



DIALYSIS DIALOGUE

Welcome to this edition of *Dialysis Dialogue*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Dialysis Dialogue* is designed to help dialysis departments stay up-to-date on various issues. Please share with your dialysis staff.

The following information is summarized from the ESRD Core Survey Conversion Training Course by CMS

Why was the new CORE Survey Process developed?

In 2008, CMS implemented a new set of End Stage Renal Disease (ESRD) regulations and interpretive guidance. These regulations were much more detailed and comprehensive than the previous regulations, which had been in effect since 1976. Since the implementation of the new regulations, the average survey time and the interval time between surveys increased. Meanwhile, the total number of ESRD facilities also continued to increase. CMS determined the need to focus survey activities to achieve the most *efficient* use of survey resources in order to conduct an *effective* survey that: a) focuses on patient safety and quality, b) utilizes facility data to focus reviews, and c) supports a robust facility-based Quality Assessment and Performance Improvement (QAPI) program. The ESRD Core Survey is the first official Survey and Certification Group Quality Assurance Efficiency and Effectiveness Initiative. In 2012, CMS surveyors conducted core surveys as a pilot project in 11 states, and the national roll-out started in Fiscal Year 2013.

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The T's of the Core Survey:

- **Tasks**
To promote consistency, the ESRD Core Survey process is described in detailed steps for each task for the survey process:
 - ◇ Pre-survey preparation
 - ◇ Introductions
 - ◇ Environmental “flash” tour
 - ◇ Entrance conference
 - ◇ Observations of hemodialysis patient care and infection control practice
 - ◇ Patient sample selection
 - ◇ Water treatment and dialysate review
 - ◇ Dialyzer reuse and reprocessing review
 - ◇ Dialysis equipment maintenance
 - ◇ Home dialysis training and support review
 - ◇ Patient interviews
 - ◇ Medical record reviews
 - ◇ Personnel record reviews
 - ◇ QAPI review
 - ◇ Decision making
 - ◇ Exit conference

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- **Triggers**
 - ◇ Each survey task includes a list of “triggers” which, if identified during that task, indicate deficient practice is present and citation or further investigation into that area is warranted to assure patient safety and quality of care.
- **Tools**
 - ◇ Survey worksheets or guides for tasks, such as infection control worksheets, QAPI worksheets, etc.
- **Themes**
 - ◇ Data use—Facility and patient-specific to focus reviews where improvements are needed.
 - ◇ Infection control—Focus on methods for prevention, surveillance and control.
 - ◇ QAPI—supporting 24/7/365 patient protection/quality care.
- **Threads**
 - ◇ Technical safety—focuses on the elements critical to patient care.
 - ◇ “Culture of Safety”—Supporting a facility wide culture of open, non-judgmental communication, clarity of staff and patient expectations, and a proactive adverse occurrence reporting and investigation system.
 - ◇ Patients’ voices—Ensuring staff are “listening” to patients’ experience and point of view.

Most Commonly Cited Deficiencies

Following is a breakdown and summary of the most common deficiencies cited in the North Dakota ESRD program, listed in order of citation frequency from Oct. 1, 2012, to Sept. 30, 2013.

V628-QAPI

The dialysis facility must measure, analyze and track quality indicators or other aspects of performance that the facility adopts or develops that reflect process of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. . .

Identified deficient practice included:

- Failure to measure, analyze and track all required QAPI indicators.
 - Examples of QAPI indicators include:
 - Water and dialysate quality.
 - Dialysis equipment repair and maintenance.
 - Reuse QA audits and adverse events.
 - Staff issues.
 - Patient modality choice and transplant referral.
- ESRD Network relationship/communication.
- Health outcomes-physical and mental functioning (KDQOL).
- Mortality-expirations and cause (separate HD & PD, home and in-center).
- Morbidity-hospitalizations, admitting diagnoses and readmissions within 30 days (separate HD and PD).
- Fluid and BP management-HD and PD.
- Dialysis adequacy-HD and PD.
- Nutritional status (separate HD and PD).
- Mineral bone management (separate HD and PD).
- Anemia management-HD and PD.
- Vascular access-HD, Dialysis access-PD.
- Medical errors/adverse occurrences/clinical variances in-center hemodialysis and home dialysis.
- Patient satisfaction & grievance/complaints.
- Infection prevention and control (separate HD & PD, home and in-center).



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V113 – INFECTION CONTROL

Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.



Identified deficient practice included:

- Failure to remove glove and wash/sanitize hands between dirty and clean tasks.

V196— CARBON ADSORPTION

Testing for free chlorine, chloramines or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are not set patient shifts, testing should be performed approximately every 4 hours. Results of monitoring of free chlorine, chloramines, or total chlorine should be recorded in a log sheet. Testing for free chlorine, chloramines, or total chlorine can be accomplished using...test kits or dip and read test strips...Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels...0.1 mg/L...Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramines levels will decrease if the sample is not assayed promptly.

Identified deficient practice included:

- Failure to test the water after the first carbon tank, failure to follow instruction for use for the chlorine/chloramines test strips (i.e., not discarding the contents and re-filling the sample cup before testing, not following the specified time frames for immersing and reading the test strip indicator pad, and not

completing the steps of the chlorine test kit in order to determine total chlorine levels); and failure to identify the correct type of test strips for use (Total Chlorine/Chloramines test strips versus Residual Chlorine test strips).

V116 - INFECTION CONTROL

Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleansed and disinfected before being taken to a common clean area or used on another patient...

Identified deficient practice included:

- Failure to clean and disinfect the television at the patient station, failure to fully recline the dialysis chair to disinfect all surfaces of the chair, and failure to completely disinfect the dialysis chair by leaving a soiled area on the foot rest.

V147– INFECTION CONTROL

CDC RR-1 - Requirements as Adopted by Reference 42CFR 494.30 (a)(2)

Recommendations for Placement of Intravascular Catheters in Adults and Children...

Identified deficient practice included:

- Failure to follow infection control practices during Central Venous Catheter (CVC) exit site cares and discontinuation of dialysis from a CVC (i.e., opening packages of disinfectant swabs and catheter dressing packages after applying sterile gloves, not disinfecting the exterior of the closed connector device before disconnecting the blood lines, staff positioning a surgical mask below the nose, exposing the nostrils during CVC cares).

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V260—PERSONNEL-TRAINING PROGRAM/PERIODIC AUDITS

ANSI/AAMI RD52: 2004: Requirements as Adopted by Reference 42 CFR 494.40(a) 9 Personnel: training program/periodic audits. A training program that includes quality testing, the risks and hazards of improperly prepared concentrate, and bacterial issues is mandatory. Operators should be trained in the use of equipment by the manufacturer or should be trained using materials provided by the manufacturer. The training should be specific to the functions performed (i.e., mixing, disinfection, maintenance and repairs). Periodic audits of the operators' compliance with procedures should be performed. The user should establish an ongoing training program designed to maintain the operator's knowledge and skills.

Identified deficient practice included:

- Failure to perform periodic audits of staff conducting water and dialysate testing (water quality testing, acid and bicarbonate mixing, conductivity/pH testing, disinfection, etc.) *Interpretive guidance: "The operators of the water/dialysate system equipment must be trained by the manufacturer of the equipment, or the training must be done from materials provided by the manufacturer...The facility must define the frequency of audits to evaluate the operator's compliance.

These should include actual observation of the work (e.g., collecting samples, performing water testing). Audits should be done at least annually and more frequently if problems are identified..."

V543 - PLAN OF CARE

- (a) Standard: Development of patient plan of care. The interdisciplinary team must develop a plan of care for each patient.

Identified deficient practice included:

- Observations of incorrect dialysis prescriptions (dialysate bath, sodium values).
- Failure to identify and assess volume status in terms of target weight or estimated dry weight.
- Failure to address patient fluid volume status for patient experiencing fluid volume issues and hypotension.

"The root of all health is the brain. The trunk of it is in emotion. The branches and leaves are the body. The flower of health blooms when all parts work together."

Kurdish Saying

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