

Live. Learn. Hope.

New Patient Admission & Patient Education Process

Clinical Education

4/2021



NORTHWEST
Kidney Centers

Learning Objectives



At the end of the orientation, the nurse will be able to:

1. Understand the admission criteria and requirements.
2. Identify critical information needed to admit a patient at NKC.
3. Demonstrate how to transcribe the initial orders into different sections of the EMR.
4. Know the workflow before, during, and after admission.
5. List the required patient education topics for new patients.
6. Locate available resources in K-NET and Policy Manager.

New Patient Admission Policy



New Patient Admission Policy: **SS-N3001**

Criteria for Admission:

Adults (patients younger than 18 years of age need special approval)

What services does NKC provide?

1. In-Center Hemodialysis
2. Home Hemodialysis
3. Peritoneal Dialysis

New Patient Admission Policy



What might preclude a patient from outpatient dialysis?

- Patient with a non-tunneled catheter
- Patient with ventilators (Patients will be referred to the Home or PD programs for consideration)
- Patients with tracheostomy (Must be able to perform self-care or have a person responsible for the care during dialysis)
- Patients with active TB or other abnormal Chest X-ray findings (Need clearance by Infection Prevention Officer, CMO)

New Patient Admission Process



1. Starts with the **Nephrologist's referral** and contact with NKC "**Admitting**" Department
2. The Admitting Department will review the referral records & upload documents in DocuWare (NKC's Document Management Warehouse)
3. The Admitting Department will contact the appropriate Unit Manager (or designee) (via email or phone call)
4. The Unit Manager (or designee) will review the required documents to initiate the new patient admission in the unit

New Patient Admission



- All documents related to a new admission will be uploaded to Document Management

The screenshot shows the Clarity EMR interface for Northwest Kidney Centers - Renton Kidney Center. The left sidebar contains a menu with options: Home Page, Registration, Patient (highlighted with a yellow box), Organization, Treatments, Laboratories, Reports, Maintenance, Help, and Mach Status. The Patient menu is expanded, showing options like Medications Management, Patient Infection, Patient Chart View, Tests & Procedures, Dialysis Accesses, Immunizations, Hospitalizations & Consultations, Dietary Recommendations, Patient Care Team, Allergy, Patient Action Values, Physician Rounds History, Problem List, Notes, Checklist History, Patient Schedule, Physician Orders, and Document Management (highlighted with a yellow box). A blue arrow points from the Document Management option to the EMR Document Management section on the right.

Clarity Northwest Kidney Centers - Renton Kidney Center

Welcome Deanne Young

Medications Management >

Patient Infection cancelled indefinitely. We will give you updates and follow up with pts

Patient Chart View

Tests & Procedures

Dialysis Accesses

Immunizations

Hospitalizations & Consultations

Dietary Recommendations

Patient Care Team

Allergy

Patient Action Values

Physician Rounds History

Problem List

Notes

Checklist History

Patient Schedule

Physician Orders

Document Management

EMR Document Management

Search patient by name, MRN

Patient: C

Document Date	Document Type	Document Name	Upload By	Uplc

There are no data posted at this time

No data to paginate << < > >>

Required Information for New Admission



Information	Parameters
Referral Form & Initial Orders (from K-Net or www.nwkidney.org website)	✓ Within 30 days from admission ✓ Must be signed by Nephrologist ✓ All required fields completed
History & Physical Discharge Summary Renal Progress Note Current Meds & Diagnosis (from MD)	✓ Within 30 days from admission
Chest X-Ray (from MD)	✓ Within 30 days from admission
Hepatitis B serologies Surface Antigen Surface Antibody (from MD)	✓ Within 30 days from admission

Transfer-in Patients Requirements



Information	Parameters
Referral Form & dialysis orders (from K-Net or www.nwkidney.org website)	<ul style="list-style-type: none">✓ Within 30 days from admission✓ Must be signed by Nephrologist✓ All required fields completed
Progress Notes Recent dialysis logs CIA/POC Copy of 2728 Form	<ul style="list-style-type: none">✓ Last two weeks✓ Last 6 runs✓ Most recent /active✓ From the initial admission
Chest X-Ray (from MD)	<ul style="list-style-type: none">✓ Within 30 days from admission
Hepatitis B serologies Surface Antigen Surface Antibody (from MD)	<ul style="list-style-type: none">✓ Within 30 days from admission

Online Referral Form



1

[Referral Form \(Print to Fax\)](#)

2

[Initial Order Form \(Print to Fax\)](#)

3

[2728 Questionnaire \(Print to Fax\)](#)



Patient Referral Form

Attending
Nephrologist:
(Will follow at NKC) *

Date:

Referring
Physician:
(If different than
Attending)

Phone
Number:*

Notes:

Email:*

STEP 1: For Placement

Please complete this form and upload / submit or fax copy of the Face Sheet (for insurance and demographics).

Patient Name:*

Diagnosis: *

☐ ESRD

☐ AKI

First Date of
Dialysis Ever:

Anticipated NKC
Start Date:

Preferred
Schedule:

☐ MWF ☐ TThSa ☐ SuTTh
☐ AM ☐ Mid-Day ☐ PM
☐ Patient is flexible

Requested NKC
Facility:

Patient's Zip:

Modality:

☐ In-Center Hemo
☐ Home Hemo ☐ PD

Access:

☐ HD Catheter ☐ Fistula
☐ PD Catheter ☐ Graft

ICD-10 Code:*

Interpreter
Services
Needed:

☐ Yes ☐ No

Special Needs:

Language:

MD or designee will fill out the online Patient Referral Form - available in K-NET & NKC Website

Online Referral Submission Options

Please select Option 1, Option 2 or Option 3:

Option 1: Upload Face Sheet and Submit Referral Electronically

Upload Face Sheet

then

Submit with Patient Referral Electronically

Option 2: Submit Referral Electronically and fax the Face Sheet to 206-343-4124

Submit Patient Referral Electronically

Option 3: Print Patient Referral Form and Print Patient Face Sheet then fax both to 206-343-4124

Print Patient Referral Form and Fax to (206) 343-4124

The referring Nephrologist has three options on how to submit a new patient referral as shown here.

Review of Patient Referral Form



It is always a good practice to review key items:

Type of referral: New, Re-admit (>30 days), or transfer (non-NKC facility)

Diagnosis ICD 10 code: **ESRD** or **Acute:** specific diagnosis for the cause of kidney failure that determines the need for treatment

Modality: HD in-center, HD Home, PD

Access: HD Cath, AVF/AVG, PD Catheter

Access Surgery: date of surgery (important esp. for CVC – clock for the 90-day goal of removal starts from that date)

Patient Care Needs: will the patient need a bed, isolation room, ambulation/transfer assistance, interpreter, schedule & unit location preference

Hep B Antigen status: does patient need isolation room – if reactive (positive)

Required Information: Initial Orders



INITIAL ORDERS: In-Center Hemodialysis

Patient name: _____ Order type: ☐ chronic (ESRD) ☐ acute (AKI)

Date of birth: _____

Resuscitation order: ☐ Do Resuscitate ☐ Do Not Resuscitate

Allergies: ☐ no known allergies

Access: ☐ AVF/AVG algorithm ☐ catheter protocol

Anticoagulation: ☐ YES: Heparin bolus = _____ (suggest 3,000 u; max=8,000 u) ☐ NO: patient on oral anticoagulation ☐ NO: anticoagulation contraindicated

Volume management: target weight: _____ (kg) max UF rate: _____ (ml/kg/hr) (guidelines suggest < 13 ml/kg/hr)

MD will need to complete the Initial Orders prior to admission

PRESCRIPTION:

		<input checked="" type="checkbox"/> Default	Modifications? (enter below)	Notes
dose	dialyzer	Optiflux 160		
	Duration	4.0 hours		
	Frequency	3x per week		
	Blood flow (ml/min)	350 - 400		
	Dialysate Flow (ml/min)	600		
Dialysate	Na ⁺	135 (mEq/L)		
	HCO ₃ ⁻	33 (mEq/L)		
	K ⁺	2 (mEq/L)		
	Ca ⁺⁺	2.5 mg/dL		if corrected Ca ⁺⁺ < 8.0 mg/dL, suggest 3.0 Ca ⁺⁺ bath

for ESRD patients only:

a) NKC Standing Orders: standing orders will be initiated for the following unless indicated otherwise below:

Medications:

Mircera[™]
Ferrlecit
Zemplar

Vaccinations:

annual influenza
Hepatitis B
Pneumococcus

** if pt previously on ESA, provide starting in-center Mircera dose: _____ mcg/q2 weeks IV

b) Co-morbid conditions: check all that apply:

☐ hered. hemolytic anemia/sickle cell ☐ pericarditis
☐ myelodysplastic syndrome ☐ GI bleed w/ hemorrhage

for AKI patients only:

a) Medications:

☐ Mircera: _____ mcg IV q2weeks (suggest 0.6 mcg/kg or 75 mcg, whichever is lower)
☐ saline flushes

b) Labs and Monitoring:

☒ AKI profile on admission and weekly (x8 weeks) (call MD if creatinine < 2.5 mg/dl)
☐ CBC with diff on admission and weekly (x8 weeks)
☐ measure U/O daily (staff provides supplies to patient)

c) Diet:

Note: All required forms are posted in **K-NET** under "Clinical > Referrals/Initial Orders"

Additional Orders: 1. _____

2. _____

3. _____

Attending Nephrologist of Record:

(will be following patient at NKC)

name

signature

date

Referring Provider:

(if different from above)

name

signature

date

PHONE: 206-292-3090

FAX TO: 206-343-4124

v 2.2020

Review of Patient Initial Orders



Initial Orders will need to be entered in EMR

Tips on transcribing the orders:

- start from the top – read from left to right
- double check the orders entered in EMR & what's written on the order

Items in the Initial Orders are transcribed in several screens in the **EMR (Clarity)**:

- ✓ Dialysis Prescription (treatment related orders)
- ✓ Advance Directives (Code Status)
- ✓ Dialysis Accesses
- ✓ Allergy
- ✓ Medication
- ✓ Immunization

Lab orders will also need to be transcribed in **Ascend Lab**

Review of H&P, MD Notes, & CXR



Why review the H&P, MD notes, & hospital records?

Purpose: provides an overall picture about the new patient

- What to expect
- Any special needs / preparation you need to do prior

What about the CXR? Must be recent, 30 days prior to admission

Purpose: Patients with diagnosed Active TB or other abnormal Chest X-Ray findings can be scheduled only after clearance by the Infection Prevention Officer or CMO

(Policy # SS-N3001 – New Patient Admission)

Review of Hepatitis B Results



Policy # SS-N3001 (New Patient) All new patients will have recent results (30 days prior to admit)

- ✓ **HBsAg** (surface antigen) reactive = positive for Hep B virus
- ✓ **HBsAb** (surface antibody)
- ✓ **HBcAb** (Core Antibody)

Policy # IC-H6003 (Hep B) = If a patient has a negative HBsAg and negative HBsAb with a positive HBcAb, then an IgM anti-HBc must be ordered

If a patient is diagnosed with chronic HBV infection, the patient will be dialyzed in isolation at **Burien** or **SeaTac**

****Always consult with Infection Prevention Nurse if unsure.****

What's in the New Admit Packet?



Table of Contents



1.1 New Patient Admission Chronic ESRD
Patient Worksheet - Packet A

1.2 NKC Informed Consent for Treatment
for Chronic Kidney Failure (ESRD) Patients
- Pkt A, New PD Pkt

1.3 Patient Finance Welcome Letter

1.4 Patient Account Agreement

1.5 Patient Account Agreement - Patient
Copy

1.6 Patient Registration Form-All pts
minus Medicare acutes - Pkts A, B and PD

1.7 SSA Release

1.8 DSHS Consent

1.9 Joint Notice of Privacy Practices
12.12.14

2.1 Welcome Letter

2.4 First Treatment Discharge Instructions
Admit Schedule Preference

► Joint Notice of Privacy Practices 2-1-
18.pdf

► HIPPA NOTICE OF PRIVACY PRACTICES -
EFFECTIVE 11-01-19_WITH-SIGN-
PAGE.pdf

Contents from the "*Packet A
– New CHRONIC – Hemo
Patient Admissions Packet*"

Gives a guided script on
how to prepare prior, during,
and after new patient
admission.

Some of the forms need to
be reviewed and signed by
the patient or designee and
the admitting nurse.

Prior to Admission



- Go to **K-NET** and access the new admission packet you will need from the “Forms/Consents”
- Select the appropriate admission packet as shown here:

Patient Admission Forms

PACKET A - New CHRONIC Hemo Patient Admissions Packet

PACKET B - New ACUTE NON-MEDICARE Hemo Patient Admissions Packet

PACKET C - New ACUTE MEDICARE Hemo Patient Admissions Packet

PD - New PD Patient Admissions Packet

PD - Prevalent Pt to PD Admissions Packet

Consent for Treatment for Chronic Kidney Failure (ESRD) Patients

Consent for Treatment for Non-ESRD (AKI) Patients

Notice of Privacy Practices - Revised 11/01/19

Patient Finance Packet

VISITOR DIALYSIS - Informed Consent

Prior to Admission- Workflow



Prior to Patient Arrival		Core Task
<input type="checkbox"/>	Review of all documentation included with referral. Document on exam screen. (see New Patient Assessment Policy CD-N1044)	X
<input type="checkbox"/>	Enter dialysis orders	X
<input type="checkbox"/>	Enter labs per standing orders	X
<input type="checkbox"/>	Verify lab tests setup for 1 st treatment	X
<input type="checkbox"/>	Enter patient in Ascend LabCheck; print Assignment of Benefits (AOB)	X
<input type="checkbox"/>	Enter allergies	X
<input type="checkbox"/>	Enter code status (verify if POLST Form is completed)	X
<input type="checkbox"/>	Enter any known diagnosis on the problem list	X
<input type="checkbox"/>	Enter access on access screen	X
<input type="checkbox"/>	Enter access surgeon on access and contact screens (if available)	X

Prior to Admission - Clarity



Remember the **three required items** to be able to open RTC:

1. The patient needs to be added to the **schedule**:
 - > Patient > Patient Schedule
2. There needs to be an **active dialysis order**:
 - > Treatments > Dialysis Prescriptions > Hemodialysis Prescription
3. An **active dialysis access** must be entered:
 - > Patient > Dialysis Accesses

Day of Admission- Workflow



Prior to Initiating Treatment		Core Task
<input type="checkbox"/>	Review and have patient sign (Consents) <ul style="list-style-type: none"> • Informed Consent for Treatment; give copy to patient (CKD-PE-37) • Patient Account Agreement; give copy to patient (CKD-PE-42, 42a) • Ascend LabCheck Assignment of Benefits (AOB) • Joint Notice of Privacy Practices 	X
<input type="checkbox"/>	Review with patient (Handouts) <ul style="list-style-type: none"> • Welcome to Northwest Kidney Centers! (CKD-PE-52) 	X PCT
<input type="checkbox"/>	Review and have patient sign – Patient Finance Packet <ul style="list-style-type: none"> • Patient Registration Form (CKD-PE-51) • DSHS Consent for Release of Information Form • Social Security Administration – Appointment of Representation Form 	
<input type="checkbox"/>	Obtain copy of picture ID and insurance cards (if available)	X PCT
<input type="checkbox"/>	Conduct quick orientation tour of the dialysis facility, including: <ul style="list-style-type: none"> • Location/use of the restroom (including location of call light) • Location of sink to clean vascular access • Use of the scale 	X PCT
<input type="checkbox"/>	If pt has a AVF/AVG, instruct and observe patient washing access.	X
<input type="checkbox"/>	Conduct Pre-dialysis Patient Assessment (must be done by RN) including but not limited to: <ul style="list-style-type: none"> • Pre-dialysis assessment • Assessment of access • Review of any known allergies • Review of medications taken last 24 hours 	X
<input type="checkbox"/>	Ultra-sound AVF, if medically indicated	
<input type="checkbox"/>	Measure (PCT may take) and enter patient's height	X PCT
<input type="checkbox"/>	If diabetic, assess for risk of hypoglycemic episode during dialysis treatment	X

Admission checklist available in K-NET

Parts of the paperwork can be delegated to the Unit Coordinator (UC).

The Nurse should explain the Informed Consent & access care.

Patient's height must be measured & recorded in the EMR on the first day.

During First Treatment - Workflow



Once the Patient Initiates Dialysis		Core Task
<input type="checkbox"/>	Review with the patient the following: <ul style="list-style-type: none">• Location and use of call button• Length of treatment• Repeat information about most common side effects of dialysis (nausea, cramping, pain, dizziness, headache)• Use of a cell phone, TV, chair• Ability to have visitors with use of proper PPE per NKC policy	X PCT
<input type="checkbox"/>	Enter home medications into record	

Admission checklist
available in K-NET

After the First Treatment - Workflow



<input type="checkbox"/>	Review with patient (Handout) <ul style="list-style-type: none">First Treatment Discharge Instructions (CKD-PE-47)	X												
<input type="checkbox"/>	Include appropriate instruction and supply list document: Access Care supplies packet – Fistula or Graft (CKD-PE-49) Access Care supplies packet – IJ Catheter (CKD-PE-48) Provide patient with access care supplies (based on type of access) <table><tr><td><u>Fistula/Graft</u></td><td><u>IJ Catheter</u></td></tr><tr><td>(4) 4x4 gauze</td><td>(1) Chlorascrub pad</td></tr><tr><td>(1) 1 inch single use paper tape</td><td>(4) 2x2 gauze</td></tr><tr><td></td><td>(1) 1 inch single use paper tape</td></tr><tr><td></td><td>(2) Mask</td></tr><tr><td></td><td>(2) Gloves</td></tr></table>	<u>Fistula/Graft</u>	<u>IJ Catheter</u>	(4) 4x4 gauze	(1) Chlorascrub pad	(1) 1 inch single use paper tape	(4) 2x2 gauze		(1) 1 inch single use paper tape		(2) Mask		(2) Gloves	X PCT
<u>Fistula/Graft</u>	<u>IJ Catheter</u>													
(4) 4x4 gauze	(1) Chlorascrub pad													
(1) 1 inch single use paper tape	(4) 2x2 gauze													
	(1) 1 inch single use paper tape													
	(2) Mask													
	(2) Gloves													
<input type="checkbox"/>	Enter treating institute on personal “face” screen	X												
<input type="checkbox"/>	Enter access status													
<input type="checkbox"/>	Enter BP cuff size in exam screen and Nurses Worksheet													
<input type="checkbox"/>	Enter admission progress note	X												
<input type="checkbox"/>	Complete Education drop downs <i>Note: If access care was reviewed during the first treatment by a staff member other than the Care Manager, the Care Manager needs to verify understanding during a subsequent treatment and document education.</i>													
<input type="checkbox"/>	Email the following staff of patient admission, include the following: <ul style="list-style-type: none">Patient Finance GroupClinical ManagerSocial Worker(s)Dietitian(s)Care Manager(s)Status.Changes@nwkidney.org													

After First Treatment - Workflow



Review with patient (Handout)

- ✓ First Treatment Discharge Instructions (**CKD-PE-47**)
- ✓ Provide patient with care supplies (based on type of access)
- ✓ Review and provide copy of on-going HD schedule

- ✓ Notify the following group of personnel (secure email):
 - Unit IDT group list
 - Patient Finance Group patientfinancelist@nwkidney.org
 - NKC Helpline helpline@nwkidney.org – this will notify CIS & Medical Records

Checklist available in K-NET

After First Treatment - Workflow



Entries in **Clarity**:

- ✓ Enter patient's **height**: > Registration > Patient Height & Amputation History
- ✓ Enter admission **progress note**: > Patient > Notes
- ✓ Enter **Hemo Access Documentation**: > Patient > Dialysis Accesses
- ✓ Complete **Education documentation** (see next slides) > Patient > Patient Assessments > Patient Education

See Clarity User Guides by Role > Nurses (in K-NET)

Patient Admission Packet



ESRD Patient Admission Packet

- Correct printing Order
- Overview of each page
- Shows how to process the pages

New Patient Admission Chronic ESRD Patient Worksheet (3pgs)

- Worksheet to make sure everything is completed (**Location:** K-Net/Clinical/Forms/Consents/Pt Admission Forms/Packet A)

Informed Consent for Treatment (*Consent must be gone over by a RN*) (5pgs)(prints in duplicate, one for patient and one for NKC to scan)

- Informs patient about kidney disease, what options they have, possible side effects, risks, and about the services that we offer.
 - Patient's name and NKC number should be typed or written on each page of this document.
 - Scan into Document Management our signed document under "Consents". Shred after you have verified that it was uploaded correctly.
 - **Shred** after you have verified that it was uploaded correctly.
 - Copy **for patient** to take.

Letter from Patient Finance (1pg)

- Gives a quick overview of the next couple pages.
 - This is given to the patient

Patient Account Agreement (1pg)

- An agreement between the patient and NWKC to pay for treatment.
 - **Scan** into **Docuware** (PT Registration), on copy machine/scan/one touch/ DW-Pt Reg, also Kim Benning
 - Copy **for patient** to take—Patients Copy (1pg)

Patient Account Agreement—Patients Copy (1pg)

- Copy for patient to take.

Patient Registration Form (4pgs)

- These forms help us complete the patient information in our billing system (TIME) that may not have been provided with the nephrologist referral. We also use this information to determine insurance coordination and complete the 2728 form*.
 - Add any contact information from this form, into our EMR
 - Scan into Docuware (PT Registration), on copy machine/scan/one touch/ DW-Pt Reg, also Kim Benning

Social Security Administration—Appointment of Representative (3pgs) **Medicare**

- This signed form allows the patients Financial Coordinator to talk to Social Security if/when needed. Having the signed form upfront allows us to talk to Social Security immediately without having to get the form signed then call them.
 - Scan into Docuware (PT Registration), on copy machine/scan/one touch/ DW-Pt Reg, also Kim Benning

Refer to the
***"In Center
New Patient
Admission
Packet/How
to Process"*** –
available in
Policy Manager

Another tool to
help you with
admission
process

New Patient Education



Patient education needs to be completed within the first six (6) treatments

Where can I find this?

K-NET -> Clinical > Patient Education -> Patient Education Materials -> Center Hemodialysis Primary Nurse Education Curriculum -> Checklists & Topic List -> 1st 6 Treatment Checklists

Education Topics

- ☐ Introduction to Center Hemodialysis
- ☐ Access for Hemodialysis
- ☐ Fluid/Volume
- ☐ Treatment Options
- ☐ Emergencies
- ☐ Medications
- ☐ Safety
- ☐ Diabetes
- ☐ Living with Hemodialysis
- ☐ Consents/Policies

Patient Education Materials



Patient Education Materials

- › Center Hemodialysis Primary Nurse Education Curriculum
- › COVID-19 Resources Patients & Families (multiple Languages)
- › Education PowerPoints
- › Emergencies/Emergency
- › ESAs
- › Hemo Access
- › Liquid Protein Supplements
- › Medications
- › Unit Resources
 - Adequacy and Hemodialysis
 - Advance Directives
 - Antidepressant Medications (Print double-sided)
 - Blood Pressure
 - Code Status
 - Depression and Your Health
 - Dialysis Chair Comfort
 - Every Minute Counts
 - Falls - Preventing Falls at Home
 - Falls - Preventing Falls in the Clinic
 - First Treatment Discharge Instructions
 - Fistula Self-Punctures (NURSES: Print double-sided)
 - Fluid Overload
 - Foot Care for Diabetics
 - Grievance Process (Complaint/Grievance)
 - Hand Washing for Home Patients (NURSES: Print double-sided)

The Patient Education Materials screen in K-NET provides several handouts that can be printed and given to patients

Checklists and Topic Lists



Center Hemodialysis Primary Nurse Education Curriculum

- › Checklists and Topic Lists
- › Teaching Guides
- › Education Tips
- › Protect One Another from COVID-19 (Multiple Languages)

Checklists and Topic Lists

1st 6 Treatment Checklist
Between 6 runs-120 day and all CA/POC Checklist
BiAnnually, Annually, PRN Checklist
Topics Listed by Category
Center Hemodialysis Primary Nurse Education Curriculum Grid

The Checklists & Topic Lists guides you to the education materials that are mandatory to provide to new patients and ongoing education

New Patient Education



PATIENT EDUCATION CHECKLIST—Center Hemodialysis First 6 Treatments

Patient Name: _____

1 st run—prior to start	Completed
Northwest Kidney Centers Consent for Treatment <i>(included in Admit Pkt)</i>	<input type="checkbox"/>
Notice of Privacy Practices <i>(included in Admit Pkt)</i>	<input type="checkbox"/>
Patient Finance Packet <i>(included in Admit Pkt)</i>	<input type="checkbox"/>
Welcome Letter <i>(included in Admit Pkt)</i>	<input type="checkbox"/>

1 st run	Completed
Access Care Supplies Packet – Fistula or Graft	<input type="checkbox"/>
Access Care Supplies Packet – IJ Catheter	<input type="checkbox"/>
First Treatment Discharge Instructions	<input type="checkbox"/>
Transportation for Dialysis	<input type="checkbox"/>

1 st 3 runs	Completed
Caring for Your Fistula or Graft	<input type="checkbox"/>
Caring for Your IJ Catheter	<input type="checkbox"/>
Hand Washing—Prevent Infection	<input type="checkbox"/>

1 st 6 runs	Completed
Advance Directives	<input type="checkbox"/>
Anemia (Mircera or Retacrit—depending on medication pt is taking)	<input type="checkbox"/>
Code Status	<input type="checkbox"/>
Complaint/Grievance Process	<input type="checkbox"/>
Emergencies in the Center	<input type="checkbox"/>
Falls - Preventing Falls in the Clinic; Preventing Falls at Home (2 handouts)	<input type="checkbox"/>
Important Phone Numbers	<input type="checkbox"/>
Infections and Hemodialysis	<input type="checkbox"/>
Mircera or EPO Medication Guide (based on med pt is taking)	<input type="checkbox"/>
Patient Responsibilities	<input type="checkbox"/>
Patient Rights	<input type="checkbox"/>
Risks of CVCs – Discuss the danger of CVCs, including they are only temporary; AVF/AVG/PD accesses are safer and permanent—perform at least one (1) option below if patient has a CVC and is not AVF/AVG Never: <ul style="list-style-type: none"> – Review Safer Dialysis with a Permanent Access handout – Show the Get Your Catheter Out! PowerPoint – Use the Heart Model to demonstrate catheter risks 	<input type="checkbox"/>
Transfer and Discharge Policy	<input type="checkbox"/>
Where You Go for Your Care Matters	<input type="checkbox"/>

Checklist available in K-NET
Formal documentation of education provided is done in EMR

New Patient Education - EMR



1st Run - (Check when complete)	
Access Care Supply Packet for AVF/AVG *also first run using AVF/AVG	<input type="checkbox"/> Handout: Access Care Supply Packet - Fistula or Graft <input type="checkbox"/> Reviewed with patient (if not with patient document with whom you covered the information)
Previous Access Care Supply Packet for AVF/AVG	
Access Care Supply Packet for IJ Catheter	<input type="checkbox"/> Handout: Access Care Supply Packet - IJ Catheter <input type="checkbox"/> Reviewed with patient (if not with patient document with whom you covered the information)
Previous Access Care Supply Packet for IJ Catheter	
First Treatment Discharge Instructions	<input type="checkbox"/> Handout: First Treatment Discharge Instructions <input type="checkbox"/> Reviewed with patient (if not with patient document with whom you covered the information)
Previous First Treatment Discharge Instructions	
Transportation for Dialysis	<input type="checkbox"/> Handout: Transportation for Dialysis <input type="checkbox"/> Reviewed with patient (if not with patient document with whom you covered the information)
Previous Transportation for Dialysis	
1st 3 Runs (Check when complete)	
Care for AVF/AVG *Given within 3 runs after permanent access placement	<input type="checkbox"/> Handout: Caring for your Fistula or Graft <input type="checkbox"/> Reviewed with patient (if not patient document with whom you covered the information) <input type="checkbox"/> Teach Back occurred
Previous Care for AVF/AVG	
Care for IJ Catheter	<input type="checkbox"/> Handout: Caring for your IJ Catheter <input type="checkbox"/> Reviewed with patient (if not patient document with whom you covered the information) <input type="checkbox"/> Teach Back Occurred

Instructions available in
K-NET > Clarity>User
Guides by Role> Nurses

Patient Education- Education Needed for EVERY POC



The following list of Patient Education is required for every completed plan of care. (Initial, 120 day, Annual, & Unstable)

With every CA/POC (initial, 120 day, annual)	Completed
Blood Pressure	<input type="checkbox"/>
Choosing Not to Dialyze	<input type="checkbox"/>
Code status	<input type="checkbox"/>
Foot Care for Diabetics – given if patient is diabetic <i>(not required with 120 day)</i>	
Fluid Overload – Discuss acceptable weight gains between runs, fluid limits, effect on BP and cardiovascular status— <i>perform at least one (1) option below:</i> <ul style="list-style-type: none">– Review Fluid Overload handout– Show the Fluid Overload PowerPoint	<input type="checkbox"/>
Treatment Option of Home Hemo Basic Ed	<input type="checkbox"/>
Home Hemo Comprehensive Ed with Home Hemo ppt – <i>if eligible and interested</i>	<input type="checkbox"/>
Treatment Option of PD Basic Ed	<input type="checkbox"/>
PD Comprehensive Ed with PD ppt – <i>if eligible and interested</i>	<input type="checkbox"/>
Treatment Option of Kidney Transplant Basic Ed	<input type="checkbox"/>
Transplant Comprehensive Ed with Transplant ppt – <i>if eligible and interested</i>	<input type="checkbox"/>
Waiting for a Kidney Transplant – <i>given to all pts listed for transplant</i>	<input type="checkbox"/>

*The highlighted topics are a CMS requirement and MUST be completed & documented

Checklist available in K-NET

New Patient Education



Four Principles for Effective Patient Education

1. The **goal of education** is not education; it's **ACTION!**

- We want pts to take what they learned and use it!

2. **Patient-centered approach**

- Try to explain topics in a way that is personally relevant to the patient and recognize different ways of learning

3. **Evidence-based content**

- Education is focused on topics that can help improve the pt.'s QOL or increase survival rates

4. **Health Literacy**

- Are you talking over the patient's head? Remember to use layman's terms and simple examples

Info available in K-NET

New Patient Education



Tips for effective patient education:

- 1.Engage** the patient – establish working & respectful relationship
- 2.Assess** – any limitations in patient's ability to understand materials, may need assistance from family, caregiver, or interpreter
- 3.Educate** in small increments – know how much is too much
- 4.Evaluate** – use teach-back methods or return demo, confirm effectiveness of teaching
- 5.Plan** – coordinate timing of teaching & collaborate with other members of IDT
- 6.Document** – all topics presented in EMR

Form is available in K-NET "Tips for Patient Education"

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Questions?



Questions are the path to learning