

Defining Nursing Care Models for Home

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Thoughts Behind This Topic

- Evaluations –YES they are read!
- Topic: Very little data in literature
- Solution: June 2016 – Planning Committee
- Develop a survey to collect data based on topic
- Thoughts about survey based on frequently asked questions
- Present data ADC 2017
- Problem: not one survey was returned!!!



What to base survey on?

Most frequently asked questions

- How many nurses did you have when you started your program: **ONE**
- How do you do everything yourself?
- Who was your support?
- When to add a nurse?
- Should your nurses be cross trained?
- Overall how would you do it differently?



Data Collection: Successful Programs:

- Most started with one nurse – one champion (late 1990s – early 2000) – **EVOLVE!!!!**
- Grassroots – thinking out to the box
- Hoping to keep heads above water
- Hoping to get buy in from others (including your own colleagues)
- Had to develop everything on your own (policy, procedures, communicating with others for the “how to” or “help”



Successful Programs

- Toronto: Michaelenge Ouwendyk, Andreas Pierratos, MD
- Ontario: Rosemary Leitch, RN and Dr. Bob Lindsay
- Rubin Dialysis: Dr. Hoy, Sheri Meola and Wayne (administrator)
- Lynchburg – Dr. Robert Lockridge’s program



Successful Programs

- IU – Mike Kraus, MD – Kathy Cox, RN
- Lincoln – Michelle Carver, RN and Les Spry, MD
- Houston Free Standing HHD unit: Debbie Allen, RN & Sylvia Donato Moore
- Wellbound Dialysis: Brigitte Schiller, MD
- Dr. Joel Glickman’s program, Univ of Penn
- RAI – St. Louis, Stacy Cigliana, RN
- Many More.....



What are existing programs doing?

General consensus that home programs are leaning toward "Home Modalities Programs" in which all modalities and nurses fall under the umbrella of **HOME**



Rubin Dialysis: Ideal Home Dialysis Program

- First pt home 1998
- 2012: largest NxStage Program
- 8/2015: 80 HHD pts, 25 PD pts
- 6 RNs – multiple training sites
- Nurses are cross trained: but have RNs specialize in PD or HHD

Hoy, ADC 2016 (98-14 – trained 323 HHD)



Rubin Dialysis: Ideal Home Dialysis Program

- Offers all modalities
- Interdisciplinary Team is essential
- Home nurses cross-train and cross-cover
- **The Home Team builds up its collective experience over time**



Why Does it Matter? Patient's Perspective

- A key question to ask a home program is, "How many people are doing my treatment choice at your clinic?"
- In home dialysis, **bigger truly *is* better.**
- May seem that a program w/ 2 or 3 dialyzors might give you more of personal attention
- But in a small program, the home training nurse—your main contact—will likely be pulled between home and ICHD which results: **less time for you.**

www.homedialysis.org/life-at-home/articles/what-to-look-for-in-a-home-dialysis-clinic



Patient's Perspective

- Successful programs say that each home training nurse can train and follow about 20 people.
- So, a program with 20 people on PD or HHD may have a nurse just for home dialyzors.
- A program with 40 people will likely have **two** nurses—so they can take turns being on call, and can both answer questions.

www.homedialysis.org/life-at-home/articles/what-to-look-for-in-a-home-dialysis-clinic



Patient's Perspective

- Some programs have gone to a regional model instead of having lots of small programs.
- This is a bit more driving, but it's better for you.
- My experience with regional model: good support and growth for home nurses

www.homedialysis.org/life-at-home/articles/what-to-look-for-in-a-home-dialysis-clinic



Patient Perspectives

- Larger programs may have other pluses, too:
- Policies that evolved through trial and error may be more user-friendly for you
- More experience with the types of challenges you might run into
- More people doing your type of treatment who may be willing to talk with you
- More open minded as your experience with home increases



Barriers: Economics - Rubin

- HOME - AFTER 3 MONTHS
 - The biggest problem for any home hemo program is **retention**: Large up-front investment (more than PD) in training and equipment.
 - Takes at least a year at home to recoup.



Barrier: Economics

- For providers, there are big upfront expenses associated with having nurses train patients on dialysis.
- Training for each patient can take up to six weeks (most likely why PD is more appealing to providers)
- Providers have to provide ongoing home-based support.

www.modernhealthcare.com/article/20141011/MAGAZINE/310119932



Barrier: Economics

- Les Spry, MD (Lincoln, Nebraska) ICHD, a technician supervised by a nurse to serve 3 or 4 patients at a time
- In contrast, with home dialysis, his center has to pay a nurse \$25 to \$50 an hour to work with a patient one-on-one daily for at least three weeks.

www.modernhealthcare.com/article/20141011/MAGAZINE/310119932



Economics

- Medicare is proposing to more than double the payment it offers dialysis providers to teach patients how to do it—from the current \$50.16 for 1.5 hours of a nurse's time, to \$95.57 for 2.66 hours
- Will that be enough for growth?

October 4, 2016 5:00 AM ET
Heard on [All Things Considered](#)



Forum Medical Advisory Council Report on Staffing Issues

- Home dialysis programs require nurses who have made the extra effort to acquire additional skills, enjoy teaching, and willing to conduct home visits and to be available both inside and outside of regular working hours
- Unless such individuals can be identified and appropriately compensated for their extra effort and expertise, **no home dialysis program can be a success**

Forum Medical Advisory Council (MAC), Forum of ESRD Networks, 12/31/16



Forum Medical Advisory Council Report on Staffing Issues

- From the professional perspective, nursing in a home dialysis program can be intensely satisfying, but it is self-evident that the skill set for home dialysis requires significant extension of that required for in-center hemodialysis.
- The foundation of any successful home dialysis program is the nursing staff, who have by far the largest role in interfacing with patients of any of the interdisciplinary team, including the nephrologist.

Forum Medical Advisory Council (MAC), Forum of ESRD Networks, 12/31/16



Forum Medical Advisory Council Report on Staffing Issues

It has been our experience that, once nurses are recruited, the professional satisfaction associated with home dialysis leads to greater retention of the nursing staff in home units than in-center

Forum Medical Advisory Council (MAC), Forum of ESRD Networks, 12/31/16



Today's World: Good News

- Nurses and patient care staff are recognized as the **backbone** of home dialysis programs
- Home dialysis P&P developed and with years of experience and constant updates with current best practices, policies and procedures are updated, evolving, etc.
- Dialysis organizations provide nurse with all the training, materials and support they need to ensure your pts achieve their goals at home

fmcna.com/home-dialysis-services



Today's World: Good News

Staff Mentoring Programs

- Home dialysis nurses receive not only extensive training, but mentoring as well.
- Provides nurse-nurse relationships focused on sharing experiences, building confidence, and growing a commitment to continuous quality improvement

fmcna.com/home-dialysis-services



What is in the literature?

A survey describing attributes of home dialysis nurse was conducted along with other sources noted suggests that home dialysis nurses have attributes (Counts [Ed.], 2008; Diaz-Buxo, Crawford-Bonadio, St. Pierre, & Ingram, 2006; Kong et al., 2003)



Attributes of Home Nurse

- Enthusiasm and motivation to inspire staff and patients to do their best
- Knowledge of learning styles to enable effective teaching to each individual
- Advocacy for self-care, combined with flexibility to adjust training and follow-up to accommodate differences in patient/caregiver capabilities



Attributes of Home Nurse

- Self-direction, with ability to multi-task
- Comfort with evaluating, troubleshooting, and counseling pts/caregivers personally and by phone, email, text, telemedicine
- Confidence in the professional nursing role and sphere of expertise in working with MDs and midlevel providers



Attributes of Home Nurse

- Excellent home dialysis nurses are avid supporters of home therapies and develop close bonds with their patients
- Nurses go beyond Primary Care Role
- But it's clear that not all dialysis nurses, no matter how experienced in in-center dialysis, are equipped to do well in the home setting.



Characteristics of Successful Home Dialysis Nurse

- Provide pts and care partners with complete, accurate, and understandable information, which will allow them to perform dialysis safely and independently in the home setting
- Are the primary interface between pts and the program
- Since they usually know the patients and their home environments best, they are in the best position to direct the efforts of dietitians, social workers, and technical staff where they are most needed.

ANNA Statement, NNI



Survey

Questions

- 1. Is your home dialysis program associated with LDO, independent, private, academic, or hospital based
- 2. When did it start?
- 3. Were you a part of the home program when it started?
- 4. How many years have you worked in your home program?



Survey

- 5. How many patients do you currently have?
- 6. How many staff did you have when your program first started and how many do you have now?
- 7. Who was your pioneer or champion?
- 8. Was the concept of starting home dialysis program met with resistance from your organization?



Survey

- 9. Practice patterns of your program
- 10. Patient training
 - Where?
 - How often?
 - Overlap?
 - Wait list and why?
- 11. Patient Follow up
 - How many patients per one nurse
 - What type of nursing? Primary or Team



Survey

- 12. What services are provided for your patients?
- 13. What is the routine when your patients report problems?
- 14. Are nurses in your program on call and elaborate



Survey

- 15. Nurse's perception regarding their home program
 - A. Were you part of the program at onset
 - B. What are the major growing pains in your program
 - A. Staffing
 - B. Patient Care
 - C. Administrative
 - D. Others: pt diversity, MD support, growth, communications



Survey

- 16. If your program is one modality – what is your opinion about the transition process
- 17. What suggestions would you give to a colleague starting a new program?
- 18. Additional comments...



Resources for Home Nurses

- Conferences, online sources
- The ANNA is for nurses working with patients and families with kidney disease and publishes the *Nephrology Nursing Journal*.
- For members of ANNA, a discussion site called "Home Therapies SPN" offers information from practicing nephrology nurses on a variety of home dialysis issues including managing calls, staffing, and inpatient issues.



Resources

- A smartphone apps
- Industry offers an education programs for nurses learning home such as online materials, live workshops, and clinic training visits from a clinical educator.
- The ISPD has a training segment titled "Teaching Nurses to Teach: Peritoneal Dialysis Training."



Job Description: Monster

"I highly encourage nurses who are looking for a job shift to consider dialysis because of the relationship factor," she says. "Patients bring a lot of issues with them, and you deal with the patient on a personal level. You treat the patient physically, mentally and sometimes spiritually." Elaine DeVoe, RN, CNND DeVoe, a nurse with Fresenius Medical Care in New Jersey

<https://www.monster.com/career-advice/article/dialysis-nursing-careers>


