

Care Team Guide: Transition to In-Centre, Community & Nocturnal HD

Step	Major Tasks				
	Home KCC, Transplant or PD Team	HHD Team	In-Centre Team	CDU Team	Nocturnal Team
1. Modality education provided & HD setting identified	Identifies patients requiring HD. Considers PD & HHD prior to in-centre/CDU. Refers to HHD, if eligible & desired by patient (refer to transition to HHD algorithm). If not eligible for HHD, discusses expectation with patient that he/she will most likely dialyze in CDU once stabilized (see criteria https://bit.ly/2KDauFy).	Identifies patients requiring in-centre/CDU HD. Discusses expectation with patient that he/she will most likely dialyze in CDU once stabilized (see criteria https://bit.ly/2KDauFy).			
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2. HD start anticipated within 12 months	Refers to VA Clinic as per VA guideline at www.bcrenalagency.ca/VA_clinic_referral_form.pdf .				
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	Assesses fistula/graft at each visit & reinforces teaching (shared function with VA team). Refers to VA Clinic if issues.				
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3. HD start in-centre/ CDU anticipated within 3 months	Updates patient documentation. Ensures advance care planning discussion has been initiated & documented.				
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Step	Major Tasks						
	Home KCC, Transplant or PD Team		HHD Team	In-Centre Team		CDU Team	Nocturnal Team
	Prepares patient for 1st HD in-centre appt (location, timing, transportation, medications). Arranges tour of in-centre HD unit & if placement in CDU likely, tour of CDU if possible. Advises patient re: next steps.						
4. Transfer to in-centre HD Refer to the Welcome to the Hemodialysis Unit	Transfers patient to in-centre HD.			Orientates patient to in-centre HD (reviews welcome guide, schedule, logistics, visitors, VA care, medications, blood tests, etc). Reconciles medications. First HD run.			
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				Fistula/graft (if established) evaluated by VA RN. VA RN or advanced cannulator (RN) does first cannulation. If catheter, assesses for fistula/graft & arranges if appropriate.			
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Step	Major Tasks						
	Home KCC, Transplant or PD Team		HHD Team	In-Centre Team		CDU Team	Nocturnal Team
				Assesses appropriateness for CDU (see criteria www.bcrenalagency.ca/CDU Best Practices Guideline) or nocturnal dialysis (NHD; see criteria www.bcrenalagency.ca/NHD.pdf). If appropriate, confirms with nephrologist & requests space in appropriate CDU/NHD. If possible, arranges unit tour.	<p>➔</p> <p>➜</p>	<p>Establishes processes to track & prioritize CDU waitlist.</p> <p>Maintains CDU waitlist.</p> <p>Assesses appropriateness of CDU patients for NHD (https://bit.ly/2gKLdpi) If appropriate, confirms with nephrologist & requests space in NHD program.</p>	
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				When CDU/NHD space becomes available, obtains MD order & advises patient. Reconciles medications & completes documentation. Advises patient's primary care physician re transfer to CDU/NHD.	<p>➜</p>	<p>Notifies in-centre unit when CDU space available.</p> <p>When NHD space becomes available, obtains MD order & advises patient. Reconciles medications & completes documentation. Advises patient's primary care physician re transfer to NHD.</p>	Notifies in-centre unit/CDU when NHD space available.
5. Transfer to CDU or NHD team	Reviews medications & transfers to HHD team. Advises patient & updates PROMIS.	➔		Transfers to CDU or NHD.	➔	Accepts transfer & orientates to CDU (new team, schedule, logistics, visitors, etc). Reconciles medications.	Accepts transfer & orientates to NHD (new team, schedule, logistics, visitors, etc). Reconciles medications.