

Who is a Candidate for Home Dialysis? Why We Chose Home Dialysis

Midwest Kidney Network
September 2016

Goals of This Presentation

- Identify common misconceptions about patient candidacy for home dialysis
- View case studies of patients that overcame specific barriers to successfully transition to home dialysis
- Hear the thoughts of home dialysis experts about home dialysis candidacy

Misconception 1: Nonadherent Patients Should Not be on Home Dialysis

- Young African American male in his early 30s
- On hemodialysis following a failed kidney transplant
- Unstable housing and periodic bedbug issues
- Nonadherent to hemodialysis treatment, with transportation issues
- Only social support was his girlfriend and he needed lots of assistance in his life.

Patient was successfully trained for PD and is currently home on cyclor dialysis.

Misconception 2: Patients with Multiple Co-morbidities are not Candidates for Home Dialysis

- White male in his mid-50s
- Oxygen-dependent and frequently in fluid overload. He suffers blood pressure issues.
- Requires 4 times/week treatment in-center to manage fluid.
- Extremely weak after treatment and spends most days sleeping, looks very frail and ill.
- Has a supportive wife.

Patient and wife trained on CAPD. Patient is doing well.

Misconception 3: Patients with Mental Health Diagnoses are not Candidates for Home Dialysis (part I)

- Young white male in his 30s with diagnosis of schizophrenia.
- Lived with his brother but the brother died suddenly.
- Only relative is physically challenged and lives out of state.
- Unstable living arrangements.

Patient successfully trained and is doing well on PD.

Misconception 3: Patients with Mental Health Diagnoses are not Candidates for Home Dialysis (part II)

- Young white male college student with diagnosis of schizophrenia and is developmentally delayed.
- The patient was on in-center HD and wanted to transition to PD to better fit into his college schedule.

After additional training days and coordination with the home dialysis center, the patient was successfully trained on PD and fits his clinic visits and lab draws into his college schedule.

Misconception 4: Advanced Age is a Barrier to Home Dialysis

- 102-year-old African American male
- Lives with his daughter who is also his caregiver.
- Prior to starting dialysis, patient attended a modality education program and his modality of choice was PD.

Both the daughter and the patient were trained. Patient successfully started on CAPD and is currently on CCPD. The patient does his own pre-scrub procedures and his daughter performs the connections.

Misconception 5: Patients with Poor Vision Cannot be Trained for Home Dialysis

- Elderly male patient with significant ascites related to non-alcoholic liver disease
- Attended dialysis options education class and chose PD as his modality of choice and due to the ascites, the patient's nephrologist also recommended PD.
- Patient was legally blind due to cataracts and did not have caregiver when training was initiated.

Cataract surgery was scheduled and extra training sessions were offered to support the patient prior to and immediately after surgery. Patient regained eyesight and finished training and successfully started CAPD.

Misconception 6: Lack of Family Support is a Barrier to Home Dialysis

- Young single mother with young child at home had initially chosen in-center hemodialysis.
- Only came in once each week for treatment stating that she had no childcare or family support.
- Hated needles and refused a permanent access
- Discussed with her physician and agreed to meet with PD staff.
- Patient had been given misleading information from other patients and in-center staff.
- After being given accurate information, she agreed to have a PD catheter placed

Started on Cyclor PD at night so she could be free to care for herself and her child during the day. She has never had an incidence of peritonitis.

Misconception 7: Patient Must Have a Partner for Home Hemodialysis

- Single male worked full time while doing in-center hemodialysis for several years.
- Wanted to do home hemodialysis but was told he could not because it required him to have a partner.
- The home team spoke with the patient during a regular educational visit
- The home team discussed the situation with his MD and obtained an order for the patient to do HHD without a partner.

The patient trained and successfully went home on HHD.

Misconception 8: Homeless People Cannot Do Home Dialysis

- 25-year-old homeless man on in-center hemodialysis moving between temporary shelters with no access to transportation.
- Only showed up for dialysis once or twice weekly and health was declining
- Filing for financial assistance for housing and transport was a challenge due to his irregular schedule
- After discussion with the social worker and MD the patient was referred for home dialysis

(cont..)

Misconception 8: Homeless People Cannot Do Home Dialysis (cont.)

- The home team, the MD and the shelter collaborated to develop a plan for patient.
- A PD catheter placed and training scheduled to accommodate his schedule and transportation.

He successfully completed training, was able to get his supplies delivered in smaller quantities to the shelter, is dialyzing regularly, and coming to the home dialysis clinic for labs and MD visits

Misconception 9: Only Patients with Formal Modality Training Are Eligible for Home Dialysis

- Well-educated single mother from Africa, on in-center hemodialysis for 4 years.
- She did not miss treatments and took good care of herself.
- She felt fatigued constantly and the days after her treatments were usually spent doing minimal activities.
- She wanted to have the energy to care for her family and to work but was unable to do so
- She was minimally communicative with dialysis staff and became frustrated and angry due to multiple access failures
- She had never had modality options education.

(cont.)

Misconception 9: Only Patients with Formal Modality Training Are Eligible for Home Dialysis

- The Home dialysis nurses came to her clinic for a patient education session regarding PD.
- She spoke to her MD, had a catheter placed and successfully completed training.

She is currently on PD, went back to college, is working, traveling and spends a great deal of time with her family.

She is pleasant and laughs often with her PD team.

Misconception #10: Morbidly Obese Patients Cannot Do Home Dialysis

- 450# patient, hospitalized for over 2 months, 3 hours away from home, unable to be placed in an outpatient dialysis unit or even transported to dialysis
- Trained family for HHD in the home.
- Care planning was done chairside.
- Although patient had poor prognosis, her condition improved on 6 days/week HHD and patient was able to have 2 additional years to be with her family

Misconception #11: Patients with right or left sided weakness cannot go home on dialysis

- Patient with CVC due to exhausted sites told she couldn't go home due to CVA related left-handed weakness
- Being away from home for incenter dialysis was difficult due to her husband's dementia
- Trained patient for PD with an assistive connection device
- Patient successfully transitioned to PD at home

Thoughts on Home Dialysis from Those in the Field

1. Nonadherence - Non adherence to a hemodialysis schedule and prescription is not necessarily an indication that the patient is not a home candidate. Many factors affect adherence including transportation, family or child care issues, as well as needle anxiety. Many of these can be accommodated or removed when a patient comes to home.

Thoughts, Cont.

2. Disruptive behavior: Acting out in the dialysis unit may be a sign of depression and burn-out from the stresses of in-center dialysis. Social workers need to be aware of this and let the patient know that there are other options such as home dialysis.
3. Cleanliness of the home: The house/apartment does not need to be sterile. There only needs to be a small clean space for PD or a clean area for the home dialysis machine. The home visit from the home staff can help to identify where the best place for dialysis might be.

Thoughts, Cont.

4. Pets: Pets are certainly allowed provided they are kept away from clean areas during dialysis or exchanges/treatment.
5. Lack of space: Supply orders can be delivered at more frequent intervals to meet the space restriction.
6. Travel: A home HHD/PD patient can travel with their machine, the home clinic will assist in their plan/trip needs and requirements.

Final Thoughts

7. Patients on home therapy have a PD or HHD on call for support at all times when clinics are closed.
8. Patients on Home therapy can have an active life, including exercise, work and hobbies with very minimal restriction regarding their accesses
9. Re-approach patients on a regular basis

Thanks for these special thoughts from:

Cathie Clark, Motor City Dialysis

Gerrie Morrison, Northwest Kidney Centers

Bridget Schiller, MD, Satellite Dialysis

