

Single Center Experience: Conversion to Tablo Dialysis System

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INTRODUCTION

St. Mark's Hospital is a 316-bed multi-specialty acute care hospital that converted all dialysis treatments from an outside vendor (OV) to an insourced model using the Tablo Hemodialysis System. Prior to this conversion, the OV provided all dialysis-related equipment, dialysis nurses, and completed the initial setup of CRRT treatments.

Tablo is an easy to learn, compact dialysis machine, capable of providing intermittent, sequential (HD→UF), isolated ultrafiltration-only and extended therapy treatments. Tablo features integrated water purification, on-demand dialysate production, and includes two-way wireless connectivity allowing for remote monitoring, treatment data transmission and tracking of disinfection schedules in the cloud.

METHODS AND MATERIALS

The initial transition to Tablo occurred in the ICU for SLEDD in April. After training ICU staff and obtaining further experience and familiarity with Tablo, IHD treatments were transitioned hospital-wide in June.

Data regarding training, user satisfaction, treatment success, and treatment costs were recorded from April – November of 2020.

DISCUSSION

The goal of St. Mark's was to convert the program to Tablo by February 2020. This was initially delayed due to COVID-19. As the pandemic progressed, the need for easy access for Renal Replacement Therapies (RRT) became apparent. This led to the conversion of the program to Tablo starting in mid-March.

ICU nurses were trained on the Tablo dialysis system to set up and monitor SLED/CRRT treatments. The initial Tablo system was capable of providing treatments of up to 12-hours before changing cartridges. As such, CRRT was accomplished by doing back-to-back 12-hour SLED treatments.

Three (3) experienced hemodialysis nurses were trained to provide IHD treatments and help answer questions for the ICU nurses. The dialysis manager and critical care director provided back up. Both the dialysis manager and critical care director were ICU trained nurses, with experience in CRRT but not traditional IHD. These two leaders led the CRRT roll out in April and were able to quickly apply that knowledge to intermittent therapies.

An additional seven progressive care nurses were cross trained to hemodialysis. These seven nurses did not have any dialysis experience and trained one on one with the experienced hemodialysis nurses to help cover call and volume surges. Go live for intermittent hemodialysis was successfully accomplished on June 15, 2020.

RESULTS

Hospital staff were trained on Tablo after attending a single 4-hour session provided by Outset Medical. A total of 15 ICU nurses, 7 floor nurses, and 3 HD nurses were trained. Post-training survey results were received from 15 respondents, with 80% (12/15) reporting ≤3yrs of dialysis experience. The majority of responses were Excellent/Good for Tablo and are included in Figure 1.

From April – November 2020 Tablo treatment data was collected and is summarized in Table 1. Tablo treatments were highly successful across IHD and SLED treatments.

Net savings moving to an insourced model with Tablo are projected at \$450,000 in the first year (OV \$650,000 vs. Tablo \$200,000). Net savings per treatment estimates are \$550/treatment (OV \$800 vs. Tablo \$250).

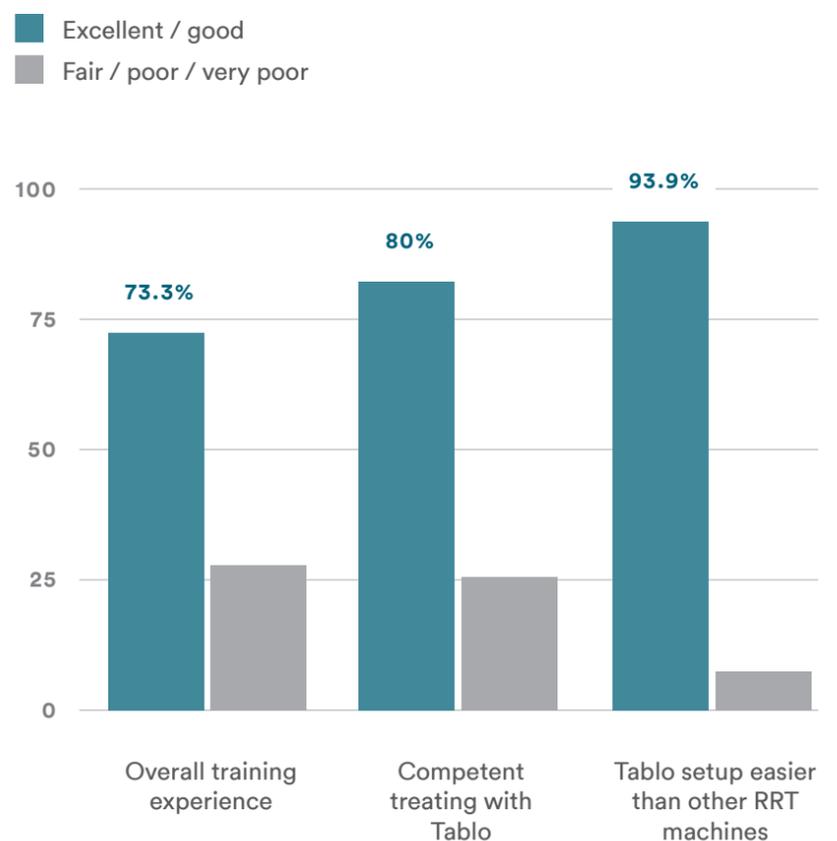
CONCLUSION

The Tablo Hemodialysis System is an all-in-one dialysis system that can be used across all continuums of nephrology care. Tablo's ease of use allows for the training of existing hospital staff with or without prior dialysis experience. Insourcing of dialysis with the Tablo Hemodialysis System resulted in a high treatment success rate and reduced the overall cost of dialysis delivery.

TABLO TREATMENT SUCCESS BY TYPE

Treatment Type	Total Treatments	Average Tx Time (minutes)	Treatment Success
IHD	472	200	96.6%
SLED	105	658	93.4%
Total	577	283	96.2%

TABLO POST-TRAINING SURVEY RESULTS



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