How Can We Effectively Educate and Train Home Dialysis Providers

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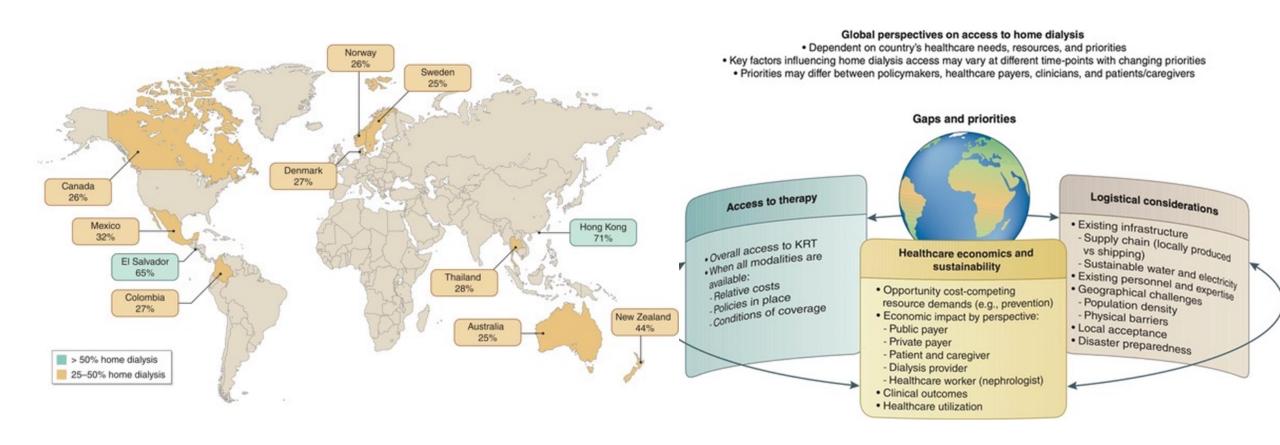
Disclosure

- Consulted for Medtronic, Quanta, Dialco
- Investigator initiated grant support from Medtronic

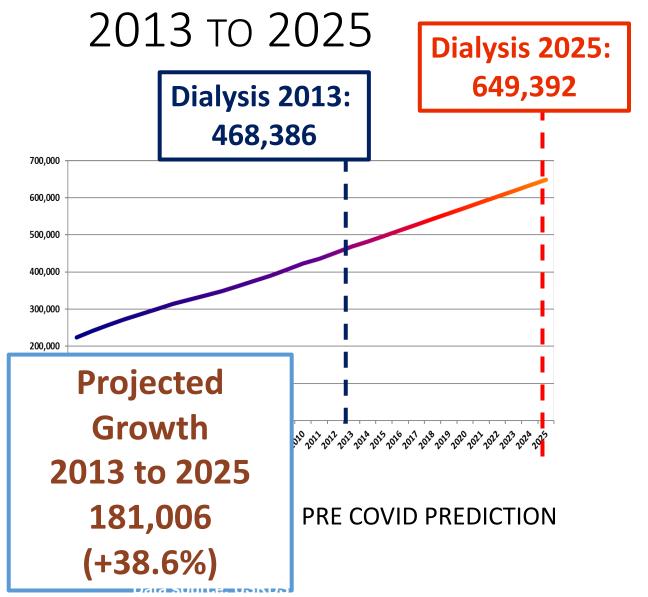
Objectives

- What is the current state of home dialysis education for nephrologists?
- Is there a need for something new?
 - Why?
 - Impact?

Global Home Dialysis – Trends and Issues



Projected dialysis population growth



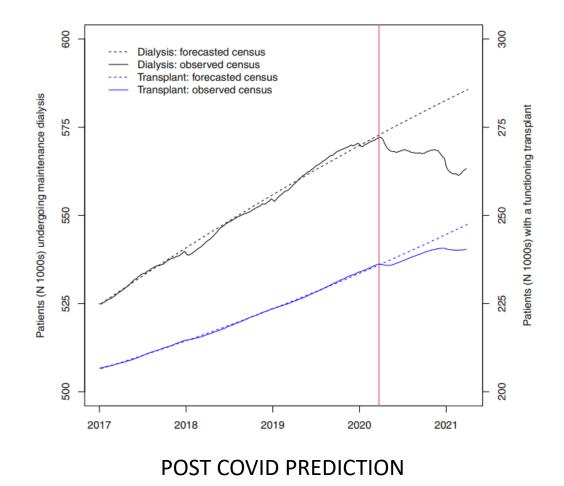
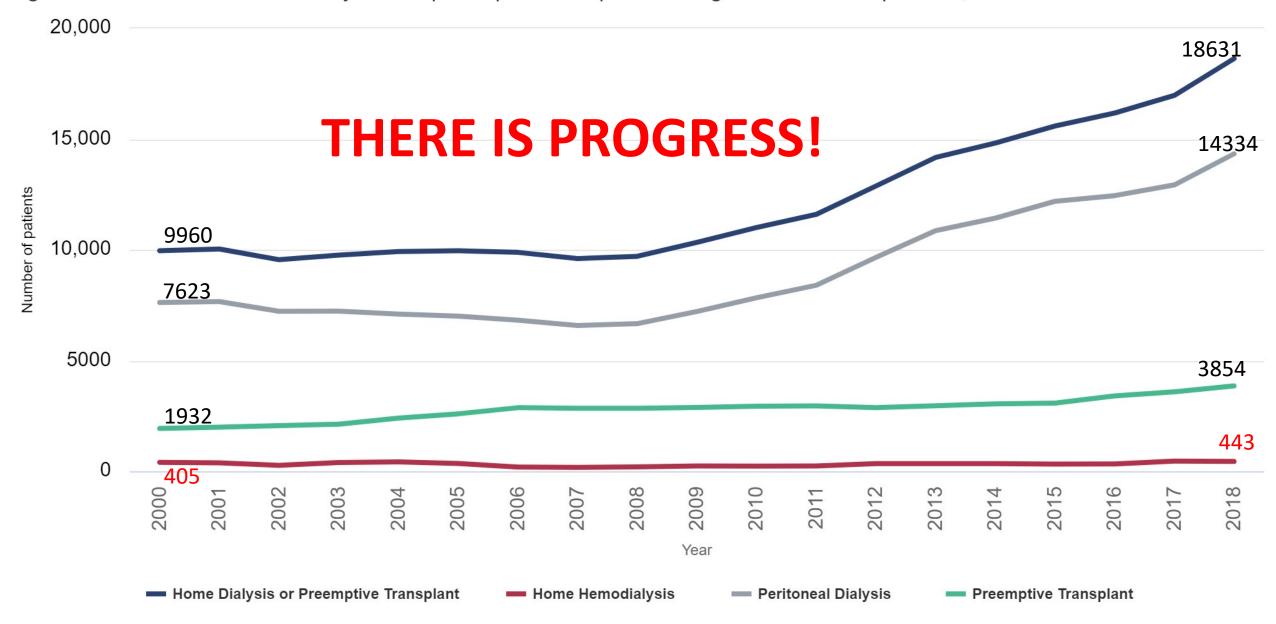


Figure 1.9 Utilization of home dialysis and preemptive transplant among incident ESRD patients, 2000-2018



Home Dialysis Knowledge Barriers

- Educational opportunities are episodic not longitudinal
- Few opportunities for dynamic hands-on learning
- Few existing pathways to establish mentorships
- Limited exposure in fellowship to home dialysis education experience

Education Awareness

Education in Nephrology Fellowship: A Survey-Based Needs Assessment

Robert W. Rope,* Kurtis A. Pivert,[†] Mark G. Parker,[‡] Stephen M. Sozio,^{§||} and Sylvia Bereknyei Merell[¶]

Table 4. Additional instruction during fellowship (266 fellows responded)

Which Topics Would You Most Like to Receive Additional Instruction in during Fellowship?	N (%)
HHD	136 (51)
PD	119 (45)
Kidney ultrasound interpretation	118 (44)
Acute GN diagnosis/management	101 (38)
Obstetric nephrology	95 (36)

JASN 2017: 1983 - 1990







Brief Communication

The implementation of a virtual home dialysis mentoring program for nephrologists

Graham Abra, Ali Poyan Mehr, Christopher T Chan and Brigitte Schiller Kidney360 January 2022, 10.34067/KID.0000202022; DOI: https://doi.org/10.34067/KID.0000202022

GA and CC are co-principal investigators for this project which is supported by the Norman S. Coplon APCR Grant Program.

Physician and Practice Attributes



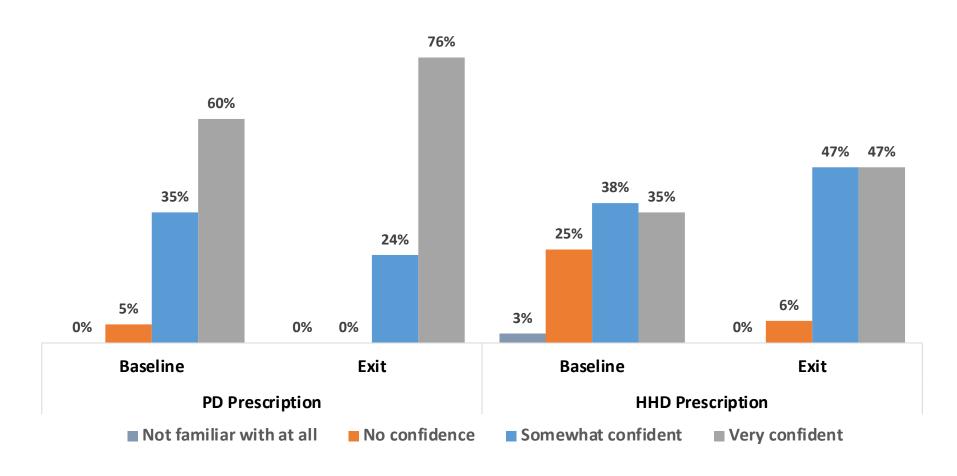
Physician and Practice Attributes	N	%
Years in Practice		
Currently a fellow	7	18%
Less than 5	6	15%
Between 5 and 9	11	28%
Between 10 and 19	10	25%
20 and above	5	13%
Not answered	1	3%
Total Patients		
Below 20	9	23%
Between 20 and 99	19	48%
Between 100 and 199	9	23%
200 and above	2	5%
Not answered	1	3%
PD Patients		
Below 10	19	48%
Between 10 and 29	13	33%
Between 30 and 99	5	13%
100 and above	2	5%
Not answered	1	3%
HHD Patients		
Below 10	33	83%
Between 10 and 39	4	10%
Between 40 and 99	1	3%
100 and above	1	3%
Not answered	1	3%

Physician and Practice Attributes	N	%
Are you a Medical Director at a center offering only home dialysis?		
No	31	78%
Yes	9	23%
Are you a Medical Director at a center offering both home and in-center		
hemodialysis?		
No	32	80%
Yes	8	20%
Are you a Medical Director at a center offering only in-center hemodialysis?		
No	28	70%
Yes	12	30%
		33,0
How would you describe your nephrology practice?		
Academic	19	48%
Small group private practice	13	33%
Integrated system practice	4	10%
Solo private practice	3	8%
Multispecialty private group practice	1	3%



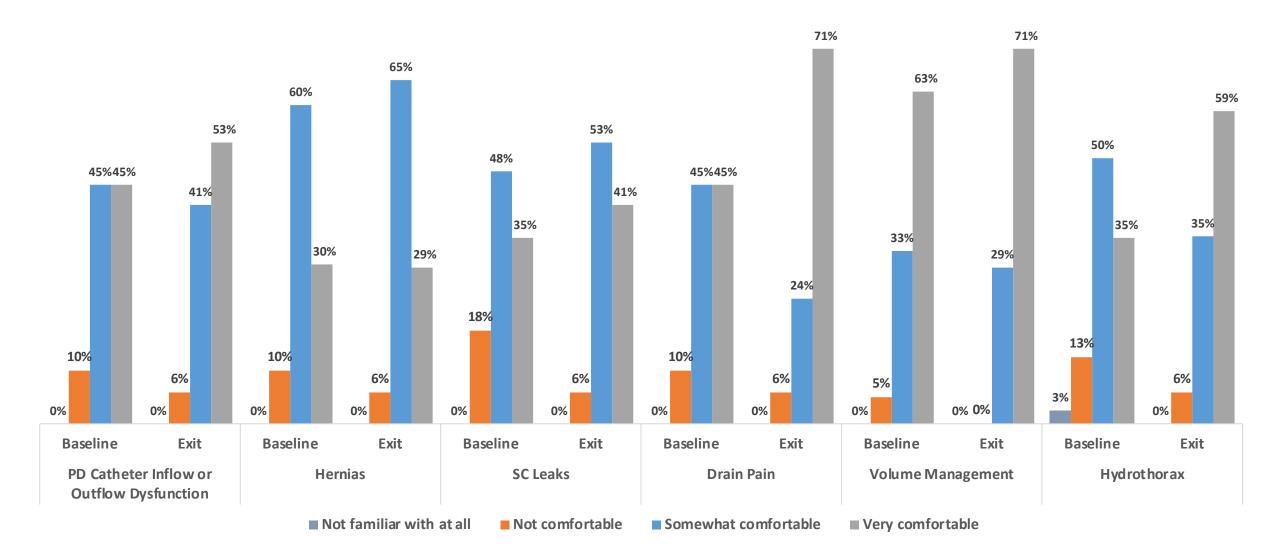
How confident are you with...

Writing and Adjusting a Prescription for PD or HHD



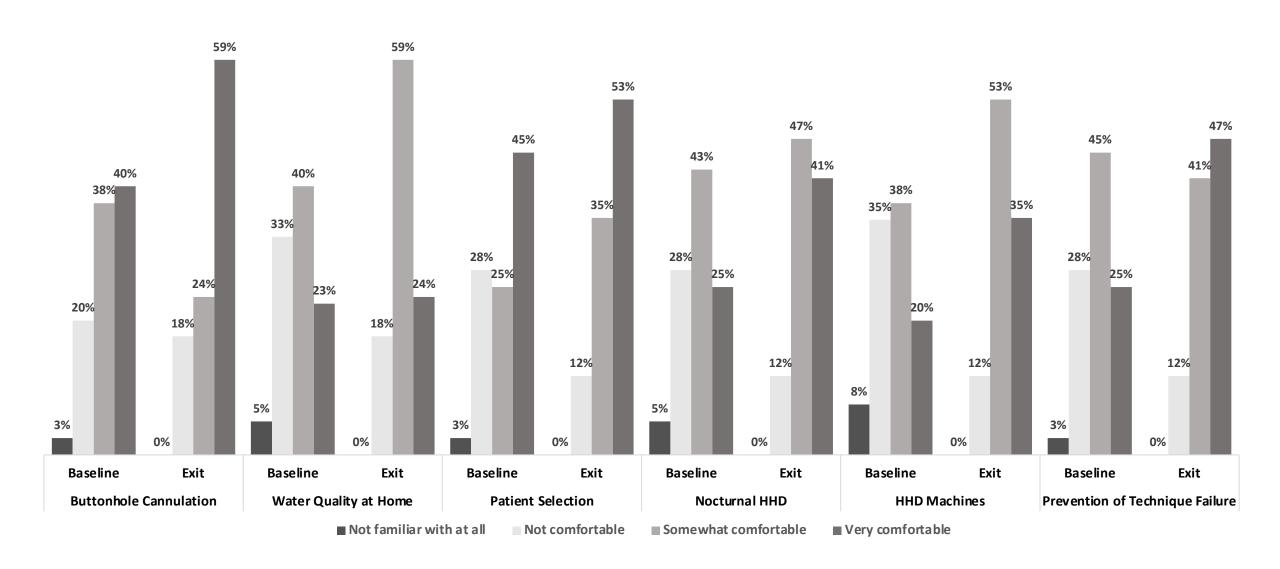


How Comfortable Are You With Managing Complications Of PD?



How Comfortable Are You With Managing HHD Issues?









Home Dialysis ECHO Update

- Project ECHO a videoconference-based collaborative, CME/CE accredited, case-based learning program.
- NKF & Comagine Health (ESRD Network 16) partnered to develop a pilot program with the goal of building clinicians' confidence levels and improving home dialysis uptake and retention. Pilot launched March 11, 2021 concluded on March 24, 2022.
- Format: A 60-minute case-based learning experience held twice a month. Sessions included:
 - Learners presenting cases from their own practices
 - Followed by group discussion and recommendations for treatment
 - A short 15-minute educational talk on a subject related to home dialysis presented by a SME







Home Dialysis ECHO Hub Committee



Christopher Chan, MD – Chair University Health Network Toronto, ON, Canada



Nancy Pierce, RN Elliston, MT



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Seattle, WA



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Gary Moore – Patient Anchorage, AK



Katy Wilkens, RDNorthwest Kidney Centers
Seattle, WA



Renin Cassidy, MEd, RDNorthwest Kidney Centers
Seattle, WA







Session Date	Topic (Attendance)
March 11, 2021	How to Establish a Culture of Promoting Home Dialysis (33)
March 25, 2021	Assumptions About Barriers to PD (37)
April 22, 2021	Modality Education (30)
May 6, 2021	Infection Prevention (23)
May 20, 2021	Assessment by the Interprofessional Team (32)
June 3, 2021	Psychosocial Adjustment/Adapting (38)
June 17, 2021	Best Practice Training Techniques for Successful Home Dialysis (35)
July 1, 2021	Ingredients for a Successful Home Dialysis Team (31)
July 15, 2021	Clinical Strategies to Help Patients Feel Comfortable Performing Dialysis at Home (19)
July 29, 2021	PD Catheter Placement/Growing Relationship with PD Catheter Surgeons (20)

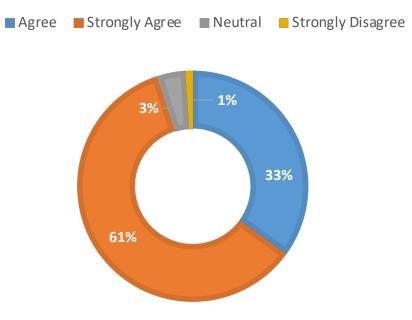
Session Date	Topic (Attendance)
August 12, 2021	Involving the Family/Support People in Training and Follow Up (32)
August 26, 2021	Hernias and Leaks in Peritoneal Dialysis (15)
September 9, 2021	Transitional Units (21)
November 18, 2021	Nutrition and Home Dialysis (34)
December 3, 2021	Home Hemodialysis Platforms (22)
December 16, 2021	Troubleshooting the PD Prescription (22)
February 10, 2022	Improvement pf Technique Survival (21)
On Demand	Technological Safety
On Demand	Co-Management with the Patient
On Demand	Acute PD, Urgent Start PD

108 healthcare workers from 19 facilities registered for our home dialysis ECHO project. The registrants represented a diverse background (including: dietitian [n = 15], facility administrator [n = 20], nurse [n=36] and social worker [n=18]).

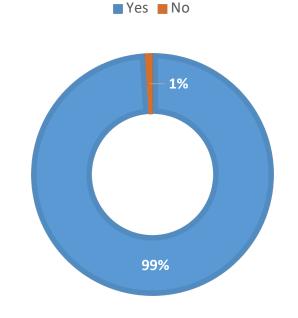


Project Echo: Home Dialysis Sessions Summary Evaluation

THE ACTIVITY MET THE LEARNING OBJECTIVES:



I WOULD RECOMMEND THIS ACTIVITY TO MY PEERS

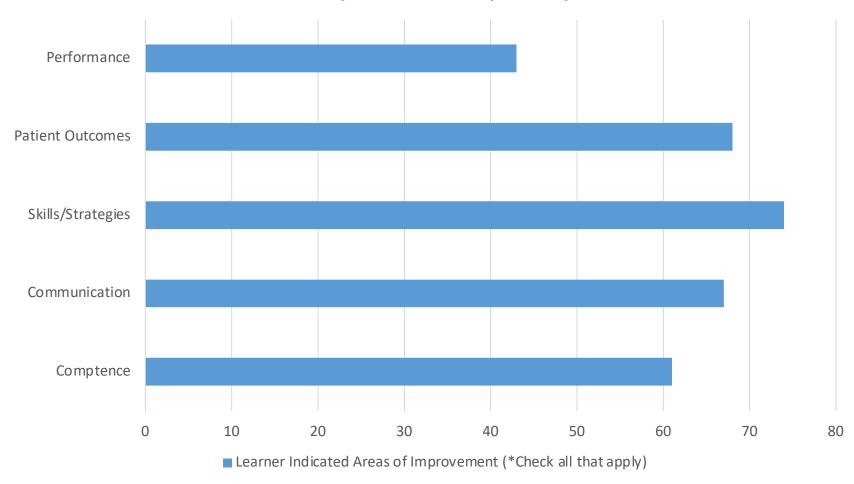




Project Echo: Home Dialysis

Sessions Summary Evaluation

This activity will assist to improve my:

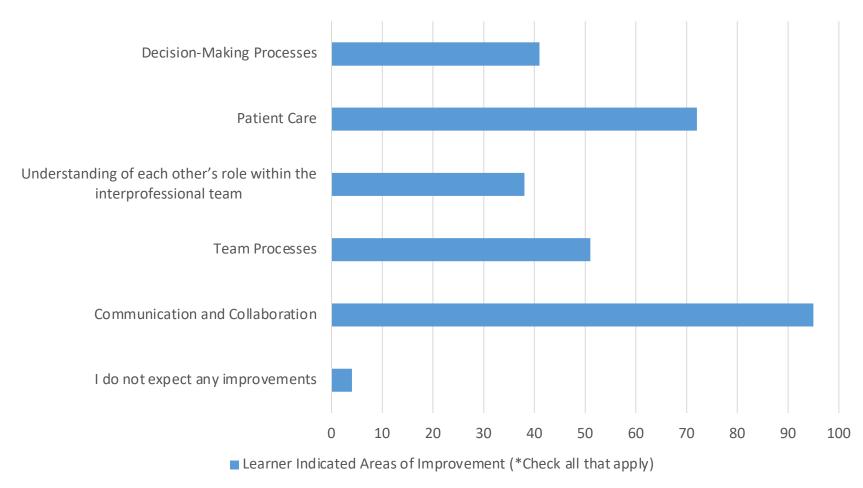




Project Echo: Home Dialysis

Sessions Summary Evaluation

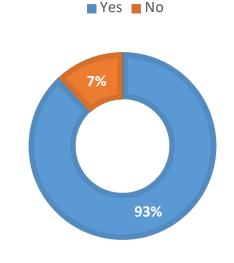
This activity will improve my interprofessional Healthcare team's:





Project Echo: Home Dialysis Sessions Summary Evaluation

I PLAN TO MAKE CHANGES IN MY PRACTICE BASED ON THE INFORMATION IN THIS ACTIVITY



Planned Changes Include:	
Modify my approach to treatment, referral or co- management	47%
Modify elements of staff training or treatment protocols in my practices	27%
Utilize alternative communication methodologies with my patients and families	33%
Modify my patient education information/materials	46%
Other -Surgeon Education -Schedule time during IDT to discuss bariatric surgery as an option for PD patient -Discuss flexibility of home treatments -Approaching education from a new angle	3%

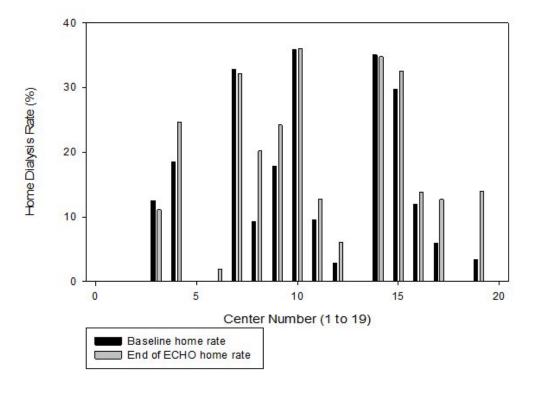
^{*}Question was a "check all that apply", allowing learners to select multiple answers



Project Echo: Home Dialysis Sessions Summary Evaluation

At baseline, the participating centers' median home dialysis rate was 9.28% (0.00-18.52%) [25-75%] which increased to 12.8% (0.00-24.6%) [Wilcoxon Signed Rank Test, p = 0.004] after the program.

Home Dialysis Rate Before and After Virtual ECHO project





Project Echo: Home Dialysis What's Next?

- Continue to foster collaborative relationship between Comagine Health and the National Kidney Foundation
- Grant proposal submitted in May 2022 in support of program continuation and expansion
- Prepare Home Dialysis Project Echo expansion to begin Fall 2023
 - 3 ESRD networks (5, 11 & 16)
 - 15 facilities each



We borrow some thoughts from medical education

Using modified Direct Observation of Procedural Skills (DOPS) to assess undergraduate medical students

AREZOU FARAJPOUR¹, MITRA AMINI², ELHAM PISHBIN³, ZAHRA MOSTAFAVIAN⁴, SOMAYEH AKBARI FARMAD¹

Table 1: Cronbach's Alpha of check lists			
Check list	Cronbach's Alpha	Numbers of Items	
ABG sampling	0.899	27	
NGT inserting	0.887	21	
Urine catheterization	0.916	24	
Taking IV line	0.888	20	
Taking ECG	0.907	22	
Dressing	0.793	15	
Suturing	0.746	19	



University The Effect of Interim Assessment on Home Hemodialysis Patient Readiness

NERS)

Nalinee Saiprasertkit, MD, Christopher Chan, MD

University of Toronto, Toronto, Canada

Background

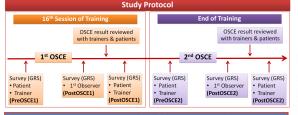
- Teaching strategies to ensure the patients' ability to administer their own therapies safely without supervision is fundamental to the success of HHD.
- Several studies showed mid-training assessments followed by final assessment at completion of training improved learning outcomes.
- The aim of this study is to determine the impact of interim assessments on readiness of HHD patients transitioning

Methods

- Prospective feasibility study examining consecutive end stage renal disease patient or caregiver who were undergoing HHD training between Sep 1, 2017 to Sep 30, 2018.
- All eligible candidates were observed for hemodialysis performance skills and basic hemodialysis concept by an independent HHD nurse (observer) after 16 sessions of HHD training and at the end of training.
- The observer provided feed back to the patient/caregiver (trainees) and their primary nurses (trainers).
- The confidence in performing dialysis was assessed by global rating scale (GRS) in HHD candidates and the training nurses before and after every assessment (PreOSCE & PostOSCE).

Results

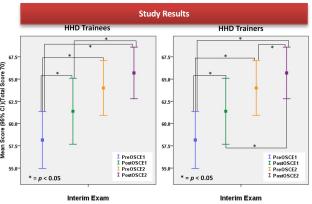
- 19 candidates were trained for HHD; 14 were eligible for the study, 3 was transferred to conventional HD, 2 were admitted to hospital during training.
- Of 14 candidates; 12 were ESRD patients, 2 were ESRD patients' caregivers. Mean age 47.3 (24-73) years, Male 64 %, Asian 54%, Graduated from college or higher education 81.8%, Using central venous catheter 50%.
- The OSCE demonstrated a major pitfall in one patient during the 1st OSCE which was corrected before the 2nd OSCE and subsequently transitioned home.



G	ilobal Rating Sc	ale (GRS) (Tota	l score = 70)	
	Trainees	Trainers	Observers	р
PreOSCE1	58±5.1	53.0±6.6	N/A	0.035
PostOSCE1	60.7±6.4	55.5±4.3	55.5±6.4	0.08
PreOSCE2	63.3±5.6	59.4±7.5	N/A	0.13
PostOSCE2	65.7±4.8	62.9±8.0	61.3±6.8	0.73

Conclusion

- Interim observed evaluation is a feasible strategy to enhance patient and nursing 's ability to train a complex medical procedure.
- Interim assessment improved both trainees and trainers' confidence levels before transitioning home.
- Prospective evaluation of the clinical impact of interim training evaluation on adverse outcomes warrant further evaluation.



What about other methods of training / testing?





The impact of simulation-based teaching on home hemodialysis patient training

Doris T. Chan¹, Rose Faratro², and Christopher T. Chan²

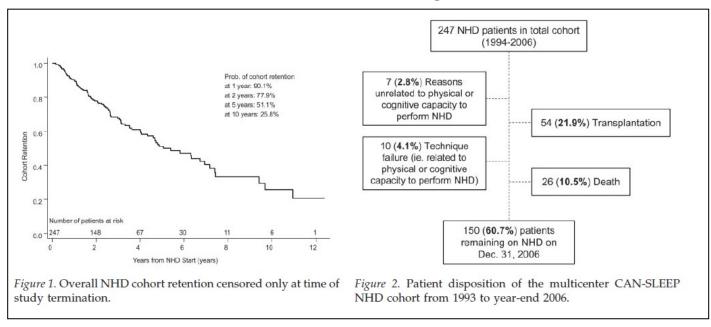
¹Department of Renal Medicine, Sir Charles Gairdner Hospital, Nedlands, Australia, and ²Division of Nephrology, Department of Medicine, University Health Network, Toronto, Ontario, Canada

Correspondence to: Christopher T. Chan; E-mail: christopher.chan@uhn.ca

Potients troi	ned for nocturnal home HD	Table 2. Pat	tient comorbidities a	and social situation	าร	
	Table 3. Effect of exposure to the	ne innovatio	n room on out	comes	rol 1)	P-value
Withdrawal p	rii N:	Case (n = 28)	Control (n = 21)	P-value	8.6.0) 4.3)	0.62 0.20 0.70
Cases	Number of home visits (n)	1.0 (1.0)	2.0 (2.0)	0.058	5.0)	0.30
N=30	Number of retraining sessions	0.0 (1.8)	0.0 (4.5)	0.84	1.4)	80.0
N=2 withdraw (retrain)	(n) Proportion with technique failure, n (%)	0 (0)	1 (3.6)	0.54	8.6)) .5) 4.3)	0.80 0.53
Innovation room grou	-				1.0)	0.34
N=28	-Data presented as median (IQR)				2.9) .5)	0.42 0.64
Fig. 1. Patient flow chart. Table 1. Patient characteristic	continuous variables. For categoric (percentage) and comparison by Chi s			as numbers		hitney for s numbers

Patient and Technique Survival among a Canadian Multicenter Nocturnal Home Hemodialysis Cohort

Robert P. Pauly,*† Katerina Maximova,†‡ Jennifer Coppens,† Reem A. Asad,§ Andreas Pierratos, Paul Komenda,¶ Michael Copland,**†† Gihad E. Nesrallah, Adeera Levin,**†† Anne Chery,§§ and Christopher T. Chan, on behalf of the CAN-SLEEP Collaborative Group



What is your technique survival?

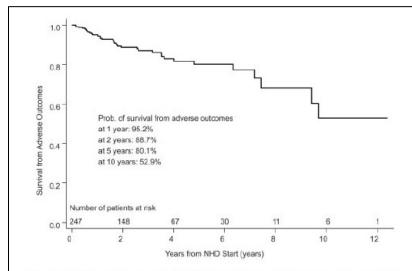
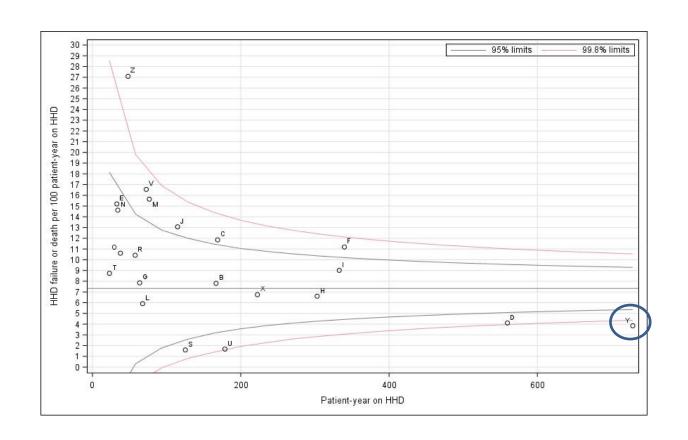


Figure 3. Event-free survival from adverse outcomes (composite of death and technique failure; n = 36 events) among the NHD cohort with analysis censored for transplantation and cohort dropout unrelated to technique failure.

Table 2. Adverse NHD program exits (death and technique failure; n = 36 events in 247 patients) according to center

Center	HR	95% CI	P
1	1.00	Reference	
2	2.49	1.07 to 5.79	0.03
3	1.06	0.22 to 5.10	0.95

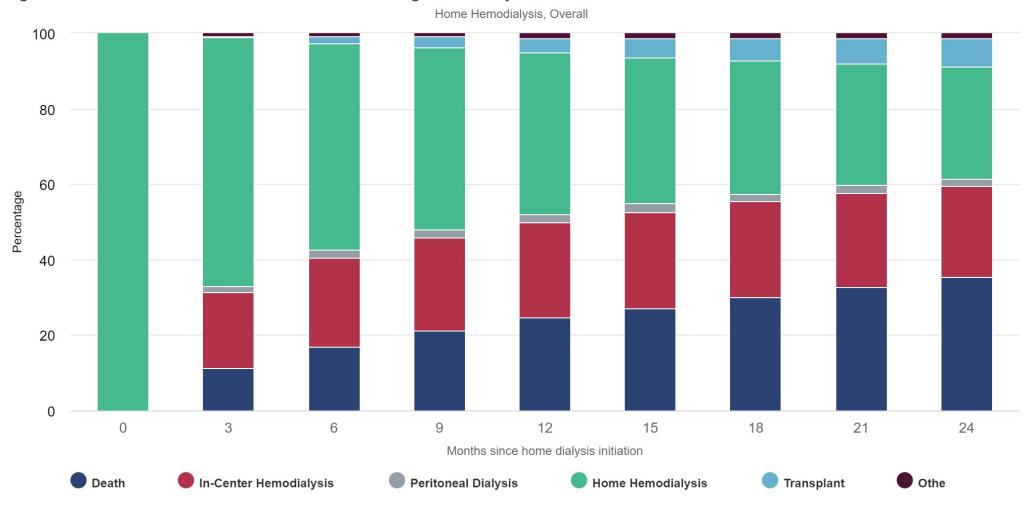
CI, confidence interval; HR, hazard ratio.





Attrition is a major problem

Figure 2.19 Outcomes over the 24 months following home dialysis initiation in 2017-2018



Summary

- Education Awareness is critical for home dialysis
 - Patients
 - Nephrologists

- Education
 — more than 1 episode
 - There is a need for mentorship to build capacity
 - Understanding training (input) and technique (attrition)