

## VETERAN DIALYSIS CARE

**1. SUMMARY OF MAJOR CHANGES:** This Veterans Health Administration (VHA) directive:

a. Incorporates information from and rescinds VHA Handbook 1042.01, Criteria and Standards for VA Dialysis Programs, dated May 23, 2016.

b. Adds references for Department of Veterans Affairs (VA) Dialysis Program Classification Matrix, charter templates for the Veterans Integrated Service Network (VISN) Dialysis Council and VA medical facility Dialysis Committee and Dialysis Program Reports and Reporting Requirements. These are available on the VHA Kidney Medicine Program SharePoint at:

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not available to the public.

c. Adds guidance in paragraph 2 for VA medical facilities to facilitate oversight of Veterans Community Care Program contracted dialysis services.

d. Adds responsibilities in paragraph 2 for the Under Secretary for Health; Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer; Assistant Under Secretary for Health for Operations; Assistant Under Secretary for Health for Quality and Patient Safety; Assistant Under Secretary for Health for Integrated Veteran Care; Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO); Chief Officer, Specialty Care Program Office; Executive Director, National Surgery Office; Chief Medical Officer, Integrated Veteran Care; Executive Director, Procurement and Logistics; National Program Executive Director, Kidney Medicine; VISN Chief Medical Officer and CNO; VISN Chief Logistics Officer; VISN Dialysis Medical Director Lead; VISN Dialysis Nurse Manager Lead; Co-Chairs, VISN Dialysis Council; VA medical facility Associate Director for Patient Care Services; VA medical facility Dialysis Nurse Manager; VA medical facility Dialysis Committee Chair; VA medical facility Dialysis Vascular and Peritoneal Access Coordinator; VA medical facility Kidney Transplant Referral Coordinator; VA Dialysis Interdisciplinary Team; VA medical facility Primary Care Provider; Veterans Community Care Program; VA medical facility Nephrology Medical Provider; and VA medical facility Dialysis Nurse.

e. Updates responsibilities in paragraph 2 for the VISN Director, VA medical facility Director, VA medical facility Chief of Staff and VA medical facility Dialysis Program Medical Director.

f. Expands VA Dialysis Program requirements in paragraphs 3-6.

g. Replaces the local policy mandate to create dialysis program policies with required standard operating procedures in paragraph 3.b.(8).

**2. RELATED ISSUES:** VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016; VHA Directive 1053, Chronic Kidney Disease Prevention, Early Recognition, and Management, dated March 17, 2020; VHA Directive 1220(1), Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures in Any Clinical Setting, dated May 13, 2019.

**3. POLICY OWNER:** The Specialty Care Services Program Office, VHA Kidney Medicine Program (11SPEC14) is responsible for the content of this directive. Questions may be referred to [VHA11SPEC14N@va.gov](mailto:VHA11SPEC14N@va.gov).

**4. RESCISSIONS:** VHA Handbook 1042.01, Criteria and Standards for VA Dialysis Programs, dated May 23, 2016, is rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of December 2028. This VHA directive will continue to serve as national policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Erica M. Scavella, M.D., FACP, FACHE  
Assistant Under Secretary for Health  
for Clinical Services/CMO

**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on January 9, 2024.

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## VETERAN DIALYSIS CARE

### 1. POLICY

It is Veterans Health Administration (VHA) policy that Veterans enrolled in the Department of Veterans Affairs (VA) health care system with kidney failure as the result of acute kidney injury (AKI) or end-stage renal disease (ESRD) are educated about their treatment options and have access to medically appropriate, high-quality kidney replacement therapy (KRT, which includes dialysis), either through VHA or a community program (including home dialysis), and kidney transplantation as medically indicated or maximum medical therapy without dialysis in accordance with the Veteran's wishes; and that Veterans receiving KRT are categorized as "vulnerable" patients and prioritized for outreach during disasters/emergencies and for contingency and scarce resource allocation planning. It is also VHA policy that Veterans must be able to obtain dialysis care through VA without the requirement to use their non-VA medical coverage (e.g., Medicare, Medicaid or other Federal or State program coverage or commercial insurance), and that VHA cannot refuse enrolled Veterans requiring dialysis who have been involuntarily discharged from a community dialysis provider. **AUTHORITY:** 38 U.S.C. § 7301(b); 38 C.F.R. § 17.38.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for:

(1) Ensuring the Chief Officer, Specialty Care Program Office (SCPO) has sufficient personnel to fulfill the requirements of this directive.

(2) Supporting the Chief Officer, SCPO with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Developing, continuously updating and maintaining data capture tools to support the ongoing operation of the National Dialysis Program Internal Data and Reporting Portal initiative to capture and report quality indicators for VA Dialysis Program services, including measures of quality of life and patient experience with dialysis services (see 42 C.F.R. § 494.90).

(2) Supporting reporting and analytical tools to enable identification of patients with chronic kidney disease (CKD) and report their quality of health. These tools include, but are not limited to, the Dialysis Dashboard (available at: <https://secure.vssc.med.va.gov/Dialysis/default.aspx>), and the VHA Integrated Clinical Community (ICC) Specialty Care National Metric Inventory (available at: [https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC\\_Summary\\_VISN&rs:Command=Render](https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fICC%2fICC_Summary_VISN&rs:Command=Render)). **NOTE:** *These are internal VA websites that are not available to the public.*

(3) Responding to requests for periodic Joint Patient Safety Reporting (JPSR) and root cause analysis (RCA) data related to the care and management of patients on dialysis (e.g., venous needle dislodgements, sudden death on dialysis, supply shortages, issues with water for dialysis and curtailments of services) submitted by VA medical facility Dialysis Program Medical Directors and VA medical facility Dialysis Nurse Managers as a part of the continuous quality improvement process. Requests for data are submitted through the NCPS SharePoint under Database Search Request. <https://dvagov.sharepoint.com/sites/vhancps/SitePages/JPSR.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

e. **Assistant Under Secretary for Health for Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care (IVC) is responsible for:

(1) Managing Veterans Community Care Program (VCCP) national contracts for services for dialysis and related vascular services for patients receiving community care.

(2) Supporting evaluation of the quality of care provided to patients receiving community care for dialysis in collaboration with the National Program Executive Director, Kidney Medicine and facilitating discussions on issues, gaps and strong practices with VA medical facilities and VISN leaders.

(3) Establishing mechanisms to oversee the care delivered to patients receiving community care for dialysis services via the Veterans Community Care Program in accordance with 38 C.F.R. §§ 17.4000-17.4040.

f. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for assigning an informatics clinician in the Office

of Connected Care to be responsible for maintaining CKD Microsoft Power Business Intelligence (BI) end-user population health tools. The Office of Connected Care (OCC) CKD Dashboard can be found at:

<https://app.powerbigov.us/groups/me/reports/1033dde8-98b0-4d13-9117-0553a6213576/ReportSection3c3f482e02a663a111c7>.

**NOTE:** *This is an internal VA website that is not available to the public.*

g. **Chief Officer, Specialty Care Program Office.** The Chief Officer, SCPO is responsible for supporting the National Program Executive Director, Kidney Medicine in executing their responsibilities as outlined in this directive.

h. **Executive Director, National Surgery Office.** The Executive Director, National Surgery Office is responsible for:

(1) Ensuring that patients requiring dialysis who are referred from the VHA Kidney Medicine Program or from VCCP have timely access to vascular access surgery either within VA or via VCCP.

(2) Ensuring that patients with ESRD who are referred from the VHA Kidney Medicine Program or from VCCP have timely access to the VHA Transplant Program for kidney transplantation care and services either within VA or via VCCP.

i. **Chief Medical Officer, Integrated Veteran Care.** The Chief Medical Officer, IVC is responsible for developing and implementing a direct referrals process for VCCP dialysis providers to ensure patients receive the required surgical services related to dialysis.

j. **Executive Director, Procurement and Logistics.** The Executive Director, Procurement and Logistics (P&LO) is responsible for:

(1) Establishing and overseeing national contracts for dialysis equipment, supplies, software and maintenance services requested by the VHA Kidney Medicine Program.

(2) Reviewing National Contract Waiver Requests from the VISN Chief Medical Officer, VISN CNO and VISN Chief Logistics Officer (CLO) and forwarding to the National Program Executive Director, Kidney Medicine for clinical input.

(3) Concurring on National Contract Waiver Requests as appropriate and communicating concurrence decisions and rationale to the requesting VISN.

(4) Ensuring the VISN CLO establishes processes for cross-leveling KRT supplies across VA medical facilities as necessary (e.g., engaging the VISN Dialysis Council) to maintain VISN-wide KRT operations.

(5) Engaging VHA Logistics personnel within VA medical facilities and VISNs to:

(a) Iteratively perform VA medical facility inventory of KRT supplies.

(b) Elevate concerns related to a potential enterprise shortage to the Executive Director, P&LO.

k. **National Program Executive Director, Kidney Medicine.** The National Program Executive Director, Kidney Medicine is responsible for:

(1) Acting as the principal advisor to the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer on kidney disease policies, procedures, strategic planning and research.

(2) Serving as a subject matter expert and providing leadership and consultation to VA medical facilities and to VISN leadership to support nationwide implementation of this directive.

(3) Serving as a kidney medicine quality measurement subject matter expert for the VHA Kidney Medicine Program.

(4) Tracking outcomes (e.g., quality metrics from the Dialysis Dashboard and the Specialty Care Services ICC CKD Dashboard) and overall adherence related to this directive and notifying the VISN Director when under performance is identified.

(5) Supporting VHA nephrology representation in Federal, professional, public and private groups and organizations concerned with VA delivery of kidney health services including dialysis.

(6) Reviewing new clinical activation plans for dialysis clinical restructuring requests, in accordance with VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.

(7) Facilitating guidance to the VISN Dialysis Medical Director Lead regarding virtual or in-person site visits by the VHA Kidney Medicine Program. **NOTE:** *Circumstances that require site visits include but are not limited to new VHA Kidney Medicine Programs, at the request of the VA medical facility Director or when issues related to quality are identified.*

(8) Contributing to a national strategy to optimize the value of VA-purchased community care services for dialysis as requested by IVC.

(9) Reviewing the completed National Contract Waiver Request submitted by Executive Director, P&LO and submitting a recommendation regarding clinical justification to the Executive Director, P&LO.

(10) Reviewing action plans submitted by VISN Directors for VA Dialysis Programs that do not meet defined quality measure performance goals and providing guidance as needed.

(11) Evaluating performance on available quality metrics for community care dialysis providers in collaboration with the Assistant Under Secretary for Health for Integrated

Veteran Care and facilitating discussions on issues, gaps and strong practices with VA medical facilities and VISN leaders.

I. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Designating the following positions:

(a) VISN Dialysis Medical Director Lead who must have sufficient protected time to perform the duties in paragraph 2.o.

(b) VISN Dialysis Nurse Manager Lead who must have sufficient protected time to perform the duties in paragraph 2.p.

(3) Submitting the contact information for the designated VISN Dialysis Medical Director Lead and VISN Dialysis Nurse Manager Lead to the VHA Kidney Medicine Program via entry into the VHA Kidney Medicine Program SharePoint directory of VISN Dialysis leaders at least once every 3 years and between reporting cycles by the end of the current fiscal year. Contact information can be found at:

<https://dvagov.sharepoint.com/sites/VHAKidney/Lists/VISN%20Dialysis%20Medical%20Director%20and%20Nurse%20Manager%20L/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Convening and providing support to a VISN Dialysis Council with the VISN Dialysis Medical Director Lead and VISN Dialysis Nurse Manager Lead as co-chairs and ensuring VA Dialysis Program representation from each VA medical facility within the VISN for the purpose of overseeing quality of the VA Dialysis Program at the VISN level. **NOTE:** *Meeting frequency is at the discretion of the VISN Director.*

(5) Ensuring, with assistance from the VISN Dialysis Medical Director Lead, that a corrective action plan is submitted to the National Program Executive Director, Kidney Medicine for review when VA Dialysis Programs within the VISN do not meet defined quality measure performance goals and ensuring appropriate VA medical facility Directors implement action plans.

(6) Ensuring VA Dialysis Programs within the VISN meet the requirement for proper dialysis coding and monthly reporting of established VA national dialysis quality measures and achieve national VA quality standards. **NOTE:** *To review the data for VA Dialysis Programs, see <https://secure.vssc.med.va.gov/Dialysis/visnlevel.aspx>. This is an internal VA website that is not available to the public.*

(7) Ensuring VA Dialysis Programs within the VISN use nationally established contracts, when available, to purchase dialysis equipment, software, supplies or maintenance services or have an approved National Contract Waiver (see paragraph 3.b.(6)).

(8) Collaborating with the VISN Chief Medical Officer and Chief Nursing Officer to ensure VA medical facilities in the VISN comply with VHA Directive 1043 for clinical restructuring requests for dialysis services (e.g., creation of a new VA Dialysis Program, closure of a VA Dialysis Program, reduction in dialysis services).

(9) Appointing the VISN Specialty Care Integrated Clinical Community (SC-ICC) Lead.

m. **Veterans Integrated Service Network Chief Medical Officer and Chief Nursing Officer.** The VISN Chief Medical Officer and CNO are responsible for:

(1) Supporting the VISN Director in implementing this directive.

(2) Collaborating with the VISN Director to ensure VA medical facilities in the VISN comply with VHA Directive 1043 for clinical restructuring requests for dialysis services (e.g., creation of a new VA Dialysis Program, closure of a VA Dialysis Program, reduction in dialysis services).

(3) Chartering the VISN Dialysis Council (for more information see paragraph 2.q.).

**NOTE:** For the VISN Dialysis Council Charter Template, see

<https://dvagov.sharepoint.com/sites/VHAKidney/KidneySP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP/Forms/AllItems.aspx?viewpath=%2Fsites%2FVHAKidney%2FKidney%20SP%2FForms%2FAllItems%2Easpx&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2EE01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dc803b39a607>. This is an internal VA website that is not available to the public.

(4) Collaborating with the VISN CLO to submit a National Contract Waiver Request to the Executive Director, P&LO when a VA Dialysis Program is not able to use nationally established contracts to purchase equipment, software, supplies or maintenance services related to dialysis care. For more information see paragraph 3.b.(6).

n. **Veterans Integrated Services Network Chief Logistics Officer.** The VISN CLO is responsible for:

(1) Collaborating with the VISN Chief Medical Officer and CNO to submit a National Contract Waiver Request to the Executive Director, P&LO when a VA Dialysis Program is not able to use nationally established contracts to purchase equipment, software, supplies or maintenance services related to dialysis care. For more information see paragraph 3.b.(6).

(2) With support from the VISN Dialysis Council, establishing and implementing processes for cross-leveling KRT supplies across VA medical facilities as necessary to maintain VISN-wide KRT operations.

o. **Veterans Integrated Services Network Dialysis Medical Director Lead.** The VISN Dialysis Medical Director Lead is responsible for:

(1) Providing VISN leadership, advice and consultation to all VA Dialysis Programs within the VISN.

(2) Serving as co-chair of the VISN Dialysis Council. See paragraph 2.q. for more information.

(3) Ensuring VA Dialysis Programs within the VISN comply with reporting requirements by reviewing the VISN Monthly Data Entry Status Report once every 3 months at <https://secure.vssc.med.va.gov/Dialysis/visnlevel.aspx> and referring to Dialysis Programs Reports and Reporting Requirements, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Reviewing VA Dialysis Programs within the VISN for performance once every 3 months using the VISN Outpatient Hemodialysis Dashboard Report at <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fClinical%2fDialysis%2fVISNSummary&visn=Select%20VISN> and supporting the development and implementation of corrective action plans as indicated to optimize dialysis delivery in Dialysis Programs Reports and Reporting Requirements, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2Fdirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20>. **NOTE:** This is an internal VA website that is not available to the public.

(5) Assisting VISN leadership in understanding opportunities for improvement, based on their VA medical facilities' quality performance relative to the standardized goals. For more information on standardized goals for quality performance, see the VISN Outpatient Hemodialysis Dashboard Report, available at <https://reports.vssc.med.va.gov/reportserver/pages/reportviewer.aspx?%2fClinical%2fDialysis%2fVISNSummary&visn=Select%20VISN>. **NOTE:** This is an internal VA website that is not available to the public.

(6) Facilitating, developing and implementing initiatives to improve the quality and safety of patient dialysis care and increase access to dialysis services throughout the VISN, including leveraging telehealth services.

(7) Disseminating information from the VHA Kidney Medicine Program to each of VA medical facilities within the VISN.

(8) Promoting communication about KRT-related issues between VA medical facilities within the VISN.

(9) Contributing to the development of and submitting the dialysis clinical restructuring requests. **NOTE:** Refer to VHA Directive 1043 for further information. For new programs, refer to Requirements for VA Dialysis Programs, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20> for business plan requirements. This is an internal VA website that is not available to the public.

(10) Performing on-site or virtual visits to review VA medical facility dialysis units in the VISN as needed. **NOTE:** Circumstances that require site visits include but are not limited to new VHA Kidney Medicine Programs, at the request of the VA medical facility Director or when issues related to quality are identified.

p. **Veterans Integrated Services Network Dialysis Nurse Manager Lead.** The VISN Dialysis Nurse Manager Lead is responsible for:

(1) Providing VISN leadership, advice and consultation to all VA Dialysis Programs within the VISN.

(2) Serving as co-chair of the VISN Dialysis Council.

(3) Harmonizing VA Dialysis Program standard operating procedures (SOPs) for consistency in the delivery of VA dialysis services to patients.

q. **Co-Chairs, Veterans Integrated Services Network Dialysis Council.** **NOTE:** The VISN Dialysis Medical Director Lead and VISN Dialysis Nurse Manager Lead are co-chairs of the VISN Dialysis Council and are appointed by the VISN Director. The VISN Dialysis Council co-chairs are responsible for:

(1) Promoting efficient, high quality-dialysis care through VA Dialysis Programs within the VISN.

(2) Coordinating the VISN operations of dialysis initiatives and harmonizing dialysis care with VA Dialysis Programs within VISN.

(3) Coordinating communication related to dialysis care across VA medical facilities, VISN leadership and the VHA Kidney Medicine Program.

(4) Reviewing VA national dialysis quality measures quarterly and ensuring their VISN achieves national VA quality standards. For more information, see paragraph 4.c.

(5) For VA Dialysis Programs that do not meet defined quality measure performance goals, implementing corrective action plans that have been reviewed and approved by the VISN Director.

(6) Collaborating with the VISN CLO, as necessary, to establish and implement processes for cross-leveling KRT supplies across VA medical facilities as necessary to maintain VISN-wide KRT operations.

(7) Ensuring there is VA Dialysis Program representation from each VA medical facility in the VISN on the VISN Dialysis Council.

r. **Veterans Integrated Services Network Specialty Care Integrated Clinical Community Lead.** The VISN SC-ICC Lead is appointed by the VISN Director and is responsible for:

(1) Serving as the liaison between SCPO, national programs and VA medical facilities within the VISN through the ICC modernization process.

(2) Serving as the liaison between SC-ICC, national programs, specialties aligned under SC-ICC and VA medical facilities within the VISN.

s. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring there is an adequate number of qualified staff to support the VA Dialysis Program. This includes appointing the following positions:

(a) **VA Medical Facility Dialysis Program Medical Director.** All VA Dialysis Programs must have a VA physician appointed as the VA medical facility Dialysis Program Medical Director at a minimum of 0.25 FTE allocated for administrative responsibilities related to the VA Dialysis Program. **NOTE:** *A VA physician may be appointed as the VA medical facility Dialysis Program Medical Director for multiple VA Dialysis Programs at a designated VA medical facility. In this circumstance, additional FTE must be allocated due to the increase in administrative oversight required. A VA nephrologist may be appointed as the VA medical facility Dialysis Program Medical Director up to 0.50 FTE. When a VA physician or nephrologist serves as the VA medical facility Dialysis Program Medical Director for two VA medical facilities, an additional 0.25 FTE must be allocated. The VA medical facility Dialysis Program Medical Director may not serve more than two VA medical facilities with VA Dialysis Programs at one time.*

(b) **VA Medical Facility Dialysis Nurse Manager.** All VA Dialysis Programs must have a VA registered nurse (RN) appointed as the VA medical facility Dialysis Nurse Manager at 1.0 FTE. For VA Outpatient Dialysis Programs that provide more than 1800 treatments per year, the VA medical facility Dialysis Nurse Manager must not have any other supervisory responsibilities outside of the VA Dialysis Program.

(c) **VA Medical Facility Kidney Transplant Referral Coordinator.** All VA Dialysis Programs must have a VA medical facility Kidney Transplant Referral Coordinator at a minimum of 1.0 FTE per 100 Veterans eligible for transplantation. **NOTE:** *Patients dialyzing under VCCP must be included in establishing the FTE allocated to accomplish*

*transplant referral coordination. Designation of a dedicated VA medical facility Kidney Medicine Referral Coordinator is preferred, but not required. Refer to VHA Directive 2012-018(1), Solid Organ and Bone Marrow Transplantation, dated July 9, 2012, for Transplant Coordinator responsibilities.*

(d) VA Medical Facility Dialysis Vascular and Peritoneal Access Coordinator. All VA Dialysis Programs must have a VA medical facility Dialysis Vascular and Peritoneal Access Coordinator at a minimum of 1.0 FTE per 100 patients with ESRD being served by the VA medical facility, including community dialysis patients.

(e) VA Medical Facility Dialysis Social Worker. All VA Dialysis Programs must have a VA medical facility dialysis social worker with a recommended staffing of 1.0 FTE per 50 to 1.0 FTE per 75 dialysis patients (this includes community dialysis patients in addition to VA Dialysis Program patients). **NOTE:** For more information, see paragraph 3.b.(2)(b) and [https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB\\_ID=63260](https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=63260).

(f) VA Medical Facility Dialysis Dietician. All VA Dialysis Programs must have a VA medical facility dialysis dietician with a recommended staffing of 1.0 FTE per 50 to 1.0 FTE per 100 dialysis patients. **NOTE:** For more information, see paragraph 3.b.(2)(c) and [https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB\\_ID=63260](https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=63260).

(g) Dialysis Program Administrative Support. All VA Dialysis Programs must have sufficient program administrative support to meet the VA Dialysis Program's needs for administrative support and current demands and time limits for dialysis program reporting requirements which include but are not limited to transplantation, the National Dialysis Program Internal Data and Reporting Portal and ESRD Network reporting.

(3) Ensuring accurate cost accounting of purchased dialysis services (e.g., vascular access care coordination, transplant care coordination and referral to community care for dialysis services) through appropriate labor mapping of VA health care providers to VCCP. **NOTE:** Care coordination for VCCP must be accounted for using the Account Level Budgeter Cost Center for community care coding.

(4) When a new VA medical facility Dialysis Program Medical Director or VA medical facility Dialysis Nurse Manager is appointed, updating the contact information in the VHA Dialysis Directory: [https://dvagov.sharepoint.com/sites/VHAKidney/Lists/VISNDialysis Medical Director and Nurse Manager L/AllItems.aspx](https://dvagov.sharepoint.com/sites/VHAKidney/Lists/VISNDialysisMedicalDirectorandNurseManagerL/AllItems.aspx). **NOTE:** This is an internal VA website that is not available to the public.

(5) Establishing a VA medical facility Dialysis Committee that reports directly to the VA medical facility Medical Executive Council or equivalent governing body for the purpose of ensuring the delivery of high-quality and safe dialysis to patients. **NOTE:** The VA medical facility Dialysis Committee Charter Template is available here: <https://dvagov.sharepoint.com/sites/VHAKidney/KidneySP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP%2FForms%2FAllItems%2Ea>

[spx&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dc803b39a607](#). This is an internal VA website that is not available to the public.

(6) Ensuring that accurate coding is used to document patients with ESRD or AKI and the delivery of dialysis treatments. **NOTE:** See [https://dvagov.sharepoint.com/:w:/r/sites/VHAKidney/Kidney%20SP/Coding/2018\\_0301\\_FactSheet\\_Coding%20for%20Outpatient%20Dialysis.docx?d=w0a16372b23204db7fe9e4b6a8501899&csf=1&web=1&e=NE4LSK](https://dvagov.sharepoint.com/:w:/r/sites/VHAKidney/Kidney%20SP/Coding/2018_0301_FactSheet_Coding%20for%20Outpatient%20Dialysis.docx?d=w0a16372b23204db7fe9e4b6a8501899&csf=1&web=1&e=NE4LSK). This is an internal VA website that is not available to the public.

(7) Using the VA Make-Buy model when evaluating and submitting clinical restructuring requests related to dialysis services to the VISN Director in accordance with VHA Directive 1043. Results of this Make-Buy model review must be included in restructuring requests and is available at: <http://vhaausweb3.vha.med.va.gov/VHADialysisMakeBuy/Default.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(8) Ensuring VA Dialysis Programs use nationally established contracts when purchasing equipment, software, supplies or maintenance services or have an approved National Contract Waiver (see paragraph 3.b.(6)).

(9) Ensuring the VA medical facility Dialysis Program Medical Director is appointed to the Scarce Resource Allocation Committee for contingency and crisis planning.

(10) Assigning sufficient P&LO support to track and manage the VA medical facility's dialysis supply inventory, maintaining a period automatic replacement level for a minimum of 1-2 months given that disruption in the supply chain may adversely impact life-saving treatment.

(11) Ensuring that contracted health care providers providing inpatient dialysis treatments or inpatient medical oversight for dialysis or nephrology care document all activity in the patient's electronic health record within 6 hours of the episode of care.

(12) Ensuring timely creation and maintenance of permanent vascular access for patients receiving care through a VA Dialysis Program and community care for dialysis services.

(13) Ensuring timely authorization of community dialysis care requests for patients who cannot be accommodated within a VA Dialysis Program and hierarchy for these referrals as outlined in the IVC Field Guidebook (<https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>) is followed. **NOTE:** This is an internal VA website that is not available to the public.

(14) Ensuring the VA Dialysis Program adheres to the VA Dialysis Center Space Planning Criteria, available at <https://www.cfm.va.gov/til/space/Spchapter316.pdf>.

(15) Ensuring only dialysis devices and supplies cleared by the Food and Drug Administration (FDA) are used when providing dialysis care in accordance with 21 C.F.R. §§ 876.5630-5880. See Requirements for VA Dialysis Program available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not available to the public. For the FDA database refer to <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm>.

(16) Ensuring VA Outpatient Dialysis Programs adhere to 42 C.F.R. part 494. See paragraph 4.a. for more information.

(17) Ensuring the VA Dialysis Program adheres to the most recent Centers for Disease Control and Prevention (CDC) guidelines for infection control and prevention of the transmission of infections among chronic hemodialysis patients. **NOTE:** Refer to <https://www.cdc.gov/dialysis/guidelines/index.html>.

(18) Developing and implementing an action plan for dialysis emergency preparedness (contingency and crisis operational modes) to ensure that patient education and patient care are not disrupted. For more information on action plans for emergency preparedness, see <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?RootFolder=%2Fsites%2FVHAKidney%2FKidney%20SP%2FEmergency%20Preparedness&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932>. **NOTE:** This is an internal VA website that is not available to the public. For more information, see paragraph 3.b.(13).

(19) Submitting data on ESRD program administration to the Centers for Medicare and Medicaid Services (CMS) in accordance with 42 C.F.R. § 494.180(h).

**t. VA Medical Facility Associate Director for Patient Care Services and VA Medical Facility Chief of Staff.** The VA medical facility Associate Director for Patient Care Services and VA medical facility Chief of Staff is responsible for:

(1) Reviewing VA Dialysis Program performance once every 3 months via the VA medical facility Outpatient Hemodialysis Dashboard Report at <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fClinical%2fDialysis%2fDialysisCenterLevel> and the VISN Outpatient Hemodialysis Dashboard Report at <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fClinical%2fDialysis%2fVISNSummary&visn=Select%20VISN> and supporting the VA medical facility Dialysis Program Medical Director in the development and implementation of corrective action plans as indicated. **NOTE:** Refer to *Dialysis Program Reports and Reporting Requirements* available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf>

[=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607](#). These are internal VA websites that are not available to the public.

(2) Evaluating new site activation plans related to dialysis services in compliance with VHA Directive 1043 and using the VA Make-Buy Model analysis tool available at <http://vhaausweb3.vha.med.va.gov/VHADialysisMakeBuy/Default.aspx> to justify endorsements of new requests. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Ensuring that patients requiring dialysis have timely access to vascular access surgery, including creation of autologous arteriovenous fistula and placement of prosthetic arteriovenous grafts to provide vascular access for hemodialysis; placement of dialysis catheters (both vascular and peritoneal dialysis (PD)); and performance of interventional procedures for the diagnosis or treatment of vascular access dysfunction or thrombosis. **NOTE:** *If a VA medical facility cannot directly provide the vascular access and PD catheter placement services in a timely manner due to capacity limitations or geographic inaccessibility, the VA medical facility Director must provide authorization for these services to be performed through VCCP.*

(4) Ensuring that patients with advanced CKD or ESRD are referred to the VHA Transplant Program for kidney transplantation care and services when clinically appropriate. **NOTE:** *For more information on CKD, see VHA Directive 1053, Chronic Kidney Disease Prevention, Early Recognition, and Management, dated March 17, 2020. Refer to the VA National Transplant Program website at <https://dvagov.sharepoint.com/sites/VHANSO/SitePages/VA-National-Transplant-Program.aspx> for details. This is an internal VA website that is not available to the public.*

(5) Ensuring that patients with advanced CKD who are managed by the VHA Kidney Medicine Program and progress to ESRD requiring dialysis are screened for transplant suitability prior to VCCP dialysis referral. **NOTE:** *For more information on CKD, see VHA Directive 1053.*

(6) Ensuring the VA medical facility Dialysis Program Medical Director and VA medical facility Dialysis Nurse Manager represent the VA medical facility on the VISN Dialysis Council.

(7) Compiling barriers to compliance with Requirements for VA Dialysis Programs, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20> identified by the VA medical facility Dialysis Program Medical

Director and forwarding to the VA medical facility Director. **NOTE:** *This is an internal VA website that is not available to the public.*

u. **VA Medical Facility Dialysis Program Medical Director.** **NOTE:** *In compliance with 42 C.F.R. § 494.140(a), the VA medical facility Dialysis Program Medical Director must be either (1) United States (U.S.) board-certified by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine in Nephrology or (2) U.S. board-certified in internal medicine and have successfully completed an Accreditation Council for Graduate Medical Education or American Osteopathic Association accredited Nephrology fellowship training program; and have a minimum of 12 months of experience providing care to patients receiving dialysis. The VA medical facility Dialysis Program Medical Director is responsible for:*

(1) Ensuring the safe operation, timely coordination and delivery of quality dialysis care to patients in the VA Dialysis Program at the VA medical facility.

(2) Ensuring that informed consent is obtained before the first KRT and repeated informed consent is obtained as necessary. New informed consent must be obtained when:

(a) The patient returns to dialysis following failure of kidney transplant.

(b) There is a significant deviation from the treatment plan to which the patient originally consented.

(c) There is a change in the patient's condition or diagnosis that is reasonably expected to alter the patient's choice to continue KRT. Further treatment should be based on shared decision making. **NOTE:** *For further information, see VHA Directive 1004.01, Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023.*

(3) Ensuring a pre-procedure verification process (also known as Time Out) is conducted prior to each dialysis treatment.

(4) Ensuring each ESRD patient has a life-sustaining treatment plan including the decision whether or not to undergo cardiopulmonary resuscitation during dialysis. See VHA Directive 1004.03, Advance Care Planning, dated December 12, 2023.

(5) Adhering to 42 C.F.R. § 494.150, including but not limited to ensuring the VA Dialysis Interdisciplinary Team for each KRT patient meets to discuss the interdisciplinary patient plan of care.

(6) Overseeing the dialysis water purification and delivery system and notifying the appropriate biomedical engineering, laboratory and governance leadership and committees of issues that impact patient safety.

(7) Reporting patient safety concerns related to dialysis supplies or devices to JPSR and recommending Issue Briefs to the VA medical facility Director for issues with

potential for national impact, in collaboration with the VA medical facility Dialysis Nurse Manager.

(8) Serving as the chair of the VA medical facility Dialysis Committee and communicating findings, recommendations and action plans to the appropriate governing committee, including, as appropriate, the VA medical facility Infection Prevention and Control Committee, VA medical facility Quality Management Committee and VA medical facility Medical Executive Council. **NOTE:** *The VA medical facility Dialysis Committee Charter Template is available at [https://dvagov.sharepoint.com/sites/VHAKidney/Kidney SP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP&viewpath=%2Fsites%2FVHAKidney%2FKidney%20SP%2FForms%2FAllItems%2Easpx&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607](https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP&viewpath=%2Fsites%2FVHAKidney%2FKidney%20SP%2FForms%2FAllItems%2Easpx&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607). This is an internal VA website that is not available to the public.*

(9) Ensuring VA Dialysis Program compliance with reporting requirements. **NOTE:** *Refer to Dialysis Program Reports and Reporting Requirements, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20>. This is an internal VA website that is not available to the public.*

(10) Reviewing dialysis program performance once a month via the Outpatient Hemodialysis Dashboard Report at <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fClinical%2fdialysis%2fdialysisCenterLevel> and instituting corrective action to improve services as required. **NOTE:** *For more information on reports, see Dialysis Program Reports and Requirements available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20>. These are internal VA websites that are not available to the public.*

(11) Collaborating with the VA medical facility Dialysis Nurse Manager to establish, implement and update comprehensive SOPs for VA Dialysis Program services at their VA medical facility. **NOTE:** *Refer to Required Dialysis Program SOPs, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20>. This is an internal VA website that is not available to the public.*

(12) Assessing non-nursing staffing needs and submitting hiring requests to ensure sufficient VA Dialysis Program staffing. See paragraph 3.b.(2) for more information.

(13) Collaborating with the VA medical facility IVC Office to ensure timely referral of community dialysis care requests.

(14) Serving on the VISN Dialysis Council alongside the VA medical facility Dialysis Nurse Manager.

(15) For patients receiving dialysis services through VCCP, ensuring VCCP coordinates care with the patient's community care nephrologist and dialysis providers. **NOTE:** VA medical facility IVC Office staff may consult as necessary with the community care Kidney Medicine and dialysis providers to coordinate care for patients. Refer to Office of Integrated Veteran Care Field Guidebook at <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx> for details. This is an internal VA website that is not available to the public.

(16) Maintaining ongoing reporting as follows:

(a) Dialysis Water and Dialysate Quality must be reported once every month to the VA medical facility Infection Prevention and Control Committee for review and forwarded to the VA medical facility Medical Executive Council or equivalent governing body for review and, if necessary, taking appropriate corrective action. **NOTE:** Water culture and endotoxin analysis as required by the most recent American National Standards Institute (ANSI)/Association for Advancement of Medical Instrumentation (AAMI) standards. For more information, see current ANSI/AAMI standards available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FSOP%20and%20Protocols%2FWater%20and%20Dialysate%20Quality%2FAAMI%20Standards%2FCurrent%20Standard&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. This is an internal VA website that is not available to the public.

(b) For VA medical facilities operating a VA Outpatient Dialysis Program, the VA medical facility Dialysis Program Medical Director must develop, implement and maintain the Quality Assessment and Performance Improvement (QAPI) program and quality improvement projects to address identified quality-of-care or patient safety issues using continuous quality improvement methodology (e.g., process (fishbone) diagrams, control charts and plan-do-check-act rapid cycle improvement). QAPI initiatives must be reported once a month to the VA medical facility Quality Management Office for review and forwarded to the VA medical facility Medical Executive Council or equivalent governing body for review and any necessary corrective action.

(c) Unexpected curtailments in dialysis services must be reported via Issue Brief to VA Central Office. **NOTE:** For more information on Issue Briefs, see [https://vssc.med.va.gov/IBTracker/Docs/Guide%20to%20Issue%20Briefs%20\(Updated%2010-25-22\).pdf](https://vssc.med.va.gov/IBTracker/Docs/Guide%20to%20Issue%20Briefs%20(Updated%2010-25-22).pdf). This is an internal VA website that is not available to the public.

(17) Adhering to the requirements for VA Dialysis Programs defined in Requirements for VA Dialysis Programs posted on the VHA National Kidney Medicine SharePoint at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607> and notifying the VA medical facility Associate Director for Patient Care Services and VA medical facility Chief of Staff when barriers to adherence arise. **NOTE:** *This is an internal VA website that is not available to the public.*

(18) Ensuring that the VA Dialysis Interdisciplinary Team performs a comprehensive and individualized assessment of each dialysis patient's needs and developing an interdisciplinary patient plan of care for that patient. For more information, see paragraph 4.b.

(19) Ensuring VA Home Dialysis Programs and VA medical facility Inpatient Dialysis Programs adhere to the requirements in paragraphs 5 and 6 of this directive, respectively.

(20) Determining medically acceptable candidates for self-care dialysis. For more information on self-care dialysis, see paragraph 5.d.

(21) For patients that require dialysis care but are unable to receive it at a VA medical facility, ensuring that the patient is referred to community care for dialysis services and medical oversight.

(22) Ensuring a comprehensive kidney transplant evaluation is conducted for all patients deemed clinically eligible, at a VA transplant center (VATC) or at a community transplant program that participates in VCCP if the patient meets the eligibility criteria for specialty community care and chooses community referral. The patient may choose to be dual listed at two VATCs; one VATC and one community transplant program; or two community transplant programs. **NOTE:** *Authorization for comprehensive transplant evaluation or listing at two community transplant programs may be authorized when required transplantation care is not available within VA.*

(23) Using the VA eKidney Clinical available through My HealthVet to develop and implement a comprehensive Patient Education Program about kidney failure and its treatment options including kidney replacement therapies (in-center and home dialysis and kidney transplantation) and non-dialytic medical care of kidney failure.

(24) Serving on the Scarce Resource Allocation Committee for contingency and crisis planning.

v. **VA Medical Facility Dialysis Nurse Manager.** **NOTE:** *The VA medical facility Dialysis Nurse Manager must be a RN, have a minimum of 12 months experience in clinical nursing and 6 months experience providing nursing care to patients on dialysis in accordance with 42 C.F.R. § 494.140(b)(1). VA Dialysis Programs must have a VA RN appointed as the VA medical facility Dialysis Nurse Manager at a staffing level*

*proportionate to the volume of dialysis treatments provided, at a minimum 1.0 FTE for VA Dialysis Programs with Outpatient Dialysis Programs. For VA Outpatient Dialysis Programs, the VA medical facility Dialysis Nurse Manager must not have any other supervisory responsibilities outside of the VA Dialysis Program. For VA medical facility Inpatient Dialysis Programs, the VA medical facility Director designates the VA medical facility Dialysis Nurse Manager. For inpatient dialysis, experience may be waived and the proportion of FTE may be adjusted at the discretion of the VA medical facility Director with the concurrence of the VA medical facility Associate Director for Patient Care Services. The VA medical facility Dialysis Nurse Manager is responsible for:*

(1) Serving as a member of the VA medical facility Dialysis Committee.

(2) Collaborating with the VA medical facility Dialysis Program Medical Director to facilitate VA Dialysis Program compliance with reporting requirements. **NOTE:** Refer to *Dialysis Program Reports and Reporting Requirements*, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. This is an internal VA website that is not available to the public.

(3) Ensuring that nursing staff update the Hemodialysis Dashboard as appropriate and reviewing VA Dialysis Program performance once a month via the Outpatient Hemodialysis Dashboard Report at <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fClinical%2fDialysis%2fDialysisCenterLevel> and instituting corrective action to improve services as indicated. **NOTE:** Refer to *Dialysis Program Reports and Reporting Requirements*, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. These are internal VA websites that are not available to the public.

(4) Collaborating with the VA medical facility Dialysis Program Medical Director to establish, implement and update comprehensive SOPs for VA Dialysis Program services at their VA medical facility. **NOTE:** Refer to *Required Dialysis Program SOPs*, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. This is an internal VA website that is not available to the public.

(5) Assessing nursing staffing needs and submitting hiring requests to ensure sufficient VA Dialysis Program staffing at the VA medical facility. See paragraph 3.b.(2) for more information.

(6) Reporting patient safety concerns related to dialysis supplies or devices to JPSR and recommending Issue Briefs to the VA medical facility Director for issues with potential for national impact, in collaboration with the VA medical facility Dialysis Program Medical Director.

(7) Reminding staff and encouraging reporting regarding patient safety concerns about Veteran dialysis care as outlined in VHA Directive 1050.01.

(8) Providing oversight to the VA medical facility dialysis nursing staff and dialysis technicians.

(9) Serving on the VISN Dialysis Council alongside the VA medical facility Dialysis Program Medical Director.

w. **VA Medical Facility Dialysis Committee Chair.** *NOTE: The VA medical facility Dialysis Committee is chaired by the VA medical facility Dialysis Program Medical Director. The VA medical facility Dialysis Nurse Manager must serve as a member. The VA medical facility Dialysis Committee Chair is responsible for:*

(1) Reporting directly to the VA medical facility Medical Executive Council or equivalent governing body for the purpose of ensuring the delivery of high-quality and safe dialysis to patients. *NOTE: The VA medical facility Dialysis Committee Charter Template is available here:*

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. *This is an internal VA website that is not available to the public.*

(2) Providing managerial oversight to the VA Dialysis Program at the VA medical facility.

x. **VA Medical Facility Dialysis Vascular and Peritoneal Access Coordinator.** The VA medical facility Dialysis Vascular and Peritoneal Access Coordinator is responsible for:

(1) Educating KRT patients on dialysis as a treatment modality especially education regarding vascular and peritoneal access (e.g., options, complications).

(2) Conducting pre-operative work ups (e.g., obtaining Doppler studies, pre-operative medical clearance) on dialysis access creation surgery patients.

(3) Facilitating referrals for dialysis access creation and revision to surgery, interventional radiology facilitating re-referral to surgery, and interventional radiology for dialysis access revision.

y. **VA Medical Facility Kidney Transplant Referral Coordinator.** The VA medical facility Kidney Transplant Referral Coordinator is responsible for:

(1) Supporting the referring VA medical facility Director in fulfilling the responsibilities listed in VHA Directive 2012-018(1).

(2) Educating KRT patients on the transplantation referral process, including all aspects of kidney transplantation (e.g., deceased donor and living donor options, what to expect with surgery, post-treatment medications), using the VA National Transplant Program SharePoint (<https://dvagov.sharepoint.com/sites/VHANSO/SitePages/VA-National-Transplant-Program.aspx>). **NOTE:** *This is an internal VA website that is not available to the public* as guidance.

(3) Facilitating pre-referral work ups on KRT patients.

(4) Submitting the transplantation referral package in the Transplant Referral and Cost Evaluation/Reimbursement (TRACER) system, available at: <https://vaww.tracer.nso.med.va.gov>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Facilitating the referral process including arranging transportation of the patient to and from VATC, responding to VATC requests for testing, conducting consultations, periodically assessing patients, reporting requested transplantation date and following up on transplant referral status.

(6) Maintaining communication between the patient and VATC throughout the transplant referral process, including during waitlisting and post-transplantation.

**z. VA Dialysis Interdisciplinary Team.** **NOTE:** *Each patient receiving care through a VA Outpatient Dialysis Program must be assigned a VA Dialysis Interdisciplinary Team. For requirements regarding VA Dialysis Interdisciplinary Team membership, see paragraph 4.b.* The VA Dialysis Interdisciplinary Team is responsible for performing a comprehensive and individualized assessment of each dialysis patient's needs and developing an interdisciplinary patient plan of care for that patient. For more information, see paragraphs 2.cc. and 4.b.(2).

**aa. VA Medical Facility Primary Care Provider.** The VA medical facility primary care provider is responsible for coordinating non-dialysis related patient care for patients receiving dialysis services via VCCP.

**bb. Veterans Community Care Program.** VCCP is responsible for coordinating dialysis related care with the Veteran's community care nephrologist.

**cc. VA Medical Facility Nephrology Medical Provider.** The VA medical facility nephrology medical provider is responsible for:

(1) Providing nephrology medical oversight of patients on dialysis under their care.

(2) Leading the VA Dialysis Interdisciplinary Team for patients under their care.

(3) Following coding SOPs for dialysis. See paragraph 3.b.(8).

(4) Participating in the VA medical facility QAPI.

dd. **VA Medical Facility Dialysis Nurse.** The VA medical facility dialysis nurse is responsible for:

(1) Educating patients on self-care dialysis for patients who chose to delivery their own dialysis care during in-center hemodialysis treatments.

(2) Ensuring that patients are educated on maintaining care of their dialysis access (i.e., vascular access or peritoneal catheter care).

(3) Educating patients on emergency dialysis emergency preparedness. See paragraph 3.b.(13) for more information.

(4) Updating the Hemodialysis Dashboard, as appropriate.

(5) Participating in the VA Dialysis Interdisciplinary Team.

(6) Participating in the VA medical facility QAPI.

### 3. VA DIALYSIS PROGRAMS

a. **VA Dialysis Program.** A VA Dialysis Program is constituted by the intramural performance of dialysis/continuous kidney replacement therapy (CKRT)/prolonged intermittent KRT within a VA medical facility or within a patient's home under the direction of a VA nephrologist serving as the VA medical facility Dialysis Program Medical Director. A VA medical facility may have more than one type of dialysis program. See the VA Dialysis Program Classification Matrix, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** *This is an internal VA website that is not available to the public.* The types of VA Dialysis Programs include:

(1) **VA Medical Facility Outpatient Dialysis Program.** A VA medical facility Outpatient Dialysis Program is the performance of maintenance dialysis under the direction of a VA nephrologist in a VA medical facility dialysis unit serving outpatients or in a VA Community Living Center.

(2) **VA Medical Facility Inpatient Dialysis Program.** A VA medical facility Inpatient Dialysis Program is a VA Dialysis Program that provides dialysis under the direction of a VA nephrologist in a dedicated inpatient dialysis unit or at the patient bedside (Emergency Department, intensive care unit (ICU) or other patient care unit) to patients receiving acute medical, surgical, psychiatric or rehabilitative care at the VA medical facility.

(3) **VA Home Dialysis Program.** A VA Home Dialysis Program is a VA Dialysis Program that provides home dialysis training and follow up.

b. All VA Dialysis Programs, regardless of where the program takes place (i.e., outpatient, inpatient, at home), must:

(1) Have a VA medical facility Dialysis Committee to provide managerial oversight to the VA Dialysis Program and collaborate with their respective VISN Dialysis Council to optimize performance and take remedial actions when necessary.

(2) Ensure adequate number of qualified staff. Staffing requirements for VA Dialysis Programs are defined on the VHA Kidney Medicine Program SharePoint, via the VA Dialysis Program Classification Matrix and the Requirements for VA Dialysis Programs, available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not available to the public.

(a) VA Medical Facility Dialysis Nurse Manager. The VA medical facility Dialysis Nurse Manager for the VA Outpatient Dialysis Program may also serve as nurse manager for the VA Home Dialysis Program. For stand-alone VA Home Dialysis Programs, the VA medical facility Dialysis Nurse Manager may also serve as the nurse manager for other VA medical facility programs, at the VA medical facility Director's discretion.

(b) VA Medical Facility Dialysis Social Worker. Social work staffing must be provided to meet the needs of home dialysis patients as required for outpatient dialysis patients. For more information, see the Army Medical Department (AMEDD) End Stage Renal Disease Standards of Practice (available at [https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB\\_ID=63260](https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=63260)) and the Council of Nephrology Social Workers Standards of Practice for Nephrology Social Work (available at [https://www.kidney.org/sites/default/files/CNSW%20SOP%206th%20Ed\\_FINAL\\_July2014.pdf](https://www.kidney.org/sites/default/files/CNSW%20SOP%206th%20Ed_FINAL_July2014.pdf)). **NOTE:** This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.).

(c) VA Medical Facility Dialysis Dietician. Dialysis dieticians must be provided to meet the needs of home dialysis patients as required for outpatient dialysis patients. For more information, see the AMEDD End Stage Renal Disease Standards of Practice (available at [https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB\\_ID=63260](https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=63260)); the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guidelines for Nutrition in Chronic Renal Failure (available at <https://www.sciencedirect.com/science/article/pii/S0272638601357578?via%3Dihub>);

the KDOQI Clinical Practice Guideline for Nutrition in CKD: 2020 Update (available at [https://www.ajkd.org/article/S0272-6386\(20\)30726-5/fulltext](https://www.ajkd.org/article/S0272-6386(20)30726-5/fulltext)) and the American Dietetic Association and the National Kidney Foundation Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Nephrology Care (available at <https://pubmed.ncbi.nlm.nih.gov/19712866>).

(d) VA Kidney Medicine Provider. Each patient in a VA Home Dialysis Program must have an assigned VA kidney medicine provider with medical coverage at the VA medical facility available 24 hours per day, 7 days a week.

(3) Meet the requirements for VA Dialysis Programs defined in Requirements for VA Dialysis Programs posted on the VHA National Kidney Medicine SharePoint, available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Adhere to the most recent ANSI/AAMI Standards for Preparation and Quality Management of Fluids for Hemodialysis and Related Therapies (ANSI/AAMI/ISO 23500), available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP&viewpath=%2Fsites%2FVHAKidney%2FKidney%20SP%2FForms%2FAllItems%2Easpx&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FSOP%20and%20Protocols%2FWater%20and%20Dialysate%20Quality%2FAAMI%20Standards%2FCurrent%20Standard&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not accessible to the public.

(5) Adhere to VA Dialysis Center Space Planning Criteria, available at <https://www.cfm.va.gov/til/space/Spchapter316.pdf>.

(6) Use nationally established contracts when purchasing dialysis equipment, software, supplies and maintenance services. When there is a compelling clinical need to deviate from the requirement to utilize national contracts, VA medical facilities must submit a National Contract Waiver Request (VA Form 10-0384) to [VHA10NA2LogisticsNationalContractBPABOAWaivers@va.gov](mailto:VHA10NA2LogisticsNationalContractBPABOAWaivers@va.gov). Final concurrence on National Contract Waiver Requests is provided by the Executive Director, P&LO.

**NOTE:** For further information, see VHA Directive 1761, Supply Chain Management Operations, dated December 30, 2020, for details. For national dialysis contracts, refer to:

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?RootFolder=%2Fsites%2FVHAKidney%2FKidney%20SP%2FNational%20Dialysis%20System%20Contracts&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932> or

<https://vaww.pclo.infoshare.va.gov/PCLO/MMStrategicPlan/PEO/Lists/National%20ContractBPABOA/AllItems.aspx>. VA Form 10-0384 may be accessed at [https://vaww.pclo.infoshare.va.gov/PCLO/MMStrategicPlan/RequestforWaiverTemplates/VA%20Form%2010-0384%20National%20Contract%20Request%20for%20Waiver%20\(Non-FSS\).pdf](https://vaww.pclo.infoshare.va.gov/PCLO/MMStrategicPlan/RequestforWaiverTemplates/VA%20Form%2010-0384%20National%20Contract%20Request%20for%20Waiver%20(Non-FSS).pdf).

*These are internal VA websites that are not available to the public.*

(7) Only use dialysis devices and supplies cleared by FDA when providing dialysis care in accordance with 21 C.F.R. §§ 876.5630-5880. See Requirements for VA Dialysis Programs available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** *This is an internal VA website that is not available to the public. For the FDA database refer to <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm>.*

(8) Develop and implement required dialysis program SOPs. VA Dialysis Programs must develop a comprehensive set of SOPs to ensure the delivery of high-quality and safe dialysis care and minimize opportunities for adverse events. Refer to Required Dialysis Program SOPs, available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** *This is an internal VA website that is not available to the public.*

(9) Adhere to the coding SOPs which are available at:

[https://dvagov.sharepoint.com/:w:/r/sites/VHAKidney/Kidney%20SP/Coding/2018\\_0301\\_FactSheet\\_Coding%20for%20Outpatient%20Dialysis.docx?d=w0a16372b23204db7bf9e9e4b6a8501899&csf=1&web=1&e=NE4LSK](https://dvagov.sharepoint.com/:w:/r/sites/VHAKidney/Kidney%20SP/Coding/2018_0301_FactSheet_Coding%20for%20Outpatient%20Dialysis.docx?d=w0a16372b23204db7bf9e9e4b6a8501899&csf=1&web=1&e=NE4LSK). **NOTE:** *This is an internal VA website that is not available to the public.*

(10) Adhere to the most recent CDC guidelines for infection control and prevention of the transmission of infections among chronic hemodialysis patients. **NOTE:** *For more information, refer to <https://www.cdc.gov/dialysis/guidelines/index.html>.*

(11) Report patient safety concerns through the Joint Patient Safety Reporting (JSPR) system. For more information on JPSR, see <https://dvagov.sharepoint.com/sites/vhancps/SitePages/JPSR.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(12) Certifications:

(a) The following is **required**: Dialysis technicians must obtain certification as required in the appropriate qualification standard in VA Handbook 5005, Staffing, dated April 15, 2002.

(b) The following is **recommended**: VA medical facility dialysis nurses are strongly encouraged to obtain certification from the American Nephrology Nurses Association.

(13) Establish an action plan for emergency preparedness (contingency and crisis operational modes) to ensure that patient education and patient care are not disrupted. For more information on action plans for emergency preparedness, see <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?RootFolder=%2Fsites%2FVHAKidney%2FKidney%20SP%2FEmergency%20Preparedness&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932>. **NOTE**: This is an internal VA website that is not available to the public.

(a) Circumstances that require an action plan include:

1. Natural disasters that prevent a patient from arriving to the VA medical facility.
2. When VA medical facilities cannot provide treatment. **NOTE**: For more information about circumstances, see 42 C.F.R. part 494.

(b) As part of the emergency preparedness action plan:

1. Patients are provided educational materials on how to receive dialysis care in the event of an emergency.

2. Educational materials include but are not limited to: “go kits” (emergency supply kit) and information on emergency diet and medication availability (e.g., potassium-binding (K+) resin). **NOTE**: For more information, see [https://www.kcercoalition.com/en/and Required Dialysis Program SOPs available at https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607](https://www.kcercoalition.com/en/and-Required-Dialysis-Program-SOPs-available-at-https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607). This is an internal VA website that is not available to the public.

#### 4. VA OUTPATIENT DIALYSIS PROGRAMS

In addition to the requirements stated in paragraph 3 of this directive, VA Outpatient Dialysis Programs must:

a. Adhere to the following portions of 42 C.F.R. part 494.

(1) Section 494.30 Condition: Infection control.

(2) Section 494.40 Condition: Water and dialysate quality (with the exception that the VA adheres to the most current ANSI/AAMI/ISO guidelines, available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?newTargetListUrl=%2Fsites%2FVHAKidney%2FKidney%20SP&viewpath=%2Fsites%2FVHAKidney%2FKidney%20SP%2FForms%2FAllItems%2Easpx&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FSOP%20and%20Protocols%2FWater%20and%20Dialysate%20Quality%2FAAMI%20Standards%2FCurrent%20Standard&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not available to the public.).

- (3) Section 494.50 Condition: Reuse of hemodialyzers and bloodlines.
- (4) Section 494.60 Condition: Physical environment.
- (5) Section 494.80 Condition: Patient assessment.
- (6) Section 494.90 Condition: Patient plan of care.
- (7) Section 494.110 Condition: Quality assessment and performance improvement.
- (8) Section 494.140 Condition: Personnel qualifications.
- (9) Section 494.150 Condition: Responsibilities of the medical director.
- (10) Section 494.180 Condition: Governance, subparts (b); (g); (h); (i).

b. **Have an Interdisciplinary Patient Plan of Care.** VA medical facility Outpatient Dialysis Programs must perform a comprehensive interdisciplinary patient plan of care for each patient as stipulated in 42 C.F.R. § 494.80 and develop a patient plan of care as stipulated in 42 C.F.R. § 494.90.

(1) The VA Dialysis Interdisciplinary Team must consist of, at a minimum, the VA kidney medicine provider treating the patient for ESRD, the VA medical facility dialysis nurse treating the patient, the VA medical facility dialysis social worker, the VA medical facility dialysis dietician and, if the patient chooses, the patient or the patient's designee.

(2) The VA Dialysis Interdisciplinary Team must conduct a comprehensive and individualized assessment of each patient's needs and develop an interdisciplinary patient plan of care. For a complete list of assessment areas, see Plan of Care Topics, available at

<https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. **NOTE:** This is an internal VA website that is not available to the public.

(3) The interdisciplinary patient plan of care and implementation of the plan of care must be:

(a) Completed within 30 calendar days of initiating outpatient dialysis, and

(b) Be reviewed and updated:

1. At least annually for stable patients
2. At least monthly for unstable patients.

c. **Maintain a Quality Assessment and Performance Improvement Program.** VA Outpatient Dialysis Programs must develop, implement and maintain an effective, data-driven QAPI program that is led by the VA medical facility Dialysis Program Medical Director for the purposes of reviewing performance on key measures and developing plans to improve program performance as stipulated in 42 C.F.R. § 494.110. For a list of quality measures, see QAPI Quality Measures, available at <https://dvagov.sharepoint.com/sites/VHAKidney/KidneySP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607%20>. **NOTE:** This is an internal VA website that is not available to the public. As part of the QAPI program, VA medical facilities must:

(1) Review the Outpatient Hemodialysis Dashboard Report at <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fClinical%2fDialysis%2fDialysisCenterLevel> and institute corrective action to improve services as indicated. **NOTE:** Refer to *Dialysis Program Reports and Reporting Requirements*, available at <https://dvagov.sharepoint.com/sites/VHAKidney/Kidney%20SP/Forms/AllItems.aspx?csf=1&web=1&e=XW1wyH%2F&FolderCTID=0x0120007C5EF811E032FA4DBF84080F58A4F932&id=%2Fsites%2FVHAKidney%2FKidney%20SP%2FVHA%20Directive%201042%2E01%2FDirective%20References&viewid=e7bc1e4b%2D7dfb%2D4a81%2Db8e2%2Dec803b39a607>. These are internal VA websites that are not available to the public.

(2) Develop quality improvement projects to address identified quality-of-care or patient safety issues using continuous quality improvement methodology (e.g., process (fishbone) diagrams, control charts and plan-do-check-act rapid cycle improvement).

d. **Educate Patients on Self-Care Dialysis.** To the greatest extent-possible, patients must be empowered to participate in the delivery of their own dialysis care during in-center hemodialysis treatments with appropriate training and general supervision by VA health care providers. This includes but is not limited to setting up the dialysis machine, self-cannulation, initiation of the dialysis treatment, self-monitoring of the dialysis treatment and termination of the dialysis treatment.

## 5. VA HOME DIALYSIS PROGRAMS

VA Home Dialysis Programs are considered part of the VA medical facility Outpatient Dialysis Program and subject to all of the requirements for an VA medical

facility Outpatient Dialysis Program including interdisciplinary patient plan of care and QAPI. In addition to the requirements stated in paragraphs 3 and 4 of this directive, VA Home Dialysis Programs must adhere to the following standards and requirements:

a. VA medical facility Outpatient Dialysis Programs must inform patients of the option for home dialysis. If the VA medical facility Outpatient Dialysis Program cannot provide the desired modality of home dialysis, they must have a formal established process to arrange for home dialysis training and ongoing home dialysis care.

b. VA Home Dialysis Programs may provide PD, continuous ambulatory peritoneal dialysis (CAPD) or automated peritoneal dialysis (APD) or home hemodialysis.

c. **VA Medical Facility Home Dialysis Nurse.** VA Home Dialysis Programs must have home dialysis nurses to provide training and supervise home dialysis care at least 1.0 FTE per 10 patients. Home dialysis nurses must be dialysis RNs who have at least 12 months nursing experience and have at least 3 months of experience providing the specific modality for which they provide self-care training.

d. **VA Home Dialysis Programs Standards.** VA Home Dialysis Programs must follow the criteria established in 42 C.F.R. § 494.100. VA Home Dialysis Programs must also adhere to the standards described below:

(1) **Scope and Requirements.** Self-care dialysis performed by a patient or designated caregiver at the patient's home is an alternative to in-center dialysis. Patients who desire this alternative and are medically acceptable candidates as determined by the VA medical facility Dialysis Program Medical Director, must be provided with necessary training within a reasonable amount of time and VA must provide all necessary durable medical equipment (DME), supplies and home support required to undertake this form of dialysis. The two major forms of self-care dialysis performed at home are home hemodialysis and home PD.

(2) **Medical Benefits Package.** VA may directly provide both, one or none of the forms of home dialysis. Both forms however, must be made available to the Veteran either directly by VA or under VCCP when VA medical facilities are not capable of furnishing hospital care or medical services because of geographic inaccessibility or are not capable of furnishing the care or services required. In the absence of a VA Home Dialysis Program, VA must offer Veterans access to home dialysis by a qualified community care provider through VCCP.

(3) **Components of a VA Home Dialysis Program.** A VA Home Dialysis Program must provide all three components of a quality program described below. An intermediary supply vendor to provide home dialysis supplies/DME may be used, but this does not constitute a clinical support service as described in paragraph (c) below. The VA medical facility may choose to either directly provide the clinical support service or to contract with a qualified clinical service to do so (e.g., contracted nursing service). The three components of a VA Home Dialysis Program include:

(a) Patient training performed in the dialysis center by a qualified VA medical facility dialysis nurse including:

1. Nature and management of ESRD.
2. Dialysis treatment goals as indicated in the Veteran's interdisciplinary patient plan of care.
3. Dialysis complications/water treatment.
4. Support service availability.
5. Self-monitoring and reporting.
6. Handling medical and technical emergencies.
7. Infection control.
8. Waste disposal.

(b) Patient monitoring performed in the dialysis center including review of self-monitoring data and exam on a periodic basis (at least every 2 months).

(c) Clinical support services, including:

1. Provision of all necessary disposable supplies and FDA-approved KRT devices.
2. Clinical care:
  - a. Ongoing medical, nursing, dietician and social work support services equivalent to that offered to in-center dialysis patients, including multidisciplinary team review and Veteran engagement in care plan development and revision.
  - b. Initial and periodic for-cause home visits to assess adaptation to self-dialysis modality (may be conducted virtually).
  - c. Pre-established emergency back-up dialysis support services in a VA medical facility or VCCP.
  - d. Regular monitoring of water quality in the case of home hemodialysis.
  - e. **Provision of Home Dialysis Devices, Solutions and Supplies.** VA Home Dialysis Programs must provide the patient all necessary FDA-approved devices and supplies and solutions (drugs and biologics) to undertake home dialysis. An intermediary supply vendor may be used to provide home dialysis supplies and equipment; however, this does not constitute a clinical support service.
  - f. **Adherence to VHA Directives and Health Care Accreditation Standards.**

(1) All clinician-related services related to the care of home dialysis patients provided by VA Home Dialysis Programs (i.e., patient training, patient monitoring and clinical support services and emergency backup) are delivered within a VA medical facility or by telehealth and therefore fall under VHA directives and Healthcare Accreditation standards (e.g., The Joint Commission). Care is surveyed under the Hospital and Ambulatory Care manuals for The Joint Commission surveys, available at <https://vaww.qps.med.va.gov/divisions/gm/ea/jointcommission.aspx>.

(2) The following services provided by VA Home Dialysis Programs are not included in the Healthcare Accreditation survey by the current vendor, TJC, because they do not involve direct patient care:

(a) Home visits for environmental assessment.

(b) Delivery of home supplies even if delivered into the patient home.

(3) If a VA Home Dialysis Program sends clinical providers to deliver patient care directly within the home (e.g., a home dialysis technician or VA medical facility dialysis nurse performs dialysis on a patient or obtains vital signs), the program will be surveyed in accordance with appropriate Healthcare Accreditation standards for direct patient care.

## 6. VA MEDICAL FACILITY INPATIENT DIALYSIS PROGRAMS

In addition to the requirements stated in paragraph 3 of this directive, VA medical facility Inpatient Dialysis Programs must adhere to the following standards:

a. **Timely Provision of Dialysis.** VA medical facilities providing inpatient dialysis must have dialysis services available 24-hours per day, 7-days a week including holidays and weekends with a delay in initiation of treatment of no more than 6 hours in accordance with VHA Directive 1220(1), Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures in Any Clinical Setting, dated May 13, 2019. The VA medical facility must develop an action plan for emergency preparedness in the event that there is an interruption in inpatient dialysis operations (e.g., natural disasters, contracting issues, supply chain disruption) precluding services to a dialysis patient.

b. **Treatment of Unstable Patients.** VA medical facility Inpatient Dialysis Programs must be capable of providing a KRT modality suitable for use in hemodynamically unstable patients (e.g., CKRT or protocols to provide hemodialysis to hemodynamically unstable patients).

c. **Provision of Daily Patient Evaluation by a Qualified Kidney Medicine Provider.** A qualified VA kidney medicine provider must conduct patient evaluation at least once a day, preferably prior to dialysis, with prescription for dialysis adjusted to reflect changes in the clinical status of the patient.

d. **Provision of Inpatient Peritoneal Dialysis.** VA medical facilities with home PD programs must be able to provide inpatient PD if a patient requires inpatient care. Patients may be permitted, if medically cleared, to continue self-care PD while an inpatient with oversight by the inpatient dialysis nurse. Family members must not be expected to perform PD care while the patient is inpatient.

e. **Ensure Separate Water Connection and Drain Line for Dialysis.** VA medical facility Inpatient Dialysis Programs must ensure that there is a separate connection for water for dialysis and a drain line for spent dialysate when dialysis is delivered at the bedside. The hand washing sink or the toilet within the patient's room must never be used as the water source or drain for dialysis.

## 7. TRAINING

There are no formal training requirements associated with this directive.

## 8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management must be addressed to the appropriate Records Officer.

## 9. BACKGROUND

a. Performance of KRT is highly complex and requires sufficient and appropriately qualified staff, support services and properly functioning equipment to ensure patient safety. VHA recognizes guidelines from the current hospital healthcare accrediting vendor (The Joint Commission) and for outpatient KRT by the Conditions for Coverage for ESRD facilities which was published by the Department of Health and Human Services/CMS as 42 C.F.R. § 494. Although VA medical facilities are not governed or certified by CMS, VA has adopted most of these nationally accepted standards for outpatient KRT and has established additional requirements to ensure the delivery of high-quality dialysis care to Veterans.

b. Inpatient KRT is used for the management of patients with ESRD requiring acute medical care and for patients with AKI. Both hemodialysis/hemofiltration and PD may be used in the inpatient setting, with multiple possible modalities required.

c. Outpatient KRT is used for the long-term management of ESRD or for the management of patients with AKI that has not resolved at the time of hospital discharge. In the outpatient setting, in-center intermittent hemodialysis is the most commonly used KRT. PD or hemodialysis may be provided as a home therapy, usually managed as self-care or family-assisted care.

d. Veterans receiving KRT, including dialysis, are categorized as vulnerable patients and prioritized for outreach during disasters and emergencies and for contingency and

scarce resource allocation planning. **NOTE:** For further information, see VHA Directive 0320, VHA Comprehensive Emergency Management Program, dated July 6, 2020. See also *Guidance for Outreach and Assistance to Vulnerable Patients During Major Emergencies*, available at

<https://dvagov.sharepoint.com/sites/VACOVHADUSHOM/HOC/workspaces/VPO/SharePoint/Forms/AllItems.aspx?OR=Teams%2DHL&CT=1649182306107&params=eyJBCbHBOYW1lIjoiVGVhbXMtRGVza3RvcClslkFwcFZlcnNpb24iOiIyNy8yMjAzMDcwMTYxMCJ9>. This is an internal VA website that is not available to the public.

e. VA supports the 2019 Advancing American Kidney Health (<https://aspe.hhs.gov/advancing-american-kidney-health>) calling for a reduction in the risk of kidney failure and increased use of home dialysis and kidney transplantation. As such, VA aims to augment patient awareness of and access to kidney transplantation and patient-centered home dialysis modalities.

f. Of the approximately 6.2 million Veterans reliant on VA for health care, approximately 0.5% require dialysis. Due to limitations in internal VA dialysis capacity, most Veterans (approximately 80%) receive dialysis via VCCP.

g. Community care for dialysis services is the provision of hierarchically authorized community-based dialysis services (for more guidance on hierarchy, see <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>. **NOTE:** This is an internal VA website that is not available to the public.), delivered either in a community facility or in a Veteran's home, to eligible Veterans. When a Veteran receives community care for dialysis services, the VA medical facility must contract two community care services: (1) the dialysis treatment home/facility and (2) the community care nephrologist who provides medical oversight of the Veteran dialysis patient. Nephrology medical oversight is not provided by VA nephrology providers to Veterans dialyzing in the community. **NOTE:** Community care for dialysis services is sometimes also referred to as non-VA dialysis or IVC. For additional information, see the Office of Integrated Veteran Care SharePoint site: <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>. This is an internal VA website that is not accessible to the public.

h. VHA provides continual support to Veterans who choose to opt out of dialysis care, and in such cases offers conservative medical management.

## 10. DEFINITIONS

a. **Acute Kidney Injury.** AKI is an abrupt loss of kidney function over a period of hours to days. In most cases, AKI is reversible, although some patients will not recover and will require chronic KRT.

b. **Continuous Kidney Replacement Therapy.** CKRT is a form of KRT that is performed in ICU on a continuous (24 hours per day) or near-continuous basis, most frequently in patients who are hemodynamically unstable. Modalities of CKRT include

continuous veno-venous hemofiltration, continuous veno-venous hemodialysis and continuous veno-venous hemodiafiltration.

c. **Dialysis.** Dialysis is one of the modalities of KRT and is a life-saving medical procedure that removes excess fluid and waste products from the bloodstream that accumulate due to kidney failure and restores normal electrolyte and acid-base balance in patients with kidney failure.

d. **End Stage Renal Disease.** ESRD is the condition of permanent advanced CKD, also known as kidney failure, requiring chronic KRT with dialysis or transplantation.

e. **Hemodialysis.** Hemodialysis is a process in which blood is pumped from the patient through an artificial kidney in an extracorporeal circuit, allowing toxins to be removed, predominantly by diffusion. Excess fluid is removed by ultrafiltration and correction of electrolyte and acid-base disturbances. Hemodialysis is the most commonly used modality of KRT and can be used in inpatient, outpatient and home settings.

f. **Interdisciplinary Patient Plan of Care.** The interdisciplinary patient plan of care is a comprehensive and individualized patient care plan for each outpatient receiving chronic dialysis in the VA medical facility Outpatient Dialysis Program that is developed and periodically reviewed and updated by a VA Dialysis Interdisciplinary Team consisting of VA nephrology providers, VA medical facility dialysis nurses and technicians, a VA medical facility dialysis social worker and a VA medical facility dialysis dietician participating in the care of the patient in collaboration with the patient or the patient's designee, meeting the requirements specified in 42 C.F.R. § 494.80 and 42 C.F.R. § 494.90.

g. **Kidney Replacement Therapy.** KRT is the treatment of AKI or ESRD by dialysis or kidney transplantation. In patients with AKI, KRT is provided as a short-term treatment while awaiting recovery of kidney function. In patients with ESRD, KRT is provided as a chronic, life-sustaining treatment that must be continued indefinitely unless the patient receives a successful kidney transplant or withdraws from therapy. The major modalities of KRT are hemodialysis/hemofiltration and PD. KRT can be provided on both an inpatient and outpatient basis, including VA Community Living Centers.

h. **Peritoneal Dialysis.** PD is a form of dialysis that uses the peritoneal membrane rather than an extracorporeal blood circuit. Sterile dialysate is repeatedly instilled into and drained from the abdominal cavity through a small catheter inserted through the abdominal wall, allowing for removal of toxins and excess fluid and correction of electrolyte and acid-base disturbances. PD can be provided in an inpatient setting but is most commonly used for home dialysis. PD can be provided as manual CAPD or by using a machine as APD, often referred to as continuous cycling PD.

i. **Quality Assessment and Performance Improvement.** The QAPI program is a data-driven program with active participation by the professional members of the VA

Dialysis Interdisciplinary Team to provide continuous assessment and improvement of the quality and safety of the VA Dialysis Program. The QAPI program for VA medical facility Outpatient Dialysis Programs must meet the requirements specified in 42 C.F.R. § 494.110.

j. **Root Cause Analysis.** An RCA is a comprehensive team-based, systems-level investigation with a formal charter for review of health care adverse events and close calls.

k. **Vulnerable Patients.** Vulnerable patients are enrolled Veterans who may suffer life threatening harm due to their medical or mental health condition before, during and after an emergency based on their or their caregiver's inability to maintain independence related to a potential disruption in either communication, power, water or transportation.

## 11. REFERENCES

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- b. 21 C.F.R. §§ 876.5630-5880.
- c. 38 C.F.R. part 17 and §§ 17.4000-17.4040.
- d. 42 C.F.R. part 494 and §§ 494.30-494.60, 494.80-494.110, 494.140, 494.150, 494.180.
- e. VA Handbook 5005, Staffing, dated April 15, 2002.
- f. VHA Directive 0320, VHA Comprehensive Emergency Management Program, dated July 6, 2020.
- g. VHA Directive 1004.01, Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023.
- h. VHA Directive 1004.03, Advance Care Planning, December 12, 2023.
- i. VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.
- j. VHA Directive 1053, Chronic Kidney Disease Prevention, Early Recognition, and Management, dated March 17, 2020.
- k. VHA Directive 1220(1), Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019.
- l. VHA Directive 1761, Supply Chain Management Operations, dated December 30, 2020.

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