

HOW TO GROW YOUR HOME PROGRAM

THROUGH COLLABORATIVE EFFORT

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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

MYTHS

Less opportunities for in-center nurses and patient care technicians (PCTs) Patients transferring from in-center to home modalities

My skills will be obsolete as an in-center staff

This will reduce my working hours at in-center

There will be a decrease in the number of in-center patients

Myths / Facts

FACTS

With addition of self-care and home dialysis, there will be more opportunities e.g. cross-training

As home modality expands, more roles will be identified. More transferrable skills will be utilized e.g. trainers, educators, administrators

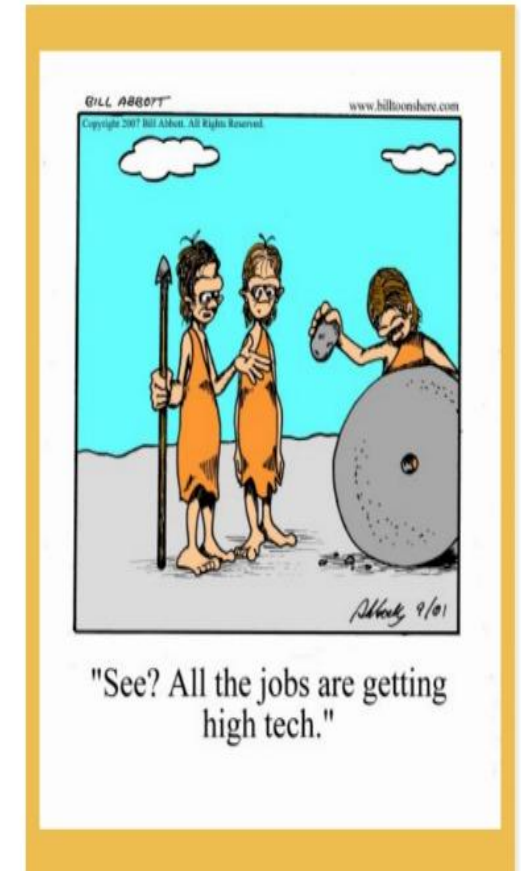
Greater flexibility in schedule i.e. treatment can be scheduled based on staff and patient availability

Home assisted dialysis may be in the future as well

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.

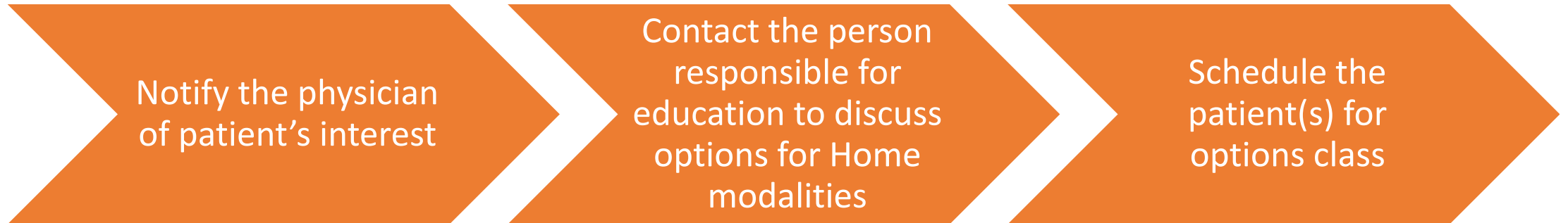
Collaboration (continued)

- **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:



Steps to Take When You Have a Candidate... (continued)

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graph LR; A["If possible, have the educator perform an in-service for the staff  
Bring down one of the home program machines for demo"] --> B["Inform the physician of the outcome of the meeting"]
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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



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.

