Expert Teams – Home Dialysis

Case-Based Learning & Mentorship

Thursday, June 22, 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

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

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

Questions to Run On …

- 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?

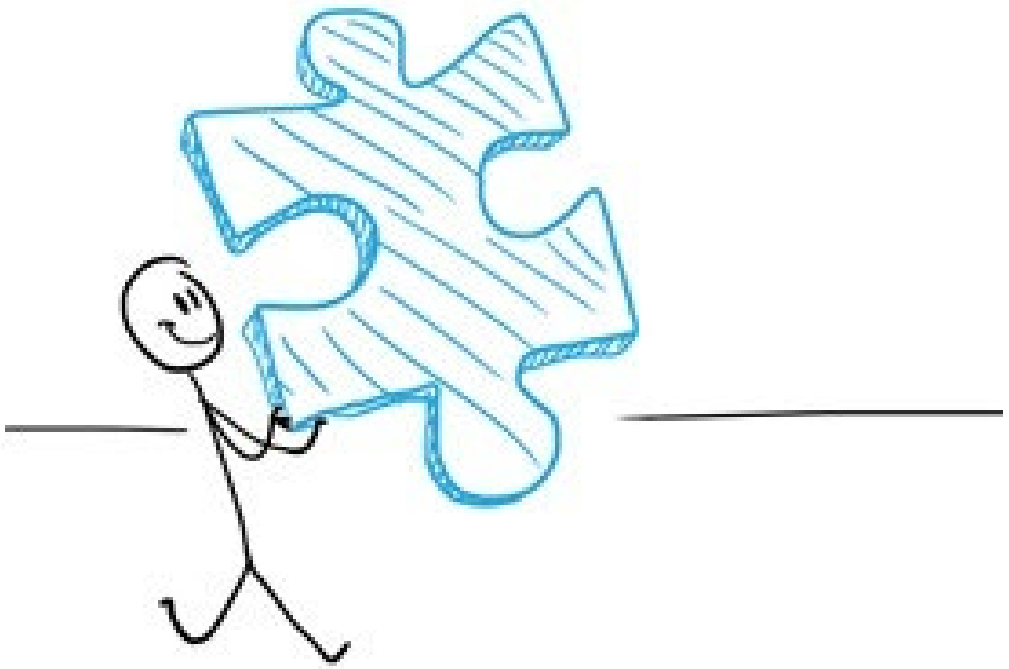
Guest Expert Presentation

Nupur Gupta, MD
Program Director, Home Dialysis Fellowship
Assistant Professor of Clinical Medicine
Indiana University School of Medicine

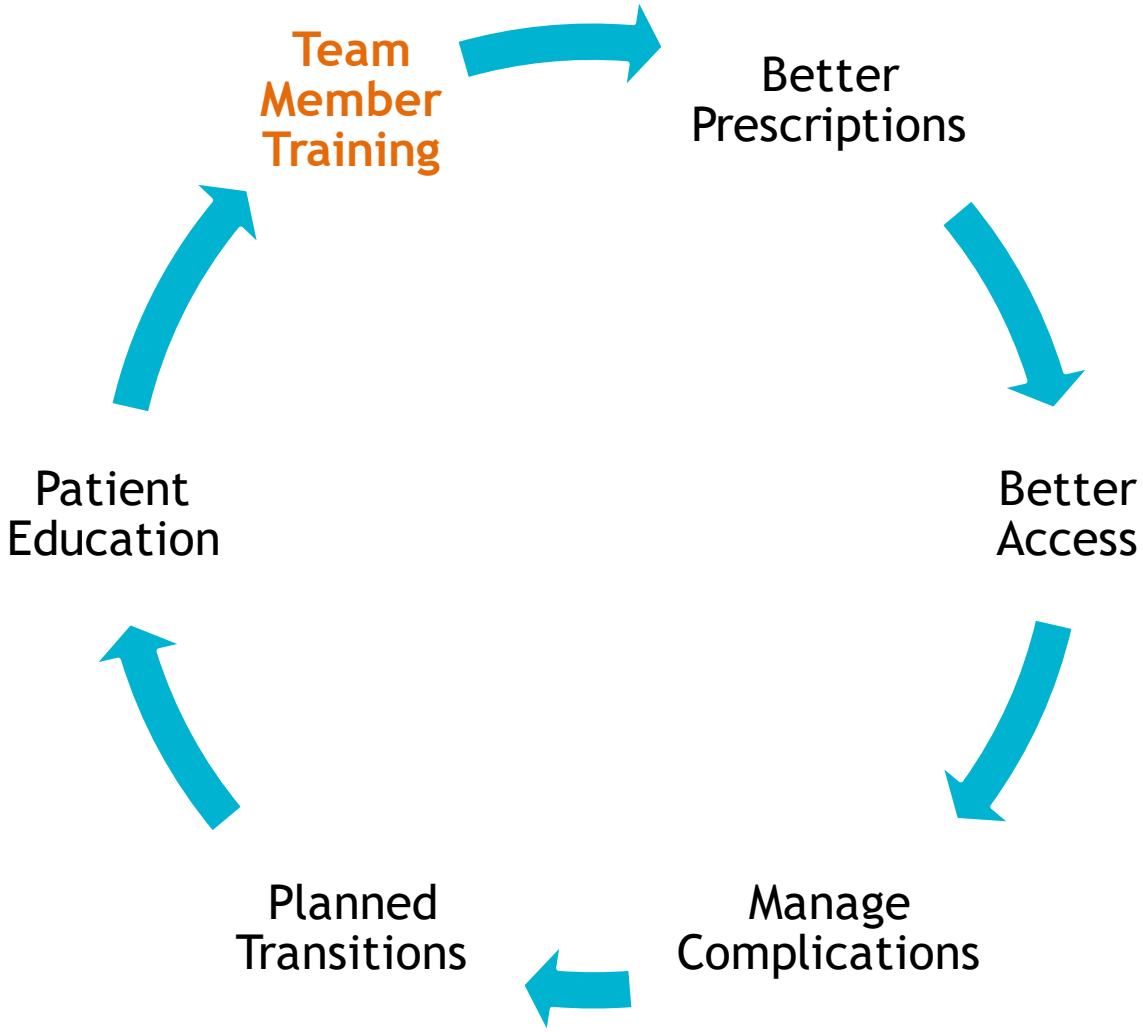
Evolving the mindset around Home Dialysis

Growing Home Dialysis

HOW WE WORK



ESRD NCC NATIONAL COORDINATING CENTER


Team Member Training
Better Prescriptions
Better Access
Manage Complications
Planned Transitions
Patient Education

Team Member Training

Multi disciplinary Team

- Social Worker
- Nurses
- Patient Care Technicians
- Dietitians
- Clinic Managers

Physicians

Advance Practice Providers

Multidisciplinary Team

Part of on-boarding

A day in Home Dialysis Unit – Patient in training

Home Dialysis Tool Kit

"How can we make dialysis better for you?"

Developing independent and critical thinking

Perfect Dialysis Patient

I don’t have any other medical problems
I’ll do all my exchanges
I’ll come to all my appointments

Myths

Social

Non –Adherent

Family Support

Small House/Apartment

Vision Impaired

“Difficult” Patient

Medical

Abdominal Surgeries

Ostomy

Diabetes Mellitus

Heart Failure

Physician Training

Early in Fellowship

Continuity Clinics

Structured curriculum

Simulations to enhance experience

Intersession each year

Home Dialysis Fellowship

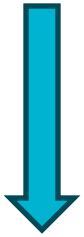
Patient Education

Establishing Rapport with patient

" How do you see your self in next 2 years"

" If you didn't start dialysis, what you wished to accomplish"

Pathways to fulfill those life priorities



Flexible Dialysis Schedule with better quality of life

Timing

CKD Stage III- IV or higher

Mentally/Emotionally ready

Presence of a friend/family during education

Assistance of Technology

Common Myths

Infection risk --- less than TDC

House not clean--- Clean area for connection and disconnection

Multiple exchanges per day --- depends on the weight and Urine amount

Abdominal Surgeries ---X Extensive scarring only

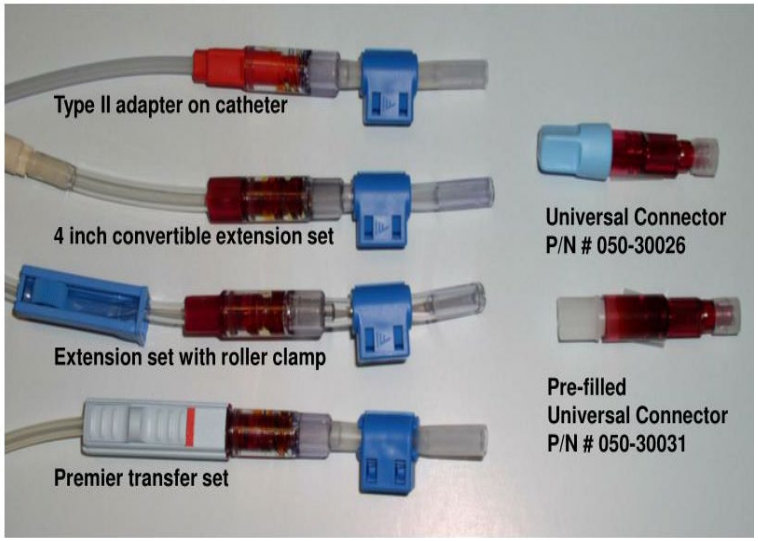
Case Scenarios

Less Space in House → Supplies delivered every 2 weeks

Missing Treatment → Explore reasons for missing treatment

Vision Impaired → Magnifying glass, lights

Equipment


Type II adapter on catheter
4 inch convertible extension set
Extension set with roller clamp
Premier transfer set
Universal Connector
P/N # 050-30026
Pre-filled
Universal Connector
P/N # 050-30031

Training


Visual Schedule
for Special Needs
hearing aids
lunch
naptime
medicine
pants
play
turn water off
pajamas
inhaler
read
floss
flush
sensory room
vitamins
food time
glasses
wash face
wash hands
Sensory Processing Explained


NEXT STEP
FUTURE

Pathway to grow home dialysis

Building your team

Training the team

Understanding the patient

Engaging the patient

Flexible mindset

“How can we make this better for you”

Questions and Answer Discussion

Home Dialysis Quality Improvement Activity (QIA) 2023 Expert Team Meeting

Facility: DaVita Arena

Speaker: Crissy Fonseca, Facility Administrator

Network 18

June 22, 2023

Welcome

Agenda

- Case study overview
- Patient barriers
- Strategies and steps to transitioning in-center patients
- BDP: Facility Process for transitioning patients
- Questions & answers

Case Study Overview

- In-Center patient who originally was not interested in learning about home dialysis.
- Facility staff identified patient change in lifestyle and revisited possible barriers through re-education of patient.
- Success: Patient transitioned to home dialysis (PD).

Patient Barriers to Considering Home Dialysis

- Patient has verbalized not interested in home dialysis.
- Identified as a non-compliant patient in-center (fluid).
- Heavy smoker (physician declined for home).
- In-Center schedule was actually inconvenient for this patient's lifestyle change.
- Staff was not educating due to non-interest in home dialysis.

Strategies and Steps to Transitioning the Patient to Home Dialysis.

- IDT identified patient's interest in returning to work and frustration with existing in-center schedule.
- Scheduled a Home Educator for re-education of patient.
- Staff continued education process w/patient discussing benefits and risks of home dialysis.
- "Organic" learning – While the patient was considering the option of home, another in-center patient was in the process of transitioning to home. The in-center staff celebrated his last in-center treatment with balloons at chairside and a congratulations card signed by the team.

Strategies and Steps continued:

- Home nurse schedules and conducts a home visit at the patient's home per the request of the interested patient.
- Staff was able to schedule PD catheter placement.
- The staff celebrated the patient on his last day dialyzing in-center with balloons and a card signed by the staff.

Arena Facility Process for Sustainment

- Day 1
  - ✓ Admission, consents and home modalities discussed.
  - ✓ Offered free educational program to patient for further education (Kidney Smart).
  - ✓ Sign patient up for free class if consent.

- Week 1
  - ✓ SW determines home situation.
  - ✓ Home Ambassador – meet and greet and discuss home options.
  - ✓ Schedule Home Educator to meet with patient the following week. (week 2)

Arena Facility Process for Sustainment continued:

- Week 2
  - ✓ Home Educator meets with patient chairside.
  - ✓ Homeroom meeting with team to discuss what patients are interested in home.
- Monthly Check-Ins
  - ✓ Questions or concerns
  - ✓ Keeping home at top of mind.

Questions

Thank you!

Crissy Fonseca
Crissy.Fonseca@davita.com

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End Stage Renal Disease

Home Expert Team Transitions to Home

Barbara DommertBreckler BSN RN CNN
Quality Improvement Director ESRD Network 16

Dana Camacho BSN RN MBA
Division Home Program Director, DaVita

In-center Staff Survey Results

- Home modalities are not as effective or safe for patients.
- I do not have enough knowledge to speak on home modalities.
- We will lose the “best” patients to home.
- I will lose my job, or it will be harder.

Teammate Training and Empowerment on Home Programs

- Show Tell Do Education for 100% of teammates

- **New Teammate skills checklist**
  - Integrate CKD education class at week 8 of learning
- **Learning Topics for ALL Teammates Monthly at Homerooms**
  - Introduction to program
  - Residual Kidney Function
  - Mythbusting
  - Is Home Dialysis the Answer
  - Modality Benefits Comparison
  - Home Wherever you Roam (Travel)
- **Focus Clinics have weekly RHM Support**

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End Stage Renal Disease

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End Stage Renal Disease

Thank You

bbreckler@comagine.org

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

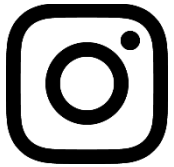
- Next meeting – Thursday, September 28, 2023 @ 2pm ET

Visit the ESRD NCC website to find materials and share

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

Social Media

ESRD National Coordinating Center



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Thank You

Julie Moss
jmoss@hsag.com
813-300-6145

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