

ESRD Tip Sheet - Home Dialysis in a Nursing Home

On March 22, 2023, CMS revised <u>QSO-18-24-ESRD</u> - Guidance and Survey Process for Reviewing Home Dialysis Services in a Nursing Home. While the updated guidance is specific to ESRD facilities, there are areas outlined in the update that have cross setting implications for nursing homes.

AHCA created this ESRD tip sheet to highlight for facilities the areas of focus that are important to consider between the ESRD facilities responsibilities and the nursing homes responsibilities during home dialysis.

ESRD Guidance	Areas of Focus for Nursing Homes
Care at home provisions	The ESRD facility that provides home dialysis services to a nursing home
for nursing home residents	resident maintains direct responsibility for the dialysis-related care and
receiving home dialysis	services must be consistent with the ESRD Conditions for Coverage
with a focus on safety and	requirements. The ESRD facility is responsible for ensuring the following
quality of care	to all nursing home residents receiving dialysis in the facility:
	 Training of the staff, patients, and/or designated caregiver
	 Monitoring of training and comprehension of training at least every 2 months
	 Support services including visits to the nursing home,
	coordination of care by the interdisciplinary team, and onsite
	evaluation and testing of the water and dialysate system
	CMS affirmed that in addition to transporting the resident to and from
	an off -site or on-site certified ESRD facility for dialysis, if a nursing
	facility wishes to expand their scope of services, the resident may also be
	provided an option to obtain such treatments via a satellite ESRD facility
	in or adjacent the nursing facility (in-center), or under arrangement via
	home dialysis in the resident's room or in a dedicated dialysis den in the
	nursing facility.
Survey process activities to	While the nursing home dialysis services will be separately surveyed
evaluate services provided	through the ESRD facility Conditions of Participation (COP) surveyors, it
by an ESRD facility to	is important to adhere to the RoP for long term care at <u>F698 – Dialysis</u>
residents in a nursing	and F880 – Infection Prevention and Control. This will ensure
home	consistency and alignment with services provided and infection control policies. When ESRD surveyors visit nursing facilities where residents are
	receiving home dialysis services, the surveyor will:
	 Adequately evaluate the dialysis services and associated dialysis
	care being provided
	 Include observations of machine setup, vascular access care,
	and initiation and discontinuation of home hemodialysis
	treatments
	 Not observe actual peritoneal dialysis unless the team identifies
	concerns such as high infection rates or complaints



	ESRD facility surveyors do not directly evaluate SNF provider compliance
	with RoP F698-F880 or other quality of care areas. However, they may
	notify the SNF survey agency of concerns for investigation.
Written agreements between an ESRD facility the nursing home	 A written agreement and the responsibilities of the ESRD facility and the nursing home is required which addresses the following clinical areas: Methods of enabling timely communication and collaboration between the ESRD facility and nursing home care team Ensuring a safe and sanitary environment where the dialysis treatments occur Ensure active participation of the nursing home care team in the development and implementation of an individualized care plan Delineation of patient monitoring responsibilities before, during, and after each treatment A process that ensures a review of the qualifications, training, competency verification, and monitoring of all personnel, patients, and caregivers who administer dialysis treatments in the nursing home Preparing nursing home staff to appropriately address and respond to dialysis-related complications and provide emergency interventions, as needed Procedures to make sure all equipment necessary for the dialysis treatment is available and maintained in working condition
	 In addition, expectations, and responsibilities for both the dialysis facility and nursing home related to the emergency plan should be incorporated into the written agreement between the two entities. The plan must include the following: Plans for back-up dialysis if the regularly scheduled treatment is impacted by reasons beyond control Managing Complications Equipment Failure – The dialysis facility is responsible for installing, repairing, and maintaining all home dialysis supplies and equipment Emergency supplies – the ESRD facility should provide nursing homes with medications, equipment, and dialysis-related supplies through routine deliveries.
Policies and procedures for	The ESRD facility in collaboration with the nursing home must develop
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nursing home dialysis	 ESRD policies and procedures for nursing home dialysis that address: Who may administer dialysis treatments, such as the patient, the RN, LPN/LVN, CNA, patient care technician (as determined by the scope of duties as outlined in your state statues or regulations), or the resident's existing designated caregiver These individuals must have documented competency
	verification before providing the service



	Procedures for Infection Control
	Patient assessment
	Patient plans of care
	 Care of the dialysis patient at home
	 Emergency planning and preparedness
Qualifications and training	 In the nursing home setting, any individual administering dialysis must receive adequate training and possess sufficient competency to ensure that the resident on dialysis receives safe and effective treatments. The nursing home should review and modify training policies to ensure they outline that it is the responsibility of the ESRD facility to develop and educate any nursing home staff who are trained to administer dialysis on how to appropriately address and respond to dialysis-related complications and provide emergency interventions, as necessary. Staff administering dialysis must be trained, competent, and knowledgeable in all aspects of dialysis care before initiating treatments. In-room supervision is only required if the resident is unable to independently request help or other safety issues are present. Remote patient monitoring may be used as a supplement to supervision but may not be a substitute when in-room supervision is required.
Coordination of care	 Certain elements of nursing home dialysis will require coordination between the nursing home and the dialysis facility. Communication mechanisms should exist between the dialysis facility and the nursing home. The dialysis facility must provide an on-call schedule to the nursing home, with names and contact information in case of questions or emergencies. The nursing home staff must be actively involved in patient assessment, pain management, and care plans. The dialysis facility must coordinate with the nursing home to develop and implement an individualized care plan. The dialysis facility must implement a QAPI plan for monitoring its performance for home dialysis services provided in the nursing home and must include participation from the nursing home.

Resources

QSO18-24-ESRD Revised 3/22/2023

Summary of Updated Guidance for Home Dialysis Furnished in Nursing Facilities

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