

Clinical Care of Dialysis Patients

Dialysis Technicians Can Positively Influence Patient Outcomes

What We'll Talk About

- CMS expectations for clinical management of dialysis patients
- The role direct care staff play and strategies for improving patient clinical outcomes
- The importance of patient education and engagement

The ESRD Conditions for Coverage (CfC) Requirements for Clinical Management of Dialysis Patients

- Assess each patient's individual needs and plan and provide the care and services to meet those needs, using established clinical practice standards as the outcome goals
- The assessment and planning of care must include **at least** the members of the facility Interdisciplinary Team (IDT)

Dialysis Technicians are an Integral Part of the IDT

- Dialysis Technicians and other Direct care Staff **ARE THE CAREGIVERS**
- You have the most contact with the patients
 - You know them BEST-things the other IDT members do NOT know about them
- You have the greatest opportunity to establish rapport with the patients
- You are the primary members of the IDT that implement each patient's individualized plan of care

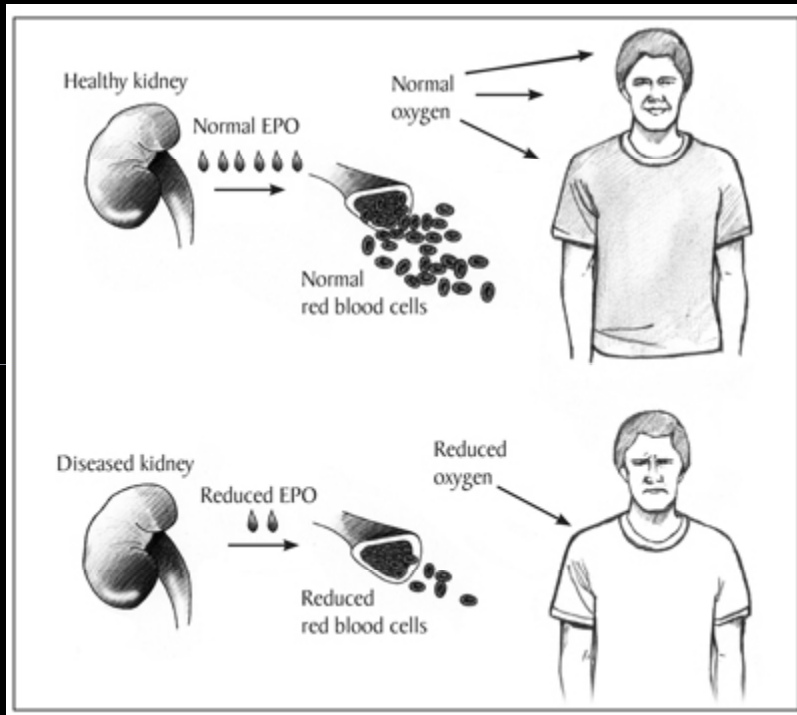
Be an Active Member of the IDT to Optimize Your Patients' Outcomes

- Dialysis Technicians and other Direct Care Staff are in the best position to “see” problems for patient outcomes first and communicate with the other IDT members to find solutions
- YOU can positively influence your patients' clinical outcomes by being an active IDT member, and bringing what YOU know about each patient to the team

Areas of Clinical Care in the CfC

- Anemia
- Dialysis adequacy and dialysis access
- Fluid and blood pressure
- Mineral and bone
- Nutrition
- Psychosocial and rehab





Anemia Management

Goal: Patient remains symptom-free with normal activity without unnecessary transfusion

Why Is This Important?

- **Because** failing kidneys produce less or no erythropoietin (which stimulates red cell production)
- **Because** high fluid volume “dilutes” the blood & the dialysis process itself results in blood loss
- **Because the IDT is expected to work with the patient to:**
 - **Identify, attain, and maintain the hemoglobin level that allows for desired function and QOL without S/S;**
 - **Use ESAs and iron appropriately to achieve that level respecting the patients risk/benefit choices;**
 - **Avoid transfusion**

Ways YOU can help improve your patients' anemia outcomes

- **Watch** patients for symptoms of increasing anemia and **communicate this**
 - Less energy, more shortness of breath, more pale, c/o chest pains
- **Minimize** blood loss from HD
 - Return as much blood as possible-report if dialyzer does not clear
 - Reduce heparin if prolonged or excessive bleeding (needs an order)

Dialysis Prescription & Adequacy

Sample Dialysis Report Card

Name *Mary C.*

Name of Test	Goal	Jan	Feb	Mar	Apr
Kt/V	≥ 1.2	1.3	1.2	1.2	1.1
URR	$\geq 65\%$	67	65	65	67
Hemoglobin	11-12	12.1	11.0	11.4	12.1
Target Weight	132lb	134	134	133	132

Target:

HD 3x/wk - URR $\geq 65\%$ or spKt/V ≥ 1.2

HD 4-6/wk - stdKt/V ≥ 2.0 /wk

PD - Kt/V ≥ 1.7 /wk

Goal: Patient consistently receives clearance during treatment of at least 65% of urea

Why Is This Important?

- **Because** inadequate dialysis increases the risk of illness and death
- **Because** the ability of the dialyzer to move toxins across its surface (K), the amount of time allowed for the toxins to cross (t) and the total volume of the patient (V): the Kt/V are individual factors
- **Because dialysis staff can use different strategies to improve adequacy (treatment effectiveness)**

Ways YOU can help improve patients' adequacy outcomes

- **Deliver** the patients' dialysis prescription accurately and consistently- **communicate if you can't and why**
 - Dialyzer type, BFR, DFR, dialysate, heparin, **time**
 - Make suggestions for improvement (e.g. ↑BFR if access can support it)
- **Monitor** the vascular access
 - Follow your procedure, report when there are changes
- **Draw** post dialysis labs correctly (per procedure)
- **Engage** patients in improving their adequacy; **encourage/support** adherence ("It's great that you stayed for all 4 hours")



Blood Pressure & Fluid Management

Goal: To prevent morbidity and mortality associated with blood pressure and fluid management

Why Is This Important?

- **Because** elevated blood pressure and significant fluid gains and losses are widespread challenges to the safety of dialysis patients
- **Because** healthy kidneys play a major role in blood pressure & fluid management, absent in patients with kidney failure
- **Because untreated hypertension and too rapid fluid removal are associated with increases in patient mortality**

Ways YOU can improve outcomes in fluid and blood pressure

- **Limit** the fluid removal during an HD tx
 - Some studies suggest max 10-13mL/kg/hr
 - In 100kg. patient, no more than 1,000-1,300UFR
 - In 70kg. patient, no more than 700-900UFR
- **Be aware** when your patient's blood pressure is not their "usual"-**report too high or low**
- **Recognize** that drops in BP ("crashes") and intradialytic symptoms of fluid depletion are detrimental to the patient and may shorten their life
- **Engage** patients in knowing why they should limit fluid & salt intake; **Encourage/support** adherence ("You only gained 2 kg.-good work!")



Psychosocial Needs

Goal: To facilitate patient adjustment to chronic disease process and foster coping strategies

Why Is This Important?

- **Because** patients are more than their kidneys
- **Because** psychosocial barriers may prevent achievement of desired outcomes & strengths may be used as motivators
- **Because the patient's voice in assessing treatment effectiveness is critical to ensuring that the plan of care reflects their needs & goals**

Ways YOU can help patients adjust

Create a Culture of Safety in your facility

- **Maintain** a professional attitude
 - It's not about us, it's about the patients
- **Encourage** patient engagement in their treatment plan
- **Educate** patients about dialysis and rationale for following their treatment plan
- **Reinforce/support** adherence (fluid, diet, etc.)
- **Listen** to the patients' "voices", and **communicate** with the other IDT members what you know about the patient

**“Accurate Empathy
refers to how well the professional
can step into the patient’s world
and see and experience life the way
the patient does.”**

Aaron Beck, PhD

“Patients with renal disease are challenged by many stressors, including loss of biochemical and physiologic kidney functions, development of digestive and neurological disorders, bone disease and anemia, inability to function in the family and to maintain one’s occupation, decreased mobility, decreased physical and cognitive competence, and loss of sexual function”

Kimmel, MD & Peterson, MD

In Summary

Dialysis Technicians:

- Are in the best position to know what is going on with the dialysis patients
- Are integral to the facility Interdisciplinary Team
- Can positively influence patients' clinical outcomes
- Are vital to the implementation of a "Culture of Safety" in the dialysis facility

Thank you! Now Go Have Fun!

