

**Governance,
Emergency Preparedness,
Laboratory Services,
Special Purpose Dialysis
Facilities**

Objectives

- Demonstrate understanding of the requirements of these three Conditions
 - Describe findings which could require citing Condition level non-compliance with Governance
-

Condition: Governance

Addresses over-arching requirements:

- ❖ Overall management & accountability
 - ❖ Staffing issues
 - ❖ Resource issues
 - Staff & resources allocated for the QAPI program (V756)
 - If the survey identifies outcomes related to these over-arching responsibilities of the Governing Body in other Conditions, there is a very good chance that this Condition will be found out of compliance.
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Governance:

Staffing Requirements

- Adequate number of qualified & trained staff
 - ❖ Patient/staff ratio appropriate to the level of care & meets the needs of the patients (V757)
 - ❖ RN, MSW, RD available to meet patient needs (V758)
 - RN present at all times in-center patients are being treated (V759)
 - All staff have orientation to the facility & their work responsibilities (V760) & continuing education (V761)
-

Condition: Governance

Separate Standards within this Condition:

- Identifiable governing body/designated person (CEO/Administrator) (V751-752)
 - Medical staff appointments (V762)
 - Internal grievance system in place (V765)
 - Involuntary discharge process (V766-767)
 - Emergency coverage (V768-770)
 - Electronic data submission (V771)
 - Relationship with the ESRD Network (V772)
-

Emergency Preparedness

- The dialysis facility must implement processes and procedures to manage medical and non-medical emergencies that are likely to threaten the health or safety of patients, the staff or the public (V408).
- Must have a facility-specific emergency/disaster plan and must be able to respond accordingly.
- Plan must address: failure of basic systems (power, source water, HVAC) as well as treatment-specific failures (water treatment, supply delivery) and natural disasters which may affect the local environment.

Relevant V-Tags: Emergency Preparedness

- Staff training/knowledge provided and evaluated annually (V409 & V411)
- Staff CPR certification (V410), all direct patient care staff must have current basic CPR certification.
- Patient orientation & training (V412), patients must have sufficient knowledge of emergency procedures to know how to handle emergencies.

Relevant V-Tags:

Emergency Preparedness (cont.)

- Emergency equipment (V413) and maintenance of emergency equipment (V403)
- Plan to obtain EMS assistance if necessary; all staff should be able to demonstrate how to activate the plan (V414)
- Emergency plans must be evaluated and updated annually, make contact with local Emergency Management (V415 & 416)



Kidney Community Emergency Response (KCER) Coalition

- **Mission:** Collaboratively develop, disseminate, implement & maintain a coordinated preparedness & response framework for the kidney community in the event of any type of emergency or disaster.
 - **Vision:** KCER is the leading authority on emergency preparedness & response for the kidney community by providing organization & guidance that seamlessly bridges emergency management stakeholders & the ESRD community nationwide.
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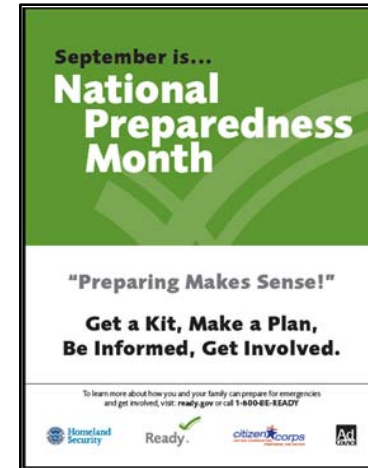
Kidney Community Emergency Response (KCER) Coalition

- Initiated in 2005
- >125 individuals representing the kidney community: nurses, dietitians, technicians, social workers, physicians, patients, ESRD Networks, government agencies, industry representatives
- Eight Response Teams focus on specific areas:

Communications	Facility operations
Patient assistance	Coordination of staff & volunteers
Federal response	Physician's assistance
Facility/patient tracking	Pandemic preparedness

KCER Tools & Resources

- www.kcercoalition.com
- Response Team Pages
 - ❖ Information & education
- Drills & education
- Helpful links
 - ❖ ESRD & disaster-related information
 - ❖ www.kidney.org/help



Emergency
Management
Institute



Emergency Coverage

- The facility must provide written instructions to patients & staff for obtaining emergency medical care (V768)
 - The facility must maintain a roster of physicians (V769)
 - There must be an agreement with a hospital that provides inpatient dialysis (V770) (Separate certification for “ESRD” for the hospital is NOT required)
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- > New toolkit takes on cooking safety
- > Fireworks standard retains provisions for storage, sale of consumer pyrotechnics; safety concerns ID'd for next edition
- > Making Halloween plans? Keep it fire-safe.
- > Report: cost of installing residential fire sprinklers averages \$1.61 per square foot
- > Podcast: cost of home sprinkler installation, questions about AFCIs

News Releases

- > CSA unveils new emergency management and business continuity standard
- > NFPA announces coordinated campaign to increase number of homes protected by sprinklers
- > Read more.

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Economic worries may increase home fire incidences

An [American Red Cross/NFPA survey](#) shows most Americans are concerned about home heating costs; many will use alternative heating sources this winter. The survey also identified behaviors that could also present fire hazards.

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Fire Safety

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Life Safety Code Requirements

This page provides basic information about Medicare and/or Medicaid provider compliance with Life Safety Code (LSC) requirements and includes links to applicable laws, regulations, and compliance information.

The LSC is a set of fire protection requirements designed to provide a reasonable degree of safety from fire. It covers construction, protection, and operational features designed to provide safety from fire, smoke, and panic. The LSC, which is revised periodically, is a publication of NFPA, which was founded in 1896 to promote the science and improve the methods of fire protection.

The basic requirement for facilities participating in the Medicare and Medicaid programs is compliance with the 2000 edition of the LSC. Facilities with waivers of the health occupancy provisions of the LSC or with an acceptable Plan of Correction are considered "in compliance."

In most cases, the State Survey Agency (SA) schedules the LSC survey to coincide with the health survey; however, the timing of the LSC is left to the discretion of the SAs. The SA determines whether the LSC survey is to occur before, after, or simultaneously with the health survey. Most States require an initial LSC survey before admitting patients prior to becoming operational.

To assess facilities' compliance with the LSC and other Medicare and Medicaid fire safety requirements, the SA may enter into a subagreement or a contract with the State fire Marshal's office or other State agency responsible for enforcing State fire code requirements. Under this agreement, the designated State fire authority generally agrees to:

- Survey all non-accredited hospitals, hospices, ASCs, SNFs, NFs, CAHs, RNHCIs, PACE Facilities and ICFs/MR in accordance with schedules the SA furnishes;

www.cms.hhs.gov/CertificationandComplianc/11_LSC.asp



Consolidated Renal Operations in a Web Enabled Network

Requires electronic data submission by each facility effective Feb 1, 2009 which must include (V771):

- Cost reports
- ESRD administrative forms
- Patient survival information
- Existing ESRD clinical performance standards (see MAT)

Network Relationship (V772)

- Receive and acts upon recommendations from their NW
 - Participate in NW activities and pursue NW goals
 - ❖ Improve the quality & safety of services
 - ❖ Improve independence, QOL, rehab for all pts.
 - ❖ Encourage activities to ensure achievement of these goals
 - ❖ Improve the collection, reliability, timeliness and use of data
-

Condition: Laboratory Services

- Laboratory services must be provided by a CLIA certified laboratory
 - Facilities may choose to seek approval to perform “CLIA-waivered” tests
 - Must have agreements with local laboratories for time-sensitive testing
-

Condition: Special Purpose Dialysis Facility

Special certification: CMS/RO approval required

- Vacation camps
 - Emergency circumstances
 - ❖ Natural or man-made disaster
 - ❖ Cases where dialysis services can not otherwise be provided because of extreme physical/mental conditions
 - Certification limited to maximum of 8 months
 - May provide services **only** to those patients who would otherwise be unable to obtain treatment in that geographic locality
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