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Accreditation Services

Company Overview

- NDAC founded in 2018 within weeks of passage of AO legislation
- Approved by CMS on January 4, 2019 as the first national accreditation organization for ESRD in the U.S.
- Based in the Chicago, Illinois metro area
- Founders:
 - Glenda Payne ESRD regulatory thought leader bringing a career of deep CMS relationships, extensive dialysis contacts, industry influence, and association leadership
 - Jennifer Vavrinchik President of Nephrology Clinical Solutions bringing nursing leadership, clinical expertise, and facility management in dialysis
 - Curt Anliker Founder/CEO of Affiliated Dialysis Centers bringing senior management leadership, operational expertise and a dialysis provider perspective

Advisory Board

Melissa Bensouda
Patient Advocate

James Ren Curtis
Bio-Medical Technical Expert

Bonnie Greenspan MBA, BSN, RN
Expert Clinical and Management Nephrology Nurse

Robert Greenspan MD, FACP
Expert Clinical Nephrologist

Linda McCann BS, RD, CSR
Expert Nephrology Nutrition Consultant

Jo Ann Otts DNP, RN, NEA-BC
Expert Clinical and Management Nephrology Nurse and Educator

Elizabeth Witten MSW, ACSW, LSCSW
Expert Clinical Social Worker



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NDAC Standards

- Essentially mirror current ESRD Conditions for Coverage
 - Identification tags are direct walk across (i.e., V113 = N113)
 - Emergency Preparedness has been incorporated into N-Tags
 - Exception: NDAC Standards incorporate the most current AAMI standards for micro and endotoxin levels for water/dialysate (ANSI/AAMI 2014)
 - Additional state-specific requirements will be applied if more stringent
- Life Safety Code Survey & Standards (as required, following CMS regulations)
- All response timelines are congruent with current CMS policy for items such as:
 - Ten working days to submit Plans of Correction
 - Re-survey visits required to verify correction of Condition-level deficiencies

Dialysis Water: Microbiological Quality

Contaminant	2014	2014	2004	2004
	ANSI/ AAMI Max Level*	ANSI/ AAMI Action Level*	RD 52 Max Level	RD 52 Action Level
Total Viable Bacteria Count (TVC)	<100 CFU/ml	50 CFU/ml	<200 CFU/ml	50 CFU/ ml
Endotoxin	<0.25 EU/ml	0.125 EU/ml	<2 EU/ml	1 EU/ml

**Adapted from ANSI/AAMI 13959:2014*

“Dialysis Fluid:” Microbiological Quality

Contaminant	2014	2014	2004	2004
	ANSI/ AAMI Max Level*	ANSI/ AAMI Action Level*	RD 52 Max	RD 52 Action
Total viable count (TVC)	<100 CFU/ml	50 CFU/ml	<200 CFU/ml	50 CFU/ml
Endotoxin	<0.5 EU/ml	0.25 EU/ml	<2 EU/ml	1 EU/ml

**Adapted from ANSI/AAMI 11663:2014*

NDAC's Survey Process is Similar to the CMS Core Survey

- Introductions
- "Flash" Tour
- Observations of care
- Water treatment and dialysate quality review
- Technical review
- Patient and staff interviews
- Record reviews
- Personnel review
- Emergency Preparedness Review
- QAPI review
- Exit conference

Survey “Plan”

- Experienced nephrology nurses and surveyors with extensive experience in dialysis surveys
- Surveyor assignment: 1 nurse X 3 days,
 - If LSC required, the LSC surveyor will be on site 1 day
- Every survey reviewed by same corporate oversight team

For More Information

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