

The Florida ESRD Network (Network 7)

Clinical Performance Guidelines and Standards of Care for Florida Dialysis Facilities

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TABLE OF REVISIONS

The contents of this plan are subject to change without prior notice. Should revisions become necessary, written updates will be distributed to Network Staff for inclusion in the plan. The Quality Improvement Director is responsible for updating the Clinical Performance Guidelines and Standards of Care, however all staff is responsible for updating and knowing the actions/activities within their areas of responsibility, keeping them current, and being familiar with their content. The Network Executive Director shall ensure that all staff members are updated and current on the Clinical Performance Guidelines and Standards of Care.

When inserting revisions to this plan, the person revising the document shall complete the table below.

Revision #	Date	Section, Page(s)	Change	Revised By
1.0	January 1993	Initial Publication		The ESRD Network of Florida
2.0	May 2004	Updated document		FMQAI: The Florida ESRD Network
3.0	August 2011	Updated document		Network 7 staff, MRB
4.0	February 2015	Revised Overall	Updated standards and clinical guidelines	Network 7 QI Staff, DAD, MRB
5.0	May 2016	Standards	Updated to add Infection Control and Experience of Care.	Network 7 QI Staff and the MRB

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CLINICAL PERFORMANCE GUIDELINES

OVERVIEW

A primary goal of Network 7 is to improve the quality of healthcare services provided to End Stage Renal Disease (ESRD) patients. The Network's Medical Review Board (MRB) has adopted the following revised Network Clinical Performance Guidelines on June 15, 2016 to align with KDOQI guidelines, ESRD Conditions for Coverage Measures Assessment Tool (MAT 2.4), and the ESRD Quality Incentive Program (QIP) measures.

Objectives for these clinical guidelines are to provide guidance for dialysis providers to strive to attain the following clinical outcomes for their adult (≥ 18 years old) patient population on chronic dialysis.

The Condition for Patient Plan of Care (V540) reviews individual patient outcome data and addresses the goals and plans set for individual patients. When a specific target is not met, the plan of care, revised after each patient assessment, should either be adjusted to achieve the target or provide an explanation in areas where the targets are not able to be achieved.

GUIDELINES

1. HEMODIALYSIS ADEQUACY

Each provider should strive to attain and subsequently maintain:

- Hemodialysis patient population achieving a spKt/V levels of ≥ 1.2

2. PERITONEAL DIALYSIS ADEQUACY

Each provider should strive to attain and subsequently maintain:

- Peritoneal dialysis patient population achieving a weekly Kt/V urea of 1.7 (dialytic + residual) during a four-month period

3. ANEMIA MANAGEMENT

Each provider should strive to attain and subsequently maintain:

- Dialysis patient population (on dialysis for ≥ 90 days), on erythropoiesis stimulating agent (ESA), achieving Hgb levels less than 12 gm/dl
- Dialysis patient population achieving T-Sat levels of ≥ 25

4. NUTRITION MANAGEMENT

Each provider should strive to attain and subsequently maintain:

- Hemodialysis patient population achieving serum albumin (ALB) level of ≥ 3.5 gm/dL (BCG) with the optimal goal of ≥ 4.0 gm/dL (BCG).

5. MINERAL METABOLISM

Each provider should strive to attain and subsequently maintain:

- Dialysis patient population achieving serum phosphorous levels between 3.5 and 5.5 mg/dl
- Dialysis patient population achieving uncorrected calcium levels of < 10.2 mg/dl

6. VASCULAR ACCESS MANAGEMENT

Each provider should strive to attain and subsequently maintain:

- Facility Long-Term Catheter (≥ 90 days) rate of less than 10%
- Facility arteriovenous fistula rate of $\geq 68\%$

STANDARDS OF CARE

OVERVIEW

The Network 7 MRB adopted the revised Standards of Care on February 17, 2015. The Standards of Care were developed from the long standing Network 7 “Criteria and Standards” document, and revised to address the appropriate delivery of care and facility requirements.

These standards include quality statements that describe the care patients should be offered and define facility requirements to assist all Medicare-Certified ESRD Programs in providing a high quality of treatment to their patients.

STANDARDS

1. APPROPRIATENESS OF INITIATION OF ESRD CARE

For all patients entering a maintenance dialysis program, the medical record shall indicate that the patient has been evaluated by a physician on staff of a Medicare-approved dialysis facility. Such evaluation shall include, but is not limited to, documentation of:

- Diagnosis (primary cause of renal failure using ICD code terminology; uremia, ESRD or CRF alone are not acceptable);
- Permanence or irreversibility of renal failure: This is defined as, "that stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life." The Network recognizes the rare occurrence of recovery of renal function in this situation, and considers that such patients fit the Medicare definition of ESRD;
- Age, sex, weight, and height;
- In absence of laboratory values congruent with ESRD, the provider must maintain sufficient documentation within the medical record to justify the initiation of dialysis.
 - **Non-diabetic patients – one of following:**
 - ✓ MDRD GFR (glomerular filtration rate) < 10 ml/min
 - ✓ Estimated GFR:
 - 24-hour urine for urea clearance + creatinine clearance/2 \leq 10 ml/min
 - 24-hour urine creatinine clearance < 10 ml/min.
 - Uremic Symptoms
 - **Diabetic patients – one of following:**
 - ✓ MDRD GFR < 15 ml/min
 - ✓ Estimated GFR:
 - 24-hour urine for urea clearance + creatinine clearance/2 \leq 15 ml/min
 - 24-hour urine creatinine clearance < 15 ml/min
 - Uremic Symptoms

Special Note: Regular assessment of the ongoing need for continued dialysis should be maintained throughout the course of the renal replacement treatment.

STANDARDS

2. INFECTION CONTROL

The facility should have policies and procedures related to the prevention and management of healthcare-associated infections (HAIs). Policies should include the training of staff and education of patients regarding prevention measures, as well as the identification and treatment of infections at the facility. The Network also recommends the utilization of CDC infection prevention training, tools, and resources.

3. VACCINATION SCREENING FOR PATIENTS

The ESRD facility shall have a written policy under which the currently recommended vaccines and local sources are presented to all eligible patients. The recommended vaccinations for people on dialysis include, but are not limited to:

- Hepatitis B
- Pneumococcal pneumonia vaccine
- Influenza
- Pediatric vaccinations

The ESRD facility shall document acceptance/refusal and administration of immunizations in the patient medical record and CMS-Designated Data Collection Systems (CROWNWeb). The ESRD facility shall maintain a Hepatitis Surveillance Log for all patients.

4. VOCATIONAL REHABILITATION (VR)

All ESRD patients between 18 and 54 years of age, receiving a regular course of renal replacement therapy or receiving a transplant, shall be evaluated annually for VR referral, which shall be documented in the patient's medical record.

Each provider shall identify and make available to patients the VR resources obtainable in the area, including work incentive programs and long-term benefits of continued employment/going back to school.

5. PATIENT GRIEVANCES

In an effort to ensure that patients are aware of their right to file a grievance, the provider shall:

- Document that patients have been informed of their rights and responsibilities, including the right to file a grievance (internally, or externally to Network 7) and,
- Post a copy of Network 7's contact information in a prominent location in the unit.

STANDARDS

6. PATIENT EXPERIENCE OF CARE

- The provider shall encourage patients to complete the In-Center Hemodialysis Consumer Assessment of Healthcare Providers Survey (ICH CAHPS).
- ICH CAHPS results shall be analyzed at the facility level and action plans developed and implemented with a focus on improving the patient experience of care. Providers are encouraged to obtain patient feedback in the development of action plans and ensure ICH CAHPS results and action plans are shared with patients and monitored through the facility QAPI process.

7. SAFE AND EFFECTIVE DIALYSIS TREATMENT

Intradialytic Monitoring:

- Whenever applicable, the unit shall conduct pre- and post-assessments of each patient, to include standing and sitting blood pressure, temperature, weight, and pulse.
- Assessment and monitoring shall be performed and documented on the treatment record of a patient's condition at least every 30 minutes. The following minimum criteria should be included:
 - Patient's blood pressure and pulse
 - Inspection of the vascular access to note blood loss or leakage
 - Arterial and venous pressures, and blood flow rate

8. THE PROVISION OF NUTRITIONAL SERVICES IN ESRD

The renal dietitian will be qualified to provide the level of expertise required to deal with the nutritional complications of renal disease in the outpatient dialysis setting.

The renal dietitian has at least one year's renal experience or has trained for at least 120 hours with supervision by an experienced renal dietitian who has worked in renal dietetics for at least 1 year. This shall be achieved within six months of employment.

STANDARDS

9. THE PROVISION OF SOCIAL WORK SERVICES IN ESRD

The ESRD patient will have assistance offered to develop coping and disease management skills necessary to adjust to his/her chronic illness. Social services will be available to all patients on a weekly basis.

The social worker will serve as a patient advocate and will facilitate communications between patients and facility administration/staff.

Social workers practicing in a dialysis unit in the state of Florida must be licensed at the level of an LCSW. If a social worker is license eligible, they may still practice, but must be registered as an intern, and be under the clinical supervision of a qualified LCSW supervisor in a structured and consultative relationship. Supporting documentation regarding this supervision must be available for review.

10. PHYSICAL ENVIRONMENT

The facility shall meet the federal, state, local, and Network conditions and standards set forth for physical environment, including at least those conditions for physical structure of the individual patient care area, defined as:

The space containing the dialysis machine and the patient chair, shall have a seven feet linear separation between individual patient care areas, as measured from the center of the area occupied by the dialysis machine and chair, to the center of the adjacent area containing a machine and chair, to allow access for privacy, and emergency care and treatment. Sufficient space should exist between patient stations to allow for patient access and thorough cleaning of the dialysis machines.

11. OPEN STAFFING PRIVILEGES

The facility shall have a written policy which assures open staffing privileges to the area's qualified ESRD physicians, physician's extenders, and nurse practitioners.

12. ACCESS TO TREATMENT

All Medicare-certified ESRD providers shall provide access to treatment for patients regardless of their race, color, religion, national origin, age, sex, familial status, sexual orientation, gender identity, disability, or veteran status per Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

STANDARDS

13. FOOD AND DRINK IN THE DIALYSIS UNIT

Patients shall be allowed to have food and drink during dialysis unless it is medically contraindicated. Medical contraindication is determined by the treating nephrologist, medical director, and/or governing body of the facility.

14. DATA SUBMISSION COMPLIANCE

All Medicare-certified ESRD providers shall strive to attain and maintain 100% compliance for data reporting to CROWNWeb, the National Healthcare Safety Network (NHSN), and/or other CMS-designated data collection systems.

15. EMERGENCY PREPAREDNESS

All Medicare-certified ESRD providers shall have written policies and procedures that specifically define the handling of emergencies which may threaten the health and safety of patients. Such emergencies would exist during a fire or natural disaster or during functional failures in equipment. Specific emergency preparedness procedures exist for different kinds of emergencies. At a minimum, the provider shall:

- Review and test the emergency preparedness plan at least annually and revise as necessary
- Ensure all personnel are knowledgeable and trained in their respective roles in emergency situations
- Ensure the availability of emergency medications, medical supplies, and equipment
- Ensure that staff are familiar with the use of all dialysis equipment and procedures to handle medical emergencies
- Ensure that patients are trained to handle medical and non-medical emergencies; patients must be fully informed regarding what to do, where to go, and who to contact if a medical or non-medical emergency occurs