Increasing Incident Patient Starts to a Home Modality

Background

Factors emerged during the COVID pandemic that combined to form a perfect storm that significantly reduced access to outpatient dialysis for patients in Oregon and Washington, including:

- COVID cohorting
- Potential delays in care for hypertension and diabetes
- Staff leaving the field or moving to higher paying positions
- Closure of chairs, shifts and entire facilities
- Patient transportation issues
- Hospital bed/acute dialysis shortages
- Long-term care bed shortages
- Supply shortages, including dialysate

An estimated 450 patients in the two states dialyzed in hospitals for several months in 2022 while awaiting access to outpatient dialysis. Addressing the barriers to providing urgent-start dialysis during the hospital stay would contribute to more timely access to dialysis for patients.

Methods

Comagine Health ESRD Network 16 convened a coalition of hospital administrators, discharge planners, dialysis providers and ESRD educators to find ways to facilitate urgent-start dialysis. The coalition identified key barriers to urgent-start dialysis and then developed solutions for overcoming those barriers.

Barriers	Solutions
- Peritoneal dialysis (PD) catheter not flushed after insertion - No bowel protocol - No home evaluation while patient in hospital	Develop hospital protocols for urgent-start dialysis, including home nurse access to patient, flush protocols and home visits
Lack of surgeons for dialysis access placement	Engage interventional radiologist for PD catheter placement
Training needed for dialysis access placement	Engage vendor to provide training for interventional radiologist
Myths believed by hospital staff about home modalities	Provide hospitals with myth and fact sheets about home modalities and the MATCH-D tool (from the Medical Education Institute)
Nephrologist reluctance to use urgent-start	Schedule two live training simulations (Seattle and Portland)
Increased PD training failures	Engage new and rural home nurses in Home ECHO to improve their patient training and clinical evaluation skills
Modality choice nephrologist not patient-driven	Provide hospitals with My Kidney Life Plan (from the Medical Education Institute), which allows patients to decide what is important to their lives and then recommends dialysis modalities based on those choices

Results

Solutions have been implemented at two hospital chains — one in the South Puget Sound, Washington, area and one in the Portland, Oregon, area. The number of boarding patients at these two hospital chains has decreased to pre-pandemic waiting levels. The Puget Sound and Portland areas have less than five patients waiting for outpatient dialysis from a high of approximately 450 patients waiting for outpatient dialysis placement.

Questions about this project?

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Comagine Health
End Stage Renal Disease