

Dialysis Care in the Nursing Home

Learning and Action Network (LAN)

July 6, 2023

Facilitator: Sara Eve Schaeffer, MBA, MA, RD

ESRD National Coordinating Center



Meeting Logistics



Call is being recorded



All participants are muted upon joining the call

We want to hear from you.

Type questions and comments in the “Chat” section, located in the bottom-right hand corner of your screen.



Meeting materials will be posted to the ESRD NCC website

Who Is on the Call?

Facility
Professionals

ESRD Network
Staff

Centers for
Medicare &
Medicaid Services
(CMS) Leadership

Patients and
Families

Key Objectives for Today

Implement tools for quality improvement in dialysis care in the nursing home setting.

Establish processes that reduce patients' risk of requiring blood transfusions.

Discuss commonly experienced barriers and potential solutions.

Ways to Spread Best Practices from Today's LAN

- Listen and share your approaches/experiences via Chat
- Identify how shared information could be used at your facility
- Apply at least one idea from today's LAN at your facility
- Commit to sharing your learnings with other colleagues

Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

Questions To Run On

- What “ah ha” concept will I hear today that I can introduce to my organizations’ leadership team?
- What are the possible benefits to my organization in using the change package to improve processes and outcome?
- In what way can my organization adapt this approach to increase and sustain our progress?

Polling Question #1

Have you previously used best practices from the change packages to improve your clinical outcomes?

Objective Key Result (OKR) Change Packages

A Change Package To Increase Home Dialysis Use

Key Change Ideas for Dialysis
Facilities to Drive Local Action



A Change Package To Improve Patient Experience of Care (Grievances and Access to Care)

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Released 2022



A Change Package To Increase Kidney Transplantation

Key Change Ideas for Dialysis
Facilities to Drive Local Action



A Change Package To Increase Vaccinations

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Released 2022



Dialysis Care in NH Change Package



A Change Package To Improve Dialysis Care in Nursing Homes

(Decreasing Long-Term Catheter
Infections, Peritonitis, and Blood
Transfusions)

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Released 2023



Networks 10 & 12

Illinois

Iowa, Missouri, Nebraska, Kansas

Ashley Dixon

Qsource ESRD Networks



Nursing Home Dialysis

Suresh Samson MD, FASN

Medical Review Board

ESRD Network 10

- **SNF Dialysis – The problem**
- **Potential Benefits**
- **Case Study – challenges & Solutions**

SNF & Dialysis – The Problem

700,000 ESRD
patients nationwide

Nearly 70,000 reside
in skilled nursing
facilities (SNF)

Approximately 80,000
are receiving
peritoneal or home
hemodialysis at their
home



Potential Benefits of SNF Dialysis



Better coordination of care for ESRD patients



Ability to better infection control - especially in an age of COVID-19



Better control/prevent readmission/ER visits



Involvement of dialysis provider in monthly or quarterly QAPI



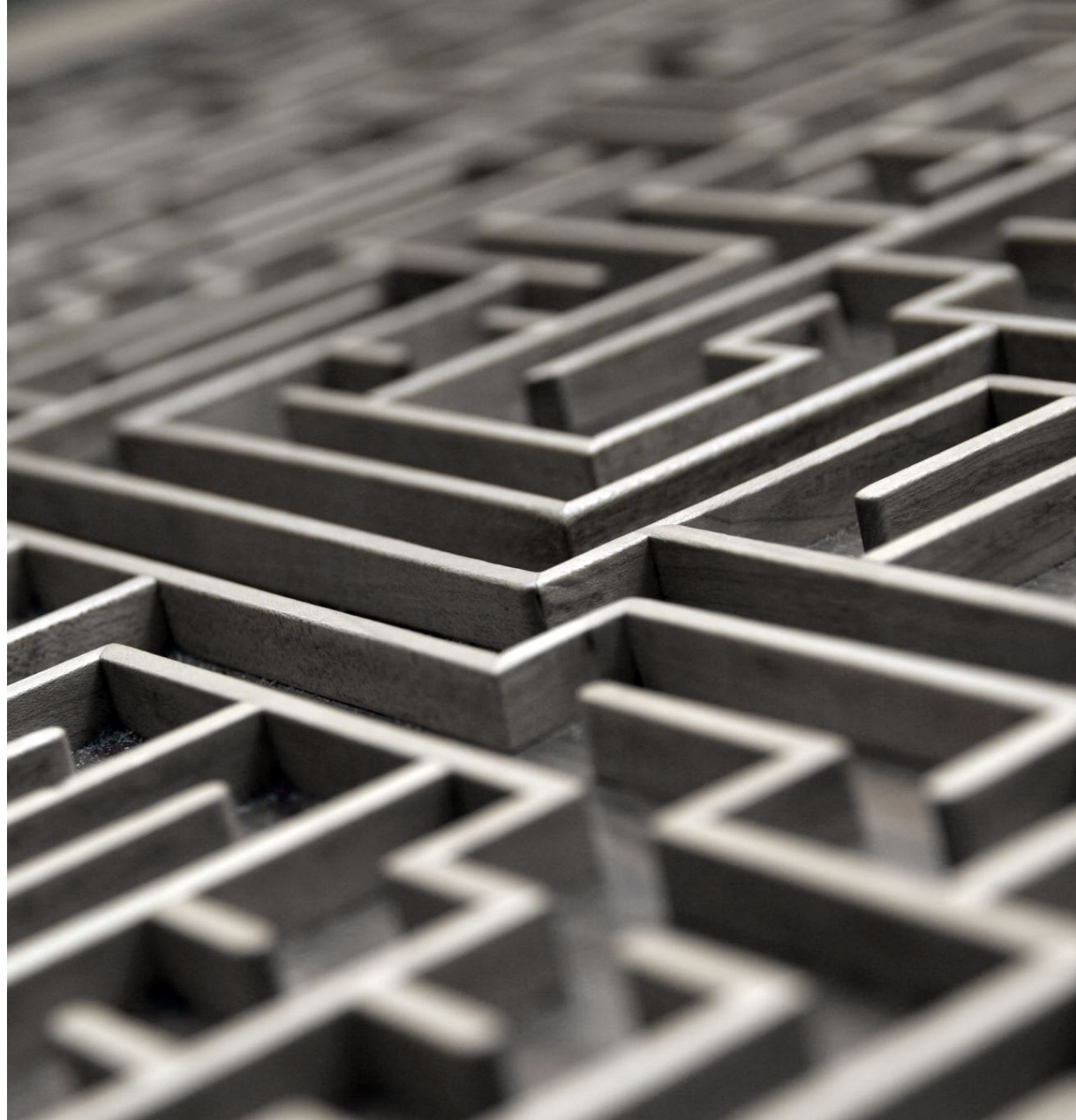
Financial benefits, including eliminated transportation costs

Potential Benefits of SNF dialysis

Care in place means:

- More time for health/wellness activities
- No travel time (less missed meals)
- Better coordination of care between ESRD provider and SNF
- Better protection against infection and risks (like falls), especially in warm summer and cold winter months

Lots of benefits...BUT... also a lot of challenges!



Patient 1

- 77 Y old Female with CVA, Hypertension, CHF, Diabetes and ESRD admitted for rehab after the CVA

Over the next 6 week period, she encounters multiple hypotensive episodes during dialysis in spite of her antihypertensives being stopped completely on week 3 by the Nephrologist.

Patient 2

- 68 Y old Female with diabetes, left BKA, hypertension and ESRD admitted to SNF with calciphylaxis.

In spite of aggressive dialysis, dietary counselling and being on 3 phosphorus binders, her phosphorus remained significantly elevated

Both patients suffered due to similar problems

- Multilayered process involving multiple care providers causing poor patient care
- Patient event → dialysis RN call Nephrologist → intervention ordered by nephrologist → communicated by dialysis RN to SNF RN → SNF RN communicates with Primary Physician → Primary Physician has to evaluate patient --> Primary care Physician orders the intervention
- Average time taken for these intervention to reach patient was 7-14 days

Addressing the problem



RN SIGN OUT SHEET BEFORE AND AFTER EACH DIALYSIS SESSION



CREDENTIALLING NEPHROLOGISTS WITH NURSING HOME



OBTAINING PRIVILEGES FOR DIALYSIS RN TO ACCESS SNF EMR

- Build rapport with SNF
- Build a culture of safety
- Educate SNF staff



EDUCATION TO PRIMARY CARE PROVIDERS AND NP THROUGH WEBINARS



MONITORING QUALITY METRICS ON QAPI

Patient 3

- 85 Y old Male with dementia, HTN, sacral decubitus ulcer, ESRD on hemodialysis admitted to SNF with Hb of 7.2g/dl. Over next 2months, he is admitted to hospital twice for blood transfusions

SNF, anemia & Transfusions

- Challenges
 - Patient factors – multiple comorbidities, chronic inflammation, poor nutritional status
 - Lag time for ESA response, hypo & non responders
 - Coordination of care

- Addressing the problem

Addressing the problem

- Build rapport with SNF
- Promote culture of safety
- Prevent need for transfusions
- Educate SNF & dialysis staff

ESA to be dosed based on hospital records on 1st dialysis session

Utilize wound care support at SNF

Minimize blood draws on the floor

Arrange for transfusions at outpatient centers

Education of PCP & NPs in SNF

Dialysis regional managers to attend SNF QAPI monthly

Quality of care - SNF dialysis



Quality that benefits health system



Quality that benefits the dialysis provider/Physician



Quality that benefits Patient



THANK YOU



Network 11

Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin

Candace Kohls

Midwest Kidney Network (ESRD Network 11)





**Midwest
Kidney Network**

SUPERIOR HEALTH
Quality Alliance

Dialysis care in the Skilled Nursing Home Setting LAN Call

July 6th 2023

Candace Kohls, RN



Midwest Kidney Network 11

Geographically large area with 70% of the population in the metro areas of Detroit, Milwaukee, and Minneapolis-St. Paul, and 30% residing in rural areas.



Michigan, Minnesota,
North Dakota, South Dakota,
Wisconsin



51,145 Dialysis and Transplant Patients



542 Dialysis Facilities




20 Transplant Centers



Midwest
Kidney Network

SUPERIOR HEALTH
Quality Alliance

MKN Month PDSA Plan



May 2023

Dialysis in the Skilled Nursing home setting: QI Plan

MONTH ONE: JUNE

- Review last 12 months of data. Complete root cause analysis on challenges to reducing CVC site, tunnel and related [BSI](#). Identify any common trends and barriers.
- Review root cause analysis results and data at QAPI meeting. Review current processes for dialysis staff and SNF [staff education](#).
- Review the ESRD NCC Change Package Improving Dialysis Care in the SNF setting and choose a Primary Driver and relevant Secondary Driver for implementation in your facility.
- Identify at least one staff education and one patient education resource for implementation.
- Email Network project leader to report summary of above **along with audit summary** by June 28th candace.kohls@midwestkidnetwork.org

MONTH TWO: JULY

- Review and discuss identified barriers infection reduction and anemia management, as well as tracking process for both of these 2 focus [topics](#). Determine if interventions are working. If not, brainstorm new ideas to address barriers to improve outcomes. Share your own Best Practices and review those shared by the Network.
- Continue to build a culture of quality. Engage the entire staff through sharing goals and interventions. Utilize a huddle board or staff bulletin board to communicate goals, education, and convey interventions.
- Share an educational resource with patients related to infection control – provide a handout, create a bulletin board, hang a poster by the scale, etc. Reach out if you need additional resources.
- Email Network project leader to update on above activities **along with audit summary** by July 26th – report any successes or challenges, share a picture of your staff huddle board, etc. candace.kohls@midwestkidnetwork.org

MONTH THREE: AUGUST

- Review and discuss progress towards goal. The Network will provide a facility specific data report monthly.
- Continue previous activities. Evaluate trends and identify successful interventions or where new strategies are required.
- Email Network project leader an update and **audit summary** by August 23rd candace.kohls@midwestkidnetwork.org

MONTH FOUR: SEPTEMBER

- Continue previous activities. Evaluate trends and identify successful interventions or where new strategies are required. Network will send data update.
- Identify strategy for sustaining best practices and spreading to other facilities.
- Working with staff in the SNF, begin Vaccination Campaign for the fall. Promote Flu, Pneumonia, and COVID booster for respiratory health

JUNE Month 1 of PDSA cycle

Data reviewed for RCA CVC infections

- Data reviewed shows a greater value than overall Network average, data reviewed in QAPI.
- Brainstorm: Based on RCA identify Positive drivers for implementation
- Plan for internal access with 45 days of admission

Actions

- SNF staff education on site care
- Developed Dialysis Central Venous Catheter Care form related to shower and bath days
- Plan in place to work with team to schedule vein mapping and access consultation, working with on site dialysis RN and upper management

PDSA Month 1 Plan

Actions

- Making sure orders are in chart, use Sepsis Screening tool 2x daily for patients identified as at risk and s/p any hospitalization. 1 screening completion by dialysis team, the 2nd to be completed by SHF staff.
- Tracking and monitoring for Rapid cycle intervention as needed.

Actions

- Review status of access dressing for cleanliness and if it is intact, if not revisit education with SNF and patient regarding safety and infection as well as proper care.

Dialysis Central Venous Catheter Care



Dialysis Central Venous Catheter Care

This patient has a Central Venous Catheter placed for hemodialysis. This hemodialysis access is the patient's lifeline.

____ Copy of Post Operative Care Instructions from surgical center on file for care of CVC. Follow instructions as outlined by surgeon.

If patient comes from the hospital with established CVC, or unknown where the patient had CVC placed:

Follow Nephrologists care instructions.

____ Showering from the waist down if precautions can be taken to reduce the likelihood of introducing organisms into the catheter (e.g., if the catheter and exit site are protected with an impermeable cover during the shower) On dialysis days so that the dressing can be monitored and changed by Dialysis trained staff as needed.

____ DO NOT SHOWER per Dr's orders. (New CVC placement, Femoral CVC) This can be reviewed monthly with Nephrologist assessment and rounds.

Catheter related infections are one of the leading causes of hospitalization and death. Strict infection control practices and adherence to the catheter dressing change procedure is essential to prevent serious complications.

Studies show, that among patients with central venous catheters, those at greatest risk of developing a bloodstream infection had been allowed to shower rather than bathe and to get their exit site wet.

Heritage Dialysis RN Date Nephrologist Date

Standing Orders Signed by attending Nephrologist and electronically on file in Renesan.

SNF Nursing Unit Education:

- Removing catheter reduces risk of infections and potential hospitalizations.
- Maintaining good general hygiene.
- DO NOT put the catheter site or caps in water (e.g., in a bathtub, hot tub, or pool).
- Never use scissors, pins, or other sharp objects near the CVC or other tubing.
- Keep catheter dressing clean and dry. Schedule shower days during the week when dressing can be monitored and changed by dialysis clinical staff as needed.



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Partnering & Resources

- Meeting with ICAR Michigan in July and coordinate a MKN/ MI ICAR presentation on Sepsis reduction.
- The MKN webpage has project resources for patients and staff including resources from the Forum of ESRD Networks, the NCC & MKN network created education and resources.
- Superior Health Reducing Sepsis Quality Improvement Sprint will be the foundation for the next 4month PDSA cycle for the cohort.

Questions?



Contact

Midwest Kidney Network

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Kristen.Ward@midwestkidneynetwork.org

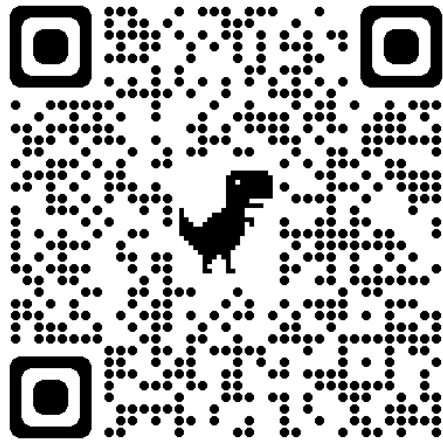
Discussion

Polling Question #2

Now that you have heard these presentations, what is the likelihood that you will use ideas from the change packages?

Moving from Learning to Action...

- Share best practices from this presentation with your colleagues.
- Use the ESRD NCC Changes Packages (i.e., Transplant, Home, Hospital, Vaccination, and Patient Experience of Care change package) as a supplementary resource to improve your patient outcomes and overall patient experience of care.
 - <https://esrdncc.org/globalassets/professionals/ncc-changepkg-nursinghome-508.pdf>

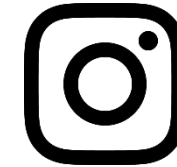


Use your phone's camera to scan QR code and go directly to the change package.

Social Media and Website



ESRD National Coordinating Center



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ESRD NCC | End Stage Renal Disease
National Coordinating Center (NCC)

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www.ESRDNCC.org



Thank you!

Please take a few minutes to respond to the post-call survey.

