PHILIPPINE SOCIETY OF NEPHROLOGY

Guidelines for Nephrologists in the Operation Of Hemodialysis Centers in the Philippines

Second Edition
April 23, 2016
MESSAGE FROM THE PRESIDENT

After the 2 Hemodialysis summits, July 5-6, 2013 and November 8, 2014, we realized that we need to add and somehow update the guidelines in 2013.

When we reviewed the output of the last HD Summit, many of the recommendations given were related to the provisions of the Administrative Order 2012-0001 of the Department of Health. PSN communicated with Dr. Mary Jane Paez, Chief, Standard Development Division, Health Facilities and Resources Regulatory Bureau (HFRB) of the Department of Health, who agreed to meet with PSN and discuss our concerns and justifications for the recommendations given during the HD Summit of 2015.

We however feel that as the Experts on Kidney Health, we need to set the standards on hemodialysis. We are adopting the new AAMI standards for water analysis as this is part of the Medical Director's responsibility to provide safe and quality water for our hemodialysis patients.

We also added the PSN's recommendation for dialyzer reuse, prepared by the Committee on Patient Protection and submitted to the DOH.

This guideline will soon be revised based on the output of the PSN’s Committee on Hemodialysis Strategic Planning held last February 24, 2016.

Yours in PSN

MARIA GINA C. NAZARETH, MD, FPCP, FPSN, MBA
President, PSN, Inc., (2015-2016)
FOREWORD

The first edition of the PSN Guidelines for Nephrologists in the Operation of Hemodialysis Centers in the Philippines, which was released last April 26, 2014 was designed to guide nephrologists, who are Medical Directors and Dialysis Unit Heads of Hemodialysis Centers all over the Philippines, in the day to day clinical and technical operations of dialysis units. The guideline was developed after the consultation with members of PSN during the first ever Hemodialysis Summit held last July 5-6, 2013 held at Microtel Hotel in Pasay City. The Committee held another HD Summit last November 8, 2014 at Sofitel Hotel in Pasay City and many of the concerns of the members during the summit are related to the provisions of DOH Administrative Order 2012-0001.

The committee is updating the guidelines to include the society’s stand on dialyzer re-use and on the microbial count and action level for water used in hemodialysis. The Committee on Patient Protection has worked on the PSN stand on dialyzer reuse.

This guideline is a work in progress. During the first Strategic Planning of Committee on Hemodialysis held last February 24, 2016 held at Acacia Hotel, Alabang. Muntinlupa, the participants agreed to set the guidelines on the following: HD Clinical and Technical Standards, Ethics, Research and Advocacies.

RICARDO A. FRANCISCO, JR., MD, FPCP, FPSN, MHA
Chair, Committee on Hemodialysis
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Committee on Hemodialysis  

Guidelines for Nephrologists in the Operation Of Hemodialysis Centers in the Philippines  

1. Dialysis Unit Head  
  a. Every Hemodialysis Center (HDC) shall have a Dialysis Unit Head who is duly licensed by the Professional Regulation Commission (PRC) and certified by the Specialty board of the Philippine Society of Nephrology (PSN). The PSN shall regularly provide DOH with an updated list of its board certified members.  
  
b. The duties and responsibilities of the HDC Dialysis Unit Head are, but not the limited to, the following:  
  1. Oversees the overall technical and medical operations of HDC.  
  2. Sees to it that all medical procedures are done in accordance with acceptable norms and standards of medical practice.  
  3. Develops and adopts internal medical protocol, policies and procedures on dialysis and related treatment in accordance with the standards formulated by DOH in coordination with PSN and oversees the implementation thereof.  
  4. Sets requirements on education and performance criteria for medical staff including hiring of the same;  
  5. Requires training program for HDC staff for certification, continuous improvement of skills and knowledge.  
  6. Oversees the conduct and completion of tasks within HDC.  
  7. Initiates, supports and implements Quality Assessment and Performance Improvement (QAPI) activities.  
  8. Ensures strict compliance with infection control and surveillance practices.
9. Ensures that physicians-on-duty are present during the operating hours of HDC.
10. Visits and conducts a meeting in the HDC at least once a week. The visit and meeting shall have to be documented.
11. Assures water safety based on the standards of AAMI including, but not limited to, the following:
   a. Programs and policies to ascertain safe mixing of water and dialysate.
   b. Monitoring of safe water regulations and specifications.
   c. Installation of a complete water treatment and distribution system that meets applicable requirements.

c. Whenever a board certified nephrologist is not readily available within the city or province where the HDC is located, the following physicians shall be allowed to head the HDC, in order of priority:
   1. Board eligible in Nephrology
   2. Board certified in Internal Medicine (IM) or Pediatrics
   3. Board eligible in IM and Pediatrics;
   4. General practitioner.

d. The training for the position of head of HDC (who are non-nephrologist) shall be in accordance with the guidelines developed by the PSN.

e. The dialysis management training shall be conducted either by the PSN or by accredited training institutions and dialysis centers in accordance with the training curriculum and guidelines developed by PSN.
f. The Dialysis Unit Head shall handle a maximum of only three (3) HDC.
g. The Dialysis Unit Head must have a current contract service agreement entered into with, or an appointment/designation papers given by, the HDC Owner, indicating among others, his/her duties and responsibilities, compensation and other benefits.

2. Contract Service Agreement and Appointment Papers
   a. There should be a contract service agreement between a qualified nephrologist and the Hemodialysis Owner before the nephrologist accepts the position of Dialysis Unit Head. A pro-forma contract of service is hereby provided by PSN.
   b. For hospital owned dialysis units, the dialysis unit head should be given appointment/designation letters indicating the duties and responsibilities and remunerations prior to accepting the position of Dialysis Unit Head.
   c. The dialysis unit head must negotiate the terms and conditions of the contract service contract agreement/appointment papers. The agreement should be mutually advantageous to the contracting parties.
   d. The contract service agreement must contain the following sections/provisions:

1. DUTIES

   The Dialysis Unit Head shall render his/her services hereof and shall devote his/her best efforts and abilities thereto, at such times and during the term hereof, and in such manner as the HD Center and HD Unit Head shall mutually agreed upon. He/She shall be physically present at HD Center on the mutually agreed schedule, which shall not exceed ________ number of hours in a week and shall perform his/her duties and responsibilities as stipulated in the DOH Administrative Order 2012-001.
2. **COMPENSATION**

As consideration for the services to be rendered by Dialysis Unit HEAD, HD Center shall pay Dialysis Unit Head the monthly compensation of Php________ inclusive of EVAT but exclusive of withholding tax. The compensation shall be subject to review and adjustment upon mutual agreement of both parties within thirty (30) days prior to the expiration of each term. HD Center may likewise offer the DIALYSIS UNIT HEAD additional benefits through incentive programs that HD CENTER may adopt from time to time.

3. **TERM/PERIOD**

The term of this Contract is deemed to have commenced on Day/Month/Year and shall continue for a period of _______ years, and upon agreement by the parties, shall be renewable every year.

4. **TERMINATION OF CONTRACT**

The DIALYSIS UNIT HEAD shall have the option to unilaterally terminate this contract upon thirty (30) days advance written notice to HD CENTER.

The DIALYSIS UNIT HEAD may also terminate this contract upon prior written notice to HD CENTER, if HD CENTER defaults in the performance of its obligation under this Contract or fails to provide the minimum standards of personnel, basic medicines, equipment necessary for the delivery of service of the dialysis center as provided by Annex A and HD CENTER fails to cure the default within thirty (30) days from written notice of the DIALYSIS UNIT HEAD.

The HD CENTER may also terminate this contract upon 30 days prior written notice to DIALYSIS UNIT HEAD, if the latter fails to
cure within thirty (30) days from written notice of his/her default and/or non-performance of his/her obligation under this contract and other grounds enumerated hereunder.

5. **NON-COMPETE; CONSEQUENCES OF BREACH**

Unless with the prior written consent of HD CENTER, to be issued within 10 days from receipt of the request letter from the DIALYSIS UNIT HEAD, the DIALYSIS UNIT HEAD hereby agrees not to directly or indirectly compete (non-compete) with the business of HD CENTER and its successors and assigns during the term of this Contract and for a period of one year following the expiration or termination of this Contract for any reason whatsoever, within the vicinity of the clinics of HD CENTER or within the five (5) kilometers radius where the HD CENTER Dialysis Clinics are located.  *(This is the recommended radius.)*

In case of non-receipt by the DIALYSIS UNIT HEAD of the written consent within the period above-stated, the same is understood as a consent or approval given by HD CENTER to the request.

The term “non-compete” as used herein shall mean that DIALYSIS UNIT HEAD shall not own, manage, operate, consult or be employed, directly or indirectly, in a business substantially similar to or competitive with the business of HD CENTER. Without limiting the generalities of the foregoing, the term “non-compete” also prescribes the DIALYSIS UNIT HEAD from transferring and/or referring patients from HD CENTER dialysis clinics to other dialysis clinics be it free-standing or institution-based, privately or government owned, unless required for emergency medical treatment, or upon the request of the patients.
3. **Attending Nephrologist**
   
a. Every patient on dialysis should have an attending Nephrologist (AN).
   
b. The duties and responsibilities of the AN include:
      1. A complete clinical assessment prior to initiation of dialysis and provision of information regarding all renal replacement options.
      2. Provision of initial dialysis prescription and prescription for regular medications.
      3. Coordination with the surgeon regarding provision and care of the patient’s vascular access.
      4. A documented face to face consultation and re-assessment of the dialysis prescription and prescribed medications either in the dialysis unit or in the doctor’s clinic at least once a month
      5. Coordination with the dialysis nurses and/or physician on duty in case of emergencies.
      6. Long-term care planning, including transplantation whenever appropriate.
      7. Coordination with other dialysis units and provision of documentary requirements including Hemodialysis Patient’s Endorsement Form (HPEF) in case the patient plans to travel or transfer residence or transfer to the care of another nephrologist.
      8. Fulfilment of documentary requirements for the patient to avail of benefits from Philhealth and/or other payors.
      9. Provision of a discharge summary/endorsement to attending nephrologist in case of admission under the care of another nephrologist.
   
c. The AN shall receive a professional fee which will be determined by the nephrologist himself within the guidelines set.
   
d. No physician shall accept any monetary payment from the dialysis unit in the form of rebates, referral fees and the like.
4. **Physician-on-Duty (POD)**
   
a. The qualifications, duties and responsibilities of HDC POD are, but not limited to, the following:
   
   1. Duly licensed by PRC and:
      
      a. Board certified in nephrology or
      
      b. Board eligible in nephrology or
      
      c. Board certified in Internal Medicine (IM) or Pediatrics with a certificate of training as a hemodialysis physician-on-duty;
      
      d. Board eligible in IM or Pediatrics with a certificate of training as hemodialysis physician-on-duty;
      
      e. General practitioner with a certificate of training as a hemodialysis physician-on-duty.
      
      f. The postgraduate training course for hemodialysis physicians-on-duty shall be conducted either by the PSN or by accredited training institutions and dialysis centers in accordance with the training curriculum and guidelines developed by PSN.
   
   2. The certificate of training as hemodialysis physician-on-duty is valid for three years.
   
   3. Has an updated (within 3 years) Advanced Cardiac Life Support (ACLS) certification.
   
   4. Physically present during hours of operation of HDC.
   
   5. Attends to patients and is responsible for the acute care of the patient undergoing dialysis during his/her tour of duty.
   
   6. The care of individual patients should be in coordination with the attending nephrologist.
      
      For hospital-based HDC, the residents in training, or hospitalists, may perform the duties and responsibilities of the POD, under the supervision of the attending nephrologist or Dialysis Unit Head. The residents and hospitalists should have some training in the acute care of dialysis patients.
   
   7. The ratio of POD to the number of HD patient stations shall not be less than 1:15.
5. **Recommended Compensation and Benefits for Dialysis Unit Heads**

   a. Recommended minimum standard monthly compensation for all Dialysis Unit Heads (both free standing and hospital based) are as follows:
      1. Dialysis Units with 5 machine or less – P 10,000/month
      2. Dialysis Units with 6-10 machines – P 15,000/month
      3. Dialysis Units with 11-20 machines – P 25,000/month
      4. Dialysis Units with 21 or more machines – P 30,000/month
      5. Dialysis Units with more than 30 machines – P 30,000/month plus P 1,000/machine in excess of 30

   b. Additional benefits may be given to Dialysis Unit Heads such as:
      1. Priority deck privileges
      2. Sponsorship to CME-related local or international convention
      3. Sponsored training on ACLS/BLS,
      4. Free flu, pneumococcal and hepatitis vaccination
      5. Free Hepatitis profile
      6. Incentives or bonus/es
      7. Free clinic space

6. **Recommended standard professional fees (PF) for Attending Nephrologists (both free standing and hospital based)**

   a. For indigent patients under ‘Indigent Sponsored Program’ of PHIC or HMOs – No balance billing
   b. With Philhealth, free standing dialysis (regular PHIC members) – No balance billing
   c. With Philhealth, private hospital based (regular PHIC members) - may add PF on top of PHIC
   d. Without Philhealth, Pay Patient – Php 500/session (minimum)
   e. Without Philhealth, On PCSO – Php 500 (minimum)
   f. Non-HMO Third Party Payor - Balance Billing of PF (difference of Third Party PF and AN’s minimum PF)
g. True Indigents – may waive PF, under discretion and written instruction from AN
h. For Packaged HD treatments (with Cash payments on top of PHIC, PCSO and other third party non HMO payors):
   1. After 45 days PHIC case rate treatment benefit have been consumed, apply PHIC case rate (500)
   2. Any other Package treatment (with PF incorporated in the package)- P400-600/session

7. Recommended Professional fees for Emergency Out-Patient HD treatments
   a. Emergency, non-scheduled HD treatment, office hours – minimum PF (no additional charge)
   b. Emergency HD treatment, beyond office hours – P 800-1000/treatment
   c. Extended Treatment – minimum PF (no additional charge)

8. Recommended professional fees for Inpatient Hemodialysis treatments
   a. Routine HD treatment – P 500-600/session
   b. Critical (ICU Setting) Conventional HD - P 800/session
   c. Emergency (non-ICU setting) Conventional, after office hours – P 1,000/session
   d. SLED – P 800-1,200/session

9. These recommended fees shall be reviewed periodically by the PSN Board as deemed necessary in consultation with the members of the Society.

10. Hemodialysis Patient’s Endorsement Form
    a. Patients undergoing hemodialysis treatment in free standing and hospital based HDCs should have a completely filled up PSN Hemodialysis patient’s endorsement form.
    b. The same form should be used whenever a patient is being referred or transferred to another HDC Unit.
c. No patient should be enrolled or accepted into the dialysis treatment program of any HDC without a completely filled up endorsement form.

d. It is the responsibility of the Attending Nephrologist to accomplish and provide the receiving HDC of the endorsement form.

11. Certificate of Attestation from PSN prior to obtaining and renewing of the DOH License To Operate (LTO) of a HDC

a. The Dialysis unit head must ensure that a certificate of Attestation be secured from the PSN before the HDC applies for a permit to construct (PTC) and for the its license to operate (LTO) from DOH-BHFS.

12. Water Analysis

a. The Medical Director or Dialysis Unit Head has the ultimate responsibility for ensuring the quality of water used for dialysis.

b. Microbiological analysis of water for hemodialysis shall be done at least every month and as often as necessary.

c. Total viable microbial counts in dialysis water shall be less 100 CFU/ml, or lower.

d. The action level (AL) will be 50% of the maximum allowable level or 50 CFU/ml.

e. An Action level (AL) is the microbial count at which steps should be taken to interrupt the trend towards higher unacceptable level.

f. Chemical analysis shall be done at least every six (6) months as deemed necessary following the following AAMI Standards for water for Hemodialysis.
Table 1 – Maximum allowable levels of toxic chemicals and dialysis fluid electrolytes in dialysis water (from American National Standards, Water for Hemodialysis and Related Therapies, AAMI 2014)

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>Maximum concentration Mg/l&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contaminants with documented toxicity in hemodialysis</strong></td>
<td></td>
</tr>
<tr>
<td>Aluminium</td>
<td>0.01</td>
</tr>
<tr>
<td>Total chlorine</td>
<td>0.1</td>
</tr>
<tr>
<td>Copper</td>
<td>0.1</td>
</tr>
<tr>
<td>Flouride</td>
<td>0.2</td>
</tr>
<tr>
<td>Lead</td>
<td>0.005</td>
</tr>
<tr>
<td>Nitrate (as N)</td>
<td>2</td>
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<tr>
<td>Sulfate</td>
<td>100</td>
</tr>
<tr>
<td>Zinc</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Electrolytes normally included in dialysis fluid</strong></td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td>2 (0.05 mmol/l)</td>
</tr>
<tr>
<td>Magnesium</td>
<td>4 (0.15 mmol/l)</td>
</tr>
<tr>
<td>Potassium</td>
<td>8 (0.2 mmol/l)</td>
</tr>
<tr>
<td>Sodium</td>
<td>70 (3.0 mmol/l)</td>
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</table>
Table 2 – Maximum allowable levels of other trace elements in dialysis water (from American National Standards, Water for Hemodialysis and Related Therapies, AAMI 2014)

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>Maximum concentration Mg/l</th>
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<tbody>
<tr>
<td>Antimony</td>
<td>0.006</td>
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<tr>
<td>Arsenic</td>
<td>0.005</td>
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<tr>
<td>Barium</td>
<td>0.1</td>
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<tr>
<td>Beryllium</td>
<td>0.0004</td>
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<tr>
<td>Cadmium</td>
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<tr>
<td>Chromium</td>
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<tr>
<td>Mercury</td>
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<td>Selenium</td>
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</tr>
<tr>
<td>Silver</td>
<td>0.005</td>
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<tr>
<td>Thallium</td>
<td>0.002</td>
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</table>

2. Dialyzer Reuse

For hemodialysis units who practice reuse of dialyzers, it is highly recommended to note the following:

1. Strict compliance with AAMI standard procedure for reprocessing the dialyzer.

2. Dialysis adequacy measures like Kt/V or URR should be checked monthly for those who are dialyzing 3x a week or more, [Kt/V of $\geq 1.2$ and/or URR $\geq 65\%$ (KDOQI 2000 Guideline 4²)].

3. The frequency of dialyzer reuse should not be more than 9 times (total of 10 uses).

4. Full discussion of the benefits, hazards and issues relating to reuse should be undertaken with the patient. This should be part of the informed consent.
<table>
<thead>
<tr>
<th>PHILIPPINE SOCIETY OF NEPHROLOGY</th>
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<tbody>
<tr>
<td>HEMODIALYSIS PATIENT’S ENDORSEMENT FORM</td>
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<table>
<thead>
<tr>
<th>REFERRING HEMODIALYSIS CENTER (HDC):</th>
<th>RECEIVING HDC</th>
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<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Birth</th>
<th>Age/Sex</th>
<th>Contact Number</th>
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<td>Last Name</td>
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<tr>
<td>First Name</td>
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<td>Middle Name</td>
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<th>Address</th>
<th>Person to notify in case of emergency</th>
<th>Relation to Patient</th>
<th>Contact Number</th>
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<th>Other Attending Physicians/Subspecialty</th>
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<th>Qualitative</th>
<th>Quantitative</th>
<th>Date</th>
<th>Latest Immunization/s</th>
<th>Dose</th>
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<tr>
<td>HBs</td>
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<td></td>
<td>Hepatitis B</td>
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<tr>
<td>Antigen</td>
<td>Vaccine</td>
<td>1(^{st})</td>
<td>2(^{nd})</td>
<td>3(^{rd}) Dose</td>
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<tr>
<td>Anti-HBs Antibody</td>
<td>Hepatitis B vaccine booster</td>
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<td>Anti-HBc Antibody</td>
<td>Influenza vaccine</td>
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<td>Anti-HCV IgM</td>
<td>Pneumococcal vaccine</td>
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<tr>
<th>Vascular Access</th>
<th>Access Location</th>
<th>Surge on</th>
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<th>Hospital</th>
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<tbody>
<tr>
<td>Internal Jugular Vein/ Permanent Catheter</td>
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<td>AV Fistula</td>
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<td>AV Graft</td>
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<th>Hemodialysis Prescription</th>
<th>Current Medication/s</th>
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<tbody>
<tr>
<td>Frequency</td>
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<td>Duration</td>
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<tr>
<td>Dialyzer</td>
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<tr>
<td>Dialysate Flow Rate</td>
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<td>Blood Flow Rate</td>
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<td>Dialysate Bath</td>
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<td>Anticoagulant/Dose</td>
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**Complications/Problems Encountered During Hemodialysis:**

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________

☐ I will still be the attending nephrologist

☐ Transfer service to
___________________________, MD

**Contact #** | **PHIC Accreditation No. /Validity**
---|---

**Attachments:**
- ☐ Last 3 Hemodialysis Treatment Sheet
- ☐ Laboratory Flow Sheet / Results

**Name and Signature of Referring Nephrologist**

* Please inform referring nephrologist once patient is accepted in the receiving HDC.
* Accomplish in duplicate and retain one copy in the patient’s chart.

Downloadable from [www.psn.ph](http://www.psn.ph)
I. Purpose: The ‘Certificate of Attestation’ will be issued by PSN to all Hemodialysis Centers or Clinics (HDC) who are applying for the license to operate (LTO) from DOH-BFHS or seeking accreditation from Philhealth.

II. Procedure:
   A. Fill-up the Information Sheet for the Certificate of Attestation (call up PSN office for instruction).
   B. Submit the information sheet to PSN office together with the current appointment paper of the head of the HDC specifying the responsibilities / benefits / incentives / compensation. The appointment paper shall have the conforme signature of the appointee.
   C. In case the head is not a nephrologist, attach the certificate of training for non-nephrologist medical director.
   D. Pay the processing fee of P1,000 to the PSN office.
   E. Allow at least 5 working days for PSN to verify, approve, and issue the certificate of attestation.
   F. Submit the certificate to DOH-BHFS or Philhealth.

III. The DOH-BHFS and Philhealth shall require all HDCs to secure ‘certificate of compliance’ directly from REDCOP without passing through PSN.

IV. PSN recommends that Board-certified PSN members can be appointed as medical director/head of three (3) dialysis centers.

V. PSN recommends that this revised procedure take effect on January 1, 2013.

SUSAN P. ANONUEVO-DELA RAMA, MD
President, Philippine Society of Nephrology
August 16, 2013
PSN INFORMATION SHEET
CERTIFICATE OF ATTESTATION FOR HEMODIALYSIS CENTERS (HDC)

I. Name, address, email and contact numbers of HDC:

II. Purpose of PSN Certificate of Attestation and period being covered:

☐ DOH license Inclusive Dates _______________________

☐ Philhealth accreditation Inclusive Dates _______________________

III. Classification of HDC: Check appropriate box:

A. According to ownership:  B. According to Institutional Character

☐ Gov’t ☐ Hospital based

☐ Private ☐ Non-hospital based

IV. Name of Owner/President/CEO:

(Signature over Printed Name and Designation)

V. Name of Dialysis Unit Head/Head Nephrologist (Please attach Certificate of Dialysis management training):

(Signature over Printed Name and Designation)

VI. Printed Names of all ‘Physicians on Duty’ and validity of certificate of training for non-nephrologist PODs issued by PSN. Specify category. Write after each name the following: (1) PSN diplomate/fellow, (2) PCP/PPS diplomate/fellow, (3) PSN board-eligible, (4) PCP/PPS board-eligible, (5) Family Medicine (6) General Practitioner, (7) others: Specify. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name of Physician on Duty</th>
<th>Category</th>
<th>Validity Of training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the above information is true.

(Dialysis Unit Head, HDC)

(Signature over Printed Name) / Date

Downloadable from www.psn.ph
PSN CHECKLIST/REQUIREMENTS FOR CERTIFICATE OF ATTESTATION
(For PSN Committee on HD/ Secretariat)

I. Is there completely filled up form  □ YES □ NO
   □ Name/Address
   □ Type of Facility
   □ Covered Period of Accreditation
   □ Classification of Facility
   □ Owner’s Name and Signature
   □ Dialysis Unit Head Name and Signature
   □ Name and Signature of Board Certified In-House Nephrologist
   □ Name and Category of Physician on Duty
   □ Name and Signature of HD Unit Head

II. Is there a Current Appointment/Contract of Dialysis Unit Head with
    □ YES □ NO
    □ Duties and Responsibilities
    □ Benefits
    □ Incentives
    □ Compensation
    □ Effectivity
    □ Conforme Signature

III. Is the Dialysis Unit Head a Diplomate or Fellow of PSN □ YES □ NO

IV. Is there a Certificate of Training of the Dialysis Unit Head from PSN
    (if Dialysis Unit Head is a Non-Nephrologist) □ YES □ NO

V. Other HDC’s being handled by the Dialysis Unit Head:
   1. ______________________  ______________________
   2. ______________________  ______________________
   3. ______________________  ______________________

Remarks: □ Approved □ Pending

__________________________________________
Name and Signature
Committee Chair, HD
Date ___________________

Downloadable from www.psn.ph
References

1. PSN Hemodialysis Summit 2013, July 5-6, 2013 held at Microtel Hotel, Mall of Asia, Pasay City.

2. PSN Hemodialysis Summit 2015, November 8, 2015 held at Sofitel Hotel, Pasay City.

3. PSN Committee on Hemodialysis First Strategic Planning held on February 24, 2015, Acacia Hotel, Alabang, Muntinlupa City.


5. Open Forum with Dr. Jennifer S. Raca, Officer-in-Charge, Benefits Development Division, Philippine Health Insurance Corporation, and Dr. Cynthia V. Rosuman, Chief, Standards Development Division, Department of Health-Bureau of Health Facilities and Services during the 2013 PSN Midyear Convention held on October 5, 2013 at Holiday Inn Hotel, Clark, Pampanga


7. PSN Mini HD Summit with Hemodialysis Owners, September 30, 2013 held at the PSN Office, Ortigas Center, Pasig City

8. Service Contract Agreements of various free standing dialysis centers and hospital based dialysis units.


PSN Hemodialysis Summit 2013 Participants
July 5-6, 2013. Microtel Hotel, Mall of Asia, Pasay City

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Myrna L. Ngo, MD
Abigail Tosoc-Abonal, MD
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July 23, 2015. Crown Plaza Galleria Manila, Quezon City

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The HD Guidelines may be found and downloaded from www.psn.ph