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GUIDELINES FOR THE DEVELOPMENT OF REGIONAL CHRONIC HEMODIALYSIS RESOURCES,

Prepared by

New Jersey (State) Department of Health .
Chronic Renal Disease Program .

In Cooperation With

The Chronic Renal Disease Advisory Committee

End stage kidney disease is the terminal stage of a number of diseases of the kidney. Patients suffering from this disease have very little kidney function remaining. Unless specialized treatment is instituted, life will be possible for only a matter of months. Currently, there are two forms of treatment available: hemodialysis and kidney transplantation. At the present time a successful kidney transplant is the treatment of choice. However, the difficulty in procuring suitable organs and rejection problems of the transplanted kidney make hemodialysis therapy the acceptable alternative.

In-hospital hemodialysis is a comparatively expensive treatment and has limited potential for expansion. Out-of-hospital or home dialysis treatment represents a situation where the cost of dialysis is significantly reduced while increasing the potential availability of treatment. Therefore, hospital-based hemodialysis centers must have home training as an integral part of their program. A more recent method of providing chronic hemodialysis is the "out-of-hospital," "intermediate" hemodialysis facility to provide services to patients as an alternative to home dialysis. All of these facilities are needed to provide the wide range of services to patients requiring hemodialysis on a continuing basis and each should be coordinated with transplantation facilities.

Hospital Based Hemodialysis Center with Home Training

1. Population Base

Experience indicates that a minimum population base of 500,000 per dialysis center is indicated in order to provide service efficiently. However, this population figure may be modified depending upon facilities available and the extent of their utilization.

2. Number of Beds

It is estimated that a home dialysis training unit should have at least two beds and train a minimum of 15 patients per year to operate efficiently. New Jersey experience indicates that in most instances, provision should be made for the addition of one or two new beds within the first 12 months of operation. These additional beds will be required to act as back-up for the increasing numbers of home dialysis patients and to accommodate new patients.

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3. Personnel

A. Director

- (1) Licensed to practice medicine and surgery in New Jersey.
- (2) At least one year of continued training (Fellowship) in nephrology under the guidance of a nephrologist who meets these stated criteria. The Fellowship is waived for graduates from medical school prior to 1960.
- (3) A major continuing interest in the field of nephrology as demonstrated by the nature of his practice. Confirmation of this to be substantiated in writing by the chief of staff, department head and/or hospital administrator and confirmed by the Advisory Committee to the State Chronic Renal Disease Program.
- (4) Available for service to the hemodialysis center and its patients a minimum of 50% of his usual work day.
- (5) Board eligibility in internal medicine with a sub-speciality in nephrology is required; board certification is recommended, but not required.

B. A wide range of medical specialists including urology, psychiatry, hematology, neurology, endocrinology must be available to the hemodialysis unit.

C. Registered nurses - a minimum of two nurses with special training in hemodialysis techniques.

D. Social worker - to be available for active participation in patient selection and care.

E. Dietitian - to be available for active participation in patient care.

F. To provide efficient operation, it is recommended that a financial officer actively participate in the operation of the program.

A working relationship with transplantation programs is highly desirable, but not mandatory.

Chronic Renal Disease Satellite

These facilities are necessary to provide treatment in or near patients' home communities when it is not feasible for these individuals to receive treatment in a chronic renal disease center.

- A. The satellites will be evaluated on an individual basis. They must function in a close working relationship with an approved hemodialysis center whose director will assume responsibility for maintaining standards. Responsibility will be delegated to a physician selected on an individual basis according to local circumstances. However, the evaluation of patients for a satellite initially is the responsibility of the chronic hemodialysis center director.

B. Satellites must meet the other criteria as spelled out under the Hospital Base Hemodialysis Center with Home Training.

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ALL APPLICATIONS FOR THE DEVELOPMENT OF REGIONAL CHRONIC HEMODIALYSIS FACILITIES SHOULD BE SUBMITTED TO THE NEW JERSEY STATE DEPARTMENT OF HEALTH FOR REVIEW AND ADVICE.

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