FluidWise Clinical Pathway 2.0 for Fluid Management

Nephrologist Memo

We are introducing version 2.0 of the FluidWise Clinical Pathway
- The FluidWise Clinical Pathway 1.0 was rolled-out in November 2014 with the goal of helping to reduce mortality and hospitalization.
- Version 2.0 includes the following changes:
  - FluidWise Focus patients criteria has been expanded to include:
    - Patients with frequent excessive interdialytic weight gain (new criteria)
    - Patients with frequent post weight above or below target weight (TW) by 1 kg or more (new criteria)
    - FluidWise Most Vulnerable Patients
    - Transition of Care patients
  - Interventions for FluidWise Focus patients have been updated

The FluidWise Clinical Pathway 2.0 Highlights:
The Clinical Pathway provides a stepwise, role-specific guide to making the assessments and interventions necessary to manage fluid status in high-risk patients. Fluid management, as with the management of any chronic dialysis-related disease, is a function of the IDT (including the physician and patient). Assessments and interventions are presented in the Pathway in specified sequence, so that each member’s action or contribution is then followed by the next in a step-wise fashion.

The FluidWise Clinical Pathway 2.0 categorizes FluidWise Focus patients into specific groups that the IDT can use when considering interventions. The FluidWise Focus Report identifies these patients:

1. FluidWise Most Vulnerable Patients (MVPs):
   - Patients at high-risk for fluid-related hospitalization based on risk stratification (approximately 10% of our patients)

2. Transition of care (TOC) patients: post-hospitalization or new patients

3. Patients Not Meeting FluidWise Metric Targets:
   - Patients with frequent excessive interdialytic weight gain
   - Patients with frequent post weight above TW by ≥ 1 kg
   - Patients with frequent post weight below TW by ≥ 1 kg

About FluidWise metrics:
- They are included in the FluidWise Performance Report and the Facility Health Record to help the Facility Health Management (FHM) team assess and track facility performance in fluid management.
- DQI next generation will include the following FluidWise metrics:
  - Frequent excessive IDWG for ICHD
  - Frequent post weight above target weight for HHD
Key Fluid Management Metrics

Analysis by DaVita Clinical Research showed that underperformance in either clinical or process measures is linked to increased patient risk. To assess the relationship between clinical performance in fluid management on the one hand and missed dialysis treatment and mortality on the other, we undertook an evaluation of all adult patients who received in-center hemodialysis at a DaVita facility as of Jan 2012 and remained treated through at least April 2012. Results are shown below (Figure 1).

**Key take-aways:**

- If a patient has post-weight >TW by ≥1 kg for >20% of treatments within 91 days, they subsequently have >24% higher rate of missed treatments and >34% higher mortality.
- If a patient has excessive (>5% of TW) IDWG for >10% of treatments within 91 days, they subsequently have >10% higher rate of missed treatments and >50% higher mortality.

Figure 2: Performance in Key Fluid Management Metrics in Village ICHD Patients (Nov 2014 – June 2015):
WHAT'S NEXT?

Teammates at your facility’s will be trained on FluidWise Clinical Pathway 2.0.

We also created new tools for your facility’s teammates to use:
- FluidWise Clinical Pathway 2.0 – Tips for the Team – Helpful tips teammates can use to successfully implement the FluidWise Management Program in their facility.
- SBAR Tool - a tool designed to help nurses communicate with nephrologists regarding fluid-related problems via a standard format (describing a situation, background, assessment and recommendation). The SBAR includes a guide to help nurses conduct target weight assessments accurately. Nurses will reach out to you with TW recommendations based on these assessments.

YOUR SUPPORT IS NEEDED

**Medical Directors Asks:**
- Attend governing-body meetings to review and vote on FluidWise Clinical Pathway 2.0 in your facility

**ALL Nephrologists, Nurse Practitioners and Physician Assistants Asks (If implementing in your facility):**
- Review the FluidWise Clinical Pathway 2.0 for use with your patients
- Please support teammates as they work to be trained and initiate these tools in their facilities.
- Set a Target Weight that you think your patient can reasonably achieve, and be prepared to modify it based on patient’s tolerance, ongoing signs of fluid overload, and changes in fluid status:
  - To be consistent with terminology used in medical literature and by CMS in conditions for coverage, we are changing to Target Weight vs. Dry Weight terminology. Change from dry weight to target weight should represent a minimal shift in prescribing practice.
- Support nurses as they reach out for target weight order changes based on their assessment by establishing target weight that can be achieved safely.
- Remember: all changes to prescription, including target weight, UFR, dialysate temperature, oxygen supplementation, antihypertensive medication, and, if indicated, additional-day dialysis, are subject to your professional judgment as the patient’s nephrologist and require, as always, a physician’s order.

As practice patterns evolve in response to changes in science, policy and regulation, FluidWise program will continue to evolve and improve. Continued physician insight and assistance is needed in order to meet the needs of physicians in caring for patients, and we always welcome your feedback, insights and suggestions.

Thank you as always for your relentless pursuit of quality.
If you have any comments, concerns, suggestions or questions please email OfficeoftheCMO@davita.com
You may also contact OCMO at 877-DVA-OCMO or 310-536-2792.

Sincerely,

Allen R. Nissenson, MD
Chief Medical Officer

David B. Van Wyck, MD
VP Clinical Support Services

Irina Goykhman, RN
VP, Clinical Improvement

Steven M. Brunelli, MD, MSCE
VP, Health Economics and Outcomes Research