

Expert Teams

Dialysis Care in Nursing Homes

Case-Based Learning & Mentorship

Thursday, November 3, 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 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 Experts – Ashutosh Shukla, MD
University of Florida
- Case Study – David Mahoney, MD
Chief Medical Officer, DaVita Hospital Services Group and Skilled
Nursing Facility Dialysis
- 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

Ashutosh Shukla, MD

Associate Professor and the Director of the Advanced Chronic Kidney Disease and Home Dialysis Program, University of Florida



Home Dialysis in Special Situations

Long-term full care facility

- 56 years old woman
- Corpus callosum dysgenesis
- Developmental delays and significant seizure disorder
- Recurrent hypocalcemia
- Requiring full care with minimal ability to do any self-care
- Requires special transportation and multiple support staff for visits
- Progresses to stage 5 CKD requiring KRT

Comprehensive pre-ESKD education

- Decision-making team
 - Caregivers: Long-term specialized living facility
 - Healthcare surrogate: Mother (late 70s)
- KRT options presented
 - Conservative care (as per family wishes)
 - Peritoneal dialysis (strong recommendations)
 - In-center hemodialysis (avoidable)

Dialysis selection

- Healthcare surrogate (mother): Peritoneal Dialysis
 - Avoids travel
 - Regular medications
 - Patient comfort
- Long-term living facility
 - Fearful of responsibility
 - Uncertain about medico-legal implications
 - Fears that the patient will disconnect/pull catheter
 - Non-availability of nursing or skilled medical staff in the night
 - Precedence with transferring the patients to dialysis
 - Physician discomfort

In-center hemodialysis (six months)

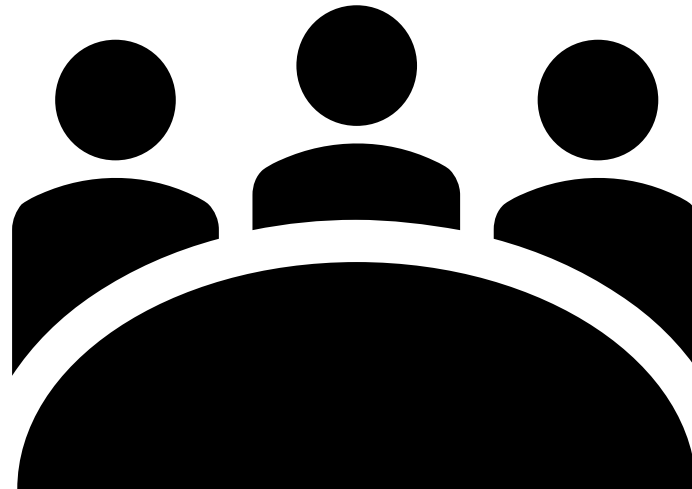
- Repeated episodes of seizures
 - 911 calls, transfer to hospital
- Recurrent hospitalizations
 - Seizures (6 times)
 - Line sepsis (1 time)
 - UTI (1 time)
- Recurrent disruption of dialysis unit
 - Patient reacting to unfamiliar nursing staff
 - Staff reacting to unfamiliar patient response patterns
 - Mother visiting every dialysis but not allowed in the unit
- Patient deemed unstable and on monthly care plans to improve care coordination

Multidisciplinary care plan meetings

Medical PoA (Mother)

Dialysis unit

- Nephrologist,
- Dialysis nurses,
- Social worker,
- Dietician



Long-term living facility

- Physician
- Nurse manager
- Facility manager

Decided for a trial of Peritoneal Dialysis

Peritoneal dialysis arrangements

- Catheter management:
 - Abdominal sleeve to ensure that the patient does not fiddle with the PD catheter
- APD preparation
 - Day-shift staff to prepare the cyclor
- Connect-disconnect:
 - Night shift caretaker
- Back-up
 - PD nurses on call for telephone support

Peritoneal Dialysis Outcomes

- Follow up 4½ years
- No episodes of peritonitis
- No seizure episodes related to dialysis
- Admission related to UTI – requiring hospitalization
- No transportation needs leading to high living facility satisfaction
- Monthly clinic visits with mother and caregiver

Lesson learnt

- Conventional limitations are difficult to overcome but, NH and assisted living facility patients may benefit from PD for a variety of reasons
 - Transport
 - Medical management
 - Rehabilitation and PT
 - Low clearance needs leading to more flexibilities in Rx.
 - Adequate expertise within units to carryout regular responsibilities of PD
- Precautions
 - Will need some legal/SOP/protocol development for the facility
 - PD nurses may need to have greater flexibilities in early period

Thank you

Case Study Presentation & Discussion

David Mahoney, MD

Chief Medical Officer, DaVita Hospital Services Group and Skilled Nursing Facility Dialysis



SNF Dialysis in the COVID-19 Pandemic



ESRD Network 5
November 3, 2022

Benefits and Goals of SNF Dialysis



Treating at home

- Enhancing their quality of live



Eliminating transportation to in-center and disruption of SNF services



Enhancing communication and coordination

- Eliminating six transitions of care per week



Reducing disruption of meal and medication schedules

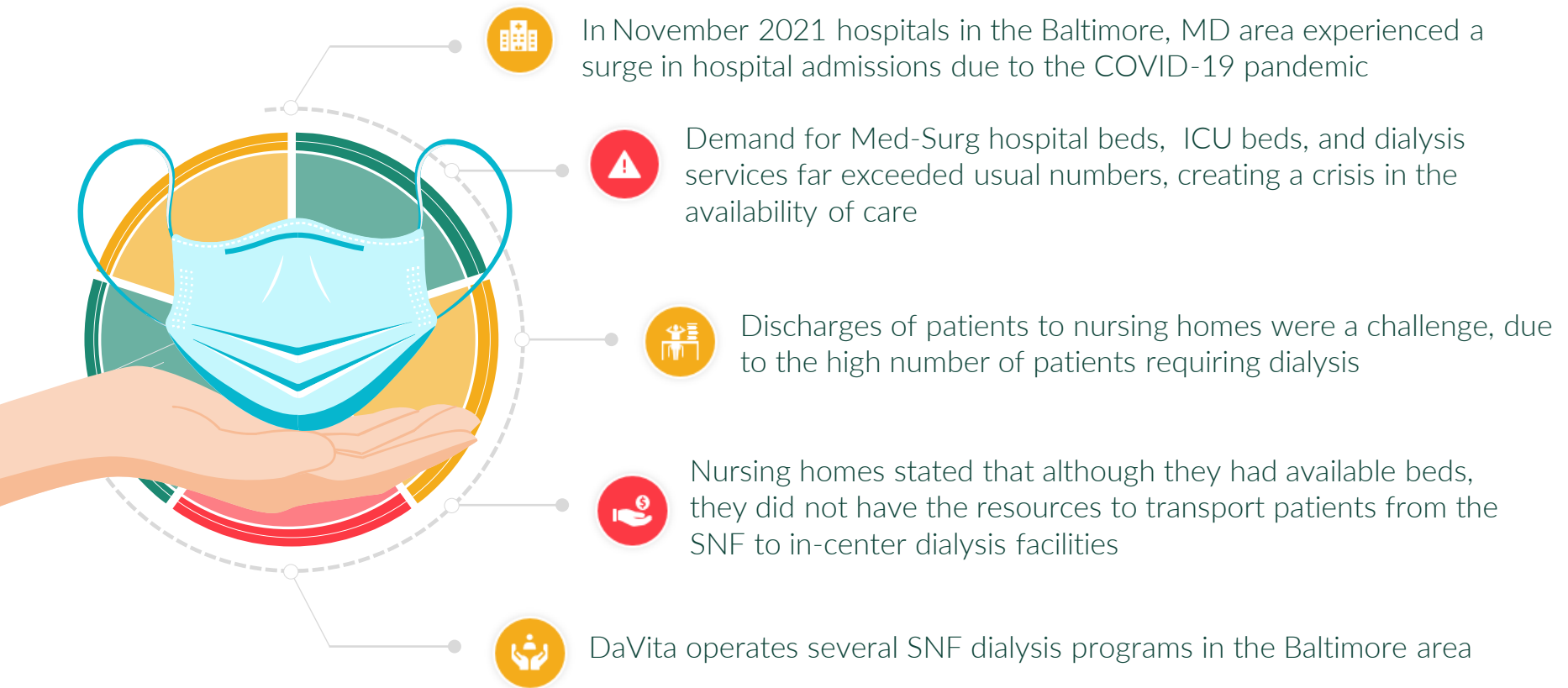


Permitting facilitation of hospital discharges of complex needs

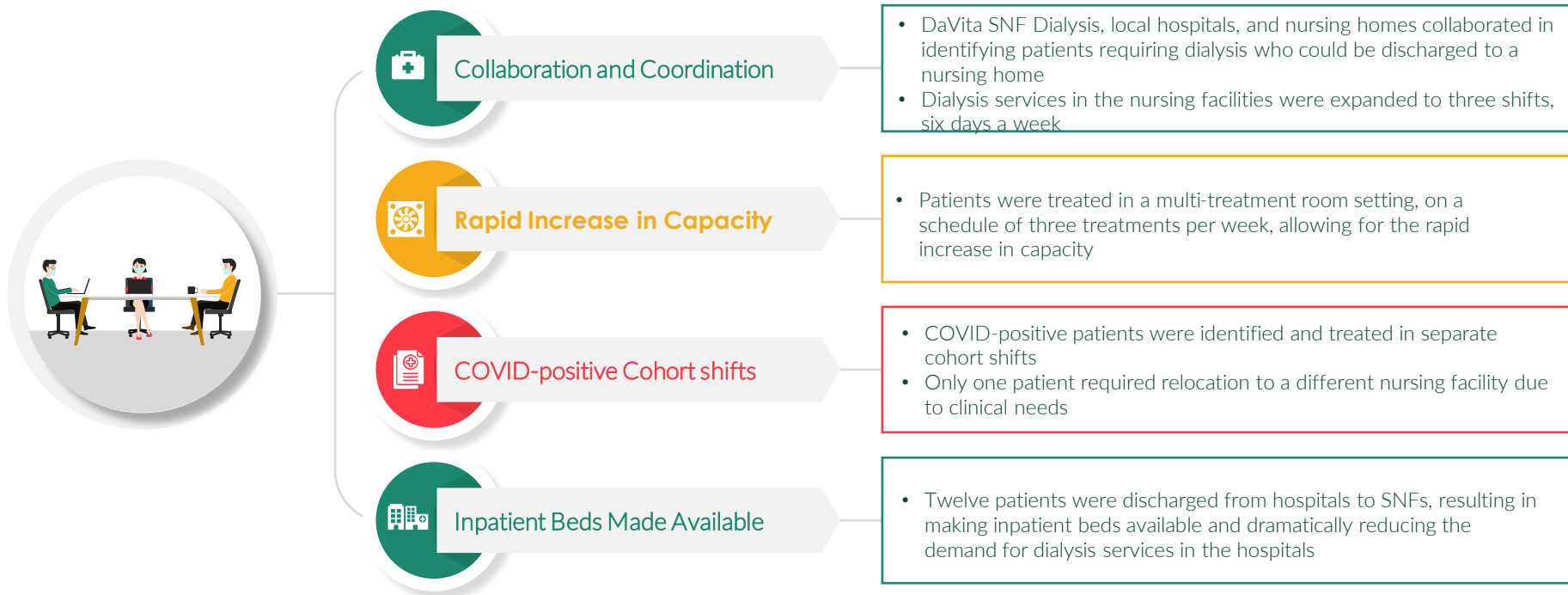
- Quality standards of in-center dialysis treatment are maintained



Clinical Situation Background



DaVita SNF Dialysis Response



Summary

5

SNF Dialysis Is An Essential Part Of Integrated Care Of The Kidney Patient

- By providing on-site dialysis, SNFs can accept patients who would otherwise remain hospitalized
- A multi-treatment room operated on a three-day-per-week treatment schedule allows for greater capacity
- Permits patients to remain on the dialysis schedule they are accustomed to and accommodates cohorting when clinically necessary
- Transportation of patients to in-center dialysis facilities is costly and may not be feasible, especially when large numbers of patients require dialysis
- SNF dialysis ideally creates better health outcomes with cost savings



Our Vision



→ To enhance kidney care patients' quality of life by delivering DaVita on-site dialysis care and establishing the industry gold standard for SNF dialysis quality

Thank You!

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?

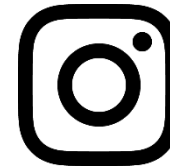
Recap & Next Steps

- 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 – Thursday, February 23, 2023 @ 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

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