

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

Clarity Northwest Kidney Centers - Renton Kidney Center

Home Page Registration Patient Organization Treatments Laboratories Reports Maintenance Help Mach Status

Welcome Deanne Young

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 Patient Assessments

Document Management

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

**NOTIFY MESSAGES:**

tion

2020 Clarity Update Documentation. Update

Early Lunch and Learns. Coming Soon!

7944 onex.com 2733

**NORTHWEST Kidney Centers**  
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Search patient by name, MRN

Patient: C

Document Date	Document Type	Document Name	Upload By	Upload

## EMR Document Management

There are no data posted at this time

No data to paginate << < > >>

# Required Information for New Admission



Information	Parameters
<b>Referral Form &amp; Initial Orders</b> (from K-Net or <a href="http://www.nwkidney.org">www.nwkidney.org</a> website)	<ul style="list-style-type: none"><li>✓ Within 30 days from admission</li><li>✓ Must be signed by Nephrologist</li><li>✓ All required fields completed</li></ul>
<b>History &amp; Physical</b> <b>Discharge Summary</b> <b>Renal Progress Note</b> <b>Current Meds &amp; Diagnosis</b> (from MD)	<ul style="list-style-type: none"><li>✓ Within 30 days from admission</li></ul>
<b>Chest X-Ray</b> (from MD)	<ul style="list-style-type: none"><li>✓ Within 30 days from admission</li></ul>
<b>Hepatitis B serologies</b> <b>Surface Antigen</b> <b>Surface Antibody</b> (from MD)	<ul style="list-style-type: none"><li>✓ Within 30 days from admission</li></ul>

# Transfer-in Patients Requirements



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

# 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) \*

Referring Physician: (If different than Attending)

Notes:

Date:  Phone Number: \*

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: * <input type="text"/>	Diagnosis: * <input type="checkbox"/> ESRD <input type="checkbox"/> AKI
First Date of Dialysis Ever: <input type="text"/>	Anticipated NKC Start Date: <input type="text"/>
Preferred Schedule: <input type="checkbox"/> MWF <input type="checkbox"/> TThSa <input type="checkbox"/> SuTTh <input type="checkbox"/> AM <input type="checkbox"/> Mid-Day <input type="checkbox"/> PM <input type="checkbox"/> Patient is flexible	Requested NKC Facility: <input type="text"/> Patient's Zip: <input type="text"/>
Modality: <input type="checkbox"/> In-Center Hemo <input type="checkbox"/> Home Hemo <input type="checkbox"/> PD	Access: <input type="checkbox"/> HD Catheter <input type="checkbox"/> Fistula <input type="checkbox"/> PD Catheter <input type="checkbox"/> Graft
ICD-10 Code: * <input type="text"/>	Interpreter Services Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs: <input type="text"/>	Language: <input type="text"/>

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: <input type="checkbox"/> chronic (ESRD) <input type="checkbox"/> acute (AKI)																																	
Date of birth: _____																																		
Resuscitation order: <input type="checkbox"/> Do Resuscitate <input type="checkbox"/> Do Not Resuscitate	Allergies: <input type="checkbox"/> no known allergies <input type="checkbox"/>																																	
Access: <input type="checkbox"/> AVF/AVG algorithm <input type="checkbox"/> catheter protocol																																		
Anticoagulation: <input checked="" type="checkbox"/> YES: Heparin bolus = _____ (suggest 3,000 u; max=8,000 u) <input type="checkbox"/> NO: patient on oral anticoagulation <input type="checkbox"/> NO: anticoagulation contraindicated	Volume management: target weight: _____ (kg) max UF rate: _____ (ml/kg/hr) <small>(guidelines suggest &lt; 13 ml/kg/hr)</small>																																	
<b>PRESCRIPTION:</b> <table border="1"> <thead> <tr> <th></th> <th>[x] Default</th> <th>Modifications? (enter below)</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td rowspan="4">dose</td> <td>dialyzer</td> <td>Optiflux 160</td> <td></td> </tr> <tr> <td>Duration</td> <td>4.0 hours</td> <td></td> </tr> <tr> <td>Frequency</td> <td>3x per week</td> <td></td> </tr> <tr> <td>Blood flow (ml/min)</td> <td>350 - 400</td> <td></td> </tr> <tr> <td>Dialysate Flow (ml/min)</td> <td>600</td> <td></td> </tr> <tr> <td rowspan="4">Dialysate</td> <td>Na<sup>+</sup></td> <td>135 (mEq/L)</td> <td></td> </tr> <tr> <td>HCO<sub>3</sub><sup>-</sup></td> <td>33 (mEq/L)</td> <td></td> </tr> <tr> <td>K<sup>+</sup></td> <td>2 (mEq/L)</td> <td></td> </tr> <tr> <td>Ca<sup>++</sup></td> <td>2.5 mg/dL</td> <td>if corrected Ca<sup>++</sup> &lt;8.0 mg/dL, suggest 3.0 Ca<sup>++</sup> bath</td> </tr> </tbody> </table>			[x] 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 <sup>+</sup>	135 (mEq/L)		HCO <sub>3</sub> <sup>-</sup>	33 (mEq/L)		K <sup>+</sup>	2 (mEq/L)		Ca <sup>++</sup>	2.5 mg/dL	if corrected Ca <sup>++</sup> <8.0 mg/dL, suggest 3.0 Ca <sup>++</sup> bath
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### for ESRD patients only:

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

#### Medications:

Mircera<sup>®</sup>  
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

### 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

MD will need to complete the Initial Orders prior to admission

### 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"

# 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

X

- 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



<b>Prior to Patient Arrival</b>		<b>Core Task</b>
<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 <sup>st</sup> 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



<b>Prior to Initiating Treatment</b>		<b>Core Task</b>
<input type="checkbox"/>	Review and have patient sign (Consents) <ul style="list-style-type: none"> <li>• Informed Consent for Treatment; give copy to patient (CKD-PE-37)</li> <li>• Patient Account Agreement; give copy to patient (CKD-PE-42, 42a)</li> <li>• Ascend LabCheck Assignment of Benefits (AOB)</li> <li>• Joint Notice of Privacy Practices</li> </ul>	X
<input type="checkbox"/>	Review with patient (Handouts) <ul style="list-style-type: none"> <li>• Welcome to Northwest Kidney Centers! (CKD-PE-52)</li> </ul>	X PCT
<input type="checkbox"/>	Review and have patient sign – Patient Finance Packet <ul style="list-style-type: none"> <li>• Patient Registration Form (CKD-PE-51)</li> <li>• DSHS Consent for Release of Information Form</li> <li>• Social Security Administration – Appointment of Representation Form</li> </ul>	
<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"> <li>• Location/use of the restroom (including location of call light)</li> <li>• Location of sink to clean vascular access</li> <li>• Use of the scale</li> </ul>	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"> <li>• Pre-dialysis assessment</li> <li>• Assessment of access</li> <li>• Review of any known allergies</li> <li>• Review of medications taken last 24 hours</li> </ul>	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



<b>Once the Patient Initiates Dialysis</b>		<b>Core Task</b>
<input type="checkbox"/>	<p>Review with the patient the following:</p> <ul style="list-style-type: none"><li>• Location and use of call button</li><li>• Length of treatment</li><li>• Repeat information about most common side effects of dialysis (nausea, cramping, pain, dizziness, headache)</li><li>• Use of a cell phone, TV, chair</li><li>• Ability to have visitors with use of proper PPE per NKC policy</li></ul>	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"><li>First Treatment Discharge Instructions (CKD-PE-47)</li></ul>	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) <b><u>Fistula/Graft</u></b> (4) 4x4 gauze (1) 1 inch single use paper tape	X PCT
<input type="checkbox"/>	<b><u>IJ Catheter</u></b> (1) Chlorascrub pad (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"><li>Patient Finance Group</li><li>Clinical Manager</li><li>Social Worker(s)</li><li>Dietitian(s)</li><li>Care Manager(s)</li><li><a href="mailto:Status.Changes@nwkidney.org">Status.Changes@nwkidney.org</a></li></ul>	

# 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](mailto:patientfinancelist@nwkidney.org)
  - NKC Helpline [helpline@nwkidney.org](mailto: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-> 1<sup>st</sup> 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<sup>st</sup> run—prior to start

	Completed
Northwest Kidney Centers Consent for Treatment (included in Admit Pkt)	<input type="checkbox"/>
Notice of Privacy Practices (included in Admit Pkt)	<input type="checkbox"/>
Patient Finance Packet (included in Admit Pkt)	<input type="checkbox"/>
Welcome Letter (included in Admit Pkt)	<input type="checkbox"/>

#### 1<sup>st</sup> 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<sup>st</sup> 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<sup>st</sup> 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:	<input type="checkbox"/>
– Review Safer Dialysis with a Permanent Access handout	
– Show the Get Your Catheter Out! PowerPoint	
– Use the Heart Model to demonstrate catheter risks	
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



<b>1st Run - (Check when complete)</b>		
<b>Access Care Supply Packet for AVF/AVG</b> <i>*also first run using AVF/AVG</i>	<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)	<b>Instructions available in K-NET &gt; Clarity&gt;User Guides by Role&gt; Nurses</b>
<b>Previous Access Care Supply Packet for AVF/AVG</b>		
<b>Access Care Supply Packet for IJ Catheter</b>	<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)	
<b>Previous Access Care Supply Packet for IJ Catheter</b>		
<b>First Treatment Discharge Instructions</b>	<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)	
<b>Previous First Treatment Discharge Instructions</b>		
<b>Transportation for Dialysis</b>	<input type="checkbox"/> Handout: Transportation for Dialysis <input type="checkbox"/> Reviewed with patient (if not with patient document with whom you covered the information)	
<b>Previous Transportation for Dialysis</b>		
<b>1st 3 Runs (Check when complete)</b>		
<b>Care for AVF/AVG</b> <i>*Given within 3 runs after permanent access placement</i>	<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	
<b>Previous Care for AVF/AVG</b>		
<b>Care for IJ Catheter</b>	<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	

# 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> – 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