

Optional Worksheet

Medical Record Review: In-Center Hemodialysis

Patient Name: _____ ID #: _____

Facility: _____ Surveyor: _____

Admit Date: _____ Review Date: _____

DOB: _____ Age: _____ HD Access: ☐ Fistula ☐ Graft ☐ Catheter ☐ Catheter >90 days

Diagnosis: _____ Reason Sampled: _____

☐ Comprehensive Review ☐ Focused Review

For a **comprehensive review**, look at all of the laboratory values, care areas for patient assessment and patient plan of care development and implementation, dialysis orders and treatment records, patient education and training, and required consents. For a **focused review**, look at the labs and care areas specific to the rationale for sampling that patient, dialysis orders and treatment records as appropriate, as well as areas of concern which arise from interviews or reviews of other patient records.

Laboratory Values: RECORD EXCEPTIONS. Check if no exceptions ☐.

Review 3-4 months of labs. Reference target values are listed on the Measures Assessment Tool. Record values outside listed ranges with the date of the value.

Lab test results reviewed between: (date) _____ and (date) _____

Lab Reference Value	# Results Reviewed	Exception/ Date	Exception/ Date	Exception/ Date	Exception/ Date
Hgb (10-11 g/dL*)					
Ferritin (200-500mg/ml)					
Transferrin Sat (>20%)					
K(3.5-5.5mEq/L)					
Albumin BCG (≥4.0mg/dL)					
Calcium (8.5-10mg/dL)					
Phos (3.5-5.5mg/dL)					
PTH (150-300 pg/mL* for adults; 200-300 pg/mL for pediatrics)					
Kt/V (≥1.2 for 3 HDs per week; 2.0 weekly for ≥4 HDs per week)					
URR (≥65%)					
Other (specify)					
HBV (negative antigen)					
HBV antibody (≥10**)					

*values under review

**vaccine should be offered for HBV surface antibody level <10

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REVIEW OF DIALYSIS ORDERS/TREATMENT RECORDS:

Record the current dialysis treatment and medication orders, and any recent changes with dates:

Treatment Orders: Date: _____ EDW: _____ Frequency: _____ days/week

Dialyzer: _____ Dialysate: _____ BFR: _____ DFR: _____

Treatment duration: _____ hours _____ minutes Heparin/anticoagulant: _____

ESA dose: _____ Frequency: _____ Iron: _____ Vitamin D: _____

Other meds/treatments: _____

Review 10-15 consecutive HD treatment records for the time period relative to the rationale for sampling the patient and RECORD EXCEPTIONS/VARIANCES ONLY.

Check if no exceptions ☐.

(Number) _____ treatment records reviewed between _____ and _____

EXCEPTIONS	DATES/COMMENTS
Safety checks not documented:	
<input type="checkbox"/> Independent pH/ conductivity (V250)	
<input type="checkbox"/> Machine alarm check (V403)	
Reuse dialyzer checks not documented:	
<input type="checkbox"/> Germicide presence (V350)	
<input type="checkbox"/> Germicide absence of residual (V353)	
<input type="checkbox"/> Patient/dialyzer ID by 2 (V348)	
Adequacy plan not implemented (V544):	
<input type="checkbox"/> BFR	
<input type="checkbox"/> DFR	
<input type="checkbox"/> Time	
<input type="checkbox"/> Dialyzer	
Meds/treatments not administered as ordered:	
<input type="checkbox"/> Anemia management (V547)	
<input type="checkbox"/> Mineral metabolism (V546)	

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Review of Dialysis Treatment Records: RECORD EXCEPTIONS/VARIANCES ONLY.

<input type="checkbox"/> Incorrect dialysate(V541)	
<input type="checkbox"/> Antihypertensives (V543)	
<input type="checkbox"/> Other	
BP/fluid management (V543):	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hypotension	
<input type="checkbox"/> Estimated dry weight not achieved	
Patient monitoring:	
<input type="checkbox"/> No pre-dialysis assessment (V543)	
<input type="checkbox"/> No post-dialysis assessment (V543)	
<input type="checkbox"/> Not monitored per policy (V543)	
<input type="checkbox"/> Access care not documented (V550):	
<input type="checkbox"/> Unusual and/or adverse events (V634)	
Other Concerns Identified:	

PA/POC: RECORD EXCEPTIONS/CONCERNS. Check if no exceptions ☐.

For **stable patients**, review the most recent (relative to sampling rationale) comprehensive PA and POC. For **unstable patients**, review the 3 most recent of each. Refer to facility policy and/or V520 for definitions of stable vs. unstable. Review the current record (e.g. progress notes, physician's orders, etc) to ensure that patient outcomes are monitored on an ongoing basis and failure to reach the expected goals is recognized promptly and addressed. Record the exceptions and concerns in the space provided.

☐ All IDT members (physician, RN, RD, MSW, patient) participate in PA (V501)

☐ All IDT members (physician, RN, RD, MSW, patient) participate in POC (V542)

Frequency	Patient Assessment	Plan of Care
Initial	<input type="checkbox"/> Within 30 days/13 Rx (V516)	<input type="checkbox"/> Within 30 days/13 Rx (V557)
3 month	<input type="checkbox"/> 3 months after initial (V517)	<input type="checkbox"/> 15 days after reassess (V558)
Stable patient	<input type="checkbox"/> Yearly from last reassess (V519)	<input type="checkbox"/> 15 days after reassess (V558)
Unstable patient	<input type="checkbox"/> Monthly (V520)	<input type="checkbox"/> 15 days after reassess (V558)

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Current health status: ☐ (V502)

Immunizations/meds history/TB: ☐ (V506) Offer: ☐ HBV (V126) ☐ Pneumonia/flu (V637)

Dialysis adequacy: ☐ Monitored monthly (V518) ☐ Target met (V544)

BP/volume status: ☐ Assessed (V504) ☐ Volume managed (V543)

Anemia: ☐ Assessed (V507)☐ H/H monthly (V547)☐ ESA response monitored (V549)Mineral & bone disorder/bone disease: ☐ Assessed (V508) ☐ Targets met (V546)

Nutrition PA/POC: ☐ By RD (V509) ☐ Targets met (V545)

Psychosocial/rehab PA/POC: ☐ By MSW (V510) ☐ Family/support system (V514)

☐ Phys activity/voc rehab (V515) ☐ Counseling/referral; survey used for POC (V552)

Vascular Access: ☐ Assessed (V511) ☐ Monitor/refer (V550) ☐ Monitor for stenosis (V551)

All Modalities: ☐ Informed (V458) ☐ Evaluated (V512) ☐ Home dialysis or why not (V553)

Transplant: ☐ Referral (V513) ☐ Transplant plan or why not (V554) ☐ Tracking (V561)

Medical staff: ☐ Seen monthly/progress note (V560) ☐ Seen on dialysis periodically (V560)

Notes:_____

Patient Education Requirements: RECORD EXCEPTIONS. Check if no exceptions ☐.

☐ Emergency prep: pt oriented/trained (V412); ☐ Receive info in understandable way (V453)☐ Participate in care; stop/ refuse treatment (V456); ☐ Adv directives, facility's policy (V457)☐ Informed all modalities/settings (V458); ☐ Informed: Patient care policies (V459)

☐ Informed: if facility reuses/options (V312, 460); ☐ Informed: his/her medical status (V461)

☐ Informed: services and charges (V462); ☐ Informed: rules/expectations of conduct (V464)

☐ Informed: process for internal (V465)/external grievance (V466); file anonymously (V467)

☐ Informed: discharge & transfer policies, including involuntary discharge (V468);

☐ Patient/family education/training (V562); ☐ Most training by RN (V584)

☐ Training includes home emergency prep (V585); ☐ Doc of training comprehension (V586)

Comments: _____

Documentation of Consents: RECORD EXCEPTIONS (V451). Check if no exceptions ☐.

☐ For treatment ☐ For blood transfusion ☐ To participate in experimental research