Expert Teams
Dialysis Care In Nursing Homes
Case-Based Learning & Mentorship

Thursday, August 3, 2023

Facilitator: Julie Moss, ESRD National Coordinating Center

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

Expert Team Call Objectives

- Prepare for improvement using shared clinical cases
- Test processes through the application of knowledge from the cases
- Use inquiry-based learning to problem solve
- Examine clinical reasoning, problem solving, and decision making through lived experience
- Act as a consultancy for behavior change and improvement

Questions to Run On

How Might We . . .

- Improve the care and lives of dialysis patients that reside in nursing homes?
- Overcome barriers to dialysis care in the nursing home?
- Address other special needs for this vulnerable population?

Guest Expert

David L. Mahoney, MD, FASN, FASDIN
Chief medical Officer
DaVita Hospital Services Group and Skilled Nursing Facility Dialysis

Conversion of an In-Center Dialysis Facility to a SNF Dialysis Program to Maintain Continuity of Care

AUGUST 3, 2023

END STAGE RENAL DISEASE NATIONAL COORDINATING CENTER

DAVID L. MAHONEY MD FASN FASDIN

Background

- An in-center dialysis facility was co-located at a SNF and provided dialysis care to SNF residents and members of the local community
- The center census was 35, with 15 being SNF residents
- The facility had 10 chairs with 1 isolation room
- The dialysis provider gave notice that it would no longer serve that facility, with termination of services in 60 days
- The SNF is located in a state where there were no SNF dialysis programs

Considerations for Planning Conversion to a SNF Program

- A new provider was needed who could convert the facility to a SNF program and do so quickly
- Patients would require alternative arrangements while the conversion took place
- Coordination with the local and state health authorities was essential to ensure that guidance and regulations were followed and that quality and safety were maintained
- Arranging transportation for 15 residents required significant logistical planning

Step One – Alternative Arrangements for Patients

- Patients were assigned to surrounding in-center programs
- Nephrologists were included in the reassignment plans
- Transportation was arranged by the SNF and coordinated with dialysis social worker
- The SNF nursing staff established transition of care practices, as the patients were going off-site

Step Two – Facility Conversion

- As the facility had functioned as an in-center facility, conversion consisted mostly of staffing, acquiring equipment from the previous provider, ensuring that adequate supplies were in place and inspecting the facility and performing any necessary repairs or updates
- The Department of Public Health assisted by making an on-site visit and providing guidance as to how to make the facility ready to resume service

Step Three – Resuming Service

- 15 residents were to return to the facility
- The Department of Public Health provided guidance with recommendation to have three patients return each week
- Weekly telephone calls were held by the dialysis provider, SNF team and DPH
- Ten long-term residents returned to the facility

Step Four – Returning to Full-Service

- With guidance from the DPH, the SNF began to accept short-term rehabilitation patients into the dialysis program
- The program has now expanded to over 35 patients

Lessons Learned

- Create a plan for alternative site of care while the conversion is underway
- Coordinate among new dialysis provider, former dialysis provider, SNF, patients, families, nephrologists and regulatory bodies
- Ensure that the transition will not diminish quality or safety of care
- Resume service gradually
- Plan for success

Questions

Case Study Presentations

End-Stage Renal Disease Network Program

Expert Teams Call Network 6

Emmanuel Harris BSN, RN Regional Quality Manager
Concerto
August 2023

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 #

Concerto Renal Services

Network 6

- Provide Hemodialysis for Nursing Home Residents in Sub-acute Setting
- Specializing in patients with intricate medical requirements
- Operating In Georgia for 2.5 years
- Treating approximately 85 Patients in Georgia
- Currently in 7 Nursing Facilities in Georgia and over 100+ Nationwide

Case Study
Transfusion

Priority:

- Avoid unnecessary blood transfusions for patients

Quality Improvement Initiatives:

- Dedicated Anemia Management Team
- Deep Dives
- RCAs with the Network

Changes in ESA Dosage

- Changed from Aranesp once weekly to Epogen 3x a week
- Reduced Incidence of Missed Doses
- Can make Immediate Dose Adjustments

Case Study 2

Patient 1

Last 5 Hgb; Date: 3/22/23 Hgb: 10.6

-- Date: 3/29/23 Hgb: 9.4

Date: 4/5/23 Hgb: 8.8

-- Date: 4/19/23 Hgb:10.0

Date 5/3/23 Hgb: 9.5

Iron Stores: Date: 3/1/23 Ferritin:1257 TSat: 49%

Iron replacement ordered: No Date: N/A

Medications: ESA Doses in last six weeks	Dose: 2000 units Epogen	Date: 3/31/23 – 4/21/23
	Dose: 1500 units Epogen	Date: 4/24/23
	Dose: 1500 units Epogen	Date: 4/26/23
	Dose: 1500 units Epogen	Date: 4/28/23
	Dose: 1500 units Epogen	Date: 5/1/23
	Dose: 1500 units Epogen	Date: 5/3/23

Current HGB:

Hospitalized? No

Other medical issues: CHF, DM, HTN

Case Study

Last 6 weeks Hgb;	Date: 3/6/23	Hgb: 10.0
--	Date: 3/20/23	Hgb: 7.7
	Date: 3/27/23	Hgb: 8.0
--	Date: 4/10/23	Hgb: 8.4
	Date: 4/26/23	Hgb: 9.3
--	Date: 5/3/23	Hgb: 9.5

Iron Stores: Date:3/1/23 Ferritin: 1348 TSat: 40%
Iron replacement ordered: No Date: N/A

Medications: ESA Doses in last two months	Dose: 2700 units Epogen	Date:3/6/23 - 3/22/23
	Dose: 3400 units Epogen	Date: 3/24/23 - 4/10/23
	Dose: 4300 units Epogen	Date: 4/12/23 - 5/17-23

Current HGB
Hospitalized? No

Best Practice RCA

Care Process In Action RCA process for Transfusions

Patient 2

Last 6 weeks Hgb;	Date:	Hgb:
--	Date:	Hgb:
	Date:	Hgb:
--	Date:	Hgb:
	Date:	Hgb:
--	Date:	Hgb:

Iron Stores: Date: Ferritin: TSat:

Iron replacement ordered: Date:

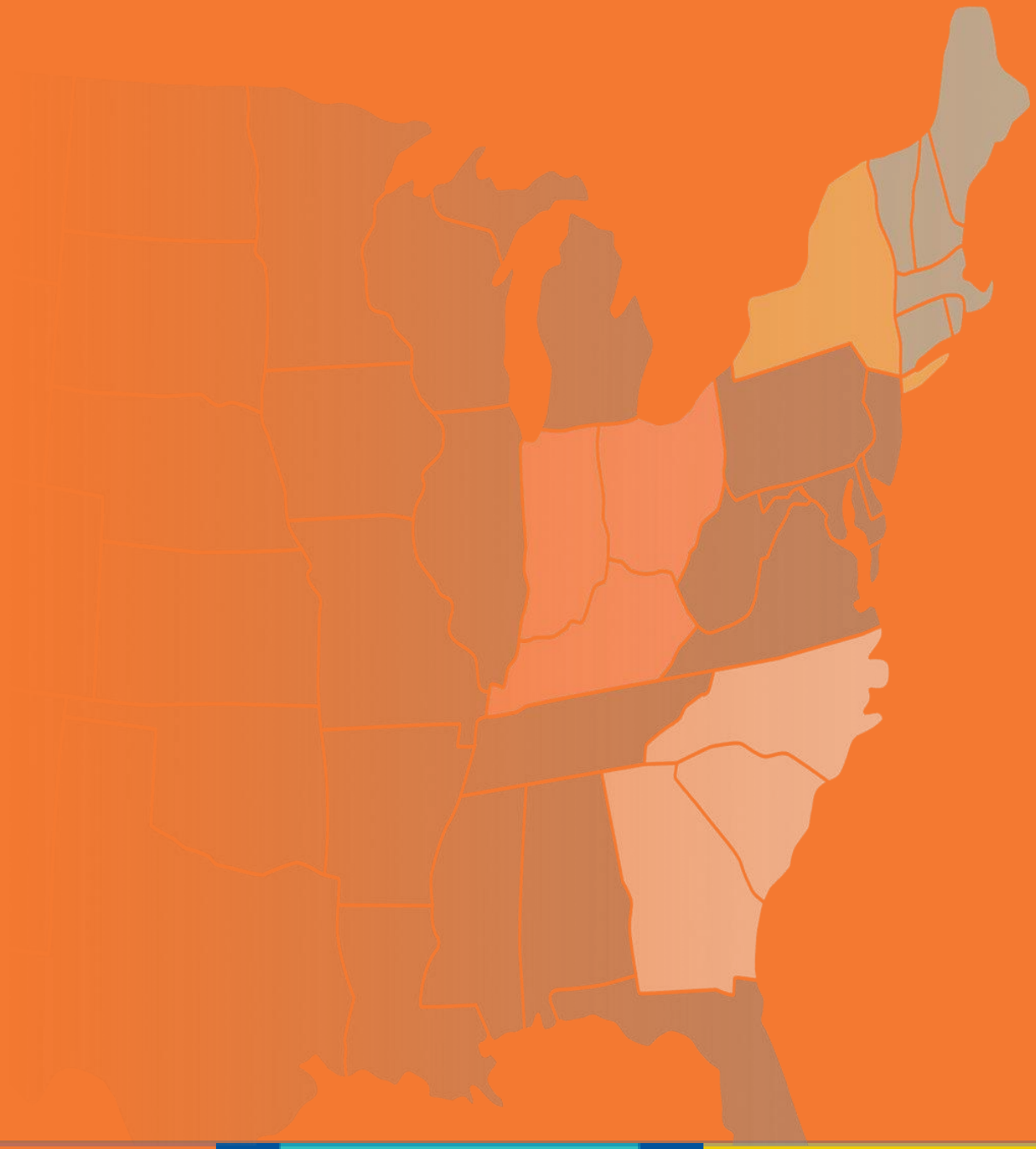
Medications: ESA Doses in last two months	Dose:	Date:
	Dose:	Date:
	Dose:	Date:

Current HGB:

Hospitalized?

Other medical issues:

Thank You



Rich Fatzinger
Senior Director | Post Acute Dialysis
Care Enablement
Fresenius Medical Care

Questions

Knowledge Into Action

Top Take-Aways

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?

Recap & Next Steps

- Additional pathways for learning
  - Sharing Best Practices to a greater community through coalition meetings
  - Using Case Study examples to identify new ways of doing something and missed opportunities

- Next meeting – November 2, 2023 @ 2 PM ET

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

@esrdncc

ESRD NCC | End Stage Renal Disease
National Coordinating Center (NCC)

Contact Information
ESRD NCC
nccinfo@hsag.com

This material was prepared the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. FL-ESRD NCC-NC3TDV-08022023-01