

PRESS RELEASE

STATEMENT OF THE NATIONAL FORUM OF THE ESRD NETWORKS PERTAINING TO THE NEED FOR INFORMED CONSENT FOR ESTABLISHED DIALYSIS PATIENTS WHO ARE ADMITTED TO THE HOSPITAL

[Birchwood WI; January 25, 2021]

In a letter to The Joint Commission (TJC) dated 6/11/2020, the Medical Advisory Council (MAC) and the Kidney Patient Advisory Council (KPAC) of the National Forum of ESRD Networks (the Forum www.ESRDnetworks.org) raised concerns regarding the potential for harm caused by hospital policies mandating informed consent for dialysis treatment in patients with established end-stage renal disease (ESRD), who have preexisting consent documented in their outpatient dialysis facilities and who have been receiving maintenance dialysis therapy accordingly. The Forum argued that such a requirement is redundant and could lead to unnecessary delays in performing dialysis therapy in patients admitted to the hospital with potential life-threatening conditions.

In a response dated 8/6/2020 to the said Forum's letter, Ms. Tabitha Vieweg, MBA, BSN, RN, Associate Director, Department of Standards and Survey Methods, Division of Healthcare Quality Evaluation, TJC, stated, "While a national policy has the ability to reduce delays in providing inpatient dialysis, the creation of a national policy is not in the purview of The Joint Commission. I reviewed our standards and guidance provided to our surveyors which confirmed for me that we do not have a standard that requires informed consent for the continuation of inpatient dialysis and our surveyors have been instructed to not score findings for the lack of informed consent for dialysis unless it is specifically mandated by hospital policy, which includes applicable laws and regulations."

It is the opinion of the Forum that the above TJC's statement indicates that it is outside TJC's purview to create a general policy to address the stated concerns. TJC's statement has also reiterated that currently there is "no standard that requires informed consent for the continuation of inpatient dialysis", nor are there uniform regulatory expectations on behalf of the TJC to have hospitals stipulate such documentation. The Forum believes that at the time of declaration of ESRD, such

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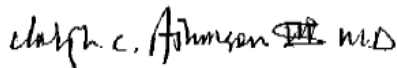
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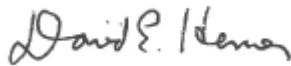
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documentations as CMS Form 2728 by the outpatient dialysis center serve as appropriate evidence that informed patient consent exists to and that the patient may continue chronic dialysis therapy upon entry to the Emergency Room (ER) or admission to the hospital, until which time the patient may choose otherwise. To require physician-directed consent during every ER encounter or every hospital admission could lead to unnecessary delays in time-sensitive care for patients with ESRD including provision of dialysis therapy, which could result in unintended consequences and more harm to patients. Hospital governance bodies should consider the risks of possible delays in dialysis care with requiring such a consent process.

The Forum and its constituents including MAC and KPAC believe that the general consent for medical care that a patient signs during a hospital admission otherwise assumes the continuation of chronic dialysis care that the patient had been receiving in outside dialysis clinics. The Forum also supports the autonomy of patients with ESRD and their right to choose – or forego – dialysis treatment at any time. Although there may not be a national inpatient dialysis consent standard, TJC’s communiqué clarifies that there is no compelling reason to mandate a dialysis consent process for chronic dialysis patients to continue their outpatient dialysis treatments upon hospital admission. Additionally, the patient members of the Forum's KPAC, who represent ESRD patients in the United States and its territories, unanimously agree that reconsenting patients for continuation of dialysis therapy when hospitalized does nothing to help with their safety and lead to delays in them receiving dialysis.



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