

Care Team Guide: Transition to Home Hemodialysis/ Independent HD

Step	Major Tasks		
	Home KCC, Transplant, PD or HD (In-Centre, CDU or Nocturnal) Team	Home Hemodialysis (HHD) Team	
<p>1. Modality education provided & preferred dialysis location identified</p> <p>Refer to Step 1 of the Transitioning to HHD booklet</p>	<p>Identifies patients who are potential candidates (i.e., no contraindications as per Appendix) and/or show interest in pursuing HHD. HHD is considered prior to HD in-centre or CDU.</p> <p>Provides Transitioning to HHD booklet.</p> <p>Refers patient to HHD team for suitability assessment. Updates PROMIS.</p>	<p>➔</p> <p>If eligible, conducts HHD suitability assessment. Advises patient & Home Team of outcome. Update PROMIS using the HHD patient assessment form. If patient has not already received, provides Transitioning to HHD booklet to patient.</p> <p>➜</p> <p>Maintains current list of patients assessed & suitable for HHD.</p>	
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	<p>Regularly reviews status of patients choosing HHD. If status or home situation changes that may impact suitability for HHD¹, notifies HHD team.</p>	<p>➔</p> <p>Reviews HHD plans with patient if concerns flagged by Home Team. Advises Home Team of changes. Update PROMIS.</p> <p>➜</p> <p>Maintains current list of patients assessed & suitable for HHD.</p>	
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<p>2. HHD start anticipated within 12 months & fistula/ graft not in place.</p> <p>Refer to Steps 2,3,4 of the Transitioning to HHD booklet</p>	<p>Refers to VA Clinic as per VA guideline at www.bcrenalagency.ca ► Health Professionals ► Clinical Resources ► Vascular Access</p>		
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	<p>Fistula/graft created. Updates PROMIS. Notifies HHD team that access created.</p>	➔	Tracks status of access creation for future HHD patients.
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	<p>Assesses fistula/graft at each visit & reinforces teaching (shared function with VA team). Refers to VA Clinic if issues.</p>		
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	<p>If status or home situation changes that may impact suitability for HHD,¹ notifies HHD team.</p>		

¹ Changes in: living status/accommodation, availability of support to assist with HHD, ability to self-manage, physical status, cognitive status, decision to do HHD, awareness of knowledge to comprehend and carry out responsibilities associated with HHD.

Step	Major Tasks	
	Home KCC, Transplant, PD or HD (In-Centre, CDU or Nocturnal) Team	Home Hemodialysis (HHD) Team
3. HHD start anticipated within 1 month Refer to Step 5 of the Transitioning to HHD booklet	Updates patient documentation. If in-centre, arranges for patient to be assessed by the dietitian, social worker & pharmacist prior to transfer. Ensures advance care planning discussion has been initiated & documented.	Works with patient to develop/implement HHD care plan.
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	Provides ongoing patient care and follow up re: HD, HHD, medications, lab results, diagnostic imaging, co-morbid management and psychosocial support until the commencement of HHD training.	Conducts or arranges for vendor to conduct home visit to plan for HHD start. Updates Home Team (goal is for home visit to be completed within two weeks of starting HHD training). Reviews water testing and home assessment results.
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4. Initiation of HHD training. Transfer to HHD team Refer to Step 5 of the Transitioning to HHD booklet	Reconciles medications. Transfers to HHD team. Advises patient and primary physician & updates PROMIS. If PD patient, communicates regarding removal of PD catheter or dressing changes	Initiates HHD training (training takes ~6 weeks). Assumes responsibility for care. Reconciles medications. Advises patient's primary care physician re HHD plans. Arranges for patient to be assessed by the dietitian, social worker & pharmacist if not already completed. Works with patient to arrange home renovations (plumbing, electrical, etc). Completes arrangement for removal of catheters, and appropriate dressing changes.

Appendix: Assessment of Eligibility for HHD

Benefits of Home Hemodialysis (HHD)

- Flexibility of dialysis schedule
- Patient is in charge
- More flexibility in diet and fluid intake
- Get more dialysis, which means feeling better
- Potential reduction in some medications

Two home hemodialysis machines are available for patients considering HHD. Each machine has unique qualities that may suit different patient needs and abilities and therefore home hemodialysis is now available to a wider group of patients than previously. The HHD team will determine machine suitability on a case- by-case basis.

Assessment of a Patient for HHD

- Patients must not have any contraindications to HHD (see list below).
- Patients (or their caregiver) need to have the physical ability and mental capacity to manage their HD treatments and problem solve as issues arise.
- Physical ability: Manual dexterity to button a shirt.
- Mental capacity: Ability to follow straight-forward directions.
- Refer to Functional Assessment at www.bcrenalagency.ca ► [Health Professionals](#) ► [Clinical Resources](#) ► [Home Hemodialysis](#) ► [Guidelines](#)
- Patients need access to a telephone (telephone needs to be available during treatments), space available to store supplies.

Process for Assessment of Suitability for HHD

- The KCC/modality team (e.g., PD, HD) will identify those patients who are potential HHD candidates or show an interest in pursuing HHD. .
- Patients who meet the basic criteria are referred to HHD team for an in-depth HHD assessment to determine suitability. If the patient is found to be unsuitable, a documented record will be sent to the referring team with suggestions and comments.

Contraindications to HHD

- Unstable angina or myocardial infarction in past 3 months
- Unmanaged, active psychiatric disorders
- Uncontrolled seizure disorder
- Use of illicit drugs (note: prescribed narcotics or cannabis is not a contraindication)

Note: Stable vascular access (fistula, graft or tunnelled catheter) is required for HHD. If not already in place at the time of referral to HHD is made, the KCC/modality team (e.g., PD, HD) and HHD teams will work together to coordinate this prior to the transition to HHD.

Additional References:

- Match-D tool for information about assessing the suitability of patients for PD or HHD: <http://homedialysis.org/match-d>
- BC Renal patient handout about independent modalities: www.bcrenalagency.ca/sites/default/files/documents/files/Dialysis%20Options%20in%20BC%20March%202013_WEB.pdf