

Northwest Kidney Centers' Special Care Program Keeps Dialysis Patients out of Hospitals

Provides Best Quality of Life for Some of the Community's Sickest Patients

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People with kidney failure need a transplant or regular dialysis therapy to survive. Without treatment, life expectancy is a matter of days.

Most patients undergo dialysis as an outpatient in a center; others learn how to give themselves dialysis at home. But for some patients – people with additional health challenges like spinal cord injuries or amputations, or patients who are very frail – dialysis in a chair is uncomfortable and challenging.

Almost anywhere else in the United

States, these patients end up in the hospital for blood-cleansing, life-sustaining renal replacement therapy. In Washington, there's another option. They can remain as outpatients, receiving dialysis in beds with intensive nursing care and other extra services, through Northwest Kidney Centers' special care program.

Specialized care for patients who need it most

Patients in the program, offered at our Cherry Hill location in Seattle, in Kent and in Auburn, still typically receive dialysis treatments three times a week for four to five hours at a time. But they dialyze in beds, are cared for by additional nursing staff and have access to a chaplain. For patients near end of life, our staff members help coordinate with hospice and other nursing services.

The special care program provides individual care with the least disruption to daily life. Instead of going to a hospital every time they need dialysis, patients come to a place they know well. They get to

know the patients they dialyze next to, and they build relationships with staff members. There's no admissions paperwork, no lengthy medical history forms, no additional cost to the taxpayer.

“We know the least intrusive environment is best for patients,” says Dr. Andrew Brockenbrough, medical director of special care at Northwest Kidney Centers' Kent and Auburn facilities. “For these very ill patients, Northwest Kidney Centers' special care program is that environment. Without it, some would likely decide to discontinue treatment.”

Irma McQueen fractured her right knee in July 2010, six months after starting dialysis. Since then, she's experienced extensive complications – multiple infections in her knee, shingles and complications due to her diabetes.

“One thing led to another and that's how I ended up in special care,” she says. “Dialysis in a bed is so much better for me. When your kidneys go bad, it's very emotionally and

physically tiring. The staff here understand that. If it wasn't for special care, I don't know where I'd be."

A bridge to recovery, care at end of life

The optimal health and quality of life of every patient has been our focus since we opened our doors in 1962. Then the world's first and only out-of-hospital dialysis program, we treated nine patients in the basement of Eklind Hall at Swedish Hospital. Today, Northwest Kidney Centers treats 1,550 patients in King and Clallam counties. Five percent are part of the special care program.

For some, like Irma McQueen, special care serves as a bridge to recovery from a short-term setback. Other patients are at the end of life.

"We help patients improve physically and work with them to get stronger, but if they can't, we provide the best medical care and help preserve their quality of life," says Brockenbrough. "Because of its focus on physical, social and spiritual care, the special care program has allowed many patients to live much fuller lives. It's really a privilege to be part of it."

The kidney disease epidemic

Kidney disease is growing at a rapid rate, up 30 percent in the last decade. Currently, one in every seven adults in the United States has it. Investigators at our Kidney Research Institute, a collaboration between Northwest Kidney Centers and UW Medicine, are working on

better ways to diagnose and treat kidney disease but for now, most people with kidney failure – that's 400,000 people in the U.S. – are on dialysis.

We are seeing a surge in the number of people with hypertension and diabetes—the leading causes of chronic kidney disease and ultimately kidney failure. Given that trend and our aging population, we anticipate more and more patients will need dialysis and there will be some who will benefit from a program like special care dialysis.

Broadening the program

Ten years ago, we added chaplaincy services to special care. Today, we're working with a specialist to integrate more palliative care into the program.

"All end stage renal disease patients stand to benefit from palliative care, no matter where they are in the trajectory of the disease," says Dr. Daniel Lam, a palliative care specialist and a nephrology fellow at the University of Washington. "What one patient needs is different from what another needs. We need to address all the different domains of care, from physical pain and symptoms to the social, spiritual, existential and cultural aspects of care."

We spend more, the system spends less

Medicare reimburses Northwest Kidney Centers for standard dialysis treatments, but does not provide any additional reimbursement for

special care services. Financial contributions from generous donors make it possible for us to run this program.

Northwest Kidney Centers spends a total of \$2 million annually on special care, but our special care patients make fewer demands on the larger community health system. That's important to us.

Caring for these patients can negatively affect pay for quality scores and reflect poorly on the dialysis provider in the transparent postings of outcomes. So why offer it?

"It's a service to hospitals and taxpayers," says Brockenbrough. "It's a gift to the community. But above all, it's the right thing to do for patients."

The nonprofit Northwest Kidney Centers' vision is to be a model in our field. Financially, it's not possible for every dialysis provider, or every health care organization, to offer a program like this. We're proud that we can.

Northwest Kidney Centers is a regional, nonprofit, community-based provider of kidney dialysis, public health information, and research into the causes and treatments of chronic kidney disease. Founded in Seattle in 1962, it was the world's first dialysis organization. It is a model in the field because of its high-quality treatments, community connections and generous donor support.

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