



The Possibilities of Dialysis in a Nursing Home Setting

Qsource ESRD Networks 10 and 12

Housekeeping



We are using MS Teams for this meeting.

To minimize background noise, we will be putting all participants on mute.

During the question/answer portion of today's presentation, you may ask your question by "unmuting" yourself – click the microphone icon to toggle between mute and unmute.

Use the conversation bubble to chat with the Network during the session.

We are using the evaluation for this meeting to track attendance. Be sure that you complete the brief evaluation at the end of the session.

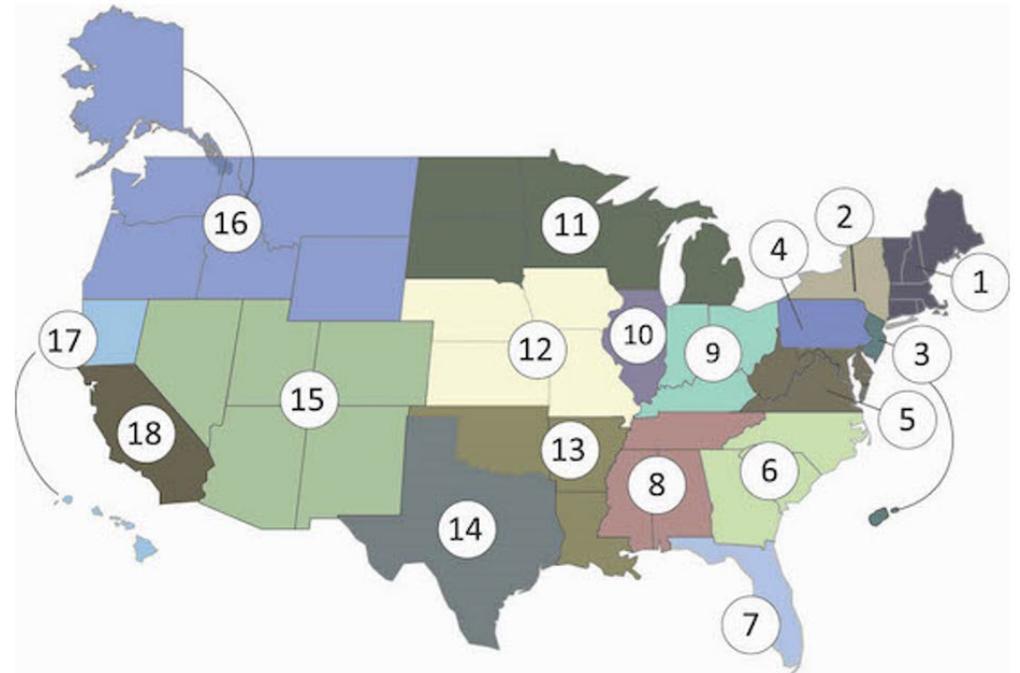
Qsource ESRD Introduction

Under the direction of CMS, the ESRD Network Program consists of a national network of 18 ESRD Networks, responsible for each U.S. state, territory, and the District of Columbia. ESRD Networks service geographic areas based on the number and concentration of ESRD beneficiaries.

CMS relies on the Network Organizations to develop a relationship with the dialysis professionals, providers, and patients and create a collaborative environment to improve patient care. One of the primary functions of the Network Organizations is to assist CMS in understanding the needs of ESRD patients by including patients in quality improvement activities and meetings with CMS. CMS directs the Network Organizations through the development of a contract.

ESRD Network 10 (IL)

ESRD Network 12 (KS, MO, IA, NE)



Previous Collaborations with Long Term Care (LTC)

Download the Change in Condition Alert document at:
<https://bit.ly/2LZZio9>

- Bi-directional communication tool for both LTC and dialysis facilities
- Addresses patient-specific and facility-level updates
- Pathway to be completed prior to transfer of patient to dialysis
- Follow-up communication should be expected between the facilities

Change in Condition Alert

The purpose of this Alert Form is to improve communications and the transition of patient care between a Dialysis Facility and a Long Term Care Facility.

Instructions: Complete this Alert when there is a newly identified issue at either the patient or the facility level. Share this new status with the other facility that is involved in the care of the dialysis patient.

Need to Share an Alert for a Dialysis Patient

Dialysis Patient Name:	Dialysis Day: <input type="checkbox"/> M/W/F <input type="checkbox"/> T/Th/Sat	Mode of Transportation: <input type="checkbox"/> Family/Own Vehicle <input type="checkbox"/> Ride-share Transport <input type="checkbox"/> Nursing Home Owned Transport
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Does the patient/resident exhibit new signs or symptoms of respiratory illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient/resident have a newly identified reportable communicable disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, was this reported to any authority?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Reported: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the patient/resident newly tested for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, date of test: _____ PUI Number: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Need to Share an Alert About My Facility

Facility Name: _____

Do you have patients/staff who have exhibited new signs or symptoms of respiratory illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have patients/staff who have newly tested positive for a communicable disease in your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have patients/staff who have newly tested positive for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Change in Condition Alert Completed by: (staff name) _____

Date Completed:	I shared this form with the patient's care team: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Point of Contact: _____
	Fax Number: _____
	Date Shared: _____




This revision was developed while under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract #HSRSM-500-2016-00010C and HSRSM-500-2016-00012C. The contents presented do not necessarily reflect CMS policy. 20-Q-ESRD-06-080

Our Goals for Today



Learn about the importance of dialysis for a nursing home resident



Understand the advantages of onsite dialysis



Review responsibilities of long term care and dialysis facilities according to CMS requirements and NDAC standards



Recognize the benefits of care transitions in improving outcomes

Guest Speakers



Dr. Suresh Samson, MD, FASN
Concerto Renal Services Olympia Fields, LLC



Shirley Irvin BSN, RN, CDN
Fresenius Kidney Care Kansas City Region



Glenda Payne, MS, RN, CNN
National Dialysis Accreditation Commission (NDAC)

A Brief Introduction to

Sub-Acute Care Dialysis

(SACD)

*Dr. Suresh Samson MD, FASN
Chief Medical Officer, Concerto Renal Services*



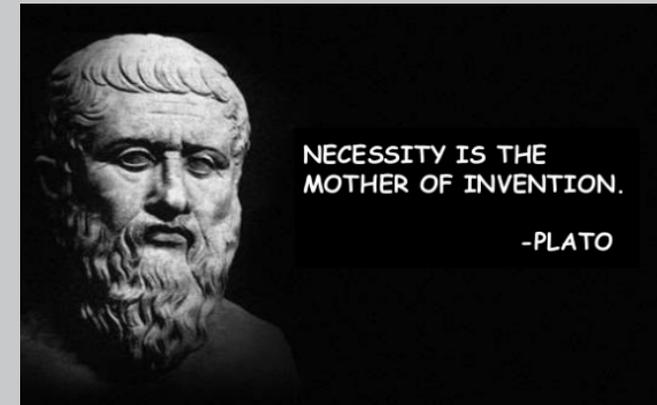
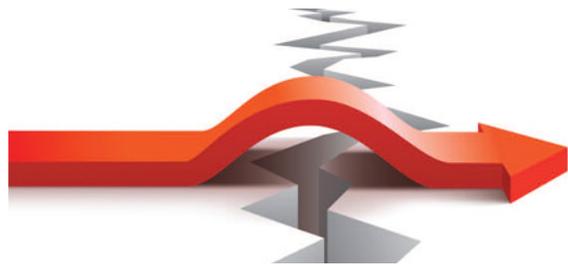
A Story in 4 Acts...

- **The Problem**
- **The Opportunity**
- **Benefits from the SNF Perspective**
- **Benefits from the Patient Perspective**

The Problem

Some Numbers to Chew On...

- 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



The Opportunity

Sub-Acute Dialysis at Home – The Resident's Nursing Home

- Ever since 2004, CMS has affirmed that for the purposes of dialysis, a skilled nursing setting is a *resident's* (not merely “patient’s”) home.
- CMS issued new guidance in August 2018, then incorporated into the States Operations Manual (SOM), pertaining to sub-acute dialysis
 - New guidance created framework for regulatory view of sub-acute dialysis
 - Found at:
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-22-ESRD.pdf>
- Another impactful regulatory development: October 2019, CMS implemented "Patient Driven Payment Model" for SNFs





Benefits from the SNF Perspective

How They May Approach Sub-Acute Dialysis

- The decision to add dialysis:
 - Assessment of historical dialysis census
 - Discussions with hospital leaders and nephrologists
 - Willingness to take more risk/RN education/infection control
 - Capital outlays
- Types of Dialysis
 - Peritoneal vs. Hemodialysis
 - 5 days/week vs. 3 days/week hemodialysis
 - Capacity
 - Continuity of care
 - Startup cost to the SNF
 - Patient preference



Benefits from SNF Perspective (continued)

Clear Benefits – A Micro View

- Better coordination of care for ESRD patients
- Ability to better control and champion 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



Benefits from SNF Perspective (continued)

Clear Benefits – A Macro View

- On-site dialysis improves the efficiency by reducing the need for transportation for dialysis.
 - On-site dialysis also saves on healthcare costs. National cost of dialysis transportation for the year 2014 was \$3.2 billion. The cost per dialysis patient per year was estimated to be about \$8300
 - Stephens M, et al. *High costs of dialysis transportation in United States: Exploring approaches to a more cost-effective delivery system. J Health Economic and Outreach Res 2013; 1:134–50*
- Helps facilitate closer SNF-hospital relationships:
 - For the hospital, it expedites discharge and creates additional downstream care opportunities for ESRD patients
- Need for this service is only intensifying, due to demographics, renewed emphasis on home dialysis



Benefits from Patient Perspective

Clear Benefits All Around

- 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



= Happy
and
Healthier
Patients

Key Contacts

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Home Dialysis in a LTC/SNF

Benefits

Considerations

Training

Disclaimer – there is Conventional home hemodialysis (HHD) and more frequent dialysis (MFD) HHD this presentation addresses MFD HHD

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Director of Operations
Fresenius Kidney Care – Kansas City Region

Benefits

Disclaimer – there is Conventional HHD and more frequent dialysis (MFD) HHD this presentation addresses MFD HHD

- 1) Patient Benefits
- 2) Care Facility Benefits
- 3) Dialysis Clinic Benefits

Patient Benefits

- 1) Allows for greater continuity of care in the patients living environment.
- 2) Patients are not required be transported outside of the facility.
- 3) Patient tend to feel better and recover quicker.
- 4) Greater participation in additional medical therapies (PT, OT, etc)
- 5) Less missed treatments by the patients.
- 6) Weather and treatment times are less invasive to patient lifestyle.
- 7) Overall, more frequent dialysis (MFD) is a kinder and gentler therapy for patients.

LTC/SNF Benefits

- 1) Able to accept more patients that require dialysis.
- 2) Transportation requirements are decreased from 26 trips per month to 2 trips per month.
- 3) Patients feel better so they actively participate in additional required therapies thereby qualifying for longer Skilled days.
- 4) SNF staff remain on site and are not off-site 2-3 hrs per shift completing transportation.
- 5) Decrease need to quarantine patients and decreased exposure to outside patients, illnesses, and elements.
- 6) Greater continuity of care and clinical collaboration when care is provided within the facility.

Dialysis Clinic Benefits

- 1) Improved Quality Outcomes
- 2) Fewer missed treatments
- 3) Decreased hospitalizations
- 4) Decreased cost to deliver care
- 5) Improved clinical collaboration

Setting Considerations in the LTC/SNF

- 1) PD patients typically dialyze at night while sleeping, they need access to some type of drain, electricity, and space for a supplies.
- 2) Dialysis den is optimal for HHD, approximately 250sq feet. (electric and water needed. (This would accommodate a 6 station den.)
- 3) Dialysis den storage, approximately 100 sq feet. (electric and water needed.) (This would manage up to 18 pt supplies.)
- 4) Access to electrical and water – 1 water box and electrical outlet for every 2 machines (4 receptacle outlet)
- 5) Dedicated wing, hall or rooms for dialysis patients for proper work flow, dedicated/trained staff for patient oversight.
- 6) Easy access for emergency personnel if needed.

Individual Patient Station

Den Photo – 6 stations



6 Station Den Photo



View from the Nurse Station



Supplies and Storage

- I-Pad Tablet and Storage for HHD



Spare Machine and Pureflow Batch Storage



Access to water via water box located behind machines as well as electrical outlet.

Training Considerations

- 1) General Education for all staff – takes 1-2 hours including time for Q&A – education covers CKD and ESRD stages, signs and symptoms of renal failure, treatment options, and infection control. Completed initially with a new agreement and then quarterly ongoing education is provided.
- 2) Training and skills validation for any staff member that will be providing hands on care or oversight for PD or HHD treatments.
- 3) Training and skills validation with any new patient.
- 4) 2 models to consider, Dialysis staff-assisted HHD or SNF staff- assisted HHD

HHD and PD Supply Storage



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You should expect:

- v Interview of HD personnel
- v Observation of patients being dialyzed
- v Interviews of patients/families
- v Inspection of the dialysis treatment area(s)

Review of:

- v The patient's clinical record
- v Additional patient records if issues are identified
- v Equipment maintenance records
- v Monitoring logs and quality oversight

for water treatment & dialysate delivery systems



Survey of HHD in LTC

To Mitigate Risks for Patients Receiving Dialysis in LTC:

- Ensure only qualified personnel administer, monitor and supervise the dialysis treatments
- Monitor the dialysis patient's status before, during and after dialysis
- Ensure a safe and sanitary environment for the treatment



Source: CMS ESRD State
Operations Manual, QSO 18-22

Guidance for Dialysis in LTC – Goals:

Ensure:

1. There is a written agreement between the nursing home and the ESRD facility
2. The ESRD facility maintains responsibility for the dialysis-related care and services provided to the nursing home
3. All dialysis services meet the ESRD Conditions for Coverage requirements and the agreement with the nursing home



Source: CMS ESRD State Operations Manual, QSO 18-22

- Payment: certification as a “home” HD program
- Oversight: survey of the certified home HD program
 - Surveyors required to visit one or more LTCs where HHD is provided



Hemodialysis Services in the LTC Setting

HHD in LTC

- Meet water and dialysate standards
- Robust communication between LTC and dialysis staff

**NOTE: the 1:1 patient to machine
NO LONGER REQUIRED**



- Qualifications, training, competency verification and monitoring of all personnel who administer dialysis in the LTC and those who supervise that care
- Quality and safety of the dialysis treatments and management of the resident's ESRD-related conditions
- Provision and maintenance of all equipment



ESRD Facility Responsibilities

Hemodialysis Services in LTC Setting

Source: CMS ESRD State
Operations Manual, QSO 18-22



- Provide a safe environment for dialysis treatments
- Monitor resident before, during and after dialysis for possible complications
- Provide emergency support during dialysis
- Assist with supportive care:
 - Weights
 - Adherence to fluid and diet restrictions
 - Vascular Access surveillance
- Provide all non-dialysis care

LTC Responsibilities

Hemodialysis services
in LTC Setting

Collaboration

Robust communication

- ❖ Dialysis orders
- ❖ Medications
- ❖ Patient assessments
- ❖ Handoffs

- Plans of Care: shared and collaborative
- Procedures for caregiver/care partner training



Shared
Responsibilities

Hemodialysis services
in LTC Setting



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- www.ndacommission.com

NDAC

National Dialysis
Accreditation
Commission

Let's Wrap This Up!

Where to go from here...

- Contact a dialysis organization or your Network representative.

Additional Resources

- [ESRD NCC](#)
- [Care Compare](#)

Tell Us What You Think

<https://www.surveymonkey.com/r/QB3R2T5>

For more information, please contact

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