

# DIALYSIS CENTER (DC) AT QUENTIN MEASE GOVERNING BODY

Thursday, November 20, 2025

9:45 A.M.

*(or immediately following the Ambulatory Surgical Center at LBJ Governing Body meeting)*

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <http://harrishealthtx.swagit.com/live>

*Notice: Some members of the Governing Body may participate by videoconference.*

## Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

## AGENDA

I. <b>Call to Order and Record of Attendance</b>	<b>Ms. Libby Viera-Bland</b>	<b>1 min</b>
II. <b><a href="#">Approval of the Minutes of Previous Meeting</a></b>	<b>Ms. Libby Viera-Bland</b>	<b>2 min</b>
<ul style="list-style-type: none"> <li>• DC Governing Body Meeting – August 21, 2025</li> </ul>		
III. <b>Executive Session</b>	<b>Ms. Libby Viera-Bland</b>	<b>15 min</b>
<ul style="list-style-type: none"> <li>A. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session – <b>Ms.Carolynn Jones</b></li> </ul>		<i>(5 min)</i>
<ul style="list-style-type: none"> <li>B. <a href="#">Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §160.007 and Tex. Health &amp; Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including DC Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session – Dr. Matasha Russell, Dr. Kevin Erickson and Dr. Lori Timmons</a></li> </ul>		<i>(10 min)</i>
IV. <b>Reconvene</b>	<b>Ms. Libby Viera-Bland</b>	<b>1 min</b>

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<b>V. General Action Item(s)</b>	<b>Ms. Libby Viera-Bland</b>	<b>5 min</b>
<b>A. General Action Item(s) Related to Policies and Procedures</b>		
1. <a href="#"><u>Consideration of Approval of the Amended Policies and Procedures for the Dialysis Center at Quentin Mease</u></a> <i>– Dr. Kevin Erickson and Dr. Lori Timmons</i>		
<ul style="list-style-type: none"><li>• Policy 8.09: Governance of and Patient Care at Harris Health Dialysis Center at Quentin Mease</li><li>• Policy 4524: Peritoneal Dialysis in the Home</li></ul>		
<b>VI. DC at Quentin Mease Leadership Report</b>	<b>Ms. Libby Viera-Bland</b>	<b>5 min</b>
<b>A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Dialysis Center, Including Questions and Answers</b> <i>– Dr. Kevin Erickson and Dr. Lori Timmons</i>		
<b>VII. Adjournment</b>	<b>Ms. Libby Viera-Bland</b>	<b>1 min</b>

**HARRIS HEALTH**  
**DIALYSIS CENTER AT QUENTIN MEASE**  
**GOVERNING BODY MEETING MINUTES**  
Thursday, August 21, 2025  
9:45 AM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	The meeting was called to order at 9:30 A.M. by Ms. Libby Viera-Bland, Chair. A quorum was noted as present, and attendance was recorded. The meeting may be viewed live via the Harris Health website at <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	<b>A copy of the attendance is appended to the archived minutes.</b>
<b>II. Approval of the Minutes of Previous Meeting</b>	<ul style="list-style-type: none"> <li>• Dialysis Center at Quentin Mease Governing Body Meeting (“DC at QM Governing Body”) – May 15, 2025</li> </ul>	<b><u>Motion No. 25.08 – 04</u></b>  <b>Moved by Mr. Matthew Reeder, seconded by Dr. Kevin Erickson, and unanimously approved that the Governing Body adopt the minutes of the May 15, 2025, meeting. Motion carried.</b>
<b>III. Executive Session</b>	At 9:31 A.M., Ms. Viera – Bland announced that the Dialysis Center Governing Body would enter into Executive Session for Items ‘A and B’ as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007.	
	<b>A.</b> Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session	<b>No Action Taken.</b>
	<b>B.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including DC Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session	<b>No Action Taken.</b>
<b>IV. Reconvene</b>	At 9:38 A.M., Ms. Viera – Bland reconvened the meeting in open session, confirmed a quorum, and noted that no action was taken in Executive Session.	

<p><b>V. General Action Item(s)</b></p>		
	<p><b>A. Miscellaneous General Action Item(s)</b></p> <p>1. Discussion and Appropriate Action to Elect Officers of the Dialysis Center (DC) at Quentin Mease Governing Body in Accordance with Article V, Section 2 of Governing Body Bylaws of the DC at Quentin Mease</p> <ul style="list-style-type: none"> <li>• Chair</li> </ul> <p>Mr. Matthew Reeder, Administrator, ASC, stated that, in accordance with Article V, Section 2 of the Harris Health Dialysis Center at Quentin Mease Governing Body Bylaw, the Governing Body was required to conduct an election to fill the vacancy in the Office of Chair. He reported that a notice was distributed to all Governing Body members prior to the meeting to solicit interest in the Chair position. One nomination was received for Ms. Libby Viera – Bland, the current Presiding Officer. Mr. Reeder opened the floor for additional nominations and repeated the call three times. No additional nominations were received, and nominations were declared closed. A roll – call vote was conducted, and all members present voted in favor of Ms. Viera – Bland. Ms. Libby Viera – Bland received a majority of the votes and was unanimously elected as Chair of the Harris Health Dialysis Center at Quentin Mease Governing Body.</p>	<p><b><u>Motion No. 25.05 – 03</u></b></p> <p><b>Moved by, seconded by Ms. Libby Viera - Bland, and Mr. Matthew Reeder, unanimously approved to elect Ms. Libby Viera – Bland as Chair. Motion carried.</b></p>
<p><b>VI. DC at Quentin Mease Operations Report</b></p>	<p><b>A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Dialysis Center, Including Questions and Answers</b></p> <p>Dr. Lori Timmons, Director, Ambulatory Nursing, provided an update on the Dialysis Center’s medical and clinical operations. She announced that the Dialysis Center participated in National Health Center Week, noting it was a great effort, and acknowledged Dr. Glorimar Medina, CEO, Hospital Campuses, for her leadership and support. Dr. Kevin Erickson, Medical Director, DC at QM Governing Body, reported growth in the Peritoneal Dialysis (PD) program, including new patient transitions and use of temporary hemodialysis chairs to support patients awaiting catheter placement or healing. Erickson highlighted ongoing efforts to expand PD capacity, improve patient education through updated materials and video resources, and integrate clinic and dialysis center staff for better coordination.</p>	<p><b>As Presented.</b></p>

<b>VII. Adjournment</b>	There being no further business to come before the Governing Body, the meeting adjourned at 9:46 A.M.	
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I certify that the foregoing are the Minutes of the Harris Health Dialysis Center at Quentin Mease Governing Body Meeting held on August 21, 2025.

Respectfully Submitted,

Libby Viera – Bland, AICP, DC at QM Governing Body Chair

Minutes transcribed by Cherry A. Joseph, MBA

**Thursday, August 21, 2025**  
**Harris Health Dialysis Center (DC) at Quentin Mease Governing Body Attendance**

GOVERING BODY MEMBERS PRESENT	GOVERNING BODY MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Libby Viera-Bland ( <i>Governing Body Chair</i> )	Philip Sun	
Dr. Kevin Erickson	Sima Ladjevardian	
Dr. Lori Timmons		
Matthew Reeder		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Alexander Barrie	John Matcek
Carolynn Jones	Louis Smith
Cherry Joseph	Maria Cowles
Daniel Smith	Olga Rodriguez
Dr. Esmail Porsa ( <i>President &amp; CEO, Harris Health</i> )	Randy Manarang
Dr. Jackie Brock	Sara Thomas ( <i>Harris County Attorney's Office</i> )
Dr. Jennifer Small	Shawn DeCosta
Jennifer Zarate	Dr. Tien Ko

Virtual Attendee Notice: *If you joined as a group and would like to be counted as present, please submit an email to: [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.*

Thursday, November 20, 2025

Executive Session

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Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including DC Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session.

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Thursday, November 20, 2025

Consideration of Approval of the Amended Policies and Procedures for the Dialysis Center at  
Quentin Mease

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As part of the regulatory requirements of the Dialysis Center (DC), the Governing Body is to review and approve the DC's amended policies.

Listed below is a summary of the policy changes:

- Policy 8.09: Governance of and Patient Care at Harris Health Dialysis Center at Quentin Mease
  - Updated system name throughout policy
  - Minor formatting and editing updates throughout policy
- Policy 4524: Peritoneal Dialysis in the Home
  - Updated system name throughout policy
  - Minor formatting and editing updates throughout policy



Origination 12/13/2016  
Last 1/10/2023  
Approved  
Effective 12/13/2016  
Last Revised 1/10/2023  
Next Review 1/10/2026

Owner [Lori Timmons: Document Owner](#)  
Area [Ambulatory Care Services](#)  
References [Small, Jennifer](#)

## Peritoneal Dialysis in the Home\_4524

### PURPOSE:

To provide a treatment option for patients in end-stage renal disease needing dialysis.

### POLICY STATEMENT:

Harris Health evaluates all patients referred for dialysis treatment for medical, social, and psychological suitability for home dialysis. The evaluation process involves all members of the interdisciplinary team, including the patient, nephrologist, registered nurse, social worker, and registered dietitian and is guided by accepted nephrology standards.

### POLICY ELABORATIONS:

#### I. DEFINITIONS:

- A. **AUTOMATED PERITONEAL DIALYSIS (APD) AKA CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD):** The process of instilling sterile dialysate fluid into the peritoneal cavity, through tubing connected to an implanted catheter, by a machine called an automatedycler. The automated cycler performs exchanges (instill, dwell, drain) at night while the patient is supine.
- B. **COMPREHENSIVE INTERDISCIPLINARY ASSESSMENT (CIPA):** An assessment that covers and addresses all issues that are actionable by the dialysis facility. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.
- C. **CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD):** The process of instilling sterile dialysate fluid into the peritoneal cavity by gravitational flow through tubing connected to an implanted catheter. The dialysate remains in place for a set number of hours (dwell time) and is then drained through the catheter. This process

is repeated throughout the day and is performed by the patient, family or significant other.

- D. **END STAGE RENAL DISEASE (ESRD):** Final stage of chronic kidney disease where renal impairment appears irreversible, permanent, with less than 15% functionality remaining and renal replacement therapy or renal transplantation is required to sustain life.
- E. **INTERDISCIPLINARY TEAM (IDT):** Consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs.
- F. **NON-COMPLIANCE/NON-ADHERENCE:** Behavior of the patient and/or family member that fails to coincide with a health-promoting or therapeutic plan agreed upon by the patient and/or family member and healthcare professional.
- G. **PERITONEAL DIALYSIS (PD):** The process of instilling sterile dialysate fluid into the peritoneal cavity through tubing connected to an implanted catheter causing waste products to move from the blood through the peritoneal membrane into the dialysate. This process filters toxins and wastes products from the blood, eliminates excess fluid, and balances electrolytes using the diffusion and osmosis across the peritoneal membrane.
- H. **PERITONEAL MEMBRANE:** The lining that surrounds the abdominal cavity (parietal) and abdominal organs (visceral).
- I. **PERITONITIS:** An inflammation or swelling of the peritoneal membrane caused by infectious or noxious agents that have entered the peritoneal cavity.

## II. PROCEDURES:

See Appendices:

Appendix A: Patient Selection Consideration

Appendix B: Patient Assessment and Assessment of Treatment

Appendix C: Patient Training and Home Visits

Appendix D: Removal of Patient from Peritoneal Dialysis

Appendix E: CAPD Treatment Record

Appendix F: Peritoneal Dialysis Patient Plan of Care

Appendix G: Training Program for Peritoneal Dialysis

Appendix H: Patient Home Visit Form

Appendix I: Patient Home Visit Checklist

III. **EMERGENCY PREPAREDNESS:**

To ensure the availability of life-saving dialysis services during an emergency or disaster PD patients and their family members will be provided a Disaster Plan Manual.

## **REFERENCES/BIBLIOGRAPHY:**

Baxter Healthcare Corporation Renal Division Peritoneal Dialysis Policies and Procedures Manual

CMS.gov. 2008. End-Stage Renal Disease Facilities | CMS. [online] Available at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/ESRD>

Ciasulli, K., Caple, C. (December 19, 2014). Peritoneal Dialysis, Continuous Ambulatory: Performing. CINAHL Nursing Guide, EBSCO Publishing. Nursing Reference Center

International Society for Peritoneal Dialysis. 2022. International Society for Peritoneal Dialysis (ISPD) - Advancing Knowledge of Peritoneal Dialysis. [online] Available at: <https://ispd.org/>

Kornusky, J., Caple, C. (February 13, 2015). Peritoneal Dialysis: Performing-an Overview. CINAHL Nursing Guide, EBSCO Publishing. Nursing Reference Center

Krishnasami, Z. (2004). The Physician's Role in a Successful Peritoneal Dialysis Program. CINAHL Nursing Guide, EBSCO Publishing. Nursing Reference Center

Peters, A., Safety Issues in Home Dialysis. (January-February 2014). Nephrology Nursing Journal. 41(1). 89-92

Schub, T., Mennella, H. (October 23, 2015). Hemodialysis vs Peritoneal Dialysis. CINAHL Nursing Guide, EBSCO Publishing. Nursing Reference Center

Schub, T. (May 8, 2015). Renal Failure, End-Stage: Dialysis Treatment. CINAHL Nursing Guide, EBSCO Publishing. Nursing Reference Center

Tregaskis, P., Sinclair, P., Sinclair, A. Assessing Patient Suitability for Peritoneal Dialysis. (November 2015). Renal Society of Australasia Journal. 11 (3). 112-117

Harris Health System Policy and Procedures 4205 Absences from Nursing Unit: Against Medical Advice (AMA), Elopement, Requests To Leave the Unit

Bernardini, J., Nagy, M., Piraino, B., (2015). Pattern of Non-compliance with Dialysis Exchanges in Peritoneal Dialysis Patients. American Journal of Kidney Disease, July 2015; 35(6): 1104-1110.

Griva, K., Lai, A., Lim, H. Foo, M, Newman, S., (February 25, 2014). Non-adherence in Patients on Peritoneal Dialysis: A Systemic Review. PubMed.

Venes, D., (2013). Non-compliance/Non-adherence. Taber's Cyclopedic Medical Dictionary. 22 ed, F.A. Davis Company. Jan 01.

Harris Health System Policy 468 Interdisciplinary Plan of Care

## OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Ambulatory Care Services

# APPENDIX A PATIENT SELECTION CONSIDERATIONS AND RESPONSIBILITIES

### I. PATIENT SELECTION CONSIDERATIONS:

#### A. Indications for PD:

ESRD

#### B. Contraindications for Peritoneal Dialysis:

1. Severe inflammatory bowel disease;
2. Active diverticulitis or ischemic bowel disease;
3. Severe, recurrent hernias;
4. Severe obesity;
5. Severe malnutrition;
6. Major abdominal surgery in the past;
7. Untreatable, multiple abdominal adhesions;
8. Severe peripheral neuropathy;
9. Dementia; and
10. Physical barriers such as poor dexterity and strength, poor vision, immobility, and frailty.

#### C. Patient's Physical Capability:

1. Dexterity and coordination;
2. Vision; and
3. Availability of assist devices to enable a compromised patient to safely perform CAPD.

#### D. Social and Psychological Factors:

1. Isolation;
2. Lack of family support;

3. Homelessness;
4. History of psychological instability;and
5. Lack of transportation to and from dialysis center.

## II. RESPONSIBILITIES:

### A. Physician:

1. Provide an explanation of the selected treatment modality;
2. Perform a full medical assessment including an abdominal examination;
3. Provide medical orders for treatment;
4. Review adequacy of monthly laboratory data;
5. Assessment of cognitive function;
6. Assessment of dexterity;
7. Provide management protocols; and
8. Participates in a comprehensive interdisciplinary patient assessment and plan of care with the interdisciplinary team within 30 days of the initiation of home training.

### B. Registered Nurse:

1. Perform the initial nursing assessment;
2. Initiate the patient's plan of care;
3. Coordinate the patient's treatment plan and outcome goals with the interdisciplinary team;
4. Educates patient and/or family on the home dialysis program and on peritoneal dialysis;
5. Coordinates patient and/or family teaching with other members of the health care team;
6. Reviews patient treatment records, laboratory results, and medication records monthly and completes a monthly clinic note;
7. Collaborates with the interdisciplinary care team during patient care conferences;
8. Encourages patient and/or family members to participate in the patient care conferences;
9. Acts as an advocate on behalf of patient and/or family;
10. Schedules patient's monthly clinic visits; and
11. Participates in a comprehensive interdisciplinary patient assessment (CIPA) and plan of care with the interdisciplinary team within 30 days of the initiation of home training, three months after initial CIPA, annually for stable patients, and monthly for unstable patients.

### C. Registered Dietitian:

1. Performs a comprehensive nutrition assessment;
2. Educates patient and/family members on prescribed diet and monitors adherence and response to diet therapy;
3. Recommends therapeutic diet in consideration of cultural preferences and changes in treatment based on the patient's nutritional needs;
4. Refers patient for assistance with nutrition resources, such as financial assistance, community resources, or in-home assistance;
5. Conducts a nutrition reassessment annually or more often if indicated;
6. Evaluates patient suitability for home dialysis; and
7. Participates in a comprehensive patient assessment and plan of care with the interdisciplinary team within 30 days of the initiation of home training.

D. Social Worker:

1. Performs a psychosocial and support structure assessment;
2. Recommends changes in treatment based on the patient's current psychosocial needs;
3. Provides case work and group work services to patients and their families in dealing with the special problem associated with end stage renal disease; and
4. Participates in a comprehensive interdisciplinary patient assessment (CIPA) and plan of care with the interdisciplinary team within 30 days of the initiation of home training, three months after initial CIPA, annually for stable patients, and monthly for unstable patients.

## **APPENDIX B PATIENT ASSESSMENT AND ASSESSMENT OF TREATMENT**

### **I. PATIENT ASSESSMENT:**

- A. Initial Assessment shall be completed by the physician prior to the first dialysis treatment in order to develop the admission treatment orders and to provide for prompt recognition and action to address urgent patient medical needs.
- B. Initial Nursing Assessment shall be completed by a registered nurse before the patient's first dialysis training session.
- C. Nutritional Assessment shall be completed by a registered dietitian within 30 days of the patient's admission to the home dialysis program.
- D. Psychosocial Assessment shall be completed by a licensed master social worker (LMSW) within 30 days of the patient's admission to the home dialysis program.
- E. Comprehensive Interdisciplinary Patient Assessment shall be completed within 30 days or 13 treatments of admission to the home dialysis program.

- F. Comprehensive Interdisciplinary Patient Reassessment shall occur within three months after the completion of the initial assessment to provide information to adjust the patient's plan of care.

## II. ASSESSMENT OF TREATMENT

The patient and/or family member will be trained to properly assess the patient's condition prior to, during, and after dialysis treatment.

- A. Treatment Record shall be used by the patient and/or family member to record each dialysis treatment and bring a copy of the treatment record to the monthly clinic visit. The PD nurse will review the treatment records during the clinic visits and will confer with the physician and patient and/or family member any changes needed in the treatment plan. (See Appendix E "CAPD Treatment Record".)
- B. Problem Log is part of the Monthly Clinic Visit Record and shall list the patient's current problems and needs and patient's response to interventions as defined in the patient's plan of care. (See Appendix F "Peritoneal Dialysis Patient Plan Of Care".)
- C. Monthly Progress Report shall be completed on all patients whose care plan is not scheduled for review during the month's scheduled Patient Care Conference. The LMSW at a minimum will complete a progress note quarterly and more often as needed.

# APPENDIX C PATIENT TRAINING AND HOME VISITS

## I. PATIENT TRAINING PROGRAM:

All patients will be provided with initial and ongoing education regarding renal failure, dialysis treatment and rehabilitation. The training shall be individualized to the needs of each home dialysis patient. Patients and/or family members may be trained in small groups or individually, as long as the individual patient's needs are identified and addressed. (See Appendix E "Training Program for Peritoneal Dialysis.")

## II. WHEN TO CONTACT THE PERITONEAL NURSE:

- A. Blood in peritoneal effluent bags;
- B. Abdominal tenderness, cramping, or pain;
- C. Leak at the catheter exit site;
- D. Catheter obstruction;
- E. Dehydration;
- F. Fluid Retention and Acute Fluid Overload;
- G. Hypotension;
- H. Blood Pressure equal or greater than 150/90 mm Hg;
- I. Temperature equal or greater than 100.4 degrees Fahrenheit;
- J. Feeling sick;

- K. Something wrong with the supplies(i.e. damaged or incorrect prescriptions); and
- L. Unsure about what to do.

### III. HOME VISITS:

Patients will receive a home visit to assess the suitability of the home environment before initiation of home peritoneal dialysis training and periodically throughout treatment.

#### A. Barriers to a successful home visit:

1. Outside of Harris County
2. Transportation concerns
3. Staff safety concerns

#### B. Safe and Clean Environment:

1. Before visit, the PD nurse will explain the reason for the visit and set-up an appointment for visit;
2. The PD nurse will have the patient and/or family member do an exchange while in the patient's home; and
3. (See Appendix F "Patient Home Visit Form and Appendix Patient Home Visit Checklist.")

#### C. Social Support Network:

1. Evaluate family functioning within own environment;
2. Evaluate community for safety;
3. Assess for signs of neglect or abuse; and
4. Assess patients' adaptation to home dialysis.

#### D. Refusal of Home Visit:

1. Interdisciplinary team must evaluate patient's reason for refusal and the impact it may have on achieving identified goals; and
2. Interdisciplinary team must discuss alternative ways to assure the patient's health and safety at home.

## APPENDIX D REMOVAL OF PATIENT FROM PERITONEAL DIALYSIS

All peritoneal dialysis patients will be continually monitored by the renal team for adequacy of dialysis, treatment compliance and adjustment to dialysis.

### I. GUIDELINES/ RATIONALE:

#### A. Inability to Provide Adequate Dialysis:

1. Inability to provide adequate clearance with continuous ambulatory

peritoneal dialysis (CAPD) or automated peritoneal dialysis (APD).

2. Inadequate water removal due to peritoneal membrane characteristics.

B. Repeated Cases of Peritonitis:

1. Recurrent peritonitis due to poor patient technique.
2. Recurrent peritonitis due to medical complications.
3. Inability to treat peritonitis with peritoneal catheter in place.

C. Medical Complications:

1. Recurrent hernias that cannot be repaired by surgery.
2. Recurrent peritoneal leaks that cannot be repaired by surgery.
3. Abdominal adhesions decreasing use of peritoneal membrane.
4. Poor nutritional status due to abdominal fill volume.
5. Severely low albumin level.

D. Psycho/social Issues:

1. Compromised psychological state.
2. Insufficient home support for treatment needs.
3. Isolation and lack of socialization due to home therapy.
4. Patient tired of home dialysis and desires transfer to hemodialysis.

E. Documented Non-Compliance/Non-Adherence:

1. Patient refuses to be seen by the physician and PD nurse.
2. Patient and/or family member refuses to perform dialysis treatments as prescribed.
3. Patient and/or family member refuses to keep dialysis records and bring to clinic as requested.
4. Patient and/or family member refuses to assume responsibility for ordering and inventory of dialysis supplies.

**II. PROCEDURES:**

A. Interdisciplinary Team Conference:

1. Discuss alternative treatment.
2. Non-compliant patients will be counseled by the physician and may be asked to change treatment modality.

B. Refusal of Treatment:

1. PD nurse will arrange for interdisciplinary team conference
2. PD nurse will obtain a signed Harris Health System Form 282632 Refusal of Treatment from the patient or family member authorized to provide consent if patient continues to refuse treatment.

Signed Refusal of Treatment Form will be placed in the patient's medical record and scan into the electronic medical record.

## **APPENDIX E CAPD TREATMENT RECORD**

Please see the attached Appendix E: CAPD Treatment Record

## **APPENDIX F PERITONEAL DIALYSIS PATIENT PLAN OF CARE**

Please see the attached Appendix F: Peritoneal Dialysis Patient Plan of Care

## **APPENDIX G TRAINING PROGRAM FOR PERITONEAL DIALYSIS**

All patients who are candidates for peritoneal dialysis (PD) will receive initial and ongoing education regarding renal failure, dialysis treatment and rehabilitation. The training shall be individualized to the needs of each PD patient. The patients and/or family members may be trained in small groups or individually, as long as the individual patient's needs are identified and addressed. The training will consist of the following:

- A. Starting Peritoneal Dialysis:
  - 1. What normal kidneys do;
  - 2. When kidneys fail;
  - 3. What is peritoneal dialysis; and
  - 4. How peritoneal dialysis work.
- B. Performing Peritoneal Dialysis in the Home:
  - 1. Why hand washing is important;
  - 2. Where you should do your dialysis; and
  - 3. How can you keep germs out of your peritoneal cavity?
- C. Taking Care of the Catheter and Exit Site to Prevent PD Infections:
  - 1. Caring for the PD catheter and transfer set;
  - 2. Care of the exit site;
  - 3. How to prevent an exit site infection; and
  - 4. What is peritonitis?

D. Steps for a Safe Treatment:

1. Getting ready for PD treatment;
2. What is sterile and what is not;
3. What steps are needed before connecting and disconnecting; and
4. How to dispose of waste materials.

E. Managing Fluids and Diet:

1. Measuring fluid output;
2. Checking fluid weight;
3. Balancing fluid in the body; and
4. Nutritional intake.

F. Understanding Medications:

1. Common medications prescribed;
2. Why medications are important;
3. Other medications that may be prescribed;
4. Taking over-the-counter medications; and
5. Adding medications to the PD solution bag.

G. Ordering Supplies:

1. Supply and equipment orders;
2. Supply delivery; and
3. Questions about supplies and equipment.

All trained patients will be seen in the clinic weekly for the first four weeks after the initial training is completed to evaluate clinical status, need for further training, and evaluate adjustments to home dialysis. Support services (social and dietitian) will be initiated during this timeframe.

## **APPENDIX H PATIENT HOME VISIT FORM**

Please see the attached Appendix H: Patient Home Visit Form

## **APPENDIX I PATIENT HOME VISIT CHECKLIST**

Please see the attached Appendix I: Patient Home Visit Checklist

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### **Attachments**

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[Appendix E: CAPD Treatment Record](#)

[Appendix F: Peritoneal Dialysis Patient Plan of Care](#)

[Appendix H: Patient Home Visit Form](#)

[Appendix I: Patient Home Visit Checklist](#)

## Approval Signatures

Step Description	Approver	Date
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COPY



Origination 2/1/2009  
Last 1/10/2023  
Approved  
Effective 1/10/2023  
Last Revised 1/10/2023  
Next Review 1/10/2026

Owner [Lori Timmons: Document Owner](#)  
Area [Dialysis Center at Quentin Mease](#)  
References [Chathampally, Yashwant](#)

## Governance of and Patient Care at Harris Health System Dialysis Center at Quentin Mease\_8.09

### PURPOSE:

To establish guidelines for the governance and operation of the Harris Health System Dialysis Center at Quentin Mease (Dialysis Center at Quentin Mease), to satisfy state and federal regulatory requirements for providers of End-Stage Renal Disease services, and to provide the process and procedures to be used when providing dialysis to patient's presenting for treatment with End Stage Renal Disease.

### POLICY STATEMENT:

The Dialysis Center at Quentin Mease and its Governing Body are committed to providing ESRD treatment in compliance with all state and federal regulatory requirements.

### POLICY ELABORATION:

#### I. DEFINITIONS:

- A. **DIALYSIS:** A process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane. The two types of dialysis that are currently in common use are hemodialysis and peritoneal dialysis.
- B. **END-STAGE RENAL DISEASE (ESRD):** That stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.
- C. **ESRD NETWORK ORGANIZATION:** a regional organization of ESRD facilities in Texas with the purpose of developing a relationship with the dialysis professionals, providers, and patients and create a collaborative environment to improve patient care.

- D. **RENAL DIALYSIS FACILITY:** A unit which is approved to furnish dialysis service(s) directly to ESRD patients.

## II. GOVERNING BODY:

The Dialysis Center at Quentin Mease is under the governance of a Governing Body that is composed of the following members: the Physician (Medical Director), the Dialysis Center at Quentin Mease Nursing Director, and the ASC Administrator or designee. The Governing Body designates the Dialysis Center at Quentin Mease Nursing Director as the Chief Executive Officer (CEO)/Administrator of the Dialysis Center at Quentin Mease.

Required Qualifications of Certain Members of Governing Body:

- A. **Dialysis Center at Quentin Mease CEO/Administrator Qualifications:** The individual who serves as the Dialysis Center at Quentin Mease CEO/Administrator must hold at least a baccalaureate degree or its equivalent, and has at least one year of experience in an ESRD unit; or is a registered nurse or physician director as defined in this definition; or has demonstrated capability by acting for at least two years as a chief executive officer in a dialysis unit or transplantation program.
- B. **Physician (Medical) Director:** The individual who serves as the Physician (Medical) Director must be a physician who: is board eligible or board certified in internal medicine and/or nephrology and/or pediatrics by a professional board, and has had at least 12 months of experience or training in the care of patients at ESRD facilities; or served for at least 12 months as director of a dialysis or transplantation program; or in those areas where a physician who meets the definition in paragraph (A) or (B) of this definition is not available to direct a participating dialysis facility, another physician may direct the facility subject to the approval of the Secretary.

## III. OPERATIONAL OBJECTIVES

- A. The operational objectives of the Dialysis Center at Quentin Mease, including the services that it provides, are established by the Governing Body and include:
  - 1. Community support for dialysis needs by serving the un/underinsured/underserved ESRD population;
  - 2. Safe, effective renal replacement therapies; and
  - 3. Education for proper disease management to optimize quality of life.
- B. The Governing Body of the Dialysis Center at Quentin Mease adopts effective administrative rules and regulations that are designed to safeguard the health and safety of patients and to govern the general operations of the facility, in accordance with legal requirements and can be provided in writing upon request.
- C. The Governing Body of the Dialysis Center at Quentin Mease works to ensure operational objectives are appropriate for the services provided and reviewed at least annually and revised as necessary.
- D. The objectives of the Dialysis Center at Quentin Mease are formulated in writing and clearly stated in documents appropriate for distribution to patients, facility personnel, and the public

(see Appendix A).

## IV. RESPONSIBILITIES:

- A. The Governing Body of the Dialysis Center at Quentin Mease shall be responsible for the organization, management, control and operation of the Dialysis Center at Quentin Mease including but not limited to the following duties:
1. Appointment of the CEO;
  2. Develop, implement, and enforce polices and procedures for all services provided by the Dialysis Center at Quentin Mease;
  3. Ensure that effective administrative rules, regulations, and policies designed to protect the health and safety of patients are implemented and reviewed annually;
  4. Ensure that there is a quality assessment and performance improvement (QAPI) program to evaluate the provision of patient care. The governing body shall review and monitor QAPI activities quarterly
  5. Ensure that there is qualified and sufficient staffing, including personal to assist with ancillary tasks;
  6. Review and approve the Dialysis Center at Quentin Mease training program;
  7. Develop, implement, and enforce policies and procedures, including those relating to the Dialysis Center at Quentin Mease's disaster preparedness plan, regarding disruptive patients or family members to ensure the health and safety of patients, personnel and the public, and regarding involuntary discharge and transfer;
  8. Ensure that all equipment utilized by staff and/or patients is properly maintained in accordance with the manufacturer's direction for use;
  9. Ensure a physical environment that protects the health and safety of patients, personnel, and the public;
  10. Responsible for all medical staff appointments and credentialing in accordance with State law;
  11. Develop a patient grievance process;
  12. Furnish data and information for ESRD program administration;
  13. Make disclosures as required by law;
  14. Adopts and enforces rules and regulations relative to its own governance;
  15. Protects the patients' personal and property rights and the health care and safety of patients;
  16. Verifies general operations of the Dialysis Center at Quentin Mease;
  17. Receives and acts upon recommendations from the ESRD Network Organization;
  18. Ensures that operational objectives are enforced and that they are reviewed at least annually and revised as necessary; and
  19. Ensures that the CEO is sufficiently free from other duties to provide effective direction and management of the operations and fiscal affairs of the facility.

B. The Dialysis Center at Quentin Mease Chief Executive Officer/Administrator:

1. The CEO will be referred to as the Administrator per the ESRD Governance Committee;
2. Conducts general governance and operation of the Dialysis Center at Quentin Mease;
3. Recommends and enforces the rules, regulations, and policies of the Dialysis Center at Quentin Mease;
4. Implements the policies of the Dialysis Center at Quentin Mease and coordinates the provision of services, in accordance with delegations by the governing body;
5. Organizes and coordinates the administrative functions of the Dialysis Center at Quentin Mease, delegates duties as authorized, and establishes formal means of accountability for those involved in patient care;
6. Assures that the Dialysis Center at Quentin Mease has and maintains an ongoing quality assurance program that continually monitors its operations, and ensure the delivery of quality care to ESRD patients;
7. Acts upon recommendations from the ESRD Network Organization;
8. Adopts effective administrative rules and regulations that are designed to safeguard the health and safety of the patients and to govern the general operations of the Dialysis Center at Quentin Mease, in accordance with legal requirements;
9. Functions as on-going liaison among the governing body, the medical and nursing personnel, and other professional and supervisory staff of the Dialysis Center at Quentin Mease;
10. Communicates with the governing body and with the professional and administrative staff;
11. Serves on a full-time or part-time basis, in accordance with the scope of the Dialysis Center at Quentin Mease's operations and administrative needs, and devotes sufficient time to the conduct of such responsibilities;
12. Familiarizes the staff with the Dialysis Center at Quentin Mease's policies, rules, and regulations, and with applicable Federal, State, and local laws and regulations;
13. Maintains and submits such records and reports, including a chronological record of services provided to patients, as may be required by the Dialysis Center at Quentin Mease's internal committees and governing body, or as required by the secretary;
14. Participates in the development, negotiation, and implementation of agreements or contracts into which the Dialysis Center at Quentin Mease may enter, subject to the approval by the governing body of such agreements or contracts;
15. Participates in the development of the organizational plan and ensure the development and implementation of an accounting and reporting system, including annual development of a detailed budgetary program, maintenance of fiscal records, and quarterly submission to the Governing Body of the Dialysis Center at Quentin Mease's financial reports through its operations; and
16. Ensures that the facility at the Dialysis Center at Quentin Mease employs the number

of qualified personnel needed; that all employees have appropriate orientation to the facility the Dialysis Center at Quentin Mease and their work responsibilities upon employment; and that they have an opportunity for continuing education and related development activities.

C. Physician (Medical) Director:

1. The Physician (Medical) Director will be referred to as the Medical Director per the ESRD Governance Committee;
2. Is accountable to the Governing Body for the quality of medical care provided to patients;
3. Ensures Quality Assessment/Performance Improvement program is applicable and current;
4. Verifies staff education, training, and performance are ongoing and adequate;
5. Participates in the development and implementation of policies and procedures;
6. Participates in the development, periodic review and approval of a "patient care policies and procedures manual" for the Dialysis Center at Quentin Mease;
7. Ensures all policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the Dialysis Center at Quentin Mease, including attending physicians and nonphysician providers; and
8. Ensures the interdisciplinary team adheres to the discharge and transfer policies and procedures specified by law.

## V. SERVICES PROVIDED:

- A. Patients admitted to the Dialysis Center at Quentin Mease shall be given a copy of the Dialysis Patient's Rights and Responsibilities and shall sign acknowledgment of receipt.
- B. A description of the services provided by the Dialysis Center at Quentin Mease, together with a categorical listing of the types of diagnostic and therapeutic procedures that may be performed, is readily available upon request. The Dialysis Center at Quentin Mease offers in-center hemodialysis (non-reuse) and home peritoneal dialysis services. Patient's seeking dialysis treatment at the Dialysis Center at Quentin Mease must have a functioning arteriovenous fistula, arteriovenous fistula or graft, or peritoneal dialysis catheter site access. Patients seeking admission to the peritoneal dialysis program must have a functioning peritoneal dialysis catheter prior to admission to the facility Dialysis Center at Quentin Mease.
- C. Patients eligible for a permanent access that who do not have permanent access upon admission to the Dialysis Center at Quentin Mease will be required to:
  1. Provide documentation of a completed vascular evaluation and scheduled date of surgery for permanent access placement prior to admission; and
  2. Obtain a permanent, fistula, or graft access within 90 days, from the date of admission to the Dialysis Center at Quentin Mease.

## VI. PATIENT ADMISSIONS PROCEDURES:

See Appendix B

## REFERENCES/BIBLIOGRAPHY:

42 C.F.R. § 494, Condition: Governing Body and management.

42 C.F.R. § 404.2160, Definitions.

25 T.A.C. Part 1, Chapter 117

Centers for Medicare & Medicaid Services. (2008). *End-stage renal disease facilities*. CMS.

Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/ESRD>

## OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Ambulatory Care Services Executive Vice President

## APPENDIX A DIALYSIS PATIENT RIGHTS & RESPONSIBILITIES

Please see the attached A: Dialysis Patient Rights & Responsibilities.

## APPENDIX B

Please see the attached B: Patient Chair Selection to Riverside Dialysis Center.

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### Attachments

[A: Dialysis Patient Rights & Responsibilities](#)

[B: Patient Chair Selection to Riverside Dialysis Center](#)

### Approval Signatures

Step Description

Approver

Date