

ESRD CORE SURVEY MEDICAL RECORD REVIEW: PERITONEAL DIALYSIS

Patient Name: _____ ID #: _____
 Facility: _____ Surveyor: _____
 Admit Date: _____ Review Date: _____
 DOB: _____ Age: _____ ☐ Peritoneal catheter ☐ Fistula ☐ Graft ☐ CVC
 Diagnosis: _____
 Criteria for Sampling: _____ Sections of this worksheet completed _____

YOU ARE NOT REQUIRED TO COMPLETE ALL OF THE SECTIONS FOR EACH PATIENT, HOWEVER SECTION 1 MUST BE COMPLETED FOR ALL PD PATIENTS SAMPLED.

All medical record reviews in the Core Survey are focused reviews, looking at the care provided to and monitoring of each sampled patient related to the criteria used to select them. For all active sampled patients, review the patient's dialysis/medication orders, and the documentation of their peritoneal dialysis treatments in Section 1. The remainder of each medical record review should be focused on the components of the record related to that patient's sampling criteria in the applicable sections of this worksheet. Refer to "Patient Sample Selection" of the ESRD Core Survey Process for sampling criteria.

Note: For **LTC residents receiving home dialysis in their LTC facility**, and closed record review of patients sampled due to being **involuntarily discharged**, follow the ESRD Core Survey Process and current CMS Survey and Certification guidance.

Section 1: Complete for ALL SAMPLED PD patients (except closed record review for involuntary discharge). The review of the PD patient's treatment orders and dialysis treatment records/flowsheets should be focused on whether the patient/caregiver followed dialysis orders, and if and how staff members monitor the PD patient's treatments and address issues and trends. Look for documentation of staff actions in progress notes, plan of care revisions, etc. to address trends. Note that timeliness of staff review of PD treatment records/flowsheets depends on when the patient provides them, but must be at least every 2 months.

Record the current treatment and medication orders:

Treatment Orders: Date: _____ EDW: _____ ☐ APD ☐ CAPD
 APD cycles/day: _____ Dialysate: _____ Volume: _____ Dwell: _____
 CAPD exchanges/day: _____ Dialysate: _____ Volume: _____ Dwell: _____
 ESA dose: _____ ESA frequency: _____ Other meds/treatments: _____

Review 8-12 consecutive weeks of PD "flowsheets." RECORD EXCEPTIONS/VARIANCES ONLY. Check if no exceptions. ☐

(Number of weeks) _____ Flowsheets reviewed between _____ and _____

EXCEPTIONS	DATES/COMMENTS
Treatment delivered different from ordered:	
<input type="checkbox"/> # of CAPD exchanges, volume (V544)	
<input type="checkbox"/> # of APD cycles, volume (V544)	
<input type="checkbox"/> Dialysate (V544)	

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EXCEPTIONS	DATES/COMMENTS
Treatment delivered different from ordered:	
<input type="checkbox"/> Anemia management (V547)	
<input type="checkbox"/> Other parenteral medications	
BP/fluid management (V543):	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hypotension	
<input type="checkbox"/> Estimated dry weight not achieved	
<input type="checkbox"/> Patient not recording weight/BP	
Staff monitoring:	
<input type="checkbox"/> Flowsheets not reviewed (V587)	
<input type="checkbox"/> No flowsheets in chart (V587)	
<input type="checkbox"/> Unusual or adverse events (V634)	
Other concerns identified:	

- Is there evidence that the facility home training/support staff monitored the patient's home dialysis through routine review of their PD flowsheets? ☐ **Yes** ☐ **No**-(V587) Explain _____
- Did you identify trends in the patient or caregiver not following their dialysis prescription or parenteral medication orders? ☐ **Yes** ☐ **No**-Explain _____
- Did you identify trends in problems with the patient's blood pressure, fluid or weight management? ☐ **Yes** ☐ **No**-Explain _____

If yes to either of the above 2 questions: Is there evidence that the home training/support staff recognized that there was a problem, acted with interventions aimed at resolution/improvement, and changed strategies when interventions were unsuccessful?

- **If yes-no citation is indicated**
- **If no-citation at the applicable V-tag listed in the table above may be indicated**

Notes: _____

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Section 2: Complete for PD patients sampled due to NOT MEETING GOALS (“OUTLIERS”) IN THE DATA-DRIVEN FOCUS AREAS for this survey - If the patient was sampled due to trends of poor outcomes in data-driven focus areas, record in this section.

***Note:** This is a focused review intended to look at facility systems for addressing poor patient outcomes in the data-driven focus areas. You are not expected to **search** each patient's record for all of their outcomes. If, during your review of the data-driven focus areas used for selecting that patient, you **discover** poor outcomes for the patient in another area, use your judgment on whether review of the additional area would be of value, and follow this guidance for that area, as well.*

Review the medical record documentation related to the outcome/area, e.g., progress notes, physician's orders, patient assessment, plan of care to assess the facility's activities for monitoring the patient's outcome, recognizing that there is a problem, and taking action to address it. **For poor outcomes in laboratory values** (i.e., anemia, adequacy, mineral metabolism, albumin): also review the current 3 months of lab results in that area. Reference target values are listed on the Measures Assessment Tool (MAT).

Notes: _____

For each area reviewed in Section 2 for the patient (use back for additional review areas & notes):

- Is there evidence that the patient's outcome in the data driven focus area(s) used for sampling them has improved and their goal(s) currently met?
 - ☐ **Yes - no further review is needed, no citation in that area is indicated**
 - ☐ **No** - is there evidence that one or more IDT members were monitoring the patient's outcome in that area; recognized that the patient was not attaining their goal or had a problem in that area; implemented interventions aimed at improvement/resolution; and changed strategies if no improvement?
 - ☐ **Yes** - no citation is indicated.
 - ☐ **No** - citation in that outcome area at the applicable Patient assessment or Plan of care V-tag is indicated.

Notes: _____

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Section 3: Complete for PD patients listed as “UNSTABLE:” Review the IDT documentation in progress notes, physician's orders, assessments, physical and mental functioning surveys (age appropriate HRQOL survey), plans of care, etc. pertaining to the **two** most recent patient assessment and plan of care periods. The IDT process and content of the patient assessment and plan of care are more important than the format or timelines.

Why was this patient identified by the IDT as “unstable?” _____

- Is there evidence of a functional IDT process, including substantive contributions from all required IDT members (physician, RN, registered dietitian, master's prepared social worker at a minimum)?
☐ **Yes** ☐ **No** (V501, 509, 510, 541, 552)
- Was an assessment of the patient conducted and the clinical and psychosocial issues related to the patient's instability addressed through revised care interventions?
☐ **Yes** ☐ **No** - citation at the applicable Patient assessment or Plan of care V-tag may be indicated.

Notes: _____

Section 4: Complete for PD patients NEWLY ADMITTED (<90 DAYS): Looking at the process for assuring the patient new to the dialysis facility was appropriately evaluated on admission prior to the first dialysis and during their first weeks undergoing training for home PD and receiving care at the facility.

Review the admission orders, lab results and progress notes.

- Is there evidence that the patient had orders from a physician or non-physician practitioner if allowed by state law, and was evaluated by an RN prior to their first dialysis treatment at the facility?
☐ **Yes** ☐ **No** (V715)
- Was the patient evaluated for hepatitis B and tuberculosis and offered hepatitis B vaccine and pneumococcal vaccine, if indicated? ☐ **Yes** ☐ **No** (V124, 125, 126, 506)
- Is there evidence facility staff evaluated and addressed issues related to the patient's training needs, labs, fluid management, dialysis-related and other clinical and psychosocial problems?
☐ **Yes** ☐ **No**-citation at the applicable patient assessment or plan of care V-tag may be indicated.

Notes: _____
