

INDICATOR	Met	Not Met	Comments
MEDICAL RECORD REVIEW			
All documentation is complete per policy. (date/time, signatures, etc.)			
History and Physical present on chart and completed within required timeframe.			
Clinical Nutrition consult assessment completed per policy.			
Social Work consult assessment completed per policy.			
Patient Hepatitis B status is documented.			
Patient identified with two identifiers.			
Consent for Dialysis is properly executed and on chart.			
Pre-procedure access port assessment completed.			
Hepatitis status is recorded.			
Training for patients is provided per policy. <ul style="list-style-type: none"> • Infection control • Emergency disconnect 			
Patients are informed of their rights and responsibilities.			
Review dialysis prescription/medication orders and dialysis treatment record): <ul style="list-style-type: none"> • The patient's current dialysis prescription and medication orders align to the documentation of the dialysis treatments delivered. • Machine safety checks are documented. • Any treatments & medications delivered as ordered • Blood pressure/fluid management and patient monitoring documented per policy. 			
Review the patient's trend in Treatment Plan outcomes in the specific data-driven focus area. <ul style="list-style-type: none"> • Look at the physician's orders, interdisciplinary progress notes, patient care plans, and other applicable medical record components to assess the facility's actions. Expect to see that one or more IDT members were monitoring the patient's outcome in that area, recognized that the patient was not attaining their goal or had a problem in that area, and responded with 			

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<p>meaningful interventions aimed at improvement/resolution.</p> <ul style="list-style-type: none"> When the interventions were unsuccessful, the IDT continued to attain improvement by changing strategies with alternate interventions. 			
<p>Patients with Hgb <10 g/dL:</p> <ul style="list-style-type: none"> Look for evaluation of the patient for: treatable causes of the anemia, e.g., infection, inflammation, GI blood loss; iron studies such as ferritin, transferrin saturation; symptoms of anemia; erythropoiesis stimulating agent (ESA) prescribed or increased; avoidance of transfusion 			
<p>Patients with >13mL/kg/hr average ultrafiltration rate (UFR) for intradialytic fluid removal:</p> <ul style="list-style-type: none"> Look for evaluation and interventions into causes of fluid gains between treatments, and interventions to mitigate the effects of rapid fluid removal during dialysis (e.g. BP drops, cramping, loss of consciousness). Expect to see IDT recognition of the potential risks to the patient posed by both failure to control fluid gain between treatments and consistent rapid fluid removal (>13mL/kg/hour UFR average in any treatment length), and interventions to minimize those risks. 			
<p>Patients sampled as "Unstable":</p> <ul style="list-style-type: none"> Review the IDT documentation in progress notes, physician's orders, assessments, results of physical and mental functioning surveys, plans of care, etc. pertaining to the two most recent patient assessment and plan of care periods. Expect to see that an assessment of the patient was conducted and the clinical and psychosocial issues that contributed to the patient's instability were addressed through revised plan of care interventions. There should be evidence of a functional IDT process, including substantive contributions 			

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from and communication among all required IDT members.			
Patients sampled as newly admitted (<90 days): <ul style="list-style-type: none"> Review the admission orders, labs and progress notes. Look at the process for assuring the new patient was appropriately evaluated on admission, prior to the first dialysis treatment, and during his/her first weeks receiving care at the facility. Expect to see that the patient had written orders by a physician or non-physician practitioner (if allowed by state law) and was evaluated by an RN prior to their first dialysis treatment at the facility. The patient must be evaluated for hepatitis B and tuberculosis and offered hepatitis B vaccination and pneumococcal vaccination, if indicated. The facility staff should have evaluated and addressed the issues related to the patient's labs, fluid management, dialysis-related problems, as well as other clinical, nutritional, and psychosocial needs. For home dialysis patients and their partners, their training and home dialysis environmental needs must be evaluated and addressed. 			