

For Fiscal Year 2014 (10/01/13-9/30/14)
ESRD CORE SURVEY DATA TOOLS

Facility: _____ **Date:** _____

CCN: _____ **Surveyor:** _____

Use of this worksheet: Due to the dynamic nature of data pertaining to the care and clinical outcomes of dialysis patients, the data elements that must be reviewed during a survey of an ESRD facility will change over time. **This worksheet will be revised each fiscal year (FY)**, to reflect current clinical indicators surveyors should look at, outcome goals, and outcome thresholds based on current national data.

Contents: There are 3 sections of this Tool:

- I. Presurvey Preparation and Dialysis Facility Report (DFR) Review:** To review and evaluate the facility outcomes data from the 2013 DFR used during FY 2014, as well as ESRD Network contact, and facility survey history review
- II. Entrance Conference Materials List with Clinical Outcomes Tables:** To be copied and given to the facility during "Introductions" (pages 3-6) for completion of facility current clinical outcomes
- III. Clinical Outcomes Thresholds Table:** To compare the current facility clinical outcomes against current national benchmarks, and determine the data-driven focus areas for the survey

I. PRESURVEY PREPARATION AND DIALYSIS FACILITY REPORT REVIEW:

Review the 2013 DFR for the facility. Note how the facility is ranked on the State Profile/Outcomes List. Read the information about the facility on the DFR pages 1-4. To guide your review of the data tables, download the partially pre-populated ESRD Core Presurvey Data Tool for the facility at www.dialysisreports.org in the password-protected section as follows:

Click on "Secure Log-in" and log onto the site using your **individual** account, starting on the *Home* tab. The *DFR* tab is where you may obtain the current DFR for all facilities in your State or Region. The *Profiles* tab contains the ESRD Core Presurvey Data Tool for each facility, as well as the Region and State profiles and Outcomes list.

Review the ESRD Core Presurvey Data Tool in conjunction with the facility DFR. Although the ESRD Core Presurvey Data Tool contains the listed data elements and outcomes for the facility, the surveyor must review each element as instructed in the guidance, noting any trends in outcomes over the 4 year period, which are key aspects of facility performance in addition to the listed value. Note that with standardized mortality (SMR) and transplant rate (STR), the 4-year average is a more consistent measure of facility performance. For standardized hospitalization rate (SHR), the most recent 1-year statistic is most meaningful.

Record in the fourth column, labeled "Outcome and Trend Conclusions" information regarding differences between the facility and U.S. Averages, and any declining or improving trends noted. Once completed you may attach the ESRD Core Presurvey Data Tool document to this worksheet.

Flag which elements are worse than expected as compared to the U.S. average listed. Those clinical areas should be considered as **preliminary data-driven focus areas** for the survey, and recorded below.

Preliminary data-driven focus areas based on 2013 DFR review:

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

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Contact the ESRD Network: *Prior to the survey or upon arrival at the facility, call the Network to ask about concerns related to involuntary discharges, complaints, and other survey issues related to the ESRD Core Survey process.*

Network person contacted _____ **Position:** _____

Is the facility under any special Network quality monitoring? If yes, describe. _____

Have there been any involuntary discharges or patterns of involuntary transfers from the facility? If yes, how many, and describe any pattern(s) identified: _____

Have there been patterns of patient complaints about the facility? If yes, describe any pattern(s) identified: _____

Are there any other concerns you have about the facility that the survey team should be aware of? If yes, describe your concerns: _____

Review Facility Survey and Complaint History (12-18 months): *This information may be located in facility files maintained by your State Agency office, in ASPEN, and on the last page of the facility DFR.*

Does your review of the facility survey and complaint history indicate areas of concerns that should be included as a survey focus? If yes, describe: _____

Record additional areas of concern for review, based on your contact with the ESRD Network and review of facility survey and complaint history:

1. _____ 3. _____
2. _____ 4. _____

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II. ENTRANCE CONFERENCE MATERIALS LIST /CLINICAL OUTCOMES TABLES

Guidance to surveyors: Make a copy of pages 3-6 to give to the facility person in charge during "Introductions." You will be reviewing the patient-specific outcomes, and facility information submitted during "Entrance Conference." Attach the completed facility-submitted copy to this worksheet.

Facility: _____

Date: _____

Documents/items needed for the survey: Please return this form to the survey team leader after completion of facility current information requested.

Needed within 3 hours:

1. List of current patients by name, separated into modalities
2. List of facility key personnel: medical director, administrator, nurse manager, social worker, dietitian, chief technician, and home training nurse(s)
3. Current in-center hemodialysis patient listing by days & shifts with any isolation patients identified (seating chart or assignment sheet)
4. Patients admitted to this facility within the past 90 days and currently on census (do not include visiting patients)
5. Patients who have been designated as "unstable" for any month in the past 3 months
6. All patients involuntarily discharged (not transferred to another outpatient dialysis facility) from the facility in the past 12 months
7. All patients transferred or discharged from the facility as "lost to follow up" (i.e., no outpatient dialysis facility identified as patient's destination) for the past 12 months
8. Residents of long term care facilities receiving dialysis at the LTC facility and the name of the LTC where they are receiving dialysis
9. Hospitalization logs with admitting diagnoses listed for 6 months
10. Infection logs for past 6 months
11. Patient individual laboratory results for hemoglobin, Kt/V, URR, corrected calcium, phosphorus and albumin for the current 3 months; separated by modality

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Materials needed by the end of Day 1 of survey:

12. Vaccination information:
- # of patients administered complete series of hepatitis B vaccine _____
 - # of patients administered influenza vaccine between September 1 and March 31 _____
 - # of patients administered pneumococcal vaccine _____
13. Patient care staff schedule for the current time period (last two weeks)
14. Policy and procedure manuals for patient care, water treatment, dialysate preparation and delivery, infection control, and dialyzer reprocessing/reuse, if applicable
- Anemia management protocol
15. Patient suggestion/complaint/grievance log for past 6 months
16. Adverse occurrence (e.g., clinical variances, medical errors, unusual events) documentation for the past 6 months
17. QAPI team meeting minutes for past 6 months and any supporting materials
18. Copy of CMS-approved waivers for medical director, isolation room, as applicable
19. For Water and Dialysate Review: logs for:
- Daily water system monitoring-3 months
 - Chlorine/chloramines testing-3 months
 - Bacterial cultures and endotoxin results-water and dialysate-12 months
 - Chemical analysis of product water-12 months
 - Staff practice audits for water testing, dialysate mixing & testing and microbiological sampling-12 months
20. For Equipment Maintenance Review: 12 months documentation of preventative maintenance and repair of hemodialysis machines
21. For Dialyzer Reprocessing Review, if applicable, logs for:
- Bacterial cultures and endotoxin results from reuse room sites-12 months
 - Preventative maintenance and repair of reprocessing equipment-12 months
 - Reuse QA audits-12 months

Materials needed by noon on Day 2 of survey

22. Completed "Personnel File Review" Worksheet
23. Completed "CMS 3427-End Stage Renal Disease Application and Survey and Certification Report"

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Signature of person completing this form _____ **Date:** _____

Needed within 3 hours: Please fill in the table below with your facility data based on your most current QAPI information. Provide the average for the number of months listed next to each measure. List additional patients' names on a separate sheet of paper, if needed.

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

Measure	MAT Goal Unless Other Specified	% Met Goal or Other Specified	Current Patients Who Did Not Meet Goal (or as listed) in ≥ 2 of Last 3 Mo
Adequacy (3 months) Single pool Kt/V Standardized Kt/V URR	≥ 1.2 for 3tx/week ≥ 2.0 weekly for ≥ 4 tx/week $\geq 65\%$	_____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Anemia (3 months) Hemoglobin-patients' last value of month	Refer to MAT	<10 g/dL _____	HD Patients with Hgb <10 in ≥ 2 months 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Mineral & bone (3 mo) Calcium corrected for albumin Phosphorus	Normal for lab; preferred <10.2 mg/dL 3.5 - 5.5 mg/dL	_____ _____	Patients w/ either goal not met in ≥ 2 mos 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 mos) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Fluid management (3 mo) Intradialytic (average) weight loss in treatment length ≤ 4 hours	Average intradialytic weight loss $<5\%$ target weight	_____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Vascular access (VA) (12 mo) CVCs in use VA infection rate/100 patient months	\downarrow CVC rates \downarrow VA infection rate	CVC in use % _____ _____	Patients with CVC only ≥ 90 days 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Hospital readmissions within 30 days of discharge (12 mo)	Minimize hospital readmissions	Readmission rate _____	HD patients readmitted to hospital within 30 days of discharge in past 3 months 1. _____ 2. _____ 3. _____ 4. _____
Transplant waitlist for patients <70 years old (12 mo)	Interested patients are referred for transplant unless excluded by area transplant criteria	Transplant waitlist rate _____	Patients <70 not active on a Transplant list 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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Signature of person completing this form _____ Date: _____

Peritoneal Dialysis Clinical Outcomes Table

Measure	MAT Goal Unless Other Specified	% Met Goal or Other Specified	Names of Current Patients Who Did Not Meet Goal as listed
Adequacy (6 mo) Kt/V	≥1.7 weekly	_____	Not met in last 6 months 1. _____ 2. _____ 3. _____ 4. _____
Anemia (3 mo) Hemoglobin – patients' last value of month	Refer to MAT	<10 g/dL _____	Patients w/Hgb <10g/dL for ≥2 months 1. _____ 2. _____ 3. _____ 4. _____ =
Mineral/bone (3 mo) Calcium corrected for albumin Phosphorus	WNL for lab; <10.2 mg/dL 3.5-5.5 mg/dL	_____ _____	Patients with either goal not met for ≥2mos 1. _____ 2. _____ 3. _____ 4. _____
Nutrition (3 mo) Albumin	≥4g/dL BCG; lab normal for BCP	_____	Patients w/ Alb.<3.5 in ≥2mos. (if none, list patients w/Alb. 3.6-3.9 in ≥2mos.) 1. _____ 2. _____ 3. _____ 4. _____
PD infections Peritonitis rate/100 patient months (12 mo)	Minimize peritonitis episodes	Peritonitis infection rate _____	Current Patients with peritonitis in past 6 months 1. _____ 2. _____ 3. _____ 4. _____
Hospital readmissions within 30 days of discharge (12 mo)	Minimize hospital readmissions	Readmission rate _____	Current PD patients readmitted to hospital within 30 days of discharge in past 3 months 1. _____ 2. _____ 3. _____ 4. _____
Transplant waitlist For patients <70 years old (12 mo)	Interested patients referred for transplant unless excluded by area transplant exclusion criteria	Transplant waitlist rate _____	Patients <70 not active on a Transplant list 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

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III. CLINICAL OUTCOMES THRESHOLDS TABLE

During the Entrance Conference review and discuss with the administrative person the current patient outcomes data submitted. *Look at the current facility outcomes listed in the “% Met Goal” column from the Clinical Outcomes Tables on pages 3-6, and compare to the applicable “Threshold for % Met Goal” from the Clinical Outcomes Thresholds Table below.*

Clinical Outcomes Thresholds Table for FY 2014

HD Measure	Threshold for % Met Goal	PD Measure	Threshold for % Met Goal
Adequacy: Single pool Kt/V ≥1.2 Standardized Kt/V ≥2.0 for ≥4x/week or nocturnal URR >65%	≥97.3% Kt/V* Not reported ≥98.4% URR*	Adequacy: Kt/V≥1.7	≥91.9%*
Anemia: Hemoglobin <10 g/dL	≤9.9%*	Anemia: Hemoglobin <10 g/dL	≤21.1%*
Mineral & bone disorder: Calcium corrected for albumin (BCG) <10.2 Phosphorus 3.5-5.5 mg/dL	≥96.6%** ≥61.2%**	Mineral & bone disorder : Calcium corrected for albumin (BCG) <10.2 Phosphorus 3.5-5.5 mg/dL	≥96.6%** ≥61.2%**
Nutrition: Albumin ≥4.0	≥41.4%**	Nutrition: Albumin ≥4.0	≥41.4%**
Fluid management: Intradialytic weight loss <5%	≥90%**	N/A	N/A
Vascular access: CVCs in use HD vascular access infections/100 patient months	≤19.7% ≤2.20*	PD Infection Peritonitis rate/100 patient months	≤3.00***
Hospital readmissions within 30 days	≤31.1%*	Hospital readmissions within 30days	≤31.1%*
Transplant waitlist <age70	≥24.3%*	Transplant waitlist <age 70	≥24.3%*

*2013 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

**2013 DOPPS Practice Monitor: patient-level 12 month average May, 2012-April, 2013.

***2012 ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis-Related Infections

Note: If the facility lists >3 patients as “lost to follow up” (#7 on Entrance Conference Materials List), **ask** administrative personnel to explain the circumstances of those patients’ discharges without transfers to other dialysis facilities. 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, to engage them in the process.*

Note: *If the facility has attained improvements and is currently meeting the thresholds in the table above in an area where the DFR review indicated problems, this indicates that performance improvement has taken place, and you should NOT 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. _____ |

