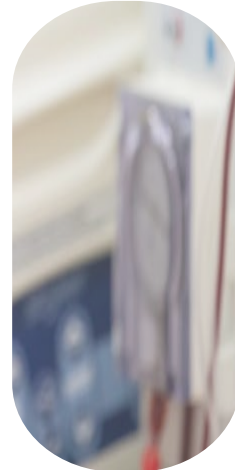


Caring for Residents with CKD & ESRD

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Quality Improvement Specialist



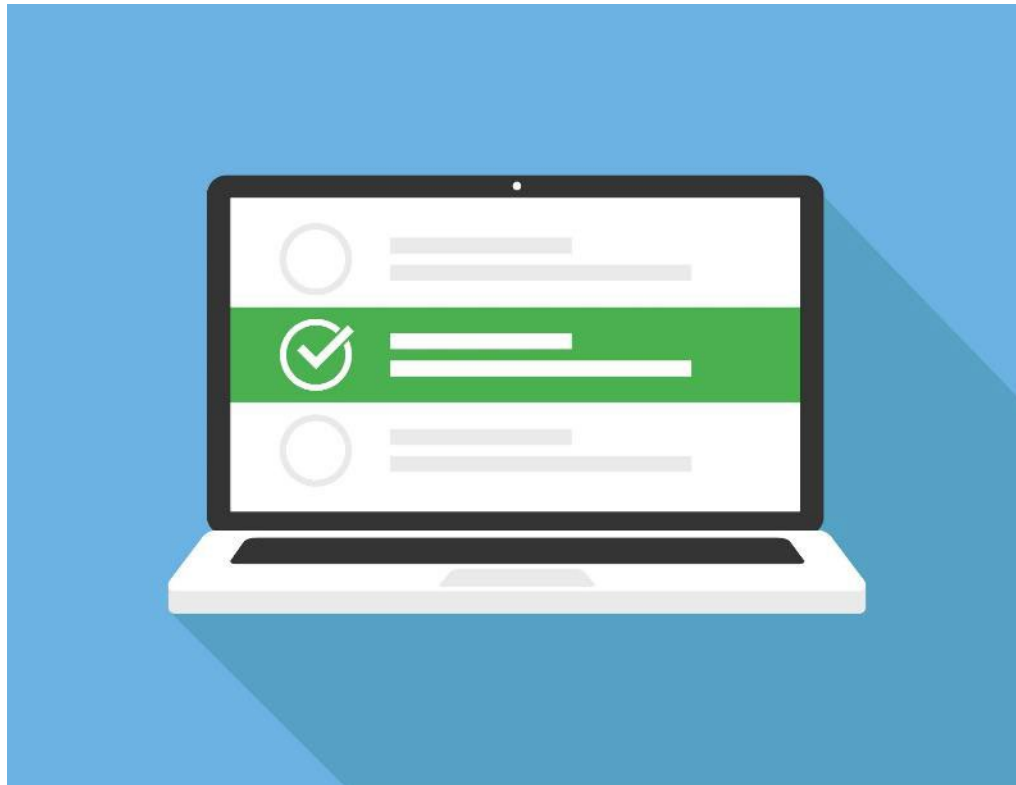
Quality
Insights
Renal Network 5



Objectives

Upon completion of this webinar, the participants will be able to:

1. Identify at least three unique elements of caring for a patient with Chronic Kidney Disease
2. Define the levels of Chronic Kidney Disease and the progression to End Stage Renal Disease
3. Summarize the importance of diet/nutrition, medication management, and management of comorbid conditions as they relate to Chronic Kidney Disease
4. Describe best practices to improve the quality of care of patients receiving dialysis



Do you know what the ESRD Network is?

What's an ESRD Network?

- Organizations tasked by CMS to support and assist dialysis facilities with improving patient care
- 18 ESRD Networks across the United States
- Quality Insights holds the contract for Networks 3, 4, and 5



3



4



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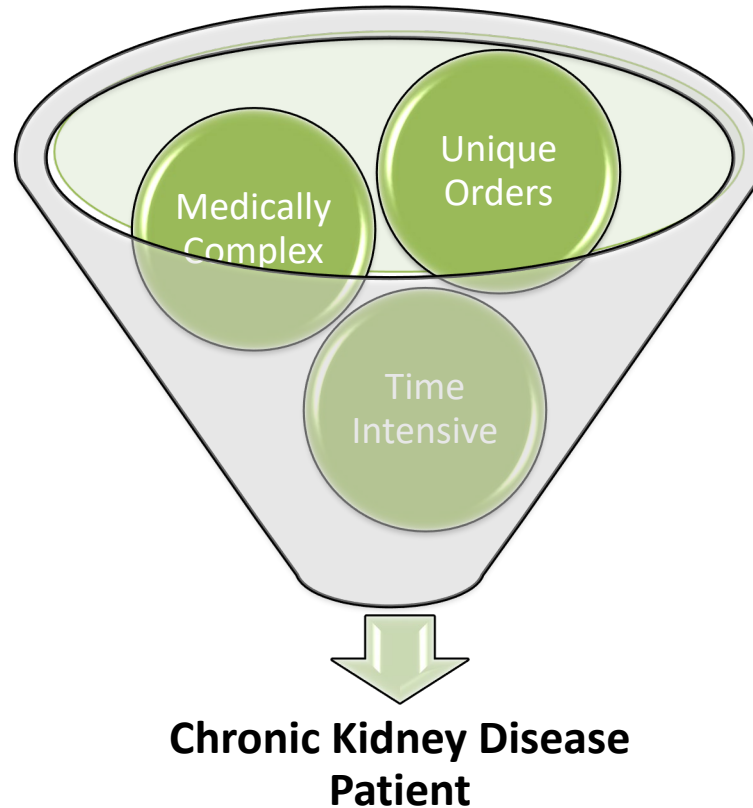
Overview

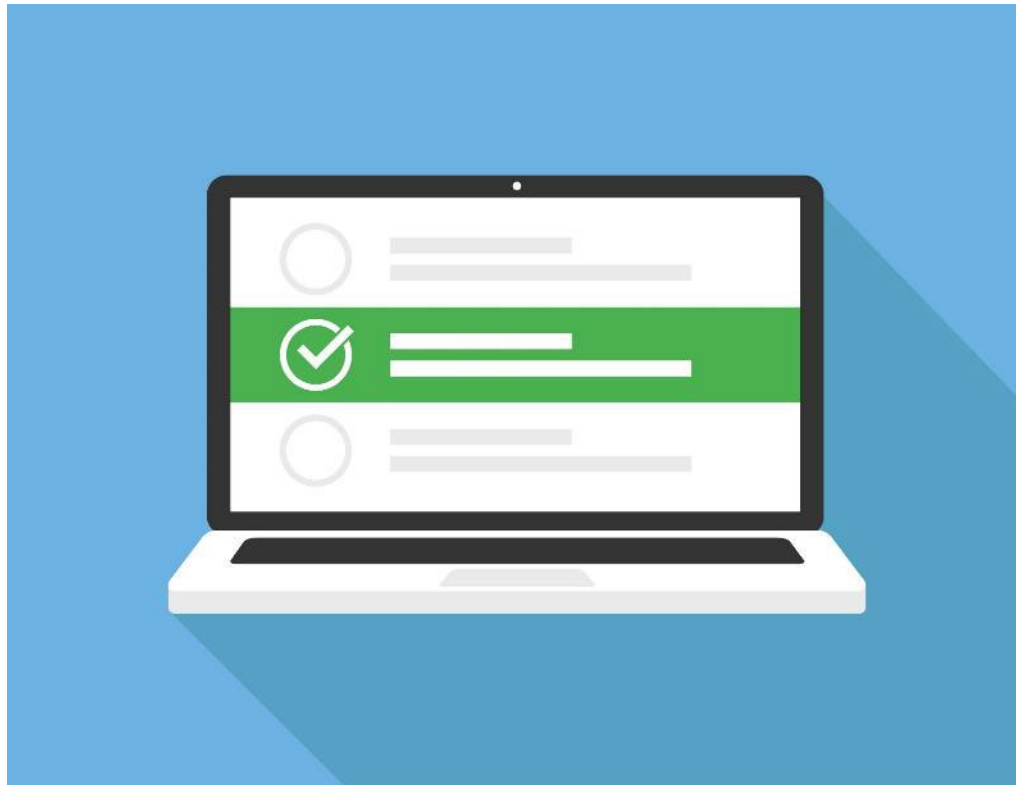
The Centers for Disease Control and Prevention (CDC) estimates nearly 36 million Americans are living with Chronic Kidney Disease (CKD).



1 in 7 people or 14% of the population

That means there is an increase in the number of CKD/ESRD patients in long-term care facilities!





__% of dialysis patients are estimated to be nursing home residents.

Kidney Failure & Skilled Nursing Facilities

- 10% of the dialysis population are estimated to be nursing home residents
- 30% of individuals with kidney failure are admitted to SNFs in their last 90 days of life



The Effect of Aging on Kidney Function

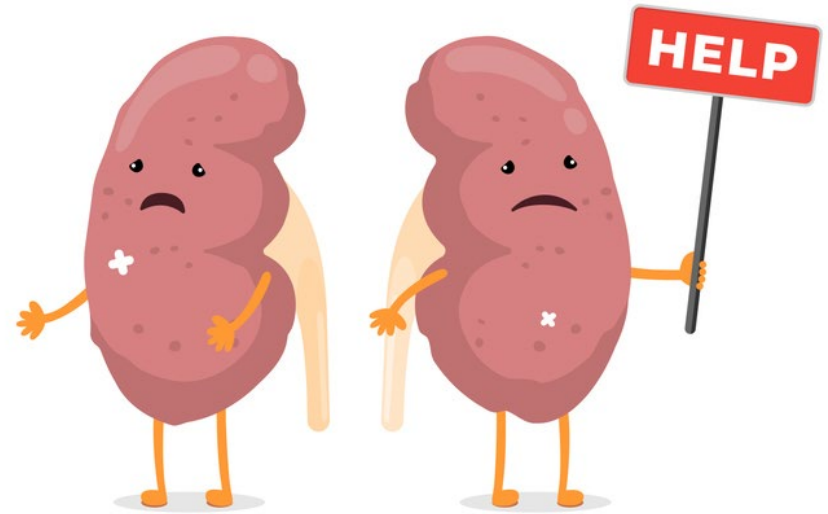
Glomerular Filtration Rate (GFR) naturally declines with age

1. Amount of kidney tissue decreases
2. The amount of nephrons (filtering units) decreases
3. Blood vessels that supply the kidneys become hardened resulting in slower filtration

Age (years)	Average Estimated eGFR
20-29	116
30-39	107
40-49	99
50-59	93
60-69	85
70+	75

What is CKD?

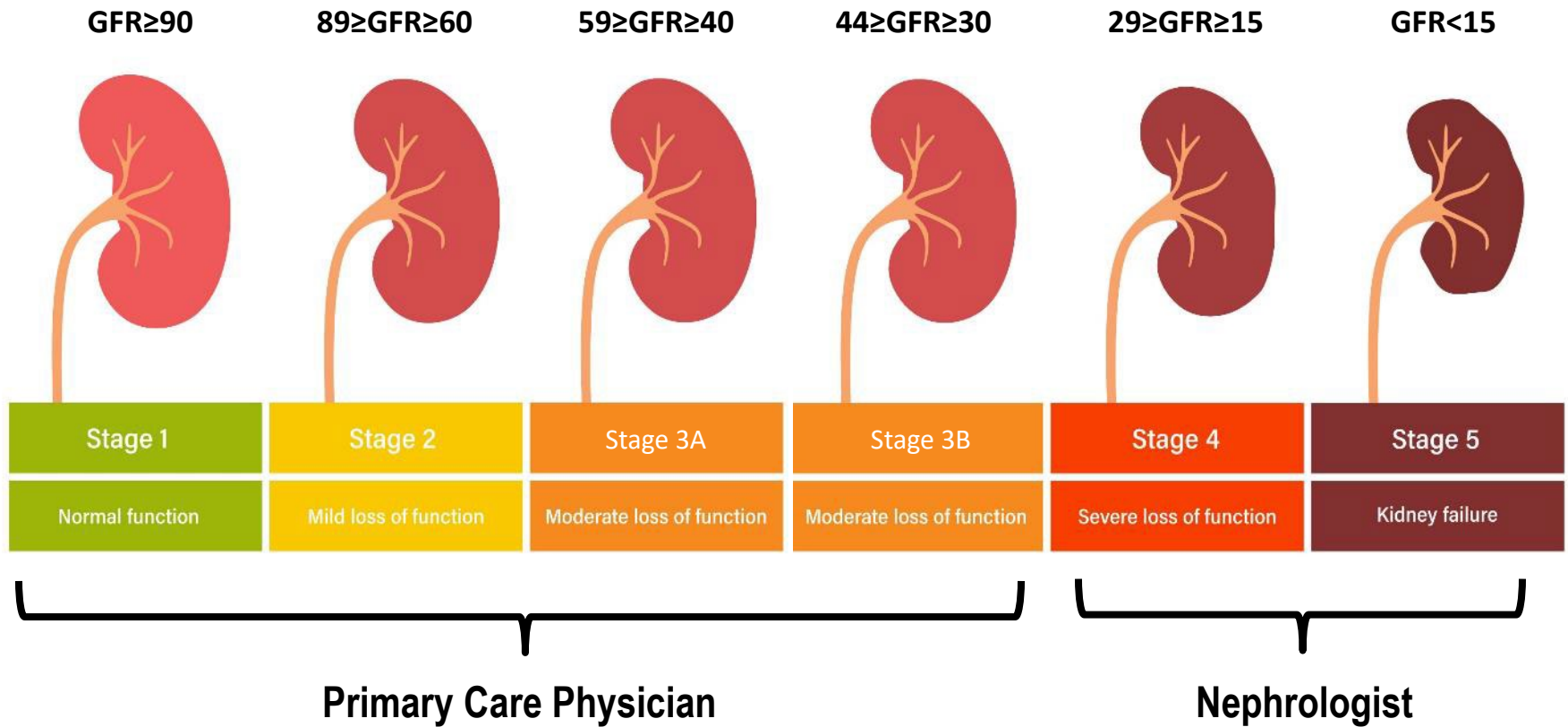
- When the gradual loss of kidney function impairs the body's ability to rid excess waste products and fluid

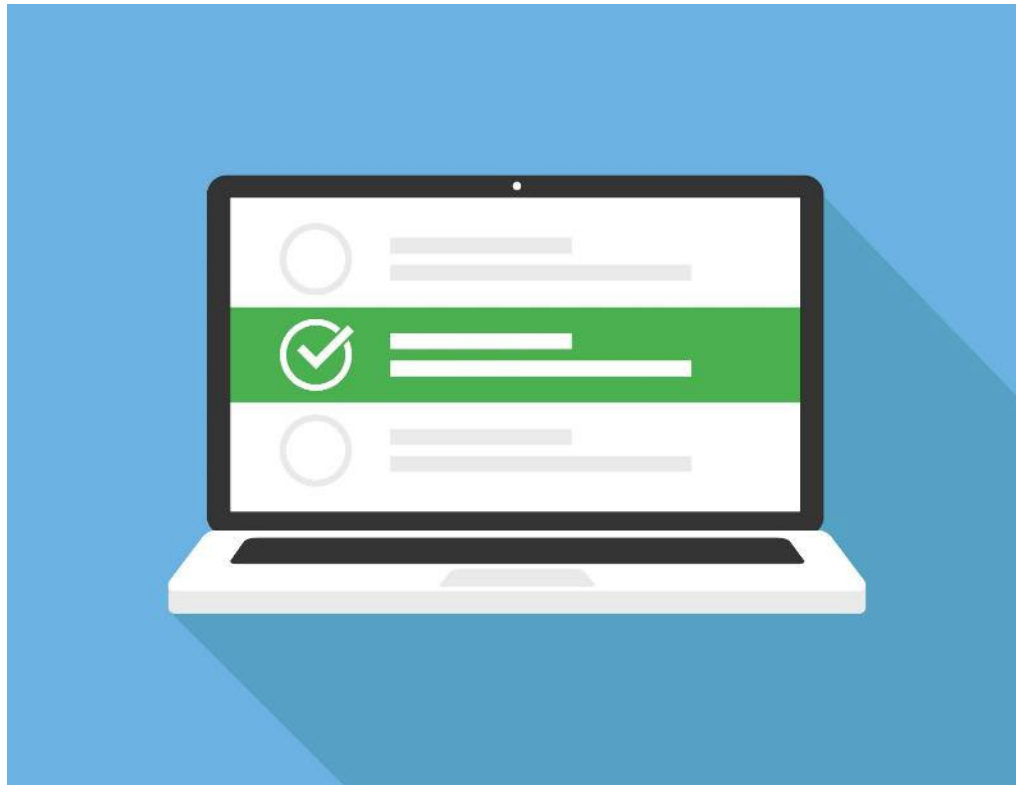


What is CKD?

- Patients in early stages of CKD may not have symptoms.
 - 9 out of 10 adults are unaware of their CKD until they develop symptoms
- Patients with diabetes and/or high blood pressure have an increased risk of developing CKD.
- Based on the severity, loss of kidney function can cause:
 - N/V, loss of appetite, fatigue, weakness, decreased urination, muscle cramping, uncontrolled blood pressure, and shortness of breath

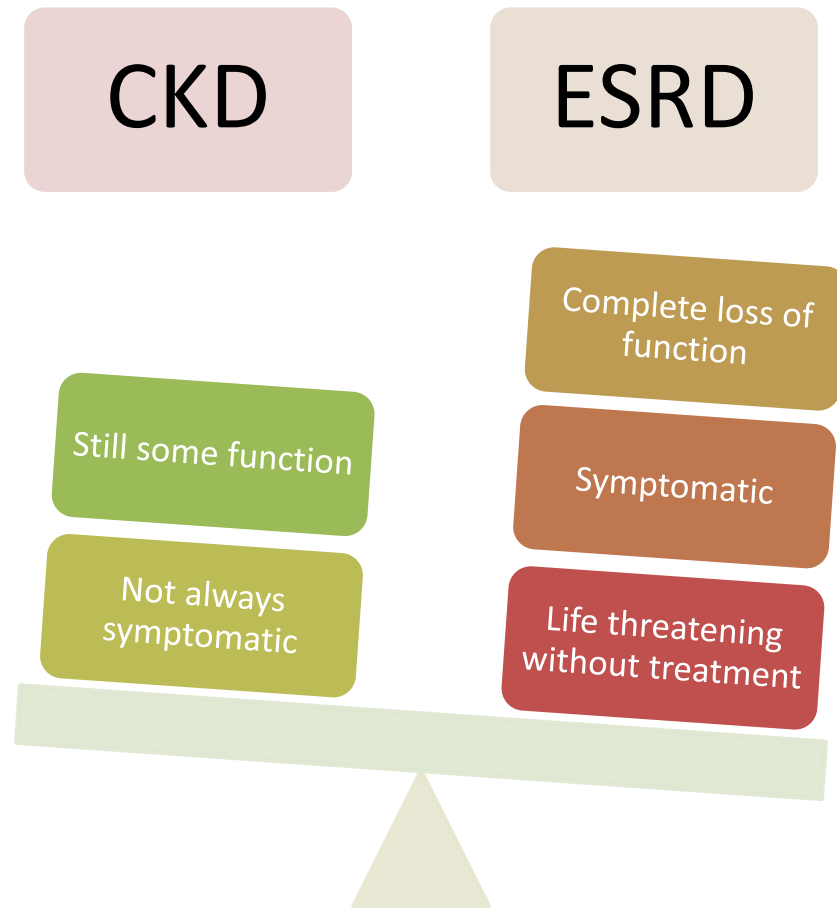
Stages of CKD





Once a patient reaches a GFR of _____, a vascular surgeon will be consulted for access placement.

You can have CKD without ESRD, but you cannot have ESRD without CKD



End Stage Renal Disease (ESRD)

- Kidney function reaches an advanced stage and they no longer filter the blood and remove waste without intervention
 - Dialysis, Transplant
- Increased fluid levels, electrolytes, and waste products build up in the body and cause life threatening complications
 - Fluid retention in limbs and/or lungs
 - Heart dysrhythmia
 - Anemia





We want to properly manage patients with CKD to prevent or delay the progression to ESRD!

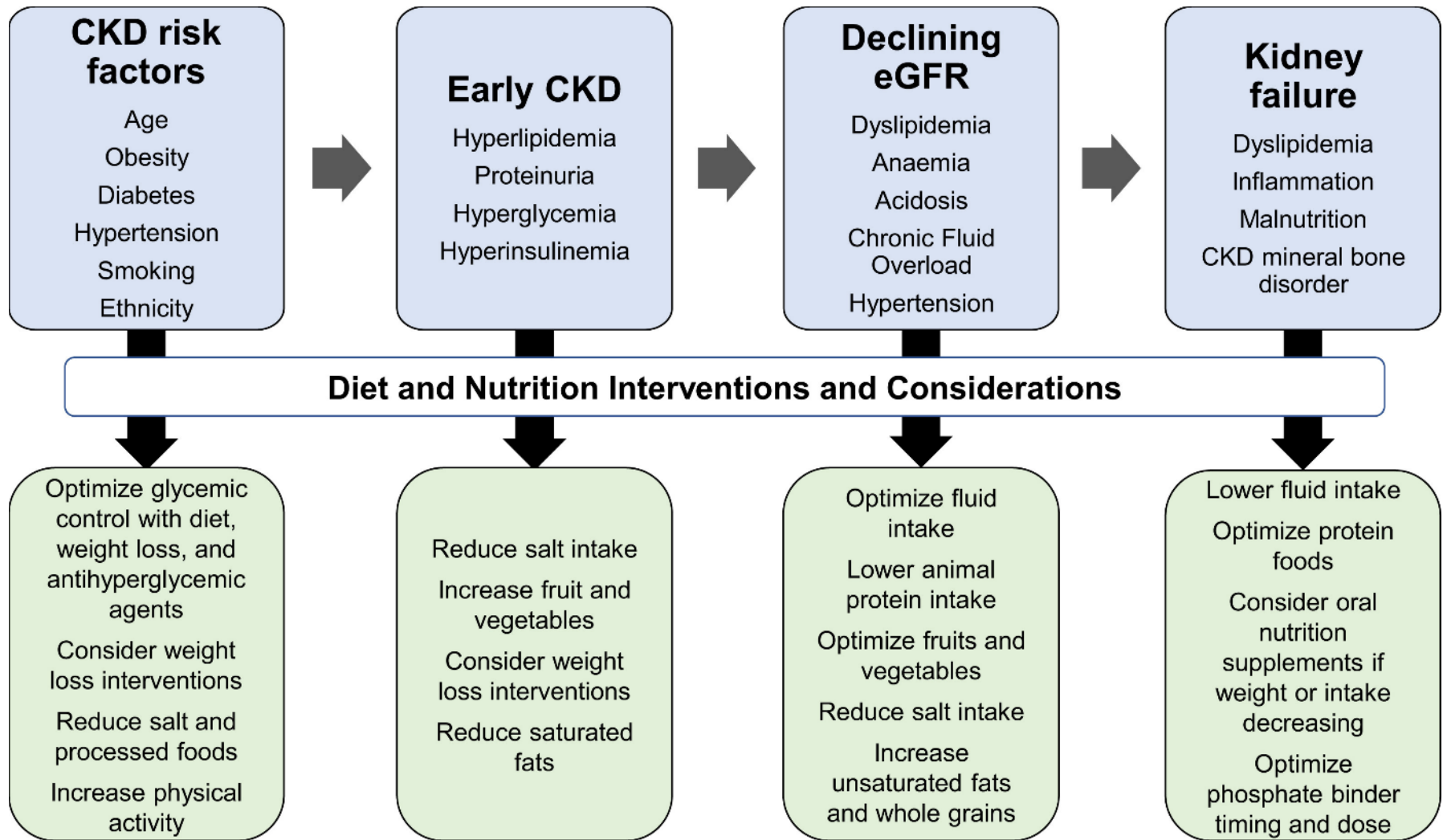
Why are CKD Patients Unique?

1. Their nutrition guidelines and dietary habits evolve as CKD progresses.
2. They are often burdened with multiple comorbidities that must be carefully managed.
3. Medication management can be complex as CKD progresses.

Nutrition for CKD Patients

- Proper nutrition can:
 - Slow CKD progression
 - Potentially reduce the cost of care
 - Prevent CKD complications
- There is no “standard” CKD diet
 - A dietician will individualize a plan for patients based on comorbidities, stage of CKD, and food preferences
- There are slight dietary changes with each stage of CKD and **notable changes in diet with ESRD**





American Journal of Kidney Diseases: [https://www.ajkd.org/article/S0272-6386\(21\)00764-2/fulltext](https://www.ajkd.org/article/S0272-6386(21)00764-2/fulltext)

Comorbidities

- **Diabetes** and **high blood pressure** are the two most commonly associated with CKD and must be closely monitored
- As GFR decreases, comorbidities become more severe
 - Cardiovascular disease
 - Anemia
 - Malnutrition
 - Depression and decreased QOL
 - Mineral and bone disorders

Medication Management

- Physicians and pharmacists will make changes to medications as CKD progresses
 - Decreasing GFR will slow the clearance of medications and can cause a buildup in the bloodstream
- Be cautious of OTC medications, specifically NSAIDs



Coordination of Care = Better Outcomes

**Social Worker/Case
Manager**

Nurses

**Primary
Care**

Nephrologist

Dietician

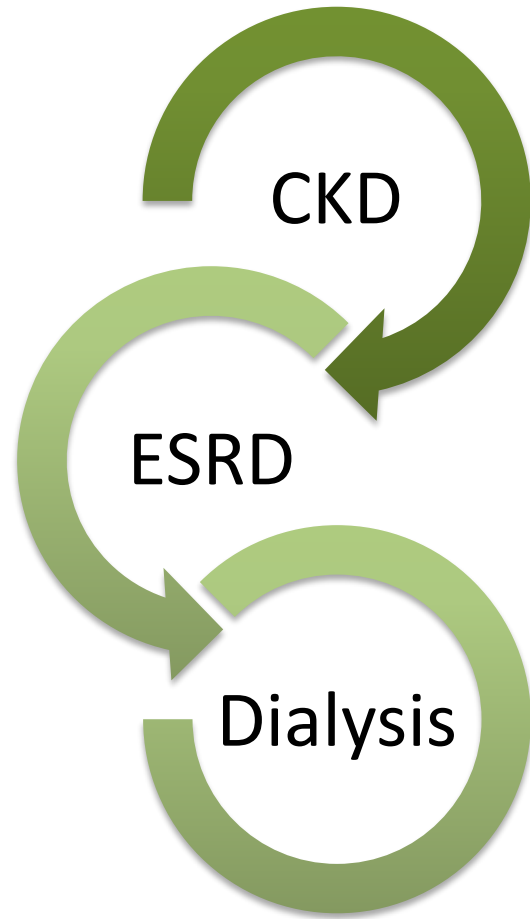
**Diabetes
Educator**

Pharmacist



**Specialists (Ex:
Endocrinologist)**

Dialysis, Now What?



- Dramatic diet and fluid allowance changes
- Transportation needs
- New medications (binders, ESAs)
- Increased fatigue
- Depression
- Access site care
 - Fistula, catheter

Network Goals for Dialysis Patients

- Reduce their risk of hospitalization.
- Reduce the rate of blood transfusions.
- Assess and treat depression.
- Encourage home dialysis.
 - This is still possible in the SNF setting!
- Encourage pursuit of transplant.
 - Being a SNF patient does not automatically disqualify them for transplant!
- Reduce the rate of infection.
 - Catheter infections, peritonitis
- Encourage patient engagement.

Improving the Quality of Care



- Nursing Homes/Rehabs
- Primary Care Offices
- Specialists
- Coalitions

The Key to Success is Collaboration

Communication

- Proper handoff
- Contacting the dialysis staff when you recognize a change
- Joint QAPI meetings and/or regular touchpoints

Mutual Patients

- The patient is still yours, even when they are at dialysis (and vice versa)
- True patient-centered care
- Avoid working in silos

Continuing Education

- Seek opportunities to learn more about CKD and ESRD
- Communicate with your dialysis partners about learning needs



Does your facility have a policy or procedure in place if a patient's catheter dressing becomes soiled or removed?



How often do you communicate with the dialysis team before sending a patient to the hospital for a suspected blood transfusion?

Best Practices

- Routine communication
 - Handoff **must** take place before and after dialysis.
 - Schedule recurring meetings with dialysis staff to touch base on mutual patients.
 - Establish a process of communication when patients need to be admitted to hospital.

Dialysis/SNF Hand-Off Communication Report

Patient Name/DOB: _____ Date: _____
Code Status: _____ Isolation: Y/N If yes, please specify: _____
COVID Vaccination Status: Full/Partial/None Allergies: _____

SNF Assessment
Date & Time of Assessment: _____
Mental Status: _____ Diet: _____ Fluid Allowance: _____
Blood Pressure: _____ Pulse: _____ RR: _____ Temperature: _____
New Medications since Last Dialysis Treatment: _____
New Onset Medical Problems since Last Dialysis Treatment: _____
Labs Drawn: Y/N If yes, please attach copy of results* _____
Do you have any concerns about the patient today? _____

Access Assessment
Type of Access: _____ Location: _____
Bruit Present: Y/N/NA Thrill Present: Y/N/NA Signs or Symptoms of Infection: _____


Complete next section only if patient has catheter
Date of Last Dressing Change: _____ Is the dressing clean, dry, and intact? Y/N
If no, has the dressing been touched or reinforced? Y/N Are there caps in place? Y/N
Date of last patient bath: _____ CHG Bath: Y/N Was dressing protected during bath? Y/N

Time of handoff: _____ AM/PM Nurse's Signature: _____

Section to Be Completed By Dialysis Nurse

Pre-Treatment Weight: _____ Post-Treatment Weight: _____ Fluid Pulled: _____
Problems during Treatment: Y/N If yes, explain: _____
Post-Treatment Vitals
• Blood Pressure: _____ Pulse: _____
• RR: _____ Temperature: _____
Changes/problems with access: _____
Change to Mental Status? Y/N Labs Drawn? Y/N If yes, please attach copy of results* _____
Medications Administered during Treatment: _____
Fluids Consumed: _____ Meal Consumed: _____ %
New dietician recommendations: _____
New social work recommendations: _____
Attach any changes to MD orders
Additional comments/concerns: _____
Time of handoff: _____ AM/PM Nurse's Signature: _____

Can both nurses attest to verbal handoff being completed? Y/N
Were all questions answered prior to patient transition back to SNF? Y/N

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Best Practices

- Catheter care & safety
 - Central venous catheters **MUST** be protected to prevent bloodstream infections
 - No showering, sponge bath only
 - Establish a procedure in the event dressing is soiled or loose
 - The patient cannot wait until the next dialysis treatment for a new dressing
 - Never use the catheter to administer medication
 - Disguise the catheter in patients who pick at their dressing/catheter
 - Keep all staff educated



**Are you interested in another session
where we focus on catheter care,
medication management, and
collaboration with dialysis staff?**

KIDNEY CARE & DIALYSIS

in Skilled Nursing Facilities

It is estimated that 10% of people receiving dialysis reside in nursing homes. This interactive three-course e-learning series will address the Basics of Kidney Disease and Dialysis, Dialysis Access Care and Nutrition for skilled nursing facility staff caring for residents treated with dialysis.



SERIES OVERVIEW

Courses are 30-45 minutes in length and include interactive scenarios, handouts and resources. Attendance certificates are available upon completion. Free nursing contact hours are also available.

The Basics: Kidney Disease & Dialysis in Skilled Nursing Facilities

This 45-minute course provides information on kidney anatomy and function, risk factors for kidney disease, kidney disease screening, dialysis access, and dialysis treatment. Learn the differences in types of dialysis modalities, including home hemodialysis which is increasingly being performed in nursing homes.

Dialysis Access Care in Skilled Nursing Facilities

This 30-minute course provides information about the various types of access for hemodialysis and peritoneal dialysis and how to care for the devices and sites. Learn the advantages and disadvantages of each dialysis access, how to identify complications, and how to care for each type. Download tools and resources to help you better care for your residents.

Nutrition for Dialysis Residents in Skilled Nursing Facilities

This 45-minute course explores kidney failure and nutritional challenges for people on dialysis. Learn more about nutritional management and strategies to care for and improve the quality of life for your residents receiving dialysis. Additionally, this course explores the importance of communicating clearly with the dialysis center, different departments within your facility, and physicians to improve care and resident safety, as well as satisfaction.

Quality Insights has no conflicts of interest in the development of course content. E-041921-TDP



Get started today, visit www.ediscolearn.com and select the "Kidney Care" catalog.

<https://www.ediscolearn.com/learn>



Questions?

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Network 5: <https://www.qirn5.org/Home.aspx>

Network 4: <https://www.qualityinsights.org/qirn4>



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