

Medical Review Board Statement Patient Treatment Options Procedure Recommendations

The Medical Review Board of ESRD Network 18 recommends implementation of the following procedures as an easy way of insuring that patients and families are informed about different treatment options in end-stage renal disease.

1. “When” and “Where” to begin education/counseling sessions with patients and family?

The suggested times to begin introducing patients and families to treatment options depends on the type of chronic facility:

- a. Hospital-based unit – These facilities often have access to patients during the “pre-ESRD” treatment period (up to 6 months prior to the start of acute/chronic dialysis). There is no defined “optimal time” for presenting information to patients (see page on “Patient Education”). To allow for some internalization and retention, patients should be given information at least two office/clinic visits prior to planned treatment access surgery.
- b. Freestanding facility – There are two basic settings and time frames for providing patients and families with information in these units:
 - i. Nephrologist’s office (pre-dialysis) – Information could be given in the primary nephrologist’s office prior to starting dialysis. Communication between the physician and dialysis unit is important. If scheduled as a specific office visit, physician (or designee) can do teaching/counseling, and charge for visit as “consultation services”.
 - ii. On-site (dialysis unit) – Information should be given as part of a pre-dialysis tour and orientation at the unit.

2. “Who” should be responsible for presenting information to the patient/family?

Ideally, the physician would be involved in presenting information to the patient: the nephrologist in a chronic facility; the transplant surgeon in a transplant center.

The physician can also indicate a qualified professional “designee” to do the actual education/counseling on treatment options with patients.

“Qualified professional designee” is defined as a master’s prepared, or licensed health care professional who is familiar with treatment methods for ESRD and/or has experience with presenting such information to patients. In most treatment settings, a renal social worker (preferably LCSW) or registered nurse (nurse manager, charge nurse, transplant coordinator, patient educator, etc.) would be the most qualified individual.

3. “What” type of information should be presented?

At minimum, information on the three main types of ESRD treatments should be reviewed: hemodialysis (home and in-center), peritoneal dialysis (CAPD and CCPD), and transplant (living or cadaveric donors). In addition, “no treatment” or “withdrawal of treatment” should be included as a possible category.

Basic information should include the location of the modality (home or in-center). Presentation should be geared to the patient’s educational level, and cultural language differences need to be taken into account. Pediatric patients have special needs.

Brochures on “advance directives” are already available for patients interested in a further explanation of what an “advance directive” is, and how to complete one. Hospital admission departments may have ready-made copies. Facilities may also create their own forms.

4. “How” should information be presented?

Many resources for presenting patient information are already available in the renal community. A list of patient resources is available on the Network 18 web site.

Presentation of information to patients should be based on their assessed “readiness to learn” (see sheet on Education Guidelines).

Selection of Patients for: The ESRD Program

Standard

All patients prior to transplantation, or patients in a maintenance dialysis program for three months or greater will have confirming documentation on end-stage renal disease.

Criteria

1. The medical record of the dialysis or transplant facility will indicate that the patient has “permanent” or “irreversible” renal failure or “end-stage renal disease” (ESRD).
2. The medical record of the dialysis or transplant facility and the CMS Medical Evidence form (2728) will document any one of the following prior to transplant or prior to maintenance dialysis:
 - a. Ccr less than 10cc/min
 - b. Serum creatinine greater than 8mg/dl
 - c. Symptomatic Uremia (specified)
 - d. Unsatisfactory control of CHF
3. Record of a nutritional assessment by a qualified dietitian.
4. Record of an evaluation by a qualified social worker.
5. There will be a patient Long-Term Program signed by the patient or responsible party and the professional team, and any follow-up documentation, which indicates that the patient/responsible party has:
 - a. Been informed of therapeutic options
 - b. Been informed of realistic expectations (e.g., risks and complications)
 - c. Accepted treatment

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Selection of Patients for: Home Hemodialysis

Standard

All patients in the ESRD Program who request home hemodialysis will be evaluated for this modality as a possible candidate by facilities offering the option.

Criteria

1. The dialysis facility medical record will reflect that a professional team has evaluated the patient's suitability as a candidate for home hemodialysis.
2. The dialysis facility medical record will indicate that the patient is in a home training program or on home hemodialysis unless one of the following is documented:
 - a. The patient does not have a suitable and/or willing assistant.
 - b. The family relationships are not stable.
 - c. The physical environment at home is not adequate and cannot be modified.
 - d. The patient's medical condition is unstable.
 - e. The patient's psychosocial condition is unstable.
 - f. The patient refuses home dialysis.
3. If the dialysis facility offers a home hemodialysis program, the facility should have a policy specifically outlining the exclusionary reasons.

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Selection of Patients for: Home Peritoneal Hemodialysis

Standard

All patients in the ESRD Program will be evaluated for home peritoneal dialysis.

Criteria

1. The dialysis facility medical record will indicate that the patient is in a home peritoneal (CAPD; CCPD; CAPD) training program or on home peritoneal dialysis unless one of the following is documented:
 - a. The physical environment at home is not adequate and cannot be modified (e.g. cleanliness, storage space for supplies, telephone access).
 - b. The patient's medical condition is unstable or a contraindication exists.
 - c. The patient's psychosocial condition is unstable.
 - d. The patient refuses peritoneal dialysis.
 - e. The patient is currently receiving training for home hemodialysis.
 - f. The patient cannot maintain prescribed PD treatment outcomes related to clinical indicators (e.g. adequacy of dialysis, nutrition, anemia, etc.).
2. The dialysis facility must be certified, and have written policies covering this program. Guidelines for participation must be outlined, including patient education and the expectations/treatment goals to be met in order for the patient to remain in the program.

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Selection of Patients for: Renal Transplantation

Standard

All patients with ESRD (including pre-ESRD patients) are eligible for a transplant evaluation, which will determine their candidacy for transplantation. Modern surgical and immunosuppressive techniques and therapies now allow many patients previously believed to be unsatisfactory transplant recipients to be dramatically rehabilitated, with excellent outcomes.

Criteria

1. The dialysis or transplant facility medical record will reflect that the professional team has evaluated the patient's suitability as a candidate for transplantation.
2. The dialysis or transplant facility medical record will indicate that the patient is in the process of medical evaluation or on a transplant list. Contraindications are ultimately determined by the transplant physician or transplant surgeon, and may include but are not limited to the following:
 - a. Chronic unresolved infection
 - b. Recent malignancy
 - c. Psychiatric illness, requiring custodial care
 - d. Inability to follow transplant regimen and lack of support to meet these needs
 - e. Severe cardiovascular, pulmonary, or gastrointestinal disease
 - f. A specific contraindication is documented by the transplant surgeon
 - g. The patient refuses transplantation
 - h. No insurance coverage or funding source to cover transplant
3. The transplant surgeon has the option to designate an individual ("designee") at the facility to evaluate patients for the modality of transplantation, providing that the formal designation is in writing, including any specific contraindications or instructions, and is on file at the facility.
4. The nephrologist and facility Medical Director are responsible for providing/assuring transplant referrals are processed in a timely manner.

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