



HOME PROJECT 2025

The following interventions have been successfully implemented in Midwest Kidney Network dialysis facilities to increase the number of patients choosing a home modality to initiate dialysis, as well as increasing the number of patients transitioning to a home modality from an in-center dialysis setting. Best practices are identified through both data analysis and feedback from cohort facilities participating in the project.

Do you have a best practice to share?

Please let us know candace.kohls@midwestkidneynetwork.org

BEST PRACTICES

- **Home Champions for in-center dialysis staff and patients:** Home champions from the in-center staff are identified and then educated on approaches on how to engage patients' interest in home modalities, and then refer for further education to the home clinic.
- **The team approach:** Staff education on home modalities was found to be essential, as well as promoting a multidisciplinary approach to patient education and conversation. Staff see patients regularly and can touch base with patients to answer basic home modality questions, and then if the patient is interested, refer to charge nurse to connect the patient with a home clinic to set up more in-depth education and tour.
- **Setting up a tour of a home facility and Q&A with home RN:** Setting up appointments for patients that are interested or referred for a combined tour and detailed education in the home HHD or PD clinic setting.
- **Experience the Difference:** This can be done in several ways by having the patient run on HHD machine in the in-center setting by home staff or having patients go to HHD home clinic and trial HHD in the home clinic setting. This gives patients firsthand experience and an excellent opportunity for Q & A with home staff.
- **Working with physicians to increase early education and referral to home in the office setting:** Lobby Days and education in the primary care or nephrology office with a home staff member available for Q&A.
- **Reviewing all patients in QAPI for potential home modality candidacy, utilizing home staff as available in-person or virtually:** Addressing patient/facility specific barriers during QAPI meetings for home dialysis candidacy. Assign a team member to follow-up with patients and home clinic for interest, education, and a home clinic tour.
- **Using a layered intervention approach: see below example**
 - ✓ Educating new in-center dialysis patients about home therapies
 - ✓ Working with physicians to increase early education & referral on PD/HHD
 - ✓ Team with home clinic and the interdisciplinary team to plan a schedule for patient on home choice and include life plan
 - ✓ Invite patients' families for education as appropriate



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- ✓ Tour a home facility and Q&A with home RN
- ✓ Transition to home with a training plan
- The NCC Home Modality Change package includes best demonstrated practices for multiple challenges and has been provided to all facilities in the NW11 region.

RESOURCES -PLEASE CHECK OUT THE MKN WEBSITE FOR ABOVE MENTIONED BEST PRACTICE TIPS AND OTHER ADDITIONAL RESOURCES

<https://www.midwestkidneynetwork.org/quality-improvement-projects/home-dialysis>

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