



**The Florida ESRD Network**

# **Criteria and Standards for Quality of Care in Adult Hemodialysis Facilities in Florida**

Established: January 1993  
Adopted by FMQAI: May 2004

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***Disclaimer:***

***The Network 7 Criteria & Standards were intended for 'traditional in-center hemodialysis' facilities. Guidelines for nocturnal hemodialysis programs are currently under consideration.***

## DOCUMENT CONTROL


### Document Information

	Information
Document Owner	<i>FMQAI: The Florida ESRD Network</i>
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### Document History

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<i>1.0</i>	<i>1992</i>	<i>Document creation</i>
<i>1.1</i>	<i>1998</i>	<i>Document revision</i>
<i>1.2</i>	<i>4-1999</i>	<i>Document revision: Appropriateness of ESRD Care, Vaccination Screening for Patients, Provider Continuous Quality Improvement, Safe and Effective Treatment, Availability of Nutritional Services in ESRD, Availability of Social Work Services in ESRD</i>
<i>1.3</i>	<i>2004</i>	<i>Document re-adoption</i>
<i>1.4</i>	<i>12-5-2007</i>	<i>Document revision: Table of Contents, Disclaimer, Food and Drink in the Dialysis Unit</i>

### Document Approvals

Role	Name	Signature	Date
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## Preface

*Florida Medical Quality Assurance, Inc. (FMQAI): The Florida ESRD Network has reviewed this document and determined that the Criteria and Standards remain an important factor in achieving quality in Florida's dialysis facilities. On May 11, 2004, the Network's Medical Review Board adopted the Network 7 Criteria and Standards for use in Florida dialysis facilities.*

*The Criteria and Standards contained in this booklet were originally developed by the Standards Task Force of the Medical Review Board of the ESRD Network of Florida (previous Network 7 contractor) to assist ESRD health care givers in providing a high quality of treatment to patients in their units. The restatement of other criteria and standards established and enforced by other government agencies or professional associations have been intentionally omitted to avoid duplication of effort. Their contributions are acknowledged on the next page.*

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# FMQAI: The Florida ESRD Network (NW7) Criteria & Standards

## RESOURCES

### Agency or Association

### Document Containing ESRD Criteria and Standards

1. Occupational Safety and Health Administration (OSHA)  
200 Constitution Avenue NW, Room N-3101  
Washington DC 20210  
Attn: Publications and Distribution  
(202) 219-4667  
<http://www.osha.gov>

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1. Universal Precautions; Blood-Bourne Pathogens

2. Association for the Advancement of  
Medical Instrumentation (AAMI)  
3330 Washington Boulevard, Suite 400  
Arlington VA 22201-4598  
(703) 525-4980  
<http://www.aami.org>

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1. Water requirements for Dialysis (1984)

2. Hemodialysis Systems

3. Health Care Financing Administration (HCFA)  
Superintendent of Documents  
Government Printing Office  
Washington DC 20402  
(202) 512-1800  
<http://www.hcfa.gov>

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1. Renal Disease: Implementation of Coverage of  
Suppliers of End Stage Services, *Federal Register*,  
June 3, 1976, 41(108), pp. 22502-22522

4. Centers for Disease Control and Prevention (CDC)  
National Center for Infectious Diseases  
Public Health Service, U.S. Department of Health and  
Human Services  
Atlanta, Georgia 30333  
(404) 639-2709  
<http://www.cdc.gov>

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1. Recommendations for Preventing Transmission  
of Human Immunodeficiency Virus and Hepatitis B  
Virus to Patients During Exposure-Prone Invasive  
Procedures; *Morbidity and Mortality Weekly*  
(MMWR) July 12, 1991, 40(RR-8), pp. 1-9

2. Hemodialysis-Associated Hepatitis B: Revised  
Recommendations for Serologic Screening  
*Seminars in Dialysis*, Oct-Dec, 1990, 3(4),  
pp. 201-204

5. Office of Small Manufacturers Assistance  
Center for Devices and Radiological Health  
Food and Drug Administration (FDA)  
Public Health Services  
U.S. Department of Health and Human Services  
1901 Chapman Avenue  
Rockville Maryland 20857  
1-800-638-2041

1. Quality Assurance Guidelines for Hemodialysis  
Devices (1991)

**TOPIC: APPROPRIATENESS OF INITIATION OF ESRD CARE**

SAMPLE: All patients who are entering a maintenance dialysis program

**CRITERIA** **STANDARD**

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The medical record shall indicate that the patient has been evaluated by a physician on staff of a Medicare approved dialysis facility. Such evaluation shall include, but is not limited to, documentation of:

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|--|------|
| 1. Diagnosis (primary cause of renal failure using ICD code terminology; uremia, ESRD or CRF alone are not acceptable) | 100% |
| 2. Permanence or irreversibility of renal failure  | 100% |

This is defined as, "that stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life." (Medicare Regulations 405.210.2)

The Network recognizes the rare occurrence of recovery of renal function in this situation, and considers that such patients fit the Medicare definition of ESRD.

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|--|------|
| 3. Age, sex , weight and height  | 100% |
| 4. Sustained laboratory values that are associated with ESRD including at least one of the following: (Source: HCFA 2728-U4 (4-95)   |      |
| 5. In absence of laboratory values congruent with #4, the provider must maintain sufficient documentation within the medical record to justify the initiation of dialysis. |      |

**Non-diabetic patients:**

- |      |  |
|------|--|
| 100% | <ul style="list-style-type: none"> <li>a. serum creatinine <math>\geq</math> 8 mg/100 ml</li> <li>b. creatinine clearance <math>\leq</math> 10.5 ml/min</li> <li>c. documentation of estimated creatinine clearance <math>&lt;</math> 10.5 ml/min</li> </ul> |
|------|--|

**Diabetic patients:**

- |      |  |
|------|--|
| 100% | <ul style="list-style-type: none"> <li>a. serum creatinine <math>\geq</math> 6 mg/100 ml</li> <li>b. creatinine clearance <math>\leq</math> 15.5 ml/min</li> <li>c. documentation of estimated creatinine clearance <math>&lt;</math> 15.5 ml/min</li> </ul> |
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**Special Note: Regular assessment of the ongoing need for continued dialysis should be maintained through out the course of the renal replacement treatment.**

**TOPIC: VACCINATION SCREENING FOR PATIENTS**

SAMPLE: All Medicare Certified ESRD Providers

**CRITERIA STANDARD**

Vaccinations should be offered to prevent the spread of diseases within the facility.

The ESRD facility shall have a written policy under which all appropriate patients are informed of the advisability and local sources of the currently recommended protocols for the following vaccinations, to include, but not limited to: 100%

1. Hepatitis B
2. Pneumococcal Pneumonia Vaccine
3. Influenza
4. Tetanus
5. Pediatric vaccinations

The ESRD facility shall directly provide the following Vaccines to consenting, eligible patients 100%

1. Hepatitis B
2. Pneumococcal Pneumonia
3. Influenza

The ESRD facility shall document acceptance/refusal and administration of immunizations in the patient medical record. 100%

The ESRD facility shall maintain a Hepatitis Surveillance Log for all patients. 100%

**TOPIC: PROVIDER CONTINUOUS QUALITY IMPROVEMENT**

SAMPLE: All Medicare Certified ESRD Providers

<u>CRITERIA</u>	<u>STANDARD</u>
1. The provider shall establish a committee to monitor and evaluate the quality of care delivered.	100%
2. The Quality of Care Committee shall consist of representatives from the disciplines of the renal team and be clearly identified.	100%
3. The Quality of Care Committee shall conduct meetings at least quarterly to assess quality concerns and to maintain the minutes of all meetings and actions.	100%
4. The Quality of Care Committee shall develop and implement an annual Quality Assessment plan, clearly delineating responsibilities and methods of assessment. Compliance with the CDC, OSHA, AAMI and Network criteria and standards is to be documented.	100%
5. The provider shall designate one Medical Director to assume sole responsibility of the implementation of the QA committee's policies and procedures.	100%
6. The provider shall solicit a measurable Patient Satisfaction Survey from the patient population at least annually. The results of said survey shall be reviewed by the Governing Body, with documentation in minutes of that meeting to include any opportunities for improvement identified, with any improvement actions noted. Patients should receive a summary of the survey results promptly.	100%
7. The provider shall conduct, as an integral part of its continuous quality improvement activities, an annual clinical staff in-service addressing, at minimum the issues of professionalism, patient sensitivity, and communications. Attendance at these in-services shall be mandatory for all staff. Documentation shall consist of a sign-in sheet of the participants and an agenda for the program.	100%

**TOPIC: VOCATIONAL REHABILITATION**

**SAMPLE:** All Medicare Certified Dialysis Providers

**SUBSAMPLE:** All ESRD patients initiating a regular course of therapy (hemodialysis, peritoneal; in-center, home) or receiving a transplant (cadaver or living donor)

<b><u>CRITERIA</u></b>	<b><u>STANDARD</u></b>
1. Each patient between 19 and 55 years of age shall be evaluated annually for VR referral which shall be documented in the patient's medical record.	100%
2. Each provider shall identify and make available to patients the vocational rehabilitation resources obtainable in the area.	100%

**TOPIC: PATIENT GRIEVANCES**

SAMPLE: All Medicare Certified ESRD Providers

<b>CRITERIA</b>	<b>STANDARD</b>
1. In accordance with Subpart U [S 405.2138(e)], each provider shall have a patient grievance mechanism.	100%
2. At a minimum, the provider's patient grievance policy must address the following:	
a. Procedures for the patient/family to follow in filing a grievance, including the designation of provider personnel with whom the grievance should be filed (Medical Director, Head nurse, etc.); and	100%
b. Procedures for provider personnel to follow in resolving the grievance.	100%
3. The Network 7 Policy for Handling Patient Grievances shall be attached to the provider's own grievance policy.	100%
4. In an effort to ensure that patients are aware of their right to file a grievance the provider shall:	100%
a. Document that patients have been informed of their rights and responsibilities, including the right to file a grievance; and,	
b. Post a copy of the patient grievance policy (with the Network 7 Policy attached) in a prominent location in the unit.	
5. For each patient grievance filed, there must be documentation (either in the patient's medical record or in provider files) that:	100%
a. The grievance was addressed in accordance with established provider procedures; and,	
b. The grievance was resolved or referred to another agency for arbitration/resolution.	

**TOPIC: LONG TERM CARE PLANNING**

SAMPLE: All ESRD Patients

<b>CRITERIA</b>	<b>STANDARD</b>
1. The ESRD provider maintains a written Long Term Care Plan for each patient receiving care at the facility representing the selection of a suitable treatment modality (dialysis or transplantation) and dialysis setting (in-center, home, self care).	100%
2. The Long Term Care Plan is reviewed and revised in writing at least every 12 months or more often as indicated by the patient's response to treatment.	100%
3. The Long Term Care Plan is developed by a professional interdisciplinary team including at least the following: <ul style="list-style-type: none"> <li>a. The physician director of the facility where the patient is currently being treated</li> <li>b. The patient's attending nephrologist if different from the physician director of the facility</li> <li>c. A physician responsible for self care dialysis training if different from physician director</li> <li>d. A transplant surgeon or his designee</li> <li>e. The registered nurse responsible for the dialysis service at the facility</li> <li>f. A licensed, masters level clinical social worker</li> <li>g. A Registered Dietitian</li> </ul>	100%
NOTE: For definitions of qualified personnel, refer to CFR 405.2102 (r) Personnel (qualified), ESRD (2), (4), (5), (6) and (7).	
4. The patient, or legal guardian as appropriate, is involved in the development of the Long Term Care Plan. Due consideration is given to the patient's preferences and the patient's acceptance of the Long Term Care Plan is documented by signature on the Long Term Care Plan.	100%
5. Pediatric patients shall have a pediatric nephrologist or pediatrician contributing to their care at least annually in order to monitor progress of developmental milestones and other issues appropriate to pediatric care.	100%

SPECIAL NOTE: 42 CFR 405.2137 (a) requires a transplant surgeon to participate in the development and annual re-evaluation of each end stage renal disease (ESRD) patient's long term program. The intent of this regulation is to ensure that each patient is evaluated adequately for his/her most suitable treatment modality after initiation of treatment and annually thereafter. For a patient who has previously declined transplantation as a treatment option or has not met the criteria for transplantation, a yearly review of the patient's records should show documentation that the patient has not changed his/her mind with respect to transplantation or that the patient's condition has not changed since the last review. The transplant surgeon is responsible for assuring either

TOPIC: **LONG TERM CARE PLANNING (continued)**

SAMPLE: All ESRD Patients

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through the use of a designee or through personal discussions with the patient, that the patient receives appropriate information with respect to transplantation as a possible treatment modality.

Should the transplant surgeon decide to use a designee in this role, the surgeon should name the designee in writing, provide written criteria for the designee to follow and oversee the designee's performance to ensure that each patient is adequately evaluated. The decision to use a designee is the decision of the transplant surgeon only. The designee should supplement, not replace, the transplant surgeon's activities. The designee, following the criteria developed by the transplant surgeon, may also perform the required annual re-evaluations.

At a minimum, the transplant surgeon should review and sign each patient's long term plan to indicate agreement with the chosen treatment modality.

**TOPIC: SHORT TERM CARE PLANNING**

SAMPLE: All ESRD Patients

<b><u>CRITERIA</u></b>	<b><u>STANDARD</u></b>
1. There is a written short term care plan for each patient receiving care at 100% the facility based upon the patient's illness, the treatment prescribed, and an assessment of the patient's needs.	
2. The short term care plan is developed with the contributions of a multidisciplinary professional team including at least the disciplines of medicine (physician), nursing, social work and nutrition.	100%
3. Short term care plans of patients whose condition has not become stabilized shall be reviewed and revised by the professional team to insure that it provides for the patient's ongoing needs on a monthly basis.	100%
4. Short term care plans of stable patients shall be reviewed in writing by the professional team at least every six (6) months.	100%
5. The social worker and dietitian shall meet with each patient transferring into the facility within one month of the date of entry.	100%

**TOPIC: SAFE AND EFFECTIVE DIALYSIS TREATMENT**

SAMPLE: All Medicare Certified ESRD Providers

<u>CRITERIA</u>	<u>STANDARD</u>
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A. Pretreatment Checks

1. In case of reused dialyzers, the unit shall document that a check for the absence of dialyzer sterilant is performed immediately prior to the provision of each patient treatment. The unit shall document that a check for the complete rinsing of dialysis machine sterilants or disinfectants is performed after every disinfection procedure, immediately before the machine is used to provide patient treatment.	100%
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2. The conductivity of the final dialysate being delivered to the dialyzer shall be checked before every treatment. For <u>bicarbonate dialysis</u> , the pH of the dialysate shall also be confirmed before each treatment. Conductivity shall be within the manufacturer's stated specifications. For bicarbonate dialysis, if the pH is below 6.0 or above 8.0, dialysis shall not be initiated, even if the conductivity is within acceptable limits.	100%
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Conductivity shall be checked with an independent reference meter which is known to be properly calibrated. The pH can be checked with a similar meter, or with pH paper.

These readings shall be documented on the patient's daily dialysis record. The actual numerical readings shall be recorded, not simply a "check mark" or "ok". Initials of the person performing the test shall also be included.

3. The unit shall verify that alarms are armed.	100%
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4. All pretreatment machine checks shall be documented through the recording of the initials of the staff performing the check.	100%
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B. Intradialytic Monitoring

1. The unit shall conduct pre-assessment measurements of each patient, to include blood pressure, temperature, weight and pulse.	100%
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2. Where possible, temperature and standing and sitting blood pressure readings following dialysis treatment shall be taken for each patient.	100%
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TOPIC: **SAFE AND EFFECTIVE DIALYSIS TREATMENT** (continued)

SAMPLE: All Medicare Certified ESRD Providers

<b>CRITERIA</b>	<b>STANDARD</b>
<p>3. Assessment and monitoring shall be performed and documented on the treatment record of a patient’s condition at least every 30 minutes. The following minimum criteria should be included:</p> <ul style="list-style-type: none"> <li>➤ Patient’s blood pressure and pulse,</li> <li>➤ Inspection of the vascular access to note blood loss or leakage, and</li> <li>➤ Negative pressure, blood flow rate and venous resistance.</li> </ul>	100%
<p>C. Machine Maintenance</p>	
<p>1. The unit shall have a written policy and procedure regarding routine and emergency maintenance of all equipment.</p>	100%
<p>2. The accuracy of the dialysate temperature monitoring equipment should be consistent with the manufacturer's recommendations.</p>	100%
<p>3. A written record of all machine maintenance shall be maintained in a log at the dialysis facility. Such records shall include, but not be limited to dialysis-related or diagnostic machines. ESRD facilities utilizing automated monitoring devices (e.g., blood pressure monitors) shall perform standard preventive maintenance on a routine basis according to the manufacturer’s recommendations. These maintenance activities shall also be documented and maintained at the facility.</p>	100%

As a general rule, the unit shall follow the universal precautions established by the Occupational Safety and Health Administration.

**TOPIC: HEPATITIS B SURFACE ANTIGEN POSITIVE PATIENTS**

**SAMPLE:** All ESRD Patients with Documented Surface Antigen Positive Hepatitis B or carrier status

<b>CRITERIA</b>	<b>STANDARD</b>
1. Do not dialyze both positive and negative patients on the same machine. If the facility does not have isolation stations, the unit shall designate a station to use exclusively for hepatitis B surface antigen positive patients upon the conversion of a patient to surface antigen positive hepatitis B.	100%
2. The Network recommends the facility establish an isolation unit.	N/A
3. The unit is responsible for providing care for hepatitis B surface antigen positive patients either directly at the unit or through an agreement with another outpatient dialysis facility, without excessive travel demands placed on the patient.	100%
4. Patients who are hepatitis B antibody positive as a result of hepatitis B infection may dialyze on the same machine as hepatitis B surface antigen positive patients.	N/A

**TOPIC: ATTENDING PHYSICIAN PROGRESS NOTES**

SAMPLE: All Dialysis Patients

<b><u>CRITERIA</u></b>	<b><u>STANDARD</u></b>
The facility shall maintain physician progress notes in the medical record (chart) at the dialysis unit for all dialysis patients. <ul style="list-style-type: none"><li>➤ The progress notes shall reflect the current medical status of the patient.</li><li>➤ Progress notes on in-center patients shall be written monthly.</li></ul>	100%

**TOPIC: FACILITY STAFFING**

SAMPLE: All Medicare Certified ESRD Providers

<b>CRITERIA</b>	<b>STANDARD</b>
1. At a minimum, there shall be at least one licensed, registered nurse on duty and physically on the premises for each patient shift.	100%
2. There shall be at least one nurse or clinical technician for each four adult patients undergoing treatment (exclusive of self care units).	100%
3. Pediatric units will need to observe the following	
a. For a patient weighing less than 10kg/22 lb.: 1 to 1 nursing care and size-appropriate equipment for dialysis (dialyzer and blood-lines), as well as the equipment needed for continuous monitoring of weight and vital signs, including, but not limited to, cardiac monitor, automatic doppler blood pressure equipment, continuous readout scales and/or automatic ultra-filtration control.	100%
b. A patient weighing between 10 and 20 kg/22 and 44 lb.: 1 to 2 nursing care and size-appropriate equipment for dialysis (dialyzer and bloodlines), as well as the equipment needed for continuous monitoring of vital signs in (a) above and continuous readout scales or automatic ultra-filtration control.	100%

**TOPIC: AVAILABILITY OF NUTRITIONAL SERVICES IN ESRD**

SAMPLE: All Medicare Certified ESRD Providers

<u>CRITERIA</u>	<u>STANDARD</u>
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Outcome 1: The Renal Dietitian will be qualified to provide the level of expertise required to deal with the nutritional complications of renal disease in the outpatient dialysis setting:

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|--|------|
| 1. The Renal Dietitian maintains registration by the Commission on Dietetic Registration of the American Dietetic Association and Licensure with the State of Florida.   | 100% |
| 2. The Renal Dietitian has at least two years' renal experience or has trained for at least 120 hours with supervision by an experienced renal dietitian who has worked in renal dietetics for at least 2 years. This shall be achieved within six months of employment. | 100% |

Outcome 2: The renal dietitian will maintain competency to provide quality care.

The Renal Dietitian will attain continuing education hours within the Commission on Dietetic Registration's guidelines with a minimum of seven of the annually required 15 hours relating to the field of renal nutrition. Documentation of this continuing education shall be provided per facility record keeping policy.	100%
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Outcome 3: The Renal Dietitian will provide interdisciplinary communication and collaboration to reflect the nutritional expertise component.

The Renal Dietitian shall participate as a member of the health care team to ensure complete communication in the planning and implementing of patient care plans.	100%
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**TOPIC: AVAILABILITY OF NUTRITIONAL SERVICES IN ESRD (continued)**

<b>CRITERIA</b>	<b>STANDARD</b>
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Outcome 4: Nutritional status of the patient will be assessed by a qualified dietitian in a timely manner.

Nutritional assessments will be initiated by a qualified Renal Dietitian within the first month of treatment with final completion of the formal assessment within 60 days, allowing for accurate final assessment for the occasional unstable patient. Formal assessments will include the following:	100%
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1. review of medical history
2. diet history and evaluation
3. mode of dialysis and consideration for residual clearance
4. anthropometric measurements and other physical considerations
5. laboratory evaluation
6. drug/nutrient interactions
7. assess/develop nutrition problem list and nutritional treatment plan.

Outcome 5: The patient will receive nutritional follow up care.

Reevaluations and assessments shall be ongoing by the Renal Dietitian with documentation of identified problems, interventions, and or status in the medical progress notes on a recommended quarterly basis or more often as indicated by the patient's needs. Considerations will include the following:	100%
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1. monthly serum chemistries
2. interdialytic fluid weight changes with considerations for dry body weight changes.
3. documentation of monthly encounter between patient and dietitian.

Outcome 6: All patients will receive proficient diet instructions.

Complete diet instructions will be given to the patient and/or caregiver as appropriate, based on the diet prescribed by the patient's physician in consultation with the dietitian. This will be documented in the medical record and reinforced as needed with necessary modifications as indicated.	100%
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**TOPIC: AVAILABILITY OF SOCIAL WORK SERVICES IN ESRD**

SAMPLE: All Medicare Certified ESRD Providers

Note: The definition of a “qualified” social worker may be found at **Subpart U-Conditions for Coverage of Suppliers of End Stage Renal Disease (ESRD) Services § 405.2102 (r) (6) (I) (ii)**. Florida requirements for social workers may be found at **Florida Statutes § 491.003 (7) (a-e)**.

<u>CRITERIA</u>	<u>STANDARD</u>
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Outcome 1: The ESRD patient will have timely initial contact for psychosocial assessment.

The MSW will perform an initial psychosocial history within thirty (30) days of admission to the outpatient dialysis facility.*	100%
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Outcome 2: The ESRD patient will have assistance to develop coping skills necessary to adjust to his/her chronic illness.

1. Social Services will be available to all patients on a weekly basis.	100%
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2. The MSW will serve as a patient advocate and will facilitate communications between patients and facility administration/staff.	100%
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3. The MSW will refer appropriate patients to community resources for vocational counseling.	100%
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Outcome 3: The ESRD patient will have benefit of teamwork and interdisciplinary collaboration.

1. The MSW will participate as a member of the health care team to ensure complete communication in all patient care planning conferences.	100%
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2. The MSW will participate in Quality Improvement activities.	100%
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3. The MSW will participate in the annual in-service relating to communication, professionalism and patient sensitivity.	100%
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**TOPIC: AVAILABILITY OF SOCIAL WORK SERVICES IN ESRD (continued)**

**CRITERIA** **STANDARD**

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Outcome 4: Patients psychosocial problems related to ESRD and treatment are ameliorated.

The MSW will recommend to the physician patients with severe psychological problems or difficulty in coping [with the complexities of ESRD] for referral to appropriate psychosocial resources in the community. 100%

\* Provision would be made for patients who were absent from the facility for a prolonged period of time during the first month of treatment.

Outcome 5: The Primary Caregiver will be afforded the opportunity to receive psychosocial counseling.

At the request of the patient, the MSW will be available for contact with the patient's family/support system and note significant problems/concerns in the social work notes. 100%

**TOPIC: PHYSICAL PLANT**

SAMPLE: All Medicare Certified ESRD Providers

**CRITERIA** **STANDARD**

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The facility shall meet the Federal, state and local and Network conditions and standards set forth for physical environment, including at least those conditions for:

- |   |      |
|---|------|
| 1. Physical structure of the individual patient care area, defined as the space containing the dialysis machine and the patient chair, shall have a seven feet (7') linear separation between individual patient care areas, as measured from the center of the area occupied by the dialysis machine and chair to the center of the adjacent area containing a machine and chair to allow access for privacy, and emergency care and treatment. Sufficient space should exist between patient stations to allow for patient access and easy cleaning of the dialysis machines. | 100% |
| 2. Fire extinguishers   | 100% |
| 3. All electrical and other equipment.  | 100% |
| 4. The Network recommends but does not require sufficient space for a divider, portable screen or waterproof curtain between each patient.  | N/A  |
| 5. Consideration should be given for all newly constructed physical plants (i.e., dialysis units) to be wired to accommodate emergency electrical generators.   | N/A  |

**TOPIC: OPEN STAFFING PRIVILEGES**

SAMPLE: All Medicare Certified ESRD Providers

<b>CRITERIA</b>	<b>STANDARD</b>
1. The facility shall have a written policy which assures open staffing privileges to the area's qualified ESRD physicians.	100%

FMQAI: The Florida ESRD Network (NW7) Criteria & Standards

**TOPIC: ACCESS TO TREATMENT**

SAMPLE: All Medicare Certified ESRD Providers

<b><u>CRITERIA</u></b>	<b><u>STANDARD</u></b>
1. All Medicare certified ESRD providers shall provide access to treatment for all Medicare patients regardless of their race, color, creed, national origin, ethnicity or disability within the meaning of Section 504 of the Rehabilitation Act of 1973.	100%

**TOPIC: FOOD AND DRINK IN THE DIALYSIS UNIT**

SAMPLE: All Medicare Certified ESRD Providers

<b><u>CRITERIA</u></b>	<b><u>STANDARD</u></b>
1. Patients shall be allowed to have food and drink during dialysis unless it is medically contraindicated. Medical contraindication is determined by the treating nephrologist, medical director, and /or governing body of the facility.	100%