

Expert Teams – Home Dialysis

Case-Based Learning & Mentorship

Thursday, December 21, 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

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

Home Dialysis Improvement Initiatives

- 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



How Might We . . .

- Collaborate with other healthcare providers and stakeholders to increase the number of patients that start dialysis at home?
- Educate differently to increase patient transition to a home modality?
- Utilize telemedicine more effectively to provide patients with access to a home modality?



Presenters

Sijie Zheng, MD, PhD, FASN, FNKF
Assistant Chief, Department of Nephrology
Kaiser Permanente East Bay



Transition from PD to HHD

Sijie Zheng

Case Review

- 76 y.o. male with ESRD due to DM,
- Started PD in April 2018.
- He started to shown signs of burn out and persistent low BP.
- An AVG was placed in Dec 2022.
- Four months later, he started HHD training.

Case Review Continued

- However, the AVG was not matured.
- Adialysis catheter was placed,
- He continued HHD training with the HD catheter.
- Patient completed HHD training in 10 weeks using the dialysis catheter without difficulty.
- He remains on the catheter as his permanent dialysis access.
- He has no complications from the dialysis catheter.
- His hypotension has resolved,
- He is functioning well without any uremic symptom.



Short Report

PERITONEAL
DIALYSIS
INTERNATIONAL



Home-to-home dialysis transition: A 24-year single-centre experience

Mohamed Ahmed Elboki, Claire Kennedy, Joanne M Bargman,
Marg McGrath-Chong and Christopher T Chan 

Peritoneal Dialysis International
2022, Vol. 42(3) 324–327
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Abstract

Home dialysis (peritoneal dialysis (PD) and home haemodialysis (HHD)) are ideal options for kidney replacement therapy (KRT). Occasionally, because of technique failure, patients are required to transition out of home dialysis, and the most common option tends to be to in-centre HD. There are few published studies on home-to-home transition (PD to HHD or HHD to PD) and dynamics during the transition period. We present a retrospective review of 28 patients who transitioned from a home-to-home dialysis modality at our centre over a 24-year period. We observed a total of 911 home dialysis patients with technique failure (826 PD patients and 85 HHD patients) with only 28 patients (3% of the total with technique failure) having successful home-to-home transition. During the transition period, 11 patients (39%) were hospitalized and 13 patients (46%) required variable periods of in-centre HD. After a median follow-up of 48 months following dialysis modality transition, four patients switched to in-centre HD permanently (home dialysis technique survival of 86% censored for death and kidney transplantation) and four patients died resulting in a patient survival of 86% (censored for switch to in-centre HD and transplantation). In our centre, home-to-home transition is a feasible strategy with comparable patient and technique survival. A significant proportion of patients switching from a home-to-home dialysis modality required variable intervals of hospitalization and in-centre HD during transitions. Future efforts should be directed towards assessment and home dialysis education during the entire process of dialysis transition.

Strategies of Optimal Transition

- 1. Discuss early (every visit if possible): patient will transition to HD eventually
- 2. Start HHD education when there is sign of burn out
- 3. Timing of AVF/AVG placement while patients still on PD is debatable.

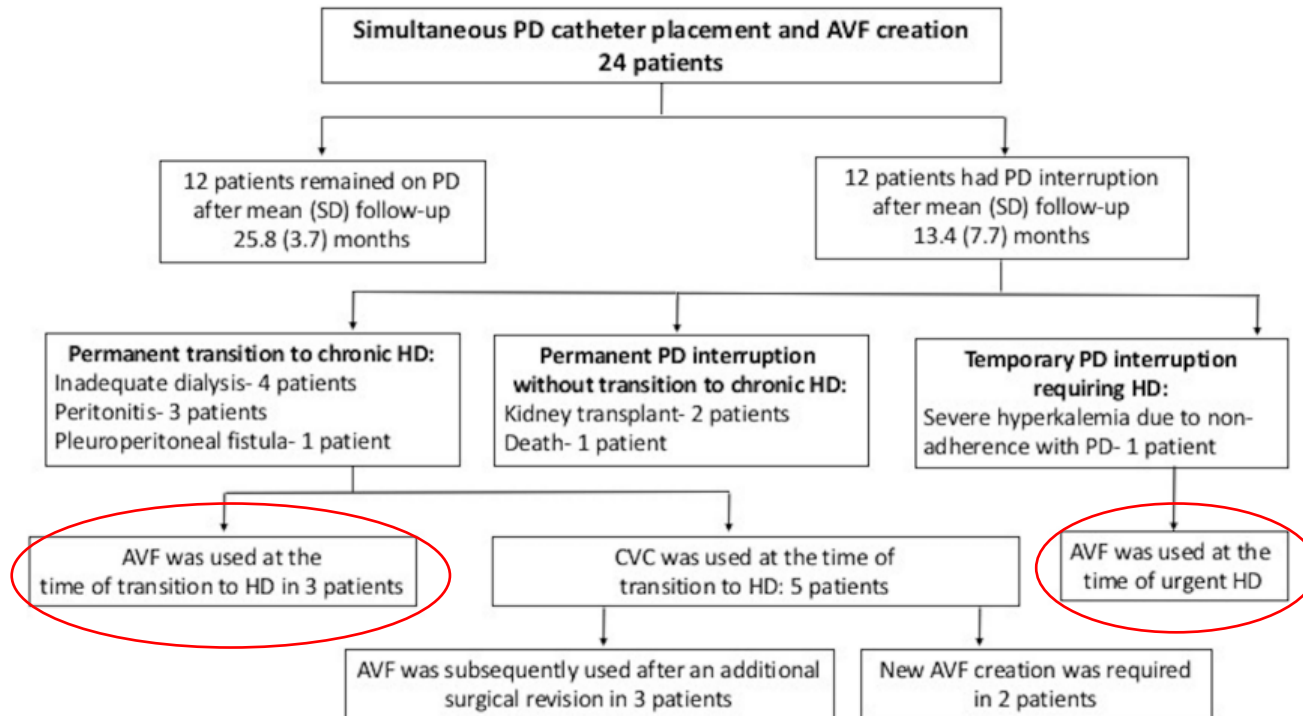


Figure 1 — Peritoneal dialysis outcomes and dialysis access used at the time of peritoneal dialysis interruption requiring hemodialysis. PD = peritoneal dialysis; AVF = arteriovenous fistula; SD = standard deviation; HD = hemodialysis; CVC = central venous dialysis catheter.

TABLE 1
Arteriovenous Fistula Outcomes

	Mature AVF ^a and used	Mature AVF ^b and used	Total AVF used for HD	Mature AVF ^a and not used	Mature AVF ^b and not used	Primary AVF failure
PD interrupted: N of patients	4	3	7	1	1	3
PD continued: N of patients	0	0	0	4	3	5
Total N (%)	4 (16.7)	3 (12.5)	7 (29.2)	5 (20.8)	4 (16.7)	8 (33.3)

AVF = arteriovenous fistula; PD = peritoneal dialysis; HD = hemodialysis.


^a No additional revision was required.

^b Additional revision was required.

Strategies of Optimal Transition

- 4. It's OK to have a dialysis catheter to start HHD:
 - Abandon "fistula first" doctrine.
 - Do not "send patient to in center to mature AVF/AVG"
 - Adopt "right access in the right patient at the right time for the right reasons" (KDOQI CLINICAL PRACTICE GUIDELINE FOR VASCULAR ACCESS: 2019 UPDATE), AJKD VOLUME 75, ISSUE 4, SUPPLEMENT 2, S1-S164, APRIL 2020

- 5. Patient first !

 This article is more than **5 years old**. Information may no longer be current.

SONG-HD Initiative shows disparity between patients and medical professionals on desired outcomes

Table 1. What outcomes are important?

Patients/caregiver view

- 1) ability to travel
- 2) dialysis-free time
- 3) dialysis adequacy
- 4) dealing with wash out after dialysis

Health professional view

- 1) mortality
- 2) hospitalization
- 3) decrease in blood pressure
- 4) vascular access complications

Case Study Presenters

Amanda White, BSN, RN

Home Program Facility Administrator, Cardinal Region 1

Heidi Saldana, RN

Home Therapy Manager, DaVita Abington





Home Modality Expert Presentation

DECEMBER 2023

Davita Glenside
Located in
Richmond, VA

WE HAVE THE FOLLOWING MODALITIES:

- ICHD
- HHD
- PD
- NOCTURNAL

Cardinal Region 1 2023

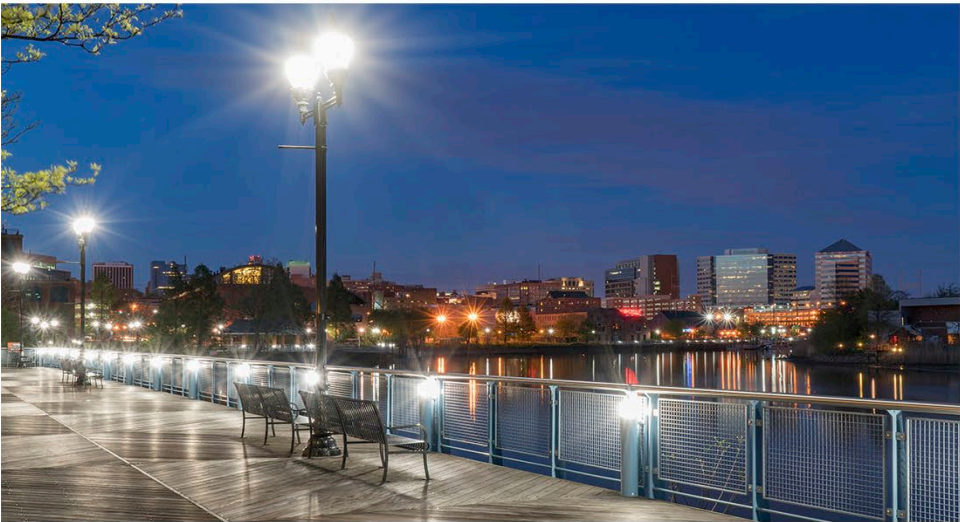
- ▶ We have had 19 home patients transplanted this year.
- ▶ We currently have 4 HHD nurses and 10 PD nurses in this region.
- ▶ We have a TCU educator who educates all new patients on home modalities as well as transplant.
- ▶ Our region started doing embedded PD catheters this year. All of our physicians were educated by our surgical center.

Patient Case Study

- ▶ Patient started ICHD initially.
- ▶ Patient was struggling with doing ICHD due to having worked for her company for 32 years and no longer being able to work.
- ▶ Most of her connections were at work and it had given her purpose.
- ▶ The patient started to struggle with depression and stated that she wanted to be placed on hospice.
- ▶ I reached out to the patient and asked if there was a possibility that she would be interested in a home modality.

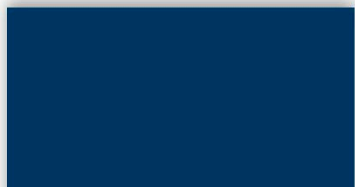
Patient Case Study

- ▶ The patient agreed to do a tour of the home clinic and she felt that it would be a good fit for her.
- ▶ The patient started on PD and was able to return to work part time.
- ▶ This patient is now on the transplant list and is also a home advocate.
- ▶ The patient now participates in lobby days across our region and helps counsel other patients who are interested in home modalities.
- ▶ This patient has also taken a cruise since starting on PD and travels frequently.

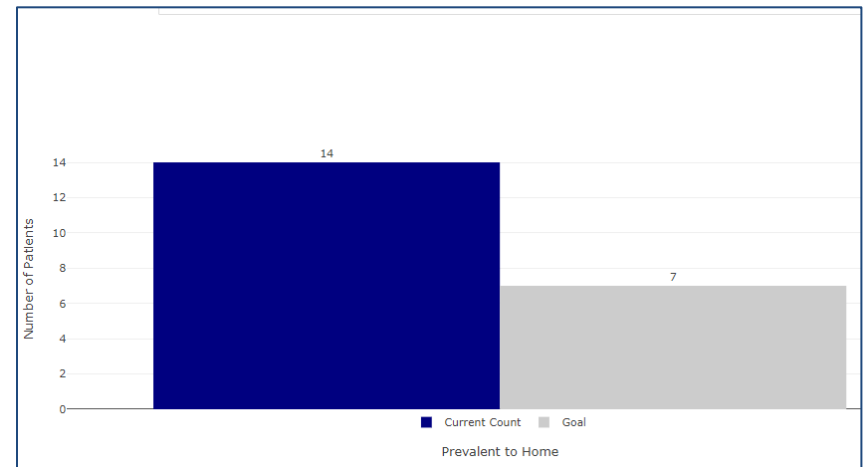
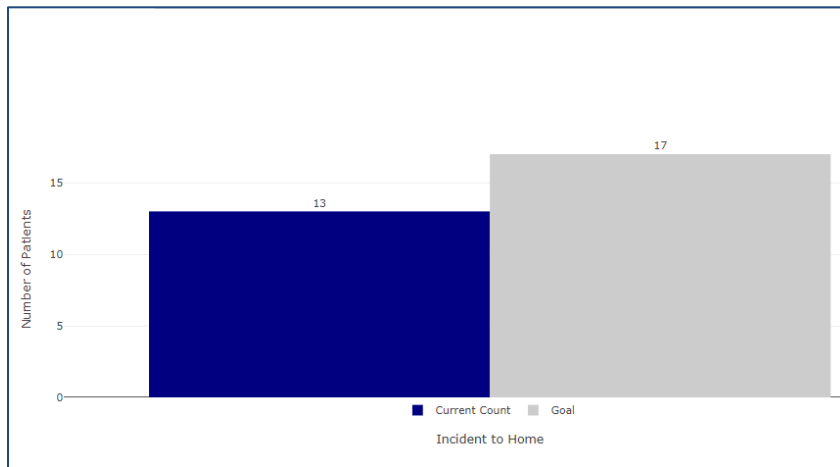


ESRD NCC Home Dialysis Expert Team Call

December 21, 2023

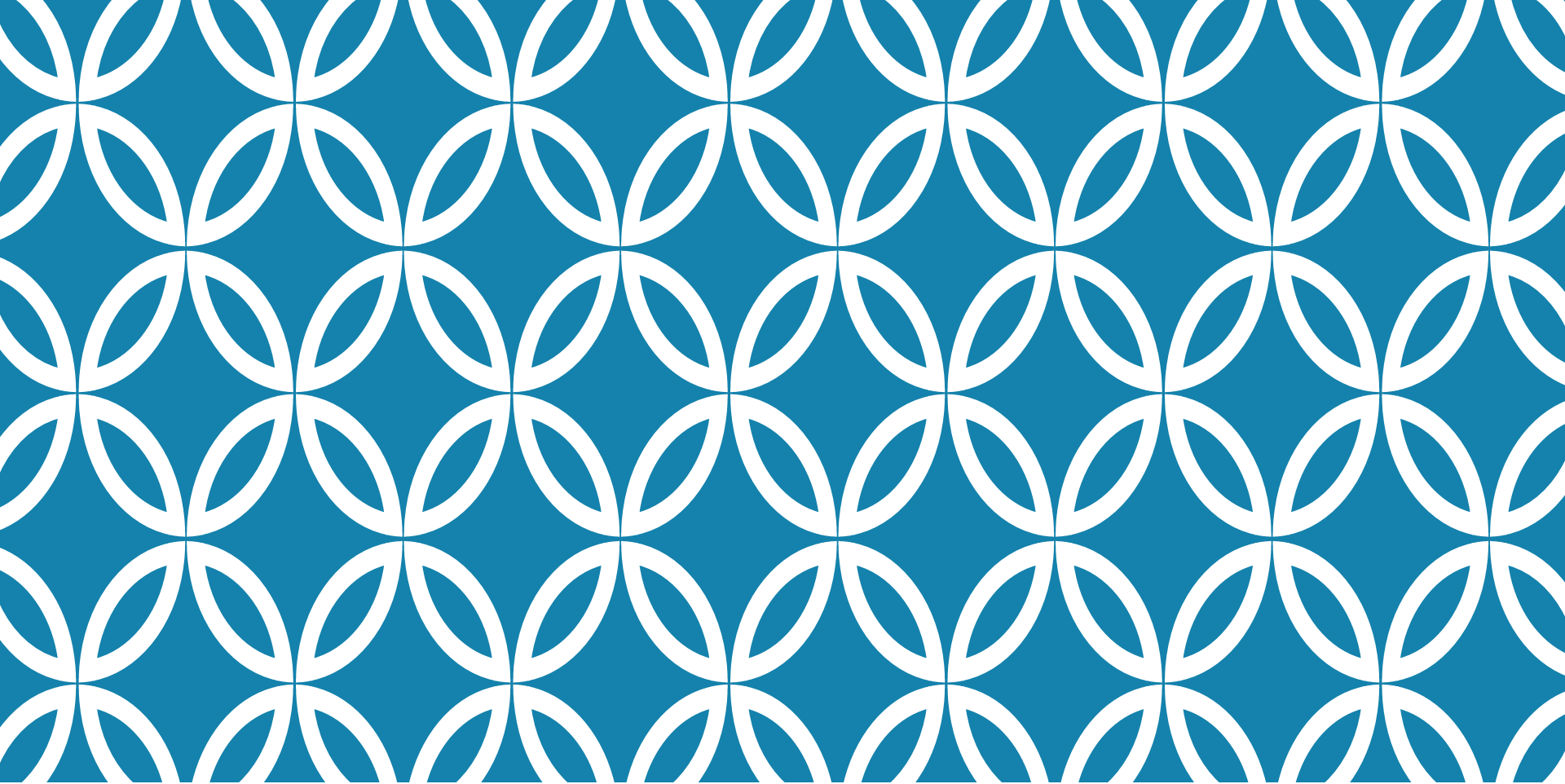


DaVita Abington Facility Goals



Data as of 11/30/2023





HOME GROWTH

Heidi Saldana Home Manager,
PD RN DaVita Inc.

The Levers of Home Growth

Education

Education

Education



Education

Education

Education

NEW START

Education done on CKD 4 and 5

- Education on Modality Options
- Discussion with Neph to start Pt right onto PD or HHD
- Ideal starts

Keys to Success

- Great relationships with Office
- Great relationships with Neph

NEW TO ICHD

Modality education – Overview

Match D

- Provides a Subjective insight into whether the patient can or can not do either PD or HHD
- Allows the Home Nurse insight into early barriers
- Allows the Home Nurse to do motivational interviewing education

Key is that after overview education is done we educate specific to Patients Circumstance and if home would be better Option

Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

HomeDialysis.org/match-d

Suitability Criteria for Self Peritoneal Dialysis: CAPD or CCPD

Strongly Encourage PD

- Any patient who wants to do PD or has no barriers to it
- Employed full- or part-time
- Student – grade school to grad school
- Caregiver for child, elder, or person with disability
- New to dialysis or has had transplant rejection
- Lives far from clinic and/or has unreliable transportation
- Needs/wants to travel for work or enjoyment
- Has needle fear or no remaining HD access sites
- BP not controlled with drugs
- Can't or won't limit fluids or follow in-center HD diet
- No (required) partner for home HD
- Wants control; unhappy in-center

Encourage PD After Assessing and Eliminating Barriers

- Minority – not a barrier to PD
- Unemployed, low income, no High School diploma – not barriers to PD
- Simple abdominal surgeries (e.g. appendectomy, hernia repair, kidney transplant) – not barriers to PD
- Has pets/houseplants (carry bacteria) – bar from room at least during PD connections
- Hernia risk or recurrence after mesh repair – use low daytime volume or dry days on cycler
- Blind, has no use of one hand, or neuropathy in both hands – train with assist device(s) as needed
- Frail or can't walk/stand – assess lifting, offer PT, offer CAPD, use SL instead of larger bags for cycler*
- Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
- Hearing impaired – use light/vibration for alarms
- Depressed, angry, or disruptive – increased personal control with PD may be helpful
- Unkempt – provide hygiene education; assess results
- Anuric with BSA >2 sqm – assess PD adequacy†‡
- Swimmer – ostomy dressings, chlorinated pool, ocean
- Limited supply space – visit home, 2x/mo, delivery
- Large polycystic kidneys or back pain – use low daytime volume or dry days on cycler†‡
- Obese – consider preterminal PD catheter
- Has colostomy – consider preterminal PD catheter
- Rx drugs impair function – consider drug change

May Not Be Able to Do PD (or will Require a Helper)

- Homeless and no supply storage available
- Can't maintain personal hygiene even after education
- Home is unclear/health hazard; patient/family won't correct
- No/unreliable electricity for CGPD; unable to do CAPD
- Multiple or complex abdominal surgeries; negative physician evaluation.†‡
- Brain damage, dementia, or poor short-term memory*
- Reduced awareness/ability to report body symptoms
- Malnutrition after PD trial leads to peritonitis†‡
- Uncontrolled anxiety/psychosis*

Match D should be used as a Tool to see who we invite to Educational session for safe home dialysis

Suitability Criteria for Self Home Hemodialysis: Conventional, Daily, or Extended

Strongly Encourage Home HD

- Any patient who wants to do home HD or has no barriers to it
- Employed full- or part-time
- Drives a car – skill set is very similar to learning home HD
- Caregiver for a child, elder, or person with disability
- Lives far from clinic and/or has unreliable transportation
- Student: grade school to grad school
- Needs/wants to travel for work or enjoyment
- Wants a flexible schedule for any reason
- Has rejected a transplant
- Has neuropathy, amyloidosis, LVH, uncontrollable BP†‡
- Obese/large; conventional HD or PD are not adequate †‡
- Can't/won't follow in-center HD diet & fluid limits†‡
- Is pregnant or wants to be †‡
- Frail/elderly with involved, caring helper who wants home HD*
- Wants control; unhappy in-center
- No longer able to do PD

Encourage Home HD After Assessing and Eliminating Barriers

- No employer insurance – not a barrier to nocturnal 3x/wk home HD, which Medicare & Medicaid cover
- Unkempt – provide hygiene education; assess results
- Has pets/houseplants (carry bacteria) – bar from room at least while cannulating/connecting access
- Frail or can't walk/stand – assess lifting ability, offer PT*
- Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
- Hearing impaired – use light/vibration for alarms
- Depressed, angry, or disruptive – increased control with home HD may help
- No helper & clinic requires one – reconsider policy, monitor remotely, use LifeLine device to call for help
- Rents – check with landlord if home changes needed
- Can't/won't self-cannulate – use patient mentor, practice arm, local anesthetic cream, desensitization*
- No running water, poor water quality, low water pressure – assess machine & water treatment options
- Limited space for supplies – visit home, 2x/mo, delivery, consider machine with fewer supply needs
- Drug or alcohol abuse – consider after rehab
- Bedridden and/or has tracheostomy/ventilator – assess self-care and helper ability*
- Rx drugs impair function – consider drug change

May Not Be Able to Do Home HD (or Helper Must Do More)

- Homeless; consider PD if storage is available
- Can't maintain personal hygiene
- Home is health hazard, will not correct
- Unreliable or no electricity
- Brain damage, dementia, or poor short-term memory*
- No use of either hand*
- Uncontrolled psychosis or anxiety*
- Blind or severely visually impaired – consider PD*
- Uncontrolled seizure disorder*
- No remaining HD access sites – consider PD
- Reduced awareness/ability to report body symptoms
- Has living donor, transplant is imminent – consider PD



Check all the boxes that apply. Keep a copy of the MATCH-D in the patient's record.

* May be able to do with a helper
 † Consider extended home HD
 ‡ Consider daily home HD

Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

©2013 Medical Education Institute, Inc. Version 4

Developed by Dori Schatell, MS, and Beth Witten, MSW, ACSW, LSCSW, for Home Dialysis Central (HomeDialysis.org).

5 Characteristics of Motivational Interviewing

Principle	Characteristics
Express Empathy	listen rather than talk; communicate respect for and acceptance of client
Avoid Argumentation	avoid confronting denial; encourage the client to <u>make progress toward change</u>
Roll With Resistance	divert or direct the client toward positive change; listen more carefully
Develop Discrepancy	promote the client's awareness of consequences of continued use; clarify how present behavior is in <u>conflict with important goals</u>
Support Self-Efficacy	elicit and support hope; encourage the client's capacity to reach their goals

CASE STUDY 1 – ICHD TO PD

J.B. a Truck Driver

ICHD for 90 days, AV Fistula placed when prior to start, Fistula not working.

CVC currently in use, but requires frequent visits to outpt radiology for change out

Pt has been educated several times by teammates about home. Refused everyone.

Then Home RN used Motivational interviewing and pt went home on PD until he was transplanted.

ON ICHD GREATER THAN 90 DAYS

Annual education on Modalities

Continuous education when indicated

IDT should evaluate patients needs or concerns with Care Plan and if Home would improve quality of life

Key introducing education when appropriate and not to forget about HHD

CAST STUDY 2 – ICHD TO PD GREATER THAN 90

B.T. patient on ICHD, keeps cutting treatment time.

Team educated Pt on Home because of the Medicare Requirement but no member of IDT agrees with placing her on PD related to her non-compliance.

Then Home RN used Motivational Interviewing with Patient

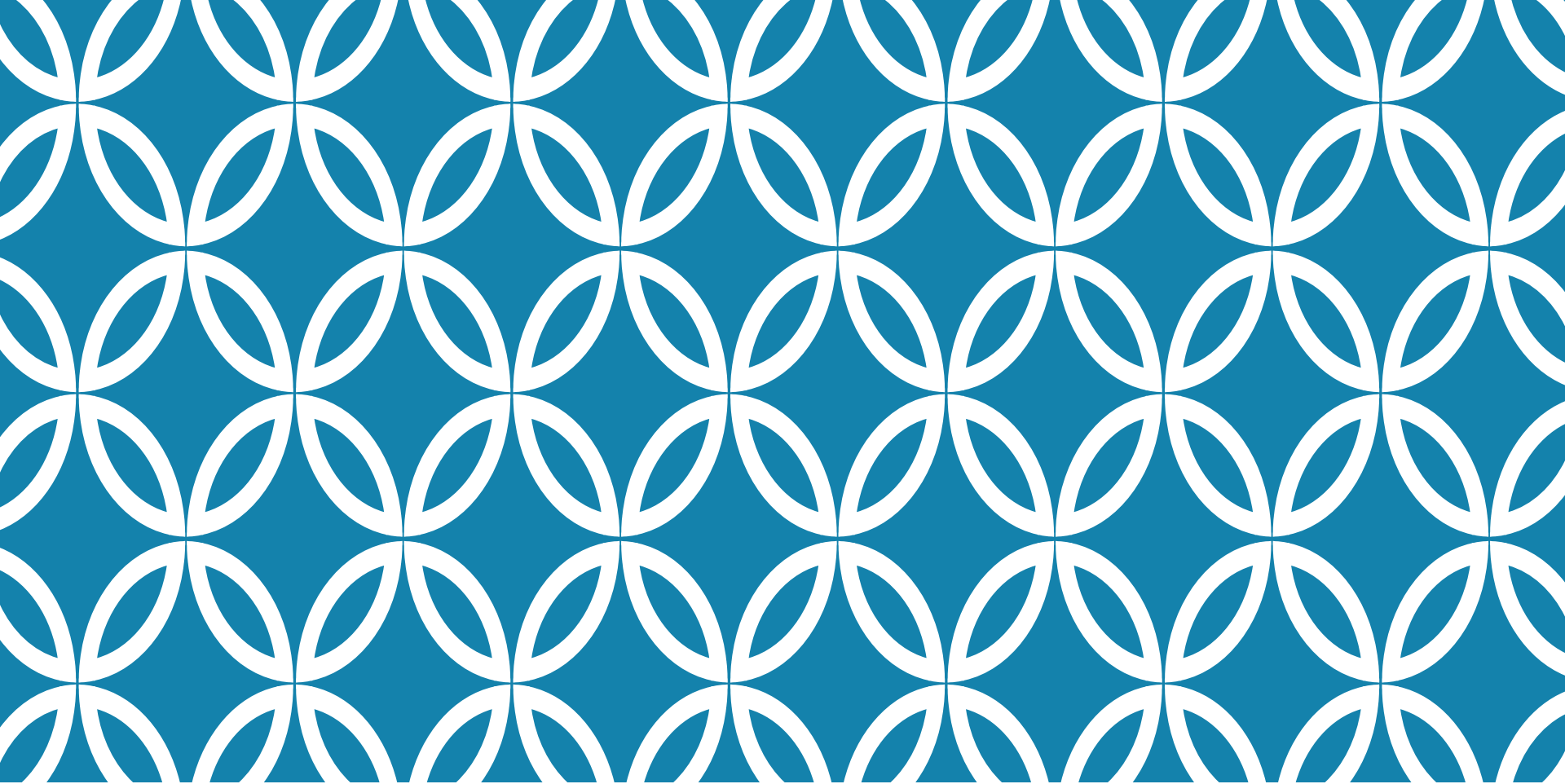
LOSSES

Many Dynamic Reasons why Patients Leave Modality

Understanding Patients Motivation as to Why? Did they chose the Modality in first place

When Patient loses Motivation finding other Motivation is essential

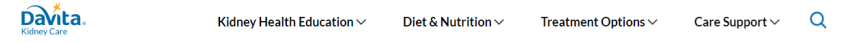
Burden? Making sure IDT is limiting the Burden.... We place on patient



APPENDIX






CKD Education that is available, Virtual, Live and On line



Kidney Disease Education

Find the information, tools and resources you need to start taking control of your kidney health now.

[START HERE →](#)

-  [Risk Factors →](#)
-  [Symptoms →](#)
-  [Stages →](#)

<p>Understanding kidney health</p> <ul style="list-style-type: none"> • Kidneys and your health • How your kidneys work • About kidney disease • Social determinants of kidney disease • Newly diagnosed? Start here 	<p>Risk factors & causes</p> <ul style="list-style-type: none"> • Signs of kidney disease • Causes of kidney disease • Diabetes • Heart disease • Obesity • High blood pressure (hypertension)
<p>Kidney health testing</p> <ul style="list-style-type: none"> • Glomerular filtration rate (GFR) • Albumin-to-creatinine ratio (ACR) • Understanding your lab values 	<p>Kidney stones</p> <ul style="list-style-type: none"> • What you should know • Symptoms and causes • Treatment and prevention • Diet



HOME DIALYSIS CENTRAL

A program of the non-profit Medical Education Institute, Inc.

- Home Dialysis Basics
- Life@Home
- Find a Clinic
- Get Answers
- News & Research
- Professional Tools

Home > Professional Tools > MATCH-D

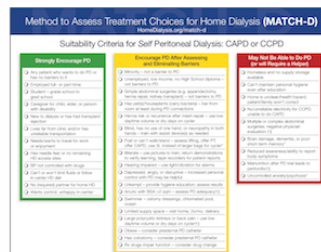
MATCH-D

The non-profit Medical Education Institute, Inc., developed the Method to Assess Treatment Choices for Home Dialysis (MATCH-D) for Home Dialysis Central to help nephrologists and dialysis staff identify and assess candidates for home dialysis therapies (PD and HHD). It is designed to sensitize clinicians to key issues about who can use home dialysis.

Download the MATCH-D (U.S. Version)

The MATCH-D has been tailored for the following countries:

Country	Version	Date Created
United States	Version 4	March 15, 2013
Australia	Version 2	November 28, 2011



If you would like a version of MATCH-D created specifically for your country, please contact us!

ANNA National Symposium Talk On MATCH-D

This recorded session, entitled *A New Home Dialysis Appropriateness Tool: Method to Assess Treatment Choices for Home Dialysis* from the ANNA National Symposium, 2008, examines the benefits of home hemodialysis for patients, providers, and payers. In order to make this modality available to patients who may benefit from it, Dori Schatell, Executive Director of Medical Education Institute, Inc., provides examples of the challenges faced in identifying the appropriate dialysis modality for each patient. **Get it here.**

Medicare FAQs

Start a Home Dialysis Program

Become Certified

Billing

Links for Professionals

MATCH-D

Questions and Answer Discussion

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
 - Share Best Practices to a greater community through coalition meetings and peer-to-peer sharing
 - Use take-aways from today's presentation to identify new ways of doing something or missed opportunities

- Next meeting – Thursday, March 28, 2024@ 2pm ET

Visit the ESRD NCC website to find materials and share

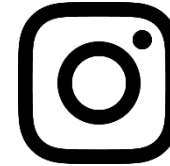
<https://esrdncc.org/en/professionals/expert-teams/>



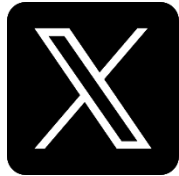
Social Media



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National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship

Thank You

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