



QUESTIONS FROM THE FIELD

Question: Do I need a contract if I send a resident to an Outpatient Dialysis Center?

Answer: Yes, according to F309 interpretive guidelines, you need an “agreement or arrangement” with the dialysis provider.

F309

(Rev. 130; Issued: 12-12-14, Effective: 12-12-14, Implementation: 12-12-14) §483.25 Quality of Care

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Intent: §483.25

The facility must ensure that the resident obtains optimal improvement or does not deteriorate within the limits of a resident’s right to refuse treatment, and within the limits of recognized pathology and the normal aging process.

Interpretive Guidelines for Selected Specific Quality of Care Issues at §483.25

Review of a Resident Receiving Dialysis Services

When dialysis is provided in the facility by an outside entity, or the resident leaves the facility to obtain dialysis, the nursing home should have an agreement or arrangement with the entity. This agreement/arrangement should include all aspects of how the resident’s care is to be managed, including:

- Medical and non-medical emergencies;
- Development and implementation of the resident’s care plan;
- Interchange of information useful/necessary for the care of the resident; and
- Responsibility for waste handling, sterilization, and disinfection of equipment.

If there is a sampled resident who is receiving dialysis care, evaluate the following, in addition to the standard Resident Review protocol:

- Review to assure that medications are administered before and after dialysis as ordered by the physician. This should account for the optimal timing to maximize effectiveness and avoid adverse effects of the medications;
- Whether staff know how to manage emergencies and complications, including equipment failure and alarm systems (if any), bleeding/hemorrhaging, and infection/bacteremia/septic shock;
- Whether facility staff are aware of the care of shunts/fistulas, infection control, waste handling, nature and management of end stage renal disease (including nutritional needs, emotional and social well-being, and aspects to monitor); and
- Whether the treatment for this (these) resident(s), affects the quality of life, rights or quality of care for other residents, e.g., restricting access to their own space, risk of infections.

Dave’s Memo: Your Dialysis Provider should be able to provide you with an agreement/contract that meets the above requirements. Besides medications, don’t forget to make arrangements to send food with any resident that will be gone during a meal time. Dialysis centers can be cold so you might also want to consider sending a "care bag" that has a blanket, gloves, extra socks, magazines, books or other things the resident might need.