Patient Assessment, Patient Plan of Care & Medical Record Review

Presented by your ESRD Transition Team

Patient Assessment, Plan of Care, Medical Record Review

WOW!

This is an amazing time to be an ESRD surveyor!

- The new Conditions of Patient Assessment & Patient Plan of Care are groundbreaking in the quest for optimal patient care!

Patient Assessment & Patient Plan of Care

- What's New?
- Say ***Goodbye*** to Long Term Program & "Short Term" Care Plan approach!
- Say ***Goodbye*** to "paper compliance" patient care planning!

These new Conditions place high expectations on facilities for…

- **Interdisciplinary** approach for **continually** assessing **individual** patient's care needs, & for planning & implementing the care.
- Outcome goals that meet **current professionally-accepted clinical practice standards**

Why is this so great?

- The ESRD community has done an **excellent** job of coming together in the past 15 years
- Consensus achieved
- Clinical practice standards developed

And another **great** thing…with these new Conditions:

- CMS joined with the ESRD community in a **meaningful** way
- **Now** we surveyors have the **great opportunity** to really join with the ESRD community

towards the common goal of…

Improving the lives of ESRD patients!

Objectives for This Session:

Become familiar with:

- Complications which can result from ESRD
- How to use the **MAT** for clinical practice standards
- The requirements for patient assessment & patient plan of care
- Medical record review to determine implementation of the patient plan of care

ESRD Patient Population

- >100,000 new patients added on average per year
- Existing co-morbid conditions
  - 40% diabetics (#1 primary cause)
  - 55% cardiovascular disease
  - 80% history of hypertension
- 2006: NW data: 345,260 dialysis patients

The Functions of the Normal Kidney Include:

- Fluid volume control
- Waste products removal
- Maintain homeostasis, acid/base balance
- Blood pressure (BP) control—Renin angiotensin
- Red blood cell (RBC) production—Erythropoietin
- Healthy bone maintenance—Vitamin D conversion/ activation

In the Absence of Kidney Function, ESRD Patients Frequently Have:

- Fluid overload/CHF
- Hypertension
- Electrolyte imbalance
- Build up of wastes
- Acidosis
- Anemia
- Renal osteodystrophy
- Significant psychosocial changes

Adequate Replacement Therapy

- Conventional dialysis, aka **3x/week** replaces 10-15% of normal kidney function
- Important to get

  enough dialysis = adequacy

What are the Clinical Practice Standards?

- Developed by renal community workgroups & coalitions; e.g.
  - National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) Guidelines
  - National Quality Forum (NQF): Clinical Performance Measures (CPM)
- Address management of complications of ESRD

A New Day…

- The new CfCs of Patient Assessment & Plan of Care require defined Standards
- The new CfCs use Standards developed by the ESRD community
- **You** have a fabulous tool for reference of these Standards in the **MAT**
- If an individual patient does not meet a goal on the MAT, expect to see revised plan for that aspect

Interdisciplinary Care vs. Multidisciplinary Care

Interdisciplinary	**Multidisciplinary**
Work collaboratively	Work sequentially
Communication by regular discussions about patient status & the evolving plan of care	Medical record is the chief means of communication

The Interdisciplinary Team

Includes at a minimum:

- The patient or their designee (if the patient chooses)
- A registered nurse
- A physician treating the patient for ESRD
- A social worker
- A dietitian

Patient Assessment (V501) and Patient Plan of Care (V541)

These 2 Conditions:

- Are interrelated ("can't have one without the other")
- Address patient assessment & care delivery requirements in "care areas" associated with complications of ESRD

§ 494.80 Patient Assessment

- The IDT must provide each patient an individualized comprehensive assessment (V501)
- 14 assessment “criteria” (V502-515)
- Reassessments at defined frequencies (V516-520)

§ 494.90 Patient Plan of Care (V541)

- The IDT must develop & implement a written, individualized comprehensive patient plan of care (POC)
- POC based upon the comprehensive assessment
- Addresses each patient’s care needs
- Outcome goals in accordance with clinical practice standards

Correlation of PA & POC

PA	POC
Current health status (V502) Appropriateness of dialysis prescription (V503) Lab profile (V505) Medication/immunization history (V506)	Incorporated into all POC tags, including adequate clearance (V544)
BP/fluid management needs (V504)	Manage volume status (V543)
Assess anemia (V507)	Manage anemia (V547) Home pt ESA (V548) ESA response (V549)
Assess renal bone disease (V508)	Manage mineral metabolism (V546)

Correlation of PA & POC

PA	POC
Nutritional status (V509)	Effective nutritional status (V545)
Psychosocial needs (V510) Evaluate family support (V514)	Psychosocial counseling/referrals/ assessment tool (V552)
Access type/maintenance (V511)	VA monitor/referral (V550) Monitor/prevent failure (V551)
Evaluate for self/home care (V512)	Home dialysis plan (V553)
Transplantation referral (V513)	Transplantation status: plan or why not (V554)
Evaluate current physical activity level & voc/physical rehab (V515)	Rehab status addressed (V555)

Patient Assessment & Patient Plan of Care

- Consolidated into “care areas” for discussion
- Each will include:
  - Patient assessment requirements
  - Plan of care: use of the **MAT**
  - How to survey
  - What to review in the medical record for implementation

Health Status and Co-morbid Conditions

Health Status and Co-morbid Conditions Assessment

What is expected: (V502)

- Use of medical & nursing histories and physical exams
- APRN or PA may conduct medical areas of assessment as allowed by states
- Must include etiology of kidney disease and listing of co-morbid conditions

Dialysis Access

Dialysis Access: Assessment

What is expected: (V511)

IDT comprehensive assessment:

- Expect assessment for most appropriate access for the patient: AVF, graft, CVC, PD catheter
- Consider co-morbid conditions/risk factors, patient preference
- The efficacy of HD & PD patient's access correlates to adequacy of dialysis treatments

Dialysis Access: Assessment

What is expected: (V511)

IDT evaluation may include:

- Evaluation for/of HD access:
  - Communication with radiologist, interventionist, vascular surgeon
  - Venous mapping, vascular access surveillance, new access placement
- Evaluation of PD access
  - Absence of infection (exit site/tunnel, peritonitis)
  - Patency & function

Dialysis Access: POC

What is expected: (V550)

IDT comprehensive plan shows evidence of:

- Patient evaluation as candidate for AVF
  - If CVC >90 days, action plan for a more permanent vascular access
- Location of patient access to preserve future sites, for long term patient survival
- Monitoring to ensure capacity to achieve & sustain adequate dialysis treatments

Dialysis Access: POC

What is expected: (V551)

IDT comprehensive plan shows evidence of:

- Vascular access surveillance
- Early detection of failure
- Timely referrals for interventions
- Medical record documentation of the action taken

Adequacy (the Dialysis Rx)

Adequacy: Assessment

What is expected: (V518)

IDT comprehensive assessment includes:

- HD patient- initially & monthly Kt/V (or equivalent measure, URR)
- PD patient- initially & at least every 4 months Kt/V (or equivalent measure, none currently)

Adequacy: POC

What is expected: V544

POC Demonstrates:

- Achievement of target: Kt/V of at least 1.2 (3 x/week HD) or 1.7 (PD)
  - Alternative equivalent (URR), currently none for PD,

OR

Adequacy: POC (V544)

- Modification of the dialysis prescription
  - HD: change dialyzer size, time on dialysis, BFR, DFR, type of access
  - PD: change number of exchanges, volume (ml), dialysate dextrose content (%), dwell time; consider membrane integrity, infections (peritonitis)
  - Efficacy of the vascular access can also affect adequacy

OR

- Rationale for not achieving the expected target

Access & Adequacy: Medical Record Documentation

- If expected outcomes for dialysis access or adequacy are not achieved, there should be evidence of reassessment for that aspect of care
- If patient is not achieving the expected targets, expect to see documentation of the reason WHY & a change in plan
- Adjust the plan/implement the changes

Access & Adequacy: Medical Record Documentation

Where to look:

- IDT Assessment
- Plan of care
- Implementation of care plan
  - Flowsheets
  - Progress notes
  - Physician orders, etc.

Clicker Question!!!

- Evaluation of a patient for dialysis access placement includes:
  A. Patient's co-morbid conditions
  B. Appropriateness of access type for patient
  C. Calcium & phosphorus level
  D. A & B

Clicker Question!!!

- The efficacy of the dialysis access correlates to the adequacy of the dialysis treatment.
  A. True
  B. False

Clicker Question!!!

- If the patient does not meet the community based standard for dialysis access, a complete reassessment needs to be performed.
  A. True
  B. False

Blood Pressure and Fluid Management

Blood Pressure and Fluid Management Assessment

What is expected: (V504)

IDT assessment should include:

- Patients BP on and off dialysis
- Interdialytic weight gains
- Target weight and intradialytic symptoms

Blood Pressure and Fluid Management: POC

- IDT develops and implements POC to achieve established targets in fluid management (V622)
- Fluid management and blood pressure are closely linked:
  - BP medications affect ability to reach target without symptoms
  - Insufficient fluid removal exacerbates hypertension
  - Symptomatic Drops in BP during treatment require plan revision
- Outcome oriented plan
- If expected interdialytic or intradialytic goals for fluid management are not achieved, reassess this aspect
- Adjust the plan/implement the changes

Clicker Question!!!

- Pre-dialysis hypertension:
  A. May be a result of medication "hold"
  B. May be a result of fluid overload
  C. May be inadequately controlled primary hypertension
  D. May require revision in POC
  E. All of the above

Clicker Question!!!

- Repeated rapid symptomatic drop in BP during treatment:
  A. Is used to tell when the patient reaches his/her target weight
  B. Is a normal part of the dialysis treatment
  C. May be managed by the unit clerk or SW
  D. Requires plan revision for this aspect of care

Immunization Management

Immunization Assessment

What is expected: (V506)

- IDT to evaluate the patient's immunization history/status for hepatitis , influenza, pneumococcus
- Evaluate for tuberculosis screening what is expected: (V127)
- Evaluate Anti-HBs on all vaccinees

Immunization: POC

What is Expected (V506)

CDC Recommendations for Dialysis Patients

- Be tested for at least once for baseline tuberculin skin test results, retest if exposure is suspected
- Be offered influenza and pneumococcal vaccines
- (V126) Vaccinate all susceptible patients for Hepatitis B

Immunization Medical Record Documentation

What to expect (V506,V126, V127)

- Record of testing and immunizations
- Documentation of immunity or acknowledgement of absence of immunity
- Documentation of further action planned if required

Anemia Management

Anemia Management: Assessment

What is expected: (V507)

- IDT to evaluate the patient's laboratory values (Hct, Hgb, serum ferritin, transferrin saturation, iron stores)
- Evaluate co-morbid conditions
- Evaluate for ESA &/or iron therapy

Anemia Management: POC

- IDT develops & implements POC to achieve established targets in anemia management (V547)
- Goals based on current clinical practice standards
- MAT specifies targets for Hgb, Hct, & iron
- Outcome oriented plan
- If expected outcomes for anemia management are not achieved, IDT to reassess this aspect
- Must adjust the plan/implement the changes

Anemia Management: POC

- Laboratory results reviewed monthly
- Medication adjustment (may use algorithms/ESA protocols)
- Home patients: evaluate ESA administration & storage

Anemia Management: Medical Record

- IDT assessment
- Plan of care with measurable goals & timelines
- Implementation of care plan:
  - Flowsheets,
  - Progress notes,
  - Medication administration,
  - Physician orders, etc

Clicker Question!!!

- Anemia management assessment includes all of the following except:
  A. Laboratory values
  B. Dialysis time
  C. ESA & iron medications
  D. Co-morbid conditions

Clicker Question!!!

- If the patient does not meet current clinical practice standards for anemia management, a complete reassessment of the patient must be performed.
  - A. True
  - B. False

Nutritional Management

Nutrition: Assessment

What is expected:

- RD participates with the IDT in evaluation of patients in all clinical assessment areas
- RD required to conduct an individualized comprehensive review of the patient's nutritional status to include diet, hydration status, metabolic/catabolic & cardiovascular status (V509)

Nutrition: POC

- IDT develops & implements POC to achieve established targets in nutritional management (V545)
- Goals based on community-based standards
- MAT specifies targets for albumin, body weight
- Outcome oriented plan
- If expected outcomes for nutrition management are not achieved, reassess this aspect
- Adjust the plan/implement the changes

Nutrition: POC

- Laboratory results reviewed monthly
- Medication adjustment as needed
- RD and IDT work with patient on dietary adjustments

Nutrition: Medical Record Documentation

- IDT assessment
- Plan of care with measurable goals & timelines
- Implementation of care plan
  - Flowsheets,
  - Progress notes,
  - Medication administration,
  - Physician orders, etc.

Clicker Question!!!

- Nutrition assessment includes all of the following <u>except</u>:
  A. Laboratory values
  B. Patient weight
  C. Medications
  D. Shoe size

Clicker Question!!!

- The dietitian need not participate with the interdisciplinary team in assessing the patient if she maintains good individual notes & the other team members are not interested in nutrition.
  A. True
  B. False

Mineral Metabolism, aka Renal Bone Disease

Renal Bone Disease: Assessment

What is expected (V508):

- IDT to evaluate the patient's laboratory values (calcium, phosphorous, PTH)
- Evaluate medications for management of bone disease (phosphate binders, vitamin D analogs, calcimimetic agents)
- Evaluate relevant dietary factors

Mineral Metabolism: POC

- IDT develops & implements individualized POC to achieve established targets in renal bone disease management (V546)
- Goals based on community based standards
- MAT specifies targets for calcium, phosphorous & intact PTH

Mineral Metabolism: POC

- Outcome oriented plan
- Laboratory results reviewed monthly
- Medication adjustment as indicated
- If expected outcomes for bone management are not achieved, reassess this aspect
- Adjust the plan/implement the changes

Mineral Metabolism: Medical Record Documentation

- IDT Assessment
- Plan of care with measurable goals & timelines
- Implementation of care plan; look at:
  - Flowsheets
  - Progress notes
  - Medication administration
  - Physician orders, etc.

Clicker Question!!!

- If the patient does not meet community based standards for renal bone disease management, a plan (or plan revision) might include:
  A. Medication adjustment
  B. Dietary consultation
  C. Dialysis prescription adjustment
  D. All of the above

Clicker Question!!!

- Renal bone disease management assessment:
  A. Must be done with every assessment & reassessment
  B. Need only be done once throughout a patient's course of treatment
  C. Is unnecessary for most dialysis patients
  D. Was considered an event in the 2008 Summer Olympics

Psychosocial Assessment

V tag	Psychosocial Elements in Assessment
V512	Patient's abilities, interests, preferences & goals for participation in care, modality & setting
V513	Psychosocial factors related to interest in & candidacy for transplantation
V514	Family & other support systems
V515	Physical activity & vocational rehab status & need for referral for physical & voc rehab services
V520	Other psychosocial factors that may influence instability
V767	Reassessment related to involuntary discharge

Clicker Question!!!

- The psychosocial assessment would NOT be expected to include:
  A. Patients' expectations, goals, preferences
  B. Family & other support systems
  C. Vocational status & goals
  D. Physical activity level
  E. Home dialysis & transplant candidacy
  F. Vascular access patency

Psychosocial: POC

V Tag	Psychosocial Elements in Plan of Care
V552	Use a standardized survey to assess pt's physical & mental functioning
V555	Help patient to achieve & sustain desired level of rehabilitation, including education for pediatric pts
V562	Educate pt about quality of life, rehab, psychosocial risks/benefits related to access type, following the treatment plan & modality selection
V543-555	Address other elements as needed to assure pts achieve & sustain appropriate psychosocial status
V767	Plan for involuntarily discharged pt

Clicker Question!!!

- In which of these areas would the social worker NOT be expected to be involved in care planning:
  A. Dose of dialysis received (Kt/V or URR)
  B. Nutritional status
  C. Dose of ESAs
  D. Access selection
  E. Modality selection

Psychosocial: Medical Record

V Tag	Social Worker's Plan of Care
V730	• Results of standardized survey of mental & physical assessment (chosen by social worker) • Results of KDQOL-36 survey after 3 months & annually (CMS CPM for eligible adult patients) • Plan for psychosocial interventions (counseling & referral) to achieve & sustain appropriate psychosocial status • Plan for other elements of care that may be influenced by psychosocial status

Psychosocial: Medical Record

- IDT assessment
- POC with goals and timelines
- Implementation
  - Flowsheets
  - Progress notes
  - Results of psychosocial surveys
  - Plan of care

Clicker Question!!!

- The social worker is solely responsible for the psychosocial aspects of care.
  - A. True
  - B. False

Timelines: All Begins 10/14/08

Initial Assessments for New Patients:

- PA=30 days/13 treatments whichever is later
- POC implemented within this same timeline

Reassessment for New Patients:

- 3 months after initial assessment completed
- POC updated and implemented within 15 days of reassessment

Then what?

- Stable patients = Annual reassessment
  - POC updated and implemented within 15 days
- All patients: Continuous monitoring = any aspect of care where the target is not met = revise that aspect of POC
- Unstable patients = monthly reassessment
  - POC updated and implemented within 15 days

Who Is “Unstable?”

Per V520, includes but is not limited to:

- Extended or frequent hospitalization (>8 days or > 3 X a month)
- Marked deterioration in health status
- Significant change in psychosocial needs
- **Concurrent** poor nutritional status, unmanaged anemia **and** inadequate dialysis

What About Current Patients?

As of October 12, 2008:

- Expect a plan to implement this new system
- Some assessments/POCs completed each month until all are done
- All current patients to be included in the new system within 12 months of 10/12/08
- Do not expect 3 month reassessment for current patients
- Expect updates for any aspect of care that does not meet targets

Transfer of Current Patients

After 10/14/08, when a patient is transferred, expect:

- Copy of most current IDT assessment and POC from transferring facility in patient's medical record
- Reassessment within 3 months of admission
- Revision and implementation of POC within 15 days of completion of the reassessment

Also in POC: V 560

- Dialysis facility must ensure that all patients be seen by a physician, APNP or PA at least monthly, and periodically, for in-center HD patients, while the patient is on dialysis
- If patients are seen in the physician's office, facility must have a system to ensure transfer of visit information

Clicker Question!!!

- Expect all current patients to have an IDT assessment and POC by October 14, 2008.
  A. True
  B. False

Clicker Question!!!

- For stable patients, the outcomes must be monitored on an on-going basis and
  A. Patient assessments repeated monthly
  B. POC updated every six months
  C. POC revised for any care aspect where the target is not met
  D. Only reviewed if the patient is hospitalized more than 8 days in a year

Questions?