

MEASURES ASSESSMENT TOOL (MAT)

Tag	Condition/Standard	Measure	Values	Reference	Source
494.40 Water and dialysate quality:					
V196 V196 V178 V180	Water quality	Max. chloramine (must determine) Max. total chlorine (may determine) Action / Max. bacteria – product water / dialysate Action / Max. endotoxin – product water / dialysate	≤0.1 mg/L daily/shift ≤0.5 mg/L daily/shift 50 CFU/mL / <200 CFU/mL 1 EU/mL / <2 EU/mL (endotoxin units)	AAMI RD52	Records
494.50 Reuse of hemodialyzers and blood lines (only applies to facilities that reuse dialyzers &/or bloodlines)					
V335	Dialyzer effectiveness	Total cell volume (hollow fiber dialyzers)	Measure original volume Discard if after reuse <80% of original	KDOQI HD Adequacy 2006; AAMI RD47	Records Interview
494.80 Patient assessment: The interdisciplinary team (IDT), patient/designee, RN, MSW, RD, physician must provide each patient with an individualized & comprehensive assessment of needs					
V502 V503 V504 V505 V506 V507 V508 V509 V510 V511 V512 V513 V514 V515	- Health status/comorbidities - Dialysis prescription - BP & fluid management - Lab profile - Immunization & meds history - Anemia (Hgb, Hct, iron stores, ESA need) - Renal bone disease - Nutritional status - Psychosocial needs - Dialysis access type & maintenance - Abilities, interests, preferences, goals, desired level of participation in care, preferred modality & setting, outcomes expectations - Suitability for transplant referral - Family & other support systems - Current physical activity level & referral to voc & physical rehab	Frequency: Evaluate: HD every mo; PD first mo & q 4 mo Monitor labs monthly & as needed Assess for fistula candidacy Initial assessments (new patient): within latter of 13 treatments or 30 calendar days of admission Re-assessment of patients within 3 months after initial assessment & annually (stable) or monthly (unstable)	Adult BP: 24 hr: ≤130/80; Day: ≤135/85; Sleep: ≤120/70; Pediatric BP: 90% of normal for age, gender, ht or 130/80 whichever is lower Euvolemic Refer to Plan of care & QAPI sections (below) for other values	Conditions for Coverage KDOQI Hypertension & Anti- Hypertensive Agents in CKD 2004 (BP) KDOQI HD Adequacy 2006 (volume)	Chart
494.90 Plan of care The IDT must develop & implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient’s needs as identified by the comprehensive assessment & changes in the patient’s condition, & must include measurable & expected outcomes & estimated timetables to achieve outcomes. Outcomes must be consistent with current professionally accepted clinical practice standards.					
V543	(1) Dose of dialysis: volume	Management of volume status	Euvolemic & normotensive (see values for BP under Pt Assessment above)	KDOQI HD Adequacy 2006	Chart
V544	(1) Dose of dialysis (HD)	Adult HD <5 hours 3x/week Adult HD 2x/week, RKF <2 mL/min/1.73 m ² HD 4-6x/week	Kt/V ≥1.2; Min. time 3 hour Inadequate treatment frequency Min. Kt/V ≥2.0/week	KDOQI HD Adequacy 2006	Chart
V544	(1) Dose of dialysis (PD)	Adult PD patient <100 mL urine output/day Pediatric PD patients, low urine urea clearance	Min. delivered Kt/V _{urea} ≥1.7/week Min. delivered Kt/V _{urea} ≥1.8/week	KDOQI PD Adequacy 2006	Chart
V545	(2) Nutritional status Monitored monthly	Albumin Body weight Other parameters in Patient Assessment	≥4.0 g/dL bromocresol green (BCG) method % usual weight, % standard weight, BMI, estimated % body fat	KDOQI Nutrition 2000 KDOQI CKD 2003	Chart
V546	(3) Mineral metabolism & renal bone disease	Calcium Phosphorus Intact PTH q 3 months	All: >8.4 mg/dL & <10.2 mg/dL All: 3.5-5.5 mg/dL Adult: 150-300 pg/mL (16.5-33.0 pmol/L) Pediatric 200-300 pg/mL	KDOQI Bone Metabolism & Disease 2003	Chart
V547 V548 V549	(4) Anemia Monitor Hgb/Hct monthly Monitor iron stores routinely	Adult & pediatric Hgb on ESAs Adult & pediatric Hgb on ESAs Adult & pediatric Hgb off ESAs Adult & pediatric Hgb on ESAs Adult & pediatric: transferrin saturation Adult & pediatric: serum ferritin	Hgb: <12.0 g/dL ³ Hgb: 10-12.0 g/dL ⁴ Hgb: >10 g/dL ⁴ Hgb: 10-12.0 g/dL, <13.0 g/dL ⁵ >20% (HD, PD), or CHr >29 pg/cell ⁶ HD: >200 ng/mL; PD: >100 ng/mL ⁶ HD/PD: <500 ng/mL or evaluate if indicated ⁶	³ =FDA “black box” warning ⁴ =Medicare reimbursement policy ⁵ =KDOQI Anemia 2007 ⁶ =KDOQI Anemia 2006	Chart

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V550 V551	(5) Vascular access	Fistula Graft Central Venous Catheter	Preferred ^{1,2} Acceptable if fistula not possible ^{1,2} Avoid, unless bridge to fistula/graft or to PD, if transplant imminent, or in small adult/peds pt ¹	¹ =KDOQI Vascular Access 2006 ² =Fistula First	Chart Interview CW
V552	(6) Psychosocial status	Survey physical & mental functioning annually KDQOL-36 survey annually	Achieve & sustain appropriate status	Conditions for Coverage CMS CPM	Chart Interview
V553 V554	(7) Modality	Home dialysis referral Transplantation referral	Candidacy or reason for non-referral	Conditions for Coverage	Chart Interview
V555	(8) Rehabilitation status	Productive activity desired by patient Pediatric: formal education needs met Vocational & physical rehab referrals as indicated	Achieve & sustain appropriate level, unspecified	Conditions for Coverage	Chart Interview
V562	(d) Patient education & training	Dialysis experience, treatment options, self-care, QOL, infection prevention, rehabilitation	Documentation of education in record	Conditions for Coverage CMS CPM 4/1/2008	Records Interview
494.110 Quality assessment & performance improvement (QAPI): The dialysis facility must develop, implement, maintain, & evaluate an effective, data-driven QAPI program with participation by the professional members of the IDT. The program must reflect the complexity of the organization & services (including those under arrangement), & must focus on indicators related to improved health outcomes & the prevention & reduction of medical errors. The dialysis facility must maintain & demonstrate evidence of its QAPI program including continuous monitoring for CMS review.					
V629	(i) HD adequacy (monthly) (i) PD adequacy (rolling average each patient tested ≤4 months)	HD: Adult (patient with ESRD ≥3 mo) PD: Adult	% with spKt/V ≥1.2 or URR ≥65% (conventional 3 times/week dialysis) % with weekly Kt/V _{urea} ≥1.7 (dialysis+RKF)	Conditions for Coverage CMS CPM 4/1/2008 (all)	DFR Records
V630	(ii) Nutritional status	Unspecified in Conditions for Coverage & CPMs Refer to parameters in Patient Assessment	↑ % within target range	Conditions for Coverage	DFR Records
V631	(iii) Mineral metabolism/renal bone disease	Calcium & phosphorus	↑ % in target range monthly	Conditions for Coverage CMS CPM 4/1/2008	DFR Records
V632	(iv) Anemia management Patients taking ESAs &/or Patients not taking ESAs	Mean hemoglobin (patient with ESRD ≥3 mo) Mean hematocrit Serum ferritin & transferrin saturation or CHR	↑ % with mean 10-12 g/dL ↑ % with mean 30-36% Evaluate if indicated	Conditions for Coverage CMS CPM 4/1/2008 (all)	DFR Records
V633	(v) Vascular access (VA) Evaluation of VA problems, causes, solutions	Cuffed catheters > 90 days AV fistulas for dialysis using 2 needles Thrombosis episodes Infections per use-life of accesses VA patency	↓ to <10% ¹ ↑ to ≥65% ¹ or ≥66% ² ↓ to <0.25/pt/yr (graft) or 0.50/pt/yr (fistula) ↓ to <1% (fistula); <10% (graft) ↑ % with fistula >3 yrs & graft >2 yrs	¹ =KDOQI 2006 ² =Fistula First CMS CPM 4/1/2008	DFR Records CW 2/09
V634	(vi) Medical injuries & medical errors identification	Medical injuries & medical errors reporting	↓ frequency through prevention, early identification & root cause analysis	Conditions for Coverage	Records
V365	(vii) Reuse	Evaluation of reuse program including evaluation & reporting of adverse outcomes	↓ adverse outcomes	Conditions for Coverage	DFR Records
V636	(viii) Patient satisfaction & grievances	Report & analyze grievances for trends CAHPS In-Center Hemodialysis Survey available Other surveys for pediatric & home patients	Prompt resolution of patient grievances ↑ % of patients satisfied with care	Conditions for Coverage CMS CPM 4/1/2008	Records Interview
V637	(ix) Infection control	Analyze & document incidence for baselines & trends	Minimize infections & transmission of same Promote immunizations	Conditions for Coverage	Records
V637	Vaccinations	Hepatitis B, influenza, & pneumococcal vaccines Influenza vaccination	↑ % of patients vaccinated on schedule ↑ % of patients receiving flu shots 10/1-3/31	Conditions for Coverage CMS CPM 4/1/2008	Records
V627	Health outcomes: Physical & mental functioning	Survey adult/pediatric patients KDQOL-36 survey annually	Achieve & sustain appropriate status ↑ % completing survey	Conditions for Coverage CMS CPM 4/1/2008	Interview
V627	Health outcomes: Patient survival	Standardized mortality ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average)	↓ mortality	Conditions for Coverage CMS CPM 4/1/08	DFR Records