Clinical Standards of Care for Network 17 Dialysis Facilities

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HSAG HEALTH SERVICES ADVISORY GROUP
ESRD Network 17

TABLE OF REVISIONS

The contents of this document are subject to change without prior notice. Should revisions become necessary, written updates will be distributed to Network staff for inclusion in this document. The Quality Improvement Director (QID) is responsible for the formal updating of the Clinical Standards of Care; however, all staff is responsible knowing their content areas and keeping the information current and relevant to the dialysis facilities within the Network. The Network Executive Director (ED) shall ensure that the most recent version of the Clinical Standards of Care is distributed to staff and stakeholders and is available on the Network website.

When inserting revisions to this plan, the person revising the document shall complete the table below.

Revision #	Date	Section, Page(s)	Change	Revised By
1.0	March 2019	Initial Publication		Network 17 Staff/MRB

This material was prepared by ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy CO-ESRD-17G004-03212019-01

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OVERVIEW

A primary goal of Network 17 is to improve the quality of healthcare services provided to end stage renal disease (ESRD) patients. The Network's Medical Review Board (MRB) has adopted the following Clinical Standards of Care to align with the ESRD Conditions for Coverage (CfCs), including the Measures Assessment Tool (MAT 2.5) and Core Survey Process, the ESRD Quality Incentive Program (QIP) and CROWNWeb data reporting requirements. These standards include quality statements that describe the care patients should receive and define requirements to assist all Medicare-certified ESRD facilities in providing high-quality treatment to patients.

CLINICAL STANDARDS OF CARE

Infection Control

The facility should have policies and procedures related to the prevention and management of healthcare-associated infections (HAIs). Policies should include the training of staff and education of patients regarding prevention measures, as well as the identification and treatment of infections at the facility. The Network also recommends the use of Centers for Disease Control and Prevention (CDC) Core Interventions for Dialysis Bloodstream (BSI) Prevention and CDC training resources and tools. Infection control and patient safety issues should be continuously tracked, reported, and discussed in the facility's Quality Assessment Performance Improvement (QAPI) meetings, and actions taken to address these issues should be documented.

Additionally, the Centers for Medicare & Medicaid Services (CMS) and the Network recommend that all in-center dialysis facilities report dialysis events in the National Healthcare Safety Network (NHSN) tracking system per the Dialysis Event Protocol. All dialysis facilities, including home-only facilities, must also follow the guidelines and procedures for reporting in the Vaccination Module of the Healthcare Personnel Safety Component of NHSN.

Mandatory Notifications to the Network

Dialysis and transplant facilities in the Network service area are required to provide updated information regarding facility operational status and key contacts to the Network and in CROWNWeb whenever changes occur. Changes in operational status include but are not limited to:

- Any interruption in services greater than 24-hours.
- Facility expansions.
- Planned closures and/or relocations.
- Additional shifts.

Additional mandatory notifications to the Network include any:

- Death that occurs in a free-standing or hospital-based outpatient dialysis facility.
  - Must be reported to the Network within 48 hours of the event.
- Potential involuntary discharge (IVD).
  - This provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that can be explored

Food and Drink in the Dialysis Unit

Patients are allowed to have food and drink during dialysis unless it is medically contraindicated. Medical contraindication is determined by the treating nephrologist, medical director and/or governing body of the facility.

CLINICAL STANDARDS OF CARE

Dialysis Facility Staffing

In-Center Hemodialysis Facilities

Each facility must have:

- A sufficient number of qualified, trained staff on duty to meet the individualized needs of the in-center patients dialyzing at any given time.
  - When evaluating adequacy of staffing for the in-center hemodialysis facility, consideration should be given to:
    - Patient acuity and care needs.
    - The number of active catheters.
    - Staff experience and areas of expertise.
  - The Network recommends there be at least:
    - One clinical staff person (i.e. registered nurse or patient care technician) for each four adult patients.
    - One registered nurse for each twelve adult patients undergoing in-center hemodialysis.

Pediatric In-Center Dialysis Facilities

- For any patient weighing less than 10kg/22 lb., each facility must to have:
  - One-to-one nursing care and size-appropriate equipment for dialysis.
    - Dialyzer and bloodlines.
  - The equipment needed for continuous monitoring of weight and vital signs, including, but not limited to:
    - Cardiac status.
    - Blood pressure.
    - Continuous readout scales and/or automatic ultra-filtration control.
    - Emergency resuscitation equipment and supplies.
- For any patient weighing between 10 and 20 kg/22 and 44 lb., each facility must have:
  - One-to-two nursing care and size-appropriate equipment for dialysis.
    - Dialyzer and bloodlines.
    - The equipment needed for continuous monitoring of vital signs and continuous readout scales or automatic ultra-filtration control.

Grievances

To ensure that patients are aware of their right to file a grievance, the provider must:

- Have policies and procedures regarding how the facility will receive, process, and document patient grievances, including a process for patients to file grievances anonymously.
- Document that patients have been informed of their rights and responsibilities, including the right to file a grievance, internally or externally, to the Network.
- Post a copy of Network 17's contact information in a prominent location in the facility.

CLINICAL STANDARDS OF CARE

Access to Treatment

Per Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, all Medicare-certified ESRD providers shall provide access to treatment for patients regardless of their race, color, disability or national origin. Other federal statutes and regulations prevent discrimination based on sex, age or veteran status. Each dialysis facility should:

- Establish policies and procedures for admitting patients to the facility and consider admission of any patient that meets all requirements for admission, per the facility's admission policy.
  - Any patient previously discharged from the facility for any reason should also be considered for re-admission, as patient and clinic circumstances can change over time.
- Work to maintain patients in a consistent outpatient dialysis setting, regardless of treatment-related compliance or other compliance issues.
  - CMS and the Network believe it is essential that all dialysis patients have access to a nephrologist and an outpatient dialysis facility where they can routinely receive dialysis treatments, healthcare monitoring, and support from all members of the Interdisciplinary Team (IDT).
    - The facility IDT must work with patients, nephrologists, and the facility medical director to avoid patient discharges due to a nephrologist discharging a patient from their physician practice.
      - All attempts to address issues related to the physician discharge with the patient must be documented in the patient's medical record.
      - Facilities must contact the Network for assistance as soon as a patient is believed to be at-risk for IVD, including physician discharge.

Data Reporting Compliance

All Medicare-certified ESRD providers shall strive to attain and maintain 100 percent compliance for the following data reporting:

- CROWNWeb
  - All required data should be entered per the CROWNWeb Data Management Guidelines.
  - Facilities should always have at least one administrative and one clinical staff CROWNWeb user to ensure data accuracy and completeness.
- NHSN
  - All outpatient dialysis facilities are required to report dialysis events in the CDC NHSN tracking system per the Dialysis Event Surveillance Protocol.
- Network Quality Improvement Activities (QIAs)
  - All facilities identified for inclusion in a Network QIA are required to engage in Network-specified activities and submit monthly self-reported data per QIA timelines.
    - Facilities are expected to review the progress of the Network QIAs during QAPI meetings each month.
- Any additional CMS-designated data collection system.

CLINICAL STANDARDS OF CARE

Acute Kidney Injury (AKI) Patients Treated in Chronic Dialysis Facilities

AKI patients should be closely monitored for recovering kidney function or conversion to chronic dialysis. It is recommended that a 24-hour urine collection with creatinine be completed monthly to evaluate residual kidney function and ensure the appropriate prescription for dialysis is provided. Additionally, AKI patients shall have specific dialysis orders tailored for dose, duration, and frequency to optimally retain residual kidney function and reduce the risk of hypotension. AKI patients are not entered into CROWNWeb, however those who develop a BSI must be reported in NHSN per the CDC Dialysis Event Surveillance Protocol.

Ultrafiltration Rate (UFR) Monitoring

It is recommended that fluid removal during hemodialysis should be less than five percent of the patient's estimated dry weight (EDW) per treatment, with an average UFR <13 ml/kg/hr per treatment, for all patients. If fluid removal exceeds five percent of the patient's EDW and/or the UFR is greater than 13 ml/kg/hr, justification must be documented in the medical record by a registered nurse.

Hospitalization Tracking and Monitoring

Facilities shall track and review patient hospitalizations and hospital readmission trends during QAPI meetings. For continuity of care, the Network recommends facilities obtain a hospital discharge record and complete a review of the patient's treatment orders and medications in the electronic medical record (EMR) within one treatment of the patient returning to the facility.

Emergency Preparedness

Per the CMS CfCs, all Medicare-certified ESRD providers shall have written policies and procedures that specifically define the handling of emergencies which may threaten the health and safety of patients. Such emergencies would occur during a natural disaster (e.g., fire or hurricane) or during functional failures in equipment or utilities.

Specific emergency preparedness procedures exist for different kinds of emergencies. At a minimum, the provider shall:

- Review and test the emergency preparedness plan, at least annually, and revise as necessary.
- Review emergency preparedness policies and procedures, at least annually, and revise as necessary.
- Ensure all personnel are knowledgeable and trained in their respective roles in emergency situations.
- Ensure the availability of emergency medications, medical supplies, and equipment, including pediatric-appropriate equipment and supplies, where pediatric dialysis is provided.
- Ensure that staff are familiar with the use of all dialysis equipment and procedures to handle medical emergencies.
- Ensure that patients are trained to handle medical and non-medical emergencies.

  - Patients must be fully informed regarding what to do, where to go, and who to contact if a medical or non-medical emergency occurs.

- Complete additional training and testing requirements contained in the CMS Emergency Preparedness Rule.
- Notify the Network as soon as possible, but no later than 24 hours after, any facility status change that may cause the disruption of treatment lasting greater than 24 hours, or any event that requires immediate/emergency actions by the facility, such as rescheduling or placement of patients at a backup provider.
- Provide the facility's open or closed status and patient location updates, at least daily, to the Network during identified emergencies or disasters.
  - This includes before and after a potential tropical storm, hurricane, wildfire, or earthquake.