MEASURES ASSESSMENT TOOL (MAT)

Tag	Condition/Standard -	Measure -	Values -	Reference -	Source			
	Water and dialysate quality:	incusure y	Tuluos y	11010101100	004.00			
V196	Water quality Water quality	Max. chloramine (must determine)	≤0.1 mg/L daily/shift	AAMI RD52	Records			
V196	Use max. chloramine value if only one test is performed	Max. total chlorine (may determine)	≤0.5 mg/L daily/shift	AAWI ND32	Necolus			
V178	ose max. emoranime value ii omy one test is penormed	Action / Max. bacteria – product water / dialysate	50 CFU/mL / <200 CFU/mL					
V180		Action / Max. endotoxin – product water / dialysate	1 EU/mL / <2 EU/mL (endotoxin units)					
	Reuse of hemodialyzers and blood lines (only appl		Teomer se come (ondotosim anto)		,1			
V336	Dialyzer effectiveness	Total cell volume (hollow fiber dialyzers)	Measure original volume	KDOQI HD Adequacy 2006;	Records			
	,	, , ,	Discard if after reuse <80% of original	AAMI RD47	Interview			
494.80	94.80 Patient assessment: The interdisciplinary team (IDT), patient/designee, RN, MSW, RD, physician must provide each patient with an individualized & comprehensive assessment of needs							
V502	- Health status/comorbidities	- Medical/nursing history, physical exam findings	Refer to Plan of care & QAPI sections (below) for values	Conditions for Coverage	Chart			
V503	- Dialysis prescription	- Evaluate: HD every mo; PD first mo & q 4 mo		KDOQI Guidelines (see POC)				
V504	- BP & fluid management	 Interdialytic BP & wt gain, target wt, symptoms 						
V505	- Lab profile	- Monitor labs monthly & as needed						
V506	- Immunization & meds history	- Pneumococcal, hepatitis, influenza; med allergies						
V507	- Anemia (Hgb, Hct, iron stores, ESA need)	 Volume, bleeding, infection, ESA hypo-response 						
V508	- Renal bone disease	- Calcium, phosphorus, PTH & medications						
V509	- Nutritional status	- Multiple elements listed						
V510	- Psychosocial needs	- Multiple elements listed						
V511	- Dialysis access type & maintenance	- Access efficacy, fistula candidacy						
V512	- Abilities, interests, preferences, goals, desired	- Reason why patient does not participate in care, reason						
	participation in care, preferred modality & setting, expectations for outcomes	why patient is not a home dialysis candidate						
V513	- Suitability for transplant referral	- Reason why patient is not a transplant candidate						
V514	- Family & other support systems	- Composition, history, availability, level of support						
V515	- Current physical activity level & referral to vocational &	- Abilities & barriers to independent living; achieving						
ļ	physical rehabilitation	physical activity, education & work goals						
								
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Sources: *DFR*=Dialysis Facility Reports; *CW*=CROWNWeb; *Chart*=Patient Chart: *Records*=Facility Records; *Interview*=Patient/Staff Interview

Abbreviations: *BCG/BCP*=bromcresol green/purple *BMI*=Body mass index; *CAHPS*=Consumer Assessment of Healthcare Providers & Services; *CFU*=colony forming units; *CHr*=reticulocyte hemoglobin; *DOPPS*=Dialysis Outcomes & Practice Patterns

Study; *ESA*=erythropoiesis stimulating agent; *MIPPA*=Miedicare Improvements for Patients & Providers Act of 2008; *nPCR*=normalized protein catabolic rate; *RKF*=residual kidney function; *SD*=standard deviation; *spKtV*=single pool Kt/V

MEASURES ASSESSMENT TOOL (MAT)

Solid Diversion accress Fisher Peternetin Certal Unitrol Certain Unitrol Certain Unitrol Certain Unitrol Certain Unitrol Certain Unitrol Certain Units Office Certain Unitrol Certain Units Office Certa	Tag	Condition/Standard -	Measure -	Values -	Reference -	Source
Section Continue	V550	(5) Vascular access	Fistula	Preferred ^{4,5}	4=KDOQI Vascular Access	DFR
Sono or in small adultyholds gift Survey stylistical & mential functioning annually (NDOL) & survey simulating minually	V551		Graft	Acceptable if fistula not possible ^{4,5}	2006	Interview
Servey physical is metall functioning armusity (DPS) Conditions for Coverage Coverage Conditions for Coverage Conditions for Coverage Coverage Conditions for Co			Central Venous Catheter		5=Fistula First	CW
Second Company Seco	V552	(6) Psychosocial status	Survey physical & mental functioning annually	Achieve & sustain (case-mix adjusted) scores of average or	Conditions for Coverage	Chart
VS55 (8) Peatlitation status Productive activity dissinal by patient Productive clarity desired clarity clarity Productive c			KDQOL-36 survey annually or more often as needed	above, with no declines of >10 points.	CMS CPM 4/1/08; DOPPS	Interview
Second Productive activity desired by patient Productive activity desired by patient Productive activity desired by patient Productive activity desired second Productive activity desired second Productive activity desired Producti	V553	(7) Modality	Home dialysis referral	Candidacy or reason for non-referral	Conditions for Coverage	Chart
Pediatric formal education needs met Vocational & physical rehat perferans as indicated Vocational & physical rehat perferans as indicated Vocational & physical rehat perferans as indicated Vocational & physical rehat perferance improvement (QAPI): The dialysis facility must develop, implement, maintain, & evaluate an effective, data-driven QAPI program with participation by the professional members of the IDT. The program mark reflect the compactive of the remodels of the organization in several continuous manufacture. When the professional members of the IDT. The program mark reflect the compactive of the remodels of the organization of several continuous manufacture. When the professional members of the IDT. The program mark reflect the compactive of the under arrangement, and several continuous manufacture of the continuous manufa		-		-	_	Interview
Vocational & physical rehab referrals as indicated Disays soperance, reterral politors, self-care, COU_ Documentation of education in record Conditions for Coverage Records Conditions Coverage Records Conditions Coverage Con	V555	(8) Rehabilitation status		Achieve & sustain appropriate level, unspecified	Conditions for Coverage	Chart
1952 10 10 10 10 10 10 10 1						Interview
Infection prevention, rebabilitation After 10 Quality assessment & performance improvement (CAPF). The dialysis facility must develop, implement, maintain, & evaluate an effective, data-driven QAPF program with participation by the professional members of the IDT. The program must reflect the complexity of the organization & services (including those under arrangement), & must focus on indicators related to improved health outcomes & the prevention & reduction of members of the IDT. The program must reflect the complexity of the organization & services (including those under arrangement), & must focus on indicators related to improved health outcomes & the prevention & reduction of members. The dialysis facility must maintain & demonstrate evidence of its QAPF program including continuous monitoring for CMS review. Refer to your ESRD Networks goals for targets for agreement program including continuous monitoring for CMS review. Refer to your ESRD Networks goals for targets for agreement program including continuous monitoring for CMS review. Refer to your ESRD Networks goals for targets for agreement program including continuous monitoring for CMS review. Refer to your ESRD Networks goals for targets for agreement program including continuous monitoring for CMS review. Refer to your ESRD Networks goals for targets for agreement program with progr						
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members of the IDT. The program must reflect the complexity of the organization is services (including those under arrangement), & must focus on indicators related to improved health outcomes. V627 Health outcomes. V628 Health outcomes. V629 Health outcomes Physical & mental functioning Survey adult/pediatric patients KDOOL 35 survey annually or more often as needed to program including continuous monitoring for CMS review. Refer to your ESRD Network's goals for targets for aggregate patient outcomes. V629 Health outcomes: Patient hospitalization Sandedized morbality for a survey annually or more often as needed to program including continuous monitoring for CMS crew Refer to your ESRD Networks goals for targets for aggregate patient outcomes. V620 Health outcomes: Patient hospitalization Sandedized morbality for 10 for 3 servers): 0 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse than average. 10 is better than average. 10 is worse t						
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Achieve & sustain appropriate status Conditions for Coverage Records	memb	ers of the IDT. The program must reflect the complexity	y of the organization & services (including those under a	rrangement), & must focus on indicators related to improv	red health outcomes & the preven	ention &
Mode Health outcomes Physical & mental functioning Survey adult/pediatric patients KDOQL-3s survey annualty or more eften as needed No Completing survey CMS CPM 4/17/2008 Records Post Completing survey	reducti	ion of medical errors. The dialysis facility must maintain	n & demonstrate evidence of its QAPI program including	continuous monitoring for CMS review. Refer to your ESI	RD Network's goals for targets f	or
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Mealth outcomes: Patient hospitalization Standardized hospitalization ratio (1,0 is average, >1.0 is better than average) FR		, ,	KDQOL-36 survey annually or more often as needed		CMS CPM 4/1/2008	
Worse than average, < 1.0 is better than average, < 1.0 is worse than average. < 1.0 is worse than average, < 1.0 is worse than average. < 1.0 is with mean than average. < 1.0 is with mean than average. < 1.0 is with mean than average. < 1.0 is	V627	Health outcomes: Patient hospitalization	Standardized hospitalization ratio (1.0 is average, >1.0 is			DFR
Moderate		'	worse than average, <1.0 is better than average)			
Second	V627	Health outcomes: Patient survival	Standardized mortality ratio (1.0 is average, >1.0 is worse	↓ mortality	Conditions for Coverage	DFR
SidKIN ≥ 2.0 Move kit 2 or 4-6 timeskweek dialysis CMS CPM 4/1/2008, MIPPA Records			than average, <1.0 is better than average)		CMS CPM 4/1/08	
Work (i) PD adequacy (rolling average, each patient tested ≤4 months) PD: Adult ↑ % with weekly KtVv _{ses} ≥1.7 (dialysis+RKF) Conditions for Coverage CMS CPM 4/1/2008 Records CMS CPM 4/1/2008 Reco	V629	(i) HD adequacy (monthly)	HD: Adult (patient with ESRD ≥3 mo)	↑ % with spKt/V ≥1.2 or URR ≥65% if 3 times/week dialysis;		DFR
Months Facility set goals; refer to parameters listed in V509 % of patients within target range on albumin and other nutritional parameters set by the facility Conditions for Coverage nutritional parameters set by the facility Conditions for Coverage CMS CPM 4/17/2008 Records					CMS CPM 4/1/2008, MIPPA	Records
V630 (ii) Nutritional status	V629	(i) PD adequacy (rolling average, each patient tested ≤4	PD: Adult	↑ % with weekly Kt/V _{urea} ≥1.7 (dialysis+RKF)	Conditions for Coverage	DFR
V631 (iii) Mineral metabolism/renal bone disease Calcium, phosphorus, & PTH 1 % in target range on all measures monthly Conditions for Coverage CMS CPM 4/1/2008 Records CMS CPM 4/1/2008 Patients taking ESAs &/or patients not taking ESAs &/or patients taking ESAs &/or patients not taking ESAs &/or patients no					CMS CPM 4/1/2008	Records
V632 (iv) Anemia management Patients taking ESAs &/or patients not taking ESAs Mean hemoglobin (patient with ESRD ≥3 mo) 1 % with mean 10-12 g/dL Conditions for Coverage CMS CPM 4/1/2008 DFR Records	V630	(ii) Nutritional status		nutritional parameters set by the facility	Conditions for Coverage	Records
V632 (iv) Anemia management	V631	(iii) Mineral metabolism/renal bone disease	Calcium, phosphorus, & PTH	↑ % in target range on all measures monthly		
Patients taking ESAs &/or patients not taking ESAs Mean hemalocit Serum ferritin & transferrin saturation or CHr V633 (y) Vascular access (VA) Evaluation of VA problems, causes, solutions V634 (vi) Medical injuries & medical errors identification V635 (vii) Reuse V636 (viii) Patient satisfaction & grievances V637 (x) Infection control Analyze & document incidence for baselines & trends V637 (vascular access (VA) Evaluation of VA problems, causes, solutions Medical injuries & medical errors identification Medical injuries & medical errors reporting Evaluation of reuse program including evaluation & reporting of adverse outcomes Records CMS CPM 4/1/2008 PFR Records CMS CPM 4/1/2008 PR Records CMS CPM 4/1/2008 PFR Records Conditions for Coverage Prompt resolution of patient grievances CMS CPM 4/1/2008 PFR Records Prompt resolution of patient grievances CMS CPM 4/1/2008 Pr Records CMS CPM 4/1/2008 Pr Records Prompt resolution of patient grievances CMS CPM 4/1/2008 PR Records Prompt resolution of patient grievances CMS CPM 4/1/2008 PR Records Prompt resolution of patient grievances CMS CPM 4/1/2008 PR Records Pr Records CMS CPM 4/1/2008 PR Records Pr Records Pr Records CMS CPM 4/1/2008 PR Records Pr Records CMS CPM 4/1/2008 PR Records Pr Records CMS CPM 4/1/2008 PR Records Pr Records Pr Records Pr Records CMS CPM 4/1/2008 PR Records CMS CPM 4/1/2008 PR Records Records Records Pr Records						
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V633		Patients taking ESAs &/or patients not taking ESAs			CMS CPM 4/1/2008, MIPPA	Records
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Sources: *DFR*=Dialysis Facility Reports; *CW*=CROWNWeb; *Chart*=Patient Chart; *Records*=Facility Records; *Interview*=Patient/Staff Interview

Abbreviations: *BCG/BCP*=bromcresol green/purple *BMI*=Body mass index; *CAHPS*=Consumer Assessment of Healthcare Providers & Services; *CFU*=colony forming units; *CHr*=reticulocyte hemoglobin; *DOPPS*=Dialysis Outcomes & Practice Patterns

Study; *ESA*=erythropoiesis stimulating agent; *MIPPA*=Miedicare Improvements for Patients & Providers Act of 2008; *nPCR*=normalized protein catabolic rate; *RKF*=residual kidney function; *SD*=standard deviation; *spKtV*=single pool Kt/V