

Home Modalities: Patient Selection + Program Growth= Success!

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Benefits of Home Modalities

- Improved Clinical Outcomes
 - Ability to achieve higher kt/V
 - Better phosphorus control
 - Symptom reduction of co-morbid states
- Higher Quality of Life
 - Ability to work and continue school
 - Ability to travel
 - More time with loved ones
 - Fewer diet and fluid restrictions
 - Increased patient control of therapy
- Decreased Mortality
 - For both PD and HHD
 - Five year survival rates with HHD approach those of transplant
- Lower Healthcare Costs “no one takes better care of you than YOU”
 - Fewer infections
 - Decreased hospitalizations



Why is home not the first choice?

Ninety percent of all incident patients ICHD

- Five hundred medical directors surveyed: 88% stated that they would select home modalities as their first choice for a PERSONAL option.
- 93% percent of incident patients do not have any medical contraindications that would prevent a home modality choice
- 8% of all ESRD patients receive care at home
- “They could never do that” mentality



Paternalism is behavior by an entity which limits some person or group's liberty or autonomy for what is presumed to be for that person's or group's own good.

Who do we choose?

Contraindications

Patient Selection

Absolute Contraindications

- Unstable medical conditions:
 - Uncontrolled arrhythmia, seizure disorders
 - Conditions that may cause abrupt loss of consciousness
- Lack of suitable vascular access
- Unstable behavioral problems:
 - Uncontrolled anxiety/psychosis
 - Ongoing drug abuse
 - Alcohol abuse



Potential Candidates

- **MOTIVATION**, patients are willing to learn
- Physical and cognitive ability to manage tasks of therapy
- Patients that wish to work and go to school
- Patients that have medical conditions that would benefit:
 - Sleep apnea
 - Persistent phosphatemia
 - Right sided heart failure
 - Uncontrolled ascites
 - Difficult-to-control hypertension
 - Symptomatic hypotension, cramps, nausea on HD
 - Inadequate control of uremic symptoms
 - Excessive recovery time after conventional HD

Consider Patients who seek more control in their life!

The patient that:

- is concerned with care in clinic
- has childcare conflicts
- has work schedule conflicts
- Displays frustration in clinic
- does not come to clinic or has a hard time following a schedule
- At risk for Involuntary Discharge (IVD) or Involuntary Transfer (IVT)



Selection Case Studies

CASE STUDY 1- MS

- 38 year male
- 438 pounds
- Severe poverty
- Support person, wife
- Unhappy with incenter HD due to long treatment time
- Diabetic, uncontrolled hypertension
- Non- compliant with fluid and diet restrictions

Michael Sankey



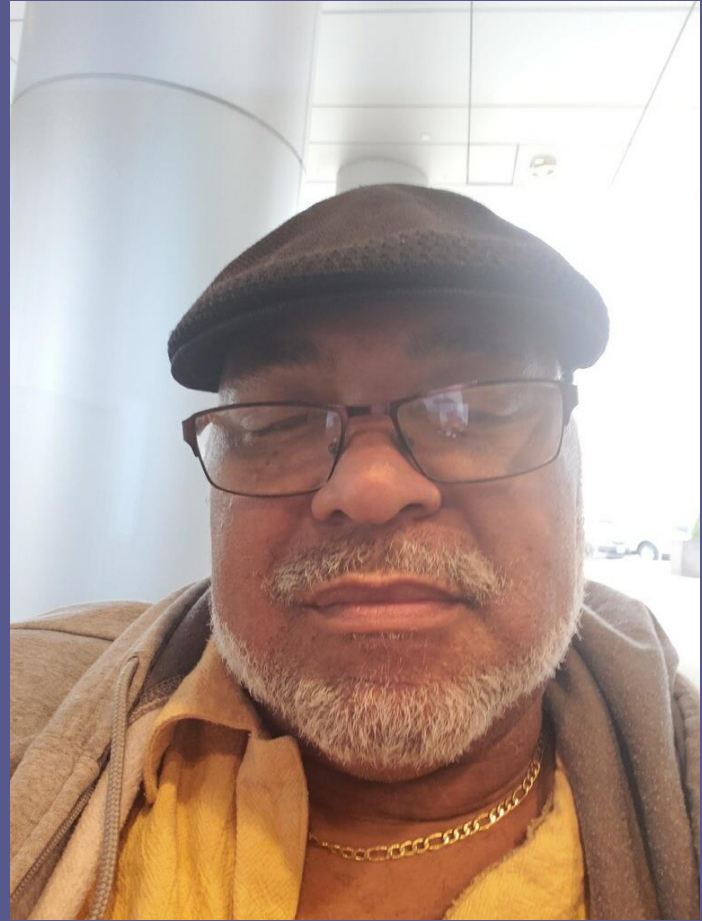
Success HHD X 6 years

- **Weight loss**
- **Independence**
- **Financial Stability**
- **Career Change**
- **Overcame Loss of Care Partner 😊**
- **Normal HgbA1C 😊**
- **Reduction of Antihypertensive Medication**
- **Peer Mentor**

CASE STUDY 2- LL

- Unemployed
- Dismissed from dialysis centers due to negative attitude towards staff and other patients
- Dialyzing in isolation to prevent verbal confrontations
- Extreme distrust of dialysis team, non-compliance
- Large interdialytic weight gains
- Ejection fraction <15%

Lewis Lipscomb



Success HHD X 6 years

- **Control and Independence**
- **Developed patience**
- **Improved injection fraction 😊**
- **Improved compliance**
- **Acceptance and a better understanding of disease**
- **Coping skills**
- **Vocational rehabilitation**
- **Financial stability**
- **Ability to travel freely**
- **Home dialysis proponent and mentor 😊**

CASE STUDY 3 KG

- 36 year old female
- 282 lbs.
- Stay at home Mom
- On HD x 4 years
- Chronic fatigue, unable to care for children
- No freedom or family time

Kimberly Gallardo



Success PD x 5 months

- More freedom and family time
- More energy, feel less drained
- Loss of 130 lbs. 😊
- Able to do everything I wasn't able to do on In-center Hemodialysis 😊

Patient Retention = Program Growth

Factors that Influence Program Growth

Dialysis Team Support

- Advocacy, creative, flexible, adaptive
- Encouragement to live to full capacity

Peer Support/ Home Dialysis Champions

Care Partner Support

Respite Care

Clinic Hours and Staffing

Travel

The Right Staff



Any Questions?



Resources:

- Bennet, et al, Psychosocial aspects in home dialysis, et al, 2015, 19, 128-134, Hemodialysis International
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Thank You



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