



**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Student Manual**

Lesson #1: Welcome and Introductions

This lesson contains:

- Copyright Warning
- Table of Contents
- Course Goals
- Course Agenda
- Faculty List
- Participant List
- IACET Statement
- Surveyor Questionnaire

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Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients, <i>MMWR</i> , vol. 50, RR-05, April 27, 2001.	
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Course Goals

Surveyors will learn how changes in the recently published Final Rule for the Conditions for Coverage will affect the expectations of surveying the following critical areas:

- Water and dialysate
- Infection control
- Reuse
- Physical environment
- Assessment and implementation of the plan of care for individual patients
- QAPI

Surveyors will also learn to use available resources in their survey process, such as:

- Clinical and technical standards for renal dialysis
- Dialysis Facility Reports and other outcome data

The course will include a discussion of the new ESRD Conditions for Coverage, the survey process, survey tasks and expected surveyor performance. The course materials will aide surveyors in recognizing findings that may present a serious risk to patient health and safety.

**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Cherry Hill, NJ
September 23-26, 2008**

Tuesday, September 23, 2008
Crowne Plaza Cherry Hill
2349 West Marlton Pike
Cherry Hill, NJ 08002
(856) 665-6666

		TAB
7:00 a.m.	REGISTRATION	
8:00	Welcome	1
8:15	Transitioning to New Conditions for Coverage Judith Kari	2
8:45	Using the Survey Process Judith Kari, Glenda Payne, The Transition Team	3
9:30	BREAK	
10:00	Using the Survey Process (cont.) Judith Kari, Glenda Payne, The Transition Team	
12:00	LUNCH	
1:30 p.m.	Infection Control/Physical Environment Kelly Frank, Rosemarie Miller	4
3:00	BREAK	
3:30	Reuse Teri Spencer	5
4:30	Review & Wrap Up Judith Kari	
5:00	ADJOURN	

**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Cherry Hill, NJ
September 23-26, 2008**

Wednesday, September 24, 2008
Crowne Plaza Cherry Hill

TAB

- 8:00 ***Preview***
 Judith Kari
- 8:15 ***Patient Assessment, Plan of Care & Medical Records.....6***
 Transition Team
- 10:00 ***BREAK***
- 10:30 ***Patient Assessment, Plan of Care & Medical Records***
 (continued)
 Transition Team
- 12:00 **Lunch**
- 1:30 ***Quality Assessment and Performance Improvement..... 7***
 Bonnie Greenspan, Judith Kari
- 3:00 ***BREAK***
- 3:30 ***Patients' Rights, Grievances & Involuntary Discharge 8***
 Beth Witten, Bonnie Greenspan
- 4:30 ***Review & Wrap Up***
 Judith Kari
- 5:00 ***ADJOURN***

**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Cherry Hill, NJ
September 23-26, 2008**

Thursday, September 25, 2008
Crowne Plaza Cherry Hill

		TAB
8:00	Preview Judith Kari	
8:30	Water and Dialysate Glenda Payne	9
10:30	BREAK	
11:00	Personnel & Medical Director Rosemarie Miller, Judith Kari	10
12:00	LUNCH	
1:30 p.m.	Governance, Emergency Preparedness, Laboratory Services, Special Purpose Dialysis Facilities Glenda Payne, Teri Spencer	11
2:30	BREAK	
3:00	Survey and Certification Issues Judith Kari, Glenda Payne	12
4:00	Review & Wrap Up Judith Kari	
4:30	ADJOURN	

**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Cherry Hill, NJ
September 23-26, 2008**

Friday, September 26, 2008
Crowne Plaza Cherry Hill

TAB

- 8:00 a.m. **Preview**
 Judith Kari
- 8:30 **Care at Home** **13**
 Teri Spencer, Kelly Frank
- 10:00 **BREAK**
- 10:30 **Questions & Answers**
 Transition Team
- 11:30 **Evaluations**
 Judith Kari, Glenda Payne
- 12:00 p.m. **ADJOURN**

Evaluation Code: 100100



HAVE A SAFE TRIP HOME

Faculty List

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Participant List



**Proven Standards for Quality in
Continuing Education and Training**



The Centers for Medicare & Medicaid Services (CMS) has been reviewed and approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1620 I Street, NW, Suite 615, Washington, DC 20006. The Centers for Medicare & Medicaid Services (CMS) has awarded ___ CEUs to participants who successfully complete this program.

Surveyors with ESRD Training

Please print your responses to this survey as legibly as possible. Thank you!

First name: _____ Last name: _____ Date: _____

Choose One: CMS Regional Office Manager in State Agency State Surveyor

Federal ID (ASPEN ID): _____ State you survey: _____ Discipline: _____

Preferred e-mail address for ESRD surveyor information: _____

Preferred mailing address: _____

City: _____ State: _____ Zip code: _____

Mobile phone: _____ Work phone: _____ Work Ext: _____

Work Fax: _____ Home phone: _____

Most recent year you attended Basic ESRD technical training: _____

Most recent year you attended Advanced ESRD technical training: _____

Most recent year you attended the Annual ESRD Update: _____

Most recent year you attended STAR training: _____

How many ESRD surveys did you do during the last full fiscal year? _____

Do you have *any* dialysis work experience? Yes No If yes, how much? _____

Do you have *any* ESRD surveyor experience? Yes No If yes, how much? _____

Are you left handed (for STAR tablet)? Yes No

