

ESRD CORE SURVEY MEDICAL RECORD REVIEW: IN-CENTER HEMODIALYSIS (ICHD)

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

Rationale for Sampling: _____ Sections in this tool completed: _____

YOU ARE NOT REQUIRED TO COMPLETE ALL OF THE SECTIONS FOR EACH PATIENT.
 HOWEVER SECTION 1 MUST BE COMPLETED FOR ALL ICHD PATIENTS SAMPLED.

All medical record reviews in the ESRD Core Survey are focused reviews, looking at the care provided to and monitoring of each sampled patient in the area/rationale used to select them. For all active sampled patients, review the patient's dialysis/medication orders, and the documentation of their dialysis treatments in Section 1. The remainder of each medical record review should be focused on the components of the record related to that patient's sampling rationale/area in the applicable sections of this tool. Refer to "Patient Sample Selection" of the ESRD Core Survey Process.

Note: For closed record review of patients sampled due to being **involuntarily discharged**, follow the ESRD Core Survey Process and current CMS Survey and Certification guidance.

SECTION 1: COMPLETE FOR ALL SAMPLED ICHD PATIENTS (except closed record review for involuntary discharge). The review of the patient's treatment orders and dialysis treatment records shows the facility practices in implementation of the patient's physician orders/dialysis prescription/plan of care, the safety of the hemodialysis treatment, fluid/BP management and patient monitoring before, during and after dialysis.

Record the current dialysis treatment and medication orders:

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

Review 2-3 consecutive weeks of HD treatment records. RECORD ANY EXCEPTIONS and VARIANCES ONLY. Check if no exceptions. ☐

(Number) _____ treatment records reviewed between _____ and _____

EXCEPTIONS	DATES/COMMENTS
Safety checks not documented:	
<input type="checkbox"/> Independent pH/conductivity(V250)	
<input type="checkbox"/> Machine alarm check (V403)	
Reuse dialyzer checks not documented:	
<input type="checkbox"/> Germicide presence (V350)	
<input type="checkbox"/> Germicide absence of residual (V353)	
<input type="checkbox"/> Patient/dialyzer ID by 2 (V348)	

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EXCEPTIONS	DATES/COMMENTS
Adequacy plan not implemented (V544):	
<input type="checkbox"/> BFR, DFR, time	
<input type="checkbox"/> Dialyzer type	
Meds/treatments not administered as ordered:	
<input type="checkbox"/> Anemia management (V547)	
<input type="checkbox"/> Mineral metabolism (V546)	
<input type="checkbox"/> Incorrect dialysate(V541)	
<input type="checkbox"/> Antihypertensives (V543)	
<input type="checkbox"/> Other	
BP/fluid management (V543):	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hypotension	
<input type="checkbox"/> Dry/target weight not achieved	
<input type="checkbox"/> >5% target weight removed w/o specific time-limited order	
Patient monitoring:	
<input type="checkbox"/> No assessment pre and/or post dialysis (V543)	
<input type="checkbox"/> Not monitored per policy (V543)	
<input type="checkbox"/> Access function and/or care not documented (V550):	
<input type="checkbox"/> Unusual and/or adverse events (V634)	

- Did you identify trends in omitted machine and dialyzer safety checks? ☐ No ☐ Yes-Explain _____
- Did you identify trends in failure to implement the patient's ordered dialysis prescription or medications? ☐ No ☐ Yes Explain _____
- Did you identify trends of problems with the patient's blood pressure, fluid, and weight management? ☐ No ☐ Yes Explain _____
- Did you identify trends in failure to monitor the patient and machine per facility policy? ☐ No ☐ Yes-Explain _____

If yes to any of the above questions, citation at the applicable V-tag for the care element as listed in the table above may be indicated.

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SECTION 2: COMPLETE FOR ICHD PATIENTS SAMPLED DUE TO POOR OUTCOMES (not meeting goals) IN THE DATA-DRIVEN FOCUS AREAS for this survey - if the patient was sampled due to multiple poor outcomes in data-driven focus areas, record in this section for all of those.

***Note:** This is a focused review intended to look at facility systems for addressing poor patient outcomes in the data-driven focus areas. You are not expected to **search** each patient's record for all of their outcomes. If, during your review of the data-driven focus areas used for selecting that patient, you **discover** poor outcomes for the patient in another area, follow this guidance for that area, as well.*

For poor outcomes in laboratory values (i.e., anemia, adequacy, mineral metabolism, albumin): Review the current 3 months of lab results in that area. Reference target values are listed on the Measures Assessment Tool (MAT). Review the other medical record documentation related to that outcome, e.g., progress notes, physician's orders, patient assessment/plan of care to assess the facility's activities for monitoring the patient's outcome, recognizing that the goal was not met, and taking actions to address it.

Notes: _____

For poor outcomes in non-laboratory areas (e.g., CVC >90 days, infection, high average intradialytic weight loss, hospital readmissions, eligible patient not referred for transplant, etc.) - Review the medical record documentation related to that outcome/area, e.g., progress notes, physician's orders, patient assessment, plan of care to assess the facility's activities for monitoring the patient's outcome, recognizing that there is a problem, and taking action to address it.

Notes: _____

For each area reviewed in Section 2 for the patient (use back for additional review areas & notes):

- Is there evidence that the patient's outcome in the data-driven focus area(s) used for sampling them has improved and their goal(s) currently met?
 - ☐ **Yes - no further review is needed, no citation in that area is indicated**
 - ☐ **No** - is there evidence that one or more IDT members were monitoring the patient's outcome in that area; recognized that the patient was not attaining their goal or had a problem in that area; and took actions toward improvement/resolution?
 - ☐ **Yes** - no citation is indicated.
 - ☐ **No** - citation in that outcome area at the applicable Patient assessment or Plan of care V-tag is indicated.

Notes: _____

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SECTION 3: COMPLETE FOR ICHD PATIENTS LISTED AS “UNSTABLE:” Review the IDT documentation in progress notes, physician's orders, assessments, physical and mental functioning surveys (e.g., KDQOL-36 or other age appropriate survey), plans of care, etc. pertaining to the **two** most recent patient assessment and plan of care periods. The IDT process and content of the patient assessments and plans of care are more important than the format or timelines.

Why was this patient identified by the IDT as “unstable?” _____

- Is there evidence of a functional IDT process, including substantive contributions from all required IDT members (physician, RN, registered dietitian, master's prepared social worker at a minimum)?
☐ Yes ☐ No (V501, 541)
- Was an assessment of the patient conducted and the clinical and psychosocial issues contributing to the patient's instability addressed through revised care interventions? ☐ Yes ☐ No - *citation at the applicable Patient assessment or Plan of care V-tag may be indicated.*

Notes: _____

SECTION 4: COMPLETE FOR ICHD PATIENTS NEWLY ADMITTED (<90 DAYS): Looking at the process for assuring the patient new to the dialysis facility was appropriately evaluated on admission prior to the first dialysis and during their first weeks receiving care at the facility. **Review the admission orders, lab results and progress notes.**

- Is there evidence that the patient had orders from a physician or non-physician practitioner, if allowed by state law, and was evaluated by an RN prior to their first dialysis treatment at the facility? ☐ Yes ☐ No (V715)
- Was the patient evaluated for hepatitis B and tuberculosis and offered hepatitis B vaccine and pneumococcal vaccine, if indicated? ☐ Yes ☐ No (V125, 126, 506)
- Is there evidence facility staff evaluated and addressed issues related to the patient's labs, fluid management, dialysis-related and other clinical and psychosocial problems? ☐ Yes ☐ No - *citation at the applicable patient assessment or plan of care V-tag may be indicated.*

Notes: _____

