



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

DAVID L. LAKEY, M.D.
COMMISSIONER

March 17, 2014

Position paper on the need for separate modality training rooms in ESRD facilities:

Technology in the field of medicine is advancing rapidly, and this includes advances in kidney dialysis. While a given facility may open assuming that it has planned for the future needs of its patients; the advances may make such well-intentioned planning obsolete shortly after a new dialysis facility opens its doors. In addition, in planning a facility, it is not possible to plan for every type of patient that may present themselves for treatment, especially in light of recent advances in kidney treatment modalities.

When the most recent set of regulations for End Stage Renal Disease facilities were promulgated in July of 2010, it was determined that two of these modalities, peritoneal dialysis and home hemodialysis would require two separate training rooms in each licensed facility. These requirements can be found in Title 25 TAC 117.102(d)(5), and in 117.102(d)(11) [(A),(B), and (C)]. For some in the ESRD community, this has created the thought that there must be two separate training rooms if an ESRD facility wishes to provide both peritoneal dialysis and home hemodialysis.

However; it has been pointed out to the Department that two separate training rooms for peritoneal dialysis and home hemodialysis may be burdensome for providers who wish to provide both modalities to their patient population. It is the position of DSHS that ESRD facilities may have one training room for both peritoneal dialysis and home hemodialysis, as long as the training room meets the requirements set forth in the stricter of the two rules, that being Title 25 TAC 117.102(d)(11) [(A),(B), and (C)]. In addition, the training room can only be utilized for one type of training at a time; that is, if a patient is receiving training for peritoneal dialysis, there cannot be simultaneous training occurring in the same space for home hemodialysis training. Surveyors will be instructed to examine the training records, and if possible observe patients receiving either peritoneal or home hemodialysis training so as to ensure that trainings are held separately.

Therefore, surveyors- both the clinical survey staff and the life safety staff, will be trained to not bring forth for enforcement a facility that utilizes only the training room that meets the criteria as established in 25 TAC 117.102(d)(11)(A through C). While having both training rooms remains the ideal and is a best practice, we will accept having only one training room. Facilities should, however, bear in mind that future advances may require additional training space that the ESRD provider and regulatory communities have not imagined at this point in time.