



What if dialysis could be the next step  
in expanding your in-house services?



Tablo® Hemodialysis System  
for Skilled Nursing Facilities

# Rising demand, outdated models.

Skilled nursing facilities (SNFs) are under increasing pressure to deliver high-quality care, stay compliant with evolving regulations, and remain financially viable. At the same time, the cost of care is rising—and so is the demand for high-acuity care services, like dialysis.

## THE CHALLENGE:

Traditional dialysis models make it hard for SNFs to provide the care patients need without compromising their bottom line.



Patient care relies on external providers with little to no oversight from the SNF<sup>3</sup>



Late or missed treatments and limited ability to meet standard rehab requirements<sup>4</sup>



Without direct control over compliance and safety, facilities face the risk of legal exposure<sup>5</sup>

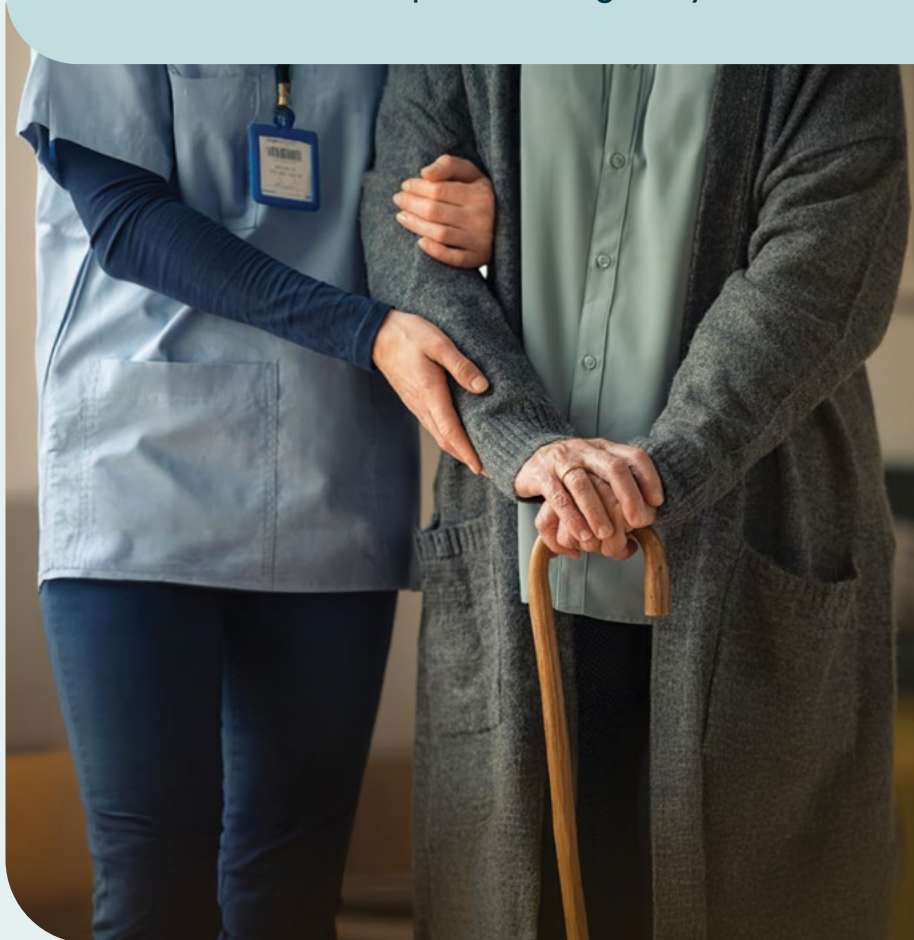


Avoidable readmissions<sup>6</sup>, Medicare penalties<sup>7</sup>, and lost revenue opportunities<sup>7</sup>

Nearly

**77k**

**dialysis patients<sup>2,3</sup>** require SNF care at some point during the year.



The old way of doing things isn't just outdated, it exposes avoidable risks that impact both patient and facility.

When it comes to your current dialysis program, are you truly in control—or is the current model limiting your ability to capture new revenue opportunities, while increasing hidden costs and liabilities?

## Real outcomes, real impact.

SNFs that say yes to in-house dialysis unlock stronger operational efficiency, tighter control over safety and compliance, and better outcomes for their patients.



Up to 25% reduction in  
unplanned readmissions<sup>8</sup>



25% higher  
return-home rate<sup>10</sup>



Reduced post-dialysis  
recovery time of  $\leq 2$  hours<sup>9</sup>

By expanding on-site services, facilities position themselves as a preferred choice for hospitals seeking post-acute placement—leading to increased referrals and a stronger market position.

“ Families are happier because patients are actually getting the nutrition they need and are able to make their physical therapy appointments, getting the best care that they can get. ”

- A. Erin Lamontagne, RN, BSN  
Regional Nurse Manager

In an industry that's shifting towards value-based care, how long can your facility afford to say no while others take the lead?



# Rethink your approach to dialysis care.

## MYTH:

In-house dialysis is too complex, disruptive and resource intensive.

## FACT:

Modern dialysis technology is designed for treatment flexibility, operational efficiency, and can be feasible for SNFs of all sizes.

Advancing your dialysis services may seem like a difficult undertaking. But with the right approach, it can be transformative for your facility and your patients.

## Progress starts with confidence—and the right partner to help you move forward.

Outset is partnering with SNFs like yours to help overcome the challenges and complexity of implementing an in-house dialysis program.

Whether you choose to fully own your dialysis program or select a specialized partner to manage dialysis care on site, we simplify the transition and customize the process to fit your unique needs.



“Outset is there from day one, providing support tools and assisting with project management calls, and just being there from the beginning, all the way to go-live, and continuing on. You really have a partner that is also invested in your continuous care improvement.”

”

-Krysta Myers, RN  
Division Director of Dialysis

## What sets this journey apart is the technology behind it.

Tablo is at the center of our approach—built to simplify dialysis delivery and make in-house programs not only possible, but practical for SNFs.

# Dialysis that fits your workflow—no water room, less complexity.

Unlike traditional dialysis technology, Tablo is an all-in-one integrated system that enables treatment in a den or at bedside—offering a specialized option for SNFs.



## **OPERATIONAL EFFICIENCY:**

- Train on Tablo in <4 hours
- Touchscreen interface with animated guidance
- Automated patient charting and documentation



## **COMPLIANCE & SAFETY:**

- On-demand treatment and disinfect records
- EMR integration
- Scheduled chemical and heat sterilization



## **VISIBILITY & CONTROL:**

- Two-way, wireless connectivity
- Cloud-based enterprise platform
- Remote treatment status viewing



## **ON-SITE, FLEXIBLE TREATMENTS:**

- Requires only an outlet, tap water, and a drain to operate
- Fully integrated water purification and on-demand dialysate production
- TabloCart™ accessory drawer options for prefiltration or storage



“The machines are so user-friendly. This has been critical for us. Tablo has really made an epic impact on our patient care.”

- Mohammad A. Samih, MD  
Nephrologist

Dialysis doesn't have to be complicated. With innovative Tablo technology and Outset's support, you can build a program that makes it easier to deliver dialysis and puts your residents first.

# Don't let outdated perceptions hold you back.

Value-based care demands smarter delivery. In-house dialysis helps SNFs expand services and keep life-sustaining treatment where it belongs—close to home.



## Your SNF. Bedside or Den. One solution.

### Are you ready to say yes to in-house dialysis care? Visit [outsetmedical.com/SNF](https://outsetmedical.com/SNF)

#### References:

1. *National ESRD Census Data*. (n.d.). <https://esrdnetworks.org/resources-news/national-esrd-census-data/> 2. *U.S. SNF based dialysis market size* | Companies. (n.d.). <https://www.novaoneadvisor.com/report/US-SNF-Based-Dialysis-Market> 3. G-402 *Addressing the quality of dialysis care through an insourced model*. (2025). *American Journal of Kidney Diseases*, 85(4), S126. <https://doi.org/10.1053/j.ajkd.2025.02.403> 4. Bellin et al., April 2022. *Hemodialysis International: Post-dialysis recovery time in ESRD patients receiving more frequent hemodialysis in skilled nursing facilities*. <https://pubmed.ncbi.nlm.nih.gov/35388580/> 5. Casey, Carolyn, JD. *Nursing Home's Failure to Treat Kidney Condition Results in \$3M Wrongful Death Award*. Expert Institute, 19 Aug. 2022, [www.expertinstitute.com/resources/insights/nursing-homes-failure-to-treat-kidney-condition-results-in-3m-wrongful-death-award](http://www.expertinstitute.com/resources/insights/nursing-homes-failure-to-treat-kidney-condition-results-in-3m-wrongful-death-award). 6. The University of Michigan Kidney Epidemiology and Cost Center. (2023). *Guide to the Dialysis Facility Reports for Fiscal Year 2024: Overview, Methodology, and Interpretation*. [https://data.cms.gov/sites/default/files/2024-02/FY2024\\_DFR\\_Guide%20and%20Methodology.pdf](https://data.cms.gov/sites/default/files/2024-02/FY2024_DFR_Guide%20and%20Methodology.pdf) 7. *Hospital Readmissions Reduction Program (HRRP)* | CMS. (n.d.). <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/hospital-readmissions-reduction-program-hrrp> 8. Bellin, E. Y., Hellebrand, A. M., Markis, W. T., Ledvina, J. G., Kaplan, S. M., Levin, N. W., & Kaufman, A. M. (2024). *More Frequent On-Site Dialysis May Hasten Return to Home for Nursing Home Patients with End-Stage Kidney Disease*. *Kidney360*, 5(8), 1126–1136. <https://doi.org/10.34067/kid.0000000000000487> 9. Weinhandl, E. (2022, November 3-6). *Low Dialysis Patient Volumes in Many Skilled Nursing Facilities: An Obstacle to Improved Outcomes*. *American Society of Nephrology (ASN) Kidney Week*, Orange County, CA



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The Tablo® Hemodialysis System and TabloCart™ is indicated for use in patients with acute and/or chronic renal failure, with or without ultrafiltration, in an acute or chronic care facility. Treatments must be administered under physician's prescription and observed by a trained individual who is considered competent in the use of the device. The Tablo Hemodialysis System is also indicated for use in the home. Treatment types available include Intermittent Hemodialysis (IHD), Sustained Low Efficiency Dialysis (SLED/ SLEDD), Prolonged Intermittent Renal Replacement Therapy (PIRRT), and Isolated Ultrafiltration. This device is not indicated for continuous renal replacement therapy (CRRT) and is cleared for use for up to 24 hours. The dialysate generated by this device is not sterile and should not be used for intravenous (IV) infusion.