

Optional Worksheet

Medical Record Review: Home Hemodialysis (HHD)

Patient Name: _____ ID #: _____
 Facility: _____ Surveyor: _____
 Admit Date: _____ Review Date: _____
 DOB: _____ Age: _____ HD Access: ☐ Fistula ☐ Graft ☐ Catheter ☐ Catheter >90 days
 Diagnosis: _____ Reason Sampled: _____
☐ Comprehensive Review ☐ Focused Review

For a **comprehensive review**, look at all of the laboratory values, care areas for patient assessment and patient plan of care development and implementation, dialysis orders and treatment records, patient education and training, and required consents. For a **focused review**, look at the labs and care areas specific to the rationale for sampling that patient, dialysis orders and treatment records as appropriate, as well as areas of concern which arise from interviews or reviews of other patient records.

Laboratory Values: RECORD EXCEPTIONS ONLY. Check if no exceptions ☐.

Review 3-4 months of labs. Reference target values are listed on the Measures Assessment Tool. Record values outside listed ranges with the date of the value.

Lab test results reviewed between (date) _____ and (date) _____

Lab Reference Value	# Results Reviewed	Exception/ Date	Exception/ Date	Exception/ Date	Exception/ Date
Hgb (10-11 g/dL*)					
Ferritin (200-500 mg/ml)					
Transferrin Sat (>20%)					
K (3.5-5.5 mEq/L)					
Albumin BCG (≥4.0 mg/dL)					
Calcium (8.5-10 mg/dL)					
Phos (3.5-5.5 mg/dL)					
PTH (150-300 pg/mL* for adults; 200-300 pg/mL for pediatrics)					
Kt/V (≥1.2 for 3 HDs per week; 2.0 weekly for ≥4 HDs per week)					
URR (≥65%)					
Other (specify)					
HBV antigen (negative)					
HBV antibody (≥10***)					

*values under review

**vaccine should be offered for HBV surface antibody level <10

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REVIEW OF DIALYSIS ORDERS/TREATMENT RECORDS:

Record the current dialysis treatment and medication orders, and any recent changes with dates:

Treatment Orders: Date: _____ EDW: _____ Frequency: _____ days/week
 Dialyzer: _____ Dialysate: _____ BFR: _____ DFR: _____
 Treatment duration: _____ hours _____ minutes Heparin/anticoagulant: _____
 ESA dose: _____ Frequency: _____ Other meds/treatments: _____

Review 2-3 weeks of HHD treatment records and RECORD EXCEPTIONS/VARIANCES ONLY. Check if no exceptions ☐.

Focus on whether the patient/helper followed equipment safety procedures and dialysis orders, and if and how staff members monitor the HHD patient's treatments and address issues and trends. Look for documentation of staff actions in progress notes, plan of care revisions, etc. to address trends. Be aware that some exception categories (e.g. pH/conductivity) may not apply depending on the HHD equipment in use. Note that timeliness of staff review of HHD treatment records depends on when the patient provides them.

(Number) _____ treatment records reviewed between _____ and _____

EXCEPTIONS	DATES/COMMENTS
Safety checks not documented (V585):	
<input type="checkbox"/> Independent pH/ conductivity (V250)	
<input type="checkbox"/> Machine alarms check (V403)	
<input type="checkbox"/> Water chlorine testing (V595)	
Treatment delivered different from ordered:	
<input type="checkbox"/> BFR/DFR/dialyzer/time (V544)	
<input type="checkbox"/> Dialysate (V541)	
<input type="checkbox"/> Heparin/anticoagulant (V544)	
<input type="checkbox"/> ESA (V547)	
<input type="checkbox"/> Other medications	
BP/fluid management (V543):	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hypotension	
<input type="checkbox"/> Estimated dry weight not achieved	
<input type="checkbox"/> Patient not recording weight/BP	

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EXCEPTIONS	DATES/COMMENTS
Staff monitoring:	
<input type="checkbox"/> Treatment records not reviewed (V587)	
<input type="checkbox"/> No treatment records in chart (V587)	
<input type="checkbox"/> Unusual and/or adverse events (V634)	
Other Concerns Identified:	

Monitoring of home hemodialysis water and dialysate quality: RECORD EXCEPTIONS ONLY. Check if no exceptions ☐.

The requirements for monitoring the water and dialysate quality for home hemodialysis vary according to the equipment in use at the patient's home. The facility policies and procedures must follow the equipment manufacturer's directions for use, and patients must be trained accordingly. Determine which equipment is in use, and review the equipment directions for use and/or facility procedures to become familiar with the testing required.

- ☐ Product water chemical analysis (V594); ☐ Chlorine/chloramines testing (V595)
☐ Bacterial and endotoxin content of water and dialysate at least quarterly (V595)

PA/POC: RECORD EXCEPTIONS/CONCERNS. Check if no exceptions ☐.

For **stable patients**, review the most recent (relative to sampling rationale) comprehensive PA and POC. For **unstable patients**, review the 3 most recent of each. Refer to facility policy and/or V520 for definitions of stable vs. unstable. Review the current record (e.g. progress notes, physician's orders, etc) to ensure that patient outcomes are monitored on an ongoing basis and failure to reach the expected goals is recognized promptly and addressed. Record the exceptions and concerns in the space provided.

- ☐ All IDT members (physician, RN, RD, MSW, patient) participate in PA (V501)
☐ All IDT members (physician, RN, RD, MSW, patient) participate in POC (V542)

Frequency	Patient Assessment	Plan of Care
Initial	<input type="checkbox"/> Within 30 days/13 Rx (V516)	<input type="checkbox"/> Within 30 days/13 Rx (V557)
3 month	<input type="checkbox"/> 3 months after initial (V517)	<input type="checkbox"/> 15 days after reassess (V558)
Stable patient	<input type="checkbox"/> Yearly from last reassess (V519)	<input type="checkbox"/> 15 days after reassess (V558)
Unstable patient	<input type="checkbox"/> Monthly (V520)	<input type="checkbox"/> 15 days after reassess (V558)

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Current health status: ☐ (V502) ☐ Evidence of IDT Support (V592)

Immunizations/meds history/TB: ☐ (V506) Offer: ☐_HBV (V126) ☐ Pneumonia/flu (V637)

Dialysis adequacy: ☐ Monitored monthly (V518) ☐ Target met (V544)

BP/volume status: ☐ Assessed (V504) ☐ Volume managed (V543)

Anemia: ☐ Assessed (V507) ☐ H/H monthly (V547) ☐ ESA response monitored (V549)

☐ Safe ESA storage at home (V548)

Mineral & bone disorder: ☐ Assessed (V508) ☐ Targets met (V546)

Nutrition PA/POC: ☐ by RD (V509) ☐ Targets met (V545)

Psychosocial/rehab PA/POC: ☐ By MSW (V510) ☐ Family/support system (V514)

☐ Phys activity/voc rehab (V515) ☐ Counseling/referral; survey used for POC (V552)

Vascular Access: ☐ Assessed (V511) ☐ Monitor/refer (V550) ☐ Monitor for stenosis (V551)

All Modalities: ☐ Informed (V458) ☐ Evaluated (V512)

Transplant: ☐ Referral (V513) ☐ Transplant plan or why not (V554) ☐ Tracking (V561)

Home patient: ☐ Home visits (V589, 593) Medical staff: ☐ Seen q mo/progress note (V560)

Notes: _____

Patient Training and Education Requirements: RECORD EXCEPTIONS Check if no

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☐ Patient/family education/training (V562); ☐ Most HHD training by RN (V584)

☐ Home HD training content (V585); ☐ Comprehension of training documented (V586)

☐ Emerg/disaster prep: oriented/trained (V412); ☐ Receive info in understandable way (V453)

☐ Participate in care; stop/ refuse treatment (V456); ☐ Adv directives, facility's policy (V457)☐ Informed all modalities/settings (V458); ☐ Informed: Patient care policies (V459)

☐ Informed: if facility reuses/options (V312, 460); ☐ Informed: his/her medical status (V461)

☐ Informed: services and charges (V462); ☐ Informed: rules/expectations of conduct (V464)

☐ Informed: process for internal (V465)/external grievance (V466); file anonymously (V467)

☐ Informed: discharge & transfer policies, including involuntary discharge (V468);

Comments_____

Documentation of Consents: RECORD EXCEPTIONS (V451). Check if no exceptions ☐.

☐ For treatment ☐ For blood transfusion ☐ To participate in experimental research