 0.50/pt-yr at risk for (grafts ↓ to <1% (fistula); <10% (graft) ↑ % with fistula >3 yrs & graft >2 yrs	[5]KDOQI Vascular Access2006 [8]Fistula First	DFR Records
V634	(vi) Medical injuries & medical errors identification	Medical injuries & medical errors reporting	↓ frequency through prevention, early identification & root cause analysis	Conditions for Coverage	Records
V635	(vii) Reuse	Evaluation of reuse program including evaluation & reporting of adverse outcomes	↓ adverse outcomes	Conditions for Coverage	Records
V636	(viii) Patient satisfaction & grievances	Report & analyze grievances for trends CAHPS In-Center Hemodialysis Survey or other survey	Prompt resolution of patient grievances ↑ % of patients satisfied with care	Conditions for Coverage	Records Interview
V637	(ix) Infection control	Analyze & document incidence for baselines & trends	Minimize infections & transmission of same Promote immunizations	Conditions for Coverage	DFR Records
V637	Vaccinations	Hepatitis B, influenza, & pneumococcal vaccines Influenza vaccination by facility or other provider	Documentation of education in record ↑ % of patients vaccinated on schedule ↑ % of patients receiving flu shots 10/1-3/31	Conditions for Coverage NQF #0226	Records DFR

Sources: ***DFR***=Dialysis Facility Reports; ***CW***=CROWNWeb; ***Chart***=Patient Chart; ***Records***=Facility Records; ***Interview***=Patient/Staff Interview; **Abbreviations:** ***BCG/BCP***=bromcresol green/purple ***BMI***=Body mass index; ***CAHPS***=Consumer Assessment of Healthcare Providers & Services; ***CFU***=colony forming units; ***CHr***=reticulocyte hemoglobin; ***CMS CPM***=CMS Clinical Performance Measure; ***DOPPS***=Dialysis Outcomes & Practice Patterns Study; ***ESA***=erythropoiesis stimulating agent; ***KDIGO***=Kidney Disease Improving Global Outcomes; ***KDOQI***=Kidney Disease Outcomes Quality Initiative, ***nPCR***=normalized protein catabolic rate; ***NQF***=National Quality Forum; ***RKF***=residual kidney function; ***SD***=standard deviation; ***spKt/V***=single pool Kt/V

ESRD CORE Survey Data Worksheet



Fiscal Year 2016 (10/01/15-9/30/16)
ESRD CORE SURVEY DATA WORKSHEET

III. CLINICAL OUTCOMES THRESHOLDS TABLE

Prior to the Entrance Conference review the current patient outcomes data submitted. *Compare the current facility outcomes listed in the* ***"% of (HD or PD) Pts with"*** *columns of the HD and PD Clinical Outcomes Tables to the applicable entry in the* ***"US Threshold"*** *columns from the table below, where available. Check "Yes" if the facility outcomes are worse than the US Threshold.*

Clinical Outcomes Thresholds Table for FY 2016

HD Indicators	US Threshold	Worse?	PD Indicators	US Threshold	Worse?
Adequacy: Single pool Kt/V <1.2 Standardized Kt/V <2.0 if ~~<4x/week~~ or nocturnal	**2.5%*** **Not reported***	☐ Yes ☐ No	**Adequacy:** Kt/V <1.7	**7.9%***	☐ Yes ☐ No
Anemia: Hemoglobin <10 g/dL	**14.1%***	☐ Yes ☐ No	**Anemia:** Hemoglobin <10 g/dL	**25.7%***	☐ Yes ☐ No
Mineral/bone: Calcium uncorrected >10.2 mg/dL	**4.2%***	☐ Yes ☐ No	**Mineral/bone:** Calcium uncorrected >10.2 mg/dL	**4.2%***	☐ Yes ☐ No
Phosphorus >7.0 mg/dL	**11.0%***	☐ Yes ☐ No	Phosphorus >7.0 mg/dL	**11.0%***	☐ Yes ☐ No
Nutrition: Albumin <4.0 g/dL BCG; lab normal BCP	**Albumin 62%****	☐ Yes ☐ No	**Nutrition:** Albumin <4.0 g/dL BCG; lab normal BCP	**Albumin 62%****	☐ Yes ☐ No
Fluid management: Avg UFR >13 ml/kg/hr.	**8.9%***	☐ Yes ☐ No	N/A	N/A	N/A
Vascular access (VA): CVCs >90 days/3 mo	**10.2%***	☐ Yes ☐ No	**Peritonitis rate** Peritonitis episodes per patient year at risk **OR** Peritonitis episodes per 100 patient mo	**.36***** **3.00*****	☐ Yes ☐ No
HD VA infection rate /100 pt mo	**1.68***	☐ Yes ☐ No			
Transplant waitlist <age70	**24.1%*** See Note below	☐ Yes ☐ No	**Transplant waitlist** <age 70	**24.1%*** See Note below	☐ Yes ☐ No

*FY2016 DFR National Average **NOTE:** average of monthly facility lab results will likely show more variation and a higher percentage of patients above the threshold for any given month
**DOPPS Practice Monitor, April 2015: patient-level 3 month average through December 2014
***Piraino B et al., ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis-Related Infections, 2011

Transplant Waitlist: *If the facility DFR and current transplant waitlist % is lower than the national average,* ***review*** *requested information to assure patients are being educated and referred as required* (V458, 513, 554, 561).

"Lost to Follow Up": *If there are >3 patients listed as "lost to follow up" (#7 on Entrance Conference Materials List),* ***ask*** *facility to explain the circumstances of those patients' discharges without transfers to other dialysis facilities or discontinued dialysis. If you identify concerns that patients' rights may have been violated, you may wish to review those patients' closed medical records pertinent to their discharges.*

Determine the data-driven focus areas for the survey (clinical areas for review): *Discuss the selection of the data-driven focus areas for the survey with the administrative person. If SHR &/or SRR on DFR are high, include hospitalization/readmission as a data-driven focus area .If the facility is currently meeting the thresholds in an area where the DFR review indicated problems, performance improvement may have taken place. Upon validation of the improvement, you may choose not to include that as a data-driven focus area for review.*

Record the data-driven focus areas for this survey:

1._____ 4._____
2._____ 5._____
3._____ 6._____

Centers for Medicare & Medicaid Services ESRD Core Survey Version 1.5 Page 7 of 8

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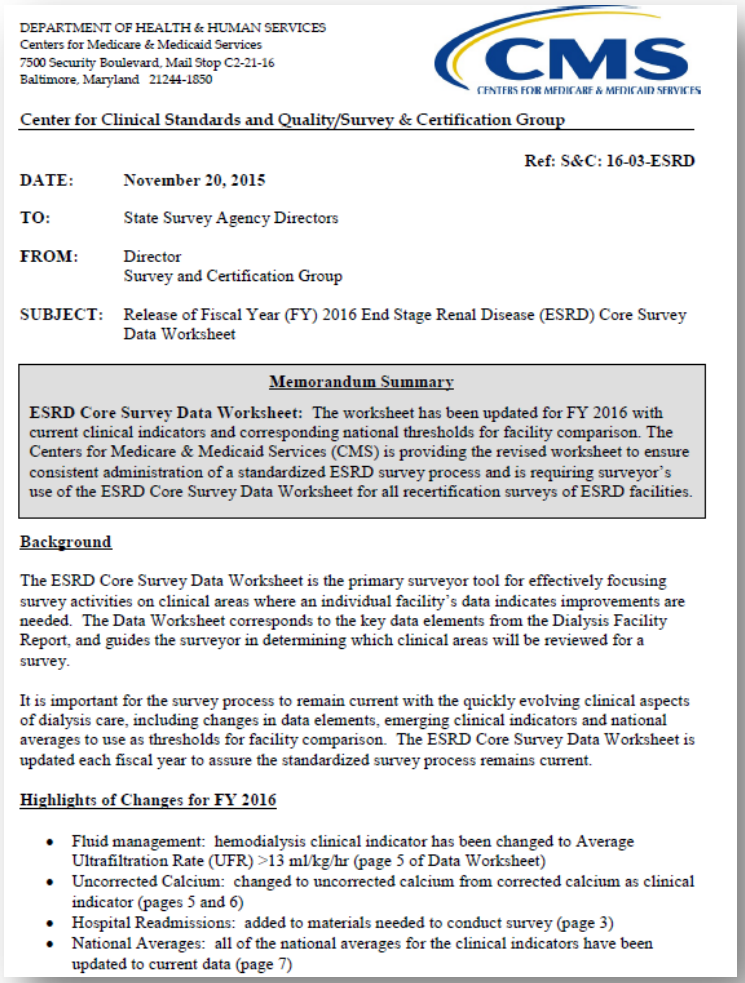
www.cms.gov/Medicare/Provider-Enrollment-and-certification/guidanceforlawsandregulations/dialysis.html

CMS Survey and Certification (S&C) Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 16-03-ESRD

DATE: November 20, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Release of Fiscal Year (FY) 2016 End Stage Renal Disease (ESRD) Core Survey Data Worksheet

Memorandum Summary

ESRD Core Survey Data Worksheet: The worksheet has been updated for FY 2016 with current clinical indicators and corresponding national thresholds for facility comparison. The Centers for Medicare & Medicaid Services (CMS) is providing the revised worksheet to ensure consistent administration of a standardized ESRD survey process and is requiring surveyor's use of the ESRD Core Survey Data Worksheet for all recertification surveys of ESRD facilities.

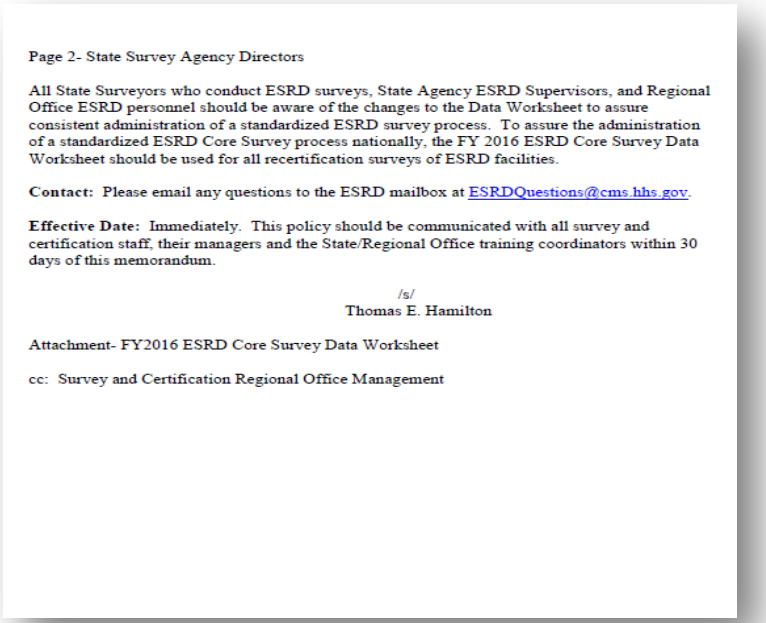
Background

The ESRD Core Survey Data Worksheet is the primary surveyor tool for effectively focusing survey activities on clinical areas where an individual facility's data indicates improvements are needed. The Data Worksheet corresponds to the key data elements from the Dialysis Facility Report, and guides the surveyor in determining which clinical areas will be reviewed for a survey.

It is important for the survey process to remain current with the quickly evolving clinical aspects of dialysis care, including changes in data elements, emerging clinical indicators and national averages to use as thresholds for facility comparison. The ESRD Core Survey Data Worksheet is updated each fiscal year to assure the standardized survey process remains current.

Highlights of Changes for FY 2016

- Fluid management: hemodialysis clinical indicator has been changed to Average Ultrafiltration Rate (UFR) >13 ml/kg/hr (page 5 of Data Worksheet)
- Uncorrected Calcium: changed to uncorrected calcium from corrected calcium as clinical indicator (pages 5 and 6)
- Hospital Readmissions: added to materials needed to conduct survey (page 3)
- National Averages: all of the national averages for the clinical indicators have been updated to current data (page 7)



Page 2- State Survey Agency Directors

All State Surveyors who conduct ESRD surveys, State Agency ESRD Supervisors, and Regional Office ESRD personnel should be aware of the changes to the Data Worksheet to assure consistent administration of a standardized ESRD survey process. To assure the administration of a standardized ESRD Core Survey process nationally, the FY 2016 ESRD Core Survey Data Worksheet should be used for all recertification surveys of ESRD facilities.

Contact: Please email any questions to the ESRD mailbox at ESRDQuestions@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

Attachment- FY2016 ESRD Core Survey Data Worksheet

cc: Survey and Certification Regional Office Management

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-03.pdf

ESRD CORE Survey Data Worksheet

Fiscal Year 2016 (10/01/15-9/30/16)
ESRD CORE SURVEY DATA WORKSHEET

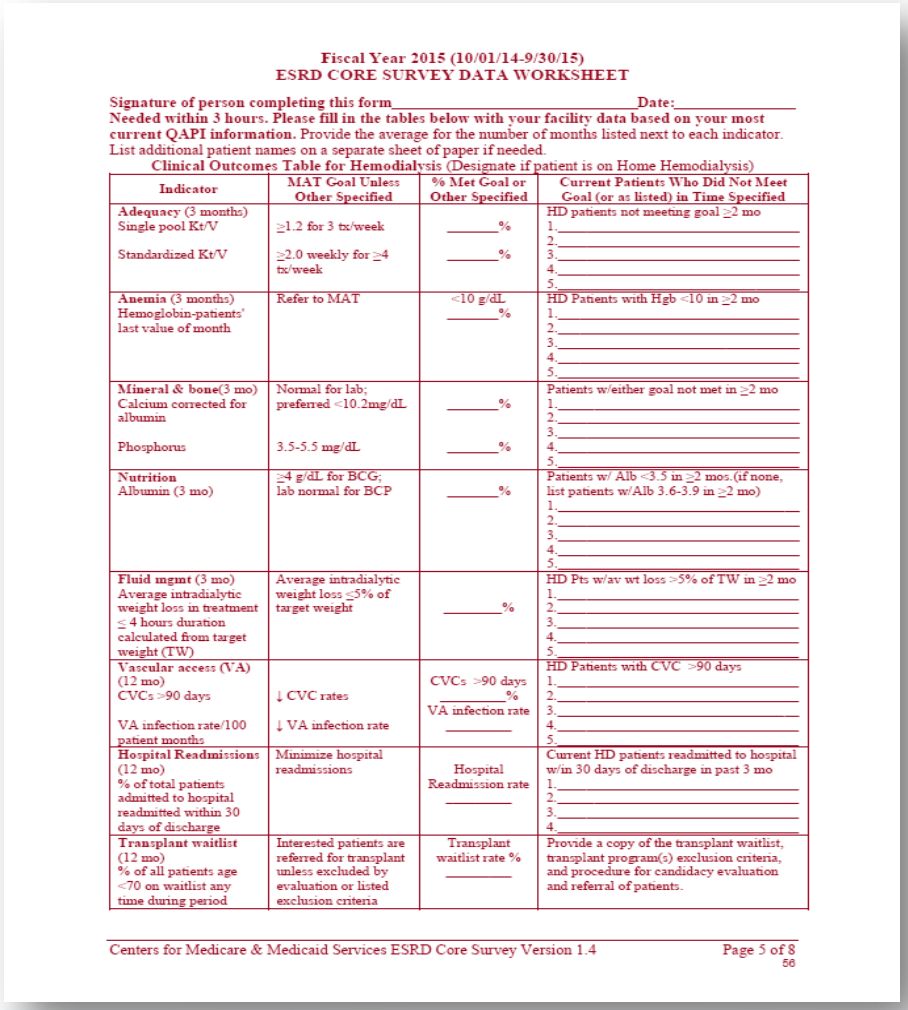
Signature of person completing this form_____Date:_____
Needed within 3 hours. Please fill in the tables below with the facility data based on the most current QAPI information. Provide the average for the number of months listed next to each indicator. List additional patient names on a separate sheet of paper if needed.

Clinical Outcomes Table for Hemodialysis (Designate if patient is on Home Hemodialysis)

Indicator	MAT Goal Unless Other Specified	% of HD Pts with	List Current HD Patients as Stated
Adequacy (3 mo) Single pool Kt/V Standardized Kt/V	 ≥1.2 for 3 tx/week ≥2.0 weekly for ≥4 tx/week	Kt/V <1.2 _____% Kt/V <2.0 _____%	HD pts **not** meeting goal ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Anemia (3 mo) Hemoglobin – pts' last value of month	For Hgb. <10, focus on symptoms, diagnosis and treatment of anemia	Hgb <10 g/dL _____%	HD pts with Hgb <10 in ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Mineral/bone (3 mo) Calcium (uncorrected) Phosphorus (PO4)	<10.2mg/dL 3.5-5.5 mg/dL	Ca >10.2 _____% PO4 >7.0 _____%	HD pts w/Ca >10.2 &/or PO4 >7.0 in ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Nutrition Albumin (3 mo)	≥4 g/dL for BCG; Lab normal for BCP	Alb <4.0 _____%	HD pts w/ Alb <3.5 in ≥2 mos 1._____ 2._____ 3._____ 4._____ 5._____
Fluid management (3 mo) Avg ultrafiltration rate (UFR)	Avg UFR <13ml/kg/hr	Avg UFR >13 ml/kg/hr _____%	HD pts w/avg UFR>13 ml/kg/hr in ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Vascular access (VA) (12 mo) CVCs >90 days/3 mo VA infection rate/100 pt mo [# events ÷ total mo pts on HD in 12 mo] x 100	↓ CVC rate ↓ VA infection rate	CVCs >90 days _____% VA infection rate _____ per 100 pt mo	HD pts with CVC >90 days/3 mo 1._____ 2._____ 3._____ 4._____ 5._____
Transplant waitlist (12 mo) % of all pts age <70 on waitlist any time during last 12 mo	Interested pts are referred for transplant unless excluded by evaluation or listed exclusion criteria	Transplant waitlist rate % _____	Provide a copy of the transplant waitlist, transplant program(s) exclusion criteria, and procedure for candidacy evaluation and referral of patients.

https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/guidanceforlawsandregulations/dialysis.html

ESRD CORE Survey Data Worksheet



Fiscal Year 2015 (10/01/14-9/30/15)
ESRD CORE SURVEY DATA WORKSHEET

Signature of person completing this form_____**Date:**_____
Needed within 3 hours. Please fill in the tables below with your facility data based on your most current QAPI information. Provide the average for the number of months listed next to each indicator. List additional patient names on a separate sheet of paper if needed.

Clinical Outcomes Table for Hemodialysis (Designate if patient is on Home Hemodialysis)

Indicator	MAT Goal Unless Other Specified	% Met Goal or Other Specified	Current Patients Who Did Not Meet Goal (or as listed) in Time Specified
Adequacy (3 months) Single pool Kt/V Standardized Kt/V	≥1.2 for 3 tx/week ≥2.0 weekly for ≥4 tx/week	_____% _____%	HD patients not meeting goal ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Anemia (3 months) Hemoglobin-patients' last value of month	Refer to MAT	<10 g/dL _____%	HD Patients with Hgb <10 in ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Mineral & bone(3 mo) Calcium corrected for albumin Phosphorus	Normal for lab; preferred <10.2mg/dL 3.5-5.5 mg/dL	_____% _____%	Patients w/either goal not met in ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Nutrition Albumin (3 mo)	≥4 g/dL for BCG; lab normal for BCP	_____%	Patients w/ Alb <3.5 in ≥2 mos.(if none, list patients w/Alb 3.6-3.9 in ≥2 mo) 1._____ 2._____ 3._____ 4._____ 5._____
Fluid mgmt (3 mo) Average intradialytic weight loss in treatment ≤ 4 hours duration calculated from target weight (TW)	Average intradialytic weight loss ≤5% of target weight	_____%	HD Pts w/av wt loss >5% of TW in ≥2 mo 1._____ 2._____ 3._____ 4._____ 5._____
Vascular access (VA) (12 mo) CVCs >90 days VA infection rate/100 patient months	↓ CVC rates ↓ VA infection rate	CVCs >90 days _____% VA infection rate _____	HD Patients with CVC >90 days 1._____ 2._____ 3._____ 4._____ 5._____
Hospital Readmissions (12 mo) % of total patients admitted to hospital readmitted within 30 days of discharge	Minimize hospital readmissions	Hospital Readmission rate _____	Current HD patients readmitted to hospital w/in 30 days of discharge in past 3 mo 1._____ 2._____ 3._____ 4._____
Transplant waitlist (12 mo) % of all patients age <70 on waitlist any time during period	Interested patients are referred for transplant unless excluded by evaluation or listed exclusion criteria	Transplant waitlist rate % _____	Provide a copy of the transplant waitlist, transplant program(s) exclusion criteria, and procedure for candidacy evaluation and referral of patients.

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www.cms.gov/Medicare/Provider-Enrollment-and-certification/guidanceforlawsandregulations/dialysis.html

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Patient Assessment – Fluid Status
Ultrafiltration – Current Thinking
Post-Dialysis Weight – Current Thinking

Patient Assessment – Fluid Status

What is meant by Dry Weight in a hemodialysis patient?

- The lowest weight tolerated without developing low blood pressure
- Often difficult to determine
- Depends on:
  1. Intracellular fluid - how much water is held in the body's cells
  2. Extracellular fluid - water outside of cells in tissues and body spaces such as the chest and abdomen
  3. Body sodium - may affect fluid between compartments, weight gain between dialysis treatments, and the success of fluid removal during hemodialysis

Eli. A. Friedman, MD., American Association of Kidney Patients
www.aakp.org/education/resourcelibrary/dialysis-resources/item/what-is-meant-by-dry-weight-in-a-hemodialysis-patient.html

Patient Assessment – Fluid Status (continued)

- No standardization of estimating dry weight
- Estimation of "dry weight" is determined clinically as “the lowest weight where the patient is normotensive, takes either a minimum or no blood pressure medications, does not experience cramps, and has no edema”
- Does not necessarily add up to a patient being "dry," or "euvolemic" (at a state of normal body fluid volume)

CNNT Lead Article - *Fluid Management in Hemodialysis: The Ongoing Challenge Elaine Go, NP, MSN, CNN-NP*

https://www.kidney.org/content/cnnt-lead-article-fluid-management-hemodialysis-ongoing-challenge

Patient Assessment – Fluid Status (continued)

Definitions:

- Estimated Dry Weight: The standard HD prescription targets fluid removal to a clinically derived estimate of dry weight. Dry weight is currently defined as the lowest weight a patient can tolerate without the development of symptoms or hypotension (1). Since physiologic dry weight is that weight resulting from normal renal function, vascular permeability, serum protein concentration, and body volume regulation, dry weight in HD should theoretically be lower than physiologic to prophylax interdialytic weight gains.

  Assessment of Dry Weight in Hemodialysis - An Overview
  http://jasn.asnjournals.org/content/10/2/392.full

Patient Assessment – Fluid Status (continued)

Definitions:

- Third-spacing: Shift of fluid from the intravascular space to a nonfunctional space (e.g., abdomen or thorax).

  Medical Dictionary for the Health Professions and Nursing© Farlex 2012

- Euvolemic: Having appropriate hydration. Synonym: normovolemic

  Medical Dictionary© 2009 Farlex and Partners

Patient Assessment – Fluid Status (continued)

- Adherence to treatment prescription
- Accurate pre- and post-treatment weights
- Accurate monitoring of patients' symptoms and adjustments made
- Reporting of patients' symptoms
- Adjustments to Estimated Dry Weight
- Staff knowledge of policies, maximum fluid removal

Ultrafiltration – Current Thinking

Definition

- Ultrafiltration: A type of filtration, sometimes conducted under pressure, through filters with very small pores, such as those used by an artificial kidney. It can separate large molecules from smaller molecules in body fluids.

Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier.

Ultrafiltration – Current Thinking (continued)

National Quality Forum - NQF-Endorsed Measures for Renal Conditions, 2015 TECHNICAL REPORT, December 2015

- 2701 Avoidance of Utilization of High Ultrafiltration Rate (≥ 13 ml/kg/hour) (Kidney Care Quality Alliance): Endorsed
  - **Description:** Percentage of adult in-center hemodialysis patients in the facility whose average ultrafiltration rate (UFR) is ≥ 13 ml/kg/hour
  - **Measure Type:** Intermediate Clinical Outcome
  - **Level of Analysis:** Facility
  - **Setting of Care:** Other
  - **Data Source:** Electronic Clinical Data
- A newly submitted measure specified at the facility level

Ultrafiltration – Current Thinking (continued)

- Measure intended to assess the percentage of adult in-center hemodialysis patients whose average ultrafiltration rate (UFR) is ≥ 13 ml/kg per hour.
- Time component in the numerator considered a critical element
- Rather than dictating the UFR remain ≤ 13, the length of the session component of the measure allows judicious use of UFR rates above 13 as long as the patient is dialyzed for more than 240 minutes.
- Can the measure eventually be implemented into CROWNWeb?

Ultrafiltration – Current Thinking (continued)

- **Numerator Statement:** Number of patients* from the denominator whose average UFR >13 ml/kg/hour who receive an average of <240 minutes per treatment during the calculation period.**

  *To address the fact that patients may contribute varying amounts of time to the annual denominator population, results will be reported using a "patient-month" construction.

  ** The calculation period is defined as the same week that the monthly Kt/V is drawn.

- **Denominator Statement:** Number of adult in-center hemodialysis patients in an outpatient dialysis facility undergoing chronic maintenance hemodialysis during the calculation period.

Ultrafiltration – Current Thinking (continued)

- **Exclusions:** The following patients are excluded from the denominator population
  1. Patients <18 years of age (implicit in denominator definition)
  2. Home dialysis patients (implicit in denominator definition.
  3. Patients in a facility <30 days
  4. Patients with >4 hemodialysis treatments during the calculation period
  5. Patients with <7 hemodialysis treatments in the facility during the reporting month
  6. Patients without a completed CMS Medical Evidence Form (Form CMS-2728) in the reporting month
  7. Kidney transplant recipients with a functioning graft
  8. Facilities treating ≤ 25 adult in-center hemodialysis patients during the reporting month

Ultrafiltration – Current Thinking (continued)

- Measure is based on one Kidney Disease Outcomes Quality Initiative (KDOQI) clinical guideline and a systematic review of the evidence (guidelines for hemodialysis adequacy: Achievement of optimal "dry" weight)
- Measure excludes four or more treatments per month (three maximum submissions for compliance)
- Data source for this measure is CROWNWeb

Ultrafiltration – Current Thinking (continued)

- Committee expressed concerns that CROWNWeb currently only collects one data point and would need to be expanded to the three submissions during the week that the monthly Kt/V is drawn in order to monitor this measure
- Developer reassured Committee regarding conversations with CMS about adding the two extra data points so batch submitters could batch them together to form the three needed data points and all other facilities would have to manually enter the additional two in the manner they currently manually enter the one data point

Ultrafiltration – Current Thinking (continued)

- The National Kidney Foundation (NKF) notes that fluid management is one of the most important aspects of hemodialysis and including fluid management measure(s) in the ESRD Quality Incentive Program is important
- Increasing time can achieve fluid removal and blood pressure control goals that can be tailored to the individual patient. Including the time of at least four hours also protects against the risk of trying to satisfy the measure by meeting the UFR of >13ml/kg in the shortest amount of time, which may increase risks of fluid overload and intra-dialytic hypotension.

Flythe, Jennifer E., et al. Rapid Fluid Removal During Dialysis is Associated With Cardiovascular Morbidity and Mortality. Kidney Int. 2011;79(2):250-257.

Ultrafiltration – Current Thinking (continued)

- The NKF KDOQI hemodialysis adequacy draft guidelines (publication pending), do not include a target for UFR and instead recommend individualizing UFR targets for the patient. This is because the supporting evidence for a specific target is limited. One study (not cited in the evidence for this measure) suggests an increased risk for individuals with heart failure with a UFR between 10–14 ml/h/kg, but improvements in outcomes for individuals without heart failure with a UFR in that range (1). However, NKF believes the >13 ml/kg target for a quality measure of UFR has the most consensus among experts.

Flythe, Jennifer E., et al. Rapid Fluid Removal During Dialysis is Associated With Cardiovascular Morbidity and Mortality. Kidney Int. 2011;79(2):250-257.

Ultrafiltration – Current Thinking (continued)

- Implementing the measure is not without challenges. Successfully meeting the measure will require patient participation and adherence to the dialysis prescription and fluid restrictions. Accordingly, regulators will need to monitor for inappropriate patient discharges that may result from facilities trying cherry-pick compliant patients.

Flythe, Jennifer E., et al. Rapid Fluid Removal During Dialysis is Associated With Cardiovascular Morbidity and Mortality. Kidney Int. 2011;79(2):250-257.

Post-Dialysis Weight – Current Thinking

National Quality Forum - NQF-Endorsed Measures for Renal Conditions, 2015 TECHNICAL REPORT, December 2015

- 2702 Post-Dialysis Weight Above or Below Target Weight (Kidney Care Quality Alliance): Not Endorsed
  - **Description**: Percentage of patients with an average post-dialysis weight ≥1 kg above or below the prescribed target weight
  - **Measure Type**: Intermediate Clinical Outcome
  - **Level of Analysis**: Facility
  - **Setting of Care**: Other
  - **Data Source**: Electronic Clinical Data
- A newly submitted measure specified at the facility level

Post-Dialysis Weight – Current Thinking

- Measure complements and serves as a check and balance to measure #2701
- KDOQI Guideline was provided which states that patients should be ultrafiltered to a target optimal dry weight
- Committee saw a compelling need to have measures for volume. However, noted that given the arbitrary manner in which clinicians set the dry weight and given the lack of data, the evidence presented did not suffice.
- Committee did not reach consensus on overall suitability for endorsement.

Post-Dialysis Weight – Current Thinking (continued)

- The NKF has concerns with this measure **(2702)** due to the imprecise ability and lack of evidence on best practices to determine a patient's target dry-weight
- Potential that the target could be set above what is optimal in order to meet the measure
- Change in one Kg + or - is less significant in an obese patient than an underweight one

Post-Dialysis Weight – Current Thinking (continued)

- Concerns that efforts to challenge the dry weight; probing to lower targets to achieve optimal blood pressure and fluid status might be confounded by this measure
- For patients who skip or shorten treatments, measure will be problematic to achieve
- Dialysis facilities with patients who frequently miss and skip treatments would be adversely affected
- Accordingly, regulators will need to monitor for inappropriate patient discharges that may result from facilities trying to cherry-pick compliant patients

Ultrafiltration Examples

Example 1:
Patient's Estimated Dry Weight: 69 kg
Pre-Dialysis weight = 73kg
Treatment time = 4 hours (240 minutes)
Goal? Remove 4 Liters in 4 hours

Formula for removal: 13 ml/kg/hr
(This is not calculating < 13 ml/kg/hr which is the preferable goal. This example uses 13 ml/kg/hr for ease of calculation.)

13 ml x 73 kg = 949 ml/hr for 4 hours = 3,796 ml or **3.8 liters**

(This would not include removing saline rinse back or other fluids administered during the treatment)

This will not put the patient at the EDW of 69 kg, but keeps more closely with the expectation of ml/kg/hr removed.

Example 2:
Patient's Estimated Dry Weight: 69 kg
Pre-Dialysis weight = 73kg
Treatment time = 4.5 hours (270 minutes)
Goal? Remove 4 Liters in 4.5 hours

Formula for removal: 13 ml/kg/hr
(This is not calculating < 13 ml/kg/hr which is the preferable goal. This example uses 13 ml/kg/hr for ease of calculation.)

13 ml x 73 kg = 949 ml/hr for 4.5 hours = 4,271 ml or **4.27 liters**

(This increase in treatment time would better meet the expectation of getting the patient to EDW using the formula and would also ensure saline administered during treatment would be removed. Could even afford the ability to use an Ultrafiltration rate of <13 ml/hr)

Example 3:
Patient's Estimated Dry Weight: 69 kg
Pre- Dialysis weight = 73kg
Treatment time = 4.5 hours (270 minutes)
Goal? Remove 4 Liters in 4.5 hours

Formula for removal: 12 ml/kg/hr
(This is not calculating < 13 ml/kg/hr which is the preferable goal. This example uses 13 ml/kg/hr for ease of calculation.)

12 ml x 73 kg = 876 ml/hr for 4.5 hours = 3942 ml or **3.9 liters**

(This would not include removing saline rinse back or other fluids administered during the treatment)

Example 4:
Patient's Estimated Dry Weight: 69 kg
Pre- Dialysis weight = 73kg
Treatment time = 4.5 hours (270 minutes)
Goal? Remove 4 Liters in 4.5 hours

Formula for removal: 12.5 ml/kg/hr
12.5 ml x 73 kg = 912.5 ml/hr for 4.5 hours = 4106 ml or **4.1 liters**
(This would include removing saline rinse back or other fluids administered during the treatment and would meet the expectation of < 13/ml/kg/hr)

Ultrafiltration Examples:

Example 5:
Patient's Estimated Dry Weight: 69 kg
Pre- Dialysis weight = 73kg
Treatment time = 4 hours (240 minutes)
Goal? Remove 4 Liters in 4 hours

Formula for removal: 14 ml/kg/hr – first hour
(This is not calculating < 13 ml/kg/hr which is the preferable goal. This example uses 13 ml/kg/hr for ease of calculation.)

14 ml x 73 kg = 1022 ml/hr
12.5 ml x 73 kg = 912.5 ml/hr for 3 hours = 2737 ml
Total = 3760 ml over 4 hours

(This would not include removing saline rinse back or other fluids administered during the treatment)
This will not put the patient at the EDW of 69 kg, but would be an average ultrafiltration rate of 12.88 ml/hr which is <13 ml/hr

Ultrafiltration Examples:

Example using the patient's EDW instead of the pre-treatment weight:

Patient's Estimated Dry Weight: 69 kg

Pre-Dialysis weight = 73 kg

Example 6:
Patient's Estimated Dry Weight: 69 kg
Pre- Dialysis weight: 73kg
Treatment time = 4 hours (240 minutes)
Goal? Remove 4 Liters in 4 hours, plus rinse back. Remove total of 4500 ml or 4.5 liters

Formula for removal using EDW: 13 ml/kg/hr
13 ml/69 kg/4 hours = 3,588 ml total can be removed in 4 hours (this would need to also include 500 ml rinse back so a total of 3,088 ml plus 500 ml rinse back = 3580 ml).

(This is not calculating < 13 ml/kg/hr which is the preferable goal. This example uses 13 ml/kg/hr for ease of calculation.)

This will not put the patient at the EDW of 69 kg. A higher UFR would need to be used to get the patient to the EDW during this 4 hour treatment.

You might decide that using the patient's EDW each treatment, instead of the pre-treatment weight, is an easier way to determine how much fluid can be removed during a treatment, keeping the UFR < 13 ml/kg/hr.

Fluid Management – Quality Assessment and Performance Improvement (QAPI)

Fluid Management – QAPI

V626

The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team. The program must reflect the complexity of the dialysis facility's organization and services (including those services provided under arrangement), and must focus on indicators related to improved health outcomes and the prevention and reduction of medical errors. The dialysis facility must maintain and demonstrate evidence of its quality improvement and performance improvement program for review by CMS.

V628

(2) The dialysis facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. The program must include, but not be limited to, the following:

V629

(i) Adequacy of Dialysis

V634

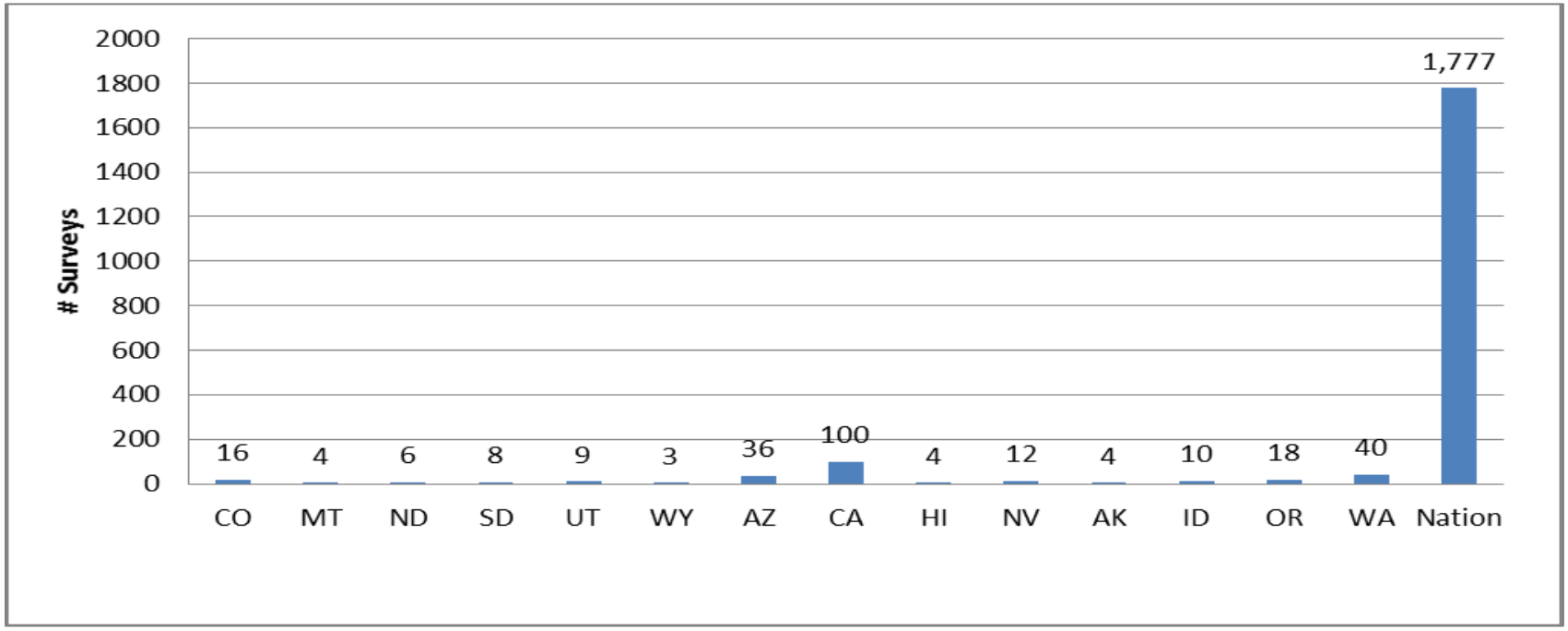
(vi) Medical injuries and medical errors identification

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/esrdpgmguidance.pdf

Review of Citations – Arizona and National

ESRD Standard Surveys Conducted FY2015

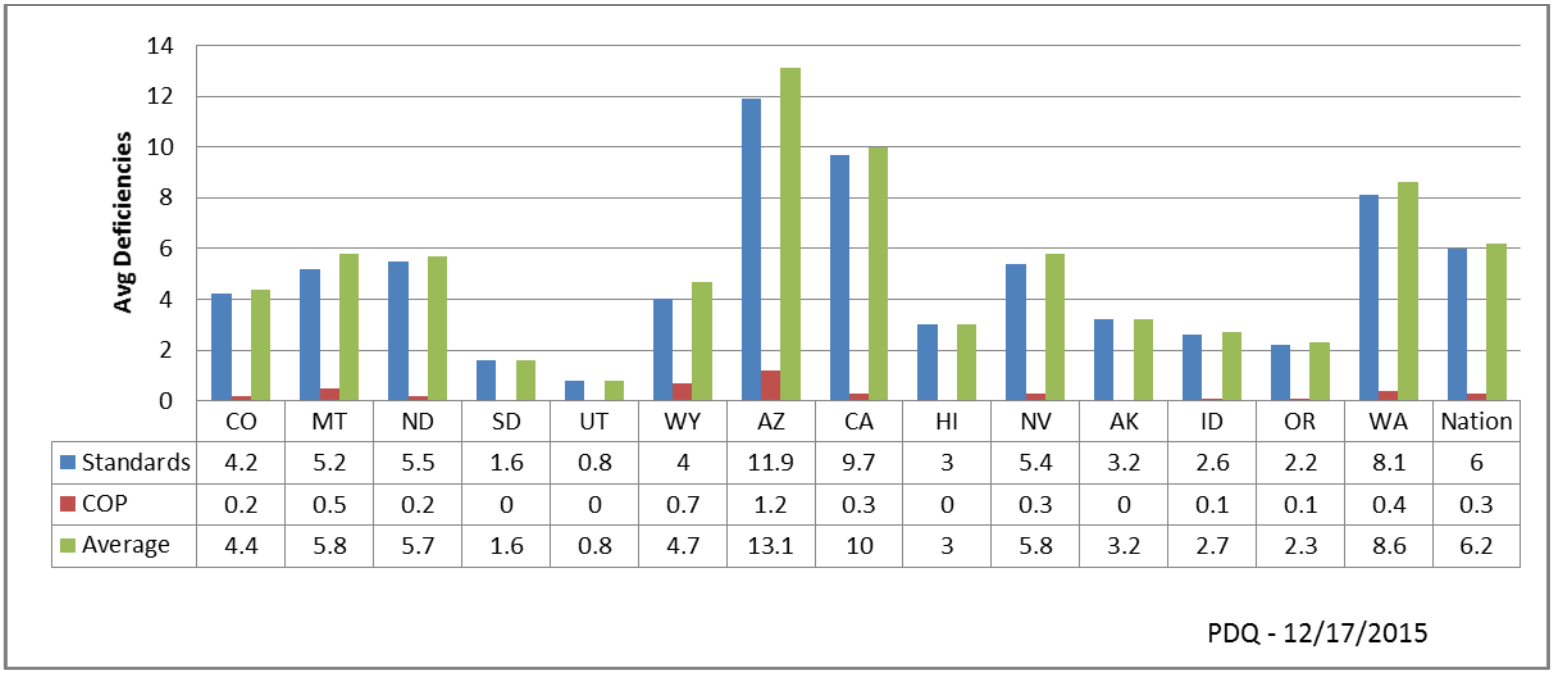
This table displays the total number of standard surveys conducted in the Federal Fiscal Year 2015.



Source: PDQ 12/17/2015

Average # of Deficiencies per Standard Health Surveys – ESRD FY 2015

This table displays the average number of deficiencies in the Federal Fiscal Year 2015 for standard surveys.



	CO	MT	ND	SD	UT	WY	AZ	CA	HI	NV	AK	ID	OR	WA	Nation
Standards	4.2	5.2	5.5	1.6	0.8	4	11.9	9.7	3	5.4	3.2	2.6	2.2	8.1	6
COP	0.2	0.5	0.2	0	0	0.7	1.2	0.3	0	0.3	0	0.1	0.1	0.4	0.3
Average	4.4	5.8	5.7	1.6	0.8	4.7	13.1	10	3	5.8	3.2	2.7	2.3	8.6	6.2

PDQ - 12/17/2015

ESRD Top Ten Citation Frequencies for Standard Surveys

National Ranking	Tag Description	Region IX Ranking	Tag Description
V0113	IC - WEAR GLOVES/HAND HYGIENE	V0503	APPROPRIATENESS OF DIALYSIS RX
V0122	IC - CLEAN, DISINFECT SURFACES & EQUIPMENT/WRITTEN PROTOCOLS	V0401	PE - SAFE, FUNCTIONAL, COMFORTABLE ENVIRONMENT
V0543	MANAGE VOLUME STATUS	V0122	IC - CLEAN, DISINFECT SURFACES & EQUIPMENT/WRITTEN PROTOCOLS
V0403	PE - EQUIPMENT MAINTENANCE - MANUFACTURER'S DFU	V0113	IC - WEAR GLOVES/HAND HYGIENE
V0116	IC - ITEMS TAKEN TO STATION DISPOSED/DEDICATED OR DISINFECTED	V0403	PE - EQUIPMENT MAINTENANCE - MANUFACTURER'S DFU
V0147	IC - STAFF EDUCATION RE CATHETERS/CATHETER CARE	V0726	MEDICAL RECORDS - COMPLETE, ACCURATE, ACCESSIBLE
V0143	IC - ASEPTIC TECHNIQUES FOR IV MEDS	V0407	PE - HEMODIALYSIS PATIENTS IN VIEW DURING TREATMENTS
V0407	PE - HEMODIALYSIS PATIENTS IN VIEW DURING TREATMENTS	V0111	IC - SANITARY ENVIRONMENT
V0111	IC - SANITARY ENVIRONMENT	V0504	ASSESS B/P & FLUID MANAGEMENT NEEDS
V0115	IC - WEAR GOWNS, SHIELDS/MASKS; STAFF NOT EAT/DRINK IN TX AREA	V0196	CARBON ADSORPTION - MONITORING, TESTING FREQUENCY

Top Ten Citation Frequencies for Complaint Surveys

National Ranking	Tag Description	Region IX Ranking	Tag Description
V0113	IC - WEAR GLOVES/HAND HYGIENE	V0772	RESPONDS TO NW REQUESTS/WORKS TOWARD GOALS
V0122	IC - CLEAN, DISINFECT SURFACES & EQUIPMENT/WRITTEN PROTOCOLS	V0755	ADM RESP FOR RELATIONSHIP WITH ESRD NW
V0715	MD RESP - ENSURE ALL ADHERE TO P&P	V0401	PE - SAFE, FUNCTIONAL, COMFORTABLE ENVIRONMENT
V0111	IC - SANITARY ENVIRONMENT	V0452	RESPECT & DIGNITY
V0401	PE - SAFE, FUNCTIONAL, COMFORTABLE ENVIRONMENT	V0715	MD RESP - ENSURE ALL ADHERE TO P&P
V0765	INTERNAL GRIEVANCE PROCESS COMPONENTS & IMPLEMENTED	V0116	IC - ITEMS TAKEN TO STATION DISPOSED/DEDICATED OR DISINFECTED
V0543	MANAGE VOLUME STATUS	V0503	APPROPRIATENESS OF DIALYSIS RX
V0116	IC - ITEMS TAKEN TO STATION DISPOSED/DEDICATED OR DISINFECTED	V0111	IC - SANITARY ENVIRONMENT
V0115	IC - WEAR GOWNS, SHIELDS/MASKS; STAFF NOT EAT/DRINK IN TX AREA	V0765	INTERNAL GRIEVANCE PROCESS COMPONENTS & IMPLEMENTED
V0726	MEDICAL RECORDS - COMPLETE, ACCURATE, ACCESSIBLE	V0767	INVOLUNTARY DISCHARGE PROCESS REQUIREMENTS

Questions?

Comments?

HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Network 15

Thank you!

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