

Evidence of Recognizing and Addressing (ERA) Interdisciplinary Clinical Care of the Individual Patient

If You See... (Sample Findings)	Look For Facility Action... (Possible Examples: Monitor/Recognize/Address)	Why Is This Important
Health Status (Hospitalization) (V502, V505, V506)		
More than one hospitalization per month for the case patient in the months reviewed in a facility where the hospitalization rate is significantly higher than 1.0	Review/modification of plan of care by one or more members of IDT to address cause of hospitalization, patient condition/change of status during hospitalization, communication with hospital/transitions of care	- Because in addition to disruption of normal activities and reinforcement of an "ill" self- image, hospitalizations lower albumin & hemoglobin, increase risk of infection and increase program costs
Dialysis Prescription & Adequacy (V503, V518, V544)		
URR <65 or Kt/V <1.2 (HD 3 times/week); Kt/V <2 (HD >3 times/wk) - Inadequate with BF lower than prescribed - Inadequate with time less than prescribed - Inadequate with BF & time as prescribed Kt/V <1.7 weekly (PD)	- Evaluation of access - Team/patient problem solving, coaching - Evaluation/change prescription and/or other actions - Evaluation of catheter, membrane transfer	- Because inadequate dialysis increases the risk of illness and death - Because the ability of the dialyzer to move toxins across its surface (K), the amount of time allowed for the toxins to cross (t) and the total volume of the patient (V), the Kt/V are individual factors - Because dialysis staff can use different strategies to improve the adequacy (effectiveness of the treatment)
Access (V511, V550, V551)		
Catheter >90days (no developing fistula or graft)	- Plan for fistula or graft or unsuitability, patient refusal - Identify/address barriers, patient risk/benefit education	- Because accessing & removing fluid & toxins is a matter of life & death - Because a vascular access provides a fast lane for pathogens to the heart & other organs - Because the type of access used has a major impact on the likelihood of pathogen entry
Blood Pressure & Fluid Management (V504, V543)		
MAT value euvolemic & pre BP <140/90; post BP <130/80 (adult); lower of 90% of normal for age/height/weight or 130/80 (pediatric)		
No target weight or TBD	Specific weight removal guidance is followed	- Because elevated blood pressure and significant fluid gains and losses are widespread challenges to the safety of dialysis patients - Because healthy kidneys play a major role in blood pressure & fluid management, absent in patients with kidney failure - Because untreated hypertension and too rapid fluid removal are associated with increases in patient mortality
Patient does not reach target weight	Evaluation of base ("dry" or "ideal") weight, temporary target weight	
- Patient has BP drop requiring intervention - Patient has cramping, vomiting, loss of consciousness	- Appropriate urgent intervention - Evaluation of base weight, cardiac status	
High Total UF: Fluid removed during treatment > patient's base weight (kg) x 15 ml x hours of treatment (>15ml/kg/hr)	Evaluation of UF with ongoing fluid management strategies; focus on risks of fluid removal in excess of 5% of base weight in single treatment	
BP >180 systolic or BP >100 diastolic	Ongoing medical evaluation, e.g., meds, fluid & base weight review	
Immunizations (V506, V126,V131)		
Hepatitis B susceptible patient(s)	- Completed immunizations or recent/ongoing patient education - Understanding of risks/benefit	- Because patients with kidney failure typically have compromised immune systems
Hepatitis B susceptibility in facility with Hepatitis B positive patient(s)	Direct care staff not assigned to care for infected & susceptible patients on same shift; follow isolation requirements in CfC	- Because dialysis facilities are "a box of bugs" - Because opportunities for exposure to blood borne pathogens abound in the dialysis environment
Pneumococcal pneumonia & influenza	Completed on schedule	- Because immunizations can reduce these risks and for many dialysis patients the facility is their primary healthcare provider

Thresholds listed in the "Sample Findings" column of the ERA document differ in some areas from the **Targets** listed in the "Values" column of the MAT. Levels that differ from the MAT are those which vary significantly enough from MAT targets that they should be promptly recognized and addressed for the individual patient. MAT levels are used for QAPI to track the percentage of facility patients who reach community standards.

Where to find evidence: orders, treatment records/flow sheets, lab reports, logs, rounding records, plan of care, Kardex, assignments, progress notes, patient/staff assignments, patient & staff interviews

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Anemia Management (V507, V547, V548, V549)		
Hemoglobin <10 mg/dL - On ESAs - Iron sat ≤20; Ferritin <500 - Iron sat ≤20; Ferritin >500	Evaluation of anemia signs/symptoms - Evaluation/increase dose of ESA - Evaluation of iron med mgmt or iron sensitivity - Evaluation for infection, inflammation, med mgmt	- Because failing kidneys produce less or no erythropoietin (which stimulates red cell production) - Because the IDT is expected to work with the patient to: Identify, attain, and maintain the hgb level that allows for desired function and QOL without S/S; Use ESAs and iron appropriately to achieve that level respecting the patients risk/benefit choices; Avoid transfusion
Hemoglobin <10 mg/dL - Not on ESAs	Contraindication, patient refusal, or asymptomatic with rationale for no ESAs in medical record	
Transfusion	Justification in medical record, especially for transplant candidates	
Bone and Mineral Management (V508, V546) MAT values Phosphorus 3.5-5.5 mg/dL; Calcium normal for lab, preferred upper level <10 mg/dL		
Phosphorus >6 (2 of 3 monthly lab results)	- Review of lab with patient, evaluate meds/barriers - IDT support & motivation focus (may be quarterly)	- Because healthy kidneys regulate the balance of calcium and phosphorus in the blood - Because the maintenance of a precise calcium level is key not only to bone integrity but to nerve & muscle function (cardiac), in the absence of renal function, the parathyroid gland revs up, but struggles to maintain control - Because phosphorus is virtually impossible to eliminate from a palatable diet, which requires continuous commitment to medication strategy, effective dialysis & dietary restraint
Phosphorus >7	Review of diet/meds, plan, action taken	
Phosphorus <3.5	Assess nutrition & meds, causes, action	
Calcium > or < lab normal	Evaluation for medication or dialysate change	
Calcium >11	Change medication/dialysate or rationale for no change	
Nutrition (V509, V545)		
Albumin <3.5	Evaluation of potential causes (nutrition, infection, inflammation, etc.); action as indicated	- Because although protein intake increases the buildup of urea in dialysis patients, low albumin is associated with hospitalization - Because albumin levels drop when inflammation or infection are present, both of which are common in dialysis patients - Because improved albumin levels are associated with reduced hospitalization and mortality
Albumin <3	As above, act or explain inaction	
Significant (>10%) change in dry/base/ideal weight	- If ↓weight, identify cause, review nutrition markers - If ↑weight, identify cause, fluid management	
Psychosocial/Rehabilitation (V510, V514, V515, V552, V555)		
- No HRQOL survey on adult eligible patient in facility with refusal rate >20% - Pediatric patients - Any health-related QOL scale below average or declining between surveys - Major life change, physical limitations, vocational problems - Patient/staff conflict, patient satisfaction Notes or reports of patient at risk of involuntary discharge/involuntary transfer	- Identification & action to address barriers to survey completion - Use of age appropriate HRQOL survey - Efforts to improve low scores & meet patients' HRQOL goals - Plan with patient to address identified needs & goals - Education & conflict resolution & efforts to improve patient satisfaction - Efforts to prevent involuntary discharge/involuntary transfer	- Because the HRQOL survey captures the patient's perception of his/her functioning and is a useful tool in identifying at risk patients - Because psychosocial barriers may prevent achievement of desired clinical outcomes & rehab goals & psychosocial strengths may be used as motivators - Because the patient's voice in assessing treatment effectiveness is critical to ensuring that the plan of care reflects their needs & goals
Modality (V512, V513, V553, V554)		
Patient reporting an interest in, preference for or unmet request for information about a modality other than their current one	Evidence of plan for information/transition or documented rationale for non-candidacy	- Because patients must be informed about ALL options for treatment and settings and their preferences, goals & expectations should be considered in decision-making - Because patients often desire transplant & may self-refer, dialysis facilities should obtain & use transplant programs' criteria to educate/evaluate patient
Patient indicating interest in transplant or misconception that they are on transplant list but not on transplant list	Documentation of current status in transplantation referral process or documented rationale for non-referral	

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