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 re-processed 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.
       1.6.2 Dialysis center should not be running beyond 75% of capacity
   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. Dopamanine 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. D_{50}W 50cc vial
   9.8. Parenteral antihypertensive medications
   9.9. Clonidine
   9.10. Furosemide IV
   9.11. Calcium Gluconate
   9.12. Epinephrine
   9.13. Lidocaine
   9.15. 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
17. Defibrillator
18. Stretcher
19. Wheelchair
20. 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
   1.3 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 Pneumococcal 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

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC ACCREDITATION REQUIREMENTS FOR DIALYSIS CLINICS</td>
<td></td>
</tr>
<tr>
<td>4. It must have a <strong>Certificate of Acknowledgement</strong> of existence of Dialysis Clinic by the Philippine Society of Nephrology.</td>
<td>4. It must have a <strong>Certificate of Accreditation</strong> of Dialysis Clinics by the Philippine Society of Nephrology.</td>
</tr>
</tbody>
</table>

**ACCREDITATION STANDARDS FOR DIALYSIS CLINICS**

**STRUCTURE**

<table>
<thead>
<tr>
<th>I. Personnel</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical Staff</td>
<td>added the following:&lt;br&gt;Require CME units or continued trainings&lt;br&gt;Identify specific functions to delineate the specific roles that each personnel would assume&lt;br&gt;<strong>Director:</strong>&lt;br&gt;The Executive Director may not be a medical doctor.&lt;br&gt;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.</td>
</tr>
<tr>
<td>1. Head</td>
<td></td>
</tr>
<tr>
<td>1.1 Must be a Diplomate of the Philippine Society of Nephrology Specialty Board (PSNB)</td>
<td></td>
</tr>
<tr>
<td>1.2 Must be accredited with PhilHealth</td>
<td></td>
</tr>
<tr>
<td>1.3 Must be a member of the National Health Insurance Program</td>
<td></td>
</tr>
<tr>
<td>2. Other Medical Staff</td>
<td></td>
</tr>
<tr>
<td>2.1 Duty physicians must have completed prescribed years of training from an accredited Internal Medicine training program.</td>
<td></td>
</tr>
<tr>
<td>2.2 Attending and <strong>referring</strong> physician must be Philippine Society of Nephrology Specialty Board (PSNSB) certified</td>
<td></td>
</tr>
<tr>
<td>1. <strong>Medical Technician</strong></td>
<td></td>
</tr>
<tr>
<td>4. Midwives or nursing attendants</td>
<td></td>
</tr>
<tr>
<td>5. Machine Technician</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Other Staff</strong></td>
<td></td>
</tr>
<tr>
<td>1. Head Nurse</td>
<td></td>
</tr>
<tr>
<td>2. Other Nursing Staff</td>
<td></td>
</tr>
<tr>
<td>2.5 Nurse patient ratio 1:4</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Medical Technician</strong></td>
<td></td>
</tr>
<tr>
<td>4. Midwives or nursing attendants</td>
<td></td>
</tr>
<tr>
<td>5. Machine Technician</td>
<td></td>
</tr>
</tbody>
</table>

**II. PHYSICAL PLANT**

<table>
<thead>
<tr>
<th>A. Administrative Service</th>
<th>A. Administrative Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(added)</strong> Accessibility of Hemodialysis Unit (preferably should be in the ground floor with a ramp for handicap)</td>
<td></td>
</tr>
</tbody>
</table>

(added) Item 1.4 May not necessarily be the Medical Director

2.1 Duty physicians must have completed prescribed years of training from an accredited Internal Medicine training program. (added) Item # 2.1.1 Certification from the Chair of the Training program on Basic Life Support

(added) Item # 2.7 Duty physician to treatment station ratio 1:15

(added) **item 1.5 Advanced Life Support training**
2.5 Nurse patient ratio 1:4

(added)item 2.6 For all Nurses: Advance Life Support Training
At least one Nurse per shift with BLSS training
3. **Dialysis technicians**
4. Midwives or nursing attendants **(optional)**
5. Machine Technician **&/or service maintenance agreement**
<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lobby</td>
<td>1. Lobby</td>
</tr>
<tr>
<td>1.1 Information counter/ admitting room</td>
<td>1.1 Information counter/ admitting room</td>
</tr>
<tr>
<td>item #1.2 removed</td>
<td>item #1.2 removed</td>
</tr>
<tr>
<td>1.2 Communication Area</td>
<td></td>
</tr>
<tr>
<td>Item #1.3 changed to Item #1.2 Waiting Area for pre-treatment patients</td>
<td></td>
</tr>
<tr>
<td>1.4 Toilet facilities</td>
<td>Item #1.4 changed to item #1.3 Toilet facilities for patients &amp; their companions, space should be wide enough to accommodate ramp and rail for handicaps</td>
</tr>
<tr>
<td>2. Cashier/Billing</td>
<td>2. Cashier/Billing/Business Center</td>
</tr>
<tr>
<td>2.1 Finance/budget Auditor</td>
<td>item #2.1 removed</td>
</tr>
<tr>
<td>3. Toilet Facilities</td>
<td>3. Toilet Facilities for the staff</td>
</tr>
<tr>
<td>Item #3 changed</td>
<td>(added) item 4. Pantry/Multi function room for the staff/Workplace for Medical, Nursing and Clerical Staff</td>
</tr>
<tr>
<td>4. Pantry/Multi function room</td>
<td></td>
</tr>
<tr>
<td>5. Central sterilization and supply room</td>
<td></td>
</tr>
<tr>
<td>6. Sterilizer storage room</td>
<td></td>
</tr>
<tr>
<td>7. Receiving and releasing area</td>
<td></td>
</tr>
<tr>
<td>8. Sterilizing and supply room</td>
<td></td>
</tr>
<tr>
<td>9. Sterile supply storage area</td>
<td></td>
</tr>
<tr>
<td>10. Sterile storage area</td>
<td></td>
</tr>
<tr>
<td>III. FACILITIES</td>
<td></td>
</tr>
<tr>
<td>A. Water Treatment System</td>
<td>1. Quality of water treatment system should include the following facilities:</td>
</tr>
<tr>
<td>1. Quality of water treatment system should include the following</td>
<td>1.5 Deionizer (optional)</td>
</tr>
<tr>
<td>facilities:</td>
<td></td>
</tr>
<tr>
<td>1.5 Deionizer and ultraviolet</td>
<td></td>
</tr>
<tr>
<td><strong>FROM</strong></td>
<td><strong>TO</strong></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>sterilization</td>
<td><em>(added)</em> <strong>Storage tank for Reverse Osmosis (RO) and a post ultraviolet sterilization, post RO treatment followed by a micro filter.</strong></td>
</tr>
<tr>
<td>2. Monitoring Requirements</td>
<td>2. Monitoring requirements:</td>
</tr>
<tr>
<td>2.1 Chemical- prior to every licensing by DOH</td>
<td>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).</td>
</tr>
</tbody>
</table>
| 2.2 Bacteriologic- to be checked quarterly and after cluster incidents | 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. *(added) Item #s:*
|                                                      | 2.1.1 Raw water testing pre and post                                  |
| 3. Treated water follows the Association of Advancement of Medical Instrumentation (AAMI) Recommendations: | 2.3 Technical checking of pressure gauge, daily monitoring and logging of flow rates |
| 3.1 Reverse Osmosis water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies/cc) | 3.1 RO water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies cfu/cc) |
| 3.2 Dialysate water (less than 2,000 colonies/cc) | 3.2 Dialysate water (less than 200 colonies/cc)                      |
| IV. Equipment/ Instruments/ Supplies / Vehicles | 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.** |
| 1. Dialysis machine                           | 1.5 **optional** in item # 5 **removed**                               |
| 1.1 Machine should not be older than 10 years  | 1.6 Back up machines:                                                 |
| 1.5 Dedicated machines for Hepatitis C patients (optional) | 1.6.1 One (1) back-up machine for every 15 machines *(added)*  
Dialysis center should not be running beyond 75% of capacity *(added)*  
item # 1.6.2 One (1) back-up machine for Hepatitis B patient |
| 1.6 Back-up machines:                         | 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.  
2. Stethoscope **properly labeled one for Hep B, Hep C and regular patients** |
<p>| 1.6.1 One (1) back-up machine for every 15 machines |                                                                       |
| 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. |                                                           |
| 2. Stethoscope                                |                                                                        |</p>
<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sphygmomanometer with stand</td>
<td>3. Properly labeled sphygmomanometer with stand one for Hep B, Hep C, and regular patients</td>
</tr>
<tr>
<td>5. Oxygen unit with gauge</td>
<td>5. Oxygen unit with gauge (1:4 ratio)</td>
</tr>
<tr>
<td>8. Treatment table</td>
<td>Item #8 removed</td>
</tr>
<tr>
<td>9. Patients bed(s) with guard rails</td>
<td>Item #9 changed to Item #8 Patients’ dialysis chairs or bed(s) with guardrails</td>
</tr>
<tr>
<td>10. E cart with emergency medicines</td>
<td>Item #10 changed to Item #9 E cart with emergency medicines</td>
</tr>
<tr>
<td>10.9. Others</td>
<td>Item #10.9 changed to Item #9.9 Clonidine</td>
</tr>
</tbody>
</table>

(added) Item #’s:
- 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
- 9.20 Laryngoscope with functional bulbs and batteries
- 9.21 Ambubag

V. Records
1. Dialysis charts
   1.1 Standing order for hemodialysis (updated)
   1.2 Physician’s order (added) Item #1.3 Consent Form
   1.3 Patient’s monitoring sheet
   1.4 Standing order for medications
   1.5 Tabulation of laboratories
   1.6 Complications during dialysis (added) Item #’s:
      - 1.9 History with P.E.
      - 1.10 Problem List
      - 1.11 Optional if transferred or referral-transfer/referral slip

2. Logbooks
   2.3 for complications related to disease process (to be filled up by the medical staff) (added) Item #’s:
      - 2.6 Hepatitis status logbook for patient/staff
      - 2.7 Vaccination (Pneumonia, Flu & Hepatitis) logbook for patient/staff
      - 2.8 For list of all patients accepted for dialysis
<table>
<thead>
<tr>
<th>PROCESS</th>
<th>TO</th>
</tr>
</thead>
</table>
| 1. Universal precaution should be strictly observed  
2. Patient Monitoring (long term) | 1. Universal precaution should be strictly observed (c/o Nurses Guidelines of Clinical Practice)  
Item #2 changed to Patient Health Maintenance |
| 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 | 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 |
| (added) item #s:  
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 | 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 (added) item # 2.1.6 Chest x-ray every 6 months |
| 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 | 3. Dialysis Clinic Monitoring  
3.1 The clinic should have written policies on:  
3.1.1 Procedures  
(added) item #s:  
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 Pneumococcal every 5 years |
| 3.1 The clinic should have written policies on:  
3.1.1 Procedures | Item 3.1.1 changed to Standard Operating procedures that include  
(added) Item #’s:  
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  
3.1.2.4 Others | Item # 3.1.2.4 changed to Seizures  
(added) Item #’s: |
<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. There should be a Preventive Maintenance Program for machines and</td>
<td>3.1.2.5 Cramps</td>
</tr>
<tr>
<td>water treatment system</td>
<td>3.1.2.6 Others</td>
</tr>
<tr>
<td></td>
<td>4. There should be a record of Preventive Maintenance</td>
</tr>
<tr>
<td></td>
<td>Program for machines and water treatment system once a year.</td>
</tr>
</tbody>
</table>