

#### Hospital Discharge of the Dialysis Patient: assessment, barriers and a bit of everything in between

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#### Nothing to disclose



#### Objectives

- 1. To understand the role of Case Management in the care of the dialysis patient
- 2. To understand the overall assessment of the patient for needs determination
- Describe how social determinants of health can assist the Case Manager in understanding potential barriers
- 4. Describe common barriers to discharge and ongoing needs for improved patient education



#### Admission Assessment/Evaluation

- Admission type: acute kidney injury or chronic kidney disease
- New start or existing dialysis patient
- Interdisciplinary Care Team planning determine needs and course of care
- Baseline assessment within 24 hours of admit as per regulatory bodies
- Social Determinants of Health Assessment



#### Admissions related to Acute Kidney Injury:

- Major surgery large blood loss hypovolemic shock
- Severe Burns
- Heart Attack
- Organ Failure
- ATN, obstructions (kidney stones) and inflammatory processes
- Over use of NSAID's



# Admission with ESRD complications

- Existing dialysis patient missed dialysis
- Access complications
- Missed rides to dialysis facility
- Exacerbation of other illness
- Point of entry: ED are they an observation patient



# Initiation/New Start of Dialysis

- Case Manager meets with patient/family offers choice of agency
- Referral sent per patient decision
- Discussion regarding location, chair/run time and days
- Coordination of other disposition needs
- Transportation discussion with patient/family



# **Resumption of Outpatient Dialysis**

- Case Management team sends referral and orders for resuming dialysis
- Patient typically remains at same center unless their overall condition changes and the patient has other care needs
- Ensure patient has transportation
- Education regarding importance of keeping appointments



## Assessment of SDOH

 Definition of The social determinants of health (SDOH) are the economic and social conditions and their distribution among the population that influence individual and group differences in health status.



# What is a Health Disparity?

 Department of Health and Human Services defines health disparities as "differences in health outcomes that are closely linked with social, economic, and environmental disadvantage."



#### Social Determinants Assessments





# **Economic Stability**

- Debt including medical debt
- Income
- Expenses
- Support
- Employment



# Neighborhood and Physical Environment

- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability



## Education

- Literacy
- Language
- Early Childhood Education
- Vocational Training
- Higher Education



#### **Community and Social Context**

- Social Integration
- Support Systems
- Community Engagement
- Discrimination



## Health Care System

- Health Coverage
- Provider Availability
- Provider linguistic and cultural competency
- Quality of care



# Additional Model of SDOH

Figure 2

#### **Social Determinants of Health**

EmploymentHousingLiteracyHungerSocial integrationHealth coverageIncomeTransportationLanguageAccess to healthy optionsSupportProvider availabilityExpensesSafetyEarly childhood educationNealthy optionsSupportProvider availabilityDebtParksVocational trainingCommunity engagement DiscriminationProvider elinguistic and cultural competencyMedical billsPlaygroundsHigher educationHigher educationDiscrimination	Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
	Income Expenses Debt Medical bills	Transportation Safety Parks Playgrounds	Language Early childhood education Vocational training Higher	Access to healthy	integration Support systems Community engagement	coverage Provider availability Provider linguistic and cultural competency

#### **Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations





# Final Discharge Planning

- Determine Discharge Disposition
  - ~ Home with no needs
  - ~ Home with home care
  - ~ Transitional Care
  - ~ Long Term Care



#### Insurance Coverage

- Commercial Insurance all needs covered
- Medicare with Secondary Payer
- Medicaid
- Under-insured patient population
- Self-Pay (no-insurance)
- Undocumented patient or EMA Emergency
  Medical Assistance



## Transportation

- Does the patient drive, do they have a car or access to one
- Proximity to public transportation, bus or train
- Insurance benefit for transportation
- Metro-Mobility Eligible



# Family/Social Support

- Lives alone
- Estranged from family
- Isolated due to mental health disorder
- Lives remotely





- Communicate with patient final arrangements
- Discuss any further needs with patient and family
- Ensure understanding of dialysis run days and chair time
- Report to accepting dialysis center if possible



# What's Still Missing?

- Ongoing real time education during patient's acute hospitalization
- Education regarding diet, fluid restriction and medications
- Discussion surrounding importance of not missing and it patient did understanding why



# Bridging to Transplantation

- Discussion about transplant as an option with renal failure
- Connection to transplant center for evaluation process
- Living-Donor Evaluation for transplant option



# Support for Dialysis Patients

- Blogs on-line for dialysis patients including Peritoneal Dialysis patients
- On-line forums and patient educational opportunities
- Hemo-dialysis support groups sponsored by dialysis centers nationally on-line and locally see schedules



## We Can Do Better....

# Thank-you!



## Questions

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