HOW TO GROW YOUR HOME PROGRAM
THROUGH COLLABORATIVE EFFORT

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November 12, 2019
Agenda

• Change is coming
• Hemodialysis staff concerns on home modality
• Collaboration between in-center and home
• Steps to take when you have a home candidate
• Bringing home hemodialysis (HHD) to in-center
• Bringing peritoneal dialysis (PD) to in-center
• Key points
Change is in the air..

• New focus on Home Modalities
  • Fewer Hospitalizations
  • Patient control over their healthcare
  • Healthier patients – more transplant ready

• Who is creating the focus?
  • HMOs
  • Physicians and physician Groups

• Kidney Disease and treatments are in the news
  • Executive Order
If I Encourage Home, I Could Lose My Job...

• Fact: In-center census has remained stable despite increases in the home modality census.
  • At San Mateo, we have been at 100% capacity since 2016 along with continuous increase in number of patients in our home modality program for the same period of time.
## Myths / Facts

<table>
<thead>
<tr>
<th>MYTHS</th>
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<tr>
<td>Less opportunities for in-center nurses and patient care technicians (PCTs) Patients transferring from in-center to home modalities</td>
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<td>My skills will be obsolete as an in-center staff</td>
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<td>This will reduce my working hours at in-center</td>
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<td>There will be a decrease in the number of in-center patients</td>
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## Myths / Facts

<table>
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<tr>
<td>With addition of self-care and home dialysis, there will be more opportunities e.g. cross-training</td>
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<td>As home modality expands, more roles will be identified. More transferrable skills will be utilized e.g. trainers, educators, administrators</td>
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<td>Greater flexibility in schedule i.e. treatment can be scheduled based on staff and patient availability</td>
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<td>Home assisted dialysis may be in the future as well</td>
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New Roles for PCTs

- PCTs are valuable members of the home team
- Take “non-nursing” tasks away from the nurse by utilizing PCTs
  - May vary from state to state
- Some of the new tasks
  - Self cannulation skills
  - Equipment setups
  - Reinforcing what the nurses has instructed patients to do during training
  - Assisting patients in their home setup and water supplies
  - Supply management
  - Emergency Preparedness Instruction
How Do I Develop a Collaborative Relationship Between In-Center and Home?

• Get to know your fellow manager(s) and staff
• Find a solid Home Champion in center
  • Nurses seem to be the logical choice, but administrative assistants (AA), dietitians, social workers or patient care technicians (PCT) can also be advocates
Collaboration (continued)

• **Cross train** nurses, PCTs, and AAs in both directions: home to in-center and in-center to home.

Have all new in-center employees **spend a day** at the home program clinic **shadowing** one of the nurses.
Collaboration (continued)

• **Weekly meetings** between in-center and home program representatives.
  - Discuss back up hemodialysis patients
  - Patient referrals
  - Transitioning patients / updates

• Attend **monthly QAPI meetings** for both in-center and home program.

• Use of a **single tracking tool** for both home and in-center to facilitate access and clear communication regarding potential home modality patients.
Steps to Take When You Have a Candidate...

Once a patient has expressed interest in learning more about a home modality:

1. Notify the physician of patient’s interest
2. Contact the person responsible for education to discuss options for Home modalities
3. Schedule the patient(s) for options class
If possible, have the educator perform an in-service for the staff
Bring down one of the home program machines for demo
Inform the physician of the outcome of the meeting
7 Steps to Home Dialysis

- **Step 1**: Patient interest in home dialysis
- **Step 2**: Educational session to determine the patient's preference of home modality
- **Step 3**: Patient suitability for home modality determined by a nephrologist with expertise in home dialysis therapy
- **Step 4**: Assessment for appropriate access placement
- **Step 5**: Placement of appropriate access
- **Step 6**: Patient accepted for home modality training
- **Step 7**: Patient begins home modality training
How to Bring HHD to the In-Center Clinic

• Arrange for an HHD patient to share experience to potential patients
• Establish self-cannulation while patient is still in-center
• If possible, allow a patient to try out NxStage while still an in-center patient
What About PD?

• Get rid of the misconceptions about PD by educating the staff
  • Infections are preventable
  • Diabetics can successfully do PD
  • Diet and fluids are less rigid, but there are still some restrictions
  • You CAN do PD without a partner
  • You DO NOT have to get rid of your furry family. Pets are okay.
More awareness on PD ...

- Have the in-center Home Champion work together with the home modality staff
  - Do rounds at the clinic talking to patients
  - Conduct ‘Lobby Days’
- Patient’s shared experience
- Have the Home RN bring down a “dummy tummy” and machine on a cart and show it to interested patients
Key Points

• **Don’t be a stranger, get to know each other.**
• Educate the in-center staff, dispelling misconceptions.
• Partner with the designated home champions, the patients will be more responsive to someone they know.
• Props work better than brochure-let the patients see the cyclers.
• Do some procedures in the unit such as self cannulating, or HHD treatment.
• Recruit patients to talk to other patients.
• Have frequent IDT meetings between home and in-center.
• Use a single tracking tool.
Q & A