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

<table>
<thead>
<tr>
<th><strong>Interdisciplinary</strong></th>
<th><strong>Multidisciplinary</strong></th>
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<tbody>
<tr>
<td>Work collaboratively</td>
<td>Work sequentially</td>
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<tr>
<td>Communication by regular discussions about patient status &amp; the evolving plan of care</td>
<td>Medical record is the chief means of communication</td>
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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

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

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

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

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

<table>
<thead>
<tr>
<th>V Tag</th>
<th>Social Worker’s Plan of Care</th>
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</thead>
</table>
| 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?