



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

<http://www.dail.vermont.gov>

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,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

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

Enclosure

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

PRINTED: 08/29/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
E 038	<p>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.</p> <p>ESRD EP Training Program CFR(s): 494.62(d)(1)</p> <p>§494.62(d)(1): Condition for Coverage: (d)(1) Training program. The dialysis facility must do all of the following:</p> <p>(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.</p> <p>(ii) Provide emergency preparedness training at least every 2 years.</p> <p>Staff training must:</p> <p>(iii) Demonstrate staff knowledge of emergency procedures, including informing patients of-</p> <p>(A) What to do;</p> <p>(B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;</p> <p>(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</p>	E 038	<p><i>See attached Plan of Correction</i></p> <p><i>10/8/23</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol M...

AVP CO

9/8/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency 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.

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E 038	<p>Continued From page 1</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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</p>	E 038	<p><i>See attached Plan of correction</i></p> <p>Tag E 038 POC accepted on 9/8/23 by D. Wideawake/S. Leavitt</p>	<p><i>10/1/23</i></p>

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E 038	Continued From page 2 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.	E 038			
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	E 042	<i>See Attached - Plan of Correction</i>	<i>14/8/23</i>	Tag E 042 POC accepted on 9/8/23 by D. Wideawake/S. Leavitt

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E 042	<p>Continued From page 3</p> <p>that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <p>(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].</p> <p>(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:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> <p>(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p> <p>(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.</p> <p>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:</p>	E 042	<p><i>See attached Plan of Correction</i></p>	<p><i>10/1/23</i></p>

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E 042	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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.</p>	E 042	<p><i>See attached Plan of Correction</i></p>	<p><i>14/9/23</i></p>
V 000	<p>INITIAL COMMENTS</p> <p>An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection on 8/14/23 through 8/15/23 to determine compliance with the Conditions for</p>	V 000		

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V 000	Continued From page 5 Coverage at 42 CFR 494.1-494.180 requirements for End Stage Renal Disease Facilities. As a result of the survey, the facility was determined to be in substantial compliance with these requirements.	V 000	<i>See attached Plan of Correction</i>	<i>10/8/23</i>

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 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 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.