

ESRD CORE SURVEY 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: _____

Criteria for Sampling: _____ Sections in this worksheet 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 related to the criteria 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 criteria in the applicable sections of this worksheet. Refer to "Patient Sample Selection" of the ESRD Core Survey Process for sampling criteria.

Note: For LTC residents receiving dialysis in their LTC facility, and 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 HHD patients (except closed record review for involuntary discharge). The review of the HHD patient's treatment orders and dialysis treatment records should be focused on whether the patient/helper followed equipment safety procedures and dialysis orders, and how staff members monitor the HHD patient's treatments and address issues and trends. Look for documentation of staff action in progress notes, plans of care, etc. Note that timeliness of staff review of HHD treatment records depends on when the patient provides them but should be at least every 2 months.

Record the current dialysis treatment and medication orders:

Treatment Orders: Date: _____ EDW: _____ Frequency: _____ days/week

Dialyzer: _____ Dialysate: _____ BFR: _____ DFR: _____

Treatment duration: _____ HD Machine Type _____

Heparin/anticoagulant: _____ ESA dose: _____ Other meds/treatments: _____

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

(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 alarm check (V403)	
<input type="checkbox"/> Water total chlorine testing (V595)	
Treatment delivered different from ordered:	

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EXCEPTIONS	DATES/COMMENTS
<input type="checkbox"/> BFR/DFR/dialyzer/time, dialysate (V544) (i.e. clearance/adequacy)	
<input type="checkbox"/> Heparin/anticoagulant (V544)	
<input type="checkbox"/> Anemia management (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	
<input type="checkbox"/> Ultrafiltration rate >13mL.kg/hr (review for trends)	
Staff monitoring:	
<input type="checkbox"/> Tx records not reviewed (V587)	
<input type="checkbox"/> No treatment records in chart (V587)	
<input type="checkbox"/> Unusual or adverse events (V634)	
Other concerns Identified	

- Is there evidence that the facility home training/support staff monitored the patient's home hemodialysis through routine review of their HD treatment records? ☐ No ☐ Yes-(V587) Explain_____
- Did you identify trends in the patient or caregiver not following the dialysis prescription and parenteral medication orders? ☐ No ☐ Yes-Explain_____
- Did you identify trends in problems with the patient's blood pressure, fluid or weight management? ☐ No ☐ Yes-(V543) Explain_____
- Did you identify trends in the patient or caregiver not operating the HD machine and equipment or performing the safety checks as expected? ☐ No ☐ Yes-Explain_____

If yes to the any of the above 3 questions: Is there evidence that the home training/support staff recognized that there was a problem, acted with interventions aimed at resolution/improvement, and changed strategies when interventions were unsuccessful?

- If yes-no citation is indicated
- If no-citation at the applicable V-tag listed in the table above may be indicated

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Section 2: Complete for HHD patients sampled due to NOT MEETING GOALS (“OUTLIERS”) IN THE DATA-DRIVEN FOCUS AREAS for this survey-If the patient was sampled due to trends of poor outcomes in data-driven focus areas, record in this section.

***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, use your judgment on whether reviewing the additional area would be of value, and follow this guidance for that area, as well.*

Review the medical record documentation related to the 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. **For poor outcomes in laboratory values** (i.e., anemia, adequacy, mineral metabolism, albumin): also review the current 3 months of lab results in that area. Reference target values are listed on the Measures Assessment Tool (MAT).

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; implemented interventions aimed at improvement; and changed strategies if no improvement?
 - ☐ **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 HHD patients listed as “UNSTABLE:” Review the IDT documentation in progress notes, physician's orders, assessments, physical and mental functioning surveys (age-appropriate HRQOL 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 assessment 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, 509, 510, 541, 552)
- Was an assessment of the patient conducted and the issues related 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 HHD 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 undergoing training for HHD and receiving care at the facility. *Review the admission orders, lab results and progress notes.*

- Is there evidence that the patient had orders by 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 (V124, 125, 126, 506)
- Is there evidence facility staff evaluated and addressed issues related to the patient's training needs, labs, fluid management, dialysis-related & other clinical and psychosocial problems? ☐ Yes ☐ No - *citation at the applicable Patient assessment or Plan of care V-tag may be indicated.*

Notes: _____

Section “D”: Complete for ALL HHD patients SAMPLED:

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

Review the past 6 months of the water and dialysate quality applicable for the HHD equipment used for the patient's treatments. The requirements for monitoring the water and dialysate quality for home hemodialysis vary according to the HHD equipment. Determine which equipment is in use, and ask staff or review the equipment directions for use and/or facility procedures to become familiar with the testing required.

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

Notes: _____