II. ENTRANCE CONFERENCE MATERIALS LIST /CLINICAL OUTCOMES TABLES

Guidance to surveyors: *Make a copy of pages 3-6 to give to the facility person in charge during "Introductions." You will be reviewing the patient-specific outcomes, and facility information submitted during "Entrance Conference." Attach the completed facility-submitted copy to this Tool.*

Facility: _____ **Date:** _____

Documents/items needed for the survey: Please return this form to the survey team leader after completion of facility current information requested.

Needed within 3 hours:

1. ☐ List of current patients by name, separated into modalities
2. ☐ List of facility key personnel: medical director, administrator, nurse manager, social worker, dietitian, chief technician, and home training nurse(s)
3. ☐ Current in-center hemodialysis patient listing by days & shifts with any isolation patients identified (seating chart or assignment sheet)
4. ☐ Patients admitted to this facility within the past 90 days and currently on census (do not include visiting patients)
5. ☐ Patients who have been designated as "unstable" for any month in the past 3 months
6. ☐ All patients involuntarily discharged (no transfer to another outpatient dialysis facility) from the facility in the past 12 months
7. ☐ All patients transferred or discharged from the facility as "lost to follow up" (i.e., no outpatient dialysis facility identified as patient's destination) for the past 12 months
8. ☐ Residents of long term care facilities receiving dialysis at the LTC facility and the name of the LTC where they are receiving dialysis
9. ☐ Hospitalization logs with admitting diagnoses listed for 6 months
10. ☐ Infection logs for past 6 months
11. ☐ Patient lab results for hemoglobin, Kt/V, URR, corrected calcium, phosphorus and albumin for the current 3 months; separated by modality

For Fiscal Year 2013 (10/01/12-9/30/13)
ESRD CORE SURVEY DATA TOOLS

Signature of person completing this form_____**Date:**_____
Needed within 3 hours: Please fill in the table below with your facility data based on your most current QAPI information. Provide the average for the number of months listed next to each measure. List additional patients' names on a separate sheet of paper, if needed.

Clinical Outcomes Table for Hemodialysis (Designate if patient is on Home Hemodialysis)

Measure	MAT Goal Unless Other Specified	% Met Goal or Other Specified	Names of Current Patients Who Did Not Meet Goal (or as listed) in ≥2 of Last 3 Mo
Adequacy (3 months) Single pool Kt/V Standardized Kt/V URR	 ≥1.2 for 3tx/wk ≥2.0 weekly for ≥4tx/wk ≥65%	 _____ _____ _____ _____	1._____ 2._____ 3._____ 4._____ 5._____ 6.
Anemia (3 months) Hemoglobin	Refer to MAT	<10 g/dL _____	HD Patients with Hgb <10 in ≥2 months 1._____ 2._____ 3._____ 4._____ 5.
Mineral & bone(3 mo) Calcium corrected for albumin Phosphorus	Normal for lab; preferred <10mg/dL 3.5-5.5 mg/dL	_____ _____	Patients w/ either goal not met in ≥2 mos 1._____ 2._____ 3._____ 4._____ 5.
Nutrition Albumin (3 mo)	≥4 g/dL for BCG; lab normal for BCP	_____	1._____ 2._____ 3._____ 4._____ 5.
Fluid management (3 mo) Intradialytic weight loss in treatment length ≤4 hours	Average intradialytic weight loss <5% body weight	_____	1._____ 2._____ 3._____ 4._____ 5.
Vascular access(VA) (12 mo) CVC's in use VA infection rate/100 patient months	 ↓ CVC rates ↓ VA infection rate	CVC in use % _____ _____	Patients with CVC only ≥90 days 1._____ 2._____ 3._____ 4._____ 5.
Hospital readmissions within 30 days (12 mo)	Minimize hospital readmissions	Readmission rate _____	HD patients readmitted to hospital within 30 days of discharge in past 3 months 1._____ 2._____ 3._____ 4.
Transplant waitlist for patients <70 years old (12 mo)	Interested patients are referred for transplant unless excluded by area transplant criteria	Transplant waitlist rate _____	Interested patients NOT referred for transplant 1._____ 2._____ 3._____ 4.

For Fiscal Year 2013 (10/01/12-9/30/13)
ESRD CORE SURVEY DATA TOOLS

Signature of person completing this form_____Date:_____

Peritoneal Dialysis Clinical Outcomes Table

Measure	MAT Goal Unless Other Specified	% Met Goal or Other Specified	Names of Current Patients Who Did Not Meet Goal as listed
Adequacy (6 mo) Kt/V	≥1.7 weekly	_____	Not met in last 6 months 1._____ 2._____ 3._____ 4._____
Anemia (3 mo) Hemoglobin	Refer to MAT	<10 g/dL _____	Patients w/Hgb <10g/dL for ≥2 months 1._____ 2._____ 3._____ 4._____
Mineral/bone (3 mo) Calcium corrected for albumin Phosphorus	WNL for lab; <10 mg/dL 3.5-5.5 mg/dL	_____ _____	Either value out of range for ≥2 months 1._____ 2._____ 3._____ 4._____
Nutrition (3 mo) Albumin	>4g/dL BCG; lab normal for BCP	_____	1._____ 2._____ 3._____ 4._____
PD infections Peritonitis rate/100 patient months (12 mo)	Minimize peritonitis episodes <3.0/100 patient months	Peritonitis infection rate _____	Current Patients with peritonitis in past 6 months 1._____ 2._____ 3._____ 4._____
Hospital readmissions within 30 days (12 mo)	Minimize hospital readmissions	Readmission rate _____	Current PD patients readmitted to hospital within 30 days of discharge in past 3 months 1._____ 2._____ 3._____ 4._____
Transplant waitlist For patients <70 years old (12 mo)	Interested patients referred for transplant unless excluded by area transplant exclusion criteria	Transplant waitlist rate _____	Interested current patients NOT referred for transplant 1._____ 2._____ 3._____ 4._____

Materials needed by the end of Day 1 of survey:

12. ☐ Vaccination information:
    - # of patients administered complete series of hepatitis B vaccine _____
    - # of patients administered influenza vaccine between September 1 and March 31 _____
    - # of patients administered pneumococcal vaccine _____

13. ☐ Patient care staff schedule for the current time period (last two weeks)

14. ☐ Policy and procedure manuals for patient care, water treatment, dialysate preparation and delivery, infection control, and dialyzer reprocessing/reuse, if applicable
    - Anemia management protocol

15. ☐ Patient suggestion/complaint/grievance log for past 6 months

16. ☐ Adverse occurrence (e.g., clinical variances, medical errors, unusual events) documentation for the past 6 months

17. ☐ QAPI committee meeting minutes for past 6 months and any supporting materials

18. ☐ Copy of CMS-approved waivers for medical director, isolation room, as applicable

19. ☐ For Water and Dialysate Review: logs for:
    - Daily water system monitoring-3 months
    - Chlorine/chloramines testing-3 months
    - Bacterial cultures and endotoxin results-water and dialysate-12 months
    - Chemical analysis of product water-12 months
    - Staff practice audits for water testing, dialysate mixing & testing and microbiological sampling-12 months

20. ☐ For Equipment Maintenance Review: 12 months documentation of preventative maintenance and repair

21. ☐ For Dialyzer Reprocessing Review, if applicable, logs for:
    - Bacterial cultures and endotoxin results from reuse room sites-12 months
    - Preventative maintenance and repair of reprocessing equipment-12 months
    - Reuse QA audits-12 months

Materials needed by noon on Day 2 of survey

22. ☐ Completed "Personnel File Review" Worksheet

23. ☐ Completed "CMS 3427-End Stage Renal Disease Application and Survey and Certification Report"

ESRD SURVEY WORKSHEET: PERSONNEL FILE REVIEW

Facility: **Date:**

ID #	Name/Position *Full-Time (FT)* *Part-time (PT)* *Agency (A)*	Hire Date/ Orientation	License/ Cert Expiration Date	CPR Expiration Date	TB Evaluation Date	Hepatitis Vaccine or Decline	Competencies Documented	Emergency Procedures, Infection Control Training	**Water, Dialysate, Machine, Reuse Training

****Must pass color blindness testing if using colormetric testing methods**

ESRD SURVEY WORKSHEET: PERSONNEL FILE REVIEW

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