



क.रा.बी.नि.
E.S.I.C.

मुख्यालय/HEADQUARTER
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



पंचदीप भवन सीआईजी मार्ग] नई दिल्ली-02
Panchdeep Bhawan, CIG Marg, New Delhi- 02
Phone: 011-23215489, VOIP: 10011037
Email: med1-hq@esic.nic.in
Website: www.esic.gov.in

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To
DEANs/Medical Superintendents
All ESIC Medical College & Hospitals

Subject: Development of In-house Dialysis Services at ESIC Hospitals and integration with Pradhan Mantri National Dialysis Program (PMNDP)

Madam/Sir,

The Pradhan Mantri National Dialysis Program (PMNDP), launched in 2016 is a mission to provide dialysis services to the patients under this program. In-house mode haemodialysis services development is an integral component of this program.

The ESIC is committed to provide comprehensive health care facilities including haemodialysis facilities to the IPs and beneficiaries.

The ESIC Hospitals have to develop In-house haemodialysis facilities for better care, integrated service delivery for critical patients and overall beneficiary satisfaction.

The guidelines are enclosed for implementation in this regard.

This issues with the approval of Competent Authority.

Manoj Kumar
10/11/2023

Dr. Manoj Kumar
OSD (Medical Services)

Copy to:

- All Regional Director
- Director Medical Delhi
- WCM for upload on ESIC Website

Guidelines regarding alignment of ESIC Hospitals with Pradhan Mantri National Dialysis Program

The Pradhan Mantri National Dialysis Programme (PMNDP) was rolled out on 07th April 2016 as part of the National Health Mission (NHM) for the provision of free dialysis services to the patients as prescribed.

The Pradhan Mantri dialysis Program (PMNDP) provide options to provide dialysis service to those entitled through PPP Mode, In-House Mode and Hybrid mode. At present PMDNP is operational in PPP mode in 14 States, 16 States are running the program in the In-house mode and 6 States/UTs in Hybrid Mode also. The ESIC is committed to provide comprehensive health care facilities including dialysis to the IPs and beneficiaries.

The ESIC Hospitals have to develop In-house dialysis facilities for better care, service delivery and patient satisfaction to the beneficiaries of the corporation.

The recommendation for the development of the In-house dialysis services are as below: -

In-house dialysis Services:

To ensure better quality delivery, all hospitals should strive to develop In-house dialysis facility. The development of in-house dialysis facilities will provide the following advantages: -

- Easier access to pre, post and during dialysis care including investigation and monitoring.
- Better care as dialysis service are available in a hospital setting_
- Capacity building: Training of own staff as dialysis technicians.
- Better availability of drugs and consumables of standard quality.
- Support of Hospital doctors and Infrastructre in case of emergencies.
- Availability of In-house dialysis for critical care patients of ICU

Day care beds need to be earmarked in each hospital to provide in-house dialysis.

Norms for establishing Dialysis Unit

A. As per IPHS Norms-20222 Up-to 500 beds, the dialysis bed recommendations are as below: -

Bed Strength	100 Bed	200 Bed	300 Bed	400 Bed	500 Bed
Number of Dialysis Beds	4	4	8	8	8
Isolation Beds	1	1	2	2	2

Each hospital should identify the total number of patients registered for dialysis services and based on total patient load, work out the total number of dialysis machine required and proceed with establishment of in-house dialysis unit.

B. Manpower Norms:

- i.) The Broad Speciality department of Medicine will start the process of establishment of the In-house Dialysis Unit
ii) Doctors/ Residents to be posted as per need.

- Staff Nurse norms*: The Dialysis Nurse should be as in the Patient: Nurse ratio of 3 :1** (Training: ANM + 6-month exposure in a dialysis unit. Should be registered with the local Nursing Council.)

* standard guidelines of Government of India for setting up of haemodialysis unit (Link enclosed below)

3. Dialysis technician

Sr. No.	Designation	
1	Dialysis Technician *	1 dialysis technician per 3 dialysis machine/per shift

* standard guidelines of Government of India for setting up of haemodialysis unit (Link enclosed below)

- Other staff**: As per standard guidelines of Government of India for setting up of haemodialysis unit (Link enclosed below)

The standard guidelines of Government of India for setting up of haemodialysis unit for maintenance haemodialysis is available on the link below: -

<http://www.clinicalestablishments.gov.in/WriteReadData/358.pdf>

The relevant extract for Personal requirement for Haemodialysis unit as available in the guidelines as above is attached as Annexure “A”

Hospitals up-to 200 beds:

- A qualified nephrologist is recommended.
- However, if a nephrologist is not available then a treating physician trained in Nephrology in a government Hospital may be deputed to operate the In-house dialysis centre.
- 'Hub and spoke' model with assistance from nearest ESIC Hospital having Nephrology Super-specialty service may be adopted.
- The mentor hospital to do the necessary hand holding in development of day care dialysis centre of hospitals up-to 200 beds.
- The Faculty/ trained Doctors from the mentor hospital may be diverted to train the doctors and staff of the hospitals developing such facility.

Hospitals more than 200 beds:

- Hospitals having more than 200 beds should have their own nephrology services with nephrologist and development of in-house dialysis services.
- These hospitals having established dialysis services should serve as local hubs to provide technical support to nearby/other state hospitals to assist them in developing in-house dialysis services.

As on date, there is mandate from the Government of India/Health Ministry that all health facilities are to be registered/listed on the ABDM Portal of GOI. This portal provides a unique NIN Id to each facility. Utilization of **[Pradhan Mantri National Dialysis Program \(PMNDP\) Portal](#)** to access to access the dialysis management software may be explored by the ESIC Hospital in this regard.

6.0 PERSONNEL FOR HEMODIALYSIS UNIT FOR MAINTENANCE HEMODIALYSIS

We recommend that the hemodialysis facility should have sufficient specialist and support staff.

Rationale: The delivery of hemodialysis is carried out by both hospital based and freestanding units. A hemodialysis unit is involved with patient care, record keeping, disposal of potentially infectious and biohazardous and environmentally unfriendly waste. As standards of care continue to change and the personnel in dialysis units are not constant, it becomes necessary for them to participate in ongoing education in a unit. The responsibility for training of staff, maintaining patient safety, efficacy of complete patient treatment, auditing performance and record maintenance requires special skills in different disciplines. The following document outline the job description, responsibilities and competence level required by the personnel responsible for all the aspects of running a dialysis unit.

Proposed Minimum standards for personnel in Dialysis Facility

1. **OUTLINE:** It is recommended to have the following minimum staff-pattern for a proposed dialysis unit:
 - a) Nephrologist
 - b) Dialysis doctors
 - c) Dialysis technicians
 - d) Dialysis nurses
 - e) Dialysis attendants
 - f) Medical social worker
 - g) Dietician (Optional)
 - h) Sweepers
2. **PARTICULARS:** Each category (A to D) of staff and the medical social worker & dietician should satisfy the following:
 - a) Training
 - b) Job description / responsibilities (Dos and Don'ts)
 - c) Appraisal / Auditing
 - d) Updating

Sr. No	Staff Group	Particulars	Description
1	NEPHROLOGIST(s)	Training	<ul style="list-style-type: none"> DM/ DNB in Nephrology MD with special training in nephrology (at least 2 yrs.)
		Job description	<ul style="list-style-type: none"> Visit the dialysis center at least once / week Responsible for overall functioning of the unit Assess the patients; decide about specific dialysis prescriptions; evaluate the co morbid illnesses and advice regarding supporting medicines; take note of the initial / inter / post dialysis events, and consider specific recommendations. Review the water quality, infection control measures and day to day functioning at regular intervals. Judge the practices of the dialysis doctors, technicians and nurses from time to time. Provide 24 hour consultation and backup care to all the patients. Monthly review of all in center dialysis patients. Enforcement of rules and regulations relative to the level of patient care and safety. Maintenance of an ongoing liaison between the hospital authority, statutory bodies, dialysis staff and the patients. Protecting the rights of the patient's vis-à-vis the staff. Supervise the in house teaching program.
		Auditing / Appraisal	There will be a system of dialysis audit. At least once a month the team should meet and discuss the matter. The facts should be shared with the hospital authorities and statutory bodies.
		Updating	To attend National Level Conference at least once a year.
2	DIALYSIS DOCTORS	Training	<ul style="list-style-type: none"> M.B.B.S. degree with a valid registration At least one year house job in internal medicine / allied specialty Experience in central line access Experience in critical care management Certified in advanced cardiac life support (ACLS) Experience in pediatric patient management – desirable
		Job description	<ul style="list-style-type: none"> To be involved in day to day patient management

Guidelines for Maintenance Hemodialysis in India- Personnel for hemodialysis unit for maintenance hemodialysis

		<ul style="list-style-type: none"> • Assess the patient before starting dialysis : <ul style="list-style-type: none"> - hemodynamic status - indication of dialysis - vascular access - recent surgery - co morbid illness - bleeding manifestations • Be involved in patient care during dialysis : <ul style="list-style-type: none"> - making access - adequacy of flow - follow instruction of the nephrologist - deciding about any modification in dialysis prescription in consultation with the nephrologist - monitoring the patient during dialysis - managing complications during dialysis - will coordinate with dialysis technicians and dialysis nurses • Assess the patient at the time of closure : <ul style="list-style-type: none"> - access site - hemodynamic status - any complication - any specific instruction to (a) the ward nurse (b) the relatives • Assess the patient at least once in the ward after dialysis • Accompany the patient to the ward, if critically ill • Handle / supervise / guide the supporting staff in CPR if situation arises. • Have working knowledge of the dialysis machine, water treatment plant, ventilator, defibrillator and other gadgets and equipments of the dialysis unit. • Be the team leader of the day to day dialysis procedure and on one hand will keep in touch with the nephrologist on the other hand will disseminate the information thus gathered to the subordinate staff in order to implement the guidelines fixed by the hospital authority and the nephrologist. • Look after the safety and security of the supporting staff.
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			<ul style="list-style-type: none"> • Will take regular teaching sessions meant for the dialysis staff.
		Appraisal / Auditing	Same as above
		Updating	Attend national level conferences Hemodialysis Society / PDSI at least once in 2 years
3	DIALYSIS TECHNICIANS (Patient : Technician ratio - 3:1)	Training	<ul style="list-style-type: none"> • Have passed at least one year certificate course in dialysis technique (after 12th standard) certified by a Govt. authority or have sufficient hands on experience. • The training curriculum should include : <ul style="list-style-type: none"> ○ Fundamentals of renal anatomy and physiology, principle of dialysis ○ Water quality, water treatment, water distribution ○ The dialysis machine: connectology, upkeep of machines. ○ Basics of vascular access. ○ Dialyzers and tubings including cleaning and preservation. ○ Anticoagulation ○ Dialysate : composition & ingredients ○ Common complications of dialysis: How to manage them at bedside. ○ Basic evaluation of a patient before during and after dialysis. ○ Infection control and safety. Disinfection. ○ Reuse of dialyzers ○ Canulation (vascular access) : the broad principles ○ Special expertise in critical care dialysis (CRRT/ SLED) and pediatric patient management. ○ ABC of peritoneal dialysis.
		Job description	<ul style="list-style-type: none"> • All those which they have been trained in • Conducting discharge assessment • Keeping an inventory of the medicines and disposables • Following instructions of the dialysis doctors. • Conducting assessment of a patient when indicated • Recommending changes in the treatment based on the current needs of

			<p>the patient</p> <ul style="list-style-type: none"> Facilitating communication between the patient and patient's family on one side and the treating team on the other. Providing oversight and direction to the junior dialysis technicians Participating in continuous quality improvement activities.
		Auditing / Appraisal	They should maintain registers for individual patients and enter the data of each patient, which will be subjected to medical auditing from time to time.
		Updating	Must attend update sessions meant for dialysis technicians at least once a year.
4	DIALYSIS NURSES (Patient : Nurse ratio - 3 :1)	Training	ANM + 6 month exposure in a dialysis unit. Should be registered with the local Nursing Council.
		Job Description	<ul style="list-style-type: none"> Conducting admission assessment Conducting discharge assessment Keeping an inventory of the medicines and disposables Following instructions of the dialysis doctors. Conducting assessment of a patient when indicated Recommending changes in the treatment based on the current needs of the patient Facilitating communication between the patient and patient's family on one side and the treating team on the other. Cooperate with and provide oversight and direction to the dialysis technicians Participating in continuous quality improvement activities.
		Auditing and updating	Same as dialysis technicians
5	ATTENDANTS / SWEEPERS		As per the existing norms and standards of any critical care unit / OT
6	DIETICIAN (Desirable)		<ul style="list-style-type: none"> Development of nutritional care plan Documentation Team care planning and collaboration Information and referral Education

			<ul style="list-style-type: none"> • Hospital facility planning activities • Ongoing nutrition assessment • Research • Medical review audit activities • Supervisory
7	MEDICAL SOCIAL WORKER (Desirable)		<ul style="list-style-type: none"> • Psychosocial evaluations • Case work counseling of patients and families • Group work • Information and referral • Team care planning and collaboration • Facilitating community agency referral