

Subj: Proposed Bill: Hemodialysis Technicians Training Standards

Dear Representative Kefalas:

The Association of Dialysis Advocates (ADA) is a grassroots patient/family advocacy organization dedicated to ensuring quality, safe care for dialysis patients. ADA is self-funded through personal contributions of our members, i.e., dialysis patients, family members of patients, and concerned taxpayers. We do not accept financial or other contributions from the dialysis industry, pharmaceutical industry, healthcare industry, or any government entity so that we maintain our integrity and objectivity in addressing dialysis-related issues. Based on our actual experiences in interaction with dialysis staff, we offer the following regarding proposed legislation to address qualifications and continuing education of hemodialysis technicians.

*ADA* fully supports the Colorado proposed bill to “...establish statewide and enforceable standards for the training of hemodialysis technicians”.

ADA believes that licensing, as opposed to certification, will provide the best safeguard to ensure quality service to dialysis patients. Our recommendation for licensing is predicated on the following: Licensing (1) would be issued by a governmental body who retains oversight responsibility ; (2) denotes a required credential to practice as opposed to declaration regarding completion of a course of study, and (3) requires that dialysis technicians work under authority of their own licenses, lending, therefore, to independent accountability and responsibility for their performance and delivery of safe care. We believe further that licensing will elevate hemodialysis technicians to a professional level commensurate with their charge for administration of direct life-sustaining treatment (dialysis) requiring comprehensive education and training – a charge, which goes beyond “pushing buttons on a machine” and, if not carried out efficiently, can directly impact the lives of patients. In the absence of licensing, there is need, at minimum, to require certification of hemodialysis technicians by an appropriate nationally recognized body.

We, dialysis patients and family members, view the need for formal education, training and testing as a preventive effort to negative outcomes that may occur in the dialysis treatment setting. We deem it important to approach desired quality care from the front-end, i.e., to ensure competency to perform, rather than subject patients to potential for harm that can cause decline in medical condition, added hospitalization, and/or even death. The direct-patient-care hemodialysis technician is often in first position for recognizing problems related to the dialysis procedure and/or its concomitant effect on a patient. Federal requirement for but one registered nurse on staff at any given time, absence of any requirement related to staff/patient ratio, and the escalating dialysis population require serious attention to qualification of hemodialysis technicians due to demands of their responsibilities.

ADA is concerned that complete information regarding performances of hemodialysis technicians may not be available for consideration of the Committee. We are concerned

for three reasons:

(1) Question as to whether or not dialysis facilities are in fact inspected every three years as required by Centers for Medicare and Medicaid (CMS):

ADA has been called upon to advocate and/or address circumstances related to unfavorable conditions at dialysis facilities. In a particular instance, we learned that a dialysis facility had not been inspected in 8 years and were reminded of the Federal General Accountability Office Report, "Dialysis Facilities: Problems Remain in Ensuring Compliance with Medical Quality Standards (GAO-04-63), October 8, 2003, which informed that many states fall short in meeting facility inspection requirement, i.e., every three years. Assurance that inspections are timely conducted of Colorado's facilities will provide complete and current information related to performances at dialysis facilities, including those of hemodialysis technicians.

ADA's website, [www.assndialysisadvocates.org](http://www.assndialysisadvocates.org), includes copies of dialysis facility inspection reports from 25 states. In the case of Colorado and understanding that hemodialysis technicians are cross-trained to perform multiple tasks, the following performance deficiencies which place patients at risk and/or affect dialysis treatment prescription can be observed:

Loveland Dialysis (Loveland, CO)

Survey Start Date: 06-09-04

Deficiencies:

- (1) failure to check expiration date on blood collection tubes to ensure accuracy of test results
- (2) failed to ensure maintenance/calibration of mobile blood pressure cuff that could lead to inaccurate blood pressure readings
- (3) failure to adhere to water quality requirements

Qualicenters Pueblo (Pueblo, CO)

Survey Start Date 04-14-04

Deficiencies:

- (1) failure to properly conduct testing of water content (hardness and chlorine) and/or handle test tubes
- (2) failure to use proper protective equipment during testing
- (3) failure to properly use test kits/tubes

Renal Care Group - Denver Central (Denver, CO)

Survey Start Date: 05-04-04

Deficiencies:

- (1) failure to test water for chlorine according to policies and procedures
- (2) failure to use proper personnel protective equipment

- (3) failure to adhere to physician's order for patient treatment blood flow rates and/or to document reason for discrepancy
- (4) failure to properly clean and store dialyzers to minimize contamination

Renal Care Group - Rocky Mountain (Denver, CO)

Survey Start Date: 07-06-04

Deficiencies:

- (1) failure to adhere to infection control practices related to use of sink and washing of hands while caring for patients in isolation room, thereby resulting in potential for contamination in other general treatment area used by other patients and staff
- (2) failure to adhere to standard hand washing guidelines between glove changes, i.e., washing hands after removing gloves and before putting on gloves
- (3) failure to maintain a clean environment in the water treatment room
- (4) failure to adhere to physician's order for blood flow rate and/or document reason for discrepancy
- (5) failure to report to nurse for further assessment upon observance of "white substance coming out of arterial line"
- (6) failure to assure registered nursing assessment prior to initiation of dialysis procedure
- (7) failure to properly conduct air quality test

We at ADA believe that licensing/certification of hemodialysis technicians and timely inspection of facilities will prevent or minimize such deficient practices that can pose harm to patients.

(2) Recent revelation regarding ESRD Networks limitations to assess quality improvement needs of dialysis facilities

As recently as November 2006, the federal Department of Health and Human Services, Office of Inspector General, in its report, "Availability of Quality of Care Data in the Medicare ESRD Program (OEI-05-05-00300), revealed that limited data hinders the Networks capability for identifying dialysis facilities in need of quality improvements. We suggest that limited data may also be applicable for the State of Colorado, thereby causing absence of a clear picture related to performance of unlicensed/uncertified hemodialysis technicians. Requirement for licensing or certification will offer some measure of competency in spite of such limited assessment data.

(3) Failure by patients and family members to provide formal complaints pertaining to unsatisfactory performance

It is often suggested that patients or their family members have no or few complaints about quality of services provided by hemodialysis technicians because there is no substantial record of such. Understandably, patients and family members are reluctant, in many instances, to "complain" due to fear of retaliation or labeling as a "difficult patient/family". Any existing record of complaints, therefore, we believe, does not

demonstrate a complete picture of patients' (their families') dissatisfaction with performances by hemodialysis technicians. Licensing or certification of technicians will result, it is anticipated, in improved direct care by facility staff and a more satisfying treatment experience for patients.

In conclusion, ADA humbly requests that Colorado recognizes the seriousness of services provided by hemodialysis technicians, that these staff positions are sorely needed to care for patients dependent on dialysis procedures to sustain their lives, and that patients are deserving of care from knowledgeable, skillful and certifiable staff.

Respectfully,

c:

Representative Anne Mcgihon  
Representative K. Jerry Frangas  
Representative Sara Gagliardi  
Representative Gwyn Green  
Representative James Kerr  
Representative Dianne Primavera  
Representative Jim Riesberg  
Representative Ellen Roberts  
Representative Debbie Stafford