



STANDARDS FOR RENAL DIALYSIS SERVICES

STANDARD

Department: Quality Improvement Department

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STANDARD – STANDARDS FOR RENAL DIALYSIS SERVICES

1. PURPOSE

1.1	This Standard defines the minimum requirements including licensing and service specifications to ensure acceptable minimum levels of quality, performance, safety and reliability of Renal Dialysis Services Licensed under DHCA.
1.2	This Standard defines licensing criteria, qualified personnel and service requirements for the provision of Renal Dialysis Services Licensed under DHCA.

2. SCOPE OF APPLICATION

2.1	This standard is intended for use by all healthcare operators providing Renal Dialysis Services to patients.
2.2	Peritoneal dialysis, dialysis for pediatric patients and patients undergoing continuous hemodialysis such as CVVHD/CVVH/CVVHDF should only be performed in hospital based renal dialysis units.

3. STANDARD

3.1 Licensure

3.1.1	Each Renal Dialysis Center wishing to provide Renal Dialysis Services shall be licensed by DHCA in accordance with the requirements and procedures of the Dubai Healthcare City Authority (DHCA) Healthcare Operators Regulation No. 4 of 2013, the Company Regulation No. 8 of 2013, the Commercial Services Licensing Regulation No. 9 of 2013, the Standards defined herein, and all applicable regulations, rules, standards and policies.
3.1.2	Each Renal Dialysis Center shall be either a 'Hospital Based' Renal Dialysis Center or a 'Free Standing' Licensed Outpatient Renal Dialysis Center. 3.1.2.1 A 'Hospital Based' Renal Dialysis Center is an in-hospital dialysis unit that is a special unit of a licensed hospital designed, equipped and staffed to offer dialysis therapy for in-patients as well as for stable out-patients on regular basis. It should be located within or adjoining an affiliated licensed hospital and shall operate and provide Renal Dialysis Services under the licensed hospital's Clinical Operating Permit. A 'Hospital Based' Renal Dialysis Center shall only provide Renal Dialysis Services within the hospital's recognized scope of services as part of the hospital's activities and need not obtain a separate Clinical Operating Permit.



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	<p>3.1.2.2 A 'Free Standing' Outpatient Renal Dialysis Center is an out of hospital outpatient dialysis unit that is a licensed facility which provides services on an outpatient basis to stable patients requiring dialysis on regular basis. Each 'Free Standing' Outpatient Renal Dialysis Center in DHCC shall be licensed by DHCR and shall obtain a Clinical Operating Permit as a Licensed Renal Dialysis Center.</p> <p>3.1.2.3 Each Licensed Outpatient Renal Dialysis Center will be assessed by DHCR to ensure the Clinical Functional Plan is implemented as per the Standards for Outpatient Clinical Services.</p>
3.1.3	Renal Dialysis Services must be performed in a safe environment where the qualified personnel, facilities, equipment, and emergency drugs and equipment are immediately available.
3.1.4	The Renal Dialysis Center must be able to provide a reliable service for regular attendees as well as people who require unusual episodes while recovering from another illness.

3.2 Qualified Personnel

3.2.1	Each Renal Dialysis Center shall appoint qualified personnel and maintain staffing levels as required to ensure reliable and consistent care in compliance with these Standards, the Outpatient Clinic Quality Standards or the appointed accreditation organization's standards, the DHCA Quality Oversight Policies, and any other applicable regulations, rules and standards.
3.2.2	Renal Dialysis Centers shall have documented processes for determining its overall staffing needs, by number and type of staff for the provision of renal dialysis.
3.2.3	Each Renal Dialysis Center shall have in place management staffing, including, but not limited to, a Medical Director, an Administrator and a Senior Licensed Nurse.
3.2.4	Each Renal Dialysis Center shall comprehensively and clearly define in writing the qualifications of its Medical Director, the director's clinical and management responsibilities, and schedule of time during which the director is to be physically present at the location(s) of the Renal Dialysis Center.
3.2.5	<p>Medical Director: Each Renal Dialysis Center shall appoint a Medical Director with full time responsibility for oversight of all dialysis services to ensure safe and quality healthcare service delivery.</p> <p>3.2.5.1 The Medical Director shall be a Licensed Nephrologist.</p>

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	<p>3.2.5.2 The Medical Director shall ensure that all relevant and required clinical and dialysis policies, standards and guidelines are adopted and complied with.</p> <p>3.2.5.3 The Medical Director shall facilitate and participate in the development of the Licensed Renal Dialysis Center practice and clinical governance, with particular emphasis on dialysis risk management, clinical audit, medical records documentation, medical staff competencies and performance evaluation.</p>
<p>3.2.6</p>	<p>Administrator: Each Renal Dialysis Center shall appoint an administrator to be responsible for the day to day management of the Renal Dialysis Services, the efficient coordination and management of appointments, contribute to the strategic development of services, and be the principle representative in all dealings with external parties and authorities.</p> <p>3.2.6.1 The Medical Director may be an Administrator as well.</p> <p>3.2.6.2 The Administrator may be a Licensed Physician, a Licensed Nurse who is the Senior Nurse or an individual with at least a Bachelor’s degree and three (3) years of relevant experience.</p> <p>3.2.6.3 The Administrator shall ensure that an appropriate number of qualified, experienced and skilled Licensed Healthcare Professionals are in attendance, and that there are adequate resources and capabilities to supply all approved Dialysis Services and Activities.</p> <p>3.2.6.4 The Administrator shall ensure that an appropriate number of trained nonclinical and support staff are available consistent with Renal Dialysis Services requirements.</p> <p>3.2.6.5 The Administrator shall ensure the availability of administrative systems, information systems and management capability, which systems may include, but not be limited to, financial reporting, a scheduling system, billing systems, medical records system, purchasing and materials management, compliance reporting, and quality improvement.</p> <p>3.2.6.6 If there is more than one administrator, it shall have policies in place that clearly delineate the respective roles and responsibilities of each of the Administrators.</p>
<p>3.2.7</p>	<p>Senior Nurse: Each Renal Dialysis Center shall appoint a Licensed Registered Nurse as the Senior Nurse to support the Administrator and Medical Director in creating clinical protocols and guidelines, leading the nursing practice at the Licensed Renal Dialysis Center, managing the nursing staff component, ensuring nursing staff’s competencies, and developing the Renal Dialysis Services’ nursing practice.</p>



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3.2.8	There should be one licensed nephrologist per 35 patients per shift and should be physically present in the facility.
3.2.9	In the event that the nephrologist on duty is unable to fulfil his/ her full responsibility to the patients of the dialysis center, arrangements must be in place for an equally qualified physician to be responsible for the total care of the patients in the dialysis center.
3.2.10	A licensed pediatric nephrologist must be associated with the hospital where Pediatric renal dialysis services are provided.
3.2.11	The Pediatric Nephrologist must be physically present when pediatric dialysis services are provided.
3.2.12	The ratio of trained Registered Nurses per dialysis patients should be 1:3 per shift with at least one registered nurse with 2 years' experience in dialysis physically present in the dialysis unit during dialysis to monitor the patients and deal with emergencies during dialysis. In hospital setting nurse to patient ratio should depend on the acuity of the patient but should not exceed 1:4.
3.2.13	Only licensed dialysis technicians with competency in dialysis water practices shall be allowed to work in a dialysis center.
3.2.14	The ratio of dialysis technicians per dialysis machines should be dependent on the complexity of the machine.
3.2.15	Dialysis Technician shall be responsible for monitoring the dialysis machines at all times and should be able to handle any complications related to the machines. The dialysis technician will collect water samples for chemical analysis, and perform necessary actions in case test results from the chemical contaminants exceed the acceptable limits.
3.2.16	In case of any emergency the dialysis technician should alert the nurses and nephrologist.
3.2.17	All Licensed Healthcare Professionals shall be currently certified in Basic Life Support (BLS) and where applicable Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).
3.2.18	Each Licensed Nephrologist should be currently certified in Basic Life Support (BLS) as well as Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) if dealing with pediatric patients.
3.2.19	All licensed nurses in the Renal Dialysis Center should be BLS certified.
3.2.20	Each Renal Dialysis Center should have at least one ACLS certified licensed nurse per shift.



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3.2.21	Each Dialysis Technician should have current Basic Life Support certification.
3.2.22	Each Hospital based Renal Dialysis Center providing care to pediatric patients shall determine the associated clinical risk in the provision of the Renal Dialysis Services provided and ensure the availability of adequately trained and certified Licensed Healthcare Professionals in Pediatric Advance Life Support (PALS).
3.2.23	In addition to current certification, a reasonable level of proficiency by certified BLS, ACLS and PALS Healthcare Professionals must be maintained for readiness and preparedness to provide unified collaborative emergency services.
3.2.24	Each Licensed Renal Dialysis Center shall ensure qualified individuals to oversee the planning and implementation of the facility management program to reduce and control risks in the care environment.

3.3 Patient Management

3.3.1	Each Licensed Renal Dialysis Center shall manage patients care in accordance with these Standards, the Outpatient Clinic Quality Standards and all other applicable laws, regulations, standards and policies.
3.3.2	Renal Dialysis Center shall admit patients based on defined physiological admission criteria. Only those stable patients that meet the criteria should be accepted in the dialysis center.
3.3.3	Patients who are at undue risk for complications shall be referred to an appropriate facility for further management and care.
3.3.4	Each Licensed Renal Dialysis Center shall have effective and efficient scheduling processes to minimize cancellation and delays, and reducing waiting times.
3.3.5	Written contractual agreements shall be in place from accredited ancillary services to provide support and services from laboratory facilities within or outside DHCC.
3.3.6	If applicable written agreements should be made with facilities to provide intra venous access.
3.3.7	Each Renal Dialysis Center shall ensure that all patients are provided with relevant information at every phase of management making sure that the patient and/carer fully understands the information given. It shall also foster a safe environment in which questions are welcomed and feedback provided.
3.3.8	Patient Assessment: 3.3.8.1 Each Renal Dialysis Center shall have a process for obtaining findings from relevant outside assessments and incorporating them into the patient assessment



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process. Assessment findings shall be integrated and documented in the patient's record and readily available to those responsible for the patient's care.

3.3.8.2 Each patient shall undertake a relevant age appropriate physical assessment by a qualified licensed nephrologist to assess the fitness and appropriateness of the patient for renal dialysis.

3.3.8.3 An up-to-date patient history must be taken and carefully reviewed to identify any aspects of the patient's medical history that might affect the patient's response to renal dialysis.

3.3.8.4 Nutritional services shall be provided to chronic patients as required.

3.3.8.5 The pre-dialysis assessment shall identify and classify those patients at increased risk of cardiovascular and metabolic disease. Those classified as high risk for dialysis shall be managed accordingly by a Licensed Nephrologist in a hospital environment. Appropriate Licensed Medical Specialists must be consulted before dialysis to high risk patients with significant underlying conditions. These consultations shall be recorded in the medical record.

3.3.8.6 An appropriate renal dialysis plan and prescription shall be documented by the Nephrologist in the medical record after the necessary assessments.

3.3.9

Pre-Dialysis Preparation:

3.3.9.1 Each Nephrologist providing renal dialysis shall maintain effective communication and clear explanation at every stage of patient management to reassure the patient.

3.3.9.2 The Nephrologist must ensure that all necessary equipment including monitoring and emergency equipment is present and in working order before starting the renal dialysis.

3.3.9.3 The nephrologist will be responsible to cover appropriate dialysis access care (perform or arrange for insertion of vascular catheters and arrange for creation of arterio-venous fistula (AVF), AV graft or permanent catheterization. Permanent catheterization, AV graft and AV fistula should only be done in appropriately equipped surgical facilities.

3.3.9.4 Registered nurse shall preform an appropriate assessment prior to the



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	<p>dialysis and report and notify the nephrologist to review the patient's condition.</p> <p>3.39.5 Patients should be reassessed prior to dialysis after undergoing any surgery, hospitalization or invasive procedure.</p> <p>3.3.9.6 Vital signs, including orthostatic blood pressures, respirations, and lung sounds and weight should be assessed.</p> <p>3.3.9.7 Vascular access site should be assessed for a palpable pulsation or vibration and an audible bruit and for inflammation.</p>
3.3.10	<p>Intradialytic Monitoring:</p> <p>3.3.10.1 Vital signs shall be monitored continuously through the monitor and documented on the treatment record of each patient at least every 30 minutes including the following minimum criteria:</p> <ul style="list-style-type: none"> a) Patient's blood pressure, respiration rate, temperature and pulse b) Inspection of the vascular access to note blood loss or leakage c) Arterial and venous pressures, and blood flow rate d) Pain score e) Level of consciousness <p>3.3.10.2 If a fistula needs declotting, it should only be done in hospital setting.</p>
3.3.11	<p>Postdialysis Care</p> <p>3.3.11.1 Assessment and documentation of vital signs, weight, and vascular access site condition shall be conducted.</p> <p>3.3.11.2 Monitoring of BUN, serum creatinine, serum electrolyte, and hematocrit levels between dialysis treatments as indicated.</p> <p>3.3.11.3 Assessing for dialysis disequilibrium syndrome, with headache, nausea and vomiting, altered level of consciousness; and hypertension.</p> <p>3.3.11.4 Assessing for other adverse responses to dialysis, such as dehydration, nausea and vomiting, muscle cramps, or seizure activity.</p> <p>3.3.11.5 Assessing for bleeding at the access site or elsewhere. Standard precautions should be practiced at all times.</p> <p>3.3.11.6 If a blood transfusion is given during dialysis, monitoring for possible transfusion reaction (e.g., chills and fever; dyspnea; chest, back, or arm pain; and urticaria or itching). Close monitoring during and after the transfusion is important to identify early signs of a reaction.</p>



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3.3.12 Each Renal Dialysis Center prior to referral or transfer of a patient shall ensure that the patient or their representative is informed and educated about his or her follow-up care, treatment, and services. When appropriate the patient shall be informed in the presence of the responsible person who is to escort and provide care at the home.

3.3.13 Management Of Patients With Infectious Diseases

3.3.13.1 Each Licensed Renal Dialysis Center shall have in place Infection control policies including those related to standard precautions, hand hygiene and sharps safety.

3.3.13.2 All patients shall be tested for Hepatitis B, Hepatitis C and HIV before acceptance to a Renal Dialysis Center.

3.3.13.3 Patients who are HIV positive should be managed in a Hospital based Renal Dialysis Center.

3.3.13.4 All patients shall be tested for Hepatitis B Surface antibody at intervals of six months and those with low immunity shall be vaccinated as per the Hepatitis B vaccination guidelines.

3.3.13.5 Patients who are Hepatitis C positive shall be retested every 6 months.

3.3.13.6 Patients who are HBsAg positive shall be isolated in a separate room with blue color coding only for HBsAg positive patients.

3.3.13.7 Separate dialysis equipment should be used for HBsAg positive patients.

3.3.13.8 Hepatitis C patients shall be dialyzed in separate isolation rooms with yellow color coding used only for Hepatitis C patients.

3.3.13.9 Those patients travelling to and from high risk countries shall be dialyzed in separate units until their Hepatitis status is confirmed to be negative.

3.3.14 Emergency Management Plan

3.3.14.1 Each Renal Dialysis Center shall formulate policies and procedures that clearly outline the management of medical emergencies and care. These shall minimally include cardiopulmonary and anaphylactic emergencies but may also include provision for blood loss and other unanticipated complications.

3.3.14.2 Each Renal Dialysis Center shall ensure that staff is educated and proficient in activation of the emergency plan to perform with confidence and efficiency in responding to changes in a patient's condition. This shall include documented evidence of training and mock emergencies.



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	<p>3.3.14.3 There shall be a written agreement in effect with a paramedic service staffed by certified Emergency Medical Technicians, for the safe transfer of a patient to a hospital in an emergency situation, or as the need arises.</p> <p>3.3.14.4 Each Free Standing Renal Dialysis Center shall have a written transfer agreement with a nearby hospital(s) preferably within DHCC for the immediate transfer of patients that need emergency medical care or admission for extended care or observation. The Licensed nephrologist shall be notified and be responsible for arranging the Patient's transfer to the appropriate hospital.</p> <p>3.3.14.5 A licensed physician must accompany an intubated patient during transfer to the hospital.</p> <p>3.3.14.6 A licensed physician or senior nurse must accompany non intubated patients during transfer to the hospital.</p> <p>3.3.14.7 Portable Reverse Osmosis system should be used during emergency transfer to the hospital as appropriate.</p> <p>3.3.14.8 Each Hospital based Renal Dialysis Center shall have written transfer procedures with appropriate in patient wards/unit to provide emergency or extended medical care.</p> <p>3.3.14.9 Each Licensed Renal Dialysis Center providing Renal Dialysis Services shall evaluate the effectiveness of its Emergency Management Plan. It shall test its Emergency Management Plan at least annually at each site included in the Plan as an emergency response exercise.</p>
3.3.15	<p>Standardized handover communication processes for correct information handling between internal and external parties must be in place to ensure safe, efficient and effective patient care. Critical information must be verified so that both parties (sender and receiver) have the same understanding of the patient or environment condition.</p>

3.4 Health Information Management

3.4.1	<p>Each Renal Dialysis Center shall comply with DHCA regulations, policies and standards for the management of patient health information and medical records.</p>
3.4.2	<p>Each Renal Dialysis Center shall ensure the confidentiality of patient health information as per the provisions of the DHCA Health Data Protection Regulation Numb (7) of 2013.</p>

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3.4.3	Each Renal Dialysis Center shall plan and design information management processes to meet internal and external information needs. It shall ensure that the data and information needs of patients are met timeously in a format that satisfy user expectations and with the desired frequency
3.4.4	All Renal Dialysis licensed staff involved in the care of patients undergoing renal dialysis should have access as necessary to patients' health information to plan, provide and document the care delivered.
3.4.5	Standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions must be used.
3.4.6	Each Renal Dialysis Center shall ensure that all patient Health Information is documented on official forms with the Healthcare Operator's name.
3.4.7	Each Renal Dialysis Center shall ensure documented evidence in a patient's medical record of any referrals to external healthcare services, Informed Consents (if applicable), and related healthcare management and outcomes to maintain continuity of care.
3.4.8	Each Renal Dialysis Center shall report clinical and managerial performance measures to DHCR Clinical Affairs Department to monitor and improve patient care and outcomes as defined in DHCA Performance Measures Policy.

3.5 Patients' Rights And Responsibilities

3.5.1	Prognosis, illness trajectory and life expectancy shall be discussed and documented with elderly patients and patients with life-limiting chronic diseases before treatment decision-making.
3.5.2	Each Renal Dialysis Center shall provide patients and families with information regarding the DHCA Patients' Rights and Responsibilities in accordance to Schedule Two of the DHCA Governing Regulation Number (1) of 2013. This information shall also be displayed in English and Arabic throughout all Outpatient Clinical Service Healthcare Operators for patients and visitors to review.
3.5.3	Each Renal Dialysis Center is responsible for providing processes that support patients' and families' rights during care.
3.5.4	Patient consent to renal dialysis shall be obtained through a process defined by each Renal Dialysis Operator and carried out by trained staff in a manner and language the patient can understand in accordance to the DHCA Informed Consent Policy.



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3.5.5	For stable patients with life threatening co morbidities the informed consent must be taken after all possible complications and consequences have been discussed with the patient and their families.
3.5.6	Consent for dialysis is valid throughout the course of same treatment. Consent remains valid and in effect until the patient revokes their consent, or there is a material change in circumstances including a change of the patient's condition such that the associated risk or benefit of the intervention is also changed. When significant material change occurs the patient is to be informed and again for their consent to be given.

3.6 Minimum Facility Requirements

3.6.1	Each Renal Dialysis Center shall comply with the minimal facility requirements of the most current FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. The design shall make provision for accessible, efficient, and safe clinical care in a secure, supportive and functional environment.
3.6.2	To obtain and maintain a Clinical Operating Permit, each Licensed Renal Dialysis Operator shall meet and comply with DHCA regulations, standards and policies for minimum facility requirements.
3.6.3	Each Hospital Based Renal Dialysis Center shall make provisions for appropriate and separate facilities for care and management of pediatric patients.
3.6.4	Every aspect of the design of the unit must pay attention to design for infection prevention and control. Areas for dialyzing patients having viral diseases (HBV/HCV) should be separated from those patients not having any viral infections. These spaces should have independent drainage, independent water supply, independent air handling & separate personnel facilities.
3.6.5	Each Renal Dialysis Center shall ensure provision for emergency electric power supply for life-saving equipment in case of power failure. An uninterrupted power supply (UPS) backup of up to 15 minutes is desirable for each machine in case of power failure.
3.6.6	At least one examination room shall be provided. The examination room shall have a minimum clear floor area of 100 square feet and should have a hand washing station and space for written or electronic documentation.



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3.6.7	All examination rooms, dressing rooms, and reception areas are built and maintained in a manner that ensures patient privacy during interviews, examinations, treatment, and consultations.
3.6.8	Each Renal Dialysis Center providing Renal Dialysis Services shall ensure sufficient waiting area spaces throughout the facility with layouts sensitive to specific cultural needs.
3.6.9	Each Renal Dialysis Center shall have sufficient and appropriate equipment, instruments and supplies in compliance with applicable DHCR regulations, policies, standards and procedures.
3.6.10	Each Renal Dialysis Center shall maintain a written preventive maintenance program for all medical and dialysis equipment and related procedures.
3.6.11	All hemodialysis machine areas, consultants & technicians'/nurses rooms should have air conditioning. Treatment areas should have temperature of 70.0 to 72.0 F & 55% to 60% humidity.
3.6.12	Each Licensed Renal Dialysis Center shall have valid written agreements for contracted services (e.g. hazardous waste removal, laboratory services, laundry, cleaning, sterilization, food services). It shall have a process to assure that contracted services are monitored for quality and patient safety.
3.6.13	Utility systems must be routinely inspected, maintained, and improved.
3.6.14	<p>Hemodialysis Treatment Area</p> <p>3.6.14.1 General</p> <ol style="list-style-type: none"> Each Licensed Renal Dialysis Center providing Renal Dialysis Services shall ensure that treatment areas are of adequate size to allow for the presence of necessary equipment, patient and staff. It must also allow for the presence of emergency personnel and equipment and the safe care and transfer of the patient in case of a medical emergency. The treatment area shall be separate from administrative and waiting areas. The treatment area shall be permitted to be an open area. The number of individual dialysis treatment bays shall support the dialysis services provided. Individual hemodialysis treatment bays shall be clear of cabinetry.

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	<p>3.6.14.2 Space Requirements: Individual renal dialysis treatment bays shall have minimum clear floor area of 80 square feet where dialysis chairs are used. 90 square feet where beds are used and a minimum clearance of 4 feet shall be provided between beds and or dialysis chairs.</p> <p>3.6.14.3 Patient privacy: Space shall be available to accommodate provisions for patient privacy when needed.</p> <p>3.6.14.4 Hand washing Stations: A hand washing station must be available near the entry to the hemodialysis treatment area. This hand washing station shall be permitted to contribute to the total number of hand washing stations required.</p> <p>3.6.14.5 Nurse Station: A nurse station shall be located in the dialysis treatment area and designed to provide visual observation of all dialysis treatment bays and Medication Safety Zone.</p> <p>3.6.14.6 Medication safety zone: A dedicated medication safety zone shall be centrally located in the dialysis center and shall be located at least 6 feet from any individual dialysis treatment chair or bed.</p>
3.6.15	<p>Clean workroom: Each Renal Dialysis Center shall have a clean workroom and/or clean supply room for suitable and secure storage space for consumables, equipment, pharmaceutical drugs/products and medical records. Such rooms shall be separate from and have no direct connection to the soiled workroom or soiled holding room.</p>
3.6.16	<p>Soiled workroom or Soiled Holding Room: Such rooms shall be separate from and have no direct connection with either clean workrooms or clean supply rooms and if a soiled workroom is provided it shall contain the following:</p> <ol style="list-style-type: none"> Hand washing station Flushing rim clinical service sink Work counter Space for separate covered containers for waste and soiled linen
3.6.17	<p>Water Treatment Room:</p> <p>3.6.17.1 There should be a dedicated secure area for water treatment with space to access to all components of the equipment. The area should be part of a secure room.</p> <p>3.6.17.2 A drain should be available in this area.</p> <p>3.6.17.3 Equipment repair room. When an equipment repair and breakdown room is provided, it shall be equipped with the following: Hand-washing station, treated</p>



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	water outlet for equipment maintenance and drain or clinical service sink for equipment connection and testing, work counter and storage cabinet.
3.6.18	The water used for dialysis shall be treated by reverse osmosis to provide a quality of water which meets with the latest standards of European Pharmacopoeia and/or AAMI.
3.6.19	Water testing should be performed monthly for bacteria and endotoxins and every three months for chemicals.

3.7 Quality Oversight And Accreditation

3.7.1	Each Renal Dialysis Center shall be subject to the quality oversight policies and standards of the Clinical Affairs Department of DHCR.
3.7.2	Each Renal Dialysis Center is required to successfully meet the applicable Outpatient Clinic Quality Standards and to obtain accreditation performed by the Clinical Affairs Department of DHCR within (2) years of commencing operations, and maintain such accreditation throughout the term of its Clinical Operating Permit in accordance with the requirements of the DHCA Healthcare Operators Regulation number (4) of 2013.
3.7.3	<p>Prior to commencing operations under its Clinical Operating Permit, each Renal Dialysis Center shall have in place written policies and procedures required for safe and effective operation in compliance with the accreditation standards of the approved accreditation agency and all applicable regulations, policies and standards. Required policies and procedures are but not limited to:</p> <ul style="list-style-type: none"> 3.7.3.1 Governance/Leadership responsibilities and accountabilities 3.7.3.2 Care of patients with a communicable disease or are immune- suppressed 3.7.3.3 Care of high risk patients 3.7.3.4 Incident reporting and Sentinel Events 3.7.3.5 Infection, prevention and control 3.7.3.6 Guidelines for the prevention of intravascular catheter related infection 3.7.3.7 Informed Consent for Renal Dialysis 3.7.3.8 Medication management 3.7.3.9 Medical Records 3.7.3.10 Patient access to care and continuity of care 3.7.3.11 Patient admissions, transfer and discharge 3.7.3.12 Patient assessment process including admission and discharge criteria 3.7.3.13 Early Warning Signs Policy



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	<p>3.7.3.14 Resuscitation and Crash Cart Policy</p> <p>3.7.3.15 Management of AV fistula (Hospital based Renal Dialysis Center)</p> <p>3.7.3.16 Referral Policy</p> <p>3.7.3.17 Management of Pediatric Patients</p> <p>3.7.3.18 Water Quality Testing Policy</p> <p>3.7.3.19 Maintenance of Dialysis Equipment</p> <p>3.7.3.20 Storage of solutions for hemodialysis</p>
3.7.4	All policies and procedures shall be consistent with the applicable provisions of the DHCR applicable Regulations, Rules, Standards and policies and all other applicable Rules.
3.7.5	The policies and procedures shall include provision for regular review as well as making provision for training of all staff of the Licensed Dialysis Center, both prior to and subsequent to its becoming a Licensed Dialysis Center, on the content of the policies and procedures.
3.7.6	Each Renal Dialysis Center shall appoint/assign appropriate individual(s) to monitor, review and manage the quality of services provided in accordance with the requirements of the DHCA Healthcare Operators Regulation number (4) of 2013 and all applicable standards.
3.7.7	Each Renal Dialysis Center shall establish and approve a program for Quality and Safety that includes both patient and staff, and includes its Risk Management and Quality Improvement activities.
3.7.8	All staff members shall continuously participate in risk management and quality improvement activities.
3.7.9	Each Renal Dialysis Center shall report all sentinel events to Clinical Affairs Department as per the applicable DHCA Sentinel Event policy.

4. DEFINITIONS

4.1	AV fistula: An arteriovenous fistula is an abnormal connection or passageway between an artery and a vein. It may be congenital, surgically created for hemodialysis treatments, or acquired due to pathologic process, such as trauma or erosion of an arterial aneurysm.
4.2	CVVD: Continuous Venovenous Dialysis.
4.3	CVVHD Continuous VenoVenous Hemodialysis.
4.4	CVVHDF Continuous VenoVenous hemodiafiltration.
4.5	Dialysate: the part of a mixture which passes through the membrane in dialysis.

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4.6	Dialyzer: During hemodialysis, a hemodialyzer, or artificial kidney, is used to filter fluids and wastes from a dialysis patient's blood.
4.7	DHCA: The Dubai Healthcare City Authority established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body.
4.8	DHCC: Dubai Healthcare City.
4.9	DHCR: is the regulatory arm of Dubai Healthcare City Authority. An independent licensing and regulatory authority for all healthcare providers, medical, educational and other business operating within DHCC.
4.10	FGI: Facility Guidelines Institute
4.11	Hemodialysis: is a process that uses a man-made membrane (dialyzer) to: remove wastes, such as urea, from the blood, restore the proper balance of electrolytes in the blood, and eliminate extra fluid from the body.
4.12	Informed Consent: a process of communication between a person and a physician or other healthcare professional that results in the person's authorization or agreement to undergo a specific medical intervention. It includes the principle that a physician has a duty to inform his or her patients about the nature of a proposed or alternative treatment, procedure, test, or research, including the risks and benefits of each alternative and of not receiving it. An informed patient can then make a choice which procedure, if any, to undergo.
4.13	Outpatient Clinical Services: A Healthcare Operator providing any type of medical, day surgical, diagnostic, dental and clinical support service(s) provided by a Healthcare Operator that does not include an overnight stay.
4.14	Peritoneal Dialysis: A dialysis technique that uses the patient's own body tissues inside the abdominal cavity as a filter. A plastic tube called a dialysis catheter is surgically placed through the abdominal wall, into the abdominal cavity.
4.15	Renal Dialysis: the clinical purification of blood by dialysis, as a substitute for the normal function of the kidney.
4.16	RO: Reverse Osmosis
4.17	Vascular Access: The <i>access</i> is a surgically created vein used to remove and return blood during hemodialysis.

5. REFERENCE

5.1	Clinical Performance Guidelines and Standards of Care for Florida Dialysis Facilities 2015.
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STANDARD – STANDARDS FOR RENAL DIALYSIS SERVICES

5.2	Dubai Outpatient Clinic Quality Standards 3 rd Edition.
5.3	FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities.
5.4	Guidelines for Maintenance Hemodialysis in India- Water treatment for hemodialysis.
5.5	https://www.cdc.gov/dialysis/guidelines
5.6	https://www.niddk.nih.gov
5.7	ISO 23500:2014 Guidance for the preparation and quality management of fluids for hemodialysis and related therapies.
5.8	Nursing care of the client undergoing hemodialysis. predialysis care wps.prenhall.com/wps/media/objects/737/755395/hemodialysis.pdf
5.9	Regulation for Renal Dialysis Unit Health Regulation Department Dubai Health Authority 2013
5.10	Renal Dialysis Services Regulation (Acute and Chronic) UAE Ministry of Health 2016
5.11	Standards Guideline for establishing, equipping and operating Renal Dialysis Centers KSA