

Instructions for using the Canadian MATCH-D tool

Background

The Method to Assess Treatment Choices for Home Dialysis (MATCH-D) has been developed by the Medical Education Institute, Inc., for Home Dialysis Central (www.HomeDialysis.org) to help nephrologists and dialysis staff identify and assess candidates for home dialysis therapies (Peritoneal dialysis (PD) and home Hemodialysis (HHD)). This version has been modified with permission from Medical Education Institute, Inc.

Home treatments in Canada are under-used & many patients are not made aware of home dialysis options. The choice of modality affects every aspect of day-to-day life—what to eat and drink, how many drugs will be needed, and whether patients will be able to keep a job with a health plan or care for a loved one. Patients need aware of, and learn, all of their dialysis options.

Patients may change from one modality to another over time as their lifestyles or circumstances change. This is not a failure; it's an integrated care approach. We urge you to refer all patients for transplant evaluation and encourage patients to do PD or HHD. Home dialysis offers optimal care and can be done safely. Only after all home options are exhausted should patients be referred for in-center HD.

How to Use the MATCH-D

The MATCH-D tool was designed to sensitize clinicians to key issues about who can use home dialysis.

The column in **green** creates triage criteria for patients who should be home.

The column in **orange** suggests solutions to common home dialysis barriers.

The column in **red** presents contraindications for independent home treatment—however, these patients may be able to go home with a very involved helper.

We do not recommend using a point system with the MATCH-D. Instead:

1. Go through each column and note factors that suggest good candidates or could be addressed to permit patients to do PD or home HD.
2. Discuss your findings with the patient and family. Research shows that a patient-led modality choice predicts significantly longer survival and a better chance of transplant than a team-led or even a joint decision.

PLEASE NOTE: Patients who have barriers to self-home dialysis (PD or HD) may still be able to successfully do home dialysis with a helper who is willing to take on primary responsibility for care.

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MATCH-D: Suitability Criteria for Self Care Peritoneal Dialysis (CAPD or CCPD)

Strongly encourage PD if a patient

- Is interested in doing dialysis at home
- Wants control of their health
- Is new to dialysis or has a failing renal transplant
- Is unhappy in the in-center environment
- Wants or needs a flexible schedule
- Wants or needs to travel
- Is a caregiver
- Lives far from the dialysis center and/or has unreliable transportation
- Has the manual dexterity to button a shirt
- Has the mental acumen to use an ATM
- Has hemodynamics that make in-center HD difficult (diabetic neuropathy, amyloidosis, severe ischemic cardiomyopathy, cirrhosis)
- Is no longer able to do HHD but would like to continue doing dialysis at home

Encourage PD after assessing & eliminating barriers

- Limited vision: consider using assist devices
- Hearing impairment: consider using light or vibrations for alarms
- Illiteracy: consider using pictures/videos
- Inability to understand language of instruction: use pictures/videos or an interpreter
- Cognitive impairment that inhibits short-term memory and ability to learn and/or make decisions related to treatment: assess availability of assistance
- Angry or disruptive behavior: consider whether PD may help by providing increased control of their health
- Neuropathy in both hands or no use of hands: consider using assist devices
- Frailty: assess availability of assistance
- Poor personal hygiene: provide education
- Simple abdominal surgeries: consider laparoscopic PD catheter insertion
- Obese: consider using a presternal catheter, optimize dialysis prescription
- Colostomy: consider using a presternal catheter
- Large polycystic kidneys or back pain: consider night cyclor with dry days or low volumes during daytime
- Unreliable electricity: consider CAPD
- Limited storage space at home: consider increased frequency of deliveries
- Pets at home: keep out of room during connections
- Lives in a nursing home: assess feasibility of training nursing home staff to do PD

May not be able to do PD

- Uncontrolled psychiatric symptoms (anxiety, psychosis)
- Active chemical dependency (alcohol, drugs) that impairs ability to assess health needs
- Inability to communicate (stroke or vegetative state), or significant cognitive impairment with no available helper
- Uncontrolled seizure disorder
- Homeless or hazardous home environment
- Inability to maintain personal hygiene (even after education)
- Absence of or unreliable electricity for CAPD and unable to do CAPD

MATCH-D: Suitability Criteria for Self Care Home Hemodialysis (Conventional, Daily or Extended)

Strongly encourage HHD if a patient...

- Is interested in doing dialysis at home
- Wants control of their health
- Is unhappy in the in-centre environment
- Wants or needs a flexible schedule
- Is a caregiver
- Lives far from the dialysis center and/or has unreliable transportation
- Has the manual dexterity to button a shirt
- Has the mental acumen to use an ATM
- Would benefit from increased UF
- Has hemodynamics that make in-center HD difficult (diabetic neuropathy, amyloidosis, severe ischemic cardiomyopathy, cirrhosis)
- Can't or won't follow in-centre diet and/or fluid restrictions
- Is pregnant or wants to become pregnant
- Has a failing renal transplant
- Is no longer able to do PD and wants to continue doing dialysis at home

Encourage HHD after assessing & eliminating barriers

- Limited vision: assess availability of assistance
- Hearing impairment: consider using light or vibrations for alarms
- Illiteracy: consider using pictures/videos
- Inability to understand language of instruction: use pictures/videos or an interpreter
- Cognitive impairment that inhibits short-term memory & ability to learn and/or make decisions related to treatment: assess availability of assistance
- Angry or disruptive behavior: consider whether HHD may help by providing increased control of their health
- Neuropathy in both hands or no use of hands: consider using assist devices
- Frailty: assess availability of assistance
- Poor personal hygiene: provide education
- Can't or won't self-cannulate: use patient mentor, practice arm, local anesthetic cream
- Problematic vascular access: refer for fistuloplasty or change central venous catheter
- No running water, poor water quality, low water pressure: assess machine and water treatment options
- Home is a rental: assess possible electrical and plumbing upgrades with landlord at no cost to them
- Limited storage space at home: consider increased frequency of deliveries
- Pets/house plants: keep out of room during connections

May not be able to do HHD

- Uncontrolled psychiatric symptoms (anxiety, psychosis)
- Active chemical dependency (alcohol, drugs) that impairs ability to assess health needs
- Inability to communicate (stroke or vegetative state), or significant cognitive impairment with no available helper
- Uncontrolled seizure disorder
- Homeless or hazardous home environment
- Inability to maintain personal hygiene (even after education)
- Other medical conditions that could affect safety of HHD (e.g. narcolepsy)
- Absence of or unreliable electricity
- No access to a telephone

CANADIAN MATCH-D

**Reasons to encourage
PD or home HD**

Dashed lines for writing reasons to encourage PD or home HD.

**Barriers to PD or home HD
and how to address them**

Dashed lines for writing barriers to PD or home HD and how to address them.

**Contraindications to
independent PD or home HD**

Dashed lines for writing contraindications to independent PD or home HD.

I have talked with my care team about whether PD or home HD is a good fit for me now.

Patient signature: _____ *Keep copy in the patient's record.*

Healthcare provider signature: _____ Date: _____