

ASN HDU Home Dialysis Education Virtual Series

Session 11: Home dialysis infrastructure

- Home dialysis reimbursement
- QAPI, CQI – infection
- Responsibilities of Home Unit Medical Directorship

Cases:

This will be an informal case discussion about home dialysis infrastructure. Dr. Golper has asked that you review the list of cases below. Dr. Golper will ask you to pick topics during the session you are interested in discussing.

- **Surgical collaboration** on hernia planning: Your PD patient has (or doesn't have) residual kidney function and needs an elective inguinal herniorrhaphy. The hernia surgeon wants to use mesh and wants the patient off PD for 6 weeks. The surgery may require one overnight stay. How do approach this issue?
- **ED visits** for abdominal pain: Your PD patient lives 2 hours from your center but has a regional hospital close by. He has abdominal pain and presents to the emergency department there. This happens not infrequently. What will you do to address it, minimize errors, and plan in advance?
- **IV iron** administration in the home unit: You have both PD and HHD patients who periodically need iron. What is your strategy beyond an oral preparation? Arrange for infusion units, allow home administration, administer in home unit and if so, how?
- **Attending needing advice** of the Medical Director: You have associates within and outside of your practice that are not as up to speed as you are in caring for home dialysis patients. You see some care issues in one or more of these nephrologists. What are your plans to improve the quality of care in your unit by addressing this problem?
- **Staff education**: One of the major roles of the Medical Director is staff education: What are your strategies for nurses and technicians?
- Protocol development strategies for a new issue: You want to create a protocol for using a clot buster for occluded catheters (PD or HD). What steps will you take to formalize it?
- **How to work with administration** (to get more staff). This is a self-explanatory problem with many solutions often depending on personalities.
- **Relationships to LDOs**: As Medical Director you must work with at least LDOs and the LDO wants you to attend their meetings. You do, but some things the LDO wants are contrary to what you think is better.

- **Relationships to Medicare** Administrative Contractors (MAC). The Chief Medical Officer of the MAC is not a nephrologist and has made some local decisions which you disagree with. What do you do?

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