Ensuring Safe Inpatient Dialysis Care in the U.S.

RPA concurs with recent calls to establish a more structured system of oversight to ensure safe inpatient dialysis care in the U.S. Such an approach must account for the exceptionally complex presentation of kidney patient conditions requiring inpatient dialysis in the hospital setting, and must be patient centered.

Key components of an advanced system of oversight in inpatient dialysis should include but not be limited to:

• Creation of a leadership structure led by a board-certified nephrologist that is supported by the hospital or medical system and which has patient safety and quality of care as its highest priorities;
• Selection of a physician leader that emphasizes identifying a local nephrologist in order to promote continuity of care and processes that reflect the regional community;
• Involvement of the nephrologist leader in all decisions related to patient care within the inpatient unit;
• Use of a process developed collaboratively with nurse leaders for appropriate training and demonstration of competence of a unit personnel workforce involved in patient care that is sufficiently sized to care for the unit’s patients;
• Nephrologist leader involvement in and approval of decisions regarding the extracorporeal therapy technology utilized in the unit;
• Development of a documented quality improvement and accountability process that reviews the activities of all unit staff and the nephrologist leader.

RPA believes that implementation of structures for providing inpatient dialysis care that include the elements stated above will ensure that high quality care is maintained and that potential disruptions caused by a lack of clarity in policies governing inpatient dialysis units will be minimized.

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