**Dialysis**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Dialysis**

| **Regulation** | **Recommended Action** |
| --- | --- |
| **F698: 483.25(I): Dialysis**  “The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.”[[1]](#footnote-1) | Determine if dialysis will be completed at facility, certified dialysis facility or home  Determine where supplies will be obtained (many times dependent upon payor source)  Determine transportation needs and resources  Develop dialysis policies and procedures with education  Develop communication system between dialysis facility and nursing facility  Provide 24-hour RN coverage in facility unless State Nurse Practice Act allows for LPN coverage  Develop an assessment process for care and management of a resident receiving dialysis  Provide staff training on the Dialysis Policy and Procedure. Update training for orientation, annual, agency staff, as needed.  Conduct updated training for Management Personnel on supervising and monitoring Dialysis Care per the new RoP requirements as indicated. |
| **F552 Right to be informed and make treatment decisions**  “§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.”[[2]](#footnote-2) | Provide resident with information of dialysis procedure, medical information, risks/benefits of treatment.  Include resident/resident representative in the care planning process |
| **F578 Right to refuse**  “The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.”[[3]](#footnote-3) | Resident has the right to refused once information on the risks, benefits and specifics of the procedure/skill  If resident does not have an Advance Directive, provide education and offer assistance in formulation of an Advance Directive |
| **F580 Notification of change**  “(i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there I”s-  “(B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)”[[4]](#footnote-4) | Policies and procedures for notification of change of condition |
| **F659 Be provided by qualified persons**  “The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (ii) Be provided by qualified persons in accordance with each resident's written plan of care.”[[5]](#footnote-5)  **F 725 Sufficient and Competent Staffing**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident,as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment”[[6]](#footnote-6) | Licensed Nurse training on:   * Dialysis * Type of access device resident is using * Monitoring signs and symptoms of infection at access site * Dialysis communication policies and documentation * Emergency procedures (bleeding/hemorrhage at access site) * Assessment process including fistula or graft site monitoring * Assure central venous catheter and dressing is dry and intact without signs of infection * Procedures for shower/bath * Fluid restrictions as ordered by physician * Collaborate with nutrition services for diet and fluid restrictions * Monitoring for intake and compliance with restrictions * Monitoring and communication with weight fluctuations * Communication with dialysis center and physician on resident lab work * Education and competency on post-hemodialysis complications * Only trained and competent staff to administer dialysis treatments in accordance with State and Federal laws and regulations if done in facility * Provide Staffing consistent with resident need as identified with census, acuity and facility assessment * Develop a person-centered plan of care   Documentation to include:   * Observation of the access site prior to and after dialysis * Vital signs and weights * Evidence of monitoring for complications such as hemorrhage, access site infections, hypotension, etc. * Intake and Output * Change of Condition * Evidence of communication between nursing facility and dialysis facility * Etc.   Documentation of education to transport personnel on managing emergency complications such as: Hemorrhage, hypotension, SOB, Pain, etc. (ensure emergency supplies for transport) |
| **F686 Pressure ulcer**  “Based on the comprehensive assessment of a resident, the facility must ensure that— (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual’s clinical condition demonstrates that they were unavoidable”[[7]](#footnote-7) | Licensed Nurse and CNA training on facility policy and procedure for monitoring of skin integrity |
| **F692 Nutrition and Hydration**  “The intent of this requirement is that the resident maintains, to the extent possible, acceptable parameters of nutritional and hydration status and that the facility: • Provides nutritional and hydration care and services to each resident, consistent with the resident’s comprehensive assessment;  • Recognizes, evaluates, and addresses the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition and hydration; and  • Provides a therapeutic diet that takes into account the resident’s clinical condition, and preferences, when there is a nutritional indication.”[[8]](#footnote-8) | Collaborate with IDT, including physician and dialysis center, resident diet and hydration needs/restrictions/orders |
| **F757 Unnecessary Medications**  “Each resident’s drug regimen must be free from unnecessary drugs”[[9]](#footnote-9) | Policies and Procedures with education on unnecessary medications |
| **F880 Infection Control**  “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections”[[10]](#footnote-10) | Nurse and CNA training on Infection Control to include:   * Standard Precautions * Transmission-Based Precautions * PPE * Hand Hygiene * Blood Borne Pathogens * Monitoring for Signs/Symptoms of Infection |
| **F841 Medical Director**  “§483.70(h)(1) The facility must designate a physician to serve as medical director.    §483.70(h)(2) The medical director is responsible for— (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility.”[[11]](#footnote-11) | Medical Director to collaborate, review and approve all policies, procedures and protocols for dialysis care |
| **F842 Medical Records**  “§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are— (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized”[[12]](#footnote-12) | Documentation in the Medical Record to include:   * Resident care and services * Change of condition and follow up * Communication form between the nursing facility and the dialysis center * Care Plan and revisions * Physician orders * All pertinent charting |

**References and Resources**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Disease Control and Prevention. Dialysis Safety: <https://www.cdc.gov/dialysis/patient/index.html>

National Kidney Foundation: <https://www.kidney.org/professionals/guidelines/guidelines_commentaries>

Nursing Skills Reference Manuals

Manufacturer’s Recommendations on equipment, adaptive equipment, sup

1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. 2,3,4,5, Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. 7,8,9,,10 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-10)
11. [↑](#footnote-ref-11)
12. 11,,12 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-12)