

Dialysis Settings Offer Diverse Opportunities

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by Kathryn D. Heustis, MHSA, RHIT

Opportunities for HIM professionals are continually expanding into new and challenging care settings. Renal dialysis facilities are one of the more unusual settings offering HIM professionals a new role.

Renal Dialysis Basics

Medicare coverage for individuals with chronic renal disease requiring either dialysis or transplantation emerged in 1972, with passage of an amendment to the Social Security Act that required dialysis and transplant facilities to meet certain conditions to receive Medicare payments.

A major portion of the law's guidelines discusses medical records and the individual(s) responsible for these records. Within them is the provision to use the services of a medical record professional.

HIM professionals working in dialysis facilities face a continuum of care that may cover many different treatment modalities. The dialysis treatment can take on different forms—hemodialysis versus peritoneal, for example—and different venues—acute, incenter, or home. Patient records may include a daunting variety of information, from office visits to transplant documentation.

The types of records that should be included in a dialysis record, by broad categories, include patient-identifying data, consents and notifications, physician orders, progress notes, problem list, physician history and physical, history/assessments/evaluations, medication record, transfusion record, laboratory results, hospitalization records, consults, care plans, patient education, daily treatment records, and miscellaneous records.¹ While many of these records are not unique, some forms and requirements are specifically dialysis related:

- Form 2728—A Chronic Medical Evidence Disease report must be completed for any new dialysis patient or any patient returning to dialysis following a failed transplant. This form begins the Medicare entitlement process and is maintained in the patient's record. The completed form is sent to the facility's renal network. The network, an overseeing body unique to dialysis, reviews the form and determines patient eligibility for dialysis/Medicare based on information related to the patient's end-stage renal disease diagnosis and associated laboratory results
- Form 2726—An ESRD Death Notification form is completed after a patient death. This form is also maintained in the record. When completed, it is also sent to the renal network
- Care plans, though not unique to dialysis, involve both short-term and long-term assessments. The short-term assessments provide the ability to track and monitor patient immediate issues, while the long-term plans discuss patient issues and address treatment modality and transplantation. The long-term plans include input from everyone involved in the patient's care, including the patient. In addition to the care plan, interdisciplinary progress notes allow providers to follow the care provided by each member of the team
- Nutritional and social worker assessments are also somewhat unique to dialysis. The nutritional documentation includes an initial dietary assessment, a six-month review, and an annual nutritional assessment. The social service documentation includes social and psychosocial assessments.

The Role of Renal Networks

Renal networks play a role in relationship to required forms, but they serve a much larger role as a liaison between dialysis facilities and the federal government. Currently, 18 renal networks represent dialysis and transplant facilities across the country as part of the Forum of End-stage Renal Disease (ESRD) Networks.

The role of the renal network has expanded greatly. The goals of the ESRD network program include:²

- providing immediate access to treatment
- treating patients with quality care through medical standards developed by the scientific community
- helping patients to maintain quality of life
- enabling each individual to live as a functioning member of society

To achieve these goals, the networks require dialysis facilities to complete documentation on dialysis patients within their facilities. These documents include (but are not limited to) monthly ESRD patient reports, an annual facility survey, a Centers for Disease Control annual report, and a variety of core indicator reports.

The dialysis facility provides a unique environment for many healthcare professionals. Care of the dialysis patient takes the efforts of many professionals, including the HIM practitioner. The ability to provide guidance to members of the ESRD healthcare team—not only as it relates to requirements but to the changing environment—provides the HIM professional an opportunity in an intriguing and diverse setting.

Notes

1. Harbert, Glenda. "A National Model for ESRD Patient Medical Records." AHIMA's *LTC Spectrum*, September 1996.
2. "What Are the ESRD Networks?" Available at the Forum of End-stage Renal Disease Networks Web site, www.esrdnetworks.org.

Kathryn D. Heustis is support manager at *Clinical Computing, Inc.*, in Cincinnati, OH. She can be reached at Kathy.Heustis@us.ccl.com.

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