

**ESRD Network #15
Best Practices Ideas 2728 Accuracy**

Improvement Goals:				
<input type="checkbox"/>	90% or more of 2728 forms received at the Network #15 office within 45 days after the patient first starts chronic dialysis at my facility.			
<input type="checkbox"/>	90% or more of 2746 forms received at the Network #15 office within 30 days after the patient's date of death.			
<input checked="" type="checkbox"/>	90% or more of 2728 forms submitted without critical errors (elements are missing or inaccurate).			
<input type="checkbox"/>	90% or more of 2746 forms submitted without critical errors (elements are missing or inaccurate).			
Problem You Identified	Action and Steps You Took	Resources You Needed	Person's) in Charge	How did you know the change was making a difference?
Difficulty getting all the necessary info to complete the form.	<p>When I accept New patients I make sure I have our lab results from hospitals in advance.</p> <p>As soon as pt arrives I sit down and explain the form and why we need ALL the info. I interview on ethnicity, insurance, prior education, prior renal care etc.</p> <p>I check ALL boxes prior to sending it off!</p>	<p>Hospital Records</p> <p>Pt demographics</p> <p>Pre-Transplant education information</p>		
Not getting the information needed at the time the patient is admitted to complete the form, including MD portion and signature.	<p>Patient info: Ask pt or get from neph chart.</p> <p>Labs: Check neph chart and copy most current labs prior to pt starting dx. If pt was in the hosp, fax our cover sheet with pt name, DOB, and time-frame to medical records.</p> <p>Height: Leave note on daily board for charge RN to get height on (pt name). Highlight it.</p> <p>Neph portion and sig: If not filled out by MD under front clip in chart, take it to MD office with a note stating the areas to be filled in. Write a reminder on my desk calendar to check back with the MD office next week.</p>	<p>Pt or MD chart or Fax cover sheet; fax # for medical records; pts name and DOB.</p> <p>Object to measure height close to RN station.</p> <p>MD cooperation.</p> <p>Reminder in calendar as whereabouts of 2728.</p>		<p>I could keep track of where I was for completion of each 2728. I would also check the charts of the new pts to make sure the 2728 was completed on time, if I had several new pts within a short span of time.</p>

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Problems with accuracy and completeness of 2728 forms.	1) CM will review 2728 prior to sending for accuracy and completeness. 2) CM, SW, & Sec will attend TOPIC Call 3) Sec will initiate 2728 on first day of DX to try and get form sent by end of 2 weeks.	TOPIC call		Accuracy should improve.
I can't get the forms back from the nephrologists' office	I put the 2728 on the front of the Nephrologists rounding book with the areas they need to sign highlighted and flagged. I never let the form leave the unit now.	None	Nurse Manger	I would get my 2728 back same day or no more than 2 weeks.
Obtaining information needed to complete forms	1) Developed relationships with key players; engage them in assisting in getting info. 2) Follow thru until the job is done.	Office managers at MD office, hospital, labs, MD	Secretary	Improved compliance
#18 a, b, c, d	Double check these questions before sending in the form		Nurse manager	Got fewer Current Reject Reports
Didn't complete question 18a-c on 2728 form because I didn't see 0-6 months as a choice	1) If 0-6 months is indicated write the value in (per NW instructions) 2) Audit to make sure info is included on 2728 before sending to Network.	Make a note and place in my 2728 file until it becomes habit.	Social Worker	Internal Audit confirms all forms have info and number of Current Reject reports from the Network requesting this info will decrease.

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Best Practices (Forms Compliance) 2728 Timeliness

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X	90% or more of 2728 forms received at the Network #15 office within 45 days after the patient first starts chronic dialysis at my facility.			
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Poor Communications/Coordination w/ Nephrologists	Kept running list of due forms and faxed periodically to nurse practitioner to follow-up with Nephrologists.	List of due forms and when submitted.	Social Worker, Nurse Practitioner	Continuing to do this raised the timeliness of forms.
Sending forms in on time.	Noted on desk calendar when due at Network. Noted last day to complete in time to send to Network or fax. In regards to 2728 I would note when MD came to clinic and by which visit the 2728 would have to be complete.	Desk Calendar	SW	Our compliance rates improved.
Obtaining nephrologists' signature on 2728 form.	<ol style="list-style-type: none"> 1) Contact office manager @ nephrologists' office and explain importance of obtaining completed 2728 forms. Made agreement that SW will drop off 2728 @ MD's office and Office Mngr will assist in obtaining MD's sig. Once MD signs, Office manager agreed to call SW to notify that the form was ready to be picked up. 2) Pick up form from MD office. 3) Review form @ office in case MD forgot to complete a section. 4) Mail completed form to Network. 	Communications with MD's Office Manager.	SW	<ol style="list-style-type: none"> 1) Open communication w/ MD staff. 2) Obtain 2728 within 2 weeks because Office Manager is able to get MD to sign 2728. 3) More consistent return of 2728 forms.

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Untimely completion of signature of MD office.	SW will be the one to complete all 2728 information based on info obtainable. MD then reviews the information included for accuracy.	Access to MD electronic medical records. Access to MD at least 2x month. Complete record from hospital. Access to hospital medical records. 2728 tracking sheet.	SW	When compliance improves.
I needed to make sure that Pt was done and sent in in time frame allowed (45-days).	I have a chart that reads across: Name - Date InCenter - Date give to MD - Green copy to NW - Blue Copy to SSA I track date each section was done.	Chart		Never have to second guess how much time I have left to submit form and what has been sent where.
Getting 2728 forms back from the neph on time.	Turn 2728 into Nurse Practitioner (NP). Call within the week and remind NP. She then gets it back from neph and turns it into me.	A middle man (NP) who sees the MD more often than me.	SW	Continuously remind the NP to get the form back. Helps her to remember.
Late 2728 forms	Sec who does admissions fills out form on admission and gets signatures	Sec in Nephrology office next door.	Secretary	If we meet the goals.