



National Association of Nephrology Technicians/Technologists

Breaking the Mold

*TAKING CARE TO
THE NEXT LEVEL*

Earn 7.2
contact hours
for workshop

PRE-SYMPOSIUM WORKSHOP

The New CMS ESRD Core Survey:
Focus on Patient Safety and the Key
Role of Dialysis Technicians

**Teri Spencer R.N. and
Danilo Concepcion CBNT, CCHT-A**

11 March 2013

8:30-10:00 AM	The New CMS Core Survey and a Culture of Safety: Dialysis Technicians are the Key!
10:00-10:15	Break
10:15-11:45	What Technicians Need to Know Part 1: Water/dialysate, Equipment and Reuse Review in the Core Survey
11:45-1:15 PM	Lunch on own
1:15-2:15	Infection Control: Protecting Patients from Healthcare Associated Infections
2:15-3:15	What Technicians Need to Know Part 2: Water/dialysate, Equipment and Reuse Review in the Core Survey
3:15-3:30	Break
3:30-4:30PM	Dialysis Technicians' Role in the Clinical Care of Patients

Outline of ESRD Core Survey Process

Presurvey Preparation:

- Review the most current dialysis facility report following “Data Tools” guidance
- Contact the ESRD Network about quality concerns
- Review facility complaint & survey history
- Copy Entrance Conference Materials list from the “Data Tools” worksheet

Introductions: Contact the person in charge; explain purpose of the survey; present them w/ Entrance Conference Materials list to complete w/in 3 hours for Entrance Conference

Environmental "Flash" Tour: Observe the 4 patient-related areas below; ASK staff about the facility “culture of safety” in all 4 areas:

- **In-center dialysis patient treatment area:** Observe 25% (min 3) occupied dialysis stations including the patients, their vascular accesses & surroundings of the stations; check availability of functionality of emergency equip

Triggers:

- Dummy drip chambers present (V400, 403)
 - Vascular accesses covered, not consistently uncovered/corrected by staff (V407)
 - No RN on duty (V759)
 - Poor staffing to meet patients' needs (V757)
 - Blood spills not cleaned up; equip &/or surfaces spattered with blood (V122)
 - HD machine transducer protectors wetted with blood not changed (V120)
 - Insufficient space to prevent cross-contamination & use emergency equip (V404)
 - No functional AED/defibrillator, oxygen, suction, emergency medications (V413); insufficient or unavailable emergency evacuation supplies (V415)
 - Hemodialysis machines in obvious poor repair (V403)
 - If dialyzer reuse, noticeable strong germicide odors (V318)
 - Disrespectful communication or actions toward patients (V452, 627)
 - Failure to offer patients privacy & confidentiality (V454)
- **Water treatment/dialysate preparation area:** Observe the carbon system, chlorine testing equip & reagents, current total chlorine test, RO & DI monitoring & dialysate proportioning ratios

Triggers:

- Carbon system: absence of 2 or more carbon tanks w/sampling port between (V192)
 - Current total chlorine test not done, reagents not sensitive to 0.1mg/L, expired or don't match testing equip (V196)
- RO: absence of functioning H2O quality monitor & audible alarm in tx area (V200)
- If DI: absence of functioning resistivity monitor & alarm visible & audible in tx area, absence of automatic divert-to-drain or auto cut-off valve, DI not monitored twice/day (V202, 203)
- Water distribution equip in obvious disrepair or contaminated state (V403)
- Acid & bicarb concentrates of different proportioning ratios present (V249)
- Acid or bicarb mixing & distribution equip in disrepair or contaminated state (V403)

- **Reuse room:** Observe condition of equip, dialyzer storage & dialyzer refrigerator, if present

Triggers:

- Stored dialyzers aesthetically unacceptable (V343); not protected from unauth access (V321)
- Reprocessing room or equip in obvious disrepair (V318, 403)
- Dirty dialyzers kept at room temperature >2 hrs (V331)
- Dialyzer refrigerator temperature not monitored (V331)

- **Home dialysis training area:** Observe the physical layout, infection control & availability of emergency equip with method for summoning assistance

Triggers:

- Insufficient space to prevent cross-contamination between patients (V404)
- Insufficient patient privacy (V406)
- Blood /PD effluent spills not cleaned; equip or surfaces visibly spattered (V122)
- Absence of functional emergency resuscitation equip or immediately available (V413)
- No method for summoning immediate assistance (V402)

Triggers for extending the tour to other areas:

- Evidence of serious lack of environmental maintenance that has the potential to impact patient safety, e.g., large areas of water damage, mold presence in patient-related areas; uneven/broken floor surfaces creating multiple trip hazards where patients ambulate (V401, 402)

Entrance Conference: with the facility administrative person

- Explain purpose & timeline of survey; Ask questions from “Entrance Conference Questions”
- Obtain current facility outcomes on completed Entrance Conference Materials List
- Review & discuss the current facility outcomes with the administrative person
- Compare the current facility outcomes in “% Met Goal” column of Entrance Conference Materials List with applicable “Threshold for % Met Goal” in “Clinical Outcomes Threshold Table 1” in “Data Tools” worksheet
- Determine the data-driven focus areas for survey clinical reviews (areas where thresholds not met & need for improvement is indicated)

Observations of Hemodialysis Care & Infection Control Practices:

- Observe direct care staff delivering care to HD patients using observational checklists for:
 - Pre-dialysis vascular access care & initiation of hemodialysis
 - Discontinuation of a patient's HD tx & post-dialysis vascular access care (CVC & AVF/AVG)
 - Cleaning & disinfection of the dialysis station between patients
 - Preparation of the dialysis machine & extracorporeal circuit
 - Dialysis supply management
 - Medication preparation & administration

Triggers:

- Observed trends of breaches in infection control patient care practices:
 - Hand hygiene & glove use (V113)
 - Supplies taken to station not disposed, disinfected or dedicated (V116)
 - Clean dialysis supplies not protected from potential contamination (V119)
 - Breaches in aseptic practices for CVC (V147) or vascular access care (V550)
- Not adequately disinfecting the HD station/equip between patients (V122)
- Not testing hemodialysis machine alarms (V403)
- Not testing dialysate pH/conductivity w/ independent method or staff unaware of acceptable parameters (V250)
- Not performing reprocessed dialyzer germicide tests (V350, 351, 353) or patient/dialyzer identification by 2 people (V348) when patient is at the station
- Not priming reprocessed or dry pack dialyzers per DFU (V352, 403)
- Not assessing patients before & after tx or monitoring during tx per facility policy (V504, 543, 550, 551, 715)
- Medications not prepared in a clean area away from the dialysis stations (V117)
- Single dose vials punctured more than once or used for multiple patients (V118)

Outline of ESRD Core Survey Process

- Multidose vials punctured with previously used syringe or needle (V143)
 - Poor aseptic technique (V143)
 - Medications for multiple patients taken to a patient station (V117)
 - Medications prepared/administered by unqualified personnel (V681)
- **Review Facility Isolation practices:** *If there is an HBV+ patient on in-center HD; Observe isolation room/area/equip/supplies; Observe care as above if possible; Review staff assignments for current week; Ask staff about assignments when HBV+ patient is dialyzing*
- Triggers:**
- HBV+ patient(s) not isolated (V110, 128, 129)
 - Observed trends of breaches in infection control practices (V113, 116, 117, 119, 121)
 - Staff assigned/delivering care to HBV+ patient & susceptible patients (V110, 131)
 - When 1 RN on duty, poor infection control separation between care to HBV+ & susceptible patients (V131)
 - Isolation equip not dedicated for use on HBV+ patients (V130)
 - Non-HBV+ patient(s) dialyzing in isolation room/area when HBV+ patient is on in-center HD census (V110, 128, 130)
- **Verify dialysis treatment prescription delivery:** *Compare the dialysis prescription/orders with delivered treatment for 4-5 patients (dialysate, dialyzer, BFR, DFR)*
- Triggers:**
- 1 or more patients not dialyzed on ordered prescription (V543, 544)

Patient Sample Selection:

- **Review patient-specific info from Entrance Conference Materials List**
- **Select 10% of total # of patients on census (min 4, max 10) representing all modalities offered, using criteria below:**
- “Unstable” patients
 - New admissions <90 days
 - Involuntary discharges in past 12 months, not previously investigated by State Agency
 - LTC residents receiving home dialysis at the LTC facility
 - Not meeting goals in the data-driven-focus areas for the survey
 - Observed w/concerns or involved in a complaint to be investigated
- **Record the patient sample w/rationale used for selecting them (as listed above)**

Water Treatment & Dialysate Review: *Review the critical water treatment components with the person(s) responsible for the activity & daily monitoring:*

- **Observe the total chlorine test; interview about maximum allowable total chlorine; actions taken for breakthrough; amount of carbon (EBCT) present; validating on-line chlorine monitor, if present**

Triggers:

- Absence of 2 or more carbon tanks with sample port between (V192), insufficient carbon EBCT-verify this by interview or record review, surveyors not expected to calculate (V195)
- Observed total chlorine test result greater than maximum allowable level; test done incorrectly or with incorrect reagents/equip (V196)
- Staff unaware of max allowable level of 0.1mg/L total chlorine & breakthrough procedures (V260)
- **Observe the reverse osmosis (RO) unit, water quality monitor & alarm; interview about monitoring RO function by % rejection & water quality by TDS or conductivity**

Triggers:

- Absence of RO % rejection & product water TDS or conductivity monitor & alarm audible in patient tx area (V200)

- **Observe DI, if present; interview about automatic divert-to-drain or auto cut-off valve, minimum resistivity, actions if resistivity <1 megohm (STOP dialysis), ultrafilter after DI**

Triggers:

- Absence of functional resistivity monitor/alarm, visible & audible in patient treatment area or not monitored 2x/day (V202, 203)
- Absence of a functional automatic divert-to-drain or auto cut-off valve (V203)
- Staff unaware of accurate monitoring, minimum allowable resistivity of 1.0 megohm or actions for DI tank exhaustion i.e., STOP dialysis (V260)
- No ultrafilter post DI (V204)

- **Interview person(s) responsible for dialysate mixing/testing & microbiological monitoring about proper dialysate mixing, acid batch testing, timeframe for bicarbonate use, “spiking”; microbiological sample sites & techniques, timing, frequency of cultures on each HD machine**

Triggers:

- Water distribution system not disinfected monthly (V219); Water/dialysate samples not drawn before disinfection (V254); each HD machine not cultured at least annually (V253)
- Staff unaware of correct dialysate mixing, acid batch testing procedures (V260)

- **Review facility water/dialysate oversight logs:**

- Total chlorine tests-2 months; Product water chemical analysis-12 months
- RO monitoring % rejection & product water TDS or conductivity-2 months
- DI, if present, resistivity readings 2x/day-2 months
- Microbiological results of water (including reuse room) & dialysate-6 months
- Practice audits of staff conducting water, dialysate testing & procedures-12 months

Triggers:

- Total chlorine >0.1mg/L & no documentation of appropriate actions taken (V197)
- Chemical analysis of product water not done at least annually (V201)
- Irregularities, trends of omitted tests (V178, 196, 199, 213, 252, 253)
- Microbiological results exceeding action/maximum levels & no documentation of appropriate actions taken (V178, 180)
- Practice audits of staff conducted < annually (V260)

Dialyzer Reprocessing/Reuse Review: *Observe the high risk components of dialyzer reprocessing & interview the reuse technician:*

- **Transportation of used/dirty dialyzers** to the reprocessing room/area
- **Pre-cleaning procedures** rinsing, header removal/cleaning
- **Ask about germicide mixing, storage & spill management; dialyzer labeling/similar names warning; pre-processing before use; water quality & water pressure at pre-rinse sink**
- **Review 12 months of documentation of facility oversight of reuse program:**
 - **QA audits:** obs of staff reprocessing, setting up for patients’ dialysis & dialyzer labeling
 - **Reprocessing equip PM**
 - **Adverse events/dialyzer complaint log**

Triggers:

- Improperly performed pre-cleaning or header removal/cleaning (V334)
- Water used for pre-cleaning **not** purified to AAMI standards (V333)
- Absence of functional water pressure gauge at pre-cleaning sink (V332)

Outline of ESRD Core Survey Process

- Germicide not stored, mixed or handled per manufacturer's DFU (V339)
- Reuse tech interview w/inadequate knowledge of key patient safety areas (V309, 319, 320, 328, 345)
- Dialyzers not transported in a sanitary manner (V331)
- Dirty/used dialyzers at room temperature for >2 hours before reprocessing (V331)
- QA audits listed not done or incomplete (V362-368)
- Noticeable strong germicide odors or patient/staff complaints (V318)
- Serious adverse events related to dialyzer reprocessing/reuse without documentation of appropriate actions taken to prevent future similar events (V355, 356, 635)

For centralized reprocessing, refer to the current CMS Survey & Certification guidance

Dialysis Equipment Maintenance:

- **Interview machine maintenance personnel** about HD machine manufacturer's DFU for PM i.e., prescribed intervals & operating hours for PM
- **Review 12 mos PM logs for 10% of HD machines** (min. 3) for compliance with manufacturer's DFU –include home HD machines maintained by the facility in the 10% sample
- **Review 2 mos logs for calibration of equip used for machine PM & pH/conductivity testing**

Triggers:

- Trends of non-adherence to HD machine manufacturer's directions for PM (V403)
- No calibration of pH & conductivity meters or equip calibration meters or not per DFU (V403)
- Observations of serious lack of maintenance of ancillary equip that has the potential to impact patient safety (V403, 626)

Home Dialysis Training & Support Review: If the dialysis facility provides only home dialysis training and support, the survey must include all applicable survey tasks, e.g., Environmental Tour, Water/dialysate review and Dialysis Equipment Maintenance (if applicable to the equipment in use), Personnel Record Review, and QAPI Review

- **Interview the home training nurse(s)** about patient candidacy evaluation, training, demo of comprehension, IDT support & QAPI oversight of home training & support programs
- **Observe the direct care of home dialysis patient(s)** if the opportunity arises during the survey when a home dialysis patient is being treated or trained at the facility, observe the care.
- **Interview home dialysis patients** during Patient Interviews; if not at the facility, ask the home training nurse to contact the patient to alert that the surveyor will be calling to interview.
- **Review medical records of home dialysis patients** during Medical Record Review

Triggers:

- Home training nurse(s) lack knowledge of training patients/caregivers or monitoring patients
- Patient/caregiver interviews identify concerns (V581, 585, 586, 592)
- Medical record reviews of home dialysis patients identify concerns related to training or monitoring home dialysis patients (V585, 586, 593-595)
- Not evaluating home program outcomes separately in QAPI (V628)
- If care was observed, refer to the triggers for infection control in Observations of HD Care

Patient Interviews:

Interview the sampled patients, minimum of 4 patients interviewed. If <4 sampled patients can be interviewed, select additional alert patients to interview for total of at least 4. For home patients, ask nurse to alert patient about interview. **Refer to the Core Survey Patient Interview worksheets.**

Triggers:

Patients express concerns regarding:

- Patients' rights & responsibilities (V451)

- Education re transplant options & all dialysis modalities & settings (V451, 453, 458)
- Disrespectful treatment from staff (V452)
- How to prevent infections & protect their dialysis access (V562)
- The safety & comfort of physical environment of facility (V401, 402)
- Disaster preparedness & emergency evacuation procedures (V409, 412)
- Communication with IDT & involvement in planning their care (V501, 541)
- Proficiency of staff in delivering safe, adequate care (V681, 713)
- Problems due to inadequate numbers of qualified trained staff (V757-759)
- Culture of Safety: freedom to report care concerns, make suggestions, ask questions, or file a grievance/complaint without fear of reprisal (V465-467, 627)
- Adequate training & IDT support of home dialysis patients & caregivers (V585, 592)

Medical Record Review: *All medical record reviews are focused reviews focusing on the care provided in the area/rationale used for sampling the patient*

- **Review the medical records of all sampled patients** (10% census as selected at Patient Sample Selection)
- **For ALL sampled patients, review the dialysis prescription/orders, medication orders, & the documentation of dialysis delivery** (2-3 wks HD tx records; 8-12 wks PD flowsheets)
 - **For in-center HD:** looking for machine safety checks, treatments delivered as ordered, BP/fluid management, patient monitoring per policy
 - **For home HD:** looking for staff monitoring patient's adherence to orders, BP/fluid management, machine safety checks
 - **For PD:** looking for staff monitoring patient's adherence to orders, BP/fluid management
- **Patients w/poor outcomes in data-driven focus areas: review parts of medical record about THAT area** (e.g., 3 mos of THAT lab result, progress notes, medication orders, care plans, etc.)
 - Looking for facility actions for monitoring, recognizing the poor outcomes, & addressing it through taking actions to help patient reach outcome goals
- **Unstable patients: review IDT activities during the 2 most recent assessment/plan of care periods in progress notes, orders, assessments, plans of care**
 - Looking at the functionality of the IDT for addressing the reasons patient was deemed unstable
- **Newly admitted patients <90 days: review documentation in first weeks at facility**
 - Looking for initial nursing evaluation & orders prior to 1st tx, surveillance for TB, HBV, offered vaccinations & medical, psychosocial & training (home dialysis) needs met
- **Home HD patients: review water/dialysate quality testing appropriate to equip in use**
- **For Involuntarily discharged patients & home dialysis LTC residents follow the current CMS Survey & Certification guidance for review**

Triggers:

- Absence of a functional IDT process that monitors, recognizes & addresses barriers to attainment of identified outcome goals in clinical & psychosocial areas
- Patient/caregiver interviews indicate lack of functional patient education program & patients' rights concerns - *Extend review to documentation of patient education & patients' rights*
- Incomplete, inaccurate, inaccessible or insecure medical records (V726)
- Concerns identified in other survey tasks which can be investigated further through medical record review to support or dispel findings

Outline of ESRD Core Survey Process

Personnel Interviews: *Interview in-person or by phone: med director, master's social worker, registered dietitian, 2-3 nursing staff (min. 1 RN & 1 PCT) & nurse manager (if necessary). Refer to the Core Survey Interview worksheets. Note that the water/dialysate, reuse, equipment maintenance & home training staff are interviewed during those survey tasks.*

Triggers:

- Concerns identified from personnel or patient interviews or other survey tasks that indicate the need to extend the questioning areas of personnel or interview more personnel to support or dispel findings

Personnel Record Review:

- **Review the facility-completed** "Personnel File Review" worksheet
- **Select a minimum of 3** personnel files to review/compare to facility documentation for accuracy

Triggers:

- Personnel lack required qualifications or competency verification (V410, 681)
- 1 or more personnel files validated indicates inaccurate facility-submitted documentation
- PCTs listed w/ no certification expiration date: *check for hire date w/in 18 mos* (V695)

Quality Assessment & Performance Improvement Review: *Prepare for QAPI review by communicating with survey team about areas of concern. Determine the focus areas to review during Segment II Performance Improvement (i.e., data-driven focus areas & survey findings)*

- **Review the QAPI documentation for the past 6 months while interviewing the facility-based responsible person**

Segment I: Monitoring care & facility operations

- **Clinical & operational indicators:** *Review (briefly) facility QAPI dashboard or summarizing info to verify that all expected clinical & operational indicators are being monitored-refer to table/list of indicators in "QAPI Review Worksheet"*
- **Oversight of technical operations & practice audits:** *Review QAPI documentation of review/discussion/audits of:*
 - **Water/dialysate quality**-monthly cultures, annual water chemical analysis, visual audits of staff conducting testing/operating equip
 - **Dialysis equip**-monthly review of HD machine PM/repairs
 - **Dialyzer reuse/reprocessing-QA** audits done at specified intervals

Segment II: Quality Assessment & Performance Improvement in 3 critical priority areas & data-driven focus areas & survey findings (areas of risk) *Review/interview re QAPI activities for the 3 critical priority areas & focus areas specific to this survey.*

- **Mortality review:** *Review documentation of QAPI analysis & discussion about mortality occurrences, causes, & trends. If mortality is ↑, performance improvement strategies for addressing contributory factors related to facility care.*
- **Infection prevention/control: Review & discuss 4 aspects of program:**
 - **Infection occurrence tracking/trending/surveillance:** *all positive cultures recorded w/sufficient info; trends recognized & addressed*
 - **Vaccination: high-risk disease management:** *Refer to vaccination info from Entrance Conference Materials list; all patients tested for HBV & TB; all susceptible patients staff offered HBV vaccination; patients offered pneumococcal & seasonal influenza vaccines.*
 - **Staff education & audit for infection control:** *Review visual audits of staff while caring for patients; infection control education & each staff member visually audited at least annually; applicable staff included in performance improvement plan development*

- **Patient education for infection prevention:** *Ask about patient education & engagement for personal care & expectations of staff delivering care*
- **Medical error/adverse occurrence/clinical variance tracking & investigation system:** *Review log for past 6 mos. Note: The adverse event log review is NOT intended as a source for citations except as related to QAPI process. Select an event/occurrence to "follow" through the QAPI process with a responsible person.*
- **Data-driven focus areas & survey findings:** *Review the QAPI activities for prioritizing, recognizing the problem existed, implementing performance improvement strategies, monitoring for improvements, & when goals still not met, revising & implementing revised plans to attain & sustain improvements.*

Segment III: Culture of Safety

Review/interview about the presence of a facility-wide culture that assures patient safety through open communication for all patients & staff, clear expectations communicated to staff, and an effective system for reporting & investigating adverse events/errors

- **Risk identification and reporting:**
 - *Ask what events are reported at the facility & compare with list on table in "ESRD QAPI Review Worksheet"; how "near misses"/"close calls" are reported & investigated;*
- **Staff engagement review:**
 - *Ask how administration supports open, non-judgmental communication with/among all levels of staff; how/what staff are educated about reporting concerns & suggestions for improvement; how staff are given clear expectation of their duties, & how all levels of staff are involved in the facility QAPI activities*
 - **Review staff suggestion/complaint log** to ensure there is a functional & responsive system in place for staff to freely voice concerns without fear of retribution
- **Patient engagement review:**
 - **Patient health outcomes, physical & mental functioning:** *Ask how scores from patient physical & mental functioning surveys (e.g., KDQOL-36) are tracked & trended in QAPI; what the threshold is for patient refusals.*
 - **Review QAPI Team analysis/discussion/action for patient QOL survey outcomes**
 - **Patient grievance/complaint/suggestion system:** *Ask how staff are educated on what patient voiced issues to report & how to respond professionally; how patients are encouraged to freely speak up, self-advocate, and voice concerns w/o fear of retribution;*
 - **Review patient grievance/complaint/suggestion log;** *"follow" a complaint; ask them to show how it was investigated, resolved & result reported to patient*
 - **Patient satisfaction:** *Ask how patients' satisfaction/perceptions of care are assessed. Review summary of most recent patient satisfaction survey. If negative trends in patient responses were identified, ask how that information was used to improve care.*

Triggers: The QAPI program does not:

- Administer oversight of all facility operations: monitor all areas & conduct practices audits as required in the CfC (V132, 260, 362-368, 403)
- Recognize & address risk areas where performance improvement is indicated (V625-640)
- Follow up on performance improvement plans, resulting in improvements not attained or sustained (V638)
- Promote a culture of quality & safety (V627)

Decision Making: *Meet with survey team to discuss survey findings, refer to ESRD decision-making tools, and make copies of facility documents as needed*

Exit Conference: *Verbally present findings in accordance with SOM and State procedures*

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
PATIENT CARE TECHNICIAN**

Facility: _____ **CCN:** _____ **Date/Time:** _____

PCT: _____ **ID#:** _____

Surveyor: _____ **ID#:** _____

Ask the **core questions**. If an issue has been identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How has the facility leadership defined your role in patient safety ?	<input type="checkbox"/> V627	<input type="checkbox"/> No
What do you do to prevent or reduce treatment errors or near misses at this facility? How would you expect an error or near miss involving you or someone else to be addressed?	<input type="checkbox"/> V627 <input type="checkbox"/> V634 <input type="checkbox"/> V715 <input type="checkbox"/> V756	<input type="checkbox"/> No
What types of patient concerns were you taught to document and address? How are patients encouraged to voice suggestions and complaints without fear of reprisal?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V636	<input type="checkbox"/> No
Are there sufficient qualified and trained staff in this facility to meet patients' medical, nutritional, and psychosocial needs?	<input type="checkbox"/> V757	<input type="checkbox"/> No
How and how often do you monitor in-center patients before, during and after dialysis ?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V681	<input type="checkbox"/> No
When would you notify a nurse if a patient has a problem?	<input type="checkbox"/> V681	<input type="checkbox"/> No
What training do you and in-center patients have in infection prevention ?	<input type="checkbox"/> V132 <input type="checkbox"/> V562	<input type="checkbox"/> No
How do you encourage patients to meet outcome targets ?	<input type="checkbox"/> V559	<input type="checkbox"/> No
How would you work with patients who have mental illness, cognitive impairment, cultural or language differences that may contribute to challenging behaviors as a way to prevent involuntary transfers and involuntary discharges ?	<input type="checkbox"/> V452	<input type="checkbox"/> No
How do you participate in and/or learn about QAPI activities ?	<input type="checkbox"/> V626 <input type="checkbox"/> V756	<input type="checkbox"/> No
What are you and the in-center patients taught about emergency preparedness ?	<input type="checkbox"/> V409 <input type="checkbox"/> V412	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
PATIENT CARE TECHNICIAN**

Additional Questions

Patient Assessment & Plan of Care	Deficient Practice?	
How and who would you report patients' interest in other treatment modalities (home dialysis and transplant) to?	<input type="checkbox"/> V553 <input type="checkbox"/> V554	<input type="checkbox"/> No
Who is available to provide resources and assistance to respond to questions/concerns from in-center HD patients/families/partners?	<input type="checkbox"/> V514 <input type="checkbox"/> V552	<input type="checkbox"/> No
What types of patient issues would you refer to the dietitian or social worker?	<input type="checkbox"/> V509 <input type="checkbox"/> V510	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
Were you offered the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
How do you care for patients who are HBV susceptible?	<input type="checkbox"/> V124	<input type="checkbox"/> No
QAPI	Deficient Practice?	
What practice audits of patient care are done at this facility and which ones have you performed?	<input type="checkbox"/> V637	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
NURSE**

Facility: _____ **CCN:** _____ **Date/Time:** _____

Nurse: _____ **ID#:** _____

Surveyor: _____ **ID#:** _____

Ask the **core questions**. If an issue has been identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How has the facility leadership defined your role in patient safety ?	<input type="checkbox"/> V627	<input type="checkbox"/> No
What do you do to prevent or reduce treatment errors or near misses at this facility? Can you report without fear of reprisal? How would you expect an error/near miss involving you or others to be addressed?	<input type="checkbox"/> V627 <input type="checkbox"/> V634 <input type="checkbox"/> V715 <input type="checkbox"/> V756	<input type="checkbox"/> No
How are patients encouraged to participate in their plan of care?	<input type="checkbox"/> V456	<input type="checkbox"/> No
What types of patients' concerns do you document and address? How are patients encouraged to voice suggestions and complaints without fear of reprisal? What is your facility's system for reporting resolution to the patient?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V636	<input type="checkbox"/> No
Are there sufficient qualified and trained staff in this facility to meet patients' medical, nutritional, and psychosocial needs?	<input type="checkbox"/> V757 <input type="checkbox"/> V758	<input type="checkbox"/> No
How and how often do you monitor in-center patients before, during and after dialysis ?	<input type="checkbox"/> V503 <input type="checkbox"/> V504	<input type="checkbox"/> No
What does this facility do for infection control and prevention ?	<input type="checkbox"/> V132 <input type="checkbox"/> V562	<input type="checkbox"/> No
How do you monitor, recognize and address patients' failure to meet outcome targets addressing learning barriers?	<input type="checkbox"/> V559	<input type="checkbox"/> No
How do you participate in QAPI and learn about QAPI activities? [For nurse manager] How do you track and trend data for QAPI?	<input type="checkbox"/> V626 <input type="checkbox"/> V628	<input type="checkbox"/> No
What have you and patients been taught about emergency preparedness ?	<input type="checkbox"/> V409 <input type="checkbox"/> V412	<input type="checkbox"/> No
How would you work with patients who have mental illness, cognitive impairment, cultural or language differences that may contribute to challenging behaviors as a way to prevent involuntary transfers and involuntary discharges ?	<input type="checkbox"/> V452	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
NURSE**

Additional Questions

Patient Assessment & Plan of Care	Deficient Practice?	
How are interested patients evaluated for other treatment modalities (home dialysis and transplant)?	<input type="checkbox"/> V553 <input type="checkbox"/> V554	<input type="checkbox"/> No
Who is available to provide resources and assistance to respond to questions/concerns from in-center HD patients/families/partners?	<input type="checkbox"/> V514 <input type="checkbox"/> V552	<input type="checkbox"/> No
What types of patient issues would you refer to the dietitian or social worker?	<input type="checkbox"/> V509 <input type="checkbox"/> V510	<input type="checkbox"/> No
How often do you review patients' immunizations and medication history with them (i.e., allergies, current in-center medications and home medications, over-the-counter medications, supplements, etc.)?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
Were you and in-center HD patients offered the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
How do you care for patients who are HBV-susceptible?	<input type="checkbox"/> V124	<input type="checkbox"/> No
QAPI	Deficient Practice?	
What practice audits of patient care are done at this facility and which ones have you performed?	<input type="checkbox"/> V628	<input type="checkbox"/> No
How are problems that threaten the health and safety of in-center HD patients and that require immediate correction addressed in QAPI?	<input type="checkbox"/> V640	<input type="checkbox"/> No
[Nurse manager] How does the medical director take responsibility in QAPI for in-center HD patients' clinical indicators?	<input type="checkbox"/> V629-637, <input type="checkbox"/> V712	<input type="checkbox"/> No
Recordkeeping	Deficient Practice?	
How often are in-center HD patients' flow sheets/treatment records reviewed for accurate documentation and used to revise the plan to meet outcomes/goals?	<input type="checkbox"/> V559 <input type="checkbox"/> V726	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
IN-CENTER HEMODIALYSIS PATIENT**

Patient Name: _____ **ID#:** _____ **Date/Time:** _____

Facility: _____ **CCN:** _____

Surveyor: _____ **#:** _____

From your sample, choose “interviewable” (i.e., alert, oriented, not mentally impaired) in-center HD patients to interview. Explain the purpose of the interview. Ask if the patient would prefer to be interviewed at the facility or by phone. Ask the **core questions**. If an issue is identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How do the staff at this facility encourage you to give input ? If you had a complaint, how would you file it here or elsewhere?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V627	<input type="checkbox"/> No
Do dialysis staff members treat you with respect and dignity and protect your privacy during dialysis?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
How do staff encourage you to participate in care planning and consider your needs, wishes and goals ? How do staff help you address barriers to meeting goals (targets)? Do staff discuss changes in your prescription before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
What were you told about other treatment options ? How did you choose in-center hemodialysis? Are you satisfied with in-center hemodialysis?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What have you been told about your condition, risks and benefits of dialysis and access types, infection prevention, personal care, home dialysis, self-care, quality of life, rehabilitation, transplant, your rights and responsibilities, and what to do in an emergency here or at home, including if you're not able to get to dialysis?	<input type="checkbox"/> V451 <input type="checkbox"/> V562 <input type="checkbox"/> V464	<input type="checkbox"/> No
How safe, clean, and comfortable is this facility?	<input type="checkbox"/> V401 <input type="checkbox"/> V402	<input type="checkbox"/> No
Do you see staff cleaning hands and changing gloves when moving from one patient or station to another?	<input type="checkbox"/> V113	<input type="checkbox"/> No
Have you ever had any problems or symptoms during dialysis and if so, how and how quickly were they addressed?	<input type="checkbox"/> V681 <input type="checkbox"/> V713	<input type="checkbox"/> No
Are there enough staff , i.e., nurses, technicians, dietitians and social workers at this facility to meet your needs ?	<input type="checkbox"/> V757	<input type="checkbox"/> No
Have you been offered a survey that asks how your health and symptoms affect your energy, activity level, and lifestyle? If problems were identified, how were they addressed?	<input type="checkbox"/> V552 <input type="checkbox"/> V628	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
IN-CENTER HEMODIALYSIS PATIENT**

Additional Questions

Patients' Rights and Responsibilities	Deficient Practice?	
What do staff do to make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Treatment Issues	Deficient Practice?	
How do you feel after dialysis? Do you get to your target weight? Have you ever had physical problems at home after dialysis?	<input type="checkbox"/> V543	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
What have you been taught about washing hands and cleaning your access site (fistula or graft) before dialysis and washing your hands before leaving the clinic?	<input type="checkbox"/> V562	<input type="checkbox"/> No
Emergency Preparedness	Deficient Practice?	
If your dialysis facility was closed in case of a disaster, what would you do?	<input type="checkbox"/> V412	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
What would you do if you had bleeding from your dialysis access after dialysis or signs and symptoms of access infection or clotting?	<input type="checkbox"/> V550 <input type="checkbox"/> V551	<input type="checkbox"/> No
What has the dietitian told you about food options, meal preparation, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What have you been told about how to manage your fluid intake and blood pressure?	<input type="checkbox"/> V543	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514 <input type="checkbox"/> V552	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No
How often do staff review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
(If reuse) What were you told about dialyzer reuse? How do you know you get your dialyzer each treatment?	<input type="checkbox"/> V312 <input type="checkbox"/> V348	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
PD PATIENT**

Patient Name: _____ **ID #:** _____ **Date/Time:** _____

Facility: _____ **CCN:** _____

Surveyor: _____ **ID #:** _____

From your sample, choose “interviewable” (i.e., alert, oriented, not mentally impaired) PD patients (or care partners) to interview while in the facility or by phone. Ask the home training nurse to contact the patient to alert him/her that the surveyor will be calling for an interview. Ask the **core questions**. If an issue has been identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How do the staff at this facility encourage you to give input ? If you had a complaint, how would you file it here or elsewhere?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V627	<input type="checkbox"/> No
Do dialysis staff members treat you with respect and dignity and protect your privacy during training and facility visits?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
How do staff encourage you to participate in care planning and consider your needs, wishes and goals ? How do staff help you address barriers to meeting goals (targets)? Do staff discuss prescription changes with you before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
What were you told about other treatment options ? How did you choose PD? Are you satisfied with PD?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What have you been told about your condition, risks and benefits of dialysis types, infection prevention, disposal of used supplies, rehabilitation, quality of life, transplant, rights and responsibilities, who to contact for problems 24/7, and what to do in an emergency or if something prevents you from doing PD?	<input type="checkbox"/> V451 <input type="checkbox"/> V464 <input type="checkbox"/> V562 <input type="checkbox"/> V585	<input type="checkbox"/> No
Are there enough staff , i.e., home training nurses, dietitians and social workers at this facility to meet your needs ? Do you see these staff members as often as you need to?	<input type="checkbox"/> V582 <input type="checkbox"/> V592 <input type="checkbox"/> V757	<input type="checkbox"/> No
How did your training nurse know you (and your care partner if applicable) were ready to do PD at home ?	<input type="checkbox"/> V586	<input type="checkbox"/> No
How safe, clean, and comfortable is the area for home training and facility visits?	<input type="checkbox"/> V401 <input type="checkbox"/> V402	<input type="checkbox"/> No
Have you been offered a survey that asks how your health and symptoms affect your energy, activity level, and lifestyle? If problems were identified, how were they addressed?	<input type="checkbox"/> V552 <input type="checkbox"/> V628	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
PD PATIENT**

Additional Questions

Patients' Rights and Responsibilities	Deficient Practice?	
What do staff do to make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Training & Support for Home Care	Deficient Practice?	
How often do you send/take flow sheets to this facility? Who reviews them?	<input type="checkbox"/> V587	<input type="checkbox"/> No
Do the staff ask you how well you are doing on PD?	<input type="checkbox"/> V589	<input type="checkbox"/> No
Management of PD Prescription	Deficient Practice?	
How do you decide the fluid to remove during dialysis and what PD solution to use? Does PD normally get you to your goal weight? How do you monitor and control your blood pressure?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V543	<input type="checkbox"/> No
How often does your nurse review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
What have you been taught about signs of an exit site infection or peritonitis and what would you do if you had any of these symptoms?	<input type="checkbox"/> V585	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
What has the dietitian told you about food options, meal preparation, managing fluids, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant in the facility or at the office? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
HOME HEMODIALYSIS PATIENT**

Patient Name: _____ **ID#:** _____ **Date/Time:** _____

Facility: _____ **CCN:** _____

Surveyor: _____ **#:** _____

From your sample, choose “interviewable” (i.e., alert, oriented, not mentally impaired) home HD patients (or care partners) to interview while in facility or by phone. Ask the home training nurse to contact the patient to alert him/her that the surveyor will be calling for an interview. Explain the purpose of the interview. Ask the **core questions**. If an issue has been identified in one or more data-driven focus areas, ask appropriate **additional questions**.

Core Questions

	Deficient Practice?	
How do the staff at this facility encourage you to give input ? If you had a complaint, how would you file it here or elsewhere?	<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V627	<input type="checkbox"/> No
Do dialysis staff members treat you with respect and dignity and protect your privacy during training and visits to the facility?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
How do staff encourage you to participate in care planning and consider your needs, wishes and goals ? How do staff help you address barriers to meeting goals (targets)? Do staff discuss prescription changes with you before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
What were you told about other treatment options ? How did you choose home hemodialysis? Are you satisfied with home hemodialysis?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What have you been told about your condition, risks and benefits of dialysis types, infection prevention, disposal of used supplies, rehabilitation, quality of life, transplant, rights and responsibilities, who to contact for problems 24/7, and what to do in an emergency or if something prevents you from doing home HD?	<input type="checkbox"/> V451 <input type="checkbox"/> V464 <input type="checkbox"/> V562 <input type="checkbox"/> V585	<input type="checkbox"/> No
Are there enough staff , i.e., home training nurses, dietitians and social workers at this facility to meet your needs ? Do you see these staff members as often as you need to?	<input type="checkbox"/> V582 <input type="checkbox"/> V592 <input type="checkbox"/> V757	<input type="checkbox"/> No
How did your training nurse know you (and your care partner if applicable) were ready to do hemodialysis at home ?	<input type="checkbox"/> V586	<input type="checkbox"/> No
How safe, clean, and comfortable is the area for home training and facility visits?	<input type="checkbox"/> V401 <input type="checkbox"/> V402	<input type="checkbox"/> No
Have you been offered a survey that asks how your health affects your energy, activity level, and lifestyle? If problems were identified, how were they addressed?	<input type="checkbox"/> V552 <input type="checkbox"/> V628	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V467	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW WORKSHEET:
HOME HEMODIALYSIS PATIENT**

Additional Questions

Patients' Rights and Responsibilities	Deficient Practice?	
What do staff do to make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Training & Support for Home Care	Deficient Practice?	
How often do you send/take flow sheets to this facility? Who reviews them?	<input type="checkbox"/> V587	<input type="checkbox"/> No
Did anyone come to your home to test the water quality before you started home HD? [Unless bagged dialysate] How and how often do you or facility staff test the water/dialysate?	<input type="checkbox"/> V593 <input type="checkbox"/> V594 <input type="checkbox"/> V595 <input type="checkbox"/> V596	<input type="checkbox"/> No
Do the staff ask you how well you are doing on home HD?	<input type="checkbox"/> V589	<input type="checkbox"/> No
Management of Home Hemodialysis Prescription	Deficient Practice?	
How do you decide how much fluid to remove during dialysis? Do you get to your goal weight? What symptoms do you have during or after dialysis? How do you monitor and control your blood pressure?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V543	<input type="checkbox"/> No
How often does the nurse review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
What have you been taught about signs of an access infection and what would you do if you had any of these symptoms?	<input type="checkbox"/> V585	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
What has the dietitian told you about food options, meal preparation, managing fluids, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant in the facility or at the office? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No

**ESRD CORE SURVEY WORKSHEET
WATER & DIALYSATE REVIEW: OBSERVATION & INTERVIEW**

Facility: _____ CCN: _____ Surveyor _____

Technician(s): _____ ID #: _____ Date/time: _____

You may need to interview more than one Technician, based on their responsibilities for water treatment and dialysate preparation.

Carbon System and Chlorine Removal	Trigger Identified?	
OBSERVE: Are there 2 carbon tanks or banks of tanks with a sample port between?	<input type="checkbox"/> V192	<input type="checkbox"/> No
ASK: What is the empty bed contact time (EBCT) of the carbon tanks- <i>note: surveyors are not expected to calculate EBCT. If the technical staff are unable to verbalize, ask for documentation of the EBCT</i>	<input type="checkbox"/> V195	<input type="checkbox"/> No
ASK: What test is done for chlorine/chloramines? When is the test done? What is the maximum allowable result?	<input type="checkbox"/> V196	<input type="checkbox"/> No
ASK: If the maximum level of 0.1 mg/L total chlorine is exceeded, what actions are taken to protect patients from exposure to chlorine/chloramines?	<input type="checkbox"/> V197	<input type="checkbox"/> No
Water Testing for Total Chlorine	Trigger Identified?	
OBSERVE: Total Chlorine test: <i>If you are unfamiliar with the testing equipment, review written instructions for the test prior to observation of staff. The sample must come from the sample port after the primary carbon tank.</i> Is the test performed correctly? Are the correct reagents used for the correct sample size? Are they within the expiration dates? Are they sufficiently sensitive to detect 0.1 mg/L total chlorine? If a digital meter is used, is it zeroed prior to testing? If strips are used, is the quantitative method of testing used?	<input type="checkbox"/> V196	<input type="checkbox"/> No
Reverse Osmosis (RO) & Continuous Water Quality Monitor	Trigger Identified?	
OBSERVE: The RO unit and the water quality monitoring system. Is there a continuous water quality monitor and an audible alarm to notify staff in the patient treatment area of poor water quality? <i>(do not require an alarm test)</i>	<input type="checkbox"/> V200	<input type="checkbox"/> No
ASK: How is the water quality monitored? What is the set point for the water quality alarm? What actions are taken if the percent rejection falls below 90% or the water quality exceeds the set point?	<input type="checkbox"/> V199 <input type="checkbox"/> V200	<input type="checkbox"/> No

ESRD CORE SURVEY WORKSHEET
WATER & DIALYSATE REVIEW: OBSERVATION & INTERVIEW

Deionization (DI) If Present	Trigger Identified?	
OBSERVE: Is the DI system being used as the primary purification component (no RO) or as a "polish" to supplement the RO?	N/A	N/A
OBSERVE: Is there a functional, continuous resistivity monitor after the DI system, with an audible and visual alarm in the patient treatment area? Is there an automatic divert-to-drain component or automatic cut-off valve to prevent water with resistivity <1 megohm from reaching the dialysis stations? Is there an ultrafilter after the DI system?	<input type="checkbox"/> V202 <input type="checkbox"/> V203 <input type="checkbox"/> V204	<input type="checkbox"/> No
ASK: How often is the DI system monitored? What resistivity level would cause the alarm to sound? What actions are taken if a DI tank exhausts and water resistivity drops <1 megohm?	<input type="checkbox"/> V202 <input type="checkbox"/> V203 <input type="checkbox"/> V260	<input type="checkbox"/> No
Disinfection and Water and Dialysate Microbiological Monitoring	Trigger Identified?	
ASK: How often is the water distribution system disinfected?	<input type="checkbox"/> V219	<input type="checkbox"/> No
ASK: When are water cultures and endotoxin/LALs obtained in relation to disinfection and from which sample sites?	<input type="checkbox"/> V213 <input type="checkbox"/> V254	<input type="checkbox"/> No
ASK: How often are dialysate cultures taken from each hemodialysis machine? How many machines are cultured each month?	<input type="checkbox"/> V253	<input type="checkbox"/> No
ASK: How are samples of water and dialysate collected and how are cultures and LALs performed, e.g., in-house "dip" samplers, in-house LALs, outside lab?	<input type="checkbox"/> V252 <input type="checkbox"/> V253 <input type="checkbox"/> V254 <input type="checkbox"/> V255 <input type="checkbox"/> V256 <input type="checkbox"/> V257 <input type="checkbox"/> -V258	<input type="checkbox"/> No
ASK: What are the action and maximum allowable microbiological levels for product water and dialysate? What actions are taken when those levels are exceeded?	<input type="checkbox"/> V178 <input type="checkbox"/> V180	<input type="checkbox"/> No

ESRD CORE SURVEY WORKSHEET
WATER & DIALYSATE REVIEW: OBSERVATION & INTERVIEW

Dialysate Preparation and Delivery	Trigger Identified?	
OBSERVE: Do the dialysate mixing systems appear maintained?	<input type="checkbox"/> V403	<input type="checkbox"/> No
ASK: Are batches of bicarbonate and/or acid dialysate concentrates mixed on-site? What verification testing is done for batches of acid concentrate?	<input type="checkbox"/> V229	<input type="checkbox"/> No
ASK: How long is mixed bicarbonate concentrate kept?	<input type="checkbox"/> V233	<input type="checkbox"/> No
ASK: Are acid concentrates ever spiked with additional electrolytes? Who is responsible for doing this? Are there any spiked jugs of concentrate available for use now? If so, OBSERVE: are they clearly labeled?	<input type="checkbox"/> V235 <input type="checkbox"/> V236	<input type="checkbox"/> No
Review of Chemical and Microbiological Monitoring Logs	Trigger Identified?	
REVIEW: <u>2 months of total chlorine testing logs</u> <ul style="list-style-type: none"> • Are there trends of omitted tests? • Did the level exceed 0.1mg/L total chlorine? Were appropriate actions taken? 	<input type="checkbox"/> V196 <input type="checkbox"/> V197	<input type="checkbox"/> No
REVIEW: <u>2 months of RO function monitoring</u> (NOT all gauge readings in the water system) <ul style="list-style-type: none"> • Was the water quality recorded daily (TDS or conductivity)? • Was the % rejection monitored? 	<input type="checkbox"/> V199 <input type="checkbox"/> V200	<input type="checkbox"/> No
REVIEW: <u>12 months or most recent product water chemical analysis</u> <ul style="list-style-type: none"> • Was a chemical analysis done at least annually? 	<input type="checkbox"/> V201	<input type="checkbox"/> No
REVIEW: <u>6 months of microbiological testing of water and dialysate</u> <ul style="list-style-type: none"> • Were monthly cultures and endotoxin levels tested from identified sites in the water treatment and distribution system, and dialyzer reprocessing room (if applicable)? • Were dialysate cultures and endotoxins tested from at least 2 hemodialysis machines per month, and each machine cultured at least annually? • If culture or endotoxin results exceeded action levels (50 CFU/1 EU) or maximum allowable levels (200 CFU/2EU), were appropriate actions taken? 	<input type="checkbox"/> V213 <input type="checkbox"/> V253 <input type="checkbox"/> V178 <input type="checkbox"/> V180	<input type="checkbox"/> No

**ESRD CORE SURVEY WORKSHEET
WATER & DIALYSATE REVIEW: OBSERVATION & INTERVIEW**

Review of Chemical and Microbiological Monitoring Logs (continued)	Trigger Identified?	
REVIEW: <u>If DI present, DI monitoring logs for 3 months</u> <ul style="list-style-type: none"> • Were resistivity readings recorded at least 2 times a day? • If resistivity fell below 1 megohm, was dialysis stopped and appropriate actions taken to resolve the problem? 	<input type="checkbox"/> V202 <input type="checkbox"/> V203	<input type="checkbox"/> No
Review of Technical Practice Audits	Trigger Identified?	
REVIEW: <u>12 months of audits of staff</u> conducting water and dialysate testing, dialysate mixing, dialysate pH and conductivity testing at the point of use (HD machines) <ul style="list-style-type: none"> • Were periodic audits (not less than annually) of staff conducting technical procedures done? 	<input type="checkbox"/> V260	<input type="checkbox"/> No

**ESRD CORE SURVEY WORKSHEET
REUSE: OBSERVATION/INTERVIEW/REVIEW**

Facility: _____ **CCN:** _____

Surveyor: _____ **ID#:** _____

Note: This worksheet is intended for use while conducting “Dialyzer Reprocessing/reuse Review.” The observations of the set up/priming of reprocessed dialyzers in preparation for dialysis, and corresponding germicide tests and safety checks are conducted during “Observations of Hemodialysis Care and Infection Control Practices.”

Reuse Tech: _____ Date/time: _____

Reprocessing Equipment: _____ Germicide: _____

Observations of Reprocessing Area	Triggers Identified?	
OBSERVE: Does the reprocessing area and equipment appear clean, sanitary, and maintained?	<input type="checkbox"/> V318	<input type="checkbox"/> No
OBSERVE: Are there noticeable odors of germicide? If so, ASK: When/how are air levels of germicide tested?	<input type="checkbox"/> V318	<input type="checkbox"/> No
OBSERVE: Is the room temperature appropriate for storage of the germicide in use and the storage of reprocessed dialyzers?	<input type="checkbox"/> V321 <input type="checkbox"/> V345	<input type="checkbox"/> No
OBSERVE: Are used/dirty dialyzers reprocessed within 2 hours or refrigerated? Is the refrigerator temperature monitored?	<input type="checkbox"/> V331	<input type="checkbox"/> No
OBSERVE: Are reprocessed dialyzers protected from unauthorized access, damage, and contamination?	<input type="checkbox"/> V321	<input type="checkbox"/> No
Observation and Interview with Reprocessing Personnel	Triggers Identified?	
PPE: OBSERVE: Are staff using PPE appropriate to the tasks performed and the germicide (durable gloves, face shield/mask/goggles, gown)?	<input type="checkbox"/> V320	<input type="checkbox"/> No
Germicide: ASK: What are the germicide manufacturer's instructions for proper germicide storage? How long must dialyzers be filled with germicide before they can be used for dialysis? How long may a reprocessed dialyzer stay on the shelf (when a patient is absent) before it must be refilled with fresh germicide? What are the procedures for germicide/chemical spills? Are there readily available equipment & supplies in the case of splashes (i.e., eyewash station, spill kit) or spills of chemicals and/or germicide?	<input type="checkbox"/> V319 <input type="checkbox"/> V320 <input type="checkbox"/> V345	<input type="checkbox"/> No
Dialyzer labeling: ASK: When are patients' dialyzers labeled? How to you label dialyzers for patients with same or similar names?	<input type="checkbox"/> V328 <input type="checkbox"/> V330	<input type="checkbox"/> No

**ESRD CORE SURVEY WORKSHEET
REUSE: OBSERVATION/INTERVIEW/REVIEW**

Observation and Interview with Reprocessing Personnel (continued)	Triggers Identified?	
<p>Transportation of dirty dialyzers: OBSERVE: Are used/dirty dialyzers transported in a clean/sanitary manner (all ports capped, not cross-contaminating other dialyzers)? If dialyzers are refrigerated, ASK: How long after dialysis must a dialyzer be reprocessed or refrigerated? What is the maximum time a dialyzer may be refrigerated prior to reprocessing?</p>	<input type="checkbox"/> V331	<input type="checkbox"/> No
<p>Pre-cleaning procedures: OBSERVE for 1-2 dialyzers: If header caps are removed, are the dialyzer headers, caps and o-rings cleaned and disinfected appropriately? Are water pressures at the pre-rinse sink monitored and maintained within dialyzer parameters? Is cross-contamination avoided by disinfecting equipment connections between dialyzers or the use of barrier adaptors? ASK: What quality of water is used for pre-cleaning the internal compartments of the dialyzers?</p>	<input type="checkbox"/> V334 <input type="checkbox"/> V332 <input type="checkbox"/> V331 <input type="checkbox"/> V333	<input type="checkbox"/> No
Review of Reuse QA Oversight	Triggers Identified?	
<p>REVIEW: 12 months of the following Reuse QA Audit results to verify they are routinely conducted:</p> <p>Quarterly: Dialyzer labeling including verification of similar names warnings and appropriate labeling practices Preparation for dialysis including observations of staff preparing reprocessed dialyzers for use in patients' treatments</p> <p>Semi-annual: Reprocessing procedures including observations of reprocessing personnel performing dialyzer reprocessing procedures</p>	<input type="checkbox"/> V366 <input type="checkbox"/> V368 <input type="checkbox"/> V367	<input type="checkbox"/> No
Reprocessing Equipment Preventive Maintenance (PM) and Repair	Triggers ID'd?	
<p>REVIEW: 12 months of reprocessing equipment PM and repair logs: Are PM procedures and repairs performed by qualified personnel, in accordance with manufacturer's directions and recorded? Are the automated reprocessing systems calibrated per manufacturer DFU (<i>this may be found in daily "start up logs"</i>)? Is equipment tested after repairs and before being placed back in service?</p>	<input type="checkbox"/> V316 <input type="checkbox"/> V317	<input type="checkbox"/> No
Reuse Adverse Occurrences	Triggers Identified?	
<p>REVIEW: 12 months of dialyzer "complaint" logs-recording of problems, events related to reprocessed dialyzers Were appropriate actions taken in response to serious events related to reprocessed dialyzers?</p>	<input type="checkbox"/> V355 <input type="checkbox"/> V356 <input type="checkbox"/> V357 <input type="checkbox"/> V635	<input type="checkbox"/> No

**ESRD CORE SURVEY INTERVIEW/REVIEW WORKSHEET
MACHINE/EQUIPMENT/MAINTENANCE TECHNICIAN**

Facility: _____ **CCN:** _____ **Surveyor** _____

Technician(s): _____ **ID #:** _____ **Date/time:** _____

Use this worksheet to document your 1) Interview with the machine/equipment maintenance technician; 2) Review of the preventative maintenance (PM) documentation of hemodialysis (HD) machines maintained by the facility personnel; and 3) Review of the documentation of calibration of the equipment used to conduct the HD machine PMs and to test dialysate pH/conductivity.

1. Interview with machine/equipment technician				Trigger Identified	
ASK: What types of patient and staff concerns, suggestions/complaints, errors and near misses are staff taught to respond to, report, and record? How comfortable would you feel to report? What is your facility's system for reporting resolution?				<input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V467 <input type="checkbox"/> V627	<input type="checkbox"/> No
ASK: What hemodialysis (HD) machines does the facility maintain? Are there machines from different manufacturers? Does the facility maintain the HD machines for home patients? What is the total number of HD machines maintained by the facility?					
ASK: What are the manufacturer's PM directions for use (DFU) for each type of machine (i.e., at what prescribed intervals—by calendar months or operating hours, or both)? Machine type _____ PM DFU _____ Machine type _____ PM DFU _____ Machine type _____ PM DFU _____					
2. Review 10% of PM logs (minimum 3)					
REVIEW: 12 months of PM logs for 10% (minimum of 3) of the HD machines maintained by the facility. Include machines of home HD patients, and of the different types (manufacturers) of machines used at the facility. Record the dates, operating hours, and degree of PM procedures conducted (e.g. quarterly, semi-annual, annual, etc.) in the table below.					
Machine # or ID & Type	Dates of PMs for Past 12 Months	Operating Hours Recorded	PM Procedure (quarterly, semi-annual, annual, etc.)	Trigger Identified	

**ESRD CORE SURVEY INTERVIEW/REVIEW WORKSHEET
MACHINE/EQUIPMENT/MAINTENANCE TECHNICIAN**

Machine # or ID & Type	Dates of PMs for Past 12 Months	Operating Hours Recorded	PM Procedure (quarterly, semi-annual, annual, etc.)	Trigger Identified	
Were the HD machines you reviewed maintained according to the manufacturer's DFU for PM procedures and intervals between PMs?				<input type="checkbox"/> V403	<input type="checkbox"/> No
3. Review documentation of calibration of equipment				Trigger Identified	
ASK: What is the manufacturer's DFU <ul style="list-style-type: none"> • For calibrating the dialysate pH and conductivity meters? • For the equipment/meter used to conduct HD machine PM and repair 					
REVIEW: 2 months of calibration logs for the dialysate pH and conductivity meters used at the dialysis machines prior to patients' treatments.					
Were the pH/conductivity meters calibrated according to manufacturer's DFU (e.g., daily, specific solutions used, etc.				<input type="checkbox"/> V403	<input type="checkbox"/> No
REVIEW: The most recent calibration documentation for the equipment/meter used to conduct the HD machine PMs and repairs.					
Was the equipment/meter used to conduct HD machine PM and repairs calibrated according to the manufacturer's DFU?				<input type="checkbox"/> V403	<input type="checkbox"/> No

Additional notes: _____

Initiation of Dialysis with Central Venous Catheter



#1

Notes: Patient should wear a mask whenever CVC is accessed; Staff PPE must be gown, mask and eye protection, gloves

- Bring supplies needed for that patient to station (no common cart/tray)**
- Hand hygiene, don clean gloves**
- Place clean field under CVC ports**
- Close CVC clamps: Disinfect exterior or interior of CVC hubs with appropriate antiseptic**
(exterior disinfection=wipe hubs before removing; interior disinfection=remove caps, wipe threads and top of open hub to remove residual blood/residue; closed connector devices=wipe outside connecting surfaces)
- Connect sterile syringes aseptically to each port to remove indwelling solutions and/or flush with sterile saline; initiate treatment**
- Remove gloves; hand hygiene**

Note: If troubleshooting or manipulation of catheter or dialysis lines occurs during the dialysis treatment, then PPE, hand hygiene, gloves and external disinfection of the CVC hub procedure should be performed as above with each manipulation.

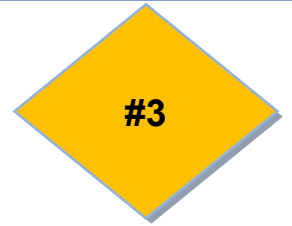
CVC Exit Site Care

Notes: Patient should wear a mask whenever CVC is accessed;

Staff PPE must be gown, mask and gloves

- No common supply cart/tray brought to station (supplies for only that patient brought to station)
- Hand hygiene, don clean gloves
- Remove old dressing & discard
- Remove gloves; hand hygiene; done clean gloves
- Cleanse area around CVC exit site with antiseptic; allow to dry before applying dressing
- Apply sterile dressing to CVC exit site
may apply antimicrobial ointment if not contraindicated or chlorhexidine-impregnated dressing if no sensitivity
- Remove gloves; hand hygiene

Discontinuation of Dialysis with Central Venous Catheter



Notes: Patient should wear a mask whenever CVC is accessed;

Staff PPE must be gown, mask, eye protection, and gloves

- Bring supplies needed for that patient to station (no common cart/tray)**
- Hand hygiene, don clean gloves**
- Place clean field under CVC ports**
- Reinfuse extracorporeal circuit**
- Remove gloves; hand hygiene; don clean gloves**
- Close CVC clamps: Disinfect connections with appropriate antiseptic**
(exterior disinfection=wipe exterior connection before disconnecting blood lines; open hub disinfection=wipe threads and top of open hub after disconnecting blood lines, removing any residue/blood; closed connector devices=wipe exterior of connections before disconnecting blood lines)
- Disconnect blood lines aseptically**
- Apply sterile port caps aseptically after post-treatment protocol** (applicable to closed connector devices when changed)
- Discard unused supplies or dedicate to that patient-no supplies returned to common supplies**
- Remove gloves; hand hygiene**

Initiation of Dialysis with AV Fistula or Graft

Notes: Staff PPE must be gown, face shield or mask/eye protection, and gloves

- Bring supplies needed for that patient to station (no common cart/tray)**
- Patient or staff wash skin over access with soap and water or antibacterial scrub**
Note: Patients should be instructed to wash their access sites upon entering facility and staff verbally confirm with patient that it was done; for dependent patients, staff must do this before proceeding with skin antisepsis
- Evaluate access; locate/palpate cannulation sites**
- Hand hygiene (remove gloves, if worn); don clean gloves**
- Apply antiseptic to skin over cannulation sites and allowed to dry; sites not touched again after skin antisepsis without repeating skin antisepsis**
- Insert cannulation needles; tape in place; initiate treatment**
- Remove gloves; hand hygiene**

Note: This checklist is not intended for use with buttonhole cannulation technique

Discontinuation of Dialysis and Post Dialysis Access Care of AV Fistula or Graft

Notes: Staff PPE must be gown, face shield or mask/eye protection, and gloves

- No common supply cart/tray brought to station (supplies for only that patient brought to station)**
- Hand hygiene, don clean gloves**
- Reinfuse extracorporeal circuit, disconnect bloodlines aseptically**
- Remove gloves; hand hygiene; don clean gloves**
- Remove needles aseptically; discard needles in Sharps container at point of use**
Needle sites held with clean bandage or gauze using clean, gloved hands (patient, staff, other) or disinfected clamps
- Remove gloves; hand hygiene**
- When hemostasis is achieved: Hand hygiene; don clean gloves; replace blood-soiled bandage or gauze to needle sites**
Ensure the bandage or gauze on each needle site is clean and dry before discharge
- Discard unused supplies or dedicate to that patient-no supplies returned to common supplies**
- Remove gloves; hand hygiene**
Patient or visitor who held sites remove gloves, hand hygiene

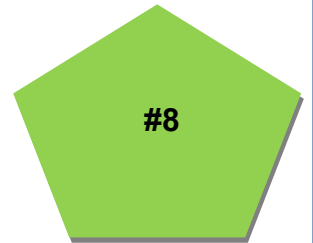
Cleaning and Disinfection of the Dialysis Station

#6

Notes: All items listed below must be disinfected using an EPA-registered hospital disinfectant prepared and used per manufacturer's instructions for use; Staff PPE must be gown, face shield or mask/eye protection, and gloves

- Remove all bloodlines & disposable equipment & discard in biohazardous waste; dialyzer for reprocessing cap all ports; transport dialyzer and bloodlines in a manner to prevent contamination of other surfaces
- Empty prime waste receptacle, if present on machine
- Remove gloves; hand hygiene; don clean gloves
- Use disinfectant cloth/wipe to visibly wet all machine top, front and side surfaces, dialysate hoses, Hansen connectors, and outside surfaces of concentrate containers
- Wipe wet all internal and external surfaces of prime waste container & allow to dry (prime waste container must be disinfected before used to prepare for another patient's treatment)
- When chair is vacated, remove and discard disposable supplies or dedicate to that patient-not returned to common supplies
- Recline chair fully, use a fresh disinfectant cloth/wipe to visibly wet all external front-facing and side chair surfaces, including along sides of seat cushion and side tables
- Apply disinfectant to all non-disposable items: BP cuff and tubing, TV controls, call button, data entry station & counters around station
- If clamps were used, cleaned of visible blood and disinfected
- Discard cloths/wipes
- Remove gloves; hand hygiene

Parenteral Medication Preparation and Administration



Notes: Medications must be prepared in a clean area on a clean surface away from dialysis stations. The exception to this is drawing saline syringes from the patient's saline bag at the station following aseptic technique after wiping port with disinfectant prior to aspirating.

- Hand hygiene**
- Single dose vials used for one patient only and discarded**
- Multiple dose vials entered with ONLY a new, empty, sterile syringe and needle** (label with date opened and discard within 28 days or by manufacturer instructions)
- Wipe stopper with alcohol or other antiseptic**
- Withdraw medication into sterile syringe; label syringe if medication not immediately administered**
Note: May prepare meds for multiple patients at one time, but administration must be to one patient at a time, leaving the remainder of drawn meds in the clean preparation area
- Take only individual patient's medications to their dialysis station**
- Hand hygiene; don clean gloves** (other PPE as indicated by potential exposure)
- Wipe injection port with disinfectant; inject medication**
- Discard syringe into Sharps container** (exception if using needless system with no attached needle, disposal in Sharps not necessary)
- Remove gloves; hand hygiene**

Dialysis Supply Management & Contamination Prevention

- Supplies are stored and kept in designated clean areas, sufficient distance from dialysis stations** to prevent contamination from potentially infectious materials/substances
- Supplies for next patient are not brought to the station before the prior patient's treatment is discontinued and applicable equipment (machine, chair) cleaned/disinfected** (supplies for the next patient are not placed on or near the machine until it has been stripped, cleaned and surface disinfected)
- Carts or trays containing supplies are not taken to or moved between dialysis stations**
- Staff do not keep patient care supplies in pockets or on their person**
- Non-disposable equipment** (e.g. thermometer, pH/conductivity meter, access flow device, O₂ saturation meter, blood glucose meter, stethoscope diaphragm/bell end) **brought to the dialysis station is cleaned and disinfected before being returned to a common area or taken to another dialysis station.**
Disinfection=all surfaces wiped with EPA-registered hospital disinfectant and allowed to dry
- Medication vials are not taken to the dialysis station**
- Disposable supplies taken to the dialysis station and not used for the patient are discarded or dedicated to the individual patient & not returned to common supplies**

Index

- 1 - 4** Outline of the ESRD Core Survey Process /
ESRD Core Survey Triggers
- 5 - 6** ESRD Core Survey Interview Worksheet:
Patient Care Technician
- 7 - 8** ESRD Core Survey Interview Worksheet: Nurse
- 9 - 11** ESRD Core Survey Interview Worksheet:
In-Center Hemodialysis Patient
- 12** ESRD Core Survey Interview Worksheet:
Peritoneal Dialysis Patient
- 13 - 14** ESRD Core Survey Interview Worksheet:
Home Hemodialysis Patient
- 15 - 18** ESRD Core Survey Worksheet: Water Treatment/
Dialysate Review Observation & Interview
- 19 - 20** ESRD Core Survey Worksheet: Reuse Observation/
Interview/Review
- 21 - 22** ESRD Core Survey Machine/Equipment
Maintenance Interview/Review
- 23 - 30** Infection Control Checklists



**National Association
of Nephrology
Technicians /
Technologists**

877.607.6268

nant@meinet.com

www. DialysisTech.NET