# **Expert Teams Dialysis Care In Nursing Homes**

Case-Based Learning & Mentorship

Thursday, February 1, 2024

Moderator: Julie Moss, MS

**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?





### Improving care of ESRD in the nursing home

Communication is key

Daniel Roseman, MD

# Challenges

#### Medications

- ♦ Phosphorus binder timing / administration
- ♦ Anti-hypertensives
- ◆ Duplications between dialysis and facility

#### Labs

- Redundancy, collected at dialysis and repeated in the facility
- Timing, lab collections in the facility right after dialysis may be misleading, may lead to further issues if potassium supplements initiated



# Challenges

### **CVC** dressings

♦ Unmonitored in the facility, dressings removed, falling off, unclear awareness

### Disposition

♦ Discharge planning

### Transportation

- **♦** Staffing
- **♦** Chairs
- ◆ Patient engagement
- ♦ Shift adjustments



### **Metrics**

Access types

- **♦**CVC
- ♦AVG / AVF

**CVC** infections

Blood transfusion rates

Episodes of peritonitis

Lab values



#### Access

- ♦61 y/o M on dialysis x 2 years with extensive CVC history with multiple placements in left and right IJ, right femoral and presented with malfunctioning left-sided IJ tunneled CVC with exposed area at the neck
- **♦**CVC replaced
- ♦ Vascular surgery consulted, AVG placed same admission



#### Access

- ♦68 y/o F on dialysis x 17 years with failed left upper extremity AVF, admitted to hospital with rapid atrial fibrillation
- ♦ Referred for new access, did not follow-up
- ♦Seen by inpatient cardiology
- ♦ Nephrologist requested vein mapping and vascular surgery consult
- ♦ Now scheduled for new access in 2 weeks



Estimates of CVC rates >60%

Reductions in this number will take an all hands on deck approach

Was there a prior plan in place? Is there already an access?

Identify an access manager

Partner with local vascular surgeon?

Post reminder signs in room to look at dressing every shift?

Visit the patient in their room

Talk with nursing, aides, DON

Engage the nephrologists every month if not more frequently

- ♦ Is patient a candidate for AVF / AVG?
- ◆ Does nephrologist have access to facility EMR?
- ♦ Has referral for access been made, scheduled, communicated to facility for transportation scheduling?
- ◆ Request vascular surgery consult if patient admitted, possibly vein mapping and cardiology consult



All of the issues mentioned are exacerbated high turnover rate of everyone (including patients)

Communicate... early and often

Nephrologists, dietitians, social workers, administrators, nursing, patients

### **CMS Strategic Pillars**

**Engage Partners** 

Drive innovation

Foster Excellence



# **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

Visit the ESRD NCC website to find materials and share

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



### **Social Media**









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Contact Information ESRD NCC nccinfo@hsag.com



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