

Massachusetts ESRD Surveys 1/1/2009 through 6/30/2010

Completed 43 ESRD surveys
Two were initial certifications

Patient Assessment (V501) and Patient Plan of Care (V540)

- Are inter-related
- Address patient assessment and care delivery requirements in “care areas” associated with complications of ESRD such as anemia, osteodystrophy.
- Assessment and care is planned and delivered through an Interdisciplinary team process.

The Interdisciplinary Team

- Includes at a minimum:
- The patient or their designee (if the patient chooses)
- A registered nurse with knowledge of the patient
- A physician treating the patient for ESRD
- A social worker
- A dietitian

INTERDISCIPLINARY CARE VERSUS MULTIDISCIPLINARY CARE

What is the difference?

- Interdisciplinary
 - Work collaboratively
 - Communication is by regular discussions about patient status and the evolving POC.
 - Should be evidence of team discussions during assessments such as rounds, team meetings, telephone communications and plan of care meeting.
- Multidisciplinary
 - Work sequentially
 - Medical record is the chief means of communication.

Frequency of Citations Under Condition of Patient Assessment

- V501 The IDT must provide a comprehensive assessment and individualized assessment of the patient's needs. The assessment must be used to develop the patient's treatment plan and expectations for care.
- Cited 13 times out of 43 surveys in Massachusetts.
- Mostly related to non participation of the physician treating the patient for ESRD or the patient not given the opportunity to participate in CA, as well as other required members of the IDT not participating in the assessment.
- Or assessment not done in a interdisciplinary manner.

Strategy for Compliance with V501

- The patient has the right to refuse to participate in any part of the assessment. Be sure to document the refusal in the clinical record.
- If the Medical Director is not the physician treating the patient for ESRD, he may not complete the CA.
- APRN/PA may only complete parts of CA such as H and P, limited by state practice laws and facility policy. This cannot be delegated by the physician.

Compliance with V516

- Compliance with V516
Initial comprehensive assessment must be completed on all new patients within the latter of 30 calendar days or 13 HD sessions beginning with the first dialysis treatment.

Cited in Massachusetts in 11 of 43.

- Applies to all new patients (new admissions) regardless of treatment modality.

Citations related to lateness of assessment.

Strategies for Compliance with V516

- Have a care planning schedule and make your Patient's a part of it!
- Although IDT refers to collaboration amongst the team, the team can meet via telephone to discuss the ongoing assessment before the care plan meeting.
- Document all telephone discussions about the assessment between team members.

Frequency of Citation for V520 Monthly Assessment of Unstable Patients

- Minimum criteria include but not limited to: extended or frequent hospitalizations, marked decline in health, significant change in psychosocial health needs or concurrent poor nutritional status, unmanaged anemia and inadequate dialysis.
- Cited in 9 of 43 surveys.
- Not following criteria or own policies.
- Missing psychosocial changes, not addressing frequent hospitalizations.

Strategies for Compliance with V520

- Be sure to complete the KDQOL-36 as required to assess declines in psychosocial functioning.
- Keep a hospitalization list with number of days admitted and review it at team meetings!
- Remember, communication with the IDT about unstable status is relevant! Document! The IDT makes the determination of unstable status and determines when the patient is stable. Must document this determination in the clinical record!
- More patients are unstable than you think!

V541 PATIENT PLAN OF CARE

- The IDT must develop and implement a written, individualized, comprehensive POC, that specifies the services necessary to address the patient's needs, as identified in the CA and changes in the patient's condition.
- Must include measurable and expected outcomes and estimated timetables to achieve these outcomes.
- These outcomes, specified in the patient POC must be consistent with current evidence based professionally accepted clinical practice standards

Continuation V541

- V541 cited 19 times in 43 surveys.
- Cited most frequently for lack of timelines, interventions, expected outcomes. Also cited for failure to develop care plans for problems identified in CA, i.e., fall risk, risk of hypoglycemia during dialysis.
- Cited for failure to include the patient in the development of the plan.

Strategies for Compliance with V541

- USE THE MAT (measure assessment tool) during care planning conferences.
- Remember the patient (or his designee) is a member of the IDT. The record should show that the patient was given the opportunity to participate in the development of the POC.
- Any member of the IDT, including the patient, may participate telephonically, in the POC meeting. Document attendance and modality and patient choice!

Strategies for V541 continued

- Timelines for meeting specific targets should be based on setting REASONABLE targets. Acute issues should have shorter timelines.
- Timelines must be specific. Not “ongoing” for identified unmet goals. Set date, i.e., “hemoglobin will be 11-12 by 9/30/2010.”
- The APRN/PA may participate in the development of the POC but may not replace physician involvement.

Helpful websites for Reference

- www.cms.gov/GuidanceforLawsandRegulations/05Dialysis.asp
- Click FAQs
- In packet, list of helpful websites
 - Standards/professional organizations
 - Patient organizations
 - Education/news
 - Assessment, surveys and services
 - Centers for Medicare and Medicaid Services

Summary

- The Conditions for Coverage for ESRD Patient Assessment and Plan of Care place high expectations on facilities for:
- Interdisciplinary approach for continually assessing individual patient care needs and for planning and implementing the care
- Outcome goals that meet current professionally accepted clinical practice standards.
- Congratulations! You are doing a great job!