



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR

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TO : ALL ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs), PHILHEALTH CENTRAL OFFICE AND ALL MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM

SUBJECT : REVISIONS ON ACCREDITATION REQUIREMENTS FOR FREESTANDING DIALYSIS CLINICS

Please be guided by the following amendments to PhilHealth Circular Numbers 14 and 20 series of 2003 regarding the accreditation standards for Freestanding Dialysis Clinics (see Annexes A & B).

This circular shall be applied to all clinics applying for initial accreditation and renewal of accreditation starting April 1, 2006.

All other provisions consistent with this circular remain in full force and effect.


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Officer-In-Charge
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ANNEX A

I. HEMODIALYSIS

REVISED ACCREDITATION REQUIREMENTS FOR FREESTANDING DIALYSIS CLINICS PROVIDING HEMODIALYSIS

1. It must be licensed by the Department of Health
2. It must be in operation for at least three years prior to accreditation.
3. It must comply at all times with the rules and regulations covering the licensure and regulation of dialysis clinics consistent with E.O. 119, which states that the Department of Health has the power "to regulate the operation of and issue licenses and permits to government and private clinics and dispensaries and other such establishments which by nature of their functions are required to be regulated by the Department".
4. It must have a Certificate of Accreditation of Dialysis Clinic by the Philippine Society of Nephrology
5. It must have an ongoing Quality Assurance Program.
6. Payment of P5,000.00 as accreditation fee.

◎ STRUCTURE

I. Personnel

A. Medical Staff

Require CME units or continued trainings

Identify specific functions to delineate the specific roles that each personnel would assume.

Director:	Executive	- may not be a medical doctor
	Medical	- should be a medical doctor, attend to patients care
		- to identify roles of Medical Director/Medical Unit
	Head	including their right to determine to decide/implement on what is right for the patient

1. Head
 - 1.1 Must be a Diplomate of the Philippine Society of Nephrology Specialty Board (PSNSB)
 - 1.2 Must be accredited with PhilHealth
 - 1.3 Must be a member of the National Health Insurance Program
 - 1.4 May not necessarily be the Medical Director
2. Other Medical Staff
 - 2.1 Duty physicians must have completed prescribed years of training from an accredited Internal Medicine training program.
 - 2.1.1 Certification from the Chair of the training program on Basic Life Support
 - 2.2 Attending physician must be certified by the Philippine Society of Nephrology Specialty Board (PSNSB)
 - 2.3 Must be accredited with PhilHealth
 - 2.4 Must be members of the National Health Insurance Program
 - 2.5 At least one should be a member of the medical staff of a tertiary hospital in the locality to facilitate referral of complications that may arise from the dialysis procedure

- 2.6 If the above is not possible, the clinic should have a memorandum of agreement with tertiary hospital for complications that may arise from the dialysis procedure. Ambulance service should be readily available for the transport of the patients.
- 2.7 Duty physician to treatment station ratio 1:15

B. Other Staff

1. Head Nurse
 - 1.1 Must be certified by the Renal Nurses Association of the Philippines (ReNAP)
 - 1.2 Must attend one postgraduate course on dialysis per year or equivalent seminars in dialysis
 - 1.3 Completed and certified IV therapy nurse
 - 1.4 Licensed and with experience in hospital/ clinical work for one year
 - 1.5 Advanced Life Support training-
2. Other Nursing Staff
 - 2.1 Certified by ReNAP
 - 2.2 Completed and certified IV therapy nurse
 - 2.3 Attends updates related to nursing staff's duty
 - 2.4 Licensed and with experience in hospital/ clinical work for one year
 - 2.5 Nurse patient ratio 1:4
 - 2.6 Advance Life Support training
At least one Nurse per shift with BLSS training
3. Dialysis technicians
 - 3.1 Must have a certificate of dialysis training and at least one year experience in same field
4. Midwives or nursing attendants (optional)
 - 4.1 Must have finished a one-year course in nursing aide or attendant with two years college studies
5. Machine Technician &/or service maintenance agreement
6. Administrative personnel
7. Utility man

II. Physical Plant

A. Administrative Service

Accessibility of Hemodialysis Unit (Preferably should be in the ground floor with a ramp for handicap patient. If the unit is in the second floor, elevator should be fully functional)

1. Lobby
 - 1.1 Information counter/ admitting room
 - 1.2 Waiting area for pre-treatment patients.
 - 1.3 Toilet facilities for the patients and their companions, space should be wide enough to accommodate ramp and rail for handicaps.
2. Cashier/ billing / Business Center

3. Toilet facilities for the staff
4. Pantry/Multi function room for the staff/Workplace for Medical, Nursing and Clerical Staff

B. Dialysis Service Complex

1. Dialysis room with adequate ventilation
 - 1.1 Dedicated machines for Hepatitis B and Hepatitis C patients
 - 1.2 Separate space for reprocessing/separate reprocessing machines for Hep B and Hep C if not available reprocessing should be done manually
 - 1.2.1 For Hepatitis B dialysis patients
 - 1.2.2 For Hepatitis C dialysis patients
 - 1.2.3 For regular patients (non-A, non-B, non-C)
2. Doctors clinic
3. Nurses Station
4. Lavatory
 - 4.1 One separate for Hep B, Hep C
 - 4.2 Regular patients 1:6 ratio
5. Sterile instrument supply and storage area, additional space for storage of reprocessed dialyzers
6. Toilet facility already mentioned previously
7. Releasing area for post hemodialysis patients
8. Sterilization and supply room

III. Facilities

A. Water Treatment System

1. Quality of water treatment system should include the following:
 - 1.1 Multi-media
 - 1.2 Water softener
 - 1.3 Carbon filter
 - 1.4 Reverse osmosis (RO) system
 - 1.5 Deionizer (optional)
 - 1.6 Storage tank for RO and a post ultraviolet sterilization, post RO treatment followed by a micro filter
2. Monitoring requirements:
 - 2.1 Chemical analysis - prior to initial licensing by DOH then at least six months send to an accredited laboratory by DOST or by any accrediting body. Specify the substances to be tested and the recommended values according to AAMI.
 - 2.2 Bacteriologic analysis- to be checked monthly of all post RO. Disinfection by either chemical or heat may vary according to the type of water treatment.
 - 2.1.1. Raw water testing pre and post
 - 2.3 Technical checking of pressure gauge, daily monitoring, and logging of flow rates.
3. Treated water must meet the recommended standard of Association of Advancement of Medical Instrumentation (AAMI)
 - 3.1 RO water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies cfu/cc)
 - 3.2 Dialysate water (less than 200 colonies/cc)

IV. Equipment/ Instruments/ Supplies / Vehicles

1. Dialysis machine
 - 1.1. Machine must have certain features like temperature and Ultrafiltration (UF) control at least not more than 30,000 hours of use of equivalent or not more than ten years or whichever comes first.
 - 1.2. Ratio of machines to population: one (1) machine for every 7-8 patients
 - 1.3. Availability of bicarbonate dialysis and biocompatible membranes
 - 1.4. Dedicated machines for Hepatitis B patients
 - 1.5. Dedicated machines for Hepatitis C patients
 - 1.6. Back up machines:
 - 1.6.1 One (1) back-up machine for every 15 machines. If center has less than fifteen (15) machines, it should have at least one (1) back-up machine.
Dialysis center should not be running beyond 75% of capacity
 - 1.6.2 One (1) back-up machine for Hepatitis B patient
 - 1.7. Separate reprocessing machine and/or manual reprocessing. If there is only one reprocessing machine, the Hep B and Hep C shall be reprocessed manually.
 - 1.7.1 For regular patients
 - 1.7.2 for Hepatitis B dialysis patients
 - 1.7.3 for Hepatitis C dialysis patients
2. Properly labeled stethoscope one for Hep B, Hep C and regular patients
3. Properly labeled sphygmomanometer with stand one for Hep B, Hep C and regular patients
4. Examining light
5. Oxygen unit with gauges (1:4 ratio)
6. Minor surgical instrument set
7. Instrument table
8. Patients' dialysis chairs or bed(s) with guardrails
9. E cart with emergency medicines
 - 9.1. Dopamine IV infusion
 - 9.2. Isosorbide dinitrate tablets
 - 9.3. Diazepam (tablets and IV)
 - 9.4. Hydrocortisone IV
 - 9.5. Diphenhydramine maleate 50mg/amp
 - 9.6. Sodium chloride 20% in 50cc polyampule
 - 9.7. D₅W 50cc vial
 - 9.8. Parenteral antihypertensive medications
 - 9.9. Clonidine
 - 9.10. Furosemide IV
 - 9.11. Calcium Gluconate
 - 9.12. Epinephrine
 - 9.13. Lidocaine
 - 9.14. Salbutamol(nebule)
 - 9.15. Nifedipine
 - 9.16. Sodium Bicarbonate
 - 9.17. Atropine Sulfate
 - 9.18. Endotracheal tube with guide wire
 - 9.19. Laryngoscope with functional bulbs and batteries
 - 9.20. Ambubag
10. Nebulizer

11. Goose neck lamp
12. Stand-by rechargeable light
13. Sterilizer
14. ECG machine
15. Suction machine
16. Cardiac monitor
18. Defibrillator
19. Stretcher
20. Wheelchair
21. Acceptable disinfectants for re-use procedures:
 - 21.1 Formalin (4%)
 - 21.2 Peracetic Acid (Hydrogen peroxide = Acetic acid)
22. Others:
 - 22.1 Standby generator
 - 22.2 Fire extinguisher
 - 22.3 Transport vehicle for patients use (ambulance) or a contract with providers of such ambulance services

V. Records

1. Dialysis charts
 - 1.1 Standing order for hemodialysis (updated)
 - 1.2 Physician's order
 - 1.3 Consent Form
 - 1.4 Patient's monitoring sheet
 - 1.5 Standing order for medications
 - 1.6 Tabulation of laboratories
 - 1.7 Complications during dialysis
 - 1.8 Confinements and corresponding dates and hospital
 - 1.9 History with P.E.
 - 1.10 Problem list
 - 1.11 Optional if transferred or referred-transfer/referral slip
2. Logbooks
 - 2.1 for complications related to hemodialysis procedure
 - 2.2 for complications related to vascular access
 - 2.3 for complications related to disease process (To be filled up by the medical staff)
 - 2.4 for dialysis adequacy of each patient
 - 2.5 for outcomes
 - 2.6 Hepatitis status logbook for patient/staff
 - 2.7 Vaccination (Pneumonia, Flu and Hepatitis) logbook for patient/staff
 - 2.8 For list of all patients accepted for dialysis

◎ PROCESS

1. Universal precaution should be strictly observed (c/o Nurses Guidelines of Clinical Practice)
2. Patient Health Maintenance
 - 2.1 Laboratory Monitoring
 - 2.1.1 Monthly chemistries to include:
 - 2.1.1.1 Complete Blood Count

- 2.1.1.2 Blood Urea Nitrogen
- 2.1.1.3 Serum Creatinine
- 2.1.1.4 Ionized Calcium
- 2.1.1.5 Inorganic Phosphorus
- 2.1.1.6 Potassium
- 2.1.1.7 SGPT for Hep C(+) and the population at risk for development of Hepatitis B and C
- 2.1.2 Serum Albumin to assess nutrition every two (2) months
- 2.1.3 Hepatitis B and Hepatitis C every 6 months (determination for non-B, non-C patients)
On HBSAg(-) and/or Ab(-) and HCV(-)
- 2.1.4 Monthly Urea Reduction Ratio and/ or KTV for Dialysis Adequacy
On all patients on 3x a week dialysis
- 2.1.5 Lipid profile every 6 months
- 2.1.6 Chest X-ray every 6 months

- 2.2 Disease prevention – Vaccinations
- 2.2.1 Hepatitis B (double dose) at 0, 1, 2, 6 months
- 2.2.2 Influenza Annually
- 2.2.3 Pnuemococcal every 5 years
- 3. Dialysis Clinic Monitoring
- 3.1 The clinic should have written policies on:
 - 3.1.1 Standard Operating Procedures that include
 - 3.1.1.1 Dialysis from initiation to termination
 - 3.1.1.2 Cleaning of machines and Disinfection procedure
 - 3.1.1.3 Reprocessing
 - 3.1.1.4 Access care
 - 3.1.1.5 Femoral Cannulation (for emergency only)
 - 3.1.1.6 Removal of Internal Jugular (IJ) and Subclavian Catheter
 - 3.1.2 Management of Complications during Hemodialysis
 - 3.1.2.1 Hypotension
 - 3.1.2.2 Chills
 - 3.1.2.3 Chest pains
 - 3.1.2.4 Seizures
 - 3.1.2.5 Cramps
 - 3.1.2.6 Others
- 3.2 There should be a monthly in-house seminar for non-physician personnel staff
- 4. There should be a record of Preventive Maintenance Program for machines and water treatment system once a year
- 5. The clinic shall follow the prescribed Standards and Guidelines of Care as adapted from the American Nephrology Nurses Association Universal Hemodialysis Guideline for Care

ANNEX B

Revisions made on the Accreditation Requirements for Freestanding Dialysis Clinics Offering Hemodialysis

FROM	TO
SPECIFIC ACCREDITATION REQUIREMENTS FOR DIALYSIS CLINICS	
4. It must have a Certificate of Acknowledgement of existence of Dialysis Clinic by the Philippine Society of Nephrology	4. It must have a Certificate of Accreditation of Dialysis Clinics by the Philippine Society of Nephrology.
ACCREDITATION STANDARDS FOR DIALYSIS CLINICS	
STRUCTURE	
I. Personnel	
A. Medical Staff	<i>added the following:</i> Require CME units or continued trainings Identify specific functions to delineate the specific roles that each personnel would assume Director: The Executive Director may not be a medical doctor. The Medical Director should be a medical doctor and attends to patient's care; to identify roles of Medical Director/Medical Unit Head including their right to determine to decide/implement on what is right for the patient.
1. Head	
1.1 Must be a Diplomate of the Philippine Society of Nephrology Specialty Board (PSNB)	
1.2 Must be accredited with PhilHealth	
1.3 Must be a member of the National Health Insurance Program	
	<i>(added) Item 1.4 May not necessarily be the Medical Director</i>
2. Other Medical Staff	
2.1 Duty physicians must have completed prescribed years of training from an accredited Internal Medicine training program.	2.1 Duty physicians must have completed prescribed years of training from an accredited Internal Medicine training program. <i>(added) Item # 2.1.1 Certification from the Chair of the Training program on Basic Life Support</i>
2.2 Attending and referring physician must be Philippine Society of Nephrology Specialty Board (PSNSB) certified	2.2 Attending physician must be certified by the Philippine Society of Nephrology Specialty Board (PSNB)
	<i>(added) Item # 2.7 Duty physician to treatment station ratio 1:15</i>
B. Other Staff	
1. Head Nurse	
2. Other Nursing Staff	
2.5 Nurse patient ratio 1:4	<i>(added) item 1.5 Advanced Life Support training</i> 2.5 Nurse patient ratio 1:4 <i>(added) item 2.6 For all Nurses: Advance Life Support Training</i> At least one Nurse per shift with BLSS training
3. Medical Technician	3. Dialysis technicians
4. Midwives or nursing attendants	4. Midwives or nursing attendants (optional)
5. Machine Technician	5. Machine Technician &/or service maintenance agreement
II. PHYSICAL PLANT	
A. Administrative Service	A. Administrative Service <i>(added) Accessibility of Hemodialysis Unit (preferably</i>

FROM	TO
<p>1. Lobby 1.1 Information counter/ admitting room 1.2 Communication Area 1.3 Waiting Area 1.4 Toilet facilities</p> <p>2. Cashier/Billing 2.1 Finance/budget Auditor</p> <p>3. Toilet Facilities</p>	<p>should be in the ground floor with a ramp for handicap patient). If the unit is in the second floor, elevator should be fully functional</p> <p>1. Lobby 1.1 Information counter/ admitting room <i>item # 1.2 removed</i></p> <p>Item # 1.3 changed to Item # 1.2 Waiting Area for pre-treatment patients</p> <p>Item # 1.4 changed to item # 1.3 Toilet facilities for patients & their companions, space should be wide enough to accommodate ramp and rail for handicaps</p> <p>2. Cashier/Billing/Business Center <i>item # 2.1 removed</i></p> <p>3. Toilet Facilities for the staff (added) item 4. Pantry/ Multi function room for the staff/ Workplace for Medical, Nursing and Clerical Staff</p>
<p>B. Dialysis Service Complex 1. Dialysis room 1.1 Separate spaces for Hepatitis B and Hepatitis C patients 1.2 Separate space for reprocessing 1.2 3 For regular patients</p> <p>2. Nursing Area</p> <p>3. Lavatory</p> <p>4. Sterile instrument supply and storage area</p> <p>5. Sub-sterilizing room</p> <p>6. Toilet Facility</p> <p>7. Receiving and releasing area</p> <p>8. Central sterilization and supply room 9. Sterilizing and work area 10. Sterile supply storage area</p>	<p>1. Dialysis room with adequate ventilation 1.1 Dedicated machines for Hepatitis B & C patients 1.2 Separate space for reprocessing/separate reprocessing machines for Hep B and Hep C if not available reprocessing should be done manually 1.2 3 For regular patients (non-A, non-B, non-C)</p> <p><i>item # 2 changed to Doctor's Clinic</i></p> <p>Item # 3 changed to Nurse's Station</p> <p>4. Lavatory (added) item's 4.1 & 4.2) 4.1 One separate for Hep B, Hep C 4.2 Regular patients 1:6 ratio</p> <p><i>Item # 4 changed to Item # 5 Sterile instrument supply and storage area, additional space for storage of re-processed dialyzers</i></p> <p><i>item # 5 removed</i></p> <p>6. Toilet facility already mentioned previously</p> <p>7. Releasing area for post hemodialysis patients</p> <p>8. Sterilization and supply room <i>item #9 removed</i> <i>item #10 removed</i></p>
<p>III. FACILITIES A. Water Treatment System 1. Quality of water treatment system should include the following facilities:</p>	<p>1. Quality of water treatment system should include the following:</p>

FROM	TO
<p>1.5 Deionizer and ultraviolet sterilization</p> <p>2. Monitoring Requirements 2.1 Chemical- prior to every licensing by DOH</p> <p>2.2 Bacteriologic- to be checked quarterly and after cluster incidents</p> <p>3. Treated water follows the Association of Advancement of Medical Instrumentation (AAMI) Recommendations:</p> <p>3.1 Reverse Osmosis water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies/cc)</p> <p>3.2 Dialysate water (less than 2,000 colonies/cc)</p>	<p>1.5 Deionizer (optional) <i>(added)</i> Item # 1.6 Storage tank for Reverse Osmosis (RO) and a post ultraviolet sterilization, post RO treatment followed by a micro filter.</p> <p>2. Monitoring requirements: 2.1 Chemical analysis- prior to initial licensing by DOH then at least every six months sent to an accredited laboratory by DOST or by any accrediting body. Specify the substances to be tested and the recommended values according to Association of Advancement of Medical Instrumentation (AAMI).</p> <p>2.2 Bacteriologic analysis- to be checked monthly of all post RO. Disinfection by either chemical or heat may vary according to the type of water treatment. <i>(added) item #'s:</i> 2.1.1 Raw water testing pre and post</p> <p>2.3 Technical checking of pressure gauge, daily monitoring and logging of flow rates</p> <p>3. Treated water must meet the recommended standards of AAMI.</p> <p>3.1 RO water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies cfu/cc)</p> <p>3.2 Dialysate water (less than 200 colonies/cc)</p>
<p>IV. Equipment/ Instruments/ Supplies / Vehicles</p> <p>1. Dialysis machine</p> <p>1.1 Machine should not be older than 10 years</p> <p>1.5. Dedicated machines for Hepatitis C patients (optional)</p> <p>1.6. Back-up machines: 1.6.1 One (1) back-up machine for every 15 machines</p> <p>1.7. Separate reprocessing machine and/or manual reprocessing</p> <p>2. Stethoscope</p>	<p>1.1 Machines must have certain features like temperature and Ultrafiltration (UF) control at least not more than 30,000 hours of use of equivalent or not more than ten years or whichever comes first.</p> <p>1.5 <i>optional</i> in item # 5 <i>removed</i></p> <p>1.6 Back up machines: 1.6.1 One (1) back-up machine for every 15 machines. If center has less than fifteen (15) machines, it should at least have one (1) back-up machine <i>(added)</i> Dialysis center should not be running beyond 75% of capacity <i>(added)</i> item # 1.6.2 One (1) back-up machine for Hepatitis B patient</p> <p>1.7. Separate reprocessing machine and/or manual reprocessing. If there is only one reprocessing machine the Hep B and Hep C shall be reprocessed manually.</p> <p>2. Stethoscope properly labeled one for Hep B, Hep C and</p>

FROM	TO
<p>3. Sphygmomanometer with stand</p> <p>5. Oxygen unit with gauge</p> <p>8. Treatment table</p> <p>9. Patients bed(s) with guard rails</p> <p>10. E cart with emergency medicines</p> <p>10.9. Others</p>	<p>regular patients</p> <p>3. Properly labeled sphygmomanometer with stand one for Hep B, Hep C, and regular patients</p> <p>5. Oxygen unit with gauge (1:4 ratio)</p> <p><i>Item # 8 removed</i></p> <p><i>Item # 9 changed to item # 8 Patients' dialysis chairs or bed(s) with guardrails</i></p> <p><i>Item # 10 changed to Item # 9 E cart with emergency medicines</i></p> <p><i>Item # 10.9 changed to Item # 9.9 Clonidine (added) item #'s:</i></p> <p>9.10 Furosemide IV</p> <p>9.11 Calcium Gluconate</p> <p>9.12 Epinephrine</p> <p>9.13 Lidocaine</p> <p>9.14 Salbutamol (nebule)</p> <p>9.15 Nifedipine</p> <p>9.16 Sodium Bicarbonate</p> <p>9.17 Atropine Sulfate</p> <p>9.18 Endotracheal tube with guide wire</p> <p>9.20 Laryngoscope with functional bulbs and batteries</p> <p>9.21 Ambubag</p> <p><i>(added) Item # 10 Nebulizer</i></p>
<p>V. Records</p> <p>1. Dialysis charts</p> <p>1.1 Standing order for hemodialysis</p> <p>1.2 Physician's order</p> <p>1.3 Patient's monitoring sheet</p> <p>1.4 Standing order for medications</p> <p>1.5 Tabulation of laboratories</p> <p>1.6 Complications during dialysis</p> <p>2. Logbooks</p> <p>2.3 for complications related to disease process</p>	<p>1.1 Standing order for hemodialysis (updated)</p> <p>1.2 Physician's order</p> <p><i>(added) item # 1.3 Consent Form</i></p> <p><i>Item 1.3 changed to item 1.4</i></p> <p><i>Item 1.4 changed to item 1.5</i></p> <p><i>Item 1.5 changed to item 1.6</i></p> <p><i>Item 1.6 changed to item 1.7</i></p> <p><i>(added) Item #'s:</i></p> <p>1.9 History with P.E.</p> <p>1.10 Problem List</p> <p>1.11 Optional if transferred or referral-transfer/ referral slip</p> <p>2.3 for complications related to hemodialysis procedure (to be filled up by the medical staff)</p> <p><i>(added) item #'s:</i></p> <p>2.6 Hepatitis status logbook for patient/ staff</p> <p>2.7 Vaccination (Pneumonia, Flu & Hepatitis) logbook for patient/ staff</p> <p>2.8 For list of all patients accepted for dialysis</p>

FROM	TO
PROCESS 1. Universal precaution should be strictly observed 2. Patient Monitoring (long term) 2.1 Monthly chemistries to include: 2.1.1 Complete Blood Count 2.1.2 Blood Urea Nitrogen 2.1.3 Serum Creatinine 2.1.4 Ionized Calcium 2.1.5 Inorganic Phosphorus	1. Universal precaution should be strictly observed (c/o Nurses Guidelines of Clinical Practice) Item # 2 changed to Patient Health Maintenance Item 2.1 changed to Laboratory Monitoring Item # 2.1.1 changed to Monthly chemistries to include: Item # 2.1.2 changed to 2.1.1.1 Complete Blood Count Item # 2.1.3 changed to 2.1.1.2 Blood Urea Nitrogen Item # 2.1.4 changed to 2.1.1.3 Serum Creatinine Item # 2.1.5 changed to 2.1.1.4 Ionized Calcium 2.1.1.5 Inorganic Phosphorus
	<i>(added) item #s:</i> 2.1.1.6 Potassium 2.1.1.7 SGPT for Hep C (+) and the population at risk for development of Hepatitis B and C
2.2 Serum Albumin to assess nutrition every two (2) months 2.3 Hepatitis B and Hepatitis C every 6 months (determination for non-B, non-C patients) 2.4 Monthly Urea Reduction Ratio and/ or KTV for Dialysis Adequacy 2.5 Lipid profile every 6 months	Item # 2.2 changed to 2.1.2 Serum Albumin to assess nutrition every two (2) months Item # 2.3 changed to 2.1.3 Hepatitis B and Hepatitis C every 6 months (determination for non-B, non-C patients) Item # 2.4 changed to 2.1.4 Monthly Urea Reduction Ratio and/ or KTV for Dialysis Adequacy on all patients on 3x a week dialysis Item # 2.5 changed to 2.1.5 Lipid profile every 6 months <i>(added) item # 2.1.6 Chest x-ray every 6 months</i> <i>(added) item #'s:</i> 2.2 Disease Prevention – Vaccinations 2.2.1 Hepatitis B (double dose) at 0, 1,2, 6 months 2.2.2 Influenza Annually 2.2.3 Pnuemococcal every 5 years
3. Dialysis Clinic Monitoring 3.1 The clinic should have policies on: 3.1.1 Procedures 3.1.2 Management of Complications during Hemodialysis 3.1.2.4 Others	3.1 The clinic should have written policies on: Item 3.1.1 changed to Standard Operating procedures that include <i>(added) item #'s:</i> 3.1.1.1 Dialysis from initiation to termination 3.1.1.2 Cleaning of machines and Disinfection procedure 3.1.1.3 Reprocessing 3.1.1.4 Access care 3.1.1.5 Femoral Cannulation (for emergency only) 3.1.1.6 Removal of Internal Jugular (IJ) and Subclavian Catheter 3.1.2 Management of Complications during Hemodialysis Item # 3.1.2.4 changed to Seizures

FROM	TO
<p>4. There should be a Preventive Maintenance Program for machines and water treatment system</p>	<p><i>(added)</i> Item # 's: 3.1.2.5 Cramps 3.1.2.6 Others</p> <p>4. There should be a record of Preventive Maintenance Program for machines and water treatment system once a year.</p>