

# Expert Teams – Hospitalization

*Case-Based Learning & Mentorship*

Tuesday, November 15, 2022

Facilitator: Julie Moss, 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 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

- Case Study – Michael Austin, DaVita Bradford
- 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 hospital admissions
- Decrease hospital readmissions
- Decrease Emergency Department visits

# Questions to Run On

# How Might We ...

- Provide patients the knowledge and skills to prevent unplanned hospitalizations?
- Address health conditions that may contribute to hospitalizations, such as anemia or undiagnosed mental health?
- Assist patients with unstable support systems or financial issues that may impact hospitalizations and Emergency Department visits?



# Case Study



# DaVita Bradford Dialysis Covid 19 Plan of Action

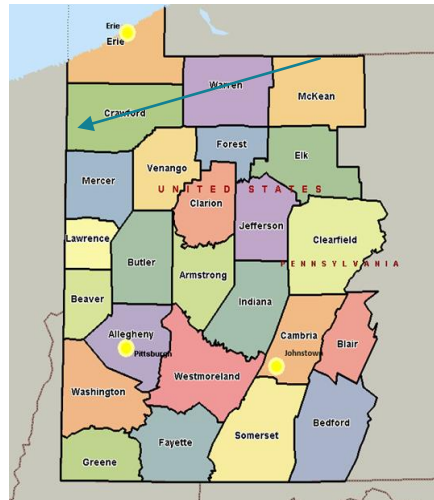
## Michael Austin



# Covid 19 Hospitalization Rate & Previous Process.

**Covid 19 Hospitalization rate from October 2021 through May 2022 was 3.33% (8 admissions total).**

**Previous process used as the hub and spoke model (DaVita termed our process cohorting clinics)**





# Case Study

74 year old male who has been on dialysis 1 year lives independently called the clinic the morning of his scheduled treatment and stated he had tested positive for Covid 19 at the Urgent Care.

We advised the patient that we would need to schedule him with our Cohort Facility located in Meadville PA, as that is a clinic designated for patients who are Covid positive. This is DaVita's process to decrease any possible cross contamination exposure, separating Covid positive away from general population.

Patient expressed transportation would be an issue, as that driving distance is to far for him, and that he would have to check with his adult children to see if one of them could transport. We advised the patient we would look to see if any Medical Assistance transportation would be available as well. We also advised the patient to go to his nearest emergency room if he starts to feel sick, and his attending Nephrologist was made aware.

The clinic called the Cohort clinic the following day to check the status of the referral that was made, and it was reported he did not show for his treatment. Our clinic was then contacted that the patient presented to the ER and was admitted to OGH and was receiving inpatient dialysis, and would remain there until he could return to general population at his home clinic (Bradford Dialysis).



# Case Study Continued

This example listed on the previous slide, was a common outcome for patients treating at our Bradford clinic, because of the barrier of traveling to another clinic 2 plus hours away. In order for a patient to receive their dialysis treatment, they would report to the emergency room, and their attending Nephrologist would be consulted and would direct for an admission since the patient could not dialyze in their home clinic until 10 day period had passed.

Several areas of our healthcare system were impacted by this example explained. First, the impact this had on the patient where he was hospitalized because of needing to receive his dialysis treatment, and stay for an extended period of time due to recommendations provided by CDC for returning to a general population in healthcare setting. Second, adding to the overall census of our local hospital that was facing the challenge of staffing, and bed capacity. This was a patient that was receiving treatment, that could have been performed on an outpatient status. Third, the impact it has for the clinic on reporting metrics.



# Reducing Covid Hospital Admissions/Process Change

## Changing the Process

- Governing Body Approval to safely dialyze Covid Positive patients in their home clinic in an isolation room.
- Governing Body Approval to dialyze Covid Positive patients on their own separate shift/Not with general population.



## Action Plan

- Eliminate any exposure to general population by eliminating cross contamination. (Patient to treat as last patient on a shift).
- Use the isolation room to dialyze Covid Positive patient/ or create third shift on TTS for Covid Positive patients if multiple are occurring.
- Have all Clinical Team N95 fit tested per OSHA regulation. Follow all CDC and OSHA recommendations for proper PPE.





# Case Study

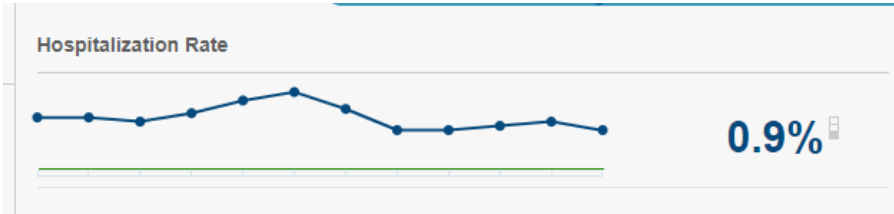
70 year old Female patient who Dialyzes at Bradford Dialysis on MWF schedule 7am tested positive for Covid.

Following the new process approved by the Governing Body of Bradford Dialysis, the following took place for this patient in April 2022.

Patient's husband called the clinic Tuesday afternoon stating his wife (patient of Bradford Dialysis) has tested positive for Covid 19. It was communicated with him that we would need to follow our Covid 19 process, and that she would have to have her chair time moved temporarily to the last chair time on the first shift, and treat in the isolation room. They were also instructed to call the clinic when they arrive, and wait for staff to greet them at the clinic doors, and to not wait in the common waiting area. This was explained so they understood our process to decrease the chances of any exposure to someone that would be categorized as general population.

Patient successfully attended and completed her scheduled treatments on her normal scheduled days during this timeframe of having Covid. Clinic staff were able to safely provide treatment utilizing the proper PPE, and following all infection control instructions.

Biggest takeaways from this scenario compared to the first one shared earlier, is the barriers faced in scenario one were eliminated, and this patient was able to remain out of the hospital and receive scheduled dialysis treatment in her home clinic. No cross contamination spread amongst patients in the clinic happened, and a hospitalization was avoided.



Making treatment available in our patients home clinic, significantly decreased the overall rate of patients being hospitalized for Covid 19. We were able to eliminate the barriers that patients were faced with when trying to cohort to another facility. An overall Win for our patients, and our HealthCare system.



# How Might We ...

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# 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

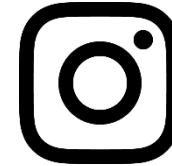
- Additional pathways for learning
  - Sharing Best Practices to a greater community
  - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – Tuesday, February 21, 2023 @ Noon ET
- Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



# Social Media



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Expert Teams – Case-Based Learning & Mentorship

# Thank You

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