National Kidney Foundation®

30 E. 33rd Street
New York, NY 10016

Tel 212.889.2210
Fax 212.689.9261
www.kidney.org

April 18, 2017

Senator Hannah-Beth Jackson, Chair
Senate Judiciary Committee
State Capitol, Room 2187
Sacramento, CA 95814

Re: California SB-349 *Chronic dialysis clinics: staffing requirements*

Dear Senator Jackson and Senate Judiciary Committee Members,

At this time, the National Kidney Foundation (NKF) is unable to take a position on SB-349 *Chronic dialysis clinics: staffing requirements*. However, we offer the following comments and questions as they relate to the impact of the legislation on patient care. NKF is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention and treatment of kidney disease in the US. In addition, NKF has provided evidence-based clinical practice guidelines for all stages of chronic kidney disease (CKD), including transplantation, since 1997, through the NKF Kidney Disease Outcomes Quality Initiative (NKF KDOQI). Through our Kidney Advocacy Committee (comprised of patients and family members) and our professional councils we work closely with our membership of advanced practitioners, nurses, dialysis technicians, nephrology social workers, and renal dietitians, on best practices for improving patient care. NKF has regional offices, including two offices in California (San Francisco and Sherman Oaks), covering all 50 states.

NKF recognizes the importance of ensuring dialysis facilities are sufficiently staffed to protect patient safety and deliver high quality care. We know that high staffing ratios have been linked with lower job satisfaction and patient satisfaction. However, the evidence that mandating specific ratios will lead to improvements in patient care is limited. In addition, we are unaware of evidenced based guidelines requiring that the dialysis chairs remain empty for 45 minutes. While supportive of the intent of the bill we have many concerns about the unintended consequences of this legislation on patient access and safety, and offer the following comments for consideration.

<u>Staffing Ratios</u>

NKF supports the need for an adequate ratio of Registered Nurse per patient, but has concerns that a required ratio of one Registered Nurse per 8 patients and one technician per 3 patients could challenge patient access to care and choice in treatment time. Members of NKF's Executive Council of Nephrology Nurses and Technicians have commented that the ratios in the SB 349 would be difficult to meet. The legislation may require facilities to hire more staff, which can be difficult in certain regions of the state.

National Kidney Foundation
30 E. 33rd Street
New York, NY 10016

Tel 212.889.2210
Fax 212.689.9261
www.kidney.org

The alternative to hiring staff is to meet the ratios with less staff by serving fewer patients. This means many patients may have to change their treatment schedule, which is a significant burden for patients, many of whom have other responsibilities during their day including jobs. The bill could also lead to fewer patients being served by their current clinic, forcing them to seek treatment elsewhere. In addition, the ratios may actually lead to nurses working more overtime, which could pose a significant patient risk if nurses are working to the point of exhaustion.

The requirement to maintain ratios at all points in the day could also lead to challenges if someone on staff is unable to show up for work or has an emergency and needs to leave early. This could cause clinics to not be able to serve some patients and patients having to miss dialysis treatments, which can increase hospitalizations and mortality. In addition, some clinics operate nocturnal dialysis where treatment is provided at a slower pace and overnight. This option gives patients the ability to sleep during dialysis and have their days free to work or tend to other daily responsibilities. Less staffing is needed for nocturnal dialysis as patients are receiving a longer, slower duration dialysis and are mostly asleep during the treatment. NKF is concerned that facilities may choose not to offer nocturnal programs because the staffing requirements and costs to serve a small number of patients would be too high. NKF encourages legislators to look to other states that have implemented less restrictive ratio requirements and consult with nurses and technicians working in California facilities to identify a reasonable solution that will allow flexibility in staffing requirements while protecting patient access and safety.

Since 2008 studies and surveys of renal professionals have shown that the caseloads, roles, and responsibilities for social workers and dietitians have been increasing and expanding, taking time away from direct patient care. This is occurring despite the interpretive guidance in the Conditions of Coverage (CFC) that advises that non-clinical tasks should not interfere with patient care, and that there are a high number of survey citations on this topic.

For example, nephrology social workers across the country have experienced notable increases in their caseloads (> 40%) and required job tasks (> 80%) since the implementation of the 2008 CfCs.[1] High nephrology social work caseloads have been linked to decreased patient satisfaction and less successful patient rehabilitation outcomes.[2] NKF's Council of Nephrology Social Workers does have consensus based recommendations for a ratio of one social worker to every seventy-five patients as best practice.

---

[1] Merighi, J. R., Browne, T., & Bruder, K., Caseloads and salaries of nephrology social workers by state, ESRD Network, and National Kidney Foundation region: Summary findings for 2007 and 2010, Journal of Nephrology Social Work, 2010: 34; 9-51.

[2] Callahan, M. B., Moncrief, M., Wittman, J., & Maceda, M. Nephrology social work interventions and the effect of caseload size on patient satisfaction and rehabilitation interventions. Journal of Nephrology Social Work, 1998: 18; 66–79.

National Kidney Foundation
30 E. 33rd Street
New York, NY 10016

Tel 212.889.2210
Fax 212.689.9261
www.kidney.org

While these recommended ratios are not intended to be implemented as a legislative requirement, NKF does acknowledge that a more reasonable caseload for social workers is needed.

Additionally, we question why renal dietitians were left out of the legislation. If ratios are to be required for all other staff in the clinic it will be important to also address the case and workload of dietitians to ensure they are not further stretched thin to compensate for additional resources directed to hiring and supporting nurses, technicians, and social workers. While recognizing that caseloads for social workers and dietitians are high in many areas, we also note that legislating maximum caseloads could also result in unintended consequences such as social workers and dietitians being tasked with additional responsibilities beyond performing the clinical responsibilities that they are trained and licensed to do and that are central to improving patient care.

Transition time

NKF has significant concerns with the 45-minute requirement between one patient's treatment ending and the next beginning. NKF is unaware of any evidence to point to a specific time that is necessary to properly clean and prepare the dialysis machines and chairs between patient shifts. We believe this requirement will lead to the elimination of many dialysis shifts resulting in patient access to care issues and fewer opportunities for patients to choose a dialysis treatment time that best meets their schedule. In addition, it could lead to shortened dialysis treatment times, which can pose a significant health risk to the patients. However, we recognize that proper procedures should be in place to ensure that thorough cleaning and disinfecting of machines, equipment, and chairs occur. The CDC has guidelines on this topic and we suggest that rather than specifying a time that SB 349 be amended to require that cleaning and disinfecting occur once a patient has vacated the dialysis chair and that the CDC guidelines for cleaning and disinfecting be fully followed before the next patient occupies the chair.

A study

We request that, if SB 349 passes, a study on the effects on patient quality of care, access to care and staff satisfaction be completed no later than 2 years after the law is effective. The study should compare, pre and post implementation of SB349, trends in infections, hospitalizations, shortened treatment times, facility staff satisfaction, and patient satisfaction, including access to preferred clinic and treatment time. This study will provide valuable data on the effectiveness of the requirements in achieving the stated goals of the legislation.

NKF appreciates the opportunity to comment on SB 349 and hopes that you will consider our concerns and proposed amendments to protect patient access to quality dialysis care. If you have any questions please contact Tonya Saffer, Senior Health Policy Director at tonya.saffer@kidney.org or 202.244.7900 x 717.

National Kidney Foundation
30 E. 33rd Street
New York, NY 10016

Tel 212.889.2210
Fax 212.689.9261
www.kidney.org

Sincerely,

*Michael Choi*

Michael Choi, MD

President

*Kevin Longino*

Kevin Longino

CEO and Kidney Patient

CC: Senator John Moorlach (Vice Chair), Senator Joel Anderson, Senator Robert Hertzberg, Senator William Monning, Senator Henry Stern, Senator Bob Wieckowski