



Home Dialysis Quality Improvement Project

Midwest Kidney Network Webinar

(MKN)

2022



What Do We Hope to Accomplish Today

- Overview of current goals, challenges and initiatives
- Look at ways and tools to improve home dialysis education to your patients.
- Increase use of telemedicine in your rural patient population



MKN Home Project Goals 2022-2023

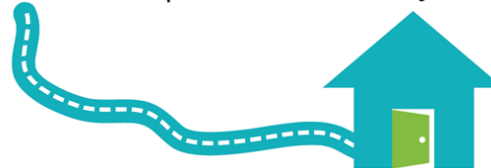
Goals

Achieve a 10% increase in the number of incident ESRD patients starting dialysis using a home modality from the baseline year (end of April 2022), for a total increase of 20% from the base period (June 2020 – April 2021) through April 2023.

Goals

Achieve a 4% increase in the number of prevalent ESRD patients moving to a home modality for a total increase of 6% from the base period (June 2020 – April 2021) through April 2023.

There is no place like home dialysis



MNK Additional Home Project Goals 2022-2023

Goals

- Facilitate home dialysis within a nursing home setting.
- Improve MD education on home modalities

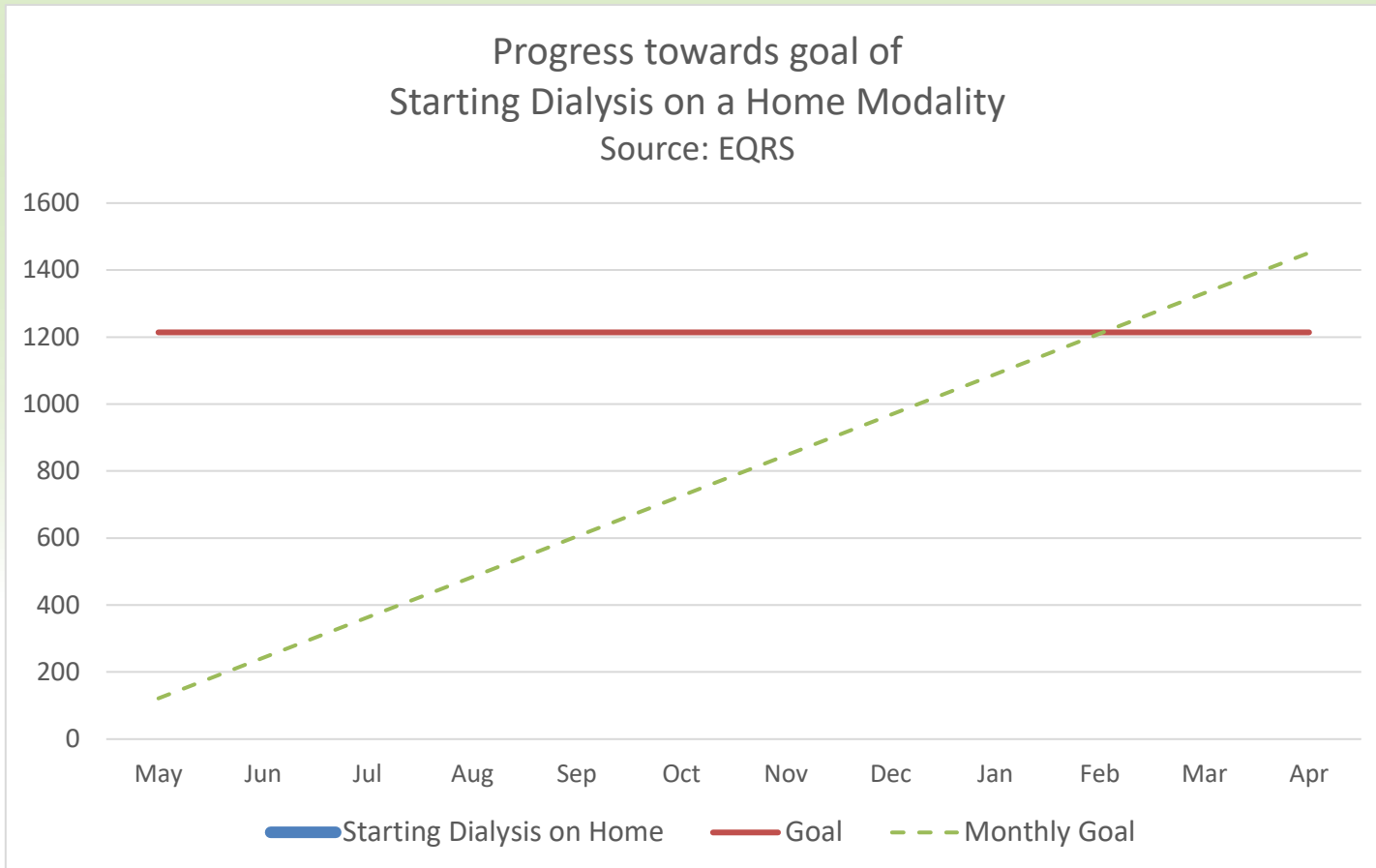
Goals

- Develop new teaching methods for home dialysis education starting with CKD 4 patients and those “crashing” into dialysis.
- Look into Urgent Start PD practices

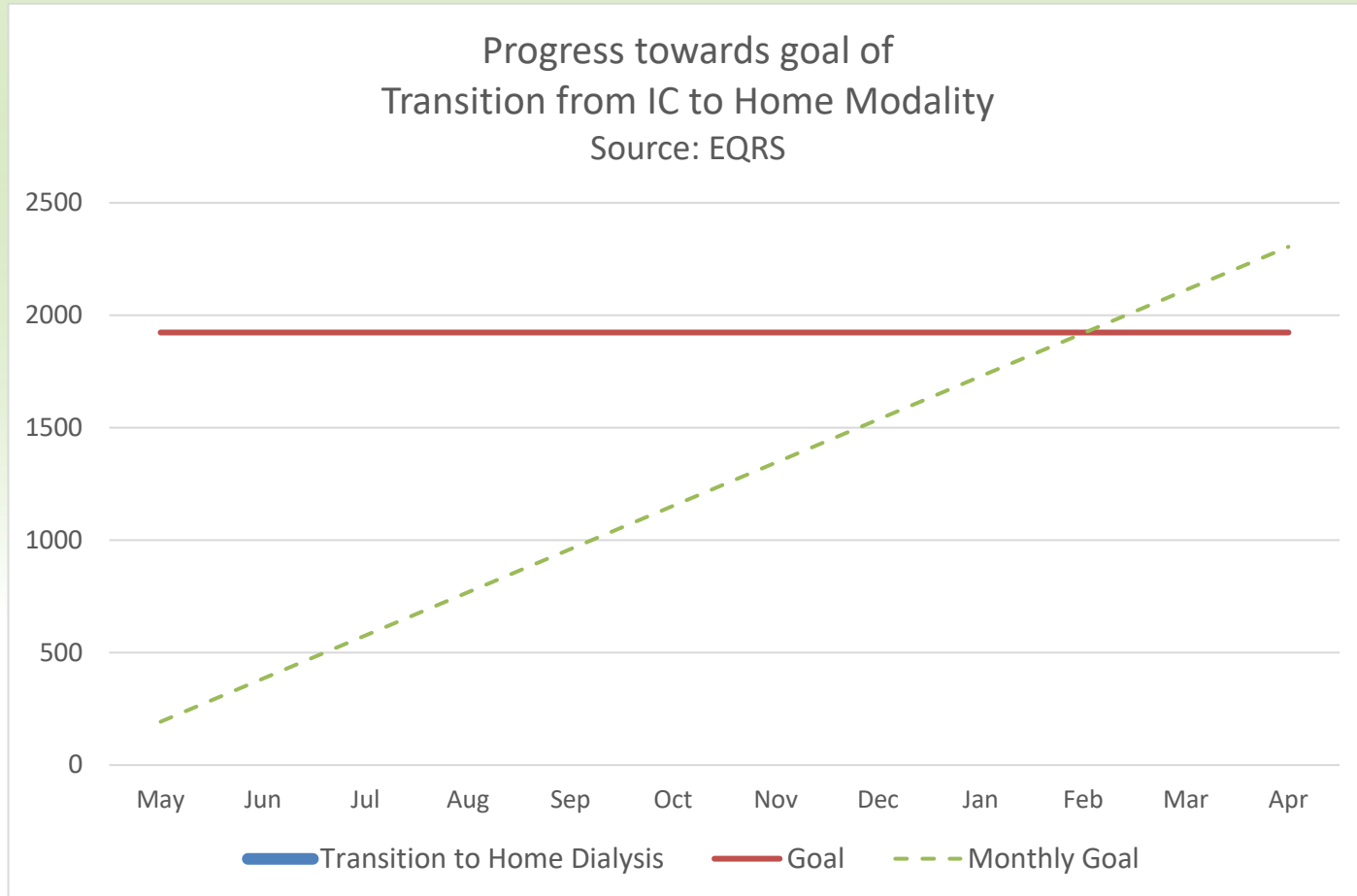
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The goal for patients **starting** a home dialysis modality in the MKN region is approximately **120 patients per month** or greater



The goal for patients **changing to home dialysis** in the MKN region is approximately **190 patients per month** or greater



Monthly Facility Project Report

Example Showing Your Unit Goals

Topic	Facility Goal	Baseline	May	Jun	Jul
Incident patients starting on home (# of patients)	23	16	2	3	
Prevalent patients changing to home (# of patients)					

What Actions To Take

Home Dialysis units

- Set up lobby days in your referral units
- Reach out to nephrology offices to reach CKD 4&5 educators for patient referrals and to provide resources for education of those patients.
- Reach out to transplant centers to capture any transplant recipients who may be needing dialysis again.
- Look into referral patterns for improvement in communication between CKD clinics and home dialysis unit.

Incenter Hemodialysis Units

- Develop a consistent person to track new patient education regarding home modalities.
- Provide home dialysis education to all patients annually
- Provide home dialysis modality education to incenter staff so they can talk to patients about home dialysis.

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- Provide incident data to home dialysis units of their progress
- Provide prevalent data to incenter hemodialysis units monthly of individual progress
- Provide opportunities to share best practices from high performing to those with lower numbers of patients choosing home dialysis
- Provide education and updates on new modalities and machines available for home dialysis.

First Steps

Home Dialysis Units

- Reach out to your incenter hemodialysis referral units and become friends with them.
- Provide home dialysis education for your referring units
- Assist with developing a home dialysis champion in your incenter referral units

Incenter hemodialysis units

- Start home dialysis education on Day 1 with new patients.
- Develop a home dialysis champion on staff to talk to patients (Can be PCT, RD, MSW, RN or others)
- Develop a relationship with your home dialysis unit to receive education for staff and easy referral for training

Telemedicine Use

- Make telemedicine visits available for your patients
- Educate your patients on the benefits of telemedicine visits between clinic visits as needed

Home Coalition Members

- Representatives include people from:
 - Incenter hemodialysis units
 - Home Dialysis facilities
 - NKF
 - Patient Consumers
 - Physicians and nephrology fellows
 - Nurse Practitioners and Navigators

Home Subgroup Topics

- CKD 4&5 Education
- Dialysis within a Skilled Nursing Facility
- MD Education on Home Dialysis Modalities
- Urgent Start Peritoneal Dialysis

Please contact Debbie Bowe if interested in participating in one of these groups. It involves 1 hour phone calls quarterly.

Questions?



Thank You

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