



Center of Excellence
BARIATRIC SURGERY



Core Survey for Dialysis Technician - Clinical

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The findings and conclusions in this presentation are those of the author and do not represent the views of St. Joseph Hospital or any professional organizations



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Most Frequent Cited V-tags Really Impact Patients

Patient Safety

- **Infection Control**
 - V113: Gloves/hand hygiene: 31%
 - V122: Equip & surfaces disinfected: 29%
- **Technical**
 - V403: Equip operated & maintained: 21%
 - V196: Chl/chl testing: 12%

Quality of Patient Care

- Fluid & BP management: V543: 14%
- Psychosocial counseling/KDQOL: V552: 11%

Lessons Learned Since 2008

- The Basic ESRD Survey process does not most efficiently use surveyor time to protect patients and improve care
 - Detailed reviews of areas which have no real impact on patients (e.g. all water pre-treatment components when only carbon affects patient safety)
 - “Blanket reviews of all Patient Assessment/Plan of Care areas in facilities that perform well in some of the areas (e.g. reviewing adequacy in a facility which meets adequacy goals)
- Average time for an ESRD survey has increased >38% since 2008

CMS Efficiency & Effectiveness Initiative: FY 2012 and Beyond

- Survey resources are limited, and may not improve
- A large increase in providers: ESRDs ^ 37%
- Need to focus survey activities to achieve the most **efficient** use of survey resources to conduct an **effective** survey that:
 - Focuses surveyors on areas **most important** to patient safety and quality of patient management
 - Utilizes **facility data** to focus survey reviews in clinical areas in need of improvement at **that** facility.
 - Supports a robust facility-based QAPI program that assures **ongoing** patient safety and quality care

Survey & Certification Quality Assurance Efficiency & Effectiveness

- In developing the core survey for QAEE, the overarching goal is to improve patient outcomes and improve the efficiency of the survey process through use of data-driven survey algorithms.
- Successful completion of this initiative requires:
 - Development of a more focused core survey process
 - Surveyor education
 - Implementation of a change management strategy

Polled ESRD S&C "Top" V-tags per CfC by Importance to Patient Safety & Quality

Infection Control:

- V113: Gloves/hand hygiene
- V122: Disinfect equip/surfaces
- V116: Items taken to station

Water/dialysate quality:

- V177: Max chemical contam
- V180: Max microbial contam
- V196: Carbon: chl/chlm testing
- V250: Dialysate pH/Cond testing
- V260: Personnel training/audits

Reuse

- V353: Test germicide residual
- V331: Dialyzer transport
- V334: Header cleaning
- V307: Personnel qualifications

Physical environment

- V403: Equip operated & maintained per DFU
- V407: Patients I view during HD
- V413: Emerg equip on site
- V409/413: Staff & patients trained in emerg procedures

ESRD S&C “Top” V-tags per CfC by Importance to Patient Safety & Quality

Patients Rights

- V458: Informed all modalities
- V453: receive understandable information
- V452: Dignity and respect
- V456: Participate in care
- V467: File anonymous grievance

PA/POC

- V541: POC goals = standards
- V542: IDT develops POC
- V562: Patient education
- V510/552: Psychosocial needs assessed & met/KDOOL

QAPI

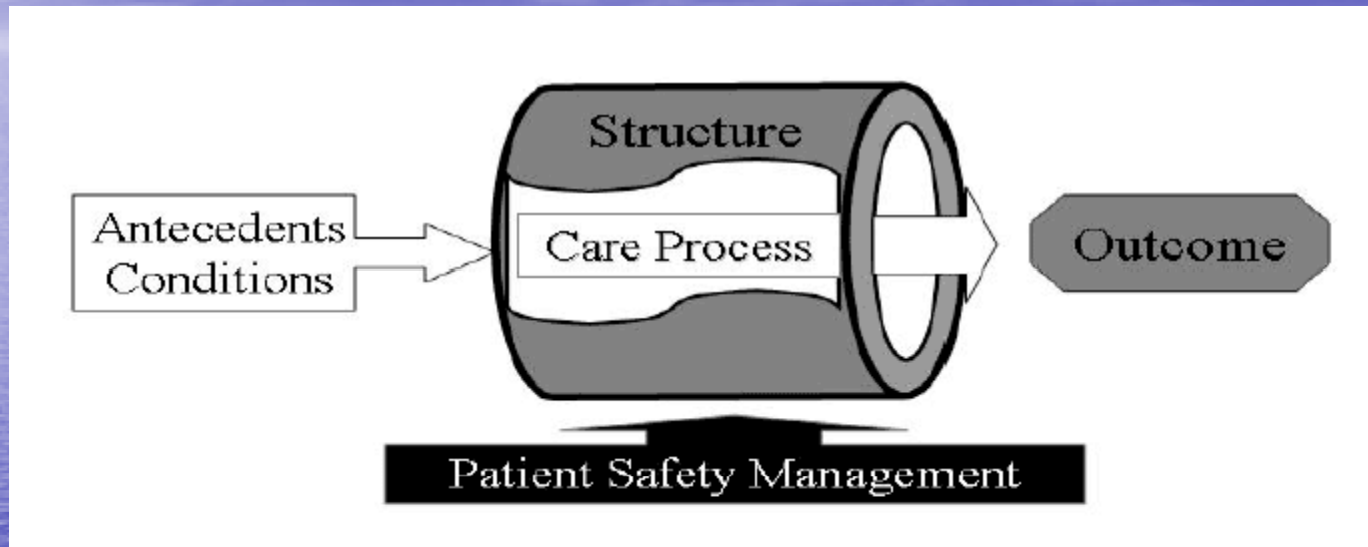
- V627: Ongoing, uses indicators to achieve improvement
- V626: QAPI covers all operations
- V640: Immediately correct IJ
- V634: Reduce medical errors

Personnel Qualifications

- V681: Personnel qualified
- V695: PCT certification
- V691: MSW qualified
- V684: Nurse Manager

GR12" AVE

Donabedian Model for Patient Safety



Adjust structure and process to eliminate or minimize risks of health care associated injury before they have an adverse event that impacts on the outcomes of care.

Donabedian to Core Survey Process

- Started with the patient outcomes for each CfC:
 - Desired: clinical areas (e.g., adequacy, nutrition)
 - Adverse: infection control and technical areas (e.g., sepsis, chloramines breakthrough)
- Asked what facility structure and processes must be in place to facilitate or prevent the outcomes
- Determined what core survey actions could most effectively validate the presence of those facility structures and processes

Placed this into a Grid

Soliciting Feedback

- From various groups in the dialysis community
 - Professional organizations/Leaders
 - Surveyors
 - Patient Leaders
 - Providers/Risk Management/Staff
 - Technical/Clinical Experts
 - ESRD Networks

Key Concepts of the ESRD Core Survey Process

- **Using data:** Facility-specific and patient-specific data are central to the Core Survey for focusing the survey process reviews and monitoring the facility practices/outcomes.
- **QAPI:** The Core Survey enhances the importance of a functional and robust facility-based QAPI program to continually protect patients and assure quality of care.
- **Culture of Safety:** The importance of a systemic facility culture that supports open communications, reporting without fear of retribution, and self-examination is emphasized in the Core Survey process. The Core Survey uses interviews with patients and all levels of staff and QAPI review to monitor a facility's culture of safety.
- **Safety of Dialysis Delivery and Infection Prevention:** The highly-technical nature of dialysis treatments place the patients at significant risk if there is isolated or systemic failure to follow precise procedures.
- **Patient Voice:** The Core Survey process places more emphasis on listening to the individual patient's point of view and to the collective patients' voices.

Core Survey Format

- 12 grid for each Condition for Coverage (16 conditions)
- Organized by the survey review areas (tasks) of the Full ESRD Survey Process
- The “core” activities and guidance for each ESRD Core Survey task are listed.
- Followed by “triggers”
 - Triggers indicate the presence of adverse conditions/situations and/or deficient practice which, if identified by the surveyor during the ESRD Core Survey activity, denote that a citation may be indicated or more comprehensive investigation into that area should be conducted to determine if and what level of citation is indicated.

Part 494 CFC

- 494.20: Condition: Compliance with Federal, State & locals laws & regulations (V100)
- 494.30: Condition: Infection control (V110 – V148)
- 494.40: Condition: Water and dialysate quality (V175 – 278)
- 494.50: Condition: Reuse of hemodialyzers and bloodlines (V300 – 383)
- 494.60: Condition: Physical environment (V400 – 420)
- 494.70: Condition: Patient's rights (V450 – 562)
- 494.80: Condition: Patient assessment (V500 – 520)*
- 494.90: Condition: Patient plan of care (V540 – 562)*
- 494.100: Condition: Care at home (V580 – 599)
- 494.110: Condition: Quality assessment and performance improvement (V625 – 640)
- 494.120: Condition: Special purpose renal dialysis facilities (V660 – 667)
- 494.130: Condition: Laboratory services (V675 – 676)
- 494.140: Condition: Personnel qualifications (V680 – 696)
- 494.150: Condition: Responsibilities of the medical director (V710 – 716)
- 494.160: Condition: [Reserved]
- 494.170: Condition: Medical records (V725 – 733)
- 494.180: Condition: Governance (V750 – 773)

Outline of Basic ESRD Survey Process

- Task 1 – Preparation Presurvey Offsite
- Task 2 – Introductions
- Task 3 – Tour and Ongoing Observations
- Task 4 – Entrance conference
- Task 5 – Patient sample selection
- Task 6 – Water treatment/Dialysate Prep
- Task 7 – Reprocessing/Reuse
- Task 8 – Machine operation/Maintenance
- Task 9 – Home Training & support review
- Task 10 – Patient interviews
- Task 11 – Medical record reviews
- Task 12 – Personnel interviews
- Task 13 – Personnel record reviews
- Task 14 – QAPI review
- Task 15 – Decision making
- Task 16 – Exit conference

1 D

5 U

2 R

6 L

3 A

7 A

4 C

Infection Control		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> • Access-related bacteremia <ul style="list-style-type: none"> ○ Facility QI data ○ DFR • Hospitalizations for septicemia • Peritonitis • Inadequate immunizations <ul style="list-style-type: none"> ○ Facility QI data 	<ul style="list-style-type: none"> • Direct care practices <ul style="list-style-type: none"> ○ Hand hygiene ○ Gloves/ masks ○ HBV+ isolation ○ Disinfection ○ Supply mgmt ○ Med prep/admin ○ Put on/take off care ○ Exit site care • Vaccinations program • Surveillance program • Sufficient space between stations • Isolation station/area • Physical separation of clean & dirty • Clean supply area • Medication prep area 	<ul style="list-style-type: none"> • Observation of care practices <ul style="list-style-type: none"> ○ If bacteremia /septicemia rates are low, observation should focus on hand hygiene, glove/mask use, HBV isolation, disinfection, supply management with less focus on initiation and termination of dialysis and exit site care. • Review of infection control audits • Disinfection of machine and station • If HBV+ pt., then observe specifics of Isolation Practices • Validation of vaccine /surveillance data (in med record) • <i>Patient Interview questions (including patient education/ engagement)</i>
<p>Survey Expansion Triggers</p> <ul style="list-style-type: none"> • Problems identified during observations on tour and care delivery <ul style="list-style-type: none"> ○ blood spills not immediately cleaned; equipment and/or surfaces visibly spattered with dried or wet blood ○ poor isolation practices; staff delivering care to HBV+ patient and susceptible patients (this would be to look into the extent of the practice-is it the "normal" assignment); when 1 RN on duty-poor infection control separation b/t care to HBV+ and susceptible patients ○ trends/multiple breaches in infection control • Inadequate IC audits • Multiple complaint allegations about poor infection control practices 		

Cleaning and Disinfection of the Dialysis Station

Facility _____ Surveyor _____

Obs. #1: Date/time _____ Station# _____ Staff _____

Obs. #2: Date/time _____ Station# _____ Staff _____

Notes: All items listed in this checklist must be disinfected using an EPA-registered tuberculocidal disinfectant prepared and used in accordance with manufacturer's instructions; Staff PPE must be gown, face shield or mask/eye protection, and gloves

ACTION	OBSERVATION 1	OBSERVATION 2
Remove all bloodlines and disposable equipment; discard in biohazardous waste; dialyzer for reprocessing: all ports capped, dialyzer and bloodlines transported in a manner to prevent contamination of other surfaces	Y/N	Y/N
Empty prime waste receptacle, if present on machine	Y/N	Y/N
Remove gloves, hand hygiene, don clean gloves	Y/N	Y/N
Use disinfectant-soaked cloth/wipe to visibly wet all machine top, front and side surfaces, dialysate hoses, Hansen connectors, and outside surfaces of dialysate concentrate containers	Y/N	Y/N
Wipe all internal and external surfaces of prime waste container, if present; prime waste container must be disinfected before used to prepare for another patient's treatment	Y/N	Y/N
When chair vacated: discard unused disposable supplies (or dedicate to that patient); chair fully reclined, fresh disinfectant cloth/wipe used to visibly wet all external front-facing and side chair surfaces, including down sides of seat cushion and tops of side tables	Y/N	Y/N
Non-disposable items: BP cuff & tubing, TV controls, call button, data entry station and counters around dialysis station wiped wet with disinfectant	Y/N	Y/N
If clamps are used, cleaned of visible blood and disinfected.	Y/N	Y/N
Discard cloths/wipes; remove gloves, hand hygiene	Y/N	Y/N

Attention: It is not a regulatory requirement that the dialysis station is vacated before surface cleaning and disinfection and set up of the dialysis machine is done. If the previous patient remains in the chair while the machine is cleaned/disinfected and prepared for the next patient, pay close attention to staff adherence to separation (changing gloves, hand hygiene) when moving between the patient and the disinfected and/or prepared machine.

Patients' Rights		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> • Patients' rights are protected • Patients' choice of modality is adhered to unless contraindicated 	<ul style="list-style-type: none"> • Patients treated with dignity & respect • Patients informed in manner they can understand: <ul style="list-style-type: none"> ○ Grievance process & right to file w/o retribution ○ Rights & responsibilities ○ Discharge/ transfer policies • Access to & resources about modalities & settings <ul style="list-style-type: none"> ○ Posted State & Network phone numbers 	<ul style="list-style-type: none"> • <i>Interview all core sampled patients (if possible)</i> • <i>Observe care</i> • <i>QAPI Link-Review Grievance Log, patient satisfaction</i> • <i>Link to Tour- Observe postings for Patient Rights/Responsibilities and contact info.</i>
<u>Survey Expansion Triggers</u> <ul style="list-style-type: none"> • Observation of disrespectful treatment of patients • Patient(s) verbalize concerns on interview in all areas of patient information and rights 		

Patient Assessment & Patient Plan of Care		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> Hospitalization for CHF, HTN Average IDWG > 5% (???) Kt/V > 1.2 IDT activated for unstable patients Adequate nutrition Target calcium met Target phosphorus met Hgb, asymptomatic Catheter rate KDQOL scores, 10 point drop 	<ul style="list-style-type: none"> IDT identifies unstable patients IDT uses the community accepted goals (MAT) to develop POC IDT develops POC based on comprehensive IDT PA Monitor, Recognize, Address All IDT members Community accepted goals available (MAT) 	<ul style="list-style-type: none"> Review DFR, unstable patient list, and QAPI Patient Outcomes If all outcomes “good” and patient stable, no further review required If specific outcomes “bad”, proceed <ul style="list-style-type: none"> Focus selection of patient sample on those with “bad” outcomes over last 12 months Focused Medical Record Review-MRA Unstable patient- Review IDT care <i>Patient Interview for meaningful involvement in IDT (follow the outcome)</i>
<p>Survey Expansion Triggers</p> <ul style="list-style-type: none"> Trends of failure to demonstrate a functional IDT process to monitor, recognize and address in aiming at achievement of identified outcome goals 		

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Quality Assessment & Performance Improvement		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> • Culture of safety is present • Measures of water/ dialysate quality, reuse practices, and equipment maintenance assure patient safety • Ongoing improvements in health outcomes are attained & sustained • Medical errors & injuries are accurately reported and reduced 	<ul style="list-style-type: none"> • Medical director/QAPI team that includes IDT & facility management • Effective two-way communication exists among medical director, QAPI team, facility staff, & governing body • Data is collected, trended, & cause analysis performed <ul style="list-style-type: none"> ○ Clinical ○ Operational ○ Patient satisfaction ○ Adverse events (e.g., infections, errors/ omissions, transports from dialysis to hospital, complaints & grievances, IVD/IVT, etc.) • Plan(s) for performance improvement are developed, implemented, & revised periodically, & as needed • Facility has process for QAPI • Resources are allocated to facilitate effective QAPI • Data available to review 	<ul style="list-style-type: none"> • Culture of Safety <ul style="list-style-type: none"> ○ Interview Patients and Staff (<i>What is your responsibility/role in reporting errors (for patients 'care concerns')? Have you seen any errors? Have you reported? What happened? If you haven't reported, why?</i>) ○ Review 'Error' Log (basket) and system for reporting adverse events ○ Following the event- How does reporting activate the QAPI team to prevent future events? • Practice Audits from the other Conditions • Focus QAPI review on substandard facility outcomes and survey findings (basket)
<p>Survey Expansion Triggers</p> <p>QAPI program does not:</p> <ul style="list-style-type: none"> • Address areas where performance improvement is indicated • Follow up on performance improvement plans, resulting in improvements not achieved or sustained • Promote a culture of safety • Administer oversight of all facility operations through practice audits as required in the CFC 		

**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** from that section.

Core Questions

	Deficient Practice?	
	<input type="checkbox"/> V627	<input type="checkbox"/> No
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"/> 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"/> 452	<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"/> V__	<input type="checkbox"/> No

Physical Environment and Patient Care in the Facility		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> • Safe & comfortable environment • Systems impacting patient safety & comfort are functional • Educated staff & patients 	<ul style="list-style-type: none"> • Dialysis equipment are operated & maintained per DFU • Patients' faces & accesses can be seen at all times • Staff & patients trained in emergency procedures • Emergency equipment/meds available & ready for use • Facility hazard free 	<ul style="list-style-type: none"> • <i>Patient/Staff Interviews</i> <ul style="list-style-type: none"> ○ <i>Safe/Comfortable Environment</i> ○ <i>Knowledge of Emergency Plans</i> • Tour Facility- <ul style="list-style-type: none"> ○ Failure to maintain safe and comfortable environment ○ Observe/Interview to ensure functional Emergency Equipment • Observe Care <ul style="list-style-type: none"> ○ HD Machines operated per DFU • QAPI Link- Review Adverse Incident Logs • Review HD Machine Maintenance Logs 10% selection (min 2 machines)
<p><u>Survey Expansion Triggers:</u></p> <p><u>Observations in patient treatment area:</u></p> <ul style="list-style-type: none"> • Dummy drip chambers present • Patients' vascular accesses covered, not uncovered/corrected by staff • No emergency resuscitation equipment present or non-functional • Hemodialysis machines in obvious poor repair-alarms not functional, missing components • Failure to test HD machine alarms • Evidence of serious lack of maintenance of ancillary equipment that has the potential to impact patient safety <p><u>Observations in other patient-related areas:</u></p> <ul style="list-style-type: none"> • Evidence of serious lack of environmental maintenance that has the potential to impact patient safety <p><u>Interviews:</u></p> <ul style="list-style-type: none"> • Lack of staff knowledge in the use of emergency equipment and/or emergency procedures • Lack of patient knowledge in emergency evacuation procedures and disaster preparedness <p><u>Log reviews:</u></p> <ul style="list-style-type: none"> • HD machine preventative maintenance logs show trends of failure to adhere to HD machine manufacturers' DFU • No emergency evacuation drills conducted 		

Personnel Qualifications		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> Patients receive safe and effective care 	<ul style="list-style-type: none"> Qualified personnel Certified PCTs Qualified water tech 	<ul style="list-style-type: none"> Review- Facility attestation of Staff Qualifications Observe care <i>Interview patients & staff</i>
<p>Survey Expansion Triggers</p> <ul style="list-style-type: none"> Observations of breaches in patient care and staff performance <ul style="list-style-type: none"> Infection Control Equipment use, maintenance and testing Chlorine/chloramine testing Dialyzer Reprocessing Working outside scope of practice Interview demonstrated inadequate training or knowledge 		

Responsibilities of the Medical Director		
Drill down to this Condition if findings in other Conditions indicate.		
Target Outcomes	Outcome Drivers	Core Survey Actions
<ul style="list-style-type: none"> Patients receive appropriate clinical care Timely initial MD orders & RN assessment of new admission 	<ul style="list-style-type: none"> Medical director actively participating in oversight of dialysis facility operations Facility has one medical director 	<ul style="list-style-type: none"> Interview the Medical Director <ul style="list-style-type: none"> Questions based on DFR, facility QAPI data and survey findings Link to Medical Record (add incident patient to selection for Medical Record review)

In Summary

- The goal of the ESRD Core Survey Process is to more efficiently use survey resources to conduct an effective survey that
 - Assures dialysis patient safety through focus on what most impacts safety
 - Assures quality of patient management through focus on areas where facility and patient-specific data show improvement is needed
 - Supports a robust facility-based QAPI program that assures continued patient safety and quality care