Expert Teams – Home Dialysis

Case-Based Learning & Mentorship

Thursday, September 23, 2021

Facilitator: Kelly M. Mayo, ESRD National Coordinating Center

Meeting Logistics

- Call is being recorded and will be posted to www.esrdncc.org
- 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 Guidelines

INTRODUCE YOURSELF BEFORE SPEAKING

KEEP PATIENT-SPECIFIC INFORMATION CONFIDENTIAL

BE WILLING TO SHARE SUCCESSES AND DIFFICULTIES

BE OPEN TO FEEDBACK

ASK THE DIFFICULT QUESTIONS

RESPECT OTHERS

USE "…AND" STATEMENTS

KEEP TO TIME LIMITS

Introductions

- Meeting Focus – Home Dialysis
- Guest Expert –
  - Sijie Zheng, MD, PhD, Kaiser Permanente Oakland Medical Center (CA)
- Case Study Presenter –
  - Janisse Watkins, AGNP-C, DaVita North Florida Region (FL)
  - David Henner, DO, Berkshire Medical Center (MA) and Southwest Vermont Medical Center (VT)
- 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

Home Dialysis

- Increase the number of incident ESRD patients starting dialysis using a home modality
- Increase the number of prevalent ESRD patients moving to a home modality
- Increase the number of rural ESRD patients using telemedicine to access a home modality

Presentation by Guest Expert

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Sijie Zheng, MD, PhD
The Permanente Medical Group
Kaiser Permanente Oakland Medical Center
Oakland, CA

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HPI

90 Y female with CKD V, diabetes mellitus 2, hypertension, CAD/stent 06/2021, HFrEF 35%, mild- moderate AV stenosis, chronic anemia, OA, asthma, hypothyroidism, ovarian mass- she presented with SOB, found to be pulmonary edema and severe anemia

She became severe hypoxic and requiring high flow oxygen after one unit of blood transfusion despite high dose of loop diuretics.

What are you going to do?

- Start HD with a temporary HD catheter
- Place a PD catheter at bedside, start PD
- High dose diuretics, hoping it will work
- Discuss GOC with patient and family

Hospital Events

Started urgent HEMODIALYSIS via R. Femoral CVC

Pt received three days of HD and symptoms has improved dramatically, she does not require oxygen anymore.

Hospital Events

What are you going to do next?

- Change to a semi-long term HD catheter and send her to an outpatient HD clinic
- Place a PD catheter and start PD
- Discuss GOC with patient and her family

Three months earlier

She was seen by a nephrologist who had referred her for option education.

Option class:

- Transplant
- PD
- HD
- Conservative management without dialysis

After the option education class, she and her daughters have chosen PD

Hospital Events

After discussion with patient and family, they prefer peritoneal dialysis for the following reasons:

- Less exposure to COVID and other communicable disease
- Less travel
- Familiar situation
- GREAT FAMILY SUPPORT!

Case Study

She had a PD catheter placed by IR the next day

Temporary HD catheter was removed

She was discharged home

Seen at the outpatient PD catheter clinic next day

Doing very well with urgent PD start.

AJKD
Perspective

Urgent-Start Peritoneal Dialysis: A Chance for a New Beginning

Rohini Arramreddy, MD,[1,2] Sijie Zheng, MD,[3] Anjali B. Saxena, MD,[1,4] Scott E. Liebman, MD,[5] and Leslie Wong, MD[1,2]

Peritoneal dialysis (PD) remains greatly underutilized in the United States despite the widespread preference of home modalities among nephrologists and patients. A hemodialysis-centric model of end-stage renal disease care has perpetuated for decades due to a complex set of factors, including late end-stage renal disease referrals and patients who present to the hospital requiring urgent renal replacement therapy. In such situations, PD rarely is a consideration and patients are dialyzed through a central venous catheter, a practice associated with high infection and mortality rates. Recently, the term urgent-start PD has gained momentum across the nephrology community and has begun to change this status quo. It allows for expedited placement of a PD catheter and initiation of PD therapy within days. Several published case reports, abstracts, and poster presentations at national meetings have documented the initial success of urgent-start PD programs. From a wide experiential base, we discuss the multifaceted issues related to urgent-start PD implementation, methods to overcome barriers to therapy, and the potential impact of this technique to change the existing dialysis paradigm.
Am J Kidney Dis. ■(■):■-■.

INDEX WORDS: Peritoneal dialysis; urgent peritoneal dialysis; urgent-start peritoneal dialysis; late end-stage renal disease (ESRD) referral; acute-start peritoneal dialysis; acute peritoneal dialysis.

Q&As – 5 Minutes

Case Study #1

Empowering patients to make active modality decisions

Janisse Watkins, AGNP-C
Home Director
Autumn Swanhart, BSN, RN
Home Program Manager

An Education Challenge

In October 2020, Regional PD Census was 156 L6M home growth stalled around 157 patients

- Inconsistent education was being performed for new admits
- Home Nurses struggled to keep up with ICHD modality education
- Education was dependent on the Regional SW
- Home Ambassadors (Facility Educators) lacked knowledge
- Physicians wanted a direct point of contact

Opportunities Encountered

- Consistent prompt patient education
- Home support for ICHD teams
- Accountability with physicians and surgeons
- Inadequate follow up with patients on their modality questions

A New Path Forward

Regional Home Modality Educator Role

Created the ME role to provide consistency, reduce the burden for the Home nurses, and develop relationships with the ICHD team and physicians.

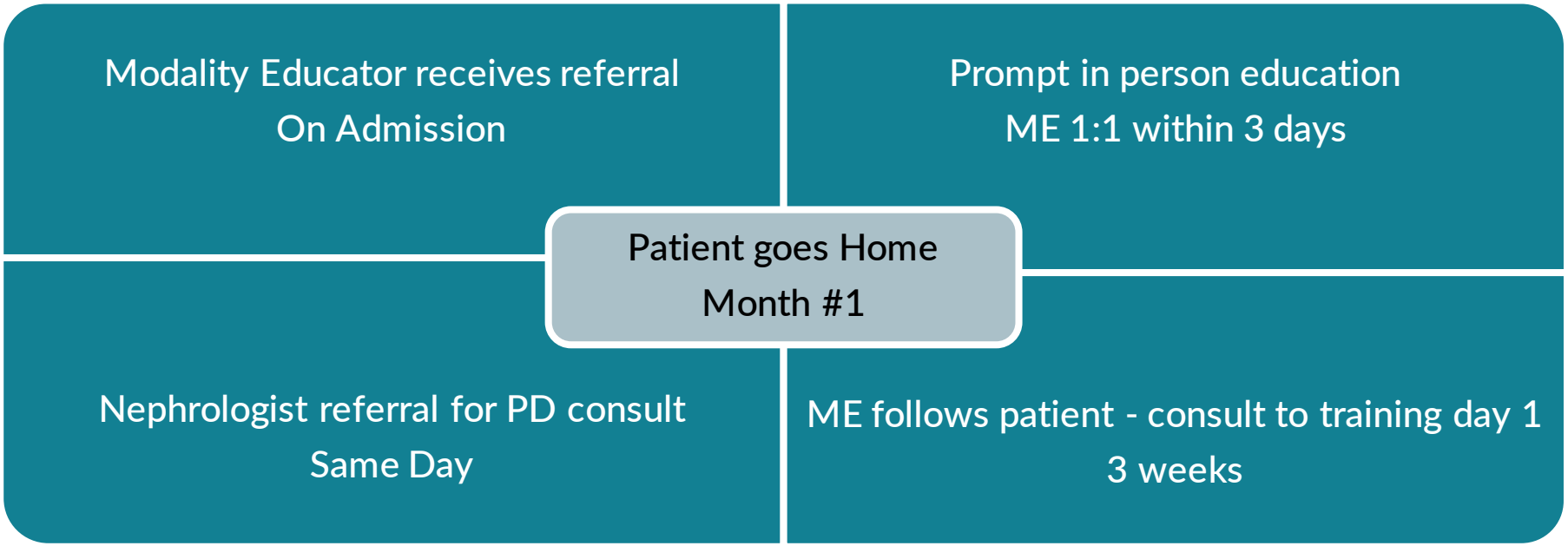
The ME is responsible for educating all of the ICHD patients 1-1 and ensuring patients who chose Home are on track for transition.

ME Role and TCU Process

Modality Educator adoption of TCU resources

- Educates all new to in-center patients
- Documents data via TCU portal on status of completed education
- Hosts weekly pipeline calls with HPM and ICHD team
- Communicates weekly with ROD, FA, HPM & ICHD on patient progress
- Alerts physicians to follow up on patient's AKI status and communicates patient needs
- Empowers patients to transition by coordinating with their nephrologist and offering support through each step

New Education Process



TCU Performance

				>80%	100%	100%	Performance Targets							>50%
Facility	TCU "Go-Live" Date	Total Admits	TCU Admits	TCU Admit %	Education Completion Rate	Program Completion Total Completions / Rate	Patients Selected Modality	ICHD Choice	ICHD Modality Choice %	PD Choice	PD Modality Choice %	HHD Choice	HHD Modality Choice %	Total Home Modality Choice
KIDNEY CENTER-EAST	10/9/2020	57	39	68.4%	94.9%	39 100.0%	37	13	35.1%	19	48.7%	2	5.4%	56.8%
DVA VW		*1157*	*646*	*55.8%*	*77.8%*	*415 71.0%*	*509*	*300*	*58.9%*	*138*	*27.1%*	*30*	*5.9%*	*33.0%*

Performance Takeaways:

- 100% Program Completion Rate
- Over 50% Home Selections → 56.8%
- Within 10% of almost all targets

PD Census October 2020 = 151
PD Census June 2021 = 176

Feedback from the ME experience

"Ashley took the time to teach me about the different types of dialysis which helped me make a decision that was best for me and my family. She would answer her phone any time I called and answered all of the questions that I had." –Patient of Ocala East

"Ashley is helpful in educating my patients and ensuring they get their PD cath surgery once I send the referral." –Dr. Nicoleta, Ocala Nephrologist

Questions?

Q&As – 5 Minutes

Case Study #2

Who is a home dialysis candidate?

- **David E. Henner, DO**
  - Division Chief of Nephrology,
  - Medical Director of Dialysis:
    - Berkshire Medical Center, Pittsfield, MA
  - Medical Director of Dialysis:
    - Southwestern Vermont Medical Center, Bennington, VT
- ESRD Divisional Board Chair:
    - IPRO ESRD Network of New England
- President:
    - National Forum of ESRD Networks

Agenda

- Review 2 Cases of Real Current Patients
- Are these Patients candidates for Home Hemodialysis?
- Review Some Contraindications for home hemodialysis

CASE ONE

55 YO Male with Bilat AKA

- ADPKD
- DM-2
- CAD, S/P CABG
- Cardiomyopathy, HFrEF
- PAD
- Cardiac Cirrhosis- with ascites
  - Requires paracentesis frequently
- Pulmonary HTN
- COPD
- Active tobacco smoker
- Uncontrolled SHPT, severe hyperphos, hx calciphylaxis
- Non-compliant with diet
- Morbid obesity
- No residual kidney function, anuric
- Is he a home HD candidate?

CASE TWO

50 YO Male lives alone

- Reflux nephropathy and left renal agenesis
- Started HD in 12/2005
- Was on PD temporarily-failed PD many years ago
- No residual kidney function, anuric
- AVF->AVG, failed
- Catheter Dependent
- "Non-compliant" with diet
- Severe hyperphosphatemia and SHPT
- Was homeless, now living in small apartment on own
- Relationship with significant other ended - lives alone now, no family or friends that can help as care-partner
- Home HD candidate?

Case 1- Started dialysis 11/2013

- In-Center HD initially
- Trained for home HD in 5/2015
- Remains on Home HD
- Rare Hospitalization, does well

Case 2

- Started HD in 2005, was briefly on PD->HD
- Trained for home HD in 2017
- Does HHD by himself with no care partner
- Catheter-dependent

Misconceptions- Patients CAN Do Home Dialysis

- Medical-BKA, AKA
  - CHF, CM
  - Cirrhosis, Ascites, frequent paracentesis
  - Obesity
  - Smoker
- "Non-compliant" patients
- No Care Partner, lives alone
- Vascular Access- Patients with catheters

Conclusion

- Almost Any patient can do Home Dialysis
  - Motivation is Key
- All Patients should be considered home dialysis candidates unless proven otherwise or absolute contraindications
  - Homeless
  - Dementia-severe
  - Nursing Home if does not offer home dialysis
- In-Center HD should be considered exception, not home dialysis

Q&As – 5 Minutes

Recap & Next Steps

- Top take-aways
- I like, I wish, I will
- Additional pathways for learning
- Event evaluation https://www.surveymonkey.com/r/YWBGCLN

Social Media

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Thank You

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