

Minimum Standards for Social Worker Involvement in the Care of ESRD Patients

Standards

1. Evidence of a psychosocial evaluation by a qualified social worker will be documented in the patient's medical record* not later than one month after initiation of dialysis.
2. Participation of a qualified social worker in the development of the Comprehensive Multidisciplinary Patient Assessment (CMPA) will be documented by signature on the CMPA and in the medical record, within one month of initiation of dialysis.
3. Evidence of participation by a qualified social worker in each patient's written plan of care. The written patient plan of care must be individualized for the patients, built on the comprehensive patient assessment, and include at minimum: problem(s) identified at assessment/reassessment, measurable goals/outcomes, interventions for achieving the goals, timetables and reassessment date(s). Implementation of plan of care should be demonstrated in the treatment records, progress notes, laboratory results. The Plan of Care for patients whose condition is unstable is reviewed at least monthly while annual updates are acceptable for stable patients. Refer to V520 of the ESRD Conditions for Coverage for the minimum criteria for stable versus unstable patients. The Plan of Care is revised as necessary to ensure that it provides for the patient's ongoing needs
4. Progress notes by a qualified social worker will be documented as per the ESRD Conditions for Coverage. If more frequent intervention is indicated or assistance required, the social worker will document this in the medical record on an "as needed" basis. This will also be reflected in the social work treatment plan, which may include one or more of the following:
 - a. Communication with staff concerning the patient's attitude behavior toward his/her illness and treatment modality
 - b. Communication with patient and/ group therapy
 - c. Referral to community agencies.

Psychosocial evaluation is defined as:

The social worker's written professional assessment of the patient/family, which may include the patient's strengths and weaknesses, problem definition, and attitude toward illness. The assessment is based upon a study of the patient/family current life situation and pertinent aspects of his/her past life. Psychosocial treatment plans and goals are developed based on this evaluation.

"Qualified social worker" is defined in the Federal Regulations, Section 494.140 (d) (1): as:

The facility must have a social worker who (1) holds a master's degree in social work with a specialization in clinical practice from a school of social work accredited by the Council on Social Work Education; or (2) has served at least 2 years in social work, 1 year of which was in a dialysis unit or transplantation program prior to September 1, 1976, and has established a consultative relationship with a social worker who qualifies under paragraph above.

*Confidential material will be available to the professional staff but will not be in the bedside chart.

Approved: MRB 8/23/1988 Revised: MRB 8/21/1991 Revised: MRB 12/05/2007 Revised: MRB 12/17/2008

Minimum Standards for Dietitian Involvement in the Care of ESRD Patients

Standards

1. Evidence of nutritional assessment by a qualified dietitian will be documented in the patient's medical record not later than one month after initiation of dialysis and/or prior to transplantation.
2. Dietary recommendations based on nutritional assessment and on prescribed diet will be documented by a qualified dietitian in the medical record not later than one month after initiation of dialysis and/or prior to transplantation.
3. Participation of a qualified dietitian in the development of the Comprehensive Multidisciplinary Patient Assessment (CMPA) will be documented by signature on the CMPA and in the medical record within one month of initiation of dialysis and/or prior to transplantation.
4. Progress notes by a qualified dietitian will be in the medical record and written at least quarterly (every three months). If more frequent intervention is indicated or assistance required, the dietitian will document in the medical record on an "as needed" basis. This will also be reflected in the treatment plan of care, which may include one or more of the following:
 - a. Communication with staff and patient and/or family concerning monitoring of the patient's dietary compliance, response to diet and nutritional status
 - b. Patient and/or family education and counseling.
5. Evidence of participation by a qualified dietitian in each patient's written plan of care. The written patient plan of care must be individualized for the patients, built on the comprehensive patient assessment, and include at minimum: problem(s) identified at assessment/reassessment, measurable goals/outcomes, interventions for achieving the goals, timetables and reassessment date(s). Implementation of plan of care should be demonstrated in the treatment records, progress notes, laboratory results. The Plan of Care for patients whose condition is unstable is reviewed at least monthly while annual updates are acceptable for stable patients. Refer to V520 of the ESRD Conditions for Coverage for the minimum criteria for stable versus unstable patients. The Plan of Care is revised as necessary to ensure that it provides for the patient's ongoing needs.

"Qualified Dietitian" is defined in the federal regulations, Section 494.140 (c) (2): as:

The facility must have a dietitian who must (1) be a registered dietitian with the Commission on Dietetic Registration; and (2) have a minimum of 1 year professional work experience in clinical nutrition as a registered dietitian.

Approved: MRB 8/23/1988
Reviewed: MRB 5/1997
Reviewed: MRB 6/2002
Reviewed: MRB 12/17/2007

Minimum Recommendations for Technological Staff Support in the Care of ESRD Patients

Medical Review Board Statements

Standards

1. Evidence of the Medical Director's involvement with the technological operation of the unit will be documented on a monthly basis.
2. Preventive maintenance of dialysis and dialysis related equipment will be performed per manufacturer's recommendation. Documentation of work will be maintained.
3. Compliance with minimum standard and recommended practice as established by the Association for the Advancement of Medical Instrumentation (AAMI) will be maintained and documented.
4. Evidence of completion of the facility training curriculum for technological staff will be documented.
5. A master technological manual will be maintained, to include technological policies and procedures, training curriculum, competency tools, Quality Control log sheets.

“Technological Staff” is defined as and limited to individuals who meet the following requirements:

- Is trained and responsible for the operation, maintenance and repair of dialysis and dialysis related equipment;
- Is responsible for compliance with the current AAMI standards and recommended practices, and local, state and federal regulations
- Is involved in the troubleshooting of unusual events as it relates to equipment, the extra corporeal circuit (including the dialyzer), water treatment and reprocessing
- Understands and applies standard precaution and aseptic technique
- Understands the consequence of water quality not meeting AAMI standards
- Understands and applies the concept of Quality Improvement / Quality Control.

“Training Curriculum” will include at least the following information:

- a) The operation and maintenance of the facility's dialysis and dialysis related equipment via factory training and/or via a factory trained and certified individual.
- b) Basic documentation.
- c) AAMI Standards and Recommended Practices: RD5: Hemodialysis systems; RD47: Reuse of Hemodialyzer (if appropriate); RD52: Dialysate for hemodialysis; RD61: Concentrates for hemodialysis and RD62: Water treatment equipment for hemodialysis applications.
- d) Emergency procedures as required by the facility.
- e) The principles of dialysis.
- f) The risks and hazards of poorly maintained water treatment systems.

Changes to the Conditions for Coverage Regarding Patient Care Technicians

Reference: Conditions for Coverage 494.140.e.1-4, April 15, 2008

Qualifications	<ol style="list-style-type: none"> 1. Meet all state requirements. 2. High school diploma or equivalent. PCTs with greater than 4 years work experience as of October 14, 2008 who are lacking evidence of a high school diploma may use that work experience in Lieu of the requirement for high school diploma. 3. Complete a training program that is approved by Medical Director and Governing Body and is under the direction of a registered nurse. <ol style="list-style-type: none"> a. If the PCT has worked in the dialysis facility for longer than 2 years, retraining is not necessary, however the PCT must take and pass a skills test that has been developed by the facility and includes all elements of the new training program. b. If the PCT has worked in the dialysis facility for less than 2 years, the PCT must go through the new training program. 4. Be certified under a state certification program or a national commercially available certification program
Training Program	<p>Curriculum must include:</p> <ol style="list-style-type: none"> a. Principles of Dialysis b. Care of patients with kidney failure including interpersonal skills c. Dialysis procedures and documentation (initiation, cannulation, monitoring, and termination of dialysis) d. Potential complications of dialysis e. Water treatment and dialysate preparation f. Infection control g. Safety h. Dialyzer reprocessing if applicable. <p>Specific information regarding available training programs:</p> <ol style="list-style-type: none"> a. This program can be facility specific but the curriculum should be in writing with evidence of review and approval by medical director and governing body b. Tools available <ol style="list-style-type: none"> i. Core Curriculum for the Dialysis Technician <ol style="list-style-type: none"> 1. Download and print entire book or chapters at www.meiresearch.org 2. Printed copies available from Amgen: call 1-800-77AMGEN. ii. Standardized Training Program for the Patient Care Technician in Hemodialysis - Instructor's Guide and Standardized Training Program for the Patient Care Technician in Hemodialysis - Learner's Guide <ol style="list-style-type: none"> 1. Available through the American Nephrology Nurses Association 2. Order on website – www.annanurse.org 3. Instructor's guide - \$18.00; Learner's guide - \$28.00
Certification	<p>Nationally available certification programs:</p> <ol style="list-style-type: none"> a. Nephrology Nursing Certification Commission – Certified Clinical Hemodialysis Technician (CCHT) NNCC – 888-884-6622 www.nncc-exam.org b. Board of Nephrology Examiners for Nurses and Technicians (BONENT) – Certified Hemodialysis Technician (CHT) 202-462-1252 www.BONENT.org c. Professional Testing Corporation – Certified Clinical Nephrology Technician (CCNT) 212-356-0660 www.ptcny.com
Timeline	<ol style="list-style-type: none"> 1. All patient care technicians must pass facility or college training program as outlined above. Facilities should maintain documentation of this training. 2. Currently employed PCTs must pass certification exam (listed above) within 18 months after October 15, 2008, i.e. by April 15, 2010. 3. All PCTs employed after October 15, 2008 must be certified within 18 months after hire date.

**The summary is contributed by ESRD Network 11