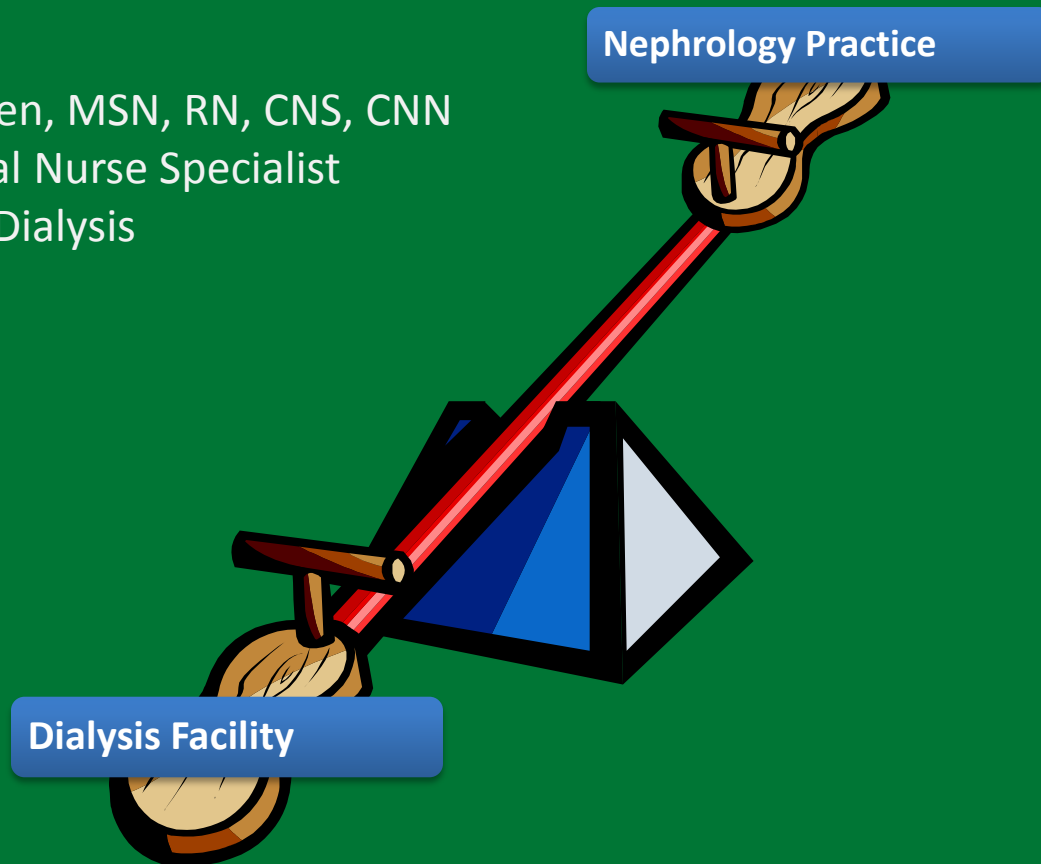


Leveraging for Successful Partnership Outcomes

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Learning Objectives

- At the end of this session, the participant will be able to:
 - Define *partnership, successful outcomes* for internal partners (dialysis facility & nephrology practice)
 - Define *champion* for successful partnership outcomes
 - Discuss characteristics for champion(s) of successful partnership
 - Discuss potential issues that may affect outcomes for external partners

Definitions

- **Partnership**-relationship between two or more organizations that are working together in the same activity
- **Successful Outcomes:**
 - Nephrology Practice- Patient/community satisfaction, growing physician referral base resulting in growing patient population, positive clinical outcomes, financial viability
 - Dialysis Facility- Patient/community satisfaction, positive clinical performance measures (CPMs), growth/maintenance of patient population, financial viability
- **Champion(s)**- a defender, supporter, or promoter of somebody or something

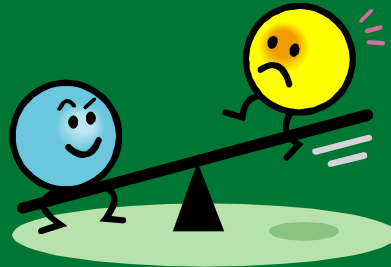
Who is or will be your champion(s)?



Nephrology Practice Issues

- **Billing**

- Until age 20, all dialysis patients must have documentation of Growth & Development Chart in their records
- Physician Rounding Reports must be accurate & submitted in a timely manner.



Growth and Development Info.

Assessment of Growth & Development		
Weight:	%tile:	
Height:	%tile:	
Growth hormone indicated	Yes	No
If yes, on HGH, or offered?		
Comment:		
Counseling of Parents		
School Status Reviewed: Yes No		
Medications Reviewed Yes No		
Change		
BP Controlled Yes No		
Transplant status:		

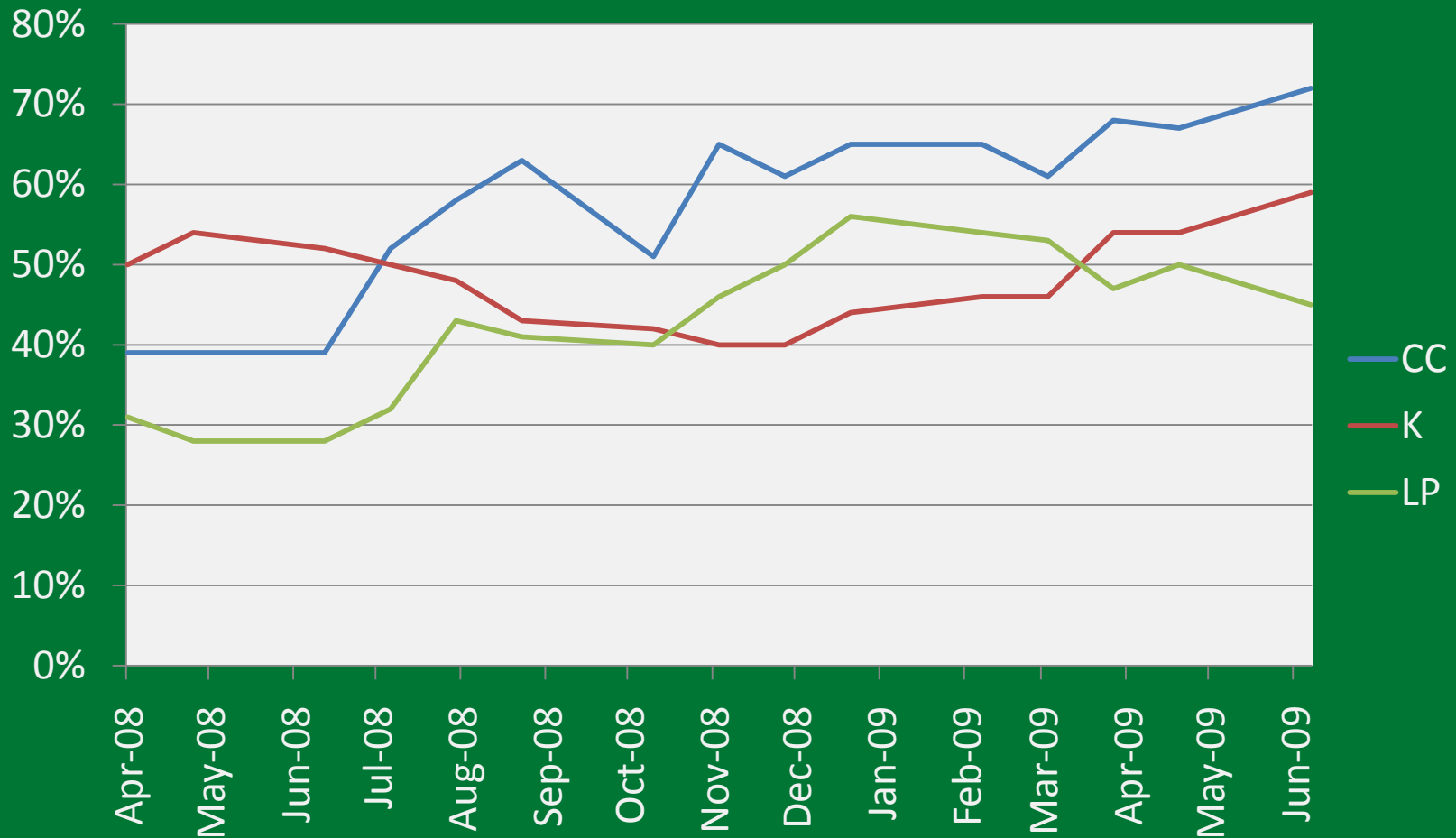
Nephrology Billing (con't)

- Good communication to prevent increased scrutiny from payers
 - When patients transfer from one modality to another
 - Patient insurance changes
- Notified of when transients are in facility so physician knows to see patient
- PD/Home Hemo Tng
 - Must demonstrate physician approves/evaluates patient during training. “Dr ____ verified Mr ____ in PD training per his orders.”

Dialysis Facility Issues

- Clinical Performance Measures
 - Fistula First (FF)
 - CKD Clinic in Nephrology Practice AVF placement
 - Diabetics @ 18% (CKD Stage 4)- practice nurse places tickler to physician in chart to remind him to order fistula creation
 - Non-diabetics @ 15% (CKD 4-5)
 - Also give modality education at this time

AVF Growth with Assistance from Nephrology Practice

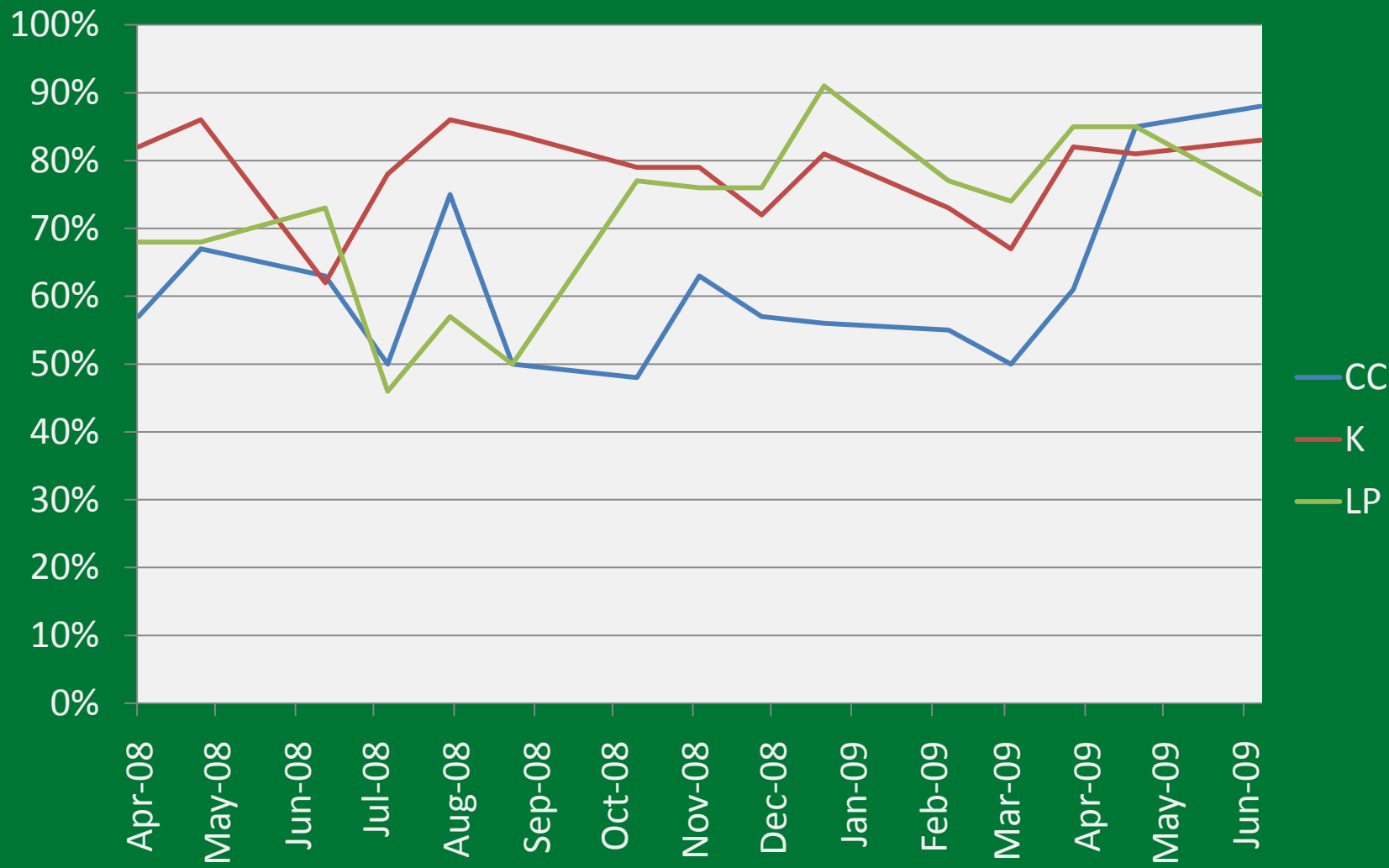


Dialysis Facility Issues (con't)

- Anemia Management
 - Nephrology Practice flags CKD patients with Hgb <10.0 & creatinine of 1.5
 - Fe profile done
 - Stool sample- occult blood
 - If Fe sat <15%- give IV iron
 - If Hgb <10.0- start on ESA with consent



Hgb Trending with Physician Practice Partnering



Dialysis Facility Issues (con't)

Immunizations

- Hepatitis
 - CKD Stage 3- patients receive educational packets
 - CKD Stage 4- Draw Hep B profile & start injection series with consent
- Pneumovax – plans to start giving in CKD clinic
- TB- difficulty reading CKD patients after placement
 - Get a CXR prior to starting dialysis

Dialysis Transfer Form (Part 2)

Immunizations given:

Pneumovac: Date _____ Tuberculin: Date: _____ Result: _____

Chronic Kidney Disease Education given to patient which reviews:

Review	Date	Date	Date	Date	Date
Causes					
Symptoms					
Laboratory tests					
Medication					
Diet					
Exercise					
Treatment modalities					
Types of Access					

Dialysis Transfer Form Sent: _____
DATE
UNIT
INITIALS

Dialysis Facility Issues (con't)

- Diet education to manage K^+ , Ca/PO_4 , Alb, PTH, Na (intradialytic fluid gain)
 - Diabetic diet if warranted
 - 2 Gm Na
 - K^+ restricted only if labs indicate need
 - PO_4^- phosphate binders if labs indicate need
 - DO NOT restrict protein & follow Albumin- suggest Nepro if trending low
 - PTH drawn in Stage 4 if none previously drawn. Results placed on dictation page for physician to review.



Dialysis Facility Issues (con't)

- Standardized Mortality Rate (SMR)
 - How the Practice handles patient/family decisions not to dialyze can significantly affect the SMR
 - Ex. Ca dx- Patient/family frequently in denial of prognosis (depending on stage) and will opt for “everything to be done” which includes dialysis
 - If appropriate, hospice is offered but is frequently initially rejected
 - Not unusual for patient/family to later decide to stop dialysis- either in or out hospice

Misc. Issues for Both Partners

- CKD clinics may vary with the physical location and based on demographics, culture, & physician philosophies
- Excellent communication is required between the Practice & Dialysis Facility to ensure all parties are informed of upcoming appointments for dialysis (in center & home) patients and CKD patients that may be nearing end stage with introduction to the dialysis staff

Misc. Issues for Both Partners (con't.)

- These patients appear to benefit highly from touring the dialysis unit with introductions to the staff (fear of unknown)
- Pipeline
 - Acute program is excellent “feeder & retainer” process (continuity of care)
 - Good communication between practice & dialysis facility
 - Reinforces continuity of care, decreases “losses to follow up”, eases the transition for patients/families from CKD to dialysis

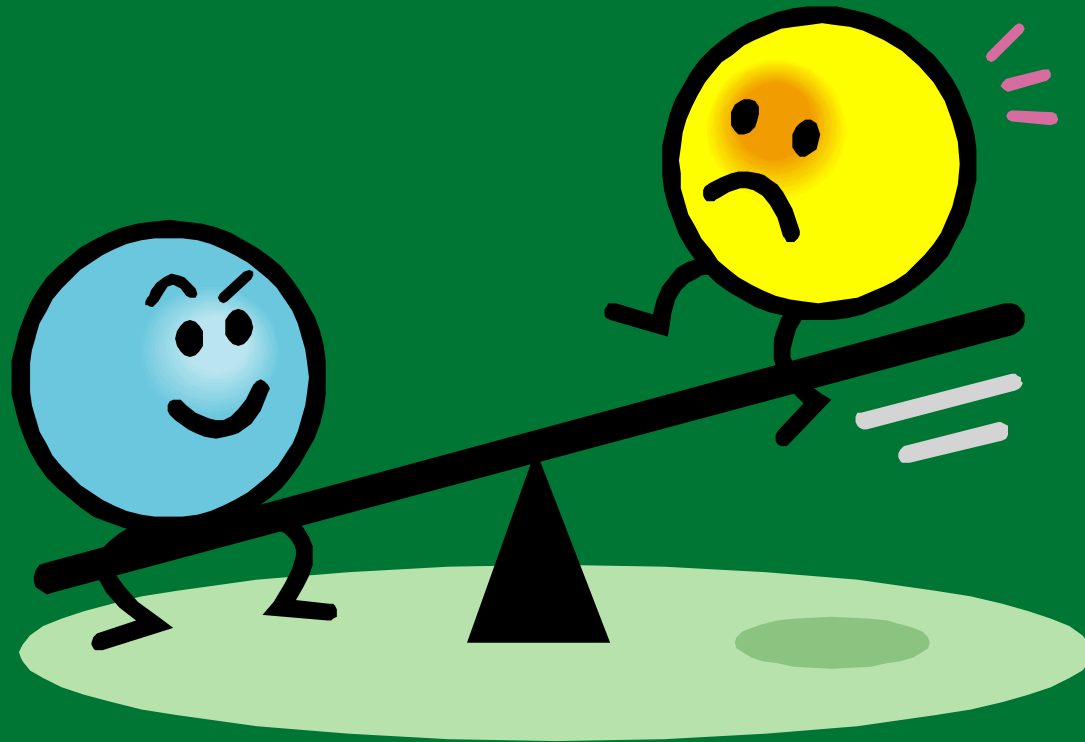
Impact of External Partners on Successful Outcomes

- Who are they?
 - PCPs, Surgeons, Nursing homes, Hospitals, etc
- Issues:
 - PCPs will not continue to refer to the nephrology practice if the PCP is not permitted to manage the non-dialysis, non-nephrological issues after referring the patient to nephrology They appreciate nephrology education updates
 - Access surgeons are vital to outcome success (FF) & Kt/V! Find the good ones & work hard to maintain a positive relationship. (Office Staff). Cancellation of scheduled surgeries is essential to positive partnerships.

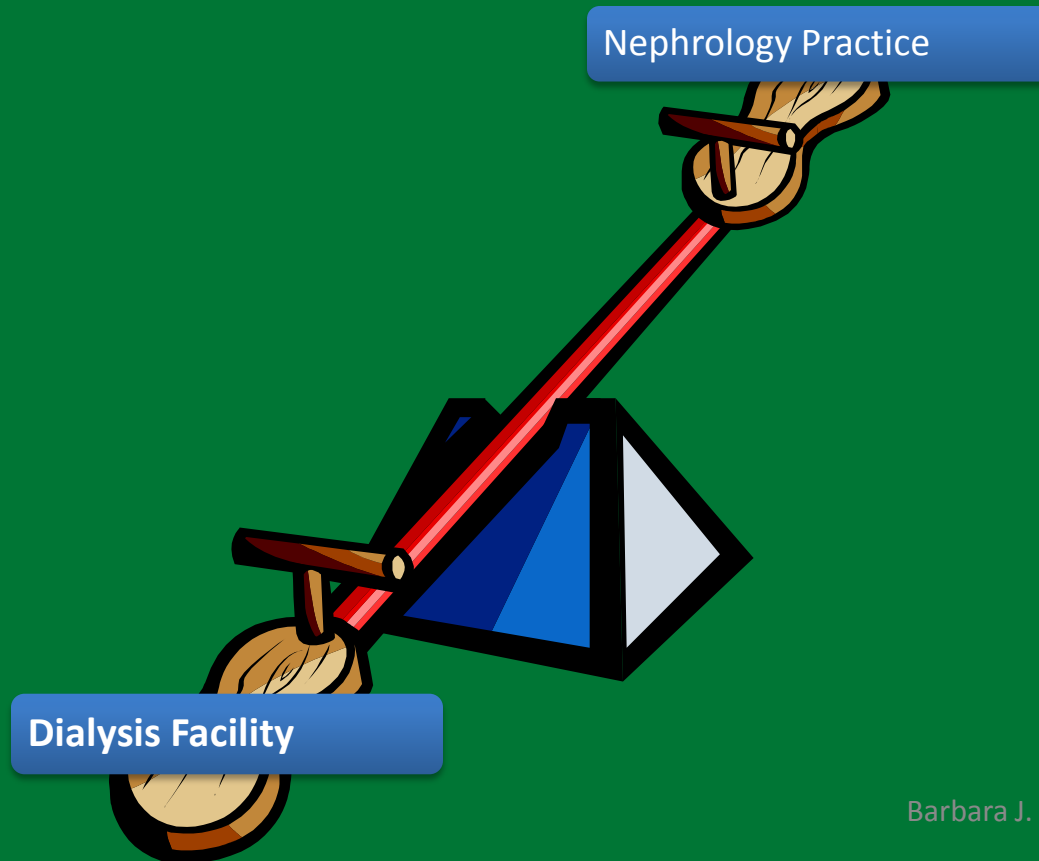
Impact of External Partners on Successful Outcomes (con't.)

- Nursing Homes/Assisted Living-
 - Ensure your dialysis facility has a contract with any such facility. LT Care regulation not ESRD but facilitates positive relationship, especially if State BOH shows up in their facility asking for a contract with the dialysis facility.
 - An ongoing dialogue and written documentation of information exchange re: common patients is essential to success (notebooks)
 - Hospitals- verbal & written reports re: common patients requisite for success

Do You Have Days Like This?



What champion characteristics are essential to leveraging successful partnering?



Characteristics for Potential Champions

- Good listener
- Good verbal & written communication skills
- Respected by both partners
- Ability to visualize the “big picture” which is joint success/optimal patient outcomes
- Good negotiation skills
- Others??

Who is Your Champion(s)?



Learning Objectives

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Questions ???

