

Expert Teams

Dialysis Care in Nursing Homes

Case-Based Learning & Mentorship

Thursday, August 4, 2022

Facilitator: Kelly M. Mayo, ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
 - 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.



Meeting Guidelines



INTRODUCE YOURSELF
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC
INFORMATION
CONFIDENTIAL



BE WILLING TO SHARE
SUCCESSSES AND
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

Introductions

- Guest Expert –
 - Lisa Sotter, MS, Senior Clinical Quality Management Director – Fresenius Medical Care
- Case Study –
 - Tyson Aschliman, CEO, Renal Management Group
 - Dr. Raffi Minasian, Medical Director, Affiliated Dialysis of California
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



What are Expert Teams?

- A group made up of individuals from different high performing organizations, each with their own deep experience and knowledge
- Help others learn faster by sharing what worked (and what didn't work) in their organization
- Bring the best possible solutions to the table
- Continually learn and improve

Expert Team Topic Goals

- Decrease the hemodialysis catheter infection rate in dialysis patients receiving home dialysis at nursing homes
- Decrease the national incidence of peritonitis in dialysis patients receiving home dialysis at nursing homes
- Decrease in the rate of blood transfusions in dialysis patients at nursing homes

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?

Presentation by Guest Expert

Lisa Sotter, MS
Senior Clinical Quality Management Director
Fresenius Medical Care North America



Decreasing ESRD Related Infections in the SNF

• Peritoneal Dialysis

- SNF staff performing PD, must have process for 24/7 on-call communication with ESRD facility
- Has the SNF staff been trained by ESRD provider staff and have documented skills checklist?
- Is there a method to review at least quarterly; staff training and patient quality outcomes with the SNF team?
- Is there a process to identify outcomes and trends by SNF location separately from overall provider number and traditional PD patients?

• Home Hemodialysis

- Typically, ESRD provider staff performing HHD in SNF
- Has the SNF staff been educated on the care of the ESRD patient?
- Is there a clear communication process to share patient information between both parties? (transition of care form)
- Is there a method to review at least quarterly patient outcomes with the SNF team?
- Is there a process to identify outcomes and trends by SNF location separately from overall provider number and traditional HHD patients?

Decreasing ESRD Related Infections in the SNF

• Peritoneal Dialysis

- Peritonitis: Per ISPD guidelines, peritonitis rates should be monitored to include episodes per patient year, specific organisms, and antimicrobial susceptibilities.
- A 12-month tracking tool to identify root causes to aid in developing action plans is recommended.
- Exit Site and Tunnel infections should be noted as well

• Home Hemodialysis

- Blood Stream Infections: rates should be monitored to include episodes per patient year, specific organisms and antimicrobial susceptibilities.
- A 12-month tracking tool to identify root causes to aid in developing action plans is recommended.
- Differentiation between buttonhole and CVC infections should be noted as well

Q&As



Case Study Presentation & Discussion

Tyson Aschliman

CEO, Renal Management Group, LLC

(Partner/Manager, Affiliated Dialysis of California)

Dr. Raffi Minasian

Medical Director, Affiliated Dialysis of California



Affiliated Fact Sheet:



- Currently (August, 2022), the largest Nursing Home dialysis provider in California
- 7 Licensed, active LTC facilities with bedside dialysis in Southern California
 - Additional 2 facilities recently licensed, pending start
 - Additional 4 facilities contracted, licensure pending
- Home Hemo/PD Training Center in Rancho Cucamonga
- Bedside Model, developed in coordination/compliance with CDPH, OSHPD/HCAI, etc...
- CQI engagement by location, aggregated corporately, with distinctions drawn between Home HD/ PD and SNF patients
- ~150 patients in active census



AFFILIATED
DIALYSIS
CALIFORNIA

California's unique challenges

- Licensure & opening up of new Skilled Nursing Facility locations for Bedside Dialysis Capability
- Complexity, generally, of in-bound cases
 - Low acceptance rates, no alternatives in community
 - Relatively low average length of stay, although significant variance among the census
 - Clinical complexity
- Staffing
 - Bedside model requires very high labor cost, compared to Medicare/ Med-Cal reimbursement models for outpatient HD
 - 'Shortage' is quickly becoming a 'crisis' particularly among the pool of qualified Home HD RN's
- Reimbursement– all existing models based on aggregated outpatient HD cost reporting. There is no CPT code for what we do, specifically, in California



Case Study:

'C.S.'

- 53 year-old black female, on trach/vent (stroke victim), non-ambulatory, Managed Medi-Cal member, Admitted to Program in November 2019 after extended Acute Care stay
- (Nearly all of are patients in the SNF program are sub-acute or non-ambulatory skilled nursing referrals)
- Since admission, 7 visits to the hospital for total of 54 days, saving system, patient, and family nearly 1000 days of hospitalization (and counting)
 - One of the hospitalizations was within 30 days of admission, making her a minority among our historical census (<30% 30-day hospitalization, even though vast majority are sub-acute/ highly complicated cases)
 - None of hospitalizations were Dialysis-Related (respiratory, wound care, abdominal/GI, chest pain, etc...)- no sepsis or anemia hospitalizations
- Weaned from Vent & PEG through course of stay
- Arrived with CVC, converted under our care to AVF



Case Study Discussion and Q&As



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

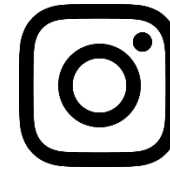
- Additional pathways for learning
 - Sharing Best Practices to a greater community
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – November 3, 2022 @ 2 PM ET
- Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



Social Media



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Expert Teams – Case-Based Learning & Mentorship

Thank You

Kelly M. Mayo
kmayo@hsag.com
813-300-6145

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