

OPTIONAL WORKSHEET

ENTRANCE CONFERENCE REFERENCE MATERIALS LIST

Facility: _____

Date: _____

Documents/items needed for review during the survey:

Needed within 4 hours:

- ☐ List of current patients by name, separated into modalities, with admission dates
- ☐ List of facility key personnel: medical director, administrator, nurse manager, social worker, dietitian, chief technician, home training nurse(s)
- ☐ Current hemodialysis patient listing by shifts with any isolation patients identified (seating chart or assignment sheet)
- ☐ List of home patients by name expected to visit the facility during the survey with the day & time of the visit
- ☐ Aggregate list of individual patients' lab results for Kt/V, URR, Hgb, TSAT, ferritin, albumin, K+, Ca+, phosphorus, PTH for the previous quarter
- ☐ Infection logs for past 6 months
- ☐ Hospitalization logs for 6 months
- ☐ Vascular access information (by patient name and access type in use)
- ☐ Any pediatric patient names/ ages (≤ 18 years old)
- ☐ List of residents of Long Term care Facilities dialyzing in the LTC facility and the name of the LTC where they are receiving dialysis
- ☐ List of residents of LTC facilities dialyzing in this facility
- ☐ List of all patients transferred, discharged, or expired in the previous 12 months, with the reasons for discharge, including any involuntary discharges

Needed within 24 hours:

- ☐ Patient care staff schedule for the current time period (last two weeks)
- ☐ A listing of all PCTs employed at the facility, hire dates, and dates of certification from a CMS-approved National or State certification program. (May be recorded on optional Worksheet for Verification of Dialysis Patient Care Technician Certification)
- ☐ Policy and procedure manuals for patient care, water treatment, dialysate preparation and delivery, infection control, and dialyzer reprocessing/reuse, if applicable

- ☐ Facility identified target/threshold values for Kt/V (URR), Hgb, TSAT, ferritin, albumin, Ca+, phosphorus, PTH
- ☐ Facility specific fire/emergency and disaster preparedness plans and a log of drills conducted in the past 12 months
- ☐ Patient grievance log for past 12 months
- ☐ Adverse occurrence (e.g., clinical variances, unusual events) documentation for the past 12 months
- ☐ QAPI committee meeting minutes for past 12 months and any supporting materials
- ☐ List of Governing Body members and minutes of meetings for past 12 months
- ☐ Any written agreements for services (e.g., hospital transfer agreement, laboratory, infectious waste disposal, skilled nursing facilities, centralized reuse centers, and any consultants used, e.g., RN, MSW, RD)
- ☐ Copy of patients' rights information provided to patients
- ☐ Copy of CMS-approved waivers for medical director, isolation room, and/or Life Safety Code, as applicable
- ☐ For Water Treatment Review: Daily Water System Monitoring logs and Chlorine/Chloramines Testing logs for the last 6 months; documentation of water treatment system disinfection for the last 6 months; bacterial cultures and endotoxin results for the last 12 months; Chemical Analysis of Product Water results for the last 12 months
- ☐ For Dialysate Review (as applicable): Bicarbonate and acid mixing logs for the last 6 months; bicarbonate mixing and delivery system disinfection logs for the last 6 months; bacterial cultures and endotoxin results for the last 12 months
- ☐ For Equipment Maintenance Review: Documentation of preventative maintenance and repair, including electrical leakage testing of dialysis machines for the past 18 months; documentation of calibration and maintenance of ancillary equipment
- ☐ For Dialyzer Reprocessing Review, if applicable: for the past 12 months: Bacterial cultures and endotoxin results from reuse room sites; documentation of preventative maintenance and repair of reprocessing equipment; germicide vapor test results; & documentation of Reuse Practice Audits