Presenters

Ralph Atkinson, MD
President, Forum of ESRD Networks

David Henner, DO
Chair, Medical Advisory Council (MAC)
President-Elect, Forum of ESRD Networks
Agenda

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

Board of Directors

EDAC
Executive Directors

MAC
MRB Chairs

KPAC
Patients
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
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
Toolkit Fundamentals

• 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.
2019 Revisions & Updates

- Care of Transient Patients
- Sample Transient Form
- Medication conversion guide
Welcome to the ESRD Networks Website

The Forum of ESRD Networks
3555 Milk Run, Suite 400
Columbia, MO 65203
Phone: (573) 449-0900
Fax: (573) 442-7290

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

You are here: Home

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News

- Quality Conference - In the News
  Jul 13, 2016
- Partnership for Patients
  Jul 13, 2016

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

Welcome to the Forum of ESRD Networks.

The Forum of ESRD Networks
Post Office Box 203 Birchwood
Phone: (715) 354-3735 Fax: (715) 354-3736

The Forum of ESRD Networks is a branch of the National Kidney Foundation.

You are here: Home
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.

Medication Conversion Guide:
Intended to assist physicians to convert the doses 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-Tunnelled 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/Comorbidities 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 ≥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.

<table>
<thead>
<tr>
<th>Current Medication</th>
<th>Enter Current Dose Here:</th>
<th>Substitute Medication</th>
<th>Equivalent Dose</th>
<th>Substitute Med Dosage Form</th>
<th>Maximum Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>mcg, IV, Weekly</td>
<td>Epoagen (Epoetin Alpha)</td>
<td>0 mcg, IV, q Tx</td>
<td>2.3, 4, 10, or 20,000 units/ml</td>
<td>175 units/kg</td>
</tr>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>mcg, IV, Weekly</td>
<td>Micrera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>0 mcg, IV, q 2 Weeks</td>
<td>30, 50, 75, 100, 150, 200 mcg/ml</td>
<td>180 mcg q 2 weeks</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg, PO/IV, q Tx</td>
<td>Hectorol (Doxercalciferol)</td>
<td>0 mcg, PO, q Tx</td>
<td>2.5 mcg PO Capsule</td>
<td>20 mcg</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg, PO/IV, q Tx</td>
<td>Hectorol (Doxercalciferol)</td>
<td>0 mcg, PO/IV, q Tx</td>
<td>2 mcg/mL, 4 mcg/mL IV vials</td>
<td>18 mcg</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg, PO/IV, q Tx</td>
<td>Zemplar (Paricalcitol)</td>
<td>0 mcg, PO/IV, q Tx</td>
<td>2 mcg PO caps, 2 mcg/mL IV</td>
<td>16 mcg</td>
</tr>
<tr>
<td>Epoagen (Epoetin Alpha)</td>
<td>Units, IV, q Tx</td>
<td>Aranesp (Darbepoetin)</td>
<td>0 mcg, IV, Weekly</td>
<td>10, 25, 40, 60, 100, 200 mcg/ml</td>
<td>200 mcg IV Weekly</td>
</tr>
<tr>
<td>Epoagen (Epoetin Alpha)</td>
<td>Units, IV, q Tx</td>
<td>Micrera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>0 mcg, IV, q 2 Weeks</td>
<td>30, 50, 75, 100, 150, 200 mcg/ml</td>
<td>180 mcg q 2 weeks</td>
</tr>
<tr>
<td>Ferrlecit (Ferric gluconate)</td>
<td>mg, IV, Weekly</td>
<td>Venofer (Iron Sucrose)</td>
<td>0 mg, IV, Weekly</td>
<td>20 mg/ml (2.5, 5, 10 ml)</td>
<td>100 mg IV q Tx</td>
</tr>
<tr>
<td>Ferrlecit (Ferric gluconate)</td>
<td>mg, IV, Weekly</td>
<td>Venofer (Iron Sucrose)</td>
<td>0 mg, IV, q Tx</td>
<td>20 mg/ml (2.5, 5, 10 ml)</td>
<td>100 mg IV q Tx</td>
</tr>
<tr>
<td>Hectorol (Doxercalciferol)</td>
<td>mcg, PO, q Tx</td>
<td>Calcitriol</td>
<td>0.00 mcg, IV/PO, q Tx</td>
<td>0.25, 0.5 mcg PO, 1mcg IV</td>
<td>4 mcg</td>
</tr>
<tr>
<td>Hectorol (Doxercalciferol)</td>
<td>mcg, PO, q Tx</td>
<td>Hectorol (Doxercalciferol)</td>
<td>0.00 mcg, IV/PO, q Tx</td>
<td>0.25, 0.5 mcg PO, 1mcg IV</td>
<td>4 mcg</td>
</tr>
<tr>
<td>Hectorol (Doxercalciferol)</td>
<td>mcg, IV, q Tx</td>
<td>Hectorol (Doxercalciferol)</td>
<td>0.00 mcg, PO, q Tx</td>
<td>2 mcg PO Capsule, 4 mcg/mL IV</td>
<td>18 mg</td>
</tr>
<tr>
<td>Hectorol (Doxercalciferol)</td>
<td>mcg, IV, q Tx</td>
<td>Zemplar (Paricalcitol)</td>
<td>0 mcg, PO/IV, q Tx</td>
<td>2 mcg PO caps, 2 mcg/mL IV</td>
<td>18 mcg</td>
</tr>
<tr>
<td>Micrera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>mcg, IV, q 2 Weeks</td>
<td>Aranesp (Darbepoetin)</td>
<td>0 mcg, IV, Weekly</td>
<td>10, 25, 40, 60, 100, 200 mcg/ml</td>
<td>200 mcg IV Weekly</td>
</tr>
<tr>
<td>Micrera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>mcg, IV, q 2 Weeks</td>
<td>Epoagen (Epoetin Alpha)</td>
<td>0 mcg, IV, q Tx</td>
<td>2,3, 4, 10, or 20,000 units/ml</td>
<td>175 units/kg</td>
</tr>
<tr>
<td>Venofer (Iron Sucrose)</td>
<td>mg, IV, Weekly</td>
<td>Ferrlecit (Ferric gluconate)</td>
<td>0 mg, IV, Weekly</td>
<td>12.5 mg/ml (5 ml)</td>
<td>250 mg</td>
</tr>
<tr>
<td>Venofer (Iron Sucrose)</td>
<td>mg, IV, q Tx</td>
<td>Ferrlecit (Ferric gluconate)</td>
<td>0 mcg, IV, q Tx</td>
<td>12.5 mg/ml (5 ml)</td>
<td>250 mg</td>
</tr>
</tbody>
</table>
Physician enters dosage of current/regular medication in the left column, conversion to alternative medication and dosage is automatically calculated in the left columns.

<table>
<thead>
<tr>
<th>Current Medication</th>
<th>Enter Current Dose Here:</th>
<th>Units</th>
<th>Route</th>
<th>Frequency</th>
<th>Substitute Medication</th>
<th>Equivalent Dose</th>
<th>Units2</th>
<th>Route3</th>
<th>Frequency4</th>
<th>Substitute Med Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>mg</td>
<td>IV</td>
<td>Weekly</td>
<td></td>
<td>EpoGEN (EPOetin Alpha)</td>
<td>0</td>
<td>units</td>
<td>IV</td>
<td>q Tx</td>
<td>3, 4, 10, or 20,000 units/ml</td>
</tr>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>60 mg</td>
<td>IV</td>
<td>Weekly</td>
<td></td>
<td>MirCERa (Methoxy polyethylene glycol-epoetin beta)</td>
<td>96 mcg</td>
<td>IV</td>
<td>q 2 weeks</td>
<td></td>
<td>30, 50, 75, 100, 150, 200 mcg/0.3 ml</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mg</td>
<td>PO/IV</td>
<td>q Tx</td>
<td></td>
<td>HectorOL (Doxercalciferol)</td>
<td>0</td>
<td>mcg</td>
<td>PO</td>
<td>q Tx</td>
<td>2.5 mcg PO Capsule</td>
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<td>mg</td>
<td>PO/IV</td>
<td>q Tx</td>
<td></td>
<td>HectorOL (Doxercalciferol)</td>
<td>0</td>
<td>mcg</td>
<td>IV</td>
<td>q Tx</td>
<td>2 mcg/ml, 4 mcg/ml IV vials</td>
</tr>
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<td>mg</td>
<td>PO/IV</td>
<td>q Tx</td>
<td></td>
<td>Zemplar (Paricalcitol)</td>
<td>0</td>
<td>mcg</td>
<td>PO/IV</td>
<td>q Tx</td>
<td>2 mcg PO caps, 2 mcg/ml IV</td>
</tr>
<tr>
<td>EpoGEN (EPOetin Alpha)</td>
<td>Units</td>
<td>IV</td>
<td>q Tx</td>
<td></td>
<td>Aranesp (Darbepoetin)</td>
<td>0</td>
<td>mcg</td>
<td>IV</td>
<td>Weekly</td>
<td>10, 25, 40, 60, 100, 200 mcg/ml</td>
</tr>
</tbody>
</table>
Questions?  Contact the Forum Office

Dee LeDuc, Forum Coordinator: 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.

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https://esrdnetworks.org