Addressing the Quality of Dialysis Care Through an Insourced Model

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BACKGROUND/INTRODUCTION

Outsourcing of dialysis, has been a longstanding model for hospitals to deliver renal replacement therapy.

This approach comes with inherent risks, including loss of control over care quality, diminished organizational culture, staffing inefficiencies, and financial implications due to contracted rates and additional fees.

OBJECTIVES

Report on the experience of a regional acute care hospital in Oklahoma that successfully transitioned to an insourced model using the Tablo® Hemodialysis System.

Evaluate the impact of insourcing on capacity, treatment delivery, efficiency and hospital care quality.

METHODS

- A comparison was performed on 3-months of outsourced dialysis prior to insourcing and 9-months post insourcing dialysis
- Treatment and electronic health record data was obtained by the hospital nursing staff.
- Data was compiled and summary statistics were calculated using Microsoft Excel.
- Treatment volumes, successful treatment completion rates and order to treatment times were evaluated.
- Treatment success was determined by the treating clinician.
- Fluid removal percentage was calculated based upon achieved fluid removal as a percentage of prescribed fluid removal goal.
- CLABSI data was collected on admitted patients receiving dialysis during the outsourced and insourced periods.

RESULTS

- 144 treatments were performed in the 3 months of outsourced dialysis (48txs/month)
- 1,372 treatments were performed in the 9-month period post insourcing (172txs/month)
- Average successful treatment completion rate improved from 73.7% to 97.5%.
- Average fluid removal goal improved from 87% prior to 99%.
- Dialysis treatment order to start time improved by 35%.
- Hospital's central line blood stream infection (CLABSI) rate among dialysis patients reduced by 75%.

DISCUSSION

- The facility experienced significant increase in treatment volume post transition to insourced dialysis.
- Markers of effective dialysis - clinician reported treatment success and fluid removal percentage improved post transition.
- Efficiency in managing patient volume was increased as measured by reduced time from treatment order to treatment start.
- Ownership of dialysis reduced CLABSI, a required hospital reporting measure, by 75%.

CONCLUSION

Our facility sustained increased growth, improved service efficiency, dialysis treatment metrics, and hospital reported quality measures by converting to an insourced dialysis model using innovative dialysis technology.