MedStar NRH
Rehabilitation Network

Development of a Dialysis Suite in a Free-Standing Acute Care Rehabilitation Hospital

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Our Journey

End-Stage Renal clients who were on hemodialysis experienced a complicated journey coordinating their dialysis clinic visits alongside their rehabilitation services. Admission into MedStar National Rehabilitation Hospital was not guaranteed unless their social workers and liaisons at their acute facility were able to get insurance clearance from a chronic dialysis facility nearby. Once admitted, these patients would have to be transported, sometimes late at night, to the other facility for treatment. Medications needed, like pain medicine, took more time to receive because the nurses from the rehab facility had to bring it to the dialysis center. Blood transfusions were not offered. Therefore, if the patient needed blood, the patient would be transferred to the emergency room of an acute facility to be monitored for fluid overload while getting their transfusion. This would cause an increase in length of stay by a day or more, depending on their outcomes. The time that it took to be transported and receive treatment took them away from their doctors, nurses, families and familiar faces for a total of 14+ hours a week. Consultant doctors would often leave and return the next day because they could not wait hours for their return. Patients had a longer length of stay to meet their therapy goals. Meals would be refrigerated and reheated when they returned late at night. Anxiety and worry was increased because the patients were surrounded by unfamiliar faces and fretted that they were missing therapy time as well as visiting time with their families.

My role as Operations Manager involves the close monitoring of customer satisfaction and improving quality of life. I paid attention to the difficulties this population spoke up about and recognized that their obstacles hindered their rehab progress. A certificate of need was obtained from the Department of Health in October of 2013. We hypothesized that having a dialysis suite on campus would decrease the patient's travel time and lesson interruptions in therapy and medical schedules. An integrated structured team approach to managing this population now occurs. We initiated a working relationship with DaVita Dialysis services and planned what we would need to build in order to have a working dialysis suite in our hospital. Our biomedical personnel teamed up with DaVita's biomedical personnel and made adjustments to the plumbing and electrical wiring of an average patient's room to handle the needs for water safety and electrical needs of the dialysis machines. We contracted with DaVita Dialysis and MedStar Washington Hospital Center to supply us with dialysis nurses and equipment. Our scheduling department arranges and negotiates dialysis schedules with rehabilitation therapy and doctor appointments. Transporters ensure the timely and safe arrival of the patients to the suite. Our goal is to show that close monitoring of medications and lab work by our nurses and doctors enable this population to have their fluid imbalances corrected faster. This will help them reserve more energy to participate in strength building exercises.

With our new in-house dialysis suite, therapists are able to co-treat if necessary during dialysis treatment session which maximizes the time they spend in treatment. Patients are now able to receive medications in a more timely fashion. Our DaVita nurses are able to transfuse blood when needed. The patient's electronic medical record conveys all aspects of their care in real time so that all of the health care team is in sync. Our goal is to provide higher quality length of stays by giving them more meaningful therapy experiences and enable more of them to go home after discharge instead of acute and long term facilities.

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MNRH Rehabilitation Therapists

Admissions Team and Nurse Liaisons

MNRH Nurses, Nurse Technicians, and Comfort Care Techs

Tyrone Staton, Transporter
Kevin Mitchell, Transporter

Dr. Afua Asante
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Ian Dominguez, Clinical Informatics

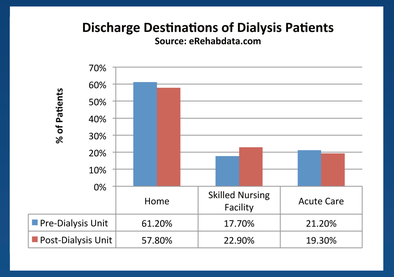
MNRH Unit Secretaries

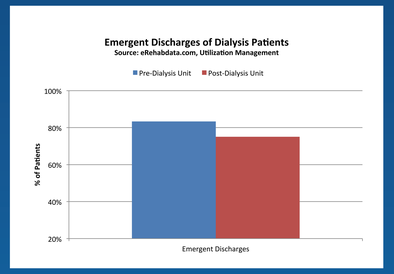
What is Hemodialysis?

According to the Centers for Disease Control and Prevention (CDC), more than twenty million people have varying degrees of chronic kidney damage. Health issues that can contribute to kidney disease include high blood pressure, diabetes, heart disease, high cholesterol, lupus, and a family history of chronic kidney disease (1). Hemodialysis is one treatment for kidney failure. A machine removes small amounts of blood and filters it then puts it back into the circulation. The average treatment session lasts between two and four hours and is done routinely about three times a week.

Reference

1."National Chronic Kidney Disease Fact Sheet", (2014). Retrieved from www.cdc.gov





Number of Patients	No. of Dialysis Pts	% of Total Hospital Population
Oct'12-Aug'13	85	4.21%
Oct'13-Aug'14	83	4.10%

	LOS mean	LOS mean without outliers	LOS median
Oct'12-Aug'13	13 days	12.4 days	12 days
Oct'13-Aug'14	17 days	15 days	14 days

Outlier = greater than 40 days