

	State of Indiana Indiana Department of Correction	Effective Date	Page 1 of	Number
HEALTH CARE SERVICES DIRECTIVE-YOUTH Manual of Policies and Procedures		9/1/2022	5	3.18Y

Title DIALYSIS

Legal References (includes but is not limited to) IC 11-8-2-5 IC 34-4-12.6	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCS D) describes the delivery of Dialysis treatment for youth in Department facilities.

II. DEFINITIONS:

- A. HEMODIALYSIS (HD): The process of filtering wastes and water from the blood of a person whose kidneys are no longer working properly.
- B. VASCULAR ACCESS: Access that allows blood to travel through soft tubes to the dialysis machine where it is filtered and returned to the body
- C. NEPHROLOGIST: A physician specializing in kidney disorders.
- D. RENAL: Relating to the kidneys

III. GUIDELINES:

- A. There is appropriate access to dialysis treatment when clinically indicated and ordered. There is a process in place to ensure that all youth patients requiring dialysis has appropriate access to services. All dialysis patients for male youth shall be housed at Pendleton Juvenile Correctional Facility. All efforts to provide dialysis services at Plainfield Correctional Facility shall be attempted to keep youth out of sight or sound from adult patients. If services cannot be accomplished at a Department facility, the youth shall receive dialysis services offsite. All female patients shall remain at LaPorte Juvenile Correctional and services secured offsite. The Health Services vendor shall determine location and secure all appointments per applicable policies and procedures.

HEALTH CARE SERVICES DIRECTIVE-Youth Services Indiana Department of Correction Manual of Policies and Procedures			
Number 3.18Y	Effective Date 9/1/2022	Page 2	Total Pages 5
Title DIALYSIS			

- B. There shall be a procedure manual at the dialysis center that includes infection control procedures, treatment protocols, and protocols for the maintenance and care of the equipment that meet all applicable State and federal laws.
 - C. The procedure manual shall include practice standards and guidelines that meet all applicable State and federal laws, as well as community standards.
 - D. The Health Services vendor shall ensure dialysis services meet applicable regulations and community standards and verify credentials of all staff employed to provide dialysis services.
 - E. The Health Services vendor shall ensure the appropriate licenses and certifications needed to operate dialysis services are maintained.
 - F. The Health Services vendor shall determine the staffing plan, appropriate ratios for dialysis patients, coordinate facility schedules and develop dialysis run shifts.
 - G. Patients receiving dialysis shall be enrolled in Chronic Care Clinics and followed by the onsite clinicians. These patients shall also be monitored and tracked during Multidisciplinary Team Meetings (MDTM).
 - H. The Health Services vendor shall provide oversight of dialysis operations and schedule routine meetings with the nephrologist and dialysis staff.
 - I. The Health Services vendor shall ensure the appropriate Health Services staff are notified of any health care needs or changes recommended by the dialysis team for patients receiving dialysis treatment. All documentation shall be completed in the electronic medical record (EMR).
- IV. MAINTENANCE/ DOCUMENTATION AND SUPPLIES:
- A. All maintenance logs are to be housed and maintained in the dialysis unit within the Plainfield Correctional facility.
 - B. Hemodialysis machines are maintained and overseen by the Health Services vendor. This includes routine, emergency, and preventative machine maintenance. Preventative maintenance is provided in accordance with machine standards and procedures. The Health Services vendor is to ensure documentation of dialysis machine maintenance is completed and held in the dialysis unit.

HEALTH CARE SERVICES DIRECTIVE-Youth Services Indiana Department of Correction Manual of Policies and Procedures			
Number 3.18Y	Effective Date 9/1/2022	Page 3	Total Pages 5
Title DIALYSIS			

- C. Dialysis Water System shall be maintained according to applicable rules and regulations along with community standards. Regular maintenance includes tank changes, system disinfection, and regular cleaning. Documentation of maintenance is maintained on file in the dialysis unit. Loop disinfection shall be completed monthly and verified by the Health Services vendor.
 - D. Dialysis staff performs additional maintenance such as pressure checks, resistivity checks, diasafe test, bleach residual test, bleach presence test, heat / bleach disinfection etc.
- V. INFECTION CONTROL
 - A. Infection control practices shall comply with Department policies and procedures. The Health Services vendor shall ensure that infection control policies are adhered to and meet national and community guidelines for care of dialysis units. Infection control practices shall include environmental infection prevention.
 - B. Staff shall utilize and dispose of Personal Protective Equipment (PPE) as outlined in dialysis unit specific policy and procedures.
 - C. Daily cleaning of the dialysis machines and chairs shall be completed by the appropriate Health Services staff in accordance with Department guidelines and policies. This cleaning shall be documented in the Machine and Heat Disinfection logs.
 - D. Confirmed patients with a co-diagnosis of Hepatitis B are dialyzed on a dialysis machine dedicated for use by only surface antigen-positive patients. The contracted medical vendor shall work with the appropriate dialysis staff to determine the best location. Typically, this can be accomplished by utilizing the “end of the row” dialysis chair.
 - E. The Dialysis unit shall comply with the Department Pandemic Plan at all times.
- VI. PRACTICE GUIDELINES:
 - A. Routine vaccinations shall be reviewed and verified prior to the initiation of dialysis. The appropriate vaccinations and boosters shall be offered to all patients.
 - 1. Hepatitis B vaccination shall be offered to all patients once it is determined that the patient has negative Hepatitis B antibodies or a

HEALTH CARE SERVICES DIRECTIVE-Youth Services Indiana Department of Correction Manual of Policies and Procedures			
Number 3.18Y	Effective Date 9/1/2022	Page 4	Total Pages 5
Title DIALYSIS			

titer less than 10 mIU/ml. Vaccines shall be administered and documented in accordance with applicable HCSDs and Department policies.

2. Influenza vaccine shall be offered to all patients on the dialysis roster annually.
 3. Pneumococcal vaccination shall be offered at admission to the dialysis unit and when clinically appropriate. This vaccination shall be ordered by the clinician.
- B. Patients receiving dialysis are delivered a dose that is measured and documented using the Urea Reduction Ratios (URR) at least once each month in accordance with performance measures.
 - C. Labs shall be monitored per national and community guidelines and in accordance with performance measures: Complete Blood Count (CBC) monthly and Comprehensive Metabolic Panel (CMP) every 90 days or as directed by clinicians.
 - D. Patient receiving dialysis shall be discussed and part of the Multidisciplinary Team Meetings (MDTM) to include members of the dialysis team.

VI. RELEASE PLANNING:

- A. New patients shall have release of information completed at time of intake or prior to receive outside records for known dialysis patients by the Transitional Healthcare Facilitator (THF).
- B. Discharge planning shall begin during the first patient contact for dialysis patients. Patients are identified as special needs releases by the Transitional Healthcare Facilitator within 180 days of release. At 90 days from release the Transitional Healthcare Facilitator refers the patient to the Transitional Healthcare Regional Special Needs Liaison (THL). The disability questionnaire shall be completed by the Transitional Healthcare Facilitator and sent to the Transitional Healthcare Specialist (THS) within 5 business days of the referral. The Transitional Healthcare Specialist shall complete the traditional Medicaid application process within 5 business days or receipt of the questionnaire. Placement shall be reviewed by the Transitional Healthcare Facilitator. Any concerns shall be communicated with Case Management staff.

HEALTH CARE SERVICES DIRECTIVE-Youth Services			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.18Y	Effective Date 9/1/2022	Page 5	Total Pages 5
Title DIALYSIS			

- C. Sixty (60) days from release the Transitional Healthcare Facilitator shall request the following documentation from the Health Services Administrator or designee: History and Physical, Chest Xray, Mantoux Skin test (PPD), Hepatitis B Antigen, Hepatitis B Surface Antibody, and Hepatitis B Total Core Antibody panels. The Transitional Healthcare Facilitator shall also request the following from the Dialysis Supervisor: all dialysis run documentation, date of first treatment, and access type. The Transitional Healthcare Facilitator shall complete the insurability questionnaire and community provider intake paperwork. All documents shall be completed within 5 business days of request and shall be forwarded to the regional special needs Transitional Healthcare Liaison (THL). Transitional Healthcare Liaison shall work with community providers to locate and schedule treatment for the patient.
- D. Thirty (30) days from release the Transitional Healthcare Facilitator shall include initial dialysis appointment, dialysis schedule, and clinic information in the patient's Transitional Release Plan and ensure it is placed in the release packet. The Transitional Healthcare Facilitator shall establish a transportation plan with the patient. If there are transportation concerns, then the Transitional Healthcare Facilitator shall include Medicaid information in the release packet.
- E. If the patient is released on Parole, the assigned Transitional Healthcare Liaison shall be notified and shall contact the patient to confirm the initial dialysis appointment within 3 business days from release.

All aspects of items A-E are addressed by defined procedures.

V. APPLICABILITY:

This HCSD is applicable to facilities providing Health Services to incarcerated youth.

signature on file
Kristen Dauss, MD
Chief Medical Officer

Date