

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

September 8, 2023

Mr. Jayesh Shukla University Of Vermont Medical Center Dialysis 111 Colchester Ave Burlington, VT 05401

Dear Mr. Shukla:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **August 15, 2023.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Angune Eherth

Suzanne Leavitt, RN, MS Assistant Division Director State Survey Agency

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		472300	B. WING		08/15/2023		
NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF VERMONT MEDICAL CENTER DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401				
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E 038	of the End Stage Ren Emergency Prepared compliance with Cond CFR 494.62 Emerger	al Disease (ESRD) Unit's ness Program to determine ditions for Coverage at 42 ncy Preparedness RD facilities. As a result of ies were cited.	E 03	Be Ste Ostached Plan & Correction	ý		
	do all of the following: (i) Provide initial trainipreparedness policies and existing staff, ind under arrangement, a with their expected ro	m. The dialysis facility must ing in emergency s and procedures to all new ividuals providing services and volunteers, consistent les.		See of Co.	18/23		
	at least every 2 years Staff training mus (iii) Demonstrate staff procedures, including (A) What to do; (B) Where to go, inclu occasions when the g dialysis facility must b (C) Whom to contact while the patient is no contact information m emergency phone nui instances when the di receive phone calls di situation (unless the fi	st: knowledge of emergency informing patients of- uding instructions for leographic area of the le evacuated; if an emergency occurs of in the dialysis facility. This lust include an alternate mber for the facility for ialysis facility is unable to			10/01		
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		AVP CO	(X6) DATE		

Any dericiency statement anding with an asterisk (1) denotes a denotes a denotency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472300			co	(X3) DATE SURVEY COMPLETED 08/15/2023	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401	00/13/2023	
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E 038	dialysis machine if a (iv) Demonstrate that care staff maintains (v) Properly train its emergency equipme (vi) Maintain docume (vii) If the emergenc procedures are sign facility must conduct policies and procedu This STANDARD is Based on interview Integrated Health Sy Preparedness Plan, evidence of initial ar and existing staff rel Plan, policies, and p The Hospital's docum located in three whit separate policies an This documentation separately certified I system, was actively of the Emergency P does not reveal that ESRD Unit has its o unit and patient pop Interview on 08/15/2 nurse, revealed that instructions written i a wall in the ESRD U	nditions); and act themselves from the in emergency occurs. at, at a minimum, its patient current CPR certification; and nursing staff in the use of ent and emergency drugs. entation of the training. y preparedness policies and ificantly updated, the dialysis t training on the updated ures. not met as evidenced by: and a review of the Hospital's vstems Emergency the ESRD Unit failed to show ad ongoing training for new ated to the Unit's Emergency trocedures. Finding include: mented Emergency Plan e binders; along with two d procedures were reviewed. does not reflect that the ESRD Unit within the hospital v involved in the development reparedness Program and the separately certified wn plan specific to its unique ulation. 3 at 2:15 PM with an ESRD S/he would follow n a bound booklet located on Jnit that included cards of scenarios and contact let was dated 2001. S/he was ergency Plan specifically	E 034	Tag E 038 POC accepted on 9/8/23 by D. Wideawake/S. Leavitt	101123	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED 08/15/2023	
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NAME OF PROVIDER OR SUPPLIER						
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	Director of Facilities ESRD Administrator, one Quality staff mer unit does not have its specific to its separa population and canno initial training for new an ESRD Emergency policies, and procedu Integrated EP Progra CFR(s): 494.62(e) §416.54(e), §418.113	does not exist. 3 at 2:30 PM with the and Environmental Safety, the Unit Nurse Manager and mber confirm that the ESRD s own Emergency Plan tely certified patient ot show any evidence of y and existing staff related to y Preparedness Plan, ures. am 3(e), §441.184(e), (f), §483.73(f), §483.475(e), 8(e), §445.542(f), (7(e), §485.920(e),	E 03	Ottacked tal	J	
	 (e) [or (f)]Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:] (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (2) Be developed and maintained in a manner 			Tag E 042 POC accepted o D. Wideawake/S. Leavitt	n 9/8/23 by	

Facility ID: 472300

		(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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			5, 700-	STREET ADDRESS, CITY, STATE, ZIP CODE	08/15/2023	
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E 042	 REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program]. (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) A documented community-based risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication 		E 04	42 52 auachte 52 auachte 7 bur a	1/18/23	
	plan, and training and the requirements of p section, respectively. This STANDARD is	d testing programs that meet baragraphs (c) and (d) of this not met as evidenced by: and a review of the Hospital's				
	Preparedness Plan, t ESRD Unit to integra coordinated Emerger as evidenced by an a	there was a failure of the te into the Hospital's ncy Preparedness Program absence of an Emergency D, with accompanying				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 5WBN11

Facility ID: 472300

If continuation sheet Page 4 of 6

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472300 NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF VERMONT MEDICAL CENTER DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE	08/15/2023	
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Director of Facilities ESRD Administrator one Quality staff me unit does not have it specific to its separa population and ESR included in the decis overall Hospital Eme INITIAL COMMENT An unannounced or was conducted by th	and Environmental Safety, , the Unit Nurse Manager and mber confirm that the ESRD s own Emergency Plan tely certified patient D management staff are not cion making related to the ergency Preparedness Plan. S	V 00	0	14723	
	CORRECTION ROVIDER OR SUPPLIER TY OF VERMONT MED SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page The Hospital's docum- located in three whith separate policies an This documentation separately certified I system, was actively of the unified Emerge and does not reveal ESRD Unit has its o unit and patient pop evidence of Emerge new and existing sta system. Interview on 08/15/2 nurse, revealed that instructions written if a wall in the ESRD I various emergency s numbers. This book not aware of an Emer related to the ESRD Interview on 08/15/2 Director of Facilities ESRD Administrator one Quality staff me unit does not have it specific to its separa population and ESR included in the decis overall Hospital Emer INITIAL COMMENTS	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: INTY OF VERMONT MEDICAL CENTER DIALYSIS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 The Hospital's documented Emergency Plan located in three white binders; along with two separate policies and procedures were reviewed. This documentation does not reflect that the separately certified ESRD Unit within the hospital system, was actively involved in the development of the unified Emergency Preparedness Program and does not reveal that the separately certified ESRD Unit has its own plan specific to its unique unit and patient population. There is also no evidence of Emergency Preparedness training for new and existing staff as part of this unified system. Interview on 08/15/23 at 2:15 PM with an ESRD	CORRECTION IDENTIFICATION NUMBER: A BUILDING 472300 B. WING ROVIDER OR SUPPLIER TY OF VERMONT MEDICAL CENTER DIALYSIS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 4 E 04 The Hospital's documented Emergency Plan located in three white binders; along with two separate policies and procedures were reviewed. This documentation does not reflect that the separately certified ESRD Unit within the hospital system, was actively involved in the development of the unified Emergency Preparedness Program and does not reveal that the separately certified ESRD Unit has its own plan specific to its unique unit and patient population. There is also no evidence of Emergency Preparedness training for new and existing staff as part of this unified system. Interview on 08/15/23 at 2:15 PM with an ESRD nurse, revealed that S/he would follow instructions written in a bound booklet located on a wall in the ESRD Unit that included cards of various emergency scenarios and contact numbers. This booklet was dated 2001. S/he was not aware of an Emergency Plan specifically related to the ESRD unit. Interview on 08/15/23 at 2:30 PM with the Director of Facilities and Environmental Safety, ESRD Administrator, the Unit Nurse Manager and one Quality staff member confirm that the ESRD unit does not have its own Emergency Plan specific to its separately certified patient population and ESRD management staff are not included in the decision making related to the overall Hospital Emergency Preparedness Plan. V 001 An unannounced on-site r	CORRECTION IDENTIFICATION NUMBER: A BUILDING 472300 B. WING ROMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TY OF VERMONT MEDICAL CENTER DIALYSIS STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR US LIDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR US LIDENTIFYING INFORMATION) E 042 Continued From page 4 E 042 The Hospital's documented Emergency Plan located in three white binders; along with two separate policies and procedures were reviewed. This documentation does not reflect that the separate policies and procedures were reviewed. This documentation does not reflect that the separate policies and procedures were reviewed. This documentation does not reflect that the separate policies and procedures were reviewed. This documentation does not reflect that the separate policies and procedures were reviewed. This documentation does not reflect that the separate policies and procedures were reviewed. Interview on 08/15/23 at 2:15 PM with an ESRD nurse, revealed that 5/he would follow instructions written in a bound booklet located on a wall in the ESRD unit. WMM Interview on 08/15/23 at 2:30 PM with the Director of Facilities and Environmental Safety, ESRD Administrator, the Unit Nurse Manager and one Quality staff member confirm that the ESRD unit does not have its own Emergency Plan specific to its separately certified patient population and ESRD management staff are not included in the decision	

Facility ID: 472300

If continuation sheet Page 5 of 6

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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E 000 Initial Comments

During an unannounced on-site re-certification survey from 8/14/23 through 8/15/23, the Division of Licensing and Protection conducted a survey of the End Stage Renal Disease (ESRD) Unit's Emergency Preparedness Program to determine compliance with Conditions for Coverage at 42 CFR 494.62 Emergency Preparedness requirements for ESRD facilities. As a result of this survey, Deficiencies were cited.

E 038 ESRD EP Training Program CFR(s): 494.62(d)(1)

\$494.62(d)(1); Condition for Coverage: (d)(1) Training program. The dialysis facility must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. Staff training must: (iii) Demonstrate staff knowledge of emergency procedures, including informing patients of- (A) What to do; (B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated; (C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and (D) How to disconnect themselves from the dialysis machine if an emergency occurs. (iv) Demonstrate that, at a minimum, its patient care staff maintains current CPR certification; and (v) properly train its nursing staff in the use of emergency equipment and emergency drugs. (vi) Maintain documentation of the training. (vii) If the emergency preparedness policies and procedures are significantly updated, the dialysis facility must conduct training on the updated policies and procedures. This STANDARD is not met as evidenced by: Based on interview and a review of the Hospital's Integrated Health Systems Emergency Preparedness Plan, the ESRD Unit failed to show evidence of initial and ongoing training for new and existing staff related to the Unit's Emergency Plan, policies, and procedures. Finding include:

The Hospital's documented Emergency Plan located in three white binders; along with two separate policies and procedures were reviewed. This documentation does not reflect that the separately certified ESRD Unit within the hospital system, was actively involved in the development of the Emergency Preparedness Program and does not reveal that the separately certified ESRD Unit has its own plan specific to its unique unit and patient population.

Interview on 08/15/23 at 2:15 PM with an ESRD nurse, revealed that S/he would follow instructions written in a bound booklet located on a wall in the ESRD Unit that included cards of various emergency scenarios and contact numbers. This booklet was dated 2001. S/he was not aware of an Emergency Plan specifically related to the ESRD unit and has not been trained on such a plan as it does not exist. Interview on 08/15/23 at 2:30 PM with the Director of Facilities and Environmental Safety, ESRD Administrator, the Unit Nurse Manager and one Quality staff member confirm that the ESRD unit does not have its own Emergency Plan specific to its separately certified patient population and cannot show any evidence of initial training for new and existing staff related to an ESRD Emergency Preparedness Plan, policies, and procedures.

ACTION PLAN

E 038 ESRD EP Training Program CFR(s): 494.62(d)(1)

- Under the direction of the Renal Facility Director and in collaboration with the University of Vermont Medical Center Emergency Management Committee, the ESRD unit will establish its own plan specific to its unique unit and patient population with accompanying policies, procedures and training as set forth in the referenced regulation E 042 Integrated EP Program CFR(s): 494.62(e).
- Integration and unification will be structurally supported through the representation of the outpatient ESRD unit in the Emergency Management Committee. Under the direction of the Renal Facility Director the Renal Nursing Site Supervisor will regularly attend and participate in the University of Vermont Medical Center Emergency Management Committee chaired by the Emergency Management Program Manager within Environmental Health & Safety at The University of Vermont Medical Center, on behalf of inpatient and outpatient dialysis unit as required by regulation E 042 Integrated EP Program CFR(s): 494.62(e).
- Under the direction of the Renal Facility Director, Renal Site Nurse Supervisor, Manager of University of Vermont Medical Center Emergency Management Program Manager and security the separately certified ESRD will participate in quarterly emergency drills within the facility as well as the annual healthcare coalition community wide drills as required by regulations E 042 Integrated EP Program CFR(s): 494.62(e)

- Under the direction of the Renal Site Nurse Supervisor all staff applicable to their role will/receive education related to the units ESRD Emergency Preparedness Plan, policies, and procedures. Education will be conducted through electronic and in-person communications at orientation and annually for all new and existing staff as per regulation. Contents of education will include all requirements set forth in regulation E 038 ESRD EP Training Program CFR(s): 494.62(d)(1)
- Ongoing monitoring of performance monitored through a Dialysis Quality Assurance Checklist. Questions have been added that test of staff knowledge of Emergency Management Plan. Data will be reported at the renal monthly QAPI meetings and at the Organizational Standard of Operation Committee chaired by the Chief Medical Officer. Performance feedback will be given as needed at the unit level.
- All Actions will be completed by 10/8/2022.

E 042 Integrated EP Program CFR(s): 494.62(e)

§416.54(e), §418.113(e), §441.184(e), §460.84(e), §482.15(f), §483.73(f), §483.475(e), §484.102(e), §485.68(e), §485.542(f), §485.625(f), §485.727(e), §485.920(e), §486.360(f), §491.12(e), §494.62(e). (e) [or (f)] Integrated healthcare systems. If a [facility] is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must- [do all of the following:] (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program]. (4) include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) A documented communitybased risk assessment, utilizing an all-hazards approach. (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively. This STANDARD is not met as evidenced by: Based on interview and a review of the Hospital's Integrated Health Systems Emergency Preparedness Plan, there was a failure of the ESRD Unit to integrate into the Hospital's coordinated Emergency Preparedness Program as evidenced by an absence of an Emergency Plan specific to ESRD, with accompanying policies, procedures, and staff training. Findings include: The Hospital's documented Emergency Plan located in three white binders; along with two separate policies and procedures were reviewed. This documentation does not reflect that the separately certified ESRD Unit within the hospital system, was actively involved in the development of the unified Emergency Preparedness Program and does not reveal that the separately certified ESRD Unit has its own plan specific to its unique unit and patient population. There is also no evidence of Emergency Preparedness training for new and existing staff as part of this unified system. Interview on 08/15/23 at 2:15 PM with an ESRD nurse, revealed that S/he would follow instructions written in a bound booklet located on a wall in the ESRD Unit that included cards of various emergency scenarios and contact numbers. This booklet was dated 2001. S/he was not aware of an Emergency Plan specifically related to the ESRD unit. Interview on 08/15/23 at 2:30 PM with the Director of Facilities and Environmental Safety, ESRD Administrator, the Unit Nurse Manager and one Quality staff member confirm that the ESRD unit does not have its own Emergency Plan specific to its separately certified patient population and ESRD management staff are not included in the decision making related to the overall Hospital Emergency Preparedness Plan.

ACTION PLAN

E 042 Integrated EP Program CFR(s): 494.62(e)

- Under the direction of the Renal Facility Director and in collaboration with the University of Vermont Medical Center Emergency Management Committee the ESRD unit will establish its own plan specific to its unique unit and patient population with accompanying policies, procedures and training as in the referenced regulation E 042 Integrated EP Program CFR(s): 494.62(e).
- Integration and unification will be structurally supported through the representation of the outpatient ESRD unit in the Emergency Management Committee. Under the direction of the Renal Facility Director the Renal Nursing Manger will regularly attend and participate in the University of Vermont Medical Center Emergency Management

Committee chaired by the Emergency Management Program Manager within Environmental Health & Safety at The University of Vermont Medical Center, on behalf of dialysis unit as required by regulation E 042 Integrated EP Program CFR(s): 494.62(e).

- Under the direction of the Renal Facility Director, Renal Nurse Manger, Manager of University of Vermont Medical Center Emergency Management Program Manager and certified ESRD will participate in quarterly emergency drills within the facility as well as the annual healthcare coalition community wide drills as required by regulations E 042 Integrated EP Program CFR(s): 494.62(e)
- Under the direction of the Renal Nurse Supervisor all staff applicable to their role will/receive education related to the units ESRD Emergency Preparedness Plan, policies, and procedures. Education will be conducted through electronic and in-person communications at orientation and annually for all new and existing staff as per regulation. Contents of education will include all requirements in regulation E 038 ESRD EP Training Program CFR(s): 494.62(d)(1)
- Ongoing monitoring of performance monitored through a Dialysis Quality Assurance Checklist. Questions have been added that test staff knowledge of the Emergency Management Plan. Data will be reported at the renal monthly QAPI meetings and at the Organizational Standard of Operation Committee chaired by the Chief Medical Officer. Performance feedback will be given as needed at the unit level.
- All Actions will be completed by 10/8/2022.