

Final tag	Regulation	Interpretive Guidance - DRAFT
		<p>and laboratory tests and may or may not use standing orders or an algorithm.</p> <p>The facility must monitor patients' blood pressures and act upon significant abnormalities for that patient. Hypertension may have many causes; failure to develop and implement a plan to control high blood pressure should be cited at V543.</p> <p>The IDT must develop a program for anemia and iron management, and monitor laboratory results, orders for intravenous iron preparations and medication administration records to address values outside the target levels. Laboratory values outside the target levels must be addressed, doses adjusted, and medications administered as ordered.</p> <p>If there is a trend of problems in iron management for an individual patient, the IDT must develop an outcome-oriented plan based on their assessment of the problem and identification of possible barriers to attaining the goals.</p> <p>The requirements for patient assessment of anemia/iron are at V507 and for blood pressure/fluid management at V504.</p>
V550	<p>(5) Vascular access. The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement.</p>	<p>Based on the comprehensive assessment, the facility IDT must develop and implement a plan of care to facilitate each hemodialysis patient receiving and maintaining the most appropriate and optimal vascular access identified for that patient.</p> <p>A well functioning vascular access enables the hemodialysis patient to receive efficient/adequate dialysis treatments, enhancing their quality of life. The determination of which type of vascular access is the most appropriate for the individual patient requires the integration and coordination between the facility IDT, including the patient/designee, and may include referrals for venous mapping, surgical consult, Doppler studies, etc., enlisting the participation of other entities, such as primary</p>

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		<p>care physicians, surgeons, interventional radiology, and surgical or vascular access centers for access placement and maintenance.</p> <p>To meet this requirement to “achieve and sustain” vascular access, the patient's medical record must include evidence of the evaluation and the basis for the decision for placement of the current vascular access. If the patient's vascular access is not an arteriovenous fistula, the record should indicate why the patient was determined to not be a candidate for a fistula. If a patient has been dialyzed with a central venous catheter in excess of 90 days, there should be an active plan in process for the placement of a more permanent vascular access or information in the record to demonstrate that a catheter is the most appropriate vascular access for that patient. Some patients may not be candidates for a fistula or graft; each patient has a right to make an informed choice. Patients must be informed and educated about the benefits, risks and hazards of each type of vascular access. Repeated education may be needed. The IDT must involve the patient /designee in the plan for vascular access.</p> <p>Refer to the Measures Assessment Tool (MAT) which lists the current professionally-accepted clinical standards and CMS CPMs for vascular access. The MAT incorporates measures/standards from the Department of Health and Human Services’ Fistula First Breakthrough Initiative. This initiative has joint goals of increasing fistula use in dialysis patients, while also decreasing the inappropriate use of catheters in these patients.</p> <p>Vascular access monitoring is addressed in V551. Requirements for vascular access assessment are at V511.</p>
V551	The patient’s vascular access must be monitored to prevent access failure, including monitoring of arteriovenous grafts and fistulae for symptoms of stenosis.	The facility must have an on-going program for vascular access monitoring and surveillance for early detection of failure and to allow timely referral of patients for intervention when indications of significant stenosis are present.

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		<p>“Monitoring” strategies may include physical examination of the vascular access; observance of changes in adequacy or in pressures measured during dialysis; difficulties in cannulation; or in achieving venostasis. Other surveillance strategies include device-based methods such as access flow measurements, direct or derived static venous pressures, duplex ultrasound, etc.</p> <p>For patients with grafts and fistulas, the medical record should show evidence of periodic monitoring and surveillance of the vascular access for stenosis and signs of impending failure. The documentation of this may be on the dialysis treatment record, progress notes, or on a separate log. A member of the facility staff must review the vascular access monitoring/surveillance documentation to identify adverse trends and take action if indicated.</p> <p>Refer to the Condition of Infection Control at V147 and V148 and the Condition of QAPI at V633 which also cover monitoring and surveillance of vascular accesses.</p>
V552	(6) Psychosocial status. The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.	<p>To address the patient’s psychosocial needs and “achieve and sustain” an appropriate psychosocial status, each patient's plan of care must reflect the information obtained from the applicable components of the IDT comprehensive assessment under the Condition of Patient assessment at V502-V515, including the psychosocial assessment at V510. The plan of care must include interventions individualized to meet that patient's psychosocial needs and aimed at optimizing the patient’s adjustment to kidney failure and its treatment. The social worker is expected to assist patients in achieving their psychosocial goals. Counseling services to patients and their families should be directed at helping the patient and family cope with kidney failure and dialysis, following the treatment plan, and achieving the patient’s goals for rehabilitation.</p> <p>The “standardized mental and physical assessment tool” selected by the</p>