



## Improving Timeliness & Accuracy of 2728 and 2746 Forms

- **The person responsible for this task must have the skills to get the job done correctly and on time.**
- One person should be responsible for tracking the form from beginning to mailing. He/she can utilize team members to complete sections or be totally responsible. This person should be organized, detail-oriented, and efficient. He/she must have the support of the head nurse in getting information from the correct sources, be empowered to make phone calls as necessary, and he/she must understand what information he/she needs and who would have that information.
- **Having the RIGHT person (no matter what his/her job title is) is the key to success!!!**

	Challenges	Suggestions
1	<b>One person fills out the Form, no backup assigned.</b>	Make sure that there is a backup person to take over this task in the absence of the primary person. The backup person should fill out the form on occasion to stay current and know the process for obtaining all required information.
2	<b>Physician does not come to the clinic often enough to sign the form/provide information within the timeframe. Forms do not come back from physician's office in timely manner or are incorrect/incomplete.</b>	<ol style="list-style-type: none"> <li>1. Arrange for one contact person in physician's office to send forms to, call to remind, and request information.</li> <li>2. Call office after one (1) week to be sure the form was received. Call after two (2) weeks to remind your contact of the deadline. Call frequently thereafter until the form is received.</li> <li>3. Facility staff person goes to the office every two (2) weeks to pick up or drop off forms.</li> </ol> <p><b>Note:</b> Some Physicians have 2728s in their offices to fill out during the office visit when he diagnoses ESRD; form is then sent to clinic by day of first dialysis. Some hospital acute units initiate the forms for person starting ESRD in the hospital. The facility arranges to pick up the 2728 from the office or acute unit if necessary. Have a single point of contact in the office or the hospital to call for follow up or questions.</p>
3	<b>Physician will not pay attention to the form even though he/she is given the form during rounds.</b>	<ol style="list-style-type: none"> <li>1. Head nurse has all forms to be signed in a folder, hands the folder to the physician; waits with physician, helps physician, and makes sure all forms are signed.</li> <li>2. If this doesn't work, the administrator needs to present this as a problem at your facility's CQI meeting or physicians board meeting or wherever facility issues are discussed. If the problem physician's is NOT the medical director, get the medical director involved in solving the problem.</li> </ol>

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4	<p><b>Too many people are handling form; some slowed the process or did not do their job.</b></p>	<p>1. Assign a reasonable timeframe for completion of each section. Attach a note to the form like:</p> <ul style="list-style-type: none"> <li>A. JF complete by _____; give to ML</li> <li>B. ML complete by __; give to CC</li> <li>C. CC complete by _____; give to HJ</li> <li>D. HJ review for complete/accurate; mail by _____</li> </ul> <p>2. Assign one person who walks the form to different departments to complete the needed information. Head nurse is ultimately responsible for seeing that her personnel cooperate and complete assignments on time. (See problem #1 above; be sure to have a backup for your primary person.)</p>
5	<p><b>Patient unable to sign.</b></p>	<p>Social Worker or Head Nurse can witness patient’s mark and so indicate on the form.</p>
6	<p><b>Patient incapable of understanding so he/she cannot sign.</b></p>	<p>A family member or legal representative for the patient must be contacted and should be present at initial dialysis. A nursing home should have information on who can legally sign for patient’s care.</p>
7	<p><b>Previous transplant information not known; patient cannot remember.</b></p>	<p>Call your data specialist at the Network. He/she can provide much of that information.</p>
8	<p><b>Person responsible does not realize the timeframe nor appreciate the importance of his/her role.</b></p>	<p>CMS requires the Network to track the facilities forms submission and to report semi-annually those facilities that are not meeting the goal. The Network is required to report to CMS facilities that are below CMS standards and are required to show facility’s effort of improvement. <u>Facilities educate all personnel</u> involved in completing the forms that these forms <u>DO</u> affect patient’s Medicare benefits. Patients should receive their benefits on time and appropriately. This aids the patients and the taxpayers.</p>
9	<p><b>Forms faxed to Network on time but Network says they did not get them.</b></p>	<p>The Network fax machine is central to all data offices, rings when a fax is received, and is checked every few minutes for incoming faxes. Faxes are immediately put in the mailbox of the appropriate data coordinator who checks his/her box several times a day. It is possible to lose or misfile a fax, but that does not happen often.</p> <p>If you send a fax to a line that is busy, the fax does not go through. Set your fax machine to print a confirmation report. If you cannot do that, stand at your fax machine and read that it is transmitting. Just “faxing it” may not mean that it actually transmitted.</p> <p>Call your data coordinator when you fax something to the Network so that he/she will check on it immediately. Use the confirmation printout on your fax machine to be sure that the fax went through. Mail the form to us on the same day that you send the fax.</p>

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10	<b>We cannot get pre-dialysis labs from the hospital.</b>	<ol style="list-style-type: none"> <li>1. Does the physician’s office have any helpful records?</li> <li>2. Establish a relationship with the dialysis nurses who do acute dialysis in your hospital. How can they help?</li> <li>3. Do a Serum Creatinine pre-dialysis on patient’s first day. Do the other labs as soon as possible.</li> </ol>
11	<b>The physician may not establish a dry weight for several weeks.</b>	Weight the patient after the second or third treatment. Use that weight for the 2728 form only.
12	<b>When can I check “Unknown”?</b>	If, <u>after a thorough search of multiple sources, information cannot be obtained, check Unknown.</u>
13	<b>Staff is too busy. Facility is understaffed.</b>	This may be true; however, this is a job that must be done and done well. Facilities of all sizes and staffing patterns have met the 90% goal. You can do it, too.
14	<b>We take care of patients- paperwork is not important.</b>	Healthcare requires paperwork for patient safety, for payment of services, and for other use of resources. Care of patients is your first priority, and the paperwork is part of the caring that you provide.
15	<b>The 2728 form is too complicated.</b>	The 2728 form did become more complicated in June '05. The various details require a team approach to completing the form, creativity in finding answers, and dedication to doing a job well. CMS is unlikely to change the 2728 form very much in the next few years. WE all have to live with it.
16	<p><b>We did not know the rules.</b></p> <p><b>(You may fax a form to the Network, then mail the paper copy the same day. Use faxes confirmation or call the Network to be sure that your fax transmitted.)</b></p>	<p>2728’s are due within 45 days of the start of chronic dialysis- instructions are printed on the form. <u>If you are the first outpatient clinic a person dialyzes in, you must complete the 2728’s regardless of how long he/she stays in your clinic.</u></p> <p>2746’s are due within 30 days of death. <u>If your facility was a patient’s last regular dialysis facility, you are responsible for the 2746.</u> If a person discontinues and you do not learn of the death until too late to make the deadline, note the date you learned of the death on the form. Complete it as best you can, checking Unknown when no information is available. The physician does NOT have to sign the death form. Print the name.</p>
17	<b>We hope no one would notice how poorly we did.</b>	See suggestion #8 above. The Network notices. So does CMS/Medicare.

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18	<b>We did not know we were doing poorly.</b>	<u>Every time</u> the Network data coordinator has to call you for a completion or a correction, or you get a reminder of missing forms, it counts against your accuracy or your timeliness rate. The computer indicates/counts errors as we enter forms and tracks dates. We date stamp all mail/faxes on the day we receive them and enter that date in the computer. We CANNOT assume ANY information. We have to call you.