Going Home:

What Can Professional Organizations do to Promote Home Dialysis.
THE TIME IS NOW!

“You can never learn enough about dialysis and transplant to be your own advocate”

Chicago incenter patient
EDUCATE

Clinicians and Patients Alike: Home Modalities are NOT One Size Fits All

- A Vetted Curriculum on Modality Choices For Dialysis Patients.
- (Proven Results Pending)
A Curriculum that starts with HOPE:

“This day was so well-planned with excellent presenters! I learned sooo much.”

*Chicago Attendee*
WHO?

ALL CKD and Dialysis patients

“Thank you for the information regarding the workshop Saturday. In a word-AWESOME!!!!! My wife and I left out on fire about the information we received. This is something that every pre-dialysis patient needs to hear. With that said, I am ready to try the home hemo unit and look into going home! What is the next move?” Patient at UVA Health System
Meet patients in a neutral setting:
A clinic is not conducive to learning.

“I learned so much I didn’t know and should have known early on – not after 2 years….incenter”

Chicago Attendee
HOW

Patients learn when their FEARS are addressed by caring professionals and dedicated patient advocates!

“This day was amazing! So informational and caring.” Chicago Attendee
EDUCATE

Clinicians and Patients Alike: Home Modalities are NOT One Size Fits All

- A Vetted Curriculum on Modality Choices For Dialysis Patients.
- (Proven Results Pending)
Clinicians must be trained in administering home dialysis – for a home dialyzor to succeed there can be no one size fits all.

Dialyzers must be trained to understand their machine AND their treatment.

Clinician training requires collaboration with all relevant stakeholders, including home dialyzors, to provide optimal treatment.

Home Dialysis by Home Dialyzors! Who knows it better?
<table>
<thead>
<tr>
<th>TRAIN CONSISTENTLY AND WELL</th>
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<tr>
<td>- Low training volume, care team inexperienced</td>
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<td>- No or limited patient expectation management</td>
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<td>- Rigid training structure independent of patient needs</td>
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<td>- Train consistently, care team adept</td>
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<td>- Structured education outlining expectations; access to current patients</td>
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<td>- Flexible training schedule; evening/weekend or in-home training options</td>
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<tr>
<th>GET THE PRESCRIPTION RIGHT FOR THE INDIVIDUAL PATIENT</th>
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<td>- All/most patients on the same or similar prescription, no or little adaptation</td>
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<td>- Prescriptions routinely re-assessed and adapted as needed</td>
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<th>ENSURE PARTICIPATION OF THE INTERDISCIPLINARY TEAM</th>
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<td>- Minimal social worker involvement, not well integrated in home care team</td>
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<td>- No PCTs in home program; Nurses responsible for non-clinical work</td>
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<td>- Social worker supports home patients throughout the journey and participates in patient training and home visits</td>
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<td>- PCT is an active member of the home program, supports home nurses</td>
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<th>MONITOR AND GET ACTIVELY INVOLVED</th>
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<td>- Not using connected health to monitor adherence, hospitalizations</td>
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<td>- Respite care not offered or last-resort option delivered at a in-center facility</td>
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<td>- Inconsistent approach to home visits, or only at training conclusion</td>
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<td>- Using connected health tool (such as N2me) for monitoring and support</td>
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<td>- Patients routinely reminded of respite care availability in home area</td>
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<td>- Home visits before training, at transition to home, and routinely thereafter</td>
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 Courtesy of Eric Weinhandl, NxStage
Collaboration among relevant renal organizations is essential: We cannot do this alone. Work together.

HDU, the ESRD Networks and MEI each bring a different skillset to the table, resulting in better information reaching the patients AND clinicians.
SUPPORT

- We need to create an infrastructure to support patients before sending them home. Some need more support than others, but the goal is to get them home and keep them home. From cannulation to inventory to family dynamics, it is our responsibility, as advocates, clinicians and educators to help them transition to the “new normal”.
Home Dialysis by and for Home Dialyzors!
When an issue is outside the expertise of your organization, delegate it.

Collaborate on it.

For example, clinician training – HDU works with ANNA and ASN to provide information on home modalities so they can BEST inform their professionals.

Home Dialysis by Home Dialyzors! Who knows it better?
We are all in this together. The only winners are the patients, who will benefit from better outcomes when they chose a home modality.

The only losers are the patients who aren’t provided their options in a way that they can understand and make an intelligent choice or supported in their choice to go home.
A picture is worth a 1000 words!
IT TAKES ALL OF US!