

The Virgin Islands Consortium

Territorial Hospital Board Approves New Dialysis Equipment, Staff In Anticipation of CKC Closure

Territorial Board acts to prepare Schneider Regional Medical Center for increased patient load from Caribbean Kidney Center Closure

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Last week, members of the VI Government Hospital and Health Facilities Corporation Territorial Board approved several motions aimed at helping the Schneider Regional Medical Center (SRMC) prepare for the influx of patients expected from an anticipated closure of the Caribbean Kidney Center (CKC).

“Wherever the care is provided, the equipment is needed,” noted Board Chair Christopher Finch. “Because the equipment that Caribbean Kidney Center has is not

going to last.” Noting that the board was “very very actively engaged” in the “bigger picture,” Mr. Finch nevertheless noted that new equipment was necessary.

The first motion was seeking approval to acquire a reverse osmosis system from Renal Dynamics LLC, for an amount not to exceed \$291,231, inclusive of installation and freight charges to Miami.

The tankless system in question will purify the water used for dialysis using the reverse osmosis method as well as disinfect it using heat, which is the “best standard of care,” according to Department of Health Commissioner Justa Encarnacion. “You have to be very, very careful about treating the water and ensuring that it’s safe for providing dialysis,” she noted.

The second motion to be approved was for the purchase of 15 hemodialysis machines from the same vendor. The cost of this purchase was capped at \$290,025, inclusive of freight charges to Miami. “These machines are required for the additional stations that we will set up to take care of the approximately 5055 patients that will be transitioning to Schneider Regional from CKC,” said Tina Commissiong, SRMC’s CEO. The machines are the same as the ones currently in operation at Schneider Regional, Ms. Commission explained, noting that this means that the facility can “maintain the same standard of equipment and the same supply chain for expanding our current service line.”

To accompany the dialysis machines, the board also approved the purchase of 15 hemodialysis chairs. The cost of this contract with Champion Manufacturing Inc. was capped at \$34,065 inclusive of shipping to Miami.

Lastly, the board approved additional dialysis technicians and registered nurses to accommodate the increased number of machines and patients expected following CKC’s expected closure. A motion for a 6-month professional service agreement with ProLink Healthcare LLC was approved, for an amount not to exceed \$1.5 million over the duration of the contract.

“We will be working very quickly to onboard permanent staffing to accommodate the additional patients from CKC,” Ms. Commissiong said. “But we do need to engage temporary contract labor that’s experienced in providing hemodialysis care such that we can ensure a safe transition for these patients.” A new service contract was required, according to the SRMC CEO, because “we are not able to source all of the help that we will need through our existing vendor contracts.”

Funding for these contracts is expected to come via a reprogramming of American Rescue Plan Act funds, contingent on approval from the Office of Management and Budget. Mr. Finch indicated that the funding source may change down the line, however the re-designation of ARPA funding was considered to be the fastest financial source for SRMC’s urgent funding requirements at this point.

Earlier this year, senators [approved a lifeline](#) of \$700,000 for the struggling Caribbean Kidney Center aimed at preventing the facility’s imminent closure after they learned how close the center was to complete financial collapse. The money, allocated from the territory’s general fund, was earmarked for the hiring of essential staff needed to maintain operations at CKC. While some senators initially expressed discomfort with funding a

private entity with taxpayer dollars, they ultimately agreed that maintaining Virgin Islanders' access to critical dialysis services overrode any reservations they may have had at the time.

That money was quickly spent on paying Pafford Medical Services for their provision of dialysis nurses and technicians, and was anticipated to have been completely exhausted by September 30. In July, CKC Medical Director Dr. Walter Gardiner said that talks with hospitals regarding the acquisition of the Center had stalled, with delays in required appraisals by government representatives. It is currently unclear how negotiations have progressed since then.