

**Planning and Implementing a  
“Survey-Ready” Home Dialysis Facility**

Glenda M. Payne, MS, RN, CNN  
Director of Clinical Services  
Nephrology Clinical Solutions

---

---

---

---

---

---

---

---

**+ Disclosure**

- Provide regulatory consulting services to multiple dialysis providers, including those who operate home programs

---

---

---

---

---

---

---

---

**+ Objectives**

- Describe the basic requirements for successful implementation of a home therapy program
- Identify potential “roadblocks” which can prevent certification
- Discuss differences in state regulations for home programs

**Desired Outcome:**

Greater comfort level with regulatory expectations for home programs

---

---

---

---

---

---

---

---

+

### What Are the Basic Requirements?

- A Patient
  - Staffing
    - Nursing
    - IDT
- Space
- Equipment
- Patient Training
- Providing Safe Care

4

---

---

---

---

---

---

---

---

+

### Do You Have A Patient?

5

---

---

---

---

---

---

---

---

+

### Expectation: You Have A Patient

- You must have trained or be training at least one patient for each modality you are requesting
- NY State: you must have a current patient on service
- You have made a home visit to determine if the home is suitable for home therapy

6

---

---

---

---

---

---

---

---

**+ Survey Roadblocks!**

- Your only patient was transferred in from another home program
- Your only patient is borrowed from another program
- In NY: Your only patient has been discharged
- You have not made a home visit

---

---

---

---

---

---

---

---

**+ Staffing**

---

---

---

---

---

---

---

---

**+ Nurse Staffing**

- Registered nurse
- 12 months experience as an RN
- 3 months experience "in the modality"
  - Peritoneal dialysis
  - Hemodialysis
- State difference:
  - Texas requires 6 months experience in the modality

---

---

---

---

---

---

---

---

**+ Survey Roadblocks!**

- Your only nurse is "in training"
- You borrowed a qualified nurse from another facility
- Your nurse works only part-time and is not available at the time of survey
- The personnel file for your nurse does not include evidence of the required experience

---

---

---

---

---

---

---

**+ Interdisciplinary Team Staffing**

- Home patients must receive the same level of care as in-center patients
- Social worker and dietitian can be part time
  - Must be able to speak to how they will provide service to home patients

---

---

---

---

---

---

---

**+ Survey Roadblocks!**

- No MSW or RD on staff
- On interview, one or both are unable to describe how they will provide service to home patients
- In Texas, the MSW or RD already has maximum patient load

---

---

---

---

---

---

---



---

---

---

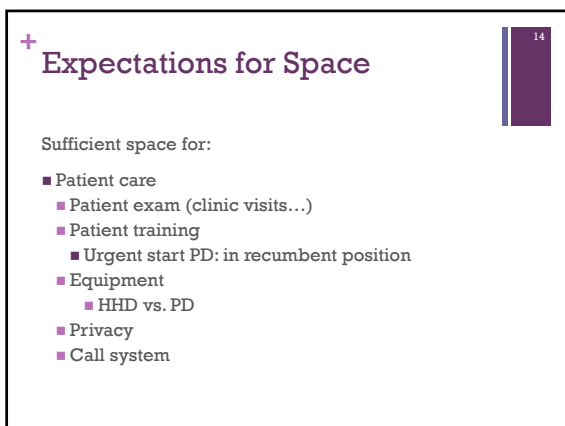
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

**+ Survey Roadblocks!**

- A single "all purpose" room
- No designation or separation of clean/dirty areas
  - No where to safely discard PD effluent
- Clinical records not protected from casual access
- Patient treatment areas do not allow access for emergency equipment

---

---

---

---

---

---

---

---

**+ Equipment**

---

---

---

---

---

---

---

---

**+ Expectations for PD Equipment**

- For CAPD
  - Patient chair
  - IV pole
- For CCPD
  - Patient chair
  - Cycler—might be ordered per patient

---

---

---

---

---

---

---

---

**+ Expectations for Home HD Equipment**

Conventional HD

- Machine could be ordered per patient
- Provisions for water treatment for training
  - If unit is attached to an ICHD: central water delivery
  - If unit is free standing: portable system

Pre-configured dialysis equipment (e.g., NxStage)

- Machine could be ordered per patient

---

---

---

---

---

---

---

---

**+ Expectations for Equipment**

Maintenance

- Facility is responsible for delivering, installing, repairing and maintaining equipment
  - May have a contract
  - May "exchange" equipment with manufacturer
- Facility retains responsibility to ensure patient has functional equipment

---

---

---

---

---

---

---

---

**+ Expectations for Equipment**

- Water & Dialysate monitoring
  - Water and or dialysate must be monitored at least quarterly for bacteria and endotoxins
  - Staff or patient may be responsible for collecting samples
  - Staff must ensure that samples were collected, results reviewed, and any needed action taken

---

---

---

---

---

---

---

---

**+ Survey Roadblocks!**

PD:

- No equipment for CAPD on hand
- No provision for securing CCPD equipment
- No system in place for repair or maintenance

HHD:

- No provision for securing HHD equipment
- No system in place for repair or maintenance
- Water /dialysate cultures not done or action not taken when indicated

22

---

---

---

---

---

---

---

---

**+ Patient Training**

23

---

---

---

---

---

---

---

---

**+ Expectations for Patient Training**

- Training is conducted by a qualified\* registered nurse
  - \*12 months experience as an RN plus 3 months in modality (6 months in Texas)
- Patient /care partner demonstrate competency prior to discharge to home

24

---

---

---

---

---

---

---

---



**+ Survey Roadblocks!**

- Unqualified training nurse
- No evidence of demonstration of competency
  - Quizzes not graded
  - Quizzes with failing grades not repeated
  - No method of documenting competency

---

---

---

---

---

---

---

---

**+ Providing Safe Care**

---

---

---

---

---

---

---

---

**+ Expectations of Care Delivery**

- Patients on home therapies receive the same level of care as in-center patients
- Home patients receive needed services from dietitian, social worker, and physician
- Care plans are individualized
- PD orders match PET testing
- Home records are reviewed for areas where reinforcement or additional education might be needed

---

---

---

---

---

---

---

---

**+ Survey Roadblocks!**

- Observations of cross-contamination during care delivery in the home therapy department
- Lack of evidence of service being provided by the RD or MSW
- Physician has not seen the patient for several months
- Care plans do not address patient problems (e.g., inadequate care, anemia)
- Surveyor identifies unnoticed problems on home records (e.g., hypertension, weight gain, missed/skipped treatments or exchanges, no chlorine testing)

---

---

---

---

---

---

---

---

**+ Finally: What About Payment?**

---

---

---

---

---

---

---

---

**+ Fact: Survey Delays**

- Initial surveys are NOT a priority
  - Tier 3; may take 2 years for an initial survey
- Additions of service are NOT a priority
  - Expect delays

---

---

---

---

---

---

---

---

**+ Must Have A Patient to Be Eligible For A Survey**

- Medicare only patient: no payment for care until after survey is completed successfully
  - Providing care without payment for a Medicare beneficiary could be seen as "inducement"
- Commercial-pay patient: some commercial insurers will not reimburse until you have Medicare certification

---

---

---

---

---

---

---

---

**+ Breaking News...**

- CMS is considering limiting service area
  - May only serve patients in the state where the facility is located
  - At least one new home program is on "hold" over this issue

---

---

---

---

---

---

---

---

Thanks for the work you do!

**+ Questions?**  
gpayneful@aol.com

---

---

---

---

---

---

---

---