



DUKE MEDICINE
DIVISION OF NEPHROLOGY

Ruediger W. Lehrich, MD

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Dear Members of the Acute Care Services Committee,

This letter serves to strongly oppose the petition to the SHCC to add a policy to the State Medical Facilities Plan that would allow nursing homes, specifically Liberty Healthcare and Rehabilitation, to operate dialysis stations. As the Vice Chief for the Duke Division of Nephrology, I am intimately familiar with the potential problems which can arise from inadequate dialysis processes.

My main concern with the submitted petition focuses on patient safety, adequate outcomes, and lack of independent oversight.

Provision of dialysis is very complex and has evolved over the last 40 years. Over this time the life expectancy and quality of life of dialysis patients have gradually improved. This is the case for in-center dialysis as well as home dialysis (which is supervised and organized through specialized home dialysis clinics). We achieve this by applying a multidisciplinary team effort to care for patients. This team includes a specifically trained dialysis nurse, dialysis trained social workers and renal dieticians, as well as a board-certified nephrologist who must have hospital admission privileges in the community. A dialysis facility and by extension the place where home dialysis occurs is operated by licensed staff with specifically outlined and documented competencies. There is a vigorous performance improvement process in place. Quality metrics focusing on dialysis water and biomechanical operations are ensured by specialized engineers. Infectious control processes pertaining to hepatitis B and C, tuberculosis, blood borne infections, and now COVID-19 are in place. Lastly, a dialysis clinic is required to have independent oversight by a medical director. The medical director ensures that all above outlined aspects of dialysis care are conducted to the letter. All of this allows for dialysis patients to enjoy a lifesaving therapy in an environment which is safe and provides the best outcomes possible.

The petition to the SHCC to add a policy to the State Medical Facilities Plan that would allow nursing homes to apply for a certificate of need to operate dialysis stations lacks any detail as the requirements to how dialysis would be conducted. Specifically, it lacks any detail on staffing competencies, infrastructure details, infectious control, and biomedical policies, as well as independent safety oversight. Any change to the need methodology for dialysis services that expands the provision of services should first consider these quality issues to ensure safe clinical care.

In summary, we strongly oppose the petition before you as it may lead to the provision of unsafe dialysis and likely lead to poor outcomes in one of our most vulnerable patient populations.

Sincerely,

A handwritten signature in black ink that reads "Ruediger W. Lehigh, M.D." in a cursive script.

Ruediger W. Lehigh, MD
Vice Chief, Division of Nephrology
Duke University School of Medicine