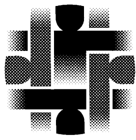


Note: Updated Orientation Manual and Forms are available at:
www.nwkidney.org --"For Healthcare Professionals;
for Nephrologists

# Medical Staff Orientation

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# Medical Staff

**Standard of Care**
Where actionable, as well as medically realistic and appropriate, attempts should be made to achieve NKC institutional quality targets.

**Credentialing**
Nephrologists must be credentialed at NKC in order to provide patient care, including the ability to write prescriptions for services or medications to be delivered to patients at dialysis facilities in the NKC system. Physician-employed AHP's must be sponsored by a nephrologist and credentialed by NKC in order to interact with patients for assessment and teaching purposes. Credentialing can take 2-3 months from the time an application is received until the completion of the process.

**Plan of Coverage for Absences of More than 30 Days**
As contained in the NKC Medical Staff Bylaws, approved by the Medical Staff, there should be a "Plan of Coverage" for any physician that is going to be on an extended leave from clinical practice for more than 30 days. That plan must be communicated to NKC, via our Credentialing Office so we may reassign your patients to the covering physician, and assure appropriate oversight and patient care. Without notice, our staff does not know to whom to direct questions. Please provide the Credentialing office two to three months notice if you wish to use a Locum Tenens to provide coverage in your absence, as they will need to be credentialed at NKC.

You can reach the Credentialing Office by dialing (206) 365-6656.

# Referring a Patient

Please ensure that your patients are aware that you will send their personal health information to another organization (NKC). This will allow us to prepare records and offer information, counseling and education services.

**CKD**
NKC Active and Courtesy medical staff may refer CKD patients for Choices Class (treatment options education) and Eating Well, Living Well (nutrition education for CKD patients) by contacting the CKD Program Assistant at 206-292-2771, ext. 1082.

**New Patient Referral:**
NKC Active and Courtesy medical staff may refer Stage 5 CKD patients to NKC by submitting the following to the Admitting and Patient Services Supervisor to the fax number identified on the Dialysis Patient Referral Form:

- Dialysis Patient Referral form
- History & Physical, Discharge Summary or Renal Progress Notes within 45 days
- HbsAg drawn within 30 days
- Chest x-ray or PPD
- Initial Physician's Orders signed by the **primary Nephrologist** caring for the patient.

**Completing the Referral Form**
Complete responses on the referral form are essential to fulfill accurately the CMS's reporting mandate and for us to support robust internal statistics.
On the referral form, there should be documentation of:

- Chronicity or progressive renal failure: This can be done with an old creatinine, historical information, ultrasonography results, presence of radiographically manifested osteodystrophy, renal biopsy results or other evidence that the patient has chronic, progressive renal disease.
- Rationale for beginning renal replacement therapy: Evidence that renal replacement therapy was required to maintain life (such as symptomatic uremia, intractable ECFV excess, wasting/malnutrition, metabolic acidosis, hyperkalemia unmanageable by conservative measures, etc.) should be provided. We will evaluate eGFR.
- Evidence that the patient does not have acute renal failure: If this information is not apparent from the data provided and there is an issue as to the patient's acuity/chronicity, you will be asked to clarify this issue promptly.
- Record all patient co-morbidities on the patient referral form, including those from the past ten years in certain areas. This data influences NKC's performance on national outcome benchmarks, as it is the only time the KECC notes the severity of illness of your patients at a given facility.

- Note TB exposure. NKC must document tuberculosis exposure when a patient is admitted to the dialysis facility. We will accept a previous chest film or a PPD. Any baseline value known at any time fulfills this requirement. Patients who are exposed will be retested according to NKC's TB management program. In patients for whom a PPD is not an option (because of allergy or BCG), a chest film at some time in the past will be acceptable. We cannot schedule a patient at NKC until this information is available.
- Code Status-Please discuss this topic with your patients when they begin their dialysis treatments and mark it appropriately on the referral form. Note that orders for no resuscitation need to be renewed yearly.
- Indicate whether or not you have addressed the issue of transplantation with the patient before they started dialysis and if not, please indicate the reason in the checkboxes provided.
- Please choose a Tamiflu treatment option in the Initial Physician's Order form.
- Your signature on the referral form serves as your endorsement of initiation of NKC standing orders for your patient.

**History and Physical**

To assure appropriate care and patient safety, the Conditions for Coverage require a pre-initiation nursing review of a new patient's clinical history (V715). The nurse must determine whether any critical clinical issues exist which might make initiation of dialysis problematic. We need at least one of the following <u>completed within 45 days of start of dialysis</u>:

- A Medical history and physical examination; or
- A discharge summary from a recent admission which includes a problem list; or
- Detailed nephrology progress notes with a problem list.

**Hepatitis B**

Hepatitis B surface antigen results are required for admission to NKC and can be no more than 30 days old. Please note these results on your referral form, and provide the hard copy as well. Hepatitis B core Ab is now required and will be collected at the time of a patient's arrival if not provided as part of the referral (V124).

**Transfer In**

Transfer-in patients are accepted upon referral by a member of the NKC Active or Courtesy Medical staff using the NKC Referral Form. Records are also required from the sending facility.

**Acute Non ESRD Patients Requiring Dialysis**

Patients with **private insurance**: NKC will accept patients with acute (non ESRD) renal failure **upon approval by the CMO** if insurance can be billed.

Patients with **Medicare**: CMS has stated that NKC may not bill Medicare for services for patients with acute renal failure (non ESRD). Thus, NKC will accept Medicare acute renal failure patients **upon approval by the CMO and Chief Financial Officer** only if the discharging hospital commits to financial payment to NKC for services for up to 30 days

Referring acute (non ESRD) patients: Please send the following:

- Dialysis Patient Referral form (selecting "Acute" rather than "ESRD")
- **Complete** medical summary for the CMO to review
- HbsAg within 30 days
- Chest x-ray or PPD
- Dialysis orders -- **<u>No standing orders will be accepted</u>** for acute (non ESRD) patients. The nephrologist is responsible for writing all orders.

After 30 days, if your patient still requires dialysis, the patient will be considered ESRD, and standing orders for treatment and medications will apply.

## MD Orders

All standing orders, including "Chronic Maintenance Incenter Hemodialysis Orders", Peritoneal and Home Hemodialysis standing orders and new patient "Initial Physician's Orders" are available on the K-Net under "Clinical" and the NKC website www.nwkidney.org under "For Healthcare Professionals"; "For Nephrologists"; "Forms".

**Orders requiring CMO Signoff—Please contact the CMO directly:**

- Non standard bath
- 0 mEq K bath
- Carnitine initial orders and 6-month renewal
- DFO (desferoxamine, Desferal ™)
- Unusual antibiotic or drug regimen, particularly if nursing uncomfortable with administration
- Gambro 14L dialyzer for patients who demonstrate an intolerance to available Fresenius dialyzers.

**Dialysis Orders Post Hospital Discharge**
Verify dialysis orders with NKC facility the patient is going to post discharge (including dialysis prescription, bath, dry weight, etc.).

**Verification of Orders for Medical Staff with CyberREN:**

- Orders must be verified by the physician within 30 days. Verification means that you have seen the order. If you do not agree with the order, you still need to verify that you have seen it. You should then call, fax or send a new order. In CyberREN, there are three ways to communicate an order. You can write the order as the physician (which automatically verifies the order), have your office staff call or fax the order to the Unit, or call the Unit directly with the order. Once the order is in CyberREN, NKC staff will carry out the order as directed. Orders could be completed before they are verified.
- The attending nephrologist is responsible for verifying orders in CyberREN placed by covering nephrologists, whether on active or courtesy staff.

**Verification of Orders for Medical Staff who do not have CyberREN:**
Orders will be mailed at the beginning of each month. They must be signed and returned by the end of the month.

**Delinquency in Verifying Orders**
In order to be in compliance with Medicare regulations, Nephrologists with unverified orders >30 days will be notified that the orders must be verified by the end of the working day, or privileges for verbal order submission will be suspended until they are in compliance. A letter will be placed in the medical staff file that privileges for verbal orders have been suspended until the physician has verified their orders and is in compliance with NKC policy.

Nephrologists with unverified orders >60 days, after having been given a warning notice and written letter of suspension of verbal orders, will be notified that Medical Staff privileges have been suspended until they are in compliance, and a letter will be placed in their credentialing file.

**Faxed Orders**

NKC has developed a fax form available on the NKC website to communicate more effectively with you and your office staff. This form is used by all NKC facilities.

**Dialysis > 3 Times Per Week**

It is critical that every month you examine your patient lists for those who you have ordered more than three weekly treatments and ascertain that their rationales for the extra treatments are both current and correct. Please be as specific as possible with the rationale you note. Volume rationales are intuitive and self-evident. Other metabolic problems such as unmanageable electrolyte issues, pericarditis, oxalosis, etc. should be indicated explicitly.

If the patient requires an extra treatment during the month for patient or procedure-related matters (i.e. frequent treatment interruptions due to bathroom breaks, poor catheter function, machine malfunction, etc.) the reason for the inadequate dialysis should be noted and an ICD-9 code provided. It does not appear that neuropathy will be an acceptable rationale for more than three treatments per week, and may require an appeal and additional justification. Even then, there is no guarantee that it will be accepted.

Issues related to inadequate delivery of dialysis dose should be indicated as “inadequate” dialysis. All your rationales for more than three treatments should be incorporated into the medical record, either in CyberREN, the orders or through correspondence with the CMO.

**DNR Policy**

NKC supports the belief that the patient is the primary decision-maker for his/her own health care. Every patient of NKC will receive life-saving intervention unless otherwise specified by the attending physician. A “No-code” status given by a physician indicates that a patient and/or his family or legally authorized person acting in the patient’s best interest and physician have agreed that no resuscitative measures will be taken in the event of a respiratory or cardiac arrest. A no-code order should have an Advance Directive attached or obtained from patient or designee. Verbal No Code orders will not be accepted.

Special Care Units require that the patient’s code status be reviewed and updated before admission.

**Death with Dignity Act**

The Medical Staff Executive Committee and Northwest Kidney Centers Board of Trustees have determined that NKC will not provide life-ending medication, effective

March 5, 2009, based on the passage in November, 2008 of Initiative 1000, the "Death with Dignity Act." We believe our mission and values do not support participation. This means that NKC physicians, employees, independent contractors and volunteers, including our Hospital Services staff and Pharmacy staff, will not assist a patient by providing life-ending medication on our premises or while acting on behalf of NKC.

**Dialyzers**

Dialyzer options include only the Fresenius 160NR, 180NR, and 200NR. These are the options that physicians have to choose from for in-center use.

The urea clearance of the F200 at blood flow rates of 300-400 is only slightly higher than that of the F180 which is the standard in use at NKC. Prior to changing a patient to the more expensive F200, please try to maximize other components of the patient's care, including time, blood flow rate (as is possible given access), and dialysate flow rate.

In the very rare instance that a physician feels strongly a patient requires a different dialyzer during the course of that patient's dialysis care, this should be discussed on an individual basis with the Chief Medical Officer. When exceptions are made, they almost uniformly relate to possible significant bioincompatibility issues and intolerance of the Fresenius dialyzers (even though our menu is both all polysulfone and e-beam sterilized). Again, however, these individual instances must be discussed with the Chief Medical Officer or his coverage, and approved for a specific length of time.

# Labs

PacLab is the lab used by NKC for all blood draws.

**Supercritical Report From PacLab:**
Per PacLab's policy, physicians will be called 24 hours, 7 days a week if any lab results fall in the "super critical" value category as shown below:

| Test | Low | High | Range | Units |
|---|---|---|---|---|
| Protime "INR" | | 5.0 or greater | 2.0-3.0 | Seconds |
| Sodium | LT 115 | GT165 | 135-145 | Mmol/L |
| Potassium | LT 2.5 | GT 7.0 | 3.5-5.0 | Mmol/L |
| Glucose | LT 30 | GT 700 | Adult: 65-109 | Mg/dL |
| Calcium | LT 5 | GT 15 | 8.5-10.5 | Mg/dL |
| Platelet Count | LT 20,000 | | 150-400 | K/uL |

# Medications

Physicians are required to provide an ICD-9 code when ordering an antibiotic or other medication (except the routine medications such as EPO, Ferrlecit and Zemplar) to be administered intravenously on dialysis.

**Handwritten Prescriptions**
Per Washington State statute, all prescriptions must be hand printed, typewritten or electronically generated. Cursive writing will be considered illegible.

**Generic Orders for Medications**
Use of generic orders for medications avoids potential errors in entry of dose, interval and transcription. Please use the generic dropdown in CyberREN, and write out your order. The order will be entered into CyberREN fields by the nurse.

**Albumin IV**
IV Albumin cannot be given for volume support to patients whose serum albumin concentrations are $\geq$2.6 g/dL. CMS recognizes saline, pressors and mannitol as appropriate volume support in the hypotensive ESRD patient. If you foresee the need to administer iv albumin to one of your patients whose albumin is above the range noted, please send the NKC CMO a brief note explaining the potential need for the specific therapy.

**Cefazolin**
Due to concern expressed by the CDC and NKC Medical Director's Committees about the potential risks to bacterial ecology attendant on repetitive use of empiric vancomycin therapy and in particular about its potential to select for vancomycin resistant enterococcus and staphylococcus, Cefazolin is now available in all NKC facilities as an alternative choice in empiric therapy of presumed gram-positive infections. It can be dosed at 500-1000 mg towards the end of dialysis (during the last 30-45 minutes of treatment).

**Deferoxamine (DFO)**
Given the infrequency of these orders, the potential for other clinical strategies which accomplish similar results, and the small, but finite risk (Yersinia, optic neuritis, etc.) of repetitive administration (particularly larger doses), orders for DFO will be reviewed by the CMO, in discussion with the primary physician, so that therapies can be individualized.

**Levocarnitine**
There are only two conditions for Levocarnitine use which are allowed by the Medicare program. Levocarnitine deficiency (<40 umol/L) must be demonstrated for each condition. No other indications for levocarnitine treatment are allowable.

1. Erythropoietin-resistant anemia (persistent hematocrit <30% with treatment) that has not responded to standard erythropoietic dosage

(that which is considered clinically appropriate to treat the particular patient) with iron replacement and for which other causes have been investigated and adequately treated.

2. Hypotension on hemodialysis that interferes with delivery of the intended dialysis despite application of usual measures deemed appropriate (e.g. fluid management), such episodes of hypotension must have occurred during at least 2 dialysis treatments in a 30-day period.

For all new orders for Levocarnitine: Fax the Crystal Report "Justification for initial Levocarnitine" to the CMO for approval.

For Levocarnitine renewal at 6 months (one time only): Fax the Crystal Report "Month 6 Levocarnitine Evaluation" to the CMO to authorize continuation of treatment. At six months of treatment, the improvement in either (1) or (2) above must be demonstrated or further therapy will not be covered.

**Sensipar**

Sensipar is available by prescription in 30 mg tablets. It is designed to occupy the calcium receptor on the parietal cell of the parathyroid gland and shrinks the size of the gland over time. It has the effect of diminishing the peripheral effects of parathyroid hormone, even in the case of very large glands, which are either reset upwards or autonomous, rendering them treatable.

Medicaid will provide support for this medication with appropriate medical justification. Medicare will not. A variety of safety-net programs are available to patients through Amgen (in cooperation with our pharmacy).

**Tamiflu™ (Standing Orders)**

NKC has standing orders for patient treatment of pandemic influenza. You indicate your endorsement of the Tamiflu™ standing orders on the Initial Physician's Orders form when the patient is admitted. NKC will commence treatment of patients with the antiviral drug Tamiflu™ if fever >100°F plus:

1. rhinorrhea or nasal congestion, OR
2. sore throat, OR
3. cough

Prior to the initiation of Tamiflu™, the staff will:

1. Ascertain no allergy to Tamiflu™ is listed in CyberREN.
2. Draw routine blood cultures for fever >100°F per Standing Orders
3. In the absence of allergy, initiate the treatment dose for Tamiflu™

**Zemplar (paricalcitol)**

Zemplar should be ordered in whole numbers. The Conditions for Coverage require the use of single-use vials for injectable medications. Using fractional doses (any dose which is not an integer in mcg, such as 1.5 mcg; 3.5 mcg, etc.) means the rest of the vial's contents will be wasted. Given the far more generous therapeutic ratio of paricalcitol compared to calcitriol, fractional doses are likely of little biological relevance.

# Infection Control

When seeing patients in the dialysis facility, you need to be aware of areas which are considered microbiologically clean or dirty, the need for hand hygiene when entering and exiting the clinical areas of the facility and for appropriate lab coat or gown coverage when interacting with the patient if potential blood or body fluid exposure is possible.

**C.Diff**
The Special Care Units have private treatment rooms with their own bathroom so that C. diff patients can be treated until they are no longer contagious.

**Hepatitis B Positive Patients**
Dialysis for HbsAg-positive patients will be provided in-center or at the patient's home. Several centers have isolation available. Staff will not care for antigen-positive and antigen-negative patients in the same shift unless the antigen negative patients have antiHB. The Conditions for Coverage require us to obtain hepatitis B core antibody (anti-HBc) as one of the routine hepatitis serologies before a patient starts care in a dialysis facility. Patients with the combination of positive hepatitis core antibody (+anti-HBc), negative surface antigen (-HbsAg) and negative surface antibody (-anti-HBs) do not require isolation because surface Antigen is not detectable. V124

**VRE/MRSA**
Patients infected or colonized with multi-resistant microorganisms such as MRSA or VRE may require precautions during dialysis. Immediately upon notification that a patient has cultured positive for MRSA or VRE, the Infection Control Department will be notified. A decision will be made by the Infection Control Department in conjunction with the nephrologist or other appropriate physicians if contact isolation is necessary. Decisions regarding infection precautions will be made based on containability of potential sources of organisms, the hygiene of the patient, and whether the patient can comply with a simple wound-care regimen.

# Documentation

**QA/PI (Quality Assessment/Performance Improvement)**
A critical component of patient care oversight is facility-wide quality assessment and performance improvement (QA/PI). QA/PI is separate from the individual medical staff member's responsibility under the Conditions of Coverage. The individual medical staff member's contribution to his or her patient's care at the facility centers on completion of individual patient assessments, plans of care, meeting treatment goals and more extensive attention to unstable patients. QA/PI, in contrast, a process supervised by the facility Medical Director and that facility's interdisciplinary team, evaluates and improves overall facility performance and quality of care. Data on current professionally-accepted clinical practice standards must be used to track health outcomes, and the program must allow for identification, prevention and reduction of medical errors mortality, and morbidities. Refer to the Measures Assessment Tool (MAT) which lists the expected outcomes based on these standards and CMS Clinical Performance Measures (CPMs). (V626)

Although the Medical Director and the interdisciplinary team execute the QA/PI program, you are involved in this process through the daily care of your patient since that care is aggregated into overall facility performance. From the standpoint, you participate in efforts to improve the quality of medical care to your patients. These efforts must be reflected both in documentation of the QA/PI program and in the medical records of individual patients. Examples include the development of the patient's plan of care and addressing poor patient outcomes with a change in the plan of care. (V763)
.
Evidence of understanding and agreement of your responsibilities relating to QA/PI will be documented in your credential files (V760).

**Face to Face Encounters and Office Visits**
A significant component of the Conditions for Coverage is documentation of face-to-face visits with your patients. The patient's physician, his/her practice partner, ARNP or PA must see the patient and document that encounter each month for both in-center and home dialysis patients (or specify the reason the visit did not occur), whether at the office or the dialysis facility. Any of these practitioners (MD, ARNP or PA) must also see and document having seen the patient during dialysis at the facility once quarterly. V560 Visits, whether in office or unit, are to be documented in an area of CyberREN designed for this purpose. CyberREN instructions are attached.

Please "cc" your dictated office visits, discharge summaries and medical correspondence to NKC Medical Records, 700 Broadway, Seattle, WA 98122 or via fax: 206-901-8725 rather than directly to the unit, and they will be scanned into CyberREN under Treatment "Consultations". Case managers are notified when a document has been scanned, and they can print it from CyberREN.

The Crystal Report "MD Patient Seen or Not Seen" now includes your office note. Once your office note is scanned by NKC Medical Records, you will not have to check "Patient seen in clinic" in the encounter screen. Continue to check "Pt Seen" if you see the patient in the dialysis unit. Please record the reason a patient was "Not Seen" in a month if that is the case.

**Comprehensive Assessment & Plan of Care**

The Conditions of Coverage delegate the mechanics of care planning entirely to the patient's MD as the captain of an interdisciplinary care planning team. This team is composed of the patient's MD, the MSW, Renal Dietitian, Clinical Director, Case Manager, and patient, who are together responsible for determining the direction of care planning and generating relevant documents which chart its forward course. This responsibility includes generating initial assessments at 30 and 120 days for new patients (called the Comprehensive Assessment), assessing stability (obligating yearly comprehensive assessment) or instability (obligating monthly comprehensive assessment and plan of care) on the basis of criteria established by CMS. V501-V520 and V540-V559

If you have access to Crystal Reports, open the report titled Comprehensive Assessment/Plan of Care. Select your patient, run the report, and print. Complete the report, and fax it to the unit where the patient dialyzes.

**Unstable Care Plans**

Patients that are determined to be Unstable require monthly assessments on the basis of criteria established by CMS; and charting the timelines for improvement in specific benchmarks of care (e.g., adequacy, anemia, volume, etc) depending on what the patient's key issues are. V520

Each member of the interdisciplinary team will need to complete their section of the Unstable Care Plan in the Discipline Centric portion of the Electronic Medical Record by the 15th of the month. (See attached policy: Patient Care Plans-Unstable). You will subsequently participate in a discussion regarding patient's plan of care and sign the final document. For those physicians who do not have access to the EMR, the Case Manager/Nurse Educator will initiate the Care plan form and assure completion of the form by the disciplines. The Care Plan form will be faxed to the physician for completion and to be faxed back to the unit for review.

**Chronic Renal Disease Medical Evidence Report (CMS 2728 Forms)**

These green forms enroll all patients in the ESRD program, provide for Medicare entitlement if the patient is under 65, and generate important epidemiologic information for the USRDS and Networks. The NKC ART completes these forms using the information provided on the Referral form and has the CMO sign off and submit them on your behalf. It is crucial that you complete all information on the Referral form to enable NKC to submit these essential documents promptly, maintain their accuracy, minimize telephone calls asking you for further information, and most importantly, insure that your patients get the benefits they need.

**Death report-CMS 2746 Forms**

A 2746 form must be completed within 30 days of a patient death. A 2746 form will be faxed to the nephrologist for completion. You will need to enter the primary cause of death and indicate if there were any secondary causes contributing to the patient's death. If the patient discontinued dialysis prior to death, you will need to indicate who requested discontinuation, the reason and whether the patient was receiving hospice care. Once you fax back to the NKC ART, they will complete the actual form and forward it to the NW Renal Network with a copy to the Quality Improvement and Regulations Manager.

NKC conducts an M&M review of every patient who dies unexpectedly in the Unit. Please remember to send a copy of the death summary to NKC.

# NKC SERVICES

**Catheter Surveillance and Reduction Program**
In order to reduce the number of catheters, NKC has created a tool showing the number of days a catheter has been in place. Part of the care conference with the Medical Director of each facility will address access removal using this tool. Close attention will be given to patients with catheters of extended vintage (particularly >90 days). For patients with catheters in ≥90 days, the NKC Case Manager will communicate with you regarding the plan for catheter removal as well as the overall access plan. You may indicate:

- in fact "access never," or
- that the information you have is not current, or
- that the patient has received a reasonable access.

**Challenging Patient Program**
The Challenging Patient Program provides staff with clear and concise guidelines on how to deal with a challenging patient who is abusive, threatening, and/or exhibiting violence toward staff, patients or others. NKC has a zero tolerance policy for possession of weapons, violence or threats against persons on our properties.

**Chaplaincy Program**
To help patients and their families through end-of-life issues and other difficult times, NKC has established the Chaplaincy Program which is funded entirely through donations. An experienced, certified chaplain on contract with Swedish Hospital is available to patients receiving services in the NKC Special Care Units to provide compassionate listening and non-judgmental guidance in times of physical, emotional and spiritual distress.

**CKD - LivingWell with CKD™ Program**
NKC offers “Choices” and “Eating Well, Living Well” classes to CKD patients:
“Choices” is a class to help patients learn more about dialysis and transplant and how to plan.

“Eating Well, Living Well” class, taught by a dietitian, covers how patients can enjoy the foods they love with CKD and have a healthy lifetstyle.

**Diabetic Care Program**
The Diabetic Care Program promotes diabetes care as our secondary area of expertise in order to enhance optimal health, quality of life and independence of people with diabetes and kidney disease. The program will:

- Address patient monitoring of blood sugars and medication compliance
- Provide assessments to all NKC diabetic patients to identify issues needing to be addressed
- Provide information on nutrition and exercise
- Provide social services assessment evaluating patient’s ability to cope and comply with the diabetic self-management program

- Reduce risks of retinopathy, dental disease, cardiovascular disease, infection, and amputation
- Provide a comprehensive foot care and shoe program

**Hospital Services**
Provides high quality comprehensive, cost-effective renal replacement therapy and related extracorporeal therapies to hospitalized patients at contract hospitals/medical centers. Treatments available include hemodialysis, hemoperfusion, pump ultrafiltration, TPE (Therapeutic Plasma Exchange), and CRRT (Continuous Renal Replacement Therapy). Please contact the program at 206-292-3045.

**Language Translation**
Language translation services are available to rounding physicians. The AT&T Language Line offers more than 100 languages and is most appropriate for conversations of 15 minutes or less. Please use the regular (non-emergency) service; a translator is available in several minutes or less. Dialysis unit staff can assist you with the Language Line if needed. If a longer session is anticipated, NKC will arrange for a professional translator to come onsite.

**New Patient Education**
NKC staff teach new patients about their illness and treatment during a 6-8 week program. They are given information about all NKC services and education about kidney failure. A plan for long-term treatment is made at this time.

**Nutrition and Fitness Services**
Offers detailed information on the best diet choices for a patient's individual needs. Provides referrals and resources to help patients maintain the strengths they have and regain lost physical abilities. For your CKD patients, they can provide one on one counseling.

**Palliative Care Program**
An additional service for all NKC patients is through Harborview's Palliative Care Program. The program is designed to work with patients to manage symptoms. You may refer a patient by calling the patient's dialysis unit and requesting the referral.

**Patient Finance**
Financial Coordinators help patients find and keep the funding needed to pay for chronic kidney disease care. They are knowledgeable about Medicare, Medicaid, insurance issues, the best sources for low-cost medication and how to apply for funding.

**Pharmacy**
The NKC Pharmacy which is located in Haviland Pavilion, specializes in the drugs required by dialysis and kidney transplant patients. With a focus on personal service, pharmacists fill prescriptions and provide information to patients. Drugs can be picked up at the pharmacy or delivered. The NKC Pharmacy offers one free delivery a month of all prescriptions.

**Social Services**
Offers counseling, resource information, support groups and help with problem solving and handles all patient requests for shift changes.

**Special Care**
Special Care is an outpatient dialysis program located in Seattle and Kent that includes highly skilled nursing care, personal care assistance, management of multiple medications, greater staff to patient ratio than available in a community dialysis unit, majority licensed nursing staff, proactive care coordination across multiple settings (including nursing homes and hospitals), care planning and end of life family consultation, chaplaincy service, palliative care consultation, hospice coordination and a bed during treatment.

The Medical Director, Clinical Director or their designee of each Special Care Unit will make the decision before admission whether or not to accept a new or transferred patient. The Chief Medical Officer and Vice President of Clinical Services will be consulted as needed. The Medical Director or Special Care Leadership may ask to convene the NKC Ethics Committee to review issues and make recommendations regarding admission or other issues.

Eligibility for Special Care

- ESRD patients transferred from within NKC
- New ESRD patients
- Patients from other outpatient dialysis providers

Patients most suitable for Special Care usually need several or more of these services:

- Two-person transfer assistance from stretcher or wheelchair
- Higher level of surveillance, detecting subtle, rapid and frequent changes in status than normally a dialysis technician in an outpatient unit can safely provide
- Frequent comprehensive physical assessments
- Regular monitoring of hypotension and chest pain
- Frequent interventions during dialysis for hypotensive episodes
- Multiple communications with attending nephrologists
- Management of multiple medications during a visit
- Personal needs care that requires skilled nursing assistant-level skill
- Staff knowledge about how to work with patients with medical devices i.e. ostomy tubes, tracheotomy tubes, etc
- A bed for medical necessity

- Hep B isolation services are available assuming patient meets other eligibility criteria
- VRE and MRSA isolation
- Private rooms with adjacent bathroom for patients positive for C-difficile with uncontained diarrhea

**Exclusion criteria for Special Care**:
- Ventilator dependent
- Dependent on others for tracheostomy suctioning
- Need continuous cardiac monitoring during dialysis due to inotropic agents
- Are in a persistent vegetative state before starting treatment
- Regularly require one-on-one or one-to-two staff to patient ratio

As with other NKC units, patients will not be admitted if they:
- Have active tuberculosis
- Meet other medical or behavioral exclusion criteria for outpatient dialysis
- NKC lacks capacity to care for the patient

**Transplantation Education, Support and Status Tracking**
NKC provides a comprehensive, ongoing program of patient treatment and education in support of transplantation and organ donation. This includes: providing pharmacy services for transplant patients under the care of the NKC medical staff; promoting transplantation through “Choices” educational classes for patients; coordinating with hospital transplant programs, tracking the patient’s status in CyberREN; assisting potential transplant recipients with insurance planning by financial counselors; providing transplant patients access to NKC emergency grants and rehabilitation scholarships; highlighting organ donation and transplant at public awareness events; and publishing a regular newsletter called “Transplant Connection” to familiarize patients with these services. V561-V562.

**Transportation**
The Admitting and Patient Services Supervisor assists patients in setting up transportation for their dialysis.

**Visitor Dialysis**
The Visitor Dialysis Coordinator handles all dialysis requests from non-NKC patients who require dialysis while visiting our area. This includes patients temporarily in the area for medical reasons, and non-NKC patients incarcerated in the King County Jail. Thirty days advance notice is required in order to schedule visitor treatments. Exceptions can be granted in the case of a death in the family or urgent medical need.

# Miscellaneous

### Communications

All attempts should be made to respond to facility pages, faxes or other requests for communication expeditiously, either through the MD or his/her designee.

Please cc your dictations to NKC Medical Records.

### Dialysis Academy

All new clinical and technical services employees participate in an extensive education program that is designed to meet their needs and make them capable employees when they report to work in their units on a regular basis.

### Zero Tolerance weapons policy

NKC has a zero tolerance for weapons and violence policy that includes rules that all patients, staff and visitors must follow.