



Reducing Avoidable Dialysis on the Day of Discharge for ESRD Patients

Why It Matters

Patients with end stage renal disease (ESRD) are among the most vulnerable and medically complex chronic illness populations. They are hospitalized, on average, nearly two times per year. Their hospital discharges are time consuming and of en

choice. Avoiding unnecessary DODD can help facilitate earlier discharges, reduce length of stay, decrease infection risk and improve the transition to the outpatient dialysis center. In fact, 50% of ESRD patients with end stage renal disease:

Are hospitalized nearly 2 times per year

Spend approximately 11 days per year in the hospital

Have a 35% readmission rate

Represent 1% of Medicare beneficiaries but account for 6% of Medicare costs²

Begin inpatient dialysis as an unplanned start at a rate 10% higher than outpatients³

Reducing DODD at Wesley Medical Center

In January 2017, Wesley Medical Center, a 400 bed tertiary care center located in Wichita, Kan., recognized an opportunity to enhance patient experience and decrease costs by reducing avoidable DODD, which often occurred due to situations involving non-adherence, transportation delays, insurance issues and dialysis facility availability.

Wesley Medical Center set the goal of decreasing avoidable DODD and requested support from Patient PathwaysSM, their provider-neutral renal discharge planning and placement partner. Patient Pathways works directly with hospitals to help facilitate a smooth transition of care from inpatient care to a dialysis center of each patient's choice.

To support the medical center in their efforts to reduce DODD, Patient Pathways supported a