

**Collaboration
and
Communication**

Dialysis and Long Term Care Facilities
Working Together
Getting It Right

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Disclosure

- Fresenius Medical Care

OBJECTIVES

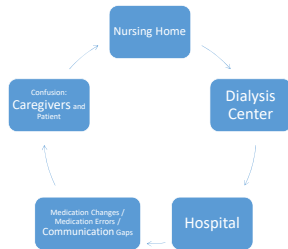
- Identify current areas where gaps in communication are likely to occur
- Identify key concepts to communication and collaboration to improve quality of care

- > / =75 years - fastest-growing population initiating dialysis
- Represented 24.5% of new end-stage renal disease (ESRD) cases in 2011
- 1999, approximately 4.8% of ESRD patients resided in nursing homes



(Yang, Lee, and Hocking, 2014)

The Vicious Circle



Concerns



- Transportation
- 269% increase in the use of ambulance transport for dialysis patients from 2002-2013
- Medications and medication schedules
- Meals and meal planning (salt on the table, vending machines, missed meals)
- Missed interactions such as rehabilitative therapy, social activities and outings
- Poor collaboration

(Darey, and Zuber, 2013)

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- Higher acuity / higher co-morbid rates
 - 77.5% cardiovascular disease
 - 62.9% diabetes
 - 36.5% depression
 - 19.9% Alzheimer's/dementia
 - 15.5% COPD
 - USRDS 1998-2000 ESRD cohort: mean death rate for nursing home patients with ESRD was 3.5 times that of the ESRD population in general (Age ?)

(Yang, Lee, and Hocking, 2014)

Benefits to Dialysis at the Nursing Home?

3,943 patients
April 2007 - June 2013

- mean serum albumin of 3.2 g/dL,
- mean hemoglobin of 10.15 g/dL.
- Improvements
 - annualized mortality rates of 30%
 - serum albumin of 3.6 g/dL
 - mean hemoglobin of 10.8 g/dL

(Yang, Lee, and Hocking, 2014)

Key to Success

- Collaborate
- Communicate
- Educate
- Take Initiative

Shared Planning

Assessment, Planning, Intervention and Evaluation
between more than one health care provider





COMMUNICATION



LTC Patient Caregiver Matrix

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Nurse A Aide: G	Nurse A Aide: H	Nurse D Aide: G	Nurse A Aide: G	Nurse D Aide: H	Nurse A Aide: G	Nurse A Aide: I (call In)
Nurse E Aide: J	Nurse B Aide: j	Nurse B Aide: K	Nurse E Aide: K	Nurse B Aide: J	Nurse E Aide: K	Nurse E Aide: K
Nurse C Aide: L	Nurse F Aide: M	Nurse F Aide: M	Nurse C Aide: M	Nurse F Aide: M	Nurse C Aide: L	Nurse C Aide: M
6	4	2	0	0	0	1

The BEST possible staffing pattern yields **12-13** DIFFERENT caregivers in one week in LTC.

Additional Team Members



- 12 LTC HCP
- +
- 6 Dialysis HCP
- +
- 1 Nephrologist
- +
- 1 LTC Medical Director
- +
- 1 Other Consultation

21 Health Care Providers in 1 Week

Communication

- Written
 - Paper
 - Email
- Verbal
- Electronic Medical Record
 - Portals
 - Immunization data bases



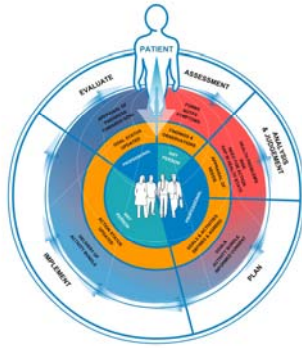
Communication: The Book

- Important phone contacts
 - Clinic / clinic manager
 - On call / after hours
 - Technical support
 - Hotline
 - Disaster / back up clinic
 - Network
- New orders / communications
- Dialysis scheduled
- Treatment records
- Labs
- Physician progress notes



Plan of Care

- On site visit
- Phone call
- Interdisciplinary meeting
- Staff education
- Shared plan



Negative Effects of Poor Communication

- Medical Errors
- Decreased quality of life
- Re-hospitalizations
- Decrease in healthcare provider trust
- Increased patient frustration
- Increased healthcare provider frustration
- Decreased patient compliance
- Ultimately overall decrease in quality of care with an increase in healthcare cost

Case Study

- 87 year old male
- Peritoneal dialysis modality for 5 years
- Unable to complete self care
- Family burnout and no longer able to provide care
- No long term care in town with peritoneal dialysis capabilities
- Patient has no vascular access options for hemodialysis

Identified Needs

ESRD Facility

- Training to LTC
 - Including follow up education
- DME for dialysis
- Dialysis related medications
- Social Worker
- Dietician
- On call dialysis support
- Coordination of care

LTC Facility

- Medication administration
- Storage space
- Non-dialysis related medications
- Medical waste removal
- Space to complete treatment
- Coordination of care

(Department of Health and Human Services, 2004)

Interventions

- Collaborate with local long term care
- Achieve contract for peritoneal dialysis collaboration
- ESRD facility trains ALL licensed nurse staff in PD procedure
- ESRD staff train ALL LTC staff in areas of care of the dialysis patient
- ESRD nurse provided extensive follow up visits

What Did We Learn

- We had an excellent outcome
- LTC staff took extreme pride in new skill
- Collaboration was critical
- Identifying key personnel was beneficial
- PLAN AHEAD!
- Training is costly for both facilities
 - ? Necessary to train ALL licensed nurse staff
 - ? Online training modules



References

Davis, J., and Zuber, K. (2015). Nursing homes: The new frontier. *Nephrology Nursing News and Issues*. Retrieved from <https://www.nephrologynews.com/nursing-homes-new-frontier/>

Department of Health and Human Services. (2014). Addendum I to S&C Letter 04-24 on the care for residents of long-term care (LTC) facilities who receive end stage renal disease (ESRD) services. Retrieved from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter04-27.pdf>

Yang, A., Lee, W. Y. and Hocking, K. (2014). Health outcomes in nursing home patients on dialysis. *Nephrology News and Issues*. Retrieved from <https://www.nephrologynews.com/health-outcomes-in-nursing-home-patients-on-dialysis/>
