

Survey survival CfC 2008

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Home Dialysis Survey

- 3 days 2 surveyors
- Much of the time was spent reviewing records, policies and procedures, meeting minutes and interviewing staff.
- The records were reviewed with great attention to detail

Home Dialysis Survey

- Have staff ready to hand requested materials quickly
 - Print out electronic records
 - Home records and paper charts
 - QAPI meeting records/ minutes
 - Policies and procedures books
- To surveyors credit: little interference with normal operation, unobtrusive observers

What they really paid attention to

- HOME RECORDS: Home Hemodialysis
 - WATER testing
 - Make sure your patient records and staff acknowledges:
 - chloramine test for each batch of dialysate (if not required indicate so)
 - “Water book” for water chemical analysis, cultures, LAL organized for each patient’s home with signatures of staff and MD who reviewed the results.
 - Safety issues:
 - Dialyzer leaks
 - Clotted dialyzers

PATIENT NAME:

University of Chicago Medical Center
Home Dialysis Program
Treatment Flowsheet Audit: Home Hemodialysis

Instructions

1. Put flowsheets in chronological order
2. Audit flowsheets for the items listed below
3. Place audit on top of flowsheets and staple
4. Document follow up for any items checked "NO".

Reviewer Name (print) _____ Signature _____

Review Date: _____ Flowsheets reviewed: Starting Date: _____ Ending Date _____

ITEM	Yes	No
1. Chloramine check documented for each new batch of dialysate	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient was free of hypotensive episodes that required saline during treatment. If the answer is NO reassess dry weight and other causes.	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient maintained EDW throughout the month	<input type="checkbox"/>	<input type="checkbox"/>
4. Arterial pressure remained within normal range (< - 250) during treatment	<input type="checkbox"/>	<input type="checkbox"/>
5. Venous pressure remained within normal range (\leq one half of blood flow) during treatment	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintained prescribed blood flow rate for all treatments	<input type="checkbox"/>	<input type="checkbox"/>
7. Treatments were free of extracorporeal circuit clotting . If answer is NO, complete a patient safety report.	<input type="checkbox"/>	<input type="checkbox"/>
8. Patient did all treatments for the month	<input type="checkbox"/>	<input type="checkbox"/>
9. The month was free of equipment swaps (if answer is NO assure that serial number of swapped equipment is documented on machine log)	<input type="checkbox"/>	<input type="checkbox"/>
10. Were the cartridges free of leaks during treatment? (if answer is NO complete a patient safety report)	<input type="checkbox"/>	<input type="checkbox"/>

What they really paid attention to

■ Medical Records: PD

- Complete training records, training initiated and led by an RN.
- Complete home records, evidence of review
- Evidence of monthly MD visit (CfC MD/APRN/PA)
- Individualized Plan of Care

} Equivalence to in-center

PATIENT NAME:

University of Chicago Medical Center
Home Dialysis Program

Patient Flowsheet Audit: Peritoneal Dialysis

Instructions

1. Put flowsheets in chronological order
2. Audit flowsheets for the items listed below
3. Place audit on top of flowsheets and staple
4. Document follow up for any items checked "NO".

Reviewer Name (print) _____ Signature _____

Review Date: _____ Flowsheets reviewed: _____ Starting Date: _____ Ending Date _____

ITEM	Yes	No
1. Patient measured blood pressure am and pm	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient weighed himself/herself daily	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient documented initial drain	<input type="checkbox"/>	<input type="checkbox"/>
4. Patient achieved ultrafiltration goal with each exchange/treatment.	<input type="checkbox"/>	<input type="checkbox"/>
5. Patient did all exchanges/treatment during the month	<input type="checkbox"/>	<input type="checkbox"/>
6. The month was free of equipment swaps (if answer is NO assure that serial number of swapped equipment is documented on machine log)	<input type="checkbox"/>	<input type="checkbox"/>

What they really paid attention to

- Home visits: now mandatory V589
 - Cost high- we send 2 people to do home visit (staff safety)

Services include, but are not limited to, the following:
(i) Periodic monitoring of the patient's home adaptation, including visits to the patient's home by facility personnel in accordance with the patient's plan of care.

To assess a patient's home dialysis environment, a home visit should be conducted at the initiation of home therapy and whenever a problem is identified with either patient health or equipment that could be related to treatment at home.

University of Chicago Medical Center
Dialysis Program

Home Dialysis Visits

Purpose	Evaluate the patient's home to assure that the environment is compatible with performing dialysis in the home. A Nurse and a Social Worker are responsible for visiting the patient's home.
Issued	November 2008
Revised	
Reviewed	November 2008

Policy

1. The Home Dialysis Program is responsible for periodic monitoring of the patient's adaptation to home dialysis, including visits to the patient's home by facility personnel in accordance with the patient's plan of care.
2. Home visits should be conducted soon after the initiation of home therapy and whenever a problem is identified that warrants a home visit as determined by the interdisciplinary team.
3. Documentation of home visits should be included in the medical record. The number, timing and frequency of home visits should be based on individual patient need as indicated in the patient's plan of care.
4. Distance from the facility or concerns about staff safety should not preclude home visits.
5. If the patient refuses a home visit, the interdisciplinary team must evaluate his/her refusal and the potential impact it may have on achieving the goals identified in the patient's plan of care as well as discuss alternative ways to assure the patient's health and safety at home.

Procedure:

Conducting the Home Visit:

1. General items to be evaluated:
 - a. Utilities: running water, electricity and telephone service
 - b. A refrigerator for medications and specimen samples
 - c. Storage area that is of adequate size and provides a year round environment that meets the manufacturer's recommendations for the storage of dialysis solutions and other supplies and is of adequate size. The patient must demonstrate an understanding of how to rotate stock.
 - d. The electrical outlets used for dialysis equipment must meet manufacturer specifications.
 - e. Ability to handle waste properly
2. Peritoneal Dialysis
 - a. There should be the ability to close the door to the treatment area and control airflow (open windows, heating cooling ducts).
 - b. If the patient has pets, they should have no access to the supplies or treatment area.
3. Home Hemodialysis
 - a. A partner must be available on the premises during all hemodialysis treatments
 - a. There should be evidence that the source water used for dialysis meets the minimum requirements specified by the manufacturer.
 - b. If the source water requirements are not met, there must be adequate pre-treatment of the source water to meet those requirements.

Reference: 42 CFR Part 494.100 (2008). Conditions for Coverage For End-Stage Renal Disease Facilities; Final Rule 73(73)