Leveraging for Successful Partnership Outcomes

Barbara J Hasbargen, MSN, RN, CNS, CNN
Nephrology Clinical Nurse Specialist
Liberty Duneland Dialysis
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

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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.

<table>
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<th>Assessment of Growth &amp; Development</th>
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<td>Weight:</td>
<td>%tile:</td>
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<tr>
<td>Height:</td>
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<tr>
<td>Growth hormone indicated</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, on HGH, or offered?</td>
<td>No</td>
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## Counseling of Parents

## School Status Reviewed

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<th>Yes</th>
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## Medications Reviewed

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<th>Change</th>
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<th>BP Controlled</th>
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## Transplant status:

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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

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AVF Growth with Assistance from Nephrology Practice
• 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

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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 1)

DUNELAND NEPHROLOGY, P.C.
DIALYSIS TRANSFER FORM

Patient Name_______________________________ Date of Birth________

Nephrologist: ______________________

Type of Access: ______ AVF ______ Tunnelled Catheter ______ Peritoneal Catheter

Date of Catheter Insertion: ______________________ By Dr. ______________________

Date Information Sent to Dialysis Unit _______________ CC _____ LP _____ KO _____

Erythropoietin Started: Date ___________ Amount __________ Frequency __________

Hepatitis Injection: ___________________________ 1st 2nd 3rd 4th

1st 2nd 3rd 4th

1 month 2 months 6 months
**Immunizations given:**

- **Pneumovac**: Date__________
- **Tuberculin**: Date:__________ Result:__________

**Chronic Kidney Disease Education given to patient which reviews:**

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<td>Treatment modalities</td>
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<td>Types of Access</td>
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**Dialysis Transfer Form Sent:**

DATE__________ UNIT__________ INITIALS__________
Dialysis Facility Issues (con’t)

- Diet education to manage K+, Ca/PO4, Alb, PTH, Na (intradialytic fluid gain)
  - Diabetic diet if warranted
  - 2 Gm Na
  - K+ restricted only if labs indicate need
  - PO4- 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

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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.

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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

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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

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Do You Have Days Like This?

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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??

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Who is Your Champion(s)?
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Questions ???

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