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June 11, 2020

The Joint Commission
Department of Standards and Survey Methods
One Renaissance Blvd
Oakbrook Terrace, IL 60181

RE: Requirement to sign new consent form to continue dialysis on chronic End-Stage Kidney Disease patients upon admission to the hospital

To Director of the Department of Standards & Survey Methods,

Patients with advanced kidney failure will eventually reach a stage where their own kidney function will not be enough to remove uremic toxins and volume to be able to live. These patients will in turn require dialysis treatments in order to prolong their lives. Most receive hemodialysis 2 to 3 times a week in a dialysis center and a few elect to do hemodialysis at home; while others choose home peritoneal dialysis (PD) which involves multiple exchanges of sterile fluid in and out of the abdomen. Upon admission to these facilities, patients sign a consent form and also the 2728 form which documents the need for long term dialysis.

There has been inconsistent practices as far as re-consenting these patients upon admission to hospital in order to continue their dialysis therapy as inpatients. There have also been inconsistent requirements and citations from regulatory agencies as there is not a standard best practice defined. In the words of a hemodialysis patient on the Forum's Kidney Patient Advisory Committee (KPAC), "She shared that over her 25 years as a renal patient, she has not been asked to sign a consent for dialysis while in the hospital. She also recognized the burden this may have on the provider if required to obtain consent for each inpatient treatment. She stated that signing a consent for an acute treatment after previously signing in the outpatient unit, she does not feel this would improve the quality of care she is receiving."

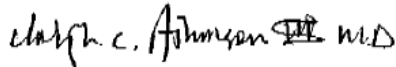
There needs to be a consistent national policy which will remove the uncertainty of the requirement of the consent form. We would like to make a strong argument that getting a new consent to continue dialysis in chronic End Stage Kidney Disease (ESKD) patients (upon admission to the hospital) who already consented to dialysis as outpatients is unnecessary and can cause delays in treatment which could adversely affect care of the patient. Nephrologists are not always available urgently to have the patient sign consent forms as they have many other duties and dialysis treatments are many times needed urgently in hospitalized patients. Dialysis is a life

saving treatment for which the patient has already given consent. The general consent at time of admission to the outpatient unit covers this treatment while inpatient. Of course, if there is a change in the form of modality (i.e. from hemodialysis to peritoneal dialysis or vice versa) then a consent to the procedure is advisable.

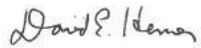
The KPAC has polled patient representatives of the different renal networks around the country and the response was: "I took a vote from every patient on our last KPAC call. I asked if they would feel safer signing a consent each time they need dialysis in the hospital. Every patient on the call said a resounding "NO".

Patient and Providers propose that there is little benefit to get a new consent form to continue an outpatient therapy, and this requirement may cause delays in necessary treatments and most dialysis patients do not feel repeating the consent process would add to their care. As such we strongly recommend a clearly defined national policy that consents would not be required for chronic ESKD patients in order to continue their dialysis therapy once admitted to the hospital.

Thank you for your consideration,



Ralph Atkinson III, MD
President, Forum of ESRD Networks



David Henner, DO
Chair, Forum Medical Advisory Council



Derek Forfang
Chair, Forum Kidney Patient Advisory Council