

# Transitions of Care Toolkit

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Updates & Revisions 2019

# Presenters



## **Ralph Atkinson, MD**

President, Forum of ESRD Networks

## **David Henner, DO**

Chair, Medical Advisory Council (MAC)

President-Elect, Forum of ESRD Networks



What is the Forum & the MAC?

Transitions of Care Toolkit: Original Publication & Overview

*Ralph Atkinson, MD*

Transitions of Care Toolkit: Revisions & Updates

- Care of Transient Patients
- New Tools

*David Henner, DO*

# What is the Forum?



All ESRD Networks are members of the Forum of ESRD Networks, which is a not-for-profit organization that advocates on behalf of its membership and coordinates projects and activities of mutual interest to ESRD Networks. The Forum facilitates the flow of information and advances a national quality agenda with CMS and other renal organizations.

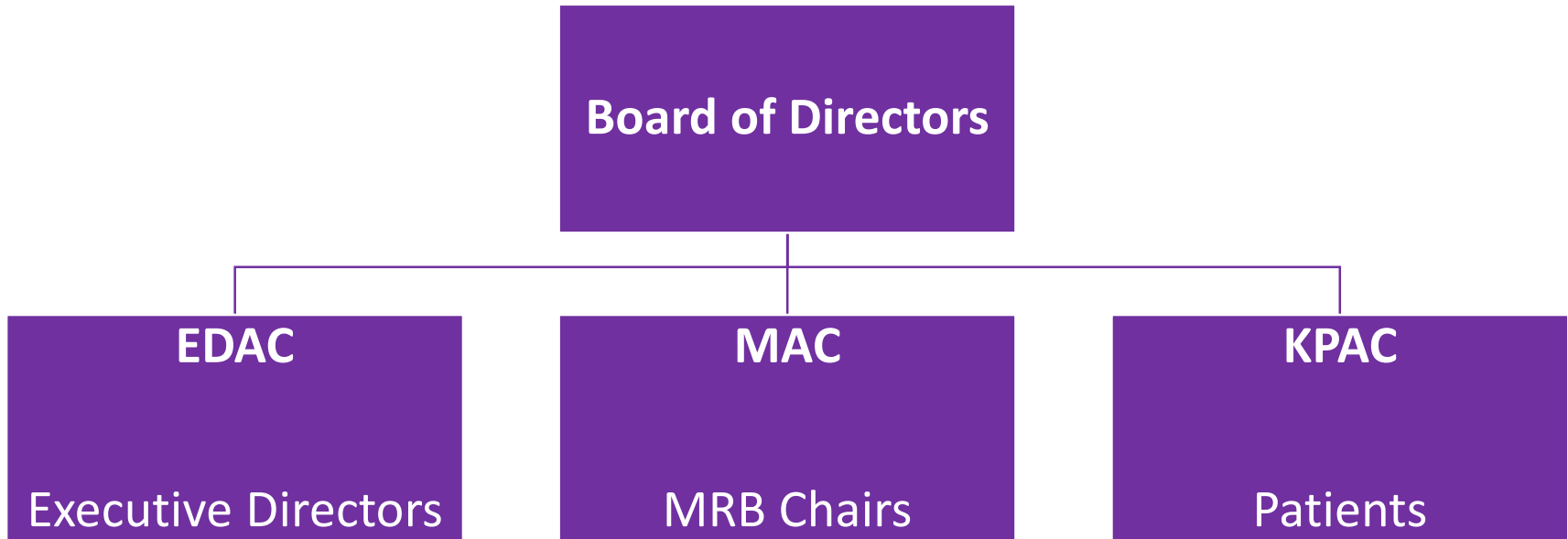
The **Mission** of the Forum is to support and advocate on behalf of the ESRD Networks in promoting methods to improve the quality of care to patients with renal disease.

Core values: volunteerism, collaboration, innovation and flexibility, spread of knowledge, integrity, autonomy of individual ESRD Networks

December 2005



# Forum Governance



# MAC Mission & Scope



- Provide a consistent interpretation from the physician perspective of the challenging issues faced by the Networks and Forum Board
- Work with and through the Networks to generate QA/QI initiatives aimed at improving patient care

Physician representation from each Network



# Forum Toolkits

Available on the Forum Website



- Inpatient Medical Director Toolkit *(new under development)*
- Transitions of Care Toolkit *(updated April 2019)*
- Kidney Transplant Toolkit *(finalized, available on Forum website )*
- Medical Director Toolkit *(updates in progress)*
- Medication Reconciliation Toolkit *(soon to be updated)*
- Vaccination Toolkit *(updating)*
- Home Dialysis Toolkit
- Catheter Reduction Toolkit
- QAPI Toolkit
- Dialysis Patient Depression Toolkit
- Dialysis Patient Grievance Toolkit



2015

## Transitions of Care Toolkit

Developed by the Forum of ESRD Networks'  
Medical Advisory Council (MAC)

This Toolkit for health providers and practitioners is a reference tool that gives information about challenges in transitions of care and suggestions to help create solutions.

Forum Medical Advisory Council (MAC)  
The Forum of ESRD Networks  
12/01/2015

The National  
**FORUM** of  
ESRD NETWORKS  
Improved Care Through Collaboration



## First published in 2015 – Why?

- Transitions of care are frequent
- Error-prone and cause anxiety, morbidity and excessive costs
- Complex interactions between multiple providers and patients
- ESRD patients have unique transitions and challenges
- Dialysis providers are often “out of the loop” of communication
- Electronic medical records do not fix the problems
- Patients and providers have difference perspectives on transitions
- CMS holds providers responsible for hospitalizations and re-hospitalizations
- **It's the right thing to do**



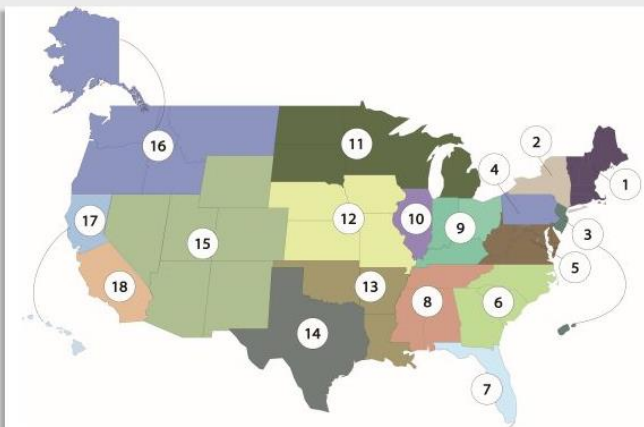
- Target audience = the dialysis facility staff and practitioners.
- The dialysis team needs to “own” the transitions – the team cannot wait for hospitals and primary care providers to reach out.
- The **dialysis team** includes dialysis staff, practitioners and **patients**. Patient perspectives are critical in evaluating processes and outcomes.



Advocating for the organizations that monitor the quality of chronic kidney disease, dialysis and kidney transplant care in the USA.

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The Forum of ESRD Networks  
Post Office Box 203 Birchwood, Wisconsin 54817  
Phone: [\(715\) 354-3735](tel:7153543735) Fax: 1-888-571-2065

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2019

# Transitions of Care Toolkit

Developed by the Forum of ESRD  
Networks' Medical Advisory Council  
(MAC)

This toolkit for health providers and practitioners is a reference tool that gives information about challenges in transitions of care and suggestions to help create solutions.

*Tell us what you think!*

*Please take a moment to complete a short questionnaire about this Toolkit. We appreciate your insight and suggestions to make our resources better.*

<https://www.surveymonkey.com/r/ForumResEval>


THE NATIONAL  
**FORUM**  
OF ESRD NETWORKS

Forum Medical Advisory Council (MAC)  
The Forum of ESRD Networks  
First Publication: 12/01/2015  
Revised: 01/09/2017  
Revised, Transient Templates: 04/12/2019

## 2019 Revisions & Updates

- Care of Transient Patients
- Sample Transient Form
- Medication conversion guide

Advocating for the organizations that monitor the quality of chronic kidney disease, dialysis and kidney transplant care in the USA.



**Dialysis Pa  
Depression  
Toolkit**

KIDNEY PATIENT ADVISORY COUNCIL (KPAC)

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## Welcome to the ESRD Networks Website

- Toolkits
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- Forum Position Papers & Public Comments
- Historical Documents
- Decreasing Patient-Provider Conflict (DPC)
- 5-Diamond Patient Safety Program
- Resources - Conditions for Coverage
- ESRD NCC - National Coordinating Center
- Disaster Planning: General Information
- Disaster Planning: Network Information
- Helpful Websites & Links

## ESRD Networks Website

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## MISSION

The mission of the Forum behal of the ESRD Netw improve the quality of care

COR

*Volunteerism*

*Innovation*

*Spread of Know*

*Autonomy of Indi*

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**MAC Toolkits**

Patient Toolkits

NEW! Medication Conversion Guide

Kidney Transplant Toolkit

Transitions of Care Toolkit (Updated 4/12/19)

Home Dialysis Toolkit

Medical Director Toolkit

QAPI Toolkit

Medication Reconciliation Toolkit

Catheter Reduction Toolkit

MAC Speaker's Bureau Brochure

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Vaccination Toolkit

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**Dialysis Patient Grievance Toolkit**

KIDNEY PATIENT ADVISORY COUNCIL (KPAC) THE NATIONAL FORUM OF ESRD

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NEW!! Medication Conversion Guide

**UPDATED 4/12/19: Transitions of Care Toolkit**

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## **Sample Transient Dialysis Patient Form:**

Developed by the Forum MAC, this form can be customized to fit your facility needs but includes some of the information felt to be most important for the receiving dialysis facility to know how to deliver the best care to the visiting patient while at the facility away from home.

<https://esrdnetworks.org/resources/toolkits/mac-toolkits-1/new-toolkit-transitions-of-care-toolkit>

## **Medication Conversion Guide:**

Intended to assist physicians to convert the does of a medication a patient is currently receiving, to a substitute medication that is available, or less costly. Medications converted using this tool must be approved or ordered by the patient's Nephrologist, however, we encourage all care providers and patients to share this guide with their care teams.

<https://esrdnetworks.org/resources/toolkits/mac-toolkits-1>



# Sample Transient Dialysis Patient Form

Dialysis Facility Name and Location:

Dialysis Facility Contact Name:

Dialysis Facility Contact Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\*\*\*\*\*Please fill in all information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Requested Dates: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Referring Facility: \_\_\_\_\_

Referring Facility Phone: \_\_\_\_\_

Referring Facility Contact Person Name: \_\_\_\_\_ Code Status: full code DNR Other:

How will Patient be transported to the center: \_\_\_\_\_

Is the Patient Ambulatory:  Yes  No

Is the Patient Trach or Vent Dependent:  Yes  No

Can Patient sit in standard chair to dialyze:  Yes  No

Can Patient Sign own legal consents:  Yes  No

Has pt had disruptive behavior on dialysis:  Yes  No

Hospitalizations in previous 3 months?  Yes  No

If yes, please provide dx: \_\_\_\_\_

Has patient had Infection(s) in last 60 days?  Yes  No

If yes, please provide dx: \_\_\_\_\_

If pt is on antibiotic, please list name, dose and schedule: \_\_\_\_\_

Number of missed treatments within past 2 weeks (before travel): \_\_\_\_\_

Current Dialysis Access: AVF AVG Cuffed-Tunneled Catheter Other: \_\_\_\_\_

If AVF, Buttonholes?  Yes  No Needle Size: 15g 16g 17g

Is patient > 2 kg above EDW at his last dialysis treatment?  Yes  No

Meds given on dialysis -Include dose, frequency, and date last given:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else regarding patient we should be aware of: \_\_\_\_\_

Name of patient's Primary Nephrologist to contact for any questions: \_\_\_\_\_

Phone number/pager of Primary Nephrologist to contact if any questions: \_\_\_\_\_

**\*\* Please fax copy of the following (required):**

- Current Dialysis Prescription Orders
  - Updated Medication List and Allergies. \* \*\*Please include medications given on dialysis\*\*
  - Current Month and previous month's Labs (including URR), electrolytes, Calcium, Phos, and Hgb
  - Problem List/Comorbiditis or H+P within 1 year
  - EKG within 1 year
  - Hepatitis (Hep) B Surface Ag results within 1 month, Hep B S Antibody and Hep C Antibody within 1 year
  - Demographic information
  - Completed 2728 Form
  - Copies of all active insurance cards (front and back)
  - MSP Questionnaire
  - Authorization to Treat & Financial Consent Forms
  - Involvement of Care Form
  - Confidentiality Form (demographic information and Privacy Practices)
  - PPD results within 1 yr, if + PPD please send CXR results within 1 yr
  - Patients transferring for  $\geq 30$  days, also need up-to-date comprehensive assessment(s) and plan of care
- Local Address and Telephone Number, please: \_\_\_\_\_
- 

**\*\*We may transfer transient patient to another of our facilities if chair needed for new patient start**

Form updated by ESRD Forum of Networks MAC, V1.0- David Henner, DO 4/5/2019

# Medication Conversion Guide

## Conversion Guide for Hemodialysis Patients Visiting Dialysis Facilities

This is a Guide to be used to help convert dose of medication patient currently on, to one that is available or less costly

**\*\*This is only a guide- any medication changes must be ordered by/approved by Nephrologist covering patient**

**\*\*\*This guide is being used to help better serve patients on dialysis, and therefore includes both Brand Names and generic names of medications. The use of brand names is to facilitate use of the tool.**

### Instructions on Use:

1. Look for current medication that you wish to convert in Column B and medication you wish to convert to in Column G and chose appropriate row that includes both.
2. Enter dose of current medication in column C (shaded green), and equivalent dose of medication you wish to convert to will be listed in column H (shaded red).
3. See column L for dose forms, and round dose in column H off to closest dose that can be used, using available dose forms in column L (check dialysis facility for dosage forms available)
4. Do not exceed maximum recommended dose of medication listed in column M, without specific written or electronic order entered by Nephrologist.

Enter Current					Equivalent					Maximum	
Current Medication	Dose Here:	Units	Route	Frequency	Substitute Medication	Dose	Units <sup>2</sup>	Route <sup>3</sup>	Frequency <sup>4</sup>	Substitute Med Dosage Form	Recommended Dose
Aranesp (Darbepoetin)		mcg	IV	Weekly	Epogen (Epoetin Alpha)	0	units	IV	q Tx	2,3, 4, 10, or 20,000 units/ml	175 units/kg
Aranesp (Darbepoetin)		mcg	IV	Weekly	Mircera (Methoxy polyethylene glycol-epoetin beta )	0	mcg	IV	q 2 Weeks	30, 50, 75, 100, 150, 200 mcg/0.3 ml	180 mcg q 2 weeks
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)	0	mcg	PO	q Tx	2.5 mcg PO Capsule	20 mcg
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)	0	mcg	IV	q Tx	2 mcg/ml, 4 mcg/ml IV vials	18 mcg
Calcitriol		mcg	PO/IV	q Tx	Zemlar (Paricalcitol)	0	mcg	PO/IV	q Tx	2 mcg PO caps, 2 mcg/ml IV	16 mcg
Epogen (Epoetin Alpha)		Units	IV	q Tx	Aranesp (Darbepoetin)	0	mcg	IV	Weekly	10, 25, 40, 60, 100, 200 mcg/ml	200 mcg IV Weekly
Epogen (Epoetin Alpha)		Units	IV	q Tx	Mircera (Methoxy polyethylene glycol-epoetin beta )	0	mcg	IV	q 2 Weeks	30, 50, 75, 100, 150, 200 mcg/0.3 ml	180 mcg q 2 weeks
Ferrlecit (Ferric gluconate)		mg	IV	Weekly	Venofer (Iron Sucrose)	0	mg	IV	Weekly	20 mg/ml (2.5, 5, 10 ml)	100 mg IV q tx
Ferrlecit (Ferric gluconate)		mg	IV	q Tx	Venofer (Iron Sucrose)	0	mg	IV	q Tx	20 mg/ml (2.5, 5, 10 ml)	100 mg IV q tx
Hectorol (Doxercalciferol)		mcg	IV	q Tx	Calcitriol	0.00	mcg	IV/PO	q Tx	0.25, 0.5 mcg PO, 1mcg IV	4 mcg
Hectorol (Doxercalciferol)		mcg	PO	q Tx	Calcitriol	0.00	mcg	IV/PO	q Tx	0.25, 0.5 mcg PO, 1mcg IV	4 mcg
Hectorol (Doxercalciferol)		mcg	PO	q Tx	Hectorol (Doxercalciferol)	0	mcg	IV	q Tx	2 mcg/ml, 4 mcg/ml IV vials	18 mcg
Hectorol (Doxercalciferol)		mcg	IV	q Tx	Hectorol (Doxercalciferol)	0.00	mcg	PO	q Tx	2.5 mcg PO Capsule	20 mcg
Hectorol (Doxercalciferol)		mcg	PO	q Tx	Zemlar (Paracalcitriol)	0	mcg	PO/IV	q Tx	2 mcg PO caps, 2 mcg/ml IV	18 mcg
Mircera (Methoxy polyethylene glycol-epoetin beta )		mcg	IV	q 2 Weeks	Aranesp (Darbepoetin)	0	mcg	IV	Weekly	10, 25, 40, 60, 100, 200 mcg/ml	200 mcg IV Weekly
Mircera (Methoxy polyethylene glycol-epoetin beta )		mcg	IV	q 2 Weeks	Epogen (Epoetin Alpha)	0	units	IV	q Tx	2,3, 4, 10, or 20,000 units/ml	175 units/kg
Venofer (Iron Sucrose)		mg	IV	Weekly	Ferrlecit (Ferric gluconate)	0	mg	IV	Weekly	12.5 mg/ml (5 ml)	250 mg
Venofer (Iron Sucrose)		mg	IV	q Tx	Ferrlecit (Ferric gluconate)	0	mg	IV	q Tx	12.5 mg/ml (5 ml)	250 mg



*Physician enters dosage of current/regular medication in the left column, conversion to alternative medication and dosage is automatically calculated in the left columns.*

Enter Current					Equivalent					M	
Current Medication	Dose Here:	Units	Route	Frequency	Substitute Medication	Dose	Units2	Route3	Frequency4	Substitute Med Dosage Form	Re
Aranesp (Darbepoetin)		mcg	IV	Weekly	Epogen (Epoetin Alpha)	0	units	IV	q Tx	2,3, 4, 10, or 20,000 units/ml	17
Aranesp (Darbepoetin)	60	mcg	IV	Weekly	Mircera (Methoxy polyethylene glycol-epoetin beta )	96	mcg	IV	q 2 Weeks	30, 50, 75, 100, 150, 200 mcg/0.3 ml	18
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)	0	mcg	PO	q Tx	2.5 mcg PO Capsule	20
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)	0	mcg	IV	q Tx	2 mcg/ml, 4 mcg/ml IV vials	18
Calcitriol		mcg	PO/IV	q Tx	Zemplar (Paricalcitol)	0	mcg	PO/IV	q Tx	2 mcg PO caps, 2 mcg/ml IV	16
Epogen (Epoetin Alpha)		Units	IV	q Tx	Aranesp (Darbepoetin)	0	mcg	IV	Weekly	10, 25, 40, 60, 100, 200 mcg/ml	20
					Mircera (Methoxy polyethylene					30 50 75 100 150 200	

# Questions? Contact the Forum Office

Dee LeDuc, Forum Coordinator: [forumcoord@centurytel.net](mailto:forumcoord@centurytel.net)

Website: <https://esrdnetworks.org/>



<https://www.facebook.com/esrdnetworks/>



@ESRDNetworks

Your local ESRD Network is also a resource:

<http://esrdnetworks.org/membership/esrd-networks>

Did you find today's presentation useful?

The Forum is committed to supporting the activities of the ESRD Networks and improving care for all kidney patients.

We have a variety of free educational materials on our website and more under development.

We are a non-profit organization and do all this through volunteer members and limited financial resources.

Consider a donation today to support this work.

All donations are tax deductible.

**Donate Here**

<https://esrdnetworks.org>

The logo for The National Forum of ESRD Networks. It features the text "THE NATIONAL" in blue, "FORUM" in large blue letters with a green and purple circular graphic element, and "OF ESRD NETWORKS" in green and purple below it.

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