Improving Transitions of Care for Kidney Patients

Emergency Department Perspective

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Objectives:

- Discuss motivations for ED usage by dialysis patients.
- Types of patients seeking ED care.
- Interventions targeted towards improving transitions of care.

ED Usage

- Complex patient population:
  - Average just over 2 ED visits/year
  - 68% admission rate from the ED at UMHS (all others 38%)
  - Multiple comorbidities (one study 6.8 unique physician groups in year)
- Some of these patients will have emergent needs…
- Why do others come to ED?
  - Unaware that alternatives exist
  - One-stop shop for needs
  - Convenience
  - Social factors

Patient Types

- From ED perspective, 2 patient “flavors”:
  - ED visit related to dialysis complications:
    - Access issues
    - Electrolyte abnormalities
    - Bleeding complications
    - Fluid overload
  - ED visit related to medical comorbidities:
    - Acute coronary syndrome
    - Infection/sepsis
    - GI related
- Interventions towards the two groups have different focus.

Dialysis-related complications

- Communication and education!
  - Patient knowledge of what their dialysis center can provide
  - ED provider/nephrologist communication about expectation
    - Example of blood cultures vs admission

- Resources:
  - Avoidance of admit by quick K+ run in ED
    - Can also reinforce negative behavior
  - Care management/Social work
    - More to come….

Co-morbidity related complications

- Communication!
  - Patient history
    - Example of chest pain rule out
- Clinical Practice Guideline Development

What have we done:

- Identification of care team
- Communication with Nephrology for all ED admits
- Discharge Planning/Social Work in ED
- Alternatives to Admission/Appropriate Sites of Care

What have we done:

- Identification of care team:
  - Care team function in EMR including nephrologist
  - Note type identifies as dialysis patient
- Communication with Nephrology for all ED admits
- Discharge Planning/Social Work in ED
- Alternatives to Admission/Appropriate Sites of Care

What have we done:

- Identification of care team
- Communication with Nephrology for all ED admits
  - Prior to admit process- direct conversation with nephrologist or nephrology fellow for every dialysis patient
  - At least to get them on schedule for run
  - At times to provider alternate follow-up
- Discharge Planning/Social Work in ED
- Alternatives to Admission/Appropriate Sites of Care

What have we done:

- Identification of care team
- Communication with Nephrology for all ED admits
- Discharge Planning/Social Work in ED
  - SW 24/7
  - Discharge planning afternoons and evenings
  - Provider alternative resources/arrange follow-up
- Alternatives to Admission/Appropriate Sites of Care

What have we done:

- Identification of care team
- Communication with Nephrology for all ED admits
- Discharge Planning/Social Work in ED
- Alternatives to Admission/Appropriate Sites of Care
  - Clinical Practice Guideline Development
    - Atrial fibrillation
    - Chest Pain
    - Syncope
  - Rapid follow-up for low risk conditions
    - Cellulitis
    - Gastroenteritis

Results:

- Unfortunately all anecdotal at this point….
- Clearly have increased communication between ED and nephrology.
- Will continue aggressive work on alternatives to admission strategies.

Questions?