



Reducing Avoidable Dialysis on the Day of Discharge for ESRD Patients

Why It Matters

Patients with end stage renal disease (ESRD) are among the most vulnerable and medically complex chronic illness populations. They are hospitalized, on average, nearly two times per year. Their hospital discharges are time consuming and often involve avoidable costs. These costs include providing dialysis on the day of discharge (DODD) to stable patients who may be able to receive outpatient treatment at the dialysis center of their choice. Avoiding unnecessary DODD can help facilitate earlier discharges, reduce length of stay, decrease infection risk and improve the transition to the outpatient dialysis center.

On average, patients with end stage renal disease:

- Are hospitalized nearly 2 times per year¹
- Spend approximately 11 days per year in the hospital¹
- Have a 35% readmission rate¹
- Represent 1% of Medicare beneficiaries but account for 6% of Medicare costs²
- Begin inpatient dialysis as an unplanned start at a rate of 52%³

Reducing DODD at Wesley Medical Center

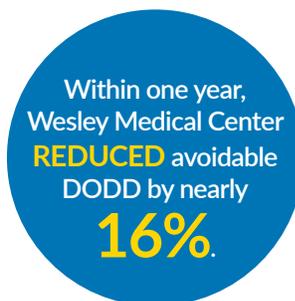
In January 2017, Wesley Medical Center, a 400 bed tertiary care center located in Wichita, Kan., recognized an opportunity to enhance patient experience and decrease costs by reducing avoidable DODD, which often occurred due to situations involving non-adherence, transportation delays, insurance issues and dialysis facility availability.

Wesley Medical Center set the goal of decreasing avoidable DODD and requested support from Patient PathwaysSM, their provider-neutral renal discharge planning and placement partner. Patient Pathways works directly with hospitals to help facilitate a smooth transition of care from inpatient care to a dialysis center of each patient's choice.

To support the medical center in their efforts to reduce DODD, Patient Pathways supported a committee of representatives from the medical center team, acute dialysis team, Patient Pathways and outpatient dialysis centers. The committee was responsible for:

- Defining avoidable and unavoidable DODD
- Establishing a process for reducing avoidable DODD and educating medical center clinicians (including hospitalists, nephrologists and case managers)
- Reviewing claims data that included information on DODD
- Executing hospital-based utilization reviews of patients who did receive DODD
- Encouraging physician-to-physician discussions

Patient Pathways served as a liaison between the teams on the committee (including representatives from local outpatient dialysis providers) and communicated with case management staff about discharge planning on a daily basis. This enhanced coordination and helped the hospital identify where to deploy resources. Through this proactive, collaborative approach, by the end of the first year, Wesley Medical Center reduced avoidable DODD by nearly 16 percent and decreased unnecessary expenditures.



Patient Pathways serves as a support structure to several hospitals across 31 states in hospital efforts to reduce avoidable DODD. The Pathways approach is tailored per individual hospital and specific patient needs. In addition to focusing on DODD, Patient Pathways can also assist with discharge planning and help improve patient experience.

To learn how Patients Pathways can support your hospital in its efforts to reduce avoidable costs, email inquiry@patientpathways.org.

1. USRDS Annual Data Report, 2015, ch. 5.
2. USRDS Annual Data Report, 2015, ch. 11.
3. Medicare 5% sample data average.