



NEW JERSEY ESRD REGULATORY UPDATE

New Jersey Department of Health

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October 2014



REPORTABLE EVENTS

New Jersey Department of Health
Hippocrates Presentation

October 2014

Agenda



- Purpose
- Background
- Requirement
- Reportable Events
- Hippocrates
- Questions & Answers
- Contact Info

Purpose



The purpose of today's presentation is to:

- Inform participants of a new requirement for submission of reportable events to streamline communication between facilities, the Assessment & Survey Unit, and the Division of Public Health Infrastructure, Laboratories, and Emergency Preparedness.

Background



- NJDOH completed a pilot in late 2012 to assess the feasibility and ease of using an online form to submit reportable events.
- Valuable feedback was obtained and it was determined that transitioning to an online form would provide a faster, more efficient, and less burdensome method to submit reportable events.

Requirement



- Beginning **May 28, 2013**, all chronic dialysis units were required to submit reportable events using the online form.
- The reportable events hotline remains active as a back-up and shall only be used in the event that the online form is inaccessible.
- Nothing has changed with the types of events that are required to be reported to NJDOH -- only the method of reporting.

Reportable Events



In accordance with 8:43E 10.11 (a)-(d), chronic dialysis units must report to NJDOH within 3 hours after the discovery of the event:

Physical plant and operational interruptions such as:

- Loss of heat or air conditioning;
- Loss or significant reduction of water, electrical power, or any other essential utilities necessary to operate the facility;
- Fires, disasters, or accidents that result in injury or evacuation of patients or visitors.

Reportable Events



All chronic dialysis units must report to NJDOH within 3 hours after the discovery of the event:

- Potentially criminal events;
- A labor stoppage or staffing shortage sufficient to require the temporary closure of a service;
- Notice of a potential strike that a facility receives from a bargaining unit.

Hippocrates



- Hippocrates is a web-based application suite used to capture, manage, display, and disseminate critical information about New Jersey's health infrastructure status.
- Information submitted using the reportable events online form is managed and tracked in Hippocrates by NJDOH Health Facilities Evaluation & Licensing personnel.
- A Hippocrates account is **NOT** needed to access or use the online form.

Hippocrates



Welcome Victoria SITE ADMIN | SEARCH | HELP | RELEASE NOTES | LINKS | CONTACT US | LOG OUT

Hippocrates NJ DEPT OF HEALTH & SENIOR SERVICES
22:08 EST 2/4/2012

Operations | METIS | Interactive Map | Healthcare Facility Data | Hospital Divert | Data Collection & Analysis | Communications

Incidents | Events | Logs | Action Items | Shift Notes | Sign In/Out | Email Admin | Reports

ACTIVE INCIDENTS

STATE AGENCY INTRASTATE AGENCY SHARED

Code Blue-Camden County (CUH)
Updated 02-02-2012 10:40

Operations Dashboard | Executive Summary

INCIDENT DETAILS

Title	Code Blue-Camden County
Type	GENERAL
Jurisdiction	Intrastate Agency Incident
Agency	NJ DHSS
County	UNKNOWN
Command Center	ATLANTIC CITY MEDICAL CENTER - CITY COOPER UNIVERSITY HOSPITAL

02-02-2012 10:40:45 (RSaunders)

Code Blue Alert Please be advised that the Camden County Health Officer is calling a CODE BLUE for this evening, 2/2/12, effective 6:00 pm to 9:00 am the following morning. The forecast is calling for a temperature of 30° with a wind speed up to 15 mph;

Code Blue-Camden County does not have a mapped location

Weather Warnings

Status: Actual
Event: Special Weather Statement
Category: Met
Urgency: Expected
Severity: Minor
Effective: 2012-02-04T20:56:00-05:00

Atlantic Ocean
Delaware Bay

DIVERT - 0.0% (NJ) OF HOSPITALS ARE ON DIVERT-FULL/TOTAL 1 / 1 CHAT (3)

Hippocrates



- A link was sent to all facilities with a unique access code prior to May 28, 2013.
- The **access code is required** to submit reportable events and is **unique to each licensed facility**.

Questions & Answers



- Please feel free to voice your questions now.
- Any questions or concerns that you do not feel comfortable asking can be sent via email.
- Contact information will be on the next slide once the Q&A session has ended.

Contact Information



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Health Facility Survey & Field Operations

- The ESRD Core Survey Process
- Most frequently cited Federal & State deficiencies from 10/1/13 to 6/30/14
- Hot Topics

Agenda



- Objectives
- ESRD Core Survey Process
- Most Frequently Cited Federal & State Deficiencies
- Hot Topics
- Questions & Answers
- Contact Info

Objectives



- Gain an understanding of the CMS ESRD Core Survey process.
- Become familiar with the ESRD Core Survey data tools.
- Become aware of the most commonly cited Federal and State ESRD deficiencies from 10/1/13 to 6/30/14.
- Understand the regulatory requirements related to the prevention of infectious disease transmission (e.g. HCV).

ESRD Core Survey Process



Theme of the ESRD Core Survey

- Review facility and patient specific data
- Evaluate patient safety and infection prevention and control
- Review QAPI

Threads Throughout the ESRD Core Survey

- Culture of safety
- Safety of dialysis delivery
- Patient voice - report concerns without fear of retaliation
- Staff voice - report medication errors, near misses, adverse occurrences without fear of reprisal

ESRD Core Survey Process



The ESRD Core Survey includes:

- Environmental flash tour - evaluating patient safety issues
- Entrance conference
- Observations of care and infection control practices
- Water treatment and dialysate review
- Dialyzer reprocessing & reuse review
- Dialysis equipment maintenance review
- Home dialysis training and support review
- Patient & staff interviews
- Medical record review
- Personnel record review
- QAPI
- Exit conference

State ESRD surveys are not Core surveys.

ESRD Core Survey Process



Facilities will be asked to complete the following (refer to handouts provided):

- ESRD Core Survey Data Tools
- Personnel Record Review Form

ESRD Core Survey/State Medical Record Review



- Current prescriber's orders for treatment & medications
- Current protocol orders for medication management
- In-center hemodialysis/HHD – 3 weeks of flow sheets
- PD – 8 weeks of home treatment records
- Current and previous IDT assessment & plan of care
- Laboratory results - 3 months
- IDT monthly & quarterly progress notes – 6 months
- Patient education & immunization records – 1 year

Note: **List subject to change as determined by surveyor**

References: ESRD Core Survey Field Operations Manual, Version 1.6, N.J.A.C. TITLE 8, CHAPTER 43A STANDARDS FOR LICENSURE OF AMBULATORY CARE FACILITIES.



**New Jersey
Federal & State Survey Data
from
10/1/2013
thru
6/30/2014**

Most Commonly Cited Federal Deficiencies



#1 – 42 CFR 494.150(C)(2)(i) - V715

Adhere to policies & procedures relative to patient admissions, patient care, infection control, and safety by individuals who treat patients in the facility.

Examples: Not implementing policies & procedures for:

- Medication storage, preparation and administration
- Pain assessment and pain management
- Early termination of treatment

Most Commonly Cited Federal Deficiencies



#2 – 42 CFR 494.30(a)(1)(i) – V113

Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves & wash hands between each patient or station.

- Gloves must be provided to patients and visitors if these individuals assist with procedures which risk exposure to blood or body fluids, such as when self-cannulating or holding access sites post treatment to achieve hemostasis.
- According to the CDC, even with glove use, hand hygiene is necessary after glove removal because hands can become contaminated through small defects in gloves and from the outer surface of gloves during glove removal.

Most Commonly Cited Federal Deficiencies



#3 – 42 CFR 494.30(b)(1) – V142

Implement biohazard & infection control policies & activities within the dialysis unit.

Examples: Not Implementing infection control policies and procedures for:

- Access preparation for cannulation
- Catheter care and catheter dressing changes

Most Commonly Cited State Deficiencies



#1 – 8:43A-24.4(a) – A5222

Renal dialysis policies & procedures are implemented

Examples: Not implementing policies and procedures for:

- Access preparation for cannulation
- Catheter care and catheter dressing changes
- Cleaning and disinfection of the hemodialysis station

Most Commonly Cited State Deficiencies



#2 – 8:43A-17.4(a)13 – A4789

All furnishings shall be clean and in good repair, and mechanical equipment shall be in good working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly.

Examples:

- Hemodialysis chairs with tears in the upholstery
- Television arms not secured properly

Most Commonly Cited State Deficiencies



#3 – 8:43A-9.5(a) – A2425

All drugs, except intravenous infusion solutions, shall be kept in locked storage areas. Drug storage and preparation areas shall be kept locked when not in use.

Hot Topics



2014 CMS Annual Update Feedback



- **Federal Initial Approval for ESRD home therapy services**
- The patient needs to be a new home dialysis patient who will be permanent at the facility.
- The home therapy RN needs to be a permanent staff member of the facility.



Preventing HCV in Hemodialysis



- Screen all patients for possible HCV infection using anti-HCV and ALT test on facility admission **(8:43A-24.4(b))**
- For susceptible patients (i.e. anti-HCV negative), perform anti-HCV testing semiannually and ALT monthly **(8:43A-24.4(b))**
- Inform newly infected patients of the change in their HCV status and arrange for clinical evaluation/management **(8:43E-IO.7), (8:43A-24.4(b))**

Preventing HCV in Hemodialysis



- Designate a separate clean area for medication preparation and storage **(V117), 8:43A-24.4(b)**
- Do not prepare medications at the dialysis station or in areas of the treatment floor that have potential to become contaminated **(V117), 8:43A-24.4(b)**
- Do not deliver medications to patient stations in mobile carts **(V117), 8:43A-24.4(b)**
- Ensure that a new needle and syringe is used for each injection and entry into a medication container **(V118), 8:43A-24.4(b)**

Preventing HCV in Hemodialysis



- Perform hand hygiene before and after contact with patients and prior to performing procedures **(V113), 8:43A-24.4(b)**
- Ensure that gloves are changed and hand hygiene is performed when moving from one patient to the next and before accessing clean supplies **(V113), 8:43A-24.4(b)**
- Disinfect each station after patient treatment is completed and before seating the next patient **(V116/V122), 8:43A-24.4(b)**

Preventing HCV in Hemodialysis



- Do not carry medication vials, syringes, alcohol swabs, or supplies in pockets **(V122), 8:43A-24.4(b)**
- Discard all fluid and clean and disinfect all surfaces and containers associated with prime waste (including buckets attached to hemodialysis machines) **(V122), 8:43A-24.4(b)**
- Cap dialyzer ports for dialyzers that will be reprocessed. Place all used dialyzers and tubing in leak-proof containers for transport from station to reprocessing or disposal area. **(V331), 8:43A-24.4(b)**

Preventing HCV in Hemodialysis



Refer to the following references provided by the CDC for additional information:

- Patel, P. et al., Epidemiology Surveillance, and Prevention of Hepatitis C Virus Infections in Hemodialysis Patients, *AJKD*, Vol 56, No 2 (August), 2010: 371-378.
- Mbaeyi, C, Thompson, N., Hepatitis C Virus Screening and Management of Seroconversions in Hemodialysis Facilities, *Seminars in Dialysis*, Vol 26, No 4, (July-August), 2013: 439-446.

Reporting Requirements



- Review the reporting requirements for newly diagnosed hepatitis B, acute and chronic cases; and newly diagnosed hepatitis C, acute and chronic cases at **New Jersey Reporting Requirements for Communicable Diseases and Work-Related Conditions**, July 2013, www.nj.gov/health/cd.
- How to report a communicable disease: Communicable Disease Reporting and Surveillance System (CDRSS) <http://nj.gov/health/cd/cdrss.shtml#web>.
- Local health department directory: <http://www.state.nj.us/health/lh/directory/lhdselectcounty.shtml>

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