



Insourcing of Inpatient Dialysis Through the Use of Tablo Hemodialysis System

Brooke Hanger-Yates BSN, RN
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 Baptist Health Floyd

Background

Baptist Health Floyd identified an opportunity to enhance patient care and operational efficiency via insourcing dialysis services. Previously, the hospital relied on an external provider leading to challenges with timeliness from order to treatment start, patient experience, quality, and cost control. Concerns regarding contracted staff's compliance with annual competencies and the service's responses to safety events (such as sterile technique with central line accessing) prompted discussions on insourcing, supported by root cause analyses.

Objectives

Enhancing the integration of dialysis into existing hospital operations to improve scheduling, patient flow, overall efficiency, and cost reduction while elevating patient safety by ensuring greater control and oversight.

Methods

By providing dialysis services in-house, the hospital aims to ensure staff competency, enforce safety protocols and best practices, and minimize adverse events.

Insourcing dialysis services was executed through a systematic and collaborative approach. Key initial steps involved engaging nephrologists servicing our hospital's patients in preliminary discussions to secure their support.

Interventions

Once support was gained, a comprehensive evaluation was conducted to assess staffing needs, identify required education and training, review relevant regulatory and compliance standards, develop policies and procedures, and plan for equipment intake, storage, and maintenance.

A detailed timeline for implementation was created to ensure smooth execution of the project within predefined deadlines.

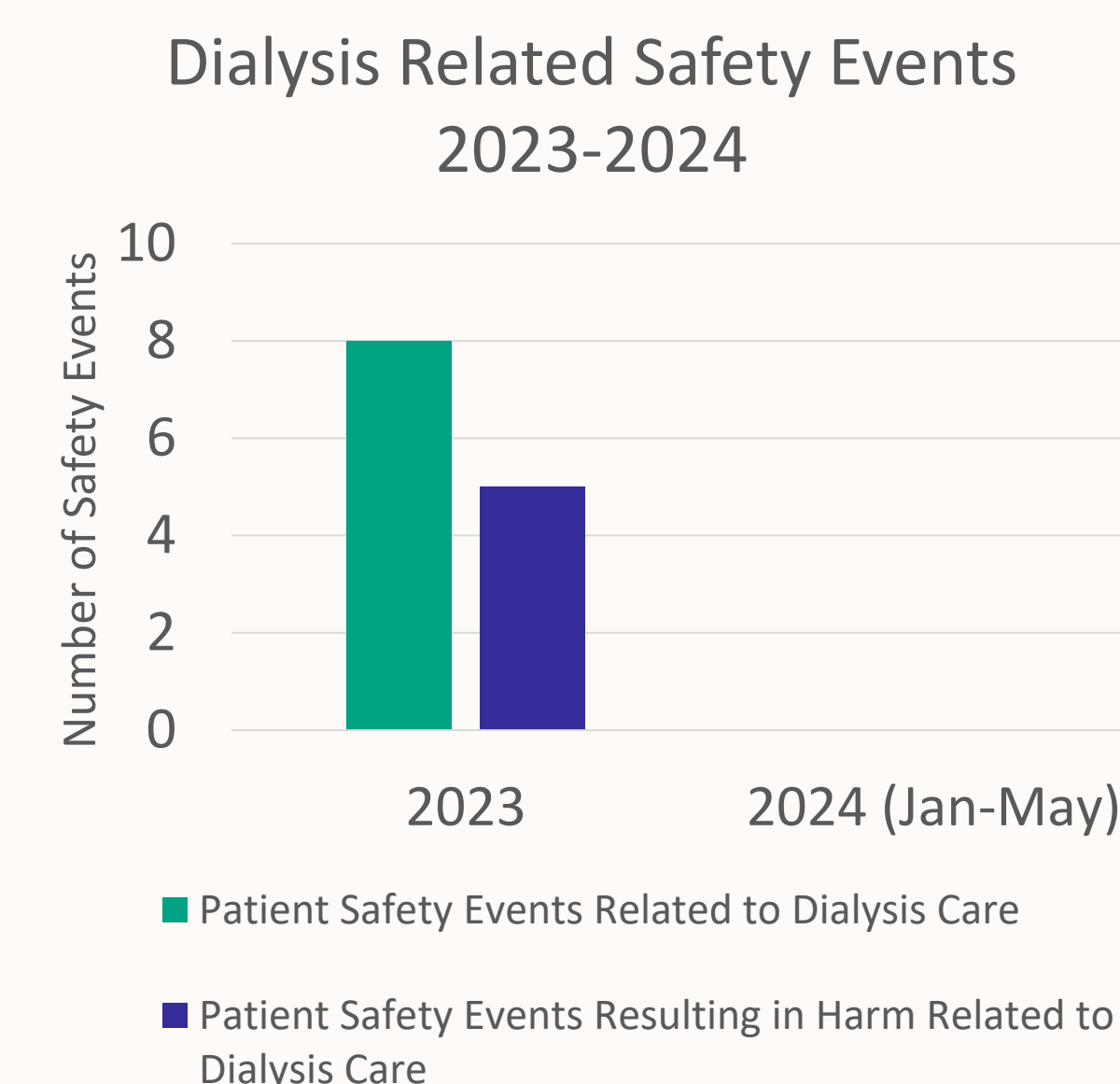
A multidisciplinary team included subject matter experts from Facilities, Bio Med, Infection Prevention, Supply Chain, Education, and Transport. Collaboration among these experts facilitated consideration of all project aspects, addressed potential concerns, and garnered support from all stakeholders.

Personnel selection for the new dialysis department was meticulous, emphasizing knowledge, experience, and nursing acumen. A team-oriented culture was fostered, with flexibility in scheduling and workload distribution contributing to the program's hiring success.

With the use of Outset Tablo devices, Baptist Health Floyd now provides in-house hemodialysis for inpatients.

Data

Prior to insourcing dialysis, BHF had a total of 8 safety events in 2023, 5 of which resulted in patient harm attributed to the contracted service. Post implementation, we have had zero safety events.



Results

Insourcing dialysis services at Baptist Health Floyd to address scheduling challenges and inefficiencies in patient flow previously encountered through outsourcing has proven effective.

This project has improved quality and safety in:

- ✓ Timely treatment starts for scheduled and STAT therapies.
- ✓ Delay charges from the contracted service provider to the hospital have been eliminated.
- ✓ Oversight/control over competencies, regulatory compliance and clinical care.
- ✓ Instituted safer staff/patient ratios to continue controlling quality of care and reduce events of harm to patients.
- ✓ Insourcing of dialysis services is expected to result in cost savings for the hospital. By reducing outsourcing fees and improving resource allocation, the program will have helped to optimize financial performance.

Average cost for treatment:

Outsourced Vendor= \$508
 Insourced with Tablo= \$434

Average Cost for Monthly

Delay Fees= \$10,000
 Annual Financial Savings= \$168,059
 5-Year Estimated Savings= \$840,295

Dialysis Analysis (Last 12 Mo 6/23-7/24)	
Total Current Dialysis Cost (Last 12 Mo)(Invoice)	1,153,984
Total Patients Receiving Dialysis - Last 12 Mo	2,270
Average Current Treatment Cost	\$508
Cartridge (Needed for each encounter)(\$50/EA)	\$113,500
Annual Tablo Cost (FTE, Service, Equipment, Cartridge)	\$985,925
Average Tablo Treatment Cost	\$434
Tablo Savings Annually	\$168,059
Tablo Savings 5 Year	\$840,295

References

Tonya Saffer, Alefiyah Mesiwala, Systematic CKD Care Approaches: A Potential Solution for the Costly ESRD Program, *Kidney Medicine*, Volume 5, Issue 2, 2023, 100581, ISSN 2590-0595, <https://doi.org/10.1016/j.xkme.2022.100581>. (<https://www.sciencedirect.com/science/article/pii/S259005952200214X>)

Russell, D., Krier, A., Bush, A. L., & D'Alessandri-Silva, C. J. (2023, November 4). Rural Alaskan Experience Insourcing Innovative Dialysis Technology. In *Hemodialysis: Case Reports, Series, QI Projects* (Abstract No. 801). Session presented at the Pennsylvania Convention Center, Exhibit Hall, Philadelphia, PA, United States. file:///C:/Users/313232/AppData/Local/Temp/MicrosoftEdgeDownloads/b13cf11b-8d08-4d3b-8f0f-58a1efa2a7af/PDF_Download_05282024_161730.pdf



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Background

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Objectives

This poster presentation illustrates the effectiveness of insourcing dialysis services at Baptist Health Floyd to address scheduling challenges and inefficiencies in patient flow previously encountered through outsourcing.

Specifically, the project focuses on enhancing the integration of dialysis into existing hospital operations to improve scheduling, patient flow, overall efficiency, and cost reduction. Moreover, the insourcing initiative aims to elevate patient safety by ensuring greater control and oversight.

Concerns regarding contracted staff's compliance with annual competencies and the service's responses to safety events (such as sterile technique with central line accessing) prompted discussions on insourcing, supported by root cause analyses.

By providing dialysis services in-house, the hospital aims to ensure staff competency, enforce safety protocols and best practices, and minimize adverse events.

Methods

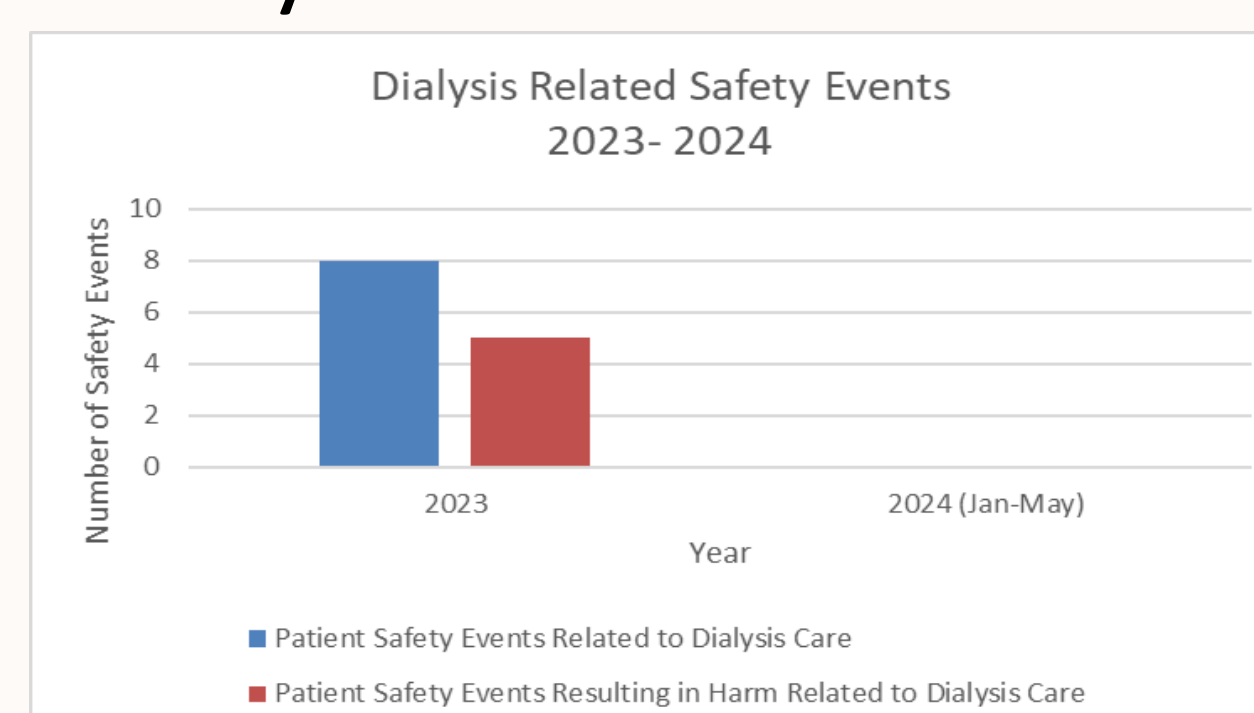
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A detailed timeline for implementation was created to ensure smooth execution of the project within predefined deadlines. A multidisciplinary team including subject matter experts from Facilities, Bio Med, Infection Prevention, Supply Chain, Education, and Transport. Collaboration among these experts facilitated consideration of all project aspects, addressed potential concerns, and garnered support from all stakeholders.

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Tablo Savings Annually	\$168,059
Tablo Savings 5 Year	\$840,295

Results

This project has improved both quality and safety in:

- Timely treatment starts for scheduled and STAT therapies.
- Delay charges from the contracted service provider to the hospital have been eliminated.
- Oversight/control over competencies, regulatory compliance and clinical care.
- Instituted safer staff/patient ratios to continue controlling quality of care and reduce events of harm to patients.

Over time, the insourcing of dialysis services is expected to result in cost savings for the hospital. By reducing outsourcing fees and improving resource allocation, the program will have helped to optimize financial performance.

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