

CRITERIA AND STANDARDS FOR VA DIALYSIS PROGRAMS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook implements guidance governing kidney care services directed to eligible Veterans.
- 2. SUMMARY OF CONTENT:** This VHA Handbook establishes VHA-wide criteria and standards that are required to meet the program planning needs of Department of Veterans Affairs (VA) medical facilities and Veterans Integrated Service Networks (VISNs).
- 3. RELATED ISSUES:** VHA Directive 1601.
- 4. RESPONSIBLE OFFICE:** The Office of Specialty Care Services (10P4E), VHA National Kidney Program Director is responsible for the content of this Handbook. Questions may be referred by email to VHANationalKidneyProgramOffice@va.gov.
- 5. RESCISSIONS:** VHA Manual M-2, Part IV, Chapter 4, dated April 29, 1994, is rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of May 2021.

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CRITERIA AND STANDARDS FOR VA DIALYSIS PROGRAMS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes required, VHA-wide criteria and standards to meet the planning needs of the Dialysis Program of the Department of Veterans Affairs (VA) medical facilities and Veterans Integrated Service Networks (VISN). **AUTHORITY:** 38 U.S.C. 1703, 1710, 7301(b).

2. BACKGROUND

VA Dialysis Programs are part of the VHA National Kidney Program, the purpose of which is to:

- a. Meet its mission “[t]o improve the quality and consistency of health care services delivered to Veterans with kidney disease nationwide.”
- b. Develop policy to improve the care of Veterans with kidney disease and guarantee access to renal specialty care such as in-center and at-home dialysis and kidney transplantation.
- c. Provide guidance for VA Dialysis Programs and for Veterans with kidney disease and related disorders.
- d. Assure that the quality of kidney disease care delivered to Veterans meets or exceeds the accepted national standards of practice by aligning VA Dialysis Program policy to meet or exceed community dialysis standards stipulated by Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage (CfC) and Conditions for Participation (CoP) in Title 42 Code of Federal Regulations (CFR), Part 494 (see Appendix A for applicable regulations).
- e. Deliver renal health services to Veterans across the continuum of kidney disease and to become the model for the delivery of the most comprehensive, cost effective, and best quality renal health care.
- f. Develop improved tools for the oversight and planning of Chronic Kidney Disease (CKD) patient care, including the use of multidisciplinary care plans for patients with kidney disease.

3. DEFINITIONS

- a. **Acute Kidney Injury.** Acute kidney injury (AKI) is an abrupt loss of kidney function over a period of hours to days.
- b. **Chronic Kidney Disease.** Chronic kidney disease (CKD) is a condition where there is an abnormality of kidney structure or function for more than 3 months, with implications for health, and is characterized as either an estimated glomerular filtration rate < 60 cc/min/1.73m² and/or albuminuria [an albuminuria excretion rate (AER) ≥ 30

mg/24 hours or albumin to creatinine ratio (ACR) \geq 30 mg/g], abnormal urine sediment, electrolyte and other abnormalities due to tubular disorders, abnormalities detected by histology, structural abnormalities detected by imaging, or a history of kidney transplantation. **NOTE:** See *KDIGO 2012 CPG for CKD, KI 3(1): p 5*.

c. **CKD Education.** CKD education is the provision of appropriate learning opportunities and materials for both VA professionals and Veterans concerning the prevention and treatment of kidney disease.

d. **End Stage Renal Disease.** End Stage Renal Disease (ESRD) is a condition of permanent advanced CKD (stage 5) that is treated with either Renal Replacement Therapy (RRT) or maximum medical management without dialysis, according to the Veteran's preference.

e. **End Stage Renal Disease Network.** The ESRD Network is a system of regionally-based offices contracted by CMS for quality oversight services.

f. **Facility Dialysis Committee.** The facility Dialysis Committee is a multidisciplinary group convened by the facility Director and led by a Dialysis Program Medical Director for the purpose of administering facility RRT services and reporting to facility leadership.

g. **Hemodialysis.** Hemodialysis (HD) is the procedure of waste removal from the blood by means of diffusion across a semi-permeable artificial membrane. This can be provided by either intermittent or continuous treatments.

h. **Hemofiltration.** Hemofiltration (HF) is the procedure of waste removal from the blood by means of convective transport (bulk flow of solute during ultrafiltration) across a semi-permeable artificial membrane.

i. **Home Dialysis Program.** The home dialysis program is the provision and oversight by VA of RRT services that are performed within a Veteran's home. The modalities are either Peritoneal Dialysis or HD.

j. **Inpatient Dialysis Program.** The inpatient dialysis program is the provision by VA of RRT services within a VA healthcare facility for the treatment of hospitalized Veterans with either AKI or ESRD.

k. **Multidisciplinary Patient Care Plan Committee.** The Multidisciplinary Patient Care Plan Committee is a multidisciplinary group of renal subject matter experts convened to create a comprehensive patient care plan for outpatients requiring RRT.

l. **Non-VA Dialysis Program.** The non-VA Dialysis Program is the provision of RRT to Veterans using contracted community resources when VA has insufficient capacity or is geographically inaccessible to the Veteran.

- m. **Outpatient Dialysis Program.** The outpatient dialysis program is the provision by VA of medical RRT services within a VA health care facility to Veterans with ESRD who are outpatients.
- n. **Peritoneal Dialysis.** Peritoneal Dialysis (PD) is the procedure of waste removal from the blood by means of osmosis and diffusion across the peritoneal membrane.
- o. **Quality Assessment and Performance Improvement Plan.** The quality assessment and performance improvement (QAPI) plan is the plan to continuously evaluate quality of care, conduct improvement initiatives, and assess outcomes.
- p. **Renal Replacement Therapy.** Renal replacement therapy (RRT) is the treatment of either AKI or ESRD by HD, HF, PD, or renal transplantation.
- q. **VHA Dialysis Steering Committee.** The VHA Dialysis Steering Committee (DSC) is the national VHA multidisciplinary committee charged with providing national programmatic analysis, oversight and recommendations to improve the treatment of AKI, CKD, and the delivery of RRT to the VHA National Leadership Council Healthcare Delivery Committee for action.
- r. **VHA National Kidney Program.** The VHA National Kidney Program within Specialty Care Services (SCS), Office of Patient Care Services (PCS) is responsible for Co-Chairing the DSC, providing liaison service between SCS/PCS and the nephrology field, and developing and addressing the policy needs of VA Dialysis Programs.
- s. **VHA Renal Field Advisory Committee.** The VHA Renal Field Advisory Committee (FAC) is the national volunteer VA nephrology professional committee that provides guidance to the VHA National Kidney Program on nephrology specialty care matters.
- t. **VA Health Care Facility or VA Medical Facility.** A VA health care facility or VA medical facility is any VA facility that delivers health care services, including medical centers, hospitals, outpatient centers, free standing centers, pilot dialysis centers, and VA-Department of Defense joint ventures.
- u. **VA Dialysis Program or Facility Dialysis Program.** A VA Dialysis Program or facility dialysis program is any VA Program that provides renal support either by VA or by non-VA providers at a VA medical facility with oversight by VA. (e.g., inpatient dialysis, outpatient dialysis, and home dialysis).

4. SCOPE

The VA Dialysis Program provides eligible Veterans with access to necessary, appropriate, and timely care of acute and chronic kidney disease and RRT, evaluation, management, and treatment provided by qualified personnel, and appropriate and timely referral for kidney transplantation.

5. RESPONSIBILITIES

a. **Office of Patient Care Services.** The Office of Patient Care Services (PCS) is responsible for proposing quality standards for outpatient dialysis programs based on community standards and available quality and access indicators. Quality metrics reflecting standard of care and proposed or endorsed by the leading organizations in the field of dialysis measures, such as Center for Medicare and Medicaid Services (CMS) and the National Quality Forum (NQF), will be considered by VA DSC, a chartered subcommittee of the National Leadership Council co-led by 10P and 10N. Measures approved by the DSC will be captured and reported on the VA dialysis dashboard to foster quality improvement (see Appendix C for DSC structure).

b. **Office of Information and Analytics.** The Office of Information and Analytics (OIA) is responsible for reporting the quality indicators of outpatient dialysis care delivered by VA.

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

(1) VISN Directors shall convene a VISN Dialysis Council for dialysis with Dialysis Program representation from each VA medical facility in the VISN for the purpose of promoting efficient, high quality dialysis care within the VISN, coordinating the VISN operations of dialysis initiatives, harmonizing dialysis care within VISNs, and enhancing communication related to dialysis to/from VA facilities, non-VA dialysis facilities, VISN leadership, and the VHA National Kidney Program.

(2) Reviewing Dialysis Program reporting via the Dialysis Internal Data and Reporting Portal dialysis quality report at least annually to optimize dialysis health services at their facilities.

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

(1) Appointing a Dialysis Program Medical Director and Nurse Manager for each Dialysis Program that offers RRT at the VA medical facility.

(2) Establishing a VA medical facility Dialysis Committee (see paragraph 7.g.).

(3) Notifying the VHA National Kidney Program of new VA medical facility Dialysis Program Medical Directors or Nurse Managers, including their contact information (e.g. VA Outlook email address/fax/phone) within 30 days of their appointment.

(4) Ensuring VA medical facilities establish a written process for authorizing timely referral/reauthorization for RRT and related services (e.g. non-VA dialysis treatments, vascular surgery and interventional radiology services for managing dialysis vascular access and general surgery for peritoneal dialysis access) consistent with Chief Business Office (CBO) requirements.

(5) Designating VA medical facility points of contact for non-VA medical care dialysis providers and the impacted Veterans to contact regarding dialysis related clinical and administrative questions.

(6) Providing all necessary support to enable the Dialysis Program Medical Director and Nurse Manager to assess and improve the care of Veterans with CKD including transition to ESRD and initiation of RRT, timely creation and maintenance of permanent dialysis vascular access, and expeditious access to renal transplantation and home dialysis for medically suitable candidates.

(7) Assuring resources that allow adherence to all mandates, including services to non-VA medical care dialysis patients (dialysis access care, management of medications, etc.) are available.

(8) Ensuring that each VA medical facility Chief of Staff (COS) and all medical service chiefs engage in assessment activities including quarterly review of dialysis quality indicators.

(9) Verifying Dialysis Program reporting by reviewing dialysis dashboard reports quarterly and dialysis directory updates annually via the VA Dialysis Internal Data and Reporting Portal (see paragraph 15p).

(10) Ensuring that appropriate coding is used to accurately indicate patients with CKD/ESRD and correctly reflect delivery of dialysis treatments.

(11) Ensuring up to date reporting of required dialysis patient and treatment data to VA informatics systems via their respective web portals (e.g., VA Kidney Program web portal).

(12) Reviewing and implementing plans to improve kidney care services as appropriate.

(13) Ensure sufficient staffing as stipulated in 42 CFR 494.140. See Appendix A.

e. **Facility COS and Associate Director for Patient Care Services.** The facility COS and Associate Director for Patient Care Services (ADPCS) are responsible for:

(1) Performing needs assessments for the hiring of additional staff (permanent staff, contract staff, or non-VA medical care dialysis health services staff).

(2) Performing the quarterly monitoring activities for measuring dialysis quality, workload, and contracting as relevant to the disciplines represented.

(3) Coordinating with the medical service chief in reporting to the medical facility Director annually that the monitoring activities have been accomplished.

(4) Developing plans for adjusting staffing, timeliness of care, and Veteran access, as needed.

(5) Collaborating with discipline-specific leaders (e.g., Surgery, Radiology, Social Work, and Nutrition) to ensure professional collaboration that supports appropriate professional practice standards and quality patient care.

f. **Facility Dialysis Program Medical Director.** The facility Dialysis Program Medical Director is responsible for:

(1) Serving as the Chairperson of the facility Dialysis Committee.

(2) Ensuring all Dialysis Program reporting requirements are met to include accurate completion of facility data within the dialysis data module component of the Dialysis Internal Data and Reporting Portal monthly and accurate completion of facility data within the dialysis directory component annually.

(3) Identifying and communicating pertinent findings and action plans developed by the Dialysis Committee to the medical facility Director through the facility's Infection Control Committee, Quality Management (QM) Committee, and Clinical Executive Board (CEB).

(4) Ensuring the safe operation, timely coordination, and delivery of quality RRT care to Veterans receiving treatment at their VA medical facility.

(5) Overseeing the dialysis water treatment and delivery system at their facility and alerting the responsible clinical engineering laboratory and governance committees of all issues that impact Veteran safety.

(6) In conjunction with the facility Dialysis Program Nurse Manager, establishing and periodically updating comprehensive policies and procedures for dialysis program services.

(7) Maximum stewardship of VA dialysis resources. The facility Dialysis Program Medical Director will periodically review the VHA National Kidney Program's sources of information (e.g. VA Renal SharePoint, VA Renal Webpage, VA Renal Quarterly Newsletter, VA Outlook email, the VA Internal Data and Reporting Portal) and formulate a plan to facilitate a smooth transition of care for Veterans with CKD requiring RRT or medical management of ESRD, and communicating that plan to the facility Director and CEB for action.

(8) The facility Dialysis Program Medical Director also has the additional responsibilities described in 42 CFR 494.150.

(9) Working with the medical facility Director to ensure timely reauthorization of non-VA dialysis care requests.

6. ELIGIBILITY

All Veterans enrolled in the VA health care system are eligible for VA Dialysis Program services through VHA, regardless of service connection status. Copayments

may be required based on Veteran priority group assignment. If a VA medical facility cannot directly provide the appropriate kidney services to an enrolled Veteran because of capacity limitations or geographic inaccessibility, the VA medical facility will offer to provide those services in the Veteran's community through the Non-VA Medical Care Program as stipulated in VHA Directive 1601 (Non-VA Medical Care Program) and 38 CFR 17.38 (Medical Benefits Package).

7. CRITERIA FOR ALL VA DIALYSIS PROGRAMS

All VA medical facilities offering a Dialysis Program require:

a. **Alignment with CMS' CfC and CoP as Outlined in 42 CFR Part 494.** Where VA law or policy differs, see, e.g., section 7.d.(3) and section 7.g.(3)(a), VA law or policy controls. **NOTE:** See Appendix A for applicable CMS regulations.

b. **Multidisciplinary Patient Care Plan Committee.** The purpose of the Multidisciplinary Patient Care Plan Committee is to:

(1) Document and assess performance of dialysis patient care plans for all dialysis outpatients in which RRT care is reviewed in the context of the whole person. These care plans are written and updated by the Multidisciplinary Patient Care Plan Committee led by the VA facility Dialysis Program Medical Director, per the frequency described in 42 CFR 494.90.

(a) The patient assessment and plan of care includes dose of dialysis; nutritional status; mineral metabolism; assessment of anemia; vascular or peritoneal dialysis access; psychosocial status; vocational and physical rehabilitation status; patient grievances and adverse events; advanced care planning; patient experience and Kidney Disease Quality of Life (KDQOL) surveys; and beneficiary travel needs.

(2) Identify a plan for the patient's home dialysis or explain why the patient is not a candidate for home dialysis.

(3) Develop plans for pursuing transplantation when the patient is a transplant referral candidate.

(4) Assure all dialysis outpatients are seen by a physician, nurse practitioner, clinical nurse specialist, or physician's assistant providing ESRD care at least monthly, as evidenced by a monthly progress note placed in the medical record and endorsed by the responsible independent renal practitioner. More frequent assessment is encouraged, particularly after acute illness or following hospitalization of the Veteran, until the patient's condition is stable.

c. **Shared Decision Making in Kidney Care.** All VA Dialysis Programs must approach the care of Veterans with kidney failure in a holistic, patient-centered manner. Shared decision making between the Veteran and VA Dialysis Program shall be used to consider home dialysis, physical and vocational rehabilitation, transplantation, and

advanced care planning and program staff will document the consideration of such care in the medical record.

d. **Personnel Qualifications.**

(1) **Medical Instrument Technician (Hemodialysis) (Organizational Title: Patient Care Technician, VA Handbook 5005, Appendix G-27).** Medical instrument technicians will have at least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge of the more complex procedures, the pharmacology related to this occupation, and knowledge of related acute disorders and diseases and their effects on organs and methods of treatment. Certification by one of the following organizations is highly desirable: Nephrology Certification Commission (NNCC), Board of Nephrology Examiners, Inc., Nursing and Technology (BONENT), National Nephrology Certification Organization (NNCO), and the International Certification Commission for Clinical Engineering and Biomedical Technology (ICC) in conjunction with the United States Certification Commission (USCC). Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable.

(2) **Other Dialysis Program Personnel Qualifications.** Other dialysis program personnel will conform to the qualifications stipulated in 42 CFR 494.140 (see Appendix A) and VA Qualification Standards as described in VA Handbook 5005.

e. **Staffing.** Appointment of a VA Dialysis Program Medical Director requires sufficient support to accomplish the administrative functions of this position in accordance with CMS' CfC 42 Part 494 ESRD Facilities Interpretive Guidance, which stipulates a minimum of 0.25 FTEE for the Dialysis Program Medical Director position. Increased FTEE is required for larger than average dialysis programs to accomplish the delivery of medical care if the Dialysis Program Medical Director is also serving as a Veteran's nephrologist. Other staffing shall be provided by the VA medical facility and be sufficient for nephrologists, dialysis nurses, vascular and general surgeons, interventional radiologists/nephrologists, renal social workers, renal dieticians, dialysis vascular access coordinators, renal transplantation coordinators, and program assistants to ensure full dialysis support that optimizes the safety and quality of care delivered to Veterans in need of RRT.

f. **Renal Replacement Therapy Services.** Every VA medical facility with a Dialysis Program must be able to secure outpatient RRT services for Veterans including in-center dialysis, renal transplantation, home PD and home HD training and follow-up for medically suitable candidates, or alternatively must have a written agreement with a facility that can provide these services. Self-care dialysis, whether in-center or at home, should be encouraged and appropriately supported by patient training whenever safely possible in keeping with the principle of maximum patient autonomy.

g. **Governance and Reporting.** Site visits may be conducted by VA Central Office (VACO) officials upon request to Patient Care Service/Specialty Care Services (10P4E) from Clinical Operations (10NC). Ongoing oversight and governance by the associated

VA medical center is required and met through the establishment of a VA medical facility Dialysis Program Committee. See Appendix B for organizational chart.

(1) The purpose of the facility Dialysis Program Committee is to:

(a) Formulate the facility Dialysis Program's policies and procedures.

(b) Evaluate new, returning, or transient patients for acceptance into the facility Dialysis Program(s).

(c) Review all VHA National Kidney Program and related VA field guidance.

(d) Review ESRD VISN communications.

(e) Oversee local Dialysis Program(s) administrative activities including:

1. Assess workload and staffing needs.
2. Review and endorse the facility Dialysis Program QAPI reports for forwarding to CEB.
3. Facility Dialysis Program budget analysis.
4. Dialysis purchase orders and supply considerations.
5. Review of dialysis equipment and other contract services including non-VA dialysis care, nephrology consultation, dialysis water treatment, and dialysis related services (e.g. dialysis access services, emergency hospitalization).
6. Preparation of corrective action plan to improve facility responsiveness to Veteran needs identified in the dialysis multidisciplinary patient care plan and QAPI meetings such as:
 - a. Facilitate progress toward transplant candidacy.
 - b. Vascular and peritoneal dialysis access.
 - c. Home dialysis logistical support.
 - d. Gaps in nutritional and psychosocial care.
 - e. Domicile and beneficiary travel barriers.
 - f. Rehabilitation and respite and palliative care needs.
 - g. Patient experience and mental health issues.
 - h. Patient grievances.
 - i. Adverse events.

l. Dialysis patient hospitalizations and deaths.

k. Infection control.

l. Staff training.

(2) The VA Medical Facility Dialysis Program Committee membership is established by the parent VA medical facility Director. The committee should meet at least monthly; document committee attendance; issues discussed; action items; responsible person(s) and timeline for follow up; and forward minutes to the facility's CEB. The facility Dialysis Program Committee should minimally include:

(a) The medical director(s) of the Dialysis Program(s) at the VA medical facility, one of whom will serve as Chairperson on the Committee.

(b) The facility Dialysis Program Nurse Manager(s).

(c) Home Dialysis Training Nurse (if applicable).

(d) Dialysis Nurse.

(e) Dialysis Program Social Worker.

(f) Dialysis Dietician.

(g) Facility Chief Technician.

(h) Dialysis supply and logistics representative (may be a designated Dialysis Program Assistant).

(i) Other kidney clinicians as recommended by the Chairperson.

(3) The medical director of the facility Dialysis Program is responsible for ensuring all Dialysis Program reporting requirements are met and for communicating pertinent findings and action plans to the medical facility Director through the facility's Infection Control Committee, QM Committee, and/or the CEB as indicated below. Reporting should be consistent with all VA policies, be timely, and include but not be limited to:

(a) Monthly pertinent dialysis water and dialysate quality tests (e.g. water culture and endotoxin analysis) as detailed by most current American National Standard Institute (ANSI)/Association for the Advancement of Medical Instrumentation (AAMI)/International Organization for Standardization (ISO) standards and reported to parent facility Infection Control Committee for review and relay to facility CEB.

(b) Monthly reporting of QAPI initiatives to local facility QM Office for review and relay to facility CEB.

(c) All annual and any supplementary requests for dialysis program information from the VHA National Kidney Program including updates to the VHA Dialysis Center Directory.

(d) Monthly reporting by Outpatient Dialysis Programs to the VA Inpatient Evaluation Center (IPEC)/ Dialysis Data Management and Reporting Systems for comparative purposes, as required by the VHA National Kidney Program.

(e) Monthly reporting by Outpatient Dialysis Programs to VHA Dialysis Dashboard Data Modules and validation of facility report.

(f) Reporting of data to other Federal agencies through VA-approved channels as required by VA.

(g) Adverse events, consistent with VA policy.

(h) All requests from the VA National Surgery Office pertaining to renal transplantation.

(i) All requests from other VA offices (e.g. VA National Center for Patient Safety).

h. **Compliance with VA Policies.** All VA dialysis centers must adhere to and be in compliance with all VA policies related to infection control, patient safety (including National Center for Patient Safety alerts related to dialysis, Pharmacy Benefits Management medication safety alerts and notices), protected health information and information security (PHI/IS), VA coding guidelines for dialysis treatment and related services and appropriate workload documentation, documentation procedures for nursing and medical care including, but not limited to, informed consent, procedural time-outs, evidence of coordination of care, and timely reporting of adverse events. In addition to VA policies, all VHA Dialysis Programs must follow the current ANSI/AAMI/ISO requirements for dialysis water and dialysate and current Centers for Disease Control and Prevention (CDC) "Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients" and "2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections," including, but not limited to, testing to identify for isolation Veterans requiring dialysis who may potentially be affected with Hepatitis B, and the use of applicable patient safety devices for ALL patients dialyzed with a catheter.

i. **Adherence to Space Standards for Dialysis Centers.** All VA health care facilities with a dialysis center must meet or exceed minimum VA space standards for Dialysis Centers. See VA Space Planning Criteria (PG 18-9), Chapter 316.

j. **Local Policies and Procedures.** The Dialysis Program Committee is responsible for the local development of a comprehensive set of policies and procedures for the facility Dialysis Program and related services that reduces opportunities for adverse events is required and must include provisions regarding:

(1) **Shared Decision Making.**

- (a) Informed consent for RRT and related procedures.
- (b) Do Not Resuscitate (DNR) / Intubate policy for the dialysis unit.

(2) Communication.

(a) Expected documentation of RRT treatment (including medication administration during RRT) in the medical record.

(b) Expectations for documenting patient care and communication between providers during transitions in patient treatment locations, change in care teams, or at times of altered patient status.

(c) Documentation of coordination of care through multidisciplinary notes.

(d) Requirement for electronic written comprehensive prescription for RRT treatment.

(3) Safety.

(a) A pre-procedure verification process (“time-out”) prior to first dialysis to optimize the safety of dialysis for all Veterans. “Time-outs” should be consistent with similar VA policies and documented before a Veteran’s first RRT treatment, initial assignment to a VA outpatient dialysis center, and every time a Veteran patient returns from transient dialysis outside the usual VA treatment unit. Identification and isolation of Veterans with Hepatitis B who require RRT are performed according to CDC’s “Recommendations for the Prevention of Transmission of Infections Among Chronic Hemodialysis Patients.” The “time-out” shall include:

1. Patient identity verification using at least two recommended identifiers according to facility policy.

2. Review of viral serologies, confirming either immunity or absence of infection with Hepatitis B.

3. Concurrence with assigned patient treatment location.

4. The prescribed dialysis treatment.

(b) Mechanism for timely reporting of adverse events to parent facility leadership.

(c) Virologic Surveillance Testing protocol for dialysis patients for Hepatitis B and C according to CDC guidance.

(d) Equipment operation, maintenance, and disinfection practices for all RRT devices (e.g. Central and Portable water purification equipment, and dialysis or other RRT machines) which are consistent with the equipment Operator’s Manual.

(e) Requirement for use of only U.S. Food and Drug Administration (FDA) 510k cleared RRT devices. Specific polices to address:

1. Response to dialysis machine alarms.
2. Emergency medical conditions, appropriate emergency stop dialysis procedures, and emergency power backups for reverse osmosis and dialysis machines installed in advance.
3. Meal policies.
4. Dialysis on call policy for physician and nurses and schedule announcements.
5. Emergency evacuation of patients in the dialysis center and disaster preparedness plan for dialysis patients.
6. Performance and documentation of dialysis center fire drills and cardiac arrest code procedures.
7. Dialysis center environmental cleaning.
8. Immunization for influenza, pneumococcus, Hepatitis B, and others as appropriate.
9. Medication reconciliation for the dialysis patient.
10. Use of safety devices (e.g. blood line connectors for Veterans dialyzed with an applicable catheter) endorsed by the VA DSC.

(4) **Quality Assessment and Performance Improvement Plan.** The facility Dialysis Program must develop, implement, maintain, and evaluate an effective, data-driven QAPI plan. The Dialysis Program Medical Director will serve as the Chairperson of the QAPI program. The program must reflect the complexity of the facility Dialysis Program's services and must focus on indicators or performance measures related to improved health outcomes and the prevention and reduction of medical errors. The QAPI plan should:

(a) Measure, analyze, and track quality indicators or other aspects of performance that the facility Dialysis Program adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves and should include, adequacy of dialysis, nutritional status, mineral metabolism and renal bone disease, anemia management, vascular access, medical injuries and medical errors identification, hemodialyzer reuse program (if applicable), patient experience and satisfaction and grievances, and infection control. Furthermore, the facility Dialysis Program must review patient infections, to identify trends in incidence, and to develop recommendations and action plans to minimize infection transmission, promote immunization, and take actions to reduce future incidents.

(b) Continuously monitor performance, including that reported on the VA Dialysis Dashboard, with actions taken that result in performance improvements, and performance tracking to ensure that improvements are sustained over time.

(c) Establish priorities for performance improvement, considering the prevalence and severity of identified problems, and giving priority to improvement activities that affect clinical outcomes or patient safety. The facility Dialysis Program must immediately correct any identified problems that threaten Veteran safety.

(d) Test dialysate and dialysis water for chemical and biologic quality in accordance with current ANSI/AAMI/ISO standards.

(e) Include Quality Assessment and Performance Standards as stipulated in Title 42 CFR 494.110.

(f) Include provisions regarding the review and reporting of dialysis-associated adverse and near miss events.

(g) Include provisions regarding the review and reporting of patient grievances.

(5) **Chronic Kidney Disease Education Program.** Each facility Dialysis Program should implement a Chronic Kidney Disease Education Program that provides:

(a) Pre-ESRD Education. Provide Veterans with comprehensive information regarding the prevention of CKD, management of co-morbidities, prevention of uremic complications, and options for RRT.

(b) Renal Replacement Therapy Education.

1. To ensure comprehensive education VA follows patient education and training standards as stipulated in Title 42 CFR 494.90(d) which states “The patient care plan must include, as applicable, education and training for patients and family members or caregivers or both, in aspects of the dialysis experience, dialysis management, infection prevention and personal care, home dialysis and self-care, quality of life, rehabilitation, transplantation, and the benefits and risks of various vascular access types.”

2. All Veterans must receive education from nephrology specialty care regarding self-care dialysis such as peritoneal or home hemodialysis which is performed by a Veteran (or designated caregiver) at the Veteran’s home as an alternative to in-center dialysis. Veterans who desire this alternative, and who are medically acceptable candidates per the facility’s Dialysis Program Medical Director, must be provided with necessary training, durable medical equipment (DME), supplies and home support required to undertake this form of dialysis.

(6) **Additional Policies and Procedures.** Additional policies should include a nursing scope of practice, competency requirements for dialysis nurses and technicians, DME, cleaning and environmental infection control, initiation/discontinuation criteria of RRT and patient follow-up, emergency care and emergency preparedness, palliative

care, coordinated care with primary and inpatient care teams, physical and vocational rehabilitation for Veterans requiring RRT, and referral for renal transplantation and/or home dialysis for all Veterans potentially medically suitable for these modalities. See Appendix D for a sample list of policies.

8. ADDITIONAL CRITERIA FOR VA OUTPATIENT DIALYSIS PROGRAMS

In addition to the “Criteria for All VA Dialysis Programs” described in paragraph 7, VA Outpatient Dialysis Programs are required to:

a. Provide sufficient staffing to ensure full dialysis program support that optimizes the safety and quality of care delivered to Veterans in need of RRT. Minimum FTEE requirements for ancillary support staffing should be consistent with recommendations offered by other Federal agencies. In the absence of Federal regulations, other Federal, state, and non-profit organizations recommendation guidelines for dialysis program staffing may be used. Ancillary support staffing includes the following recommendations:

(1) Nephrology Social Workers. The U.S. Army Medical Department (AMEDD) hospital-based dialysis unit standards recommend a staffing level of 1 Social Worker per 50 home and in-center dialysis patients (1:50). The National Kidney Foundation’s Council of Nephrology Social Workers recommend that staffing levels for renal social workers be approximately 1 FTEE per 75 maintenance dialysis patients (1:75) which may be more appropriate for free standing dialysis centers.

(2) Renal Dieticians. The U.S. AMEDD hospital based dialysis unit standards recommend a staffing level of 1 Registered Dietician per 50 home and in-center dialysis patients (1:50). The Standards of Practice and Professional Performance for Registered Dieticians in Nephrology Care developed jointly by the American Dietetic Association Renal Dieticians Practice Group and the National Kidney Foundation Council on Renal Nutrition recommend that staffing levels for renal dieticians be approximately 1 FTEE for every 100 maintenance dialysis patients (1:100) which may be more appropriate for free standing dialysis centers.

(3) Program Assistants. Sufficient to meet the facility Dialysis Program’s needs for administrative support and current demands/time limits for dialysis program reporting requirements which include but are not limited to transplant, the Dialysis Internal Data and Reporting Portal, and ESRD Network reporting.

(4) Dialysis Access Coordinator. Sufficient to meet the Dialysis Program’s needs for patient education regarding dialysis modality, pre-operative work up, renal referral to surgery for access creation, subsequent patient assessment, and possible re-referral to surgery and interventional radiology for dialysis access revision surgery.

(5) Renal Transplant Coordinator. Sufficient to meet the Dialysis Program’s needs for patient education regarding transplantation, pre-operative work up, referral and transportation to/from VA transplant surgery program, responsiveness to VA transplant program for information or implementation of recommendations, and periodic patient

assessment, reporting, and follow up of transplant status. Transplant coordination activities must meet the requirements of the most recent VA solid organ transplantation policy and the needs of Veterans who did not receive their transplant at a VA facility but who choose to seek subsequent care at VA.

(6) Patients dialyzing under the Non-VA Medical Care Program are to be included in establishing the FTEE allocated to the Dialysis Social Worker and Vascular Access and Transplant Coordinator positions.

b. The Dialysis Program Medical Director of each facility Dialysis Outpatient Program is required to ensure participation in the VA Dialysis Initiative to Reduce Outpatient Hemodialysis Infectious Events. Participation requires:

(1) Surveillance of central lines utilized in the outpatient ESRD population.

(2) Determination of the number of dialysis access devices and infectious events monthly, using CDC definitions and guidelines.

(3) Monthly reporting of this information into the IPEC Data Management Web site via IPEC or dialysis dashboard portals. The Dialysis Program Medical Director, or designee, must submit the data for each reporting month by the 7th of the following month.

c. All VA Dialysis Outpatient Programs are required to participate in the VA Dialysis Data Management Initiative. Participation includes reporting and validating comprehensive VA dialysis data sets via the Dialysis Web Application by the Dialysis Program Medical Director or his/her designee. Selected outpatient dialysis data that is captured will be analyzed and reported externally as VA performance measures to interested, authorized stakeholders in accordance with VA Handbook 6500 and VHA Handbook 1605.1. A battery of additional selected quality metrics may be available for supplementary, internal QAPI purposes.

9. ADDITIONAL CRITERIA FOR VA HOME DIALYSIS PROGRAMS

All VA Dialysis Programs must offer the option of home dialysis to medically qualified Veterans with ESRD as indicated in paragraph 7, "Criteria for All VA Dialysis Programs." Unique to VA Home Dialysis Programs are the following:

a. **Staffing Qualifications.** Home Dialysis Training Nurse who is a registered nurse with a minimum of 12 months experience in clinical nursing AND an additional 3 months of home dialysis nursing experience. Experience in home dialysis may be met through training and mentoring experience.

b. **Adherence to Applicable Provisions of 42 CFR Part 494.100 and the Home Dialysis standards described below:**

(1) **Scope and Requirements.** Self-care dialysis performed by a Veteran (or designated caregiver) at the individual's home is an alternative to in-center dialysis.

Veterans who desire this alternative, and are medically acceptable candidates per the facility's Dialysis Program Medical Director, must be provided with necessary training within a reasonable amount of time and VA must provide all necessary 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 Peritoneal Dialysis.

(2) **Authority- 38 CFR 17.38 (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 the Non-VA Medical Care Program when VA facilities are not capable of furnishing economical 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-sponsored home dialysis program, VA must offer Veterans access to home dialysis via a qualified non-VA provider via the Non-VA Medical Care Program. The non-VA provider is then responsible for providing patient training and follow up clinical care, dialysis equipment and home supplies, and home support services for dialysis. VA is responsible for monitoring the contracted clinical services. In furnishing needed medical services for the dialysis patient, VA does not encourage the use of paid home dialysis attendants in lieu of VA trained family members. However, under extraordinary circumstances, such as when a family member is not available to assist with dialysis care, use of an appropriate non-VA clinical attendant may be authorized.

(3) **Components of a VA Home Dialysis Program.** If a VA medical facility directly provides VA home dialysis care it must be able to 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. 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 dialysis RN including:

1. Nature and management of ESRD.
2. Dialysis treatment goals as indicated in the Veteran's 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 periodic basis (at least every 2 months).

(c) Support services to include:

1. Provision of all necessary disposable supplies and FDA 510k cleared RRT 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/revision.

b. Initial and periodic (at least annual) home visits to assess adaptation to self-dialysis modality.

c. Emergency back-up in-center dialysis support services.

d. Regular monitoring of water quality in the case of home hemodialysis.

(4) Review the Following the Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission) Standards.

(a) Home Visits. As long as all clinical services (i.e., patient training, patient monitoring and clinical support services, and emergency backup) are delivered within the medical facility, then the home dialysis program will be surveyed under hospital-based standards, and not under home care standards. Home visits are required to provide a general environmental safety assessment of a patient's home in which either home peritoneal dialysis or home hemodialysis is planned and may include onsite water collection for the latter. A home visit is usually performed prior to patient acceptance into the home dialysis program, and then at least annually to confirm environmental safety and gauge the dialysis patient's adjustment to home dialysis. Because home visits do not involve direct patient care, the performance of home visits for the purpose of environmental assessment does not change The Joint Commission standard under which the home dialysis program is reviewed (i.e., the standard remains the hospital based care standard and does not change to a home care standard). However, if VA sends clinical providers to deliver patient care directly within the home (e.g. a home dialysis technician to perform dialysis on a patient or a nurse to obtain patient vital signs), the program would be reviewed under The Joint Commission home care standards. Home visits may be accomplished through visiting nurse environmental safety assessments where practical with reports provided to the dialysis program.

(b) Home Supplies. The use of an intermediary supply provider by VA home dialysis programs is not required, and the delivery of home supplies into the Veteran's home does not change the standard under which the home dialysis program is reviewed. The

standard is dictated by whether or not patient care is delivered in the home. If an intermediary supply vendor is used, The Joint Commission does not require the provider to be The Joint Commission home care certified.

10. ADDITIONAL CRITERIA FOR VA INPATIENT DIALYSIS PROGRAMS

In addition to paragraph 7, Inpatient Dialysis Programs are required to:

a. Ensure sufficient staffing and personnel qualifications:

(1) Designation of a VA Inpatient Dialysis Program Medical Director is required and will be designated by the Medical Facility Director. The Inpatient Dialysis Program Medical Director must either be U.S. board-certified in nephrology, or U.S. board-certified in internal medicine and has successfully completed a U.S. ACGME or AOA accredited nephrology fellowship training program, plus have a minimum of 12 months of experience providing care to patients receiving dialysis, and will be responsible for oversight of the prescription and delivery of inpatient RRT and associated services and directing monthly reporting of inpatient dialysis program QAPI initiatives, as well as ensuring compliance with all other reporting requirements. The facility Dialysis Program Medical Director of the facility's other Dialysis programs may serve in this role with appropriate incremental support.

(2) Designation of a VA Inpatient Dialysis Program Nurse Manager by the medical facility Director is required for the purpose of overseeing the delivery of inpatient dialysis services by qualified dialysis registered nursing staff, preferably with 6 months of dialysis experience, and to manage the necessary space, medications, support functions, dialysis equipment and supplies, and physical environment wherein inpatient dialysis is delivered. If dialysis care and equipment is being provided via contract for inpatients, the requirement for dialysis experience for the VA Nurse Manager may be waived only if necessary at the discretion of the medical facility Director with the concurrence of the nurse executive

(3) Sufficient staffing by nephrologists and dialysis nurses to provide 24/7/365 services and coverage to support the inpatient dialysis service is required and will be designated by the medical facility Director. In no circumstance is the patient or family to be the primary manager of the required dialysis service for any period of time and at no time is there to be a gap in clinical coverage.

b. Participate in and report to the facility Dialysis Committee.

c. Be able to offer a RRT modality suitable for use in hemodynamically unstable patients.

d. Provide patient evaluation by a qualified nephrology medical practitioner at a minimum frequency of daily, preferably prior to dialysis, with prescription for dialysis adjusted in a timely fashion to reflect changes in the clinical status of the Veteran.

e. Ensure there is a separate water hook up and drain line to provide water purification for dialysis and accommodate the spent dialysate when inpatient dialysis is delivered at the bedside. In no circumstance is the hand washing sink or the toilet within the patient's room to be precluded from its intended use by any dialysis machine.

11. NON-VA CARE FOR KIDNEY DISEASE AND DIALYSIS

Veterans in need of chronic dialysis treatments where care cannot be provided within a VA dialysis unit will be offered the full range of ESRD treatment options currently available through community provided care in accordance with 38 CFR 17.38 (Medical Benefits Package) and VHA Directive 1601, Non-VA Medical Care Program, with the exception of kidney transplantation.

a. **Transplantation.** Veteran patients receiving non-VA dialysis care and who require/request evaluation for kidney transplantation should be referred for work-up to their home VA medical facility. In addition, all Veterans referred to non-VA medical care should be screened for suitability for transplantation prior to being sent out to community units. VA will not authorize payment for kidney transplant evaluation or procedure to be done outside of the VHA Transplant Program as part of the non-VA medical care request. Information regarding the VHA Transplant Program and services can be found at <http://vaww.va.gov/transplant/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

b. **Referrals.** Local VA resources for dialysis treatments should always be considered first; however, should the patient not be suited for the local VA medical facility (space, distance, and travel) or if the Veteran elects to pursue a dialysis treatment option not currently offered within VA; the Veteran should be referred to a non-VA medical provider to provide the service at VA expense. Types of dialysis treatments/services available through the Non-VA Medical Care Program :

- (1) Center-based hemodialysis.
- (2) Home-based hemodialysis.
- (3) Peritoneal Dialysis (CAPD/CCPD) (home and in-center).
- (4) Training for home dialysis modalities.

c. **Process and Procedures for Referring and Coordinating Non-VA Medical Care:**

(1) All ESRD patients must be referred to non-VA medical care by a nephrologist. The first choice and preferred mechanism for the purchase of chronic outpatient dialysis care is the national non-VA dialysis care contract. Local Non-VA Medical Care Program offices are responsible for identifying contracted facilities, providing appropriate authorizations, timely reauthorizations, funding obligations and claims processing/payment according to prevailing VHA regulations and authority. Additional information can be found at <http://nonvacare.hac.med.va.gov/>.

(2) Veterans receiving non-VA medical dialysis care under VA auspices must be assigned a VA primary care provider to assist with routine medical care, medications, specialist referral, etc. Veterans requiring additional medical/surgical services such as vascular access intervention should be referred to VA services whenever feasible by the primary care provider or nephrologist as appropriate. These critical services must be addressed in a timely and efficient manner as to not hinder the delivery of life-saving dialysis treatments in the community. Should the local VA medical facility not be able to accommodate such requests for service, a local written procedure/process must be in place in order to facilitate authorization and referral to non-VA medical services through the Non-VA Medical Care Program.

(3) To facilitate non-VA care coordination, each VA medical facility authorizing non-VA dialysis care will indicate a primary and secondary renal point of contact (POC) for the timely resolution of clinical concerns pertaining to vascular and peritoneal dialysis access, renal transplantation evaluation, and grievance issues raised by the Veteran or non-VA dialysis facility. The POC will be submitted by the facility Dialysis Program Medical Director or Dialysis Nurse Manager to the Non-VA Medical Care Program at: <http://vaww.infoshare.va.gov/sites/nonvacare/Non-VA>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. **Other Insurance.** Veterans who have commercial insurance, Medicare, Medicaid, or other Federal or state program coverage and are enrolled or otherwise eligible for VA medical care may choose to utilize their Medicare, Medicaid, other Federal or state program coverage, or their VA benefit. VA MAY NOT require or suggest that the Veteran use their commercial insurance, Medicare, Medicaid or other Federal or state program coverage for dialysis care instead of obtaining such care through VA. However, Veterans who choose to use their commercial insurance, Medicare, Medicaid or other Federal or state program coverage, instead of VA benefits, are to be advised that VA cannot pay for any portion, including copayments or cost-shares, of their non-VA dialysis care. This discussion must be documented in the Veteran's medical record.

12. REQUIREMENTS FOR RESTRUCTURING DIALYSIS PROGRAMS

VA medical facilities wishing to restructure a Dialysis Program must submit through their VISN a business plan justifying the need for the restructured Dialysis Program to the Deputy Under Secretary for Health for Operations and Management (10N) who provides a copy to PCS.

13. RESPONSIBILITIES FOR CORRECTIVE ACTION

Monitoring and optimizing of Dialysis Program quality performance is the responsibility of the dialysis center and medical center leadership. Dialysis center quality performance impacts VA performance on aggregate regional and national levels. VISN and VA Central Office leadership will provide oversight to assist Dialysis Programs in meeting and exceeding VA's goals for quality performance.

14. VHA NATIONAL KIDNEY PROGRAM AND RENAL FIELD ADVISORY COMMITTEE

a. **VHA National Kidney Program.** SCS is a component of the Office of PCS and is located in VA Central Office, Washington, DC. SCS includes a clinical program office for Nephrology, entitled the VHA National Kidney Program. SCS is responsible for providing policy guidance to facilities to enact and ensure that high quality and safe kidney healthcare is delivered to all eligible Veterans. The VHA National Kidney Program is led by a National Program Director who is supported by a National Kidney Program Administrative Assistant. The National Kidney Program Director:

(1) Serves as principal advisor to the Chief Consultant, Specialty Care Services, on developments in kidney disease, strategic planning for ESRD services, safety and quality improvement in CKD patient care, and identification of renal research imperatives.

(2) Develops national renal policy to optimize Veteran health care.

(3) Provides subject matter expertise and guidance to the VA's renal data management and reporting systems to ensure appropriate PCS data stewardship.

(4) Collaborates with other Federal agencies to leverage resources to treat kidney disease.

(5) Co-Chairs the VHA DSC.

(6) Serves as a liaison between VHA SCS/PCS and the Renal FAC.

b. **Renal Field Advisory Committee.** The Renal FAC provides independent advice to the Chief Consultant of SCS and the National Kidney Program Director on clinical policy and program development. The Renal FAC assists VA Central Office in program oversight, forwards field concerns, assists in distributing information to the field, serves as a resource to other VA Central Office program offices, and represents the field on SCS interview committees. The Renal FAC works closely with the National Kidney Program Director and the Renal FAC Chairperson, and is composed of approximately eight field-based VA employees with a recommended 3-year term, which may be renewed for a second term. The Renal FAC conducts monthly conference calls to discuss issues of importance to the renal field. The Renal FAC will communicate with the field and the field should communicate with the Renal FAC through the Renal SharePoint. The Renal FAC Chair:

(1) Serves as the primary liaison to the FAC Manager and the Chief Consultant for SCS or designee, and is a field based health care professional.

(2) Works with the FAC Manager to ensure the FAC accomplishes its purpose of providing leadership within its specialty or subspecialty area.

(3) Sets FAC goals based on FAC expertise, VA needs, and results of previous findings and requests of the FAC Manager, Chief Consultant for SCS or designee.

(4) Coordinates FAC membership appointments with the FAC Manager.

(5) Contacts new member appointees confirming his/her acceptance to serve on the committee.

(6) Provides a letter of appointment (sent separately) and copy of FAC charter to new members.

(7) Assures newly appointed FAC members have their supervisor's approval to be a FAC member.

(8) Coordinates with FAC members to develop an agenda for face-to-face meetings and finalizes the agenda prior to submission to Special Advisor to the Chief Consultant for SCS.

(9) Provides clear and timely requests to the National Kidney Program Director about the logistical needs of the committee.

(10) Exercises good organizational skills in chairing the FAC meetings to ensure issues are addressed and timelines and goals are met.

(11) Assures each FAC member has a "va.gov" email address and is listed in VA's Outlook.

(12) Develops and assigns tasks to FAC members, and tracks these assignments to ensure their completion and appropriate content.

15. REFERENCES

a. 42 CFR, Part 494 Conditions for Coverage: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/downloads/esrdfinalrule0415.pdf>

b. VHA Directive 1601, Non-VA Care Medical Care Program: http://vaww.va.gov/vhapublications/publications.cfm?pub=1&order=asc&orderby=pub_number **NOTE:** *This is an internal VA Web site that is not available to the public.*

c. American National Standard Institute (ANSI)/Association for the Advancement of Medical Instrumentation (AAMI)/International Organization for Standardization (ISO) Standards: http://vaww.ceosh.med.va.gov/01BE/Pages/AAMI_Standards_Warning.shtml. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. AMMED End Stage Renal Disease Standards of Practice. Technical Bulletin, Med 3. Department of the Army, Washington D.C., 1988.

- e. Centers for Disease Control and Prevention (CDC) “Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients” and “2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections”: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm>;
<http://www.cdc.gov/hicpac/BSI/BSI-guidelines-2011.html> .
- f. Centers for Medicare and Medicaid Services, Part 494, Conditions for Coverage for End Stage Renal Disease Facilities Interpretive Guidance. ESRD Surveyor Training Interpretive Guidance, 2008.
- g. Council of Nephrology Social Workers. Standards of Practice for Nephrology Social Work, 5th Edition. National Kidney Foundation, New York, 2003.
- h. NKF-K/DOQI Clinical Practice Guidelines for Nutrition in Chronic Renal Failure. NY, NY: National Kidney Foundation, 2001.
- i. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney inter.*, Suppl. 2013; 3: 5:
http://www.kdigo.org/clinical_practice_guidelines/pdf/CKD/KDIGO_2012_CKD_GL.pdf
- j. Non-VA Medical Care Program information: <http://nonvacare.hac.med.va.gov/>
- k. Patient Safety Alert: “Misconnection of a Hemodialysis Machine to an Unpurified Domestic Water Source” AL 14-01:
<http://vaww.ncps.med.va.gov/Guidelines/alerts/Docs/AL14-01MisconnectionHemodialysisUnpurifiedWaterSource.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*
- l. The Joint Standards Task Force of the American Dietetic Association Renal Dietitians Practice Group and the National Kidney Foundation Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Nephrology Care. *Journal of Renal Nutrition* 2009; 19:345-356.
- m. VA coding guidelines for dialysis treatment and related services and appropriate workload documentation: <http://vaww.vhahim.va.gov/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*
- n. VA Dialysis Clinical Contact List:
<http://vaww.infoshare.va.gov/sites/nonvacare/Non-VA%20Care%20Projects%20A/dialysis/Lists/Dialysis%20Clinical%20Contact%20List/overview.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*
- o. VA Dialysis Internal Data and Reporting Portal: VA Dialysis Dashboard, VHA Dialysis Data Module, VHA Dialysis Center Directory, VA IPEC Infection Surveillance

Data Management System: <https://secure.vssc.med.va.gov/Dialysis/default.aspx>.

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

p. VA Renal SharePoint:

<http://vaww.infoshare.va.gov/sites/MedicalSurgical/RenalFAC/default.aspx>. **NOTE:**

This is an internal VA Web site that is not available to the public.

q. VA Renal Webpage: <http://www.va.gov/health/services/renal/>

r. VA Space Standards for Dialysis Units:

<http://www.cfm.va.gov/til/space/SPchapter316.pdf>

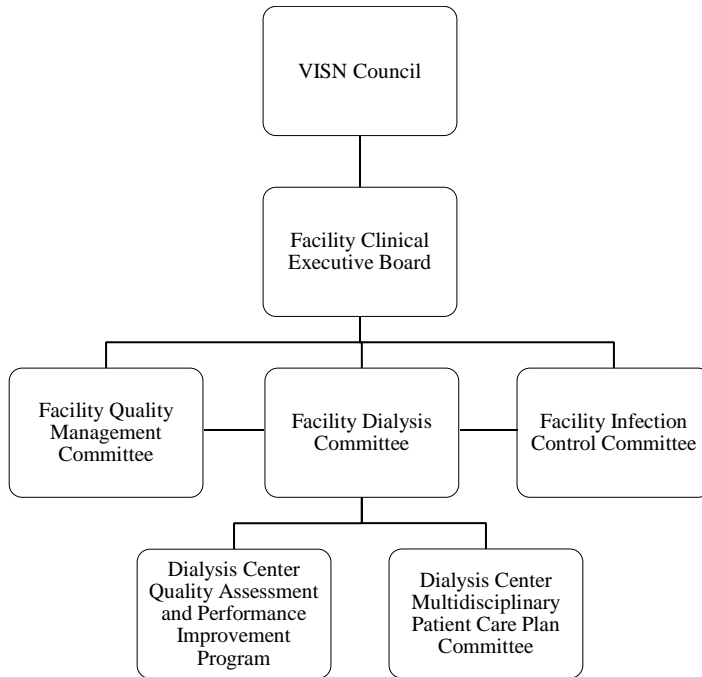
s. VHA Transplant Program and services: <http://vaww.va.gov/transplant/>. **NOTE:**

This is an internal VA Web site that is not available to the public.

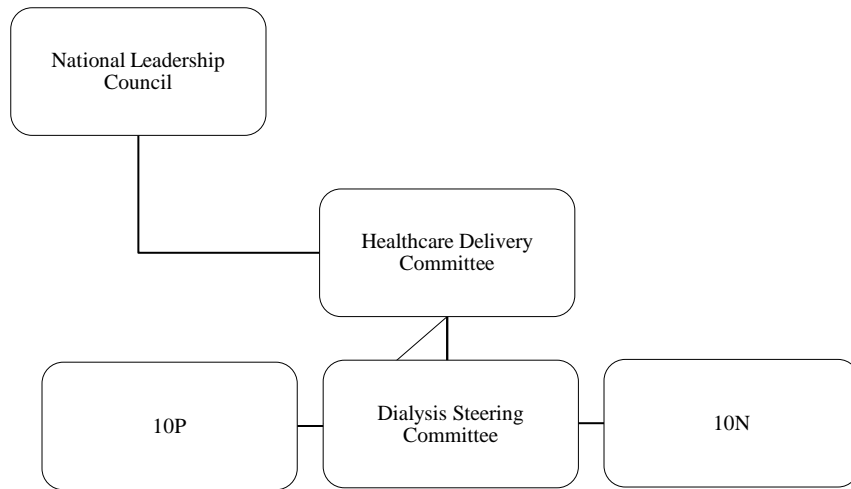
**TITLE 42 CODE OF FEDERAL REGULATIONS (CFR), PART 494 CONDITIONS FOR
COVERAGE**

- 494.20 Condition: Compliance with Federal, state, and local laws and regulations
- 494.30 Condition: Infection Control
- 494.40 Condition: Water and dialysate quality
- 494.50 Condition: Reuse of hemodialyzers and bloodlines
- 494.60 Condition: Physical environment
- 494.80 Condition: Patient assessment
- 494.90 Condition: Patient plan of care
- 494.100 Condition: Care at home
- 494.110 Condition: Quality assessment and performance improvement
- 494.130 Condition: Laboratory services
- 494.140 Condition: Personnel qualifications
- 494.150 Condition: Responsibilities of the medical director
- 494.180 Condition: Governance, parts (b); (f)(4); (g); (h); (i)

DIALYSIS PROGRAM REPORTING STRUCTURE



DIALYSIS STEERING COMMITTEE STRUCTURE



DIALYSIS UNIT SAMPLE POLICY MANUAL CATEGORIES

15-Test Strips
AAMI downloaded
Actril
Actril_Material Safety Data Sheet
Actril-brochure
Addendum Dialysate Sample Port
Adequacy of Dialysis
Admission Criteria to Chronic Dialysis Unit
Admission of Patients to End Stage Renal Disease (ESRD) Program
Air Embolism- Prevention
Alarm test for Dialysis Machine
Alarms and Safeguards
Anaphylactic-Allergic Reaction
Best Practices in Dialysis Care
Blood Leak
Buttonhole Standard Operating Procedure (SOP)
Cathflo (Alteplase)
Cathflo (Alteplase) Competency
Centrifuge SOP
Colorometer- SOP
Complications of Hemodialysis
Conductivity Siemens Conversion into Total Dissolved Solutes Parts per Million
Consideration of Patients for Transplantation
Contingency Plan for Dialysis Unit
Dialysis and transplant labs
Dialysis Consult Management
Dialysis Machine- Set-Up and Use
Dialysis Machine Hemodialysis Disinfection
Dialysis Unit Policy
Dialyzer Hypersensitivity (reaction)
Diasafe Filter Testing and Replacement
Discharge Policy
Documentation of Multi-Dose Medications for In-Patients
Documentation of Single Dose Medications
Drugs
Editing SOP Colorometer II SOP
Editing SOP for Bacteriology
Emergency Discontinuation of Dialysis and Evacuation-Procedure
Emergency Evacuation of Patients
Emergency Instructions For Dialysis Patients
Emergency Phone Cascade
Emergency Policy for HD Interruption
End Stage Renal Disease Committee

Extracorporeal Circuit preparation and Priming Procedure-SOP
Facility Rules
Fire Plan Dialysis
Foul Weather Policy
Giving Post-Dialysis Report on In-Patients
Guideline for Cleaning External Surfaces of Dialysis Equipment
Guidelines for Choosing Modes of Dialytic Therapy
Guidelines For Hemodialysis Treatment Record
Guidelines for Nursing Care/Practice Renal Clinic
HD Machine Disinfection Log
HD Machine Rotation Log
Hemodialysis Orders
Hemodialysis Patient Visit and Documentation Policy for Dialysis
Hemodialysis RN Guidelines
Hemodialysis Treatment Procedure
Hemodialysis-Initiation of a New Patient
Heparin and Normal Saline Protocol
Heparinization For Hemodialysis
How to Measure Water Hardness – water hardness test kit guide
Indications for Percutaneous Renal Biopsy
IV Medication Manual Drip method- SOP
Lab Protocols
List of Procedures that House Staff May Perform
Low Chlorine Level Strips
Maintenance of Logs
Maintenance Of Patient Records
Manual Conductivity Measurement Of Dialysate
Meal Policy
Minncare
Minncare MSDS
Minncare-brochure
Multidisciplinary Team Conference
Myron L Meter
New AVF Cannulation
Non-VA Dialysis Placement
Non-VA Dialysis Authorization and Obligation Management
On-Call Policy
Ongoing Objectives: Scope of Services Provided by the Dialysis Unit
Patient disaster guide
Patient Responsibilities
Patient Rights
Patient Safety in the Dialysis Unit
Patients Starting Renal Dialysis
Perm Catheter and Venous Catheter site care- SOP
Pharmacy Medications Stock in the Dialysis Units
Philosophy

Policy for Accepting Patients
Power Failure during Dialysis with Dialysis Machine
Protocol for Permcath Placement Removal
Provision of Dialysis for Patients with Acute Renal Failure
Quick Response Cart
Refrigerators
Resident/Fellow Responsibilities
RoClean MSDS
RoClean Brochure
Role of Nephrology Section Chief
Role of the Dialysis Unit Mid-Level Provider/NP, PA
Role of the Renal Clinic Director
Role of the Supervisory Technician
Role of Attending Physician on Service
Role of Dialysis Unit Director
Role of the Charge Nurse
Role of the Dialysis Nurse
Role of the Dialysis Nurse Manager
Role of the Dialysis Technician
Scheduling Dialysis
Selection guide
Sign-in Sheet for Data Transfer Module
SOP Obtaining Endotoxin-Culture Samples for Water-Dialysate
Specific Emergency Conditions
Studies To Be Done on Dialysis Patients
TEGO Procedure
Topics to be included
Transferring and Referring Patients
Trasonic SOP
Ultrameter II SOP
Ultrameter- SOP
UltrameterII Calibration Log
Utility Failure in the Dialysis Unit
Venogram
Visitor Policy for the Dialysis Unit
Water Culture and Endotoxin Logs
WaterSoft strips-1
WaterSoft Test Strip-2
Weekly Log