Review of Interdisciplinary Clinical Care (RICC)

Focused review based on Core Survey patient sampling criteria

When a patient is sampled by >1 criteria, refer to each applicable row. For patients sampled as "Observed" or as part of a Complaint Investigation, use applicable row(s).

Vtags are listed as suggestions only; other/additional Vtags may be more appropriate for individual patient care concerns.

Sampling Criteria	**Labs/Indicators** (review 3 months)	**IDT Response/Actions** Examples (review progress notes, orders, treatment records, etc. around same time period of labs/indicators)	**Patient Education** (look for evidence the patient or designee was informed about)
Infection *(V502, 542)*	• Hemoglobin (Hgb) • Albumin • Cultures as applicable • Patient symptoms	• Action in response to infection/positive cultures, e.g. orders for antibiotics/other obtained & implemented • Patient condition & infection site monitored • Home dialysis patient's home environment monitored for possible issues	• Infection prevention; care of self & dialysis access *(V562)* • All treatment modalities & settings *(V458)*
CVC >90days *(V511, 544, 550)*	• Kt/V	• Adequacy monitored; out of range discussed & actions planned & implemented, e.g. prescription change • Evaluation & plan for placement of AVF/AVG or why not an option for patient	• Options for vascular access, risks & benefits *(V562)* • Infection prevention; care of self & access *(V562)* • All treatment modalities & settings *(V458)*
Hospitalization/ readmission *(V502, 545, 547, 552, 560)*	• Hemoglobin (Hgb) • Albumin • HRQOL survey results *(as applicable)*	• Communication w/hospital staff to optimize transitions of care • Dialysis order reviewed by MD/APRN/PA after hospital discharge; patient reassessed; revisions to plan of care aimed at preventing readmission • Nutrition, anemia, psychosocial status, etc. monitored & addressed in relation to hospitalization • Seen at least monthly by nephrology MD, APRN, or PA	• All treatment modalities & settings *(V458)*
Anemia (Hgb <10) *(V507, 547, 552)*	• Hemoglobin (Hgb) • Transferrin saturation (TSAT%) • Ferritin • Patient symptoms • HRQOL survey results *(as applicable)*	• Monitor labs; evaluation for other causes of anemia, e.g. infection, inflammation • Evaluation of patient condition, symptoms of anemia, patient QOL related to anemia • Actions planned & implemented aimed at improving patient condition/QOL & avoiding transfusions; e.g. ESA start/dose increase, iron	• Risks & benefits of ESA *(V507)* • All treatment modalities & settings *(V458)*
Adequacy (Kt/V < 1.2 HD; <1.7 PD) *(V518, 544)*	• Kt/V • PD PET test as applicable	• Adequacy monitored; out of range discussed, evaluated & actions planned & implemented; e.g. dialysis prescription change, PD PET test to evaluate peritoneal membrane • Dialysis access evaluated & monitored • Work with patient for cause evaluation of skipped or shortened treatments	• Dialysis prescription, treatments, risks of poor adequacy *(V562)* • All treatment modalities & settings *(V458)*
Bone/mineral metabolism (Ca/PO_4 out of range) *(V508, 546)*	• Calcium • Phosphorus	• Labs monitored (PTH range considered); out of range discussed, evaluated & actions planned & implemented, e.g. medications, dialysate Rx changes • Patient evaluated for symptoms (e.g. pain, itching), & diet & med management • Patient supported in positive bone and mineral management	• Medications, dietary recommendations & restrictions *(V545)* • All treatment modalities & settings *(V458)*
Nutrition (Albumin < goal) *(V509, 545)*	• Albumin • Potassium • Bicarbonate (CO_2) • Weight	• Nutritional status evaluated by registered dietitian including dietary history & other possible causes, e.g. inflammation, infection • Weight, labs & other nutritional indicators monitored; out of range discussed, evaluated; actions planned & implemented, e.g. dialysis prescription changes, nutritional supplement recommendations • Patient, caregiver/meal preparer supported in optimizing nutrition	• Dietary recommendations & restrictions *(V545)* • All treatment modalities & settings *(V458)*
Fluid & BP management *(V504, 543)*	• Weight • Interdialytic fluid gains • HD Intradialytic fluid removal *(UFR, % target weight, average over mo)* • BP pre-, during, post-treatment • Patient symptoms	• Indicators listed monitored • Target weight established & ongoing evaluation for appropriateness based on indicators (e.g., average UFR ,BP, fluid gains,) • Out of range outcomes discussed (e.g. BP>180/100, >13mL/kg/hr average UFR, large fluid gains b/t treatments, significant BP drops & symptoms during treatment, not achieving target weight), evaluated & actions planned & implemented aimed at improvement. • Patient supported in positive fluid management	• Fluid management, dietary recommendations & restrictions *(V545)* • Medications, treatments & dialysis prescription *(V562)* • All treatment modalities & settings *(V458)*

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Sampling Criteria	**Labs/Indicators** (review 3 months)	**IDT Response/Actions** Examples (review progress notes, orders, treatment records, etc. around same time period of labs/indicators)	**Patient Education** (look for evidence the patient or designee was informed about)
Unstable Note: Refer to applicable row(s) for issues identifying patient as "unstable" *(V502, 520, 542 & Vtags specific to patient's issues)*	• Hemoglobin (Hgb) • Kt/V • Albumin • Potassium • Bicarbonate (CO_2) • HRQOL survey results *(as applicable)*	• Monthly collaboration of all IDT members for comprehensive assessment of factors contributing to patient as "unstable" • Discussion & evaluation of patient "unstable" factors • Timely planning & implementation of actions aimed at addressing patient issues	
New admission <90days *(V501, 516, 542-also refer to Vtags specific to patient's issues)*	• Hemoglobin (Hgb) • Transferrin saturation (TSat%) • Ferritin • Kt/V • Albumin • Potassium • Bicarbonate (CO_2) • Calcium • Phosphorus • Hepatitis B antigen • Hepatitis B antibodies	Full IDT, including patient or designee, collaboration for: • Evaluating all indicators; determine individual patient needs • Planning & implementing care actions in all clinical areas aimed at goals consistent with professional standards (i.e. MAT) • Completing the comprehensive assessment & care planning process in a timely manner	• All treatment modalities & settings *(V458)* • Emergency disconnect & evacuation; disaster preparedness *(V412)* • Dietary recommendations & restrictions; fluid management *(V545)* • Dialysis access options, risks/ benefits *(V562)* • Hepatitis B vaccine *(V126)* • Infection prevention; care of self & dialysis access *(V562)* • Grievance, complaint, suggestions procedures *(V465-467)* • Home dialysis training documented; home training RN does bulk; competency verified *(V584-586)*
LTC Resident receiving dialysis treatments at the LTC facility *(refer to Vtags in middle column)*	• Hemoglobin (Hgb) • Kt/V • Albumin • HRQOL survey results (as applicable)	Communication & collaboration of ESRD & LTC IDT members for timely evaluation of indicators & planning, implementing care actions, including: • Ongoing monitoring of current health status (V502) • Review of current medications administered at the LTC facility (V506) • Nutritional status evaluated & monitored by ESRD Dietitian (V509,503) • Psychosocial/rehab needs evaluated & monitored by dialysis MSW; HRQOL survey administered after 90days & annually (V510, 514, 552) • Assignment of an ESRD care coordinator for resident/patient (V590) • Seen monthly by ESRD practitioner (MD, APRN, PA)(V560) • Ongoing consultation with resident/designee with ESRD IDT (MSW, RD, home training nurse, care coordinator) (V592) • Monitoring of documentation of dialysis delivery (review of treatment records) by qualified ESRD home training staff (V587) • Visits conducted at the LTC by qualified ESRD home training staff (V589)	• All treatment modalities & settings *(V458)* • Information on advanced directives *(V457)*
Involuntarily Discharged (IVD) (*closed record review)* *(V469, 767)*	• As applicable pertaining to IVD	• Full ESRD IDT collaboration to assess & evaluate patient & source/cause of behaviors • Meaningful actions taken to avert IVD (i.e. working with ESRD Network, patient, dialysis MSW to address issues) • Attempts to contact other ESRD facilities to transfer patient • ONLY after above efforts unsuccessful:30 day notice to patient & Network; medical director & attending MD give written authorization to IVD patient; SA notified	• Facility policies for transfer & discharge, including IVD *(V468)* • Grievance, complaint, suggestion procedures *(V465-467)* • All treatment modalities & settings *(V458)*