

# Expert Teams – Hospitalization

*Case-Based Learning & Mentorship*

Tuesday, March 19, 2024

Moderator: Julie A. Moss, MS



# Meeting Logistics

- Call is being recorded
- Participants can unmute themselves
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



# Who Is On The Call?

Clinician and  
Practitioner  
Subject Matter  
Experts

Dialysis Facility  
and Transplant  
Professionals

ESRD Network  
Staff

Kidney Care  
Trade Association  
Members

Centers for  
Medicare &  
Medicaid Services  
(CMS) Leadership

# What are Expert Teams?



Participants from varying levels of organizational performance, each with lived experience and knowledge, come together to support continual learning and improvement.



Help others learn faster by sharing what worked and what didn't work around a particular case, situation, or circumstance.



Bring the best possible solutions to the table.

# Questions to Run On. . . How Might We

- Provide patients the knowledge and skills to prevent unplanned hospitalizations?
- Improve communication between hospitals and dialysis facilities to reduce hospital readmissions?
- Assist patients with unstable support systems or financial issues that may impact hospitalizations and Emergency Department visits?

# Case Presentations

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IPRO ESRD Network 1

and

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Maine Department of HHS

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FKC Bayonne, NJ





End-Stage Renal Disease  
Network Program

# Collaborative Efforts to Reduce Infection Hospitalizations in the Dialysis Facilities

Network Collaboration with Department of Health and Human Services (HHS) in the States

Katie Chorba MSN, RN

*This material was prepared by the IPRO ESRD Network Program, comprising the ESRD Networks of New York, New England, the South Atlantic and the Ohio River Valley, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #*

# Introduction

## Reducing Hospitalizations Related to Infections

- Network 1 is collaborating with the state's Departments of Health and Human Services like the Maine CDC Healthcare Epidemiology Program to reduce hospitalizations related to infections
- Infections pose a significant risk in dialysis facilities. Explore our joint efforts to reduce hospitalizations related to infections.





# Maine's Department of HHS and IPRO

## Collaboration

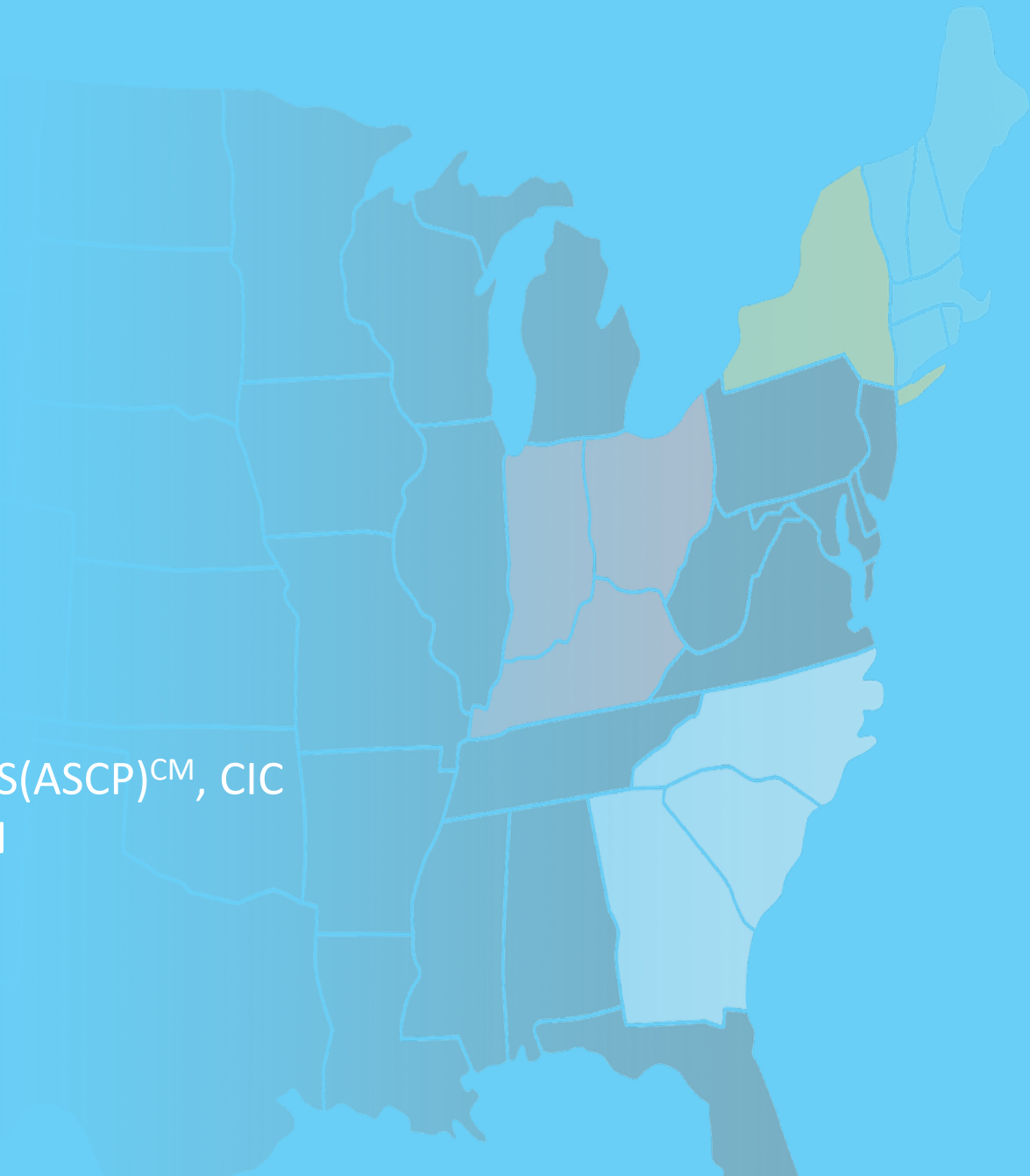
Hospitalizations Count in Maine	Hospitalizations related to infections in Maine
43	13



End-Stage Renal Disease  
Network Program



Carrie Rice RN, BSN, MLS(ASCP)<sup>CM</sup>, CIC  
Julie M. Leavitt, RN, BSN



# Collaboration Initiatives

## Overview

**A synchronized effort between the Network and Maine CDC unfolds – an integrated approach to fortify infection control across dialysis facilities**

**Monthly Meeting**

**Data sharing- Hospitalization rates**

**Facilities with infections diagnosis codes**

**Send out announcements to inform facilities**

**Infection Control Assessment Response (ICAR)**

# Infection Control Assessment Response (ICAR)

Explore the ICAR process

- ICAR
  - Assess
  - Strategize
  - Elevate Infection Control Measures



*Free!*

## Dialysis Infection Prevention Assessment

 Collaborate with APIC Consulting Inc. and the Maine CDC to enhance your infection prevention and control programs.

**CONTACT US** [MECDC.HAI@maine.gov](mailto:MECDC.HAI@maine.gov)

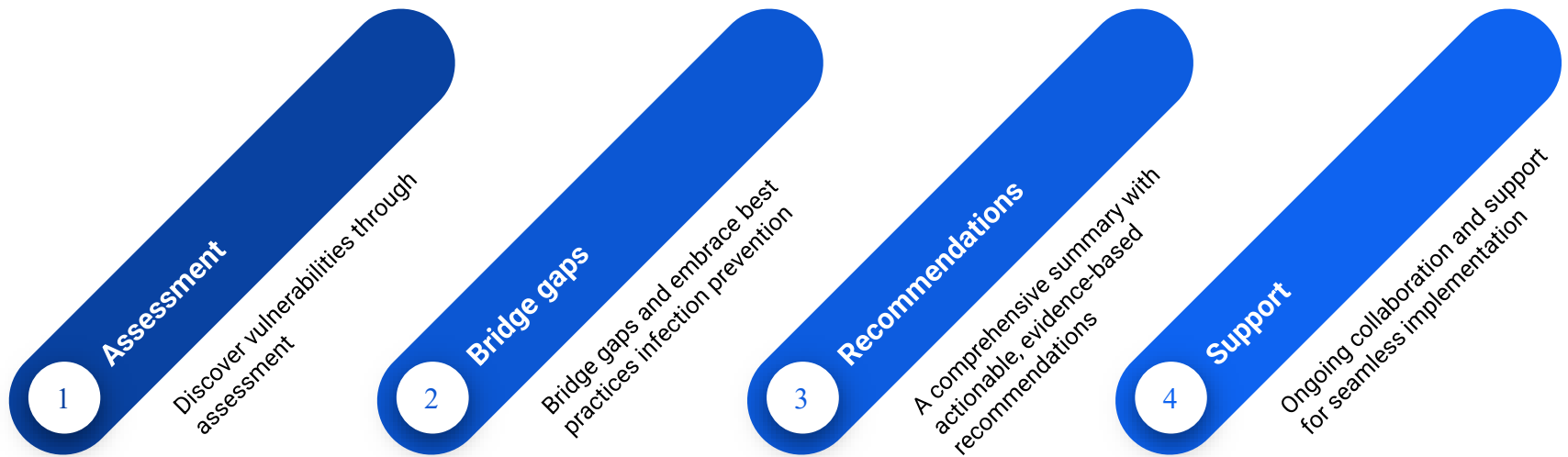
*SIGN UP HERE* 

**BENEFITS!**

- Insight into areas of opportunity for improvement
- Support from APIC Consulting to develop action plans
- Create a safer environment of care
- Access to resources and education



# ICAR Process Steps



## Benefits of ICAR Process



Empowering your facility with QAPI qualifications



Stay survey-ready through proactive infection control measures

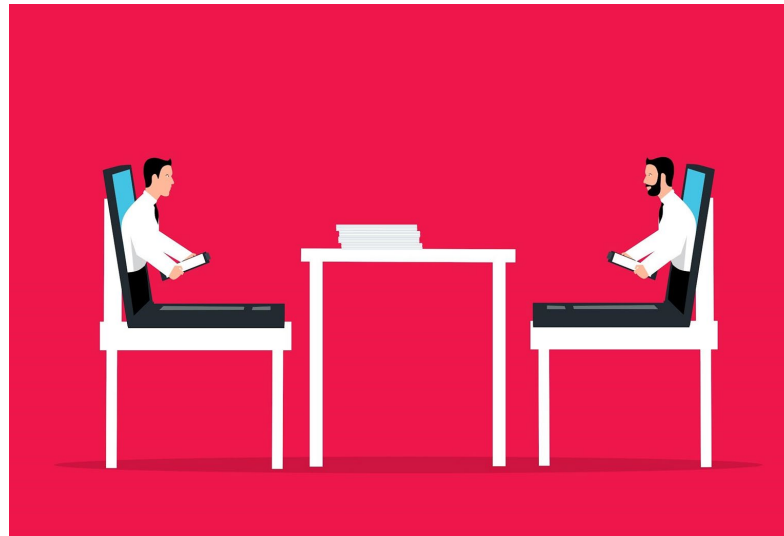


Improving patient and environment of care



## Virtual Observations

Experience virtual observations - flexibility tailored to your facility's preferences



# Conclusion

## Mutual Transformation

- Mutual Empowerment- coordinated collaboration
- For the Network- Reduces hospitalizations and elevates standards
- For HHS – partnership provides increased reach, and invaluable insights from subject matter experts





Questions ?

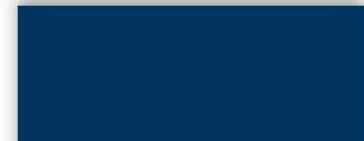




# Success Story

## Preventing Hospitalizations

Nino Reyes RN Clinic Manager  
FKC Bayonne, NJ



# Case Scenario

- A 72 year old female with history of ESRD on HD, HTN, DM II, sacral decubiti, Advance Parkinson's Disease, Persistent Anemia, A-fib on Eliquis, HLD, quadriplegia bed-bound
- On hemodialysis treatment for two years with evidence of functional decline due to multiple comorbidities
- Has had multiple hospitalizations and readmissions due comorbidities requiring blood transfusions.

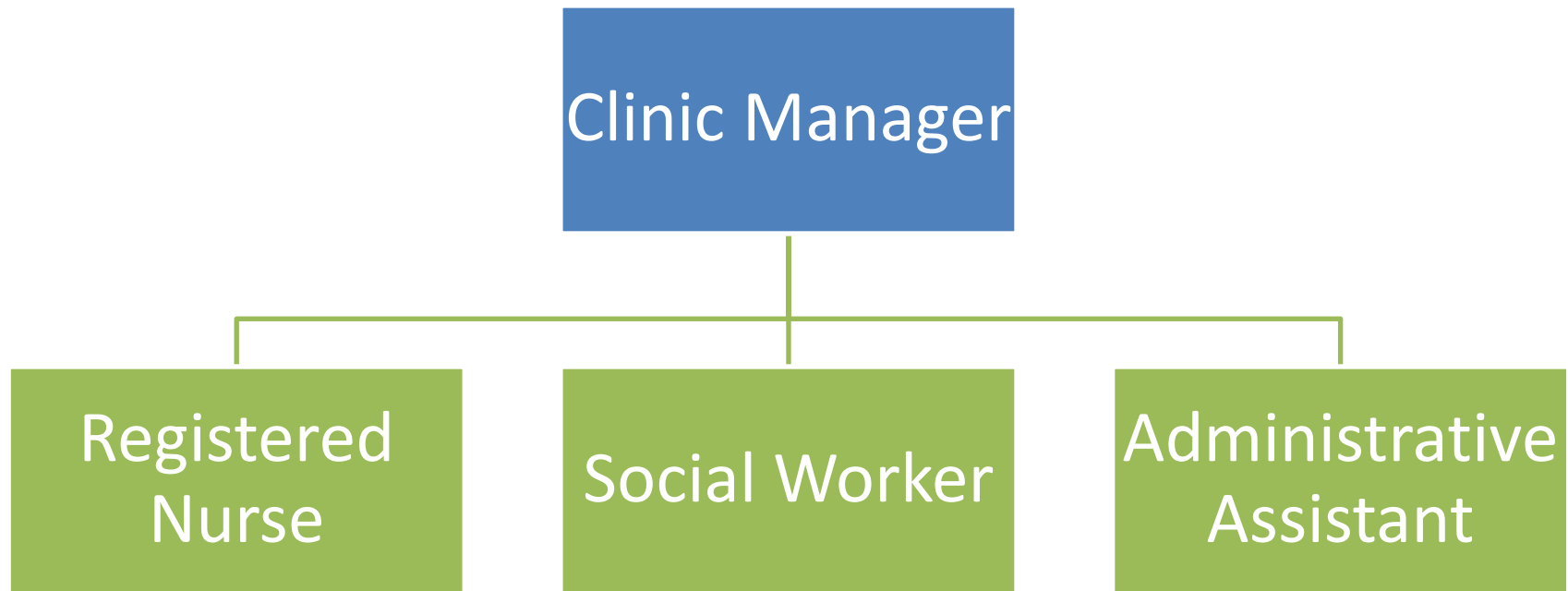


# Intervention

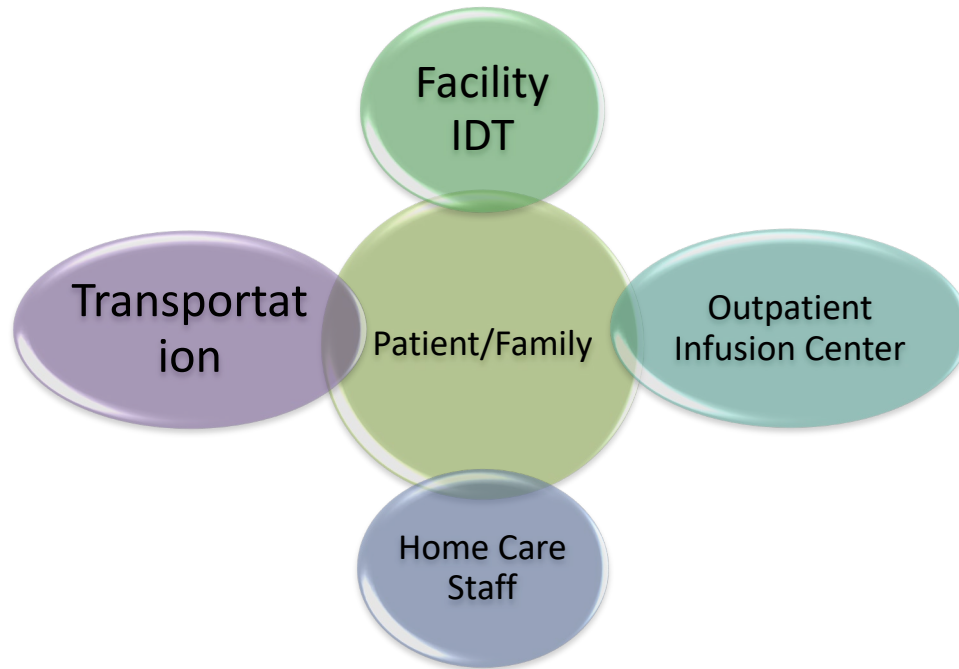
- Adjusting ESA as per Algorithm/ MD order. Hgb not improving despite getting max dose of ESA (Mircera).
- MD order to refer to a Hematologist and to set-up outpatient blood transfusion.



# Interdisciplinary Approach



# Collaboration and Follow up



# Outcome

- Successful outpatient blood transfusion in an infusion center
- HGB improvement
- Patient/Family engagement and satisfaction.
- Effective interprofessional collaboration
- Prevention of hospitalizations and readmissions.
  - This patient has had zero hospitalizations since this approach was implemented!



*Thank you!*





# Questions and Answer Discussion

# Top Take-Aways – Putting Knowledge Into Action



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

# Patient and Professional Resources

## Patient

### 10 Steps You Can Take to Avoid Unnecessary Hospitalizations



Not every hospitalization can or should be avoided. There are times when a hospitalization is necessary. Listen to your care team and know when to go. However, who wants to go to the hospital if it can be avoided—no one, of course! The following are steps you can take to protect yourself against the need for an unnecessary hospitalization.

Action	How
<b>1</b> Prevent Blood Infections	<ul style="list-style-type: none"> <li>Wash your hands before touching your fistula or graft</li> <li>Wash the skin over your fistula or graft with warm, soapy water just prior to your dialysis treatment</li> <li>Learn the infection prevention practices in your facility</li> <li>Know the signs and symptoms of infection:                             <ul style="list-style-type: none"> <li>Fever, fatigue, diarrhea, and/or redness and swelling around a catheter</li> </ul> </li> </ul>
<b>2</b> Protect Your Access	<ul style="list-style-type: none"> <li>Listen to your access</li> <li>Feel your access for</li> <li>Talk to facility staff</li> <li>Get treatment as soon as</li> </ul>
<b>3</b> Reduce Your Risk of Fluid-Related Issues	<ul style="list-style-type: none"> <li>Attend all of your dialysis</li> <li>Follow salt and fluid restrictions</li> <li>Let staff know if you                             <ul style="list-style-type: none"> <li>Drinking too much fluid</li> <li>Hard to breathe</li> <li>Too much fluid in your heart problems</li> </ul> </li> </ul>
<b>4</b> Protect Your Heart	<ul style="list-style-type: none"> <li>Keep a healthy body</li> <li>Get help to quit any smoking</li> <li>Take your blood pressure</li> <li>Follow salt and fluid restrictions</li> </ul>

### Where Should You Go for Medical Care?



When you are sick or injured, knowing where to go to get good care can save you valuable time and frustration. Your first thought may be to call 911 or go to your local hospital's emergency room (ER). But the ER may not be the best place to be treated for your injury or illness. When your injury or illness isn't life-threatening, the ER is an expensive, time-consuming attempt for help. There are other options that can be faster and less expensive.

Using the chart below, work with your healthcare team to identify what conditions you should see a doctor or nurse, or visit a clinic or urgent care facility, or the hospital ER.

Check the box that's best for you.

Signs and Symptoms	Kidney Doctor or Nurse	Clinic or Urgent Care Facility	Hospital ER	Notes
Feeling confused or cannot think clearly				
Dizzy or light-headed or feel like you may faint				
Increase in blood pressure				
Exposed to someone with COVID-19				
Cough, cold, or sore throat				
Rashes or skin irritations				

## Professional

### How Dialysis Staff Can Impact Hospitalizations



Patients with end-stage renal disease (ESRD) have a greater risk of comorbidities, including diabetes and anemia, and have higher hospital admission rates than patients with other diseases.<sup>1</sup>

This tool offers open-ended questions to encourage conversation between staff and patients. By using open-ended questions like "How," "What," and "Tell me..." you may be able to gather more information from the patient and prevent a hospitalization.

During medication reconciliation, ask questions like:

- Why and why are you taking this medication?
- How are you taking your medication?

If you notice that a patient is losing weight, you might ask these questions:

- How many meals per day do you eat? How frequently do you go grocery shopping?
- What did you eat for dinner last night. Or how much do you normally eat for lunch?

While cannulating a patient, ask:

- How do you clean your access? When and how often do you clean your access?
- How do you check for the access bruit and thrill?

When providing central venous catheter and peritoneal dialysis cath:

- What are the signs of an infection?
- What would you do if your dressing came off at home? Or if the drc

Readmission Prevention Tips

Ask the patient to share his or her discharge summary with you. Review the and create a plan of care to address the root cause of the admission and an conditions to prevent gaps in care.

- Develop a system that identifies patients that have been recently h monthly quality meeting with the Interdisciplinary Team.
- Work with the patient/family for any follow-up appointments with I nephrologist, specialist, physical therapy, occupational therapy, or I
- Collaborate with social workers to assist patients with post-hospital prescriptions, scheduling appointments with referral physicians, and



### Hospitalization Risk Assessment

This screening tool may help identify patients at risk for hospitalizations.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Check all that apply:

Clinical Conditions

- Consistently gains excessive fluid weight between dialysis treatments
- Multiple co-morbid conditions: diabetes, high blood pressure, obesity, heart disease, chronic obstructive pulmonary disease
- Recent or frequent hospitalizations/emergency department (ED) visits
- Permanent dialysis catheter
- Recent unintentional weight loss
- Low albumin as determined by the facility protocol
- Increased missed treatments over the last several months



# Recap & Next Steps

- Additional pathways for learning
  - Sharing Best Practices to a greater community through coalition meetings
  - Using case studies to identify new ways of doing something or missed opportunities
- Next meeting – TBD

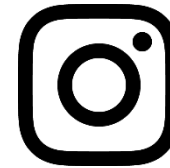
Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



# Social Media



ESRD National Coordinating Center



@esrd\_ncc



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National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship

# Thank You

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