

PERSONNEL FILE REVIEW

Facility:

Date:

ID #	Name/Position	Hire Date/Orientation	License/Cert Expiration Date	CPR Expiration Date	TB Evaluation Date	Hepatitis Vaccine or Decline	Competencies Documented	Emergency Procedures Training	Infection Control Training
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DIVISION OF CERTIFICATION AND SURVEILLANCE
PROCEDURE FOR REPORT INVOLUNTARY DISCHARGE AND
TRANSFERS FROM ESRD FACILITES

Discussion

CMS requires that ESRD facilities report involuntary discharges and transfers to both the ESRD Network and the surveying State Agency. In New York State, the ESRD Network is IPRO and the surveying State Agency is the New York State Department of Health.

A “Dear Administrator” Letter has been issued to ESRD facilities dated XX/XX/XXXX (copy attached), reiterating this requirement and providing the process for reporting to the New York State Department of Health

Reporting Process

When ESRD facilities initiate an involuntary discharge from their facility, irrespective of the reason for the discharge, the facility will provide written notification to the New York State Department of Health, advising of the name of the patient, dates the patient has been serviced by the facility, and expected discharge date.

The written notification is to be directed to:

Complaint Intake Unit
Division of Certification and Surveillance
NEW YORK STATE DEPARTMENT OF HEALTH
Hedley Building, Suite 303
433 River Street
Troy, New York 12180
Fax: 518 402-1010

The notification is to be filed with the New York State Department of Health thirty (30) days prior to the date of discharge.

If the involuntary discharge or transfer is due to “immediate threats to health and safety of others,” the ESRD network and surveying State Agency are to be notified immediately. In these situations, the facility is to contact the Complaint Intake Unit by telephone at 1-800-804-5447 to provide verbal notification, with a follow-up written notification..

Processing by the New York State Department of Health

1. The report will be received by the Complaint Intake Unit and entered into the ACTS system as a state incident, with a priority of (E) Non-IJ Admin Review/Off-site Investigation. An electronic notification will be submitted to the affected regional Hospital Program Director and the ESRD Coordinator for the Division of Certification and Surveillance.

2. The assigned regional office surveyor and the ESRD Coordinator for the Division of Certification and Surveillance will discuss the case with the ESRD Network and determine action, if any, to be pursued.

NOTE: Notifications of involuntary discharge or transfer due to “immediate threats to health and safety of others” are to be addressed by Department staff within 24 hours (working hours) of receipt.

3. If State Agency action is required, the activities will be recorded and processed to completion in the ACTs record. If no action is required, the record priority will be updated to “(H) No Action Necessary and the record closed. In either case, a report of discussions and/or activities will be posted in the record’s “Investigative Report” section.

DRAFT

Hepatitis B Core Antibody Positive Follow-up

Addressed by CDC Dr. Priti Patel

This is addressed on p.28 of our MMWR (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm>)

If a patient is anti-HBc IgG positive and anti-HBc IgM negative (and anti-HBs and HBsAg are also negative), repeat anti-HBc testing. If patient remains anti-HBc IgG positive and anti-HBc IgM negative, follow vaccination recommendations (see excerpt below)

No isolation is warranted since HBsAg is negative. Additional details are in the MMWR.

Isolated Anti-HBc--Positive Patients. Patients who test positive for isolated anti-HBc (i.e., those who are anti-HBc positive, HBsAg negative, and anti-HBs negative) should be retested on a separate serum sample for total anti-HBc, and if positive, for IgM anti-HBc. The following guidelines should be used for interpretation and follow-up:

- If total anti-HBc is negative, consider patient susceptible, and follow recommendations for vaccination.
 - If total anti-HBc is positive and IgM anti-HBc is negative, follow recommendations for vaccination.
 - If anti-HBs is <10 mIU/mL even after revaccination, test for HBV DNA..
 - If HBV DNA is negative, consider patient susceptible (i.e., the anti-HBc result is a false positive), and test monthly for HBsAg.
 - If HBV DNA is positive, consider patient as having past infection or "low-level" chronic infection (i.e., the anti-HBc result is a true positive); no further testing is necessary.
 - Isolation is not necessary because HBsAg is not detectable.
 - If both total and IgM anti-HBc are positive, consider patient recently infected and test for anti-HBs in 4--6 months; no further routine testing is necessary.
 - Isolation is not necessary because HBsAg is not detectable.
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- If total anti-HBc is negative, consider patient susceptible, and follow recommendations for vaccination.
 - If total anti-HBc is positive and IgM anti-HBc is negative, follow recommendations for vaccination.
 - If anti-HBs is <10 mIU/mL even after revaccination, test for HBV DNA..
 - If HBV DNA is negative, consider patient susceptible (i.e., the anti-HBc result is a false positive), and test monthly for HBsAg.

- If HBV DNA is positive, consider patient as having past infection or "low-level" chronic infection (i.e., the anti-HBc result is a true positive); no further testing is necessary.
- Isolation is not necessary because HBsAg is not detectable.
- If both total and IgM anti-HBc are positive, consider patient recently infected and test for anti-HBs in 4--6 months; no further routine testing is necessary.
- Isolation is not necessary because HBsAg is not detectable.

Helpful Web Sites for ESRD Surveyors

Organization	Address
ESRD Mailbox - questions from surveyors and the community	ESRDSurvey@cms.hhs.gov
DATA	
Dialysis Facility Compare (DFC) - database of dialysis facilities' services, outcomes	www.medicare.gov/dialysis
Dialysis Facility Reports (DFR), State/Regional Profiles & Outcomes Lists – produced by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) under contract to the Centers for Medicare & Medicaid Services. No password is required to access: <ul style="list-style-type: none"> • List of Master Account Holders (under “FAQs”) • Samples of <i>Dialysis Facility Reports; State/Region Profiles</i> (under “Methodology”) • Guides to <i>Dialysis Facility Reports, State/Region Profiles</i> (under “Methodology”) A password is required to access actual data in the following: <ul style="list-style-type: none"> • <i>Dialysis Facility Report</i> • <i>Outcomes List</i> • <i>State/Region Profiles</i> To access sections of the www.dialysisreport.org Web site that require a password: <ol style="list-style-type: none"> 1. Click on “Secure Log-in.” 2. Enter your username (work email address). 3. Enter the password you created at first login. <ul style="list-style-type: none"> • Forgot your password? Click on “Forget your Password?” and a new one will be emailed to you. • Don't have a password? Contact the Master Account Holder for your State/Region to create a password for you if you are an “authorized user.” 	www.dialysisreports.org FAQs, includes link to Master Account Holder list: www.dialysisreports.org/FAQ.aspx or click the link to FAQs at the top of the page General questions about Dialysis Facility Reports, comments, or to notify that Master Account Holder is no longer employed: University of Michigan Kidney Epidemiology and Cost Center Email: keccdf@umich.edu 734-998-9823 Questions about Profiles: Email: keccprofiles@umich.edu 734-998-9823 Technical questions about Web site: Arbor Research Collaborative for Health Email: ESRDWeb@ArborResearch.org
Providing Data Quickly (PDQ) - data on ESRD surveys *password required*	https://pdq.cms.hhs.gov/index.jsp
United States Renal Data System - data on chronic kidney disease, dialysis, transplant in text and tables; RenDER allows user queries for common data	www.usrds.org
ESRD Network Coordinating Center <ul style="list-style-type: none"> • Buttons to About Us, For Networks, For Patients, For Providers, Resources • Map and links to ESRD Network Web site 	www.esrdncc.org
STAR	
STAR Project Collaboration Site *password required* Alpine Technology Group maintains the Star Collaboration Site and provides a way for STAR surveyors to find and share information about the program and their survey experiences. Here you can ask questions, share information with other surveyors and access documents such as user manuals, training materials and Job Aids.	www.alpinetg.com/star Questions? Check Job Aids and User Guide Call STAR Help Desk 888-477-7876 (6 a.m. to 6 p.m. Mountain Time)
CENTERS FOR MEDICARE & MEDICAID SERVICES	
CMS Clinical Performance Measures	www.cms.hhs.gov/cpmproject/
CMS ESRD Center	www.cms.hhs.gov/center/esrd.asp
CMS ESRD Facility Providers Certification & Compliance	http://www.cms.hhs.gov/CertificationandCompliance/05_DialysisProviders.asp
CMS ESRD Program Interpretive Guidance Version 1.1	http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCletter09-01.pdf
CMS ESRD Related Central Office Staff	www.cms.hhs.gov/ESRDNetworkOrganizations/Downloads/centralofficecontacts.pdf
CMS S&C Guidance to Laws & Regulations	www.cms.hhs.gov/GuidanceforLawsAndRegulations
CMS Manuals – list includes SOM, Medicare reimbursement, other policies	www.cms.hhs.gov/Manuals/IOM/list.asp
CMS ESRD & Clinical Labs Open Door Forum - info & link to sign up for mailing list	www.cms.hhs.gov/OpenDoorForums/15_ODF_ESRD.asp
CMS Policy & Memos to States & Regions - search for word “ESRD”	www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp

Helpful Web Sites for ESRD Surveyors

Organization	Address
STANDARDS/PROFESSIONAL ORGANIZATIONS	
American Kidney Fund	www.kidneyfund.org
American Nephrology Nurses' Association	www.annanurse.org
Association for the Advancement of Medical Instrumentation - dialysis publications	www.aami.org/publications/standards/dialysis.html
Association of Social Work Boards – social work licensing requirements by state	www.aswb.org
Centers for Disease Control & Prevention	www.cdc.gov
Commission on Dietetic Registration - database of registered dietitians	www.cdrnet.org
Fistula First	www.fistulafirst.org
Food & Drug Administration	www.fda.gov
KDOQI Guidelines (National Kidney Foundation)	www.kdoqi.org
Keeping Kidney Patients Safe	www.kidneypatientsafety.org
National Association of Nephrology Technicians/Technologists	www.dialysistech.net
National Fire Protection Association (Life Safety Code)	www.nfpa.org
National Kidney Foundation	www.kidney.org
National Renal Administrators Association	www.nraa.org
Renal Physicians Association	www.renalmd.org
PATIENT ORGANIZATIONS	
American Association of Kidney Patients	www.aakp.org
Dialysis Patient Citizens	www.patientcitizens.org
NKF Patient & Family Council	www.kidney.org/patients/pfc
Renal Support Network	www.rsnhope.org
EDUCATION/NEWS	
Decreasing Dialysis Patient/Provider Conflict - report and toolkit of materials	www.esrdncc.org/index/decreasing-dialysis-patient-provider-conflict
Home Dialysis Central - education, facility database, message boards	www.homedialysis.org
Kidney Community Emergency Response Coalition	www.kcercoalition.com
Kidney End-of-Life Coalition - patient and professional resources, presentations	www.kidneyeol.org
Kidney School - 16 topics of interactive education and PDFs	www.kidneyschool.org
Life Options - education on living with kidney disease, message boards	www.lifeoptions.org
Medical Education Institute - <i>Core Curriculum for the Dialysis Technician</i> and more	www.meiresearch.org
Medscape Nephrology - news about kidney disease (free registration to read articles)	www.medscape.com/nephrology
<i>Nephrology News & Issues</i> - online magazine	www.nephronline.com
PubMed - database of research abstracts, articles	www.pubmed.gov
RenalWEB - news, research, and more	www.renalweb.com
S&C Emergency Preparedness for Every Emergency - State Survey Agency/provider	www.cms.hhs.gov/SurveyCertEmergPrep
ASSESSMENTS, SURVEYS & SERVICES	
ANNA/NKF Comprehensive Interdisciplinary Patient Assessment Tool	www.kidney.org/professionals/pdf/ANNA_form3.pdf (fillable form or print)
CAHPS In-Center Hemodialysis Survey & Reporting Kit - patient experience of care	www.cahps.ahrq.gov/cahpskit/ICH/ICHchooseQX.asp
Dialysis Patient Satisfaction Survey - English/Spanish surveys (HD & PD)	www.rand.org/health/surveys_tools/dpss/index.html
Dialysis Survey - experience of care/satisfaction ((HD & PD) - Appendix, page 5	http://cjasn.asnjournals.org/cgi/reprint/1/6/1191 (click "manual download")
KDQOL COMPLETE - subscription service to score & interpret, patient report & facility report of aggregate scores on KDQOL-36 survey of physical & mental functioning	www.kdqol-complete.org
Kidney Disease Quality of Life Working Group Website - print survey, Excel scoring template, multiple translations of KDQOL-36 survey of physical & mental functioning	www.qim.med.ucla.edu/kdqol
Method to Assess Treatment Choices for Home Dialysis - MATCH-D tool	www.homedialysis.org/match-d

DNR (Do Not Resuscitate)

Question:

Can a hospital or non-hospital DNR order be honored in a freestanding dialysis unit?

Answer:

Article 29-B of the Public Health Law lays out the framework for DNR orders. Sections 2962 specifically recognize DNR orders for patients admitted to a general hospital or residential health care facility. Under Section 2977, the law provides for a non-hospital DNR order and requires certain health care providers to honor such an order. The law does not, however, specifically envision DNR in the freestanding dialysis setting. The absence of any specific reference is not read to prohibit a dialysis setting from honoring a non-hospital DNR order. A patient presenting a current/valid non-hospital DNR to a freestanding dialysis center is presenting the legal equivalent of a living will to the center. The non-hospital DNR combined with any relevant discussion provides clear and convincing evidence that the patient does not want to receive cardio-pulmonary resuscitation (CPR) in the event of such an arrest.

Question:

If a patient has a health care proxy indicating DNR, can the freestanding dialysis unit honor the proxy?

Answer:

A health care proxy is intended to provide guidance to the patient's agent relative to the patient's wishes in the event that the patient lacks capacity to make his/her own health care decisions. The determination that the patient lacks capacity is made by the patient's attending physician and where the treatment involves life-sustaining treatment such as CPR, the attending must consult a second physician to confirm determination. An ESRD center may not routinely have the medical personnel on-site to make this determination.

Requirements:

The non-hospital DNR order may be accepted by the ESRD. The non-hospital order and documentation of any relevant discussion with the patient and/or legal surrogate pertaining to DNR should be documented in the patient's medical record. The dialysis center must have a written policy that explains their position and clearly defines the difference of DNR vs Do Not Treat.

Federal ESRD regulations Tag457 under Patients Rights states the patient is to be informed about his/her right to execute advance directives and the ESRD's policy regarding advance directives. This does not mean, that it is required that all patients have advance directives in place. It is also noted that if the facility's policy is that they will not honor advance directives (DNR), the patient must be informed of this and if the patient still wants these directives, the ESRD facility must facilitate the patient's transfer to a facility that will honor the advance directive.

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