DaVita Hospital Services

Inpatient Dialysis Services

THE POWER OF OUTSOURCING

DaVita Hospital Services is the first nationally Joint Commission-accredited provider of inpatient kidney care and apheresis. This accreditation recognizes DaVita’s ongoing commitment to delivering inpatient dialysis services that meet formally outlined standards for quality and safety. In addition to delivering high-quality care to patients with end stage renal disease (ESRD) and acute kidney injury (AKI), DaVita can also help identify capital and operational cost efficiencies and provide local and national leadership resources.

DaVita Hospital Services Aims to Achieve

- Reduced operating costs
- Industry leading safety standards
- High-quality patient care
- Improved patient satisfaction
- Better optimization of service lines to grow revenues

Dialysis Patient Overview

- The average ESRD patient account for less than 1% of the Medicare population but more than 7% of Medicare costs
- ESRD patients spend ~11 days per year in the hospital and have a 35% readmit rate
- AKI is associated with increased hospitalization costs by approximately $8,000 and length of stay by 3.2 days

About DaVita Hospital Services

• First nationally Joint Commission-accredited provider of inpatient kidney care and apheresis therapies³
• Empowered, experienced local teams with stable leadership and supported from national industry experts
• Economy of scale: Best demonstrated practices, national resources, standardized processes and operational experience that includes ~900 hospital partners and more than 1.1 million annual procedures
• Committed to achieving patient, partner, and physician satisfaction
• Infrastructure and expertise from 12+ years investing in innovative integrated renal care, including proven care transitions
• Capability to provide different inpatient dialysis therapies (acute hemodialysis, acute peritoneal dialysis and continuous renal replacement therapy) and apheresis

High-Quality Patient Care

DaVita has established an industry leading safety and quality management program. A multi-disciplinary oversight group of hospital and DaVita clinicians actively provide guidance based on regular safety reviews and clinical audits. DaVita’s proprietary acute clinic outcome indicators (ACOIs) provide data and metrics to support continuous process improvements, increase communication and coordination across the hospital care team, and support survey readiness.

Capital and Operational Cost Efficiencies

DaVita Hospital Services focuses on developing customized solutions with its hospital partners, which involve new and innovative processes that are meant to improve communication, patient safety and satisfaction, survey readiness, outcomes and efficiency. DaVita works with hospitals to identify operational efficiency opportunities in many ways, such as:

• Cross-credentialing at multiple hospitals in the same geography to flex staff
• Emergency department diversion strategies
• Staff retention strategies, e.g., night nurses and ‘One Up Hiring’
• Inventory management practices
• Treatment triage templates for response time management and patient assessment strategies

Local Leadership and National Resources

DaVita supports its hospital partners with an experienced local leadership team and a dedicated national hospital team. This allows DaVita to collaboratively work with individual hospitals’ local teams to jointly identify opportunities to improve patient care and reduce costs.

DaVita Hospital Services is led by a dedicated national patient quality and safety leadership team, composed of a national chief medical officer and national director of biomed. Local clinical teammates are supported by a local leadership team that is singularly focused on acute care. The clinical expertise of the local team is reinforced through comprehensive training of DaVita nurses.

For more information regarding DaVita Hospital Services, please contact at hospitals@davita.com.

³. Ambulatory Health Care Accreditation was based on a survey of 177 DaVita acute programs, which included Joint Commission-accredited hospitals and other hospitals permitting Joint Commission access for purposes of the survey process (a limited number of hospitals declined to participate).