

Strategies for Growing a Successful Home Program

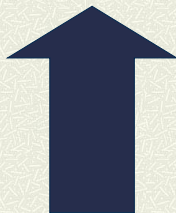
Candace Regua BSN, RN
Annual Dialysis Conference
Long Beach, CA
March 12-14, 2017

Why Send Patients Home?

- ✦ The average nephrology nurse is 49 years old
- ✦ There are approximately 300 nephrologists retiring for every 200 that enter the specialty
- ✦ Reimbursement is shrinking in center dialysis
- ✦ We can't keep building HD facilities on every corner because we can't staff them
- ✦ It's good for them!!!!!!!!!!!!!!

GROWING HOME

- ✦ Can we increase Home penetration from 11% to 20% and move patients home?



Cultivate a mindset that Home Dialysis is a **DIFFERENT** and **SEPARATE** business

- # Freestanding facilities
- # Separate cost centers
- # Corporate leadership
- # Dedicated Managers
- # No red-headed stepchildren

Create an awareness of Home Dialysis across your company

THINK
MARKETING

Clear Messaging from the Top

- # Clear communication from the top that Home Dialysis is a clinically and strategically important therapy
- # Corporate commitment to be best in class clinically and operationally
- # Targeted communication to middle managers of the intention to drive Home growth
- # Focus on patient rights detailed in Conditions for Coverage: home dialysis focus

Change Driven from the Middle

Middle management tasked to drive growth

Education plan for this group:

- Home dialysis is a different and separate business
- Roles and responsibilities of home nurses
- Billing and revenue opportunities in home dialysis
- Hemodialysis capacity effect on home growth
- Conditions for Coverage related to home dialysis
- BDP's for home dialysis
- Home program staffing models
- Physician focus in home dialysis
- Accountability
- PD 101/NxStage 101

Companywide Home Awareness

- Communicate Home Dialysis clinical messages to referring physicians and all levels of middle management
- Communicate Home Dialysis financial messages to middle management and to physician partnerships
- Provide accurate Home Dialysis information to all employee groups to dispel the myths surrounding PD and HHD: RDs, MSWs, PCTs, Fas
- PD 101/NxStage 101

Invite yourself to give Home presentations to anyone who will listen



- Administration and Clinic Management
- Social Workers and Dietitians
- Physicians and Health care payers
- Hemodialysis patients and staff
- Regional and Corporate events
- Pre-dialysis patients

Home Program Assessment

What are the critical components for success?

■ Nursing

- Experience and motivation
- Staffing ratios
- Support staff
- Training and care processes

■ Program

- Physician support
- Clinical outcomes
- Quality improvement

Home Program Assessment

What are the critical components for success?

■ Leadership

- Perceived support from corporate
- Budgets appropriate to support growth
- Knowledge of home business

■ Physical plant

- Sufficient space for growth
- Nursing work area outside training/treatment rooms
- Clean and well kept

Home Program Assessment

What are the critical components for success?

- Develop plan for local provider team and local vendor support teams to complete in-depth assessments of each home dialysis program
- Identify trends that require partnership initiatives
- Hold local teams accountable for action planning and execution
- Create tools and metrics to measure progress

Clinic Organization

- Creative Staffing and Staff Education

Nursing Expertise

- Patient assessment and clinical problem solving very similar to case management
- Patient training
- Physician clinics
- Medical record management
- Rotating 24/7 on-call
- Modality options education



Dedicated Home Staff

Adequate ancillary support staff will allow for higher nurse patient ratios
Patient care and physician referrals will suffer without adequate staffing

Creative Staffing

■ Home Dialysis Technician

- Phlebotomy and Lab Processing
- PET and KT/V collections
- Supply and Inventory management
- Patient scheduling and assessments
- Combined clinical and secretarial functions for small facilities

Creative Staffing

■ Diabetic Care Coordinator

- Patient assessment
- Foot checks
- Self Care Education
- Diabetes Monitoring and Management
- Coaching
- Outcomes reporting
- Nutritional Counseling

Clinic Organization

■ Physician Relationships

Make your program physician friendly

- Ask your Nephrologists what they need to maximize their involvement and referrals to your program
 - Well-trained, flexible and responsive nursing staff
 - Smoothly running physician clinics
 - Protocol driven care
 - Patient education including pre-dialysis patients
 - 24/7 on-call nursing coverage

Advantages of Physician/Multidisciplinary Clinics

- Nursing, Social Services & Nutrition Services participate with physician and patient
- Comprehensive care planning
- Immediate communication
- Scheduling by facility staff
- Assessments completed by facility staff
- Timely follow up by facility staff
- Relieves physician office staff

Focus on Physician Education



- Industry educational sessions offer physicians the opportunity to network and to interact with physician thought leaders in a small group setting.

Clinic Organization

- Standardized Clinical Processes

Standing Orders & Protocols

- Comprehensive standing orders and well developed protocols allow for maximizing nursing expertise and provide time savings for physicians

Standardized Clinical Processes

- Catheter Placement flowchart
- Care and management of new and established catheters
- Peritonitis diagnosis and treatment
- Exit Site assessment and treatment
- NxStage training and set-up process
- Adequacy measurement and action steps
- Computerized prescription modeling

Standardized Clinical Processes

- ✦ Anemia and iron management
- ✦ Calcium/phosphorus/Vit D bone interventions
- ✦ Nutritional assessment and treatment
- ✦ Ultrafiltration management and volume homeostasis action steps

Education

- ✦ Staff Education
- ✦ Patient Education

Staff Education and Development

- ✦ Establish baseline and advanced learning objectives for each staff position
- ✦ Develop staff training checklists
- ✦ Teach and embrace Quality Improvement strategies
- ✦ Hold weekly nursing meetings to teach theory and problem solving skills to new nurses
- ✦ Empower nursing staff with education and information

Enlist Vendors and others to provide staff education

- ✦ Baxter Healthcare
- ✦ Fresenius Medical Care
- ✦ Amgen
- ✦ Microbiologists
- ✦ Endocrinologists and Diabetic Educators
- ✦ Nephrologists
- ✦ Surgeons
- ✦ Pharmacists

Focus on Staff Retention

- ✦ Communicate, communicate, communicate
- ✦ Involve them in decision making
- ✦ Encourage professional growth
- ✦ Believe in them and let them know it
- ✦ **MAKE IT FUN!!!**

Focus on Patient Education

- ✦ Standardized training
- ✦ Focus on the basics
- ✦ Apply adult learning theory
- ✦ Minimize distractions
- ✦ Vary materials and teaching methods



Focus on Pre-Dialysis Education

- ✦ Hold regularly scheduled options education sessions at the Home facility, led by Home staff
- ✦ Invite an active patient to participate
- ✦ Accommodate physicians by seeing patients in their offices and in the hospital if needed
- ✦ Include dietary and financial information
- ✦ Begin dialysis access placement education as part of modality options class

Options Education Results

More than 40,000 patients were educated, with more than 20,000 initiating dialysis

- ✦ 55% of patients chose HD, but 70% started on HD
- ✦ 45% chose PD, but only 30% started on PD
- ✦ US incidence rate starting HD is 88% with 12% starting PD
- ✦ All patient groups were 2 to 3 times more likely to start PD after education

Make it Personal

- ✦ Learn the names of each person in the group and use them throughout the session
- ✦ Review symptoms of renal failure and allow patients to briefly describe their experiences

Develop an Automatic Referral System

- ❏ Physician specific lab values trigger referral
- ❏ Develop a form and chart identification system for office staff to generate referrals
- ❏ Patients must hear the word dialysis from their nephrologist before it comes from others
- ❏ Review patient names with physician monthly before contacting referred patients
- ❏ First session monthly to include modality and transplant education
- ❏ Second session for dietary and financial education

Selection Criteria

- ❏ Age, socioeconomic status, body characteristics and education level are considerations but may not be determinants of patient success
- ❏ Patient motivation, understanding of the therapy and supported integration into the home environment are keys to a successful outcome

Medicare Training Guidelines

- ❏ Patient must be present
- ❏ Must take place in the home or dialysis facility
- ❏ Must include an exchange
- ❏ There is no required time limit for training days- meet patient needs whether 2 hours or 6 hours
- ❏ 15 training days/PD
- ❏ 25 training days/HHD

Unlimited Retraining Days

- ❏ Change in equipment
- ❏ Change in partner
- ❏ Change in medical status
- ❏ Change in home setting
- ❏ Change in modality

Training follow up:

- ❏ Earlier review and intervention will result in improved peritonitis rates and better fluid and blood pressure management
- ❏ Supply costs will be improved because of closer attention to patient ordering habits
- ❏ Time invested early in the patient learning process will result in tremendous time savings later on

Training follow up:

- ❏ Bring patients back in for follow up each week for first 4 weeks
- ❏ Observe exchange technique and review hand washing
- ❏ Review ultrafiltration, selecting dextrose % and treatment logs
- ❏ Adjust target weight and blood pressure medications if indicated

Training follow up:

- # Delay supply order training until 2 weeks after initial training is completed
- # Instruct patients to bring in a complete inventory when they come for supply training
- # Develop and place the first order together with the patient
- # Assist patients with ordering for first 90 days

Focus on Outcomes

Adequacy and prescription management	Anemia Management	Bone health Management
Access Complications	Access Infection Rates	Hospitalization Rates
	Mortality Rates	Patient Satisfaction

Focus on Quality

- # Identify an opportunity for improvement (start small the first time)
- # Analyze potential causes (brainstorm)
- # Select one to work on
- # Make a plan to address changes needed to correct the problem
- # Change only one variable at a time
- # Carry out the plan making sure all involved understand the change
- # Check to see whether plan has been successful
- # If no improvement return to the plan and identify other variables that may improve the outcome
- # Follow the process again.

Reduce Peritonitis Rates

- ✦ Focus training on skill development
- ✦ Mandatory retraining following any episode
- ✦ Create patient “focus” group to advise other patients and staff
- ✦ Create a buddy system for patients
- ✦ Address catheter and exit site issues with surgeons
- ✦ Quality Improvement- the culprit may not be what you think it is
- ✦ Assure proper sampling to reduce incidence of no growth

Aggressive Prescription Management

- ✦ Baxter’s Adequest is a great tool for new nurses to experiment with prescription regimens
- ✦ Engage reluctant patients to take ownership of the prescription process by using Adequest
- ✦ Ensure that nurses have an in depth understanding of membrane transport characteristics and the use of fluid volume in prescription management
- ✦ Fluid overload causes more dropout than the statistics tell us. Teach nurses to recognize and assess for ultrafiltration failure.
- ✦ Capitalize on the benefits of incremental PD
- ✦ Use Extraneal more effectively

Address Early Dropout in HHD

- ✦ Increased focus on patient selection
- ✦ Increased focus on caregiver engagement
- ✦ Maximize prescription from the outset
- ✦ Utilize NxStage tools for patient selection and for prescription management
- ✦ Provide opportunities for caregiver respite

Summing It Up, You Need...

- ✦ Supportive, engaged and motivated management
- ✦ Happy physicians that believe in home dialysis
- ✦ Strong nursing management
- ✦ Well trained and motivated staff
- ✦ Patient education and follow up
- ✦ Easy to use quality improvement process to maintain quality outcomes
- ✦ Improved mortality and fewer transfers to HD by addressing root causes
