PRIMARY CARE NURSING: CIA/POC PROCESS

By: Clinical Education Department

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LEARNING OBJECTIVES

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

1. Understand the role of the primary nurse in the CIA & POC call process.

2. Classify the need for CIA – initial, 90 day, & annual.

3. Identify required information and assessments in formulating the Nursing CIA splitter.

4. Demonstrate how to complete assessments and Nursing Assessment CIA in EMR.

5. Recognize the difference between "splitter" and "lumper."

6. Locate critical information and resources in completing the Nursing CIA splitter and the CIA lumper.

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Comprehensive Interdisciplinary Assessment (CIA)

Each patient will receive a CIA completed by the members of the IDT: MD, Primary Nurse, RD, SW

Plan of Care (POC)

Patients &/or their designee can participate in the POC meeting (POC calls) to discuss the CIA focusing on patient care goals

❑ "Splitters" are parts of the CIA completed by IDT members are "lumped" together (lumper) as the finished CIA & POC.

❑ The "Lumper" is where the splitters are 'lumped' together & discussed during the POC meeting before being presented to the patient for signature as final.

Comprehensive Interdisciplinary Assessment – Plan of Care

Application:
This policy applies to all members of each patient's Plan of Care Interdisciplinary Team at Northwest Kidney Centers, who participate in the Comprehensive Interdisciplinary Team Assessment and Plan of Care (CIA-POC) meeting or phone call, in which a comprehensive Plan of Care is developed.

Intent of CIA-POC (Background):

1. Each patient will receive a comprehensive interdisciplinary assessment (CIA) by individual members of the interdisciplinary team (nephrologist/provider, RN, Dietitian, and Social Worker). The interdisciplinary team, including the patient and/or their designee, will hold a Plan of Care (POC) meeting to discuss the results of the CIA and

Medicare Mandates we do this!

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CIA/POC – STABLE ESRD PATIENTS

CIA Reason	Description	CIA Due Date
New to Dialysis (Initial and 90 days from Initial)	Patient is new to NKC and first dialysis is at NKC	Initial is 30 days or 13 treatments from start of dialysis date and 90-days from Initial. (90-day occurs in the same month as due.)
Internal / External Transfer (90-Day, or Initial and 90 days from Initial)	Patient is new to NKC, transferred from previous Medicare facility, or patient transferred between NKC clinics.	If the patient has a current POC (no longer than 1 year old), complete a 90-day review. If no current POC in place, Initial is 30 days or 13 treatments from start of dialysis date and 90 days from initial review. For transfers occurring during initial 30 days of dialysis, the departing and receiving unit managers will negotiate, who is responsible for completion of the CIA-POC.
Modality Change (Initial and 90 days from Initial)	Patient changed dialysis modalities	Initial is 30 days or 13 treatments from dialysis modality change date and 90-days from Initial.
Annual (Annual)	Patient is stable and previous CIA was either: 90-day follow up, Annual, or had become stable (from unstable)	1 year from last CIA (Held in the same month as the previous year.)

➢ Initial = 30 days or 13 treatments from start of dialysis (also AKI patients)

➢ 90 days = 90 days from the initial, (also referred to as 120 days)

➢ Annually = one year from the 90 days and each year thereafter

➢ Plus, Transfers & Modality Changes per Policy Chart

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| Unstable (Monthly)	Patient is medically unstable, as marked in EMR.	30 days from patient admission, marked unstable and monthly thereafter until no longer unstable.
AKI	Patient has an acute kidney injury.	Initial is 30 days or 13 treatments from start of dialysis date and 90-days from Initial. (90-day occurs in the same month as due.) Annual CIA is 1 year from last CIA (Held in the same month as the previous year).

UNSTABLE & AKI PATIENTS

- Unstable criteria includes, but is not limited to:
  - Extended or frequent hospitalizations (15 days in hospital)
  - Marked deterioration in health status or significant change in psychosocial needs
  - Concurrent issues with adequacy, anemia, and albumin
- The primary care nurse is responsible for changing patient' status to "unstable" or "stable" in the EMR
- AKI is initial & possibly 90 day if still AKI
  - Most will convert to ESRD or regain function

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INTERDISCIPLINARY TEAM

Members of the IDT will report on the patient on the call:

- Dose of dialysis
- Nutritional status
- Mineral metabolism
- Anemia
- Vascular access
- Psychological status
- Modality
- Transplant status
- And other pertinent issues

Nurse

RD

Patient & Caregiver

SW

MD
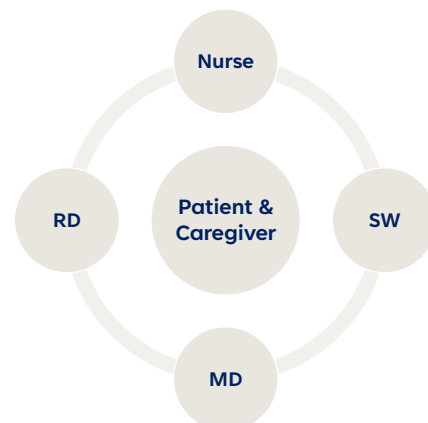
This is **not** a call to receive orders!

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NURSING CIA/POC WORKFLOW

1	The Manager or designee will post the CIA Schedule Report (from K-net)
2	The Primary Nurse or designee will note their pt(s) due for the month
3	The Primary Nurse or designee will invite the pt(s) to participate in the POC call
4	Complete Pre-Assessments, Education, and Pt Assessments

Types of Assessments

- New to Dialysis
- Transfer from another NKC unit without a care plan
- Transfer in from outside NKC without a care plan
- Modality Change
- AKI

90 Day:
- 90 days after the Initial
- Transfer in from outside NKC with a care plan
- Transfer from another NKC unit with a care plan

Annual:
- Annual assessment

Monthly:
- Unstable—-this does not mean the patient is high risk, this means the care plan needs rewriting due to patient

1. Two weeks before the first of the month Unit Manager or Designee prepares and posts the monthly call schedule
2. Every Monday, check the new schedule, update any changes and alert the team
3. If there is a patient on the list that is wrong, contact Katie Huff to fix it Tuesday before Weds when it locks
4. Assessments are completed within 15 days before the call
5. Splitters are done by each IDT member:
   Nursing CIA
   Physician CIA Splitter
   Psychosocial Assessment
   Nutrition CIA
6. POC Call order : Nurse, SW, RD, MD and Patient
7. Within 24 hours of completing the call, Unit manager or Designee completes the Lumper
   - This sets date for next assessment
   - Confirm that all splitters are complete
   - Alert anyone post POC call if their splitter is not done

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COMPLETE PRE ASSESSMENTS

The following Patient Assessments need to be completed before starting the Nursing Assessment CIA splitter:

Clarity > "**Patient**" > "**Patient Assessments**" then select:
- Annual Fall Assessment
- Medication Reconciliation
- TB Symptom Check
(Refer to Clarity User Guide for Nurses found in K-NET)

(Interpreter might need to be scheduled; if so, also notify the RD and SW of date and time for interpreter)

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PATIENT PRE-ASSESSMENTS:
FALL RISK

❑ Fall Risk Assessment is required for <mark>all <u>initial & annual CIAs</u>. (Also done PRN post-fall</mark>)

❑ Clarity: click "Patient" > "Patient Assessments" then select "Annual Fall Assessment"

❑ Select the patient's name, then the date, & "create checklist"

❑ Indicate either "Initial" or "Annual"

❑ Complete all the items in each of the category

❑ Total score determines the patient's level of fall risk

❑ Fall prevention handouts are available in K-NET

» Clinical>Patient Education>Patient Education Materials

» Falls – Preventing Falls at Home

» Falls – Preventing Falls in the Clinic

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PATIENT PRE-ASSESSMENTS:
MEDICATION RECONCILIATION

❑ A new Medication Reconciliation is required for <mark>all initial & annual CIAs</mark>

❑ It is also required to be completed on <mark>monthly basis & post hospitalization</mark>

❑ In Clarity > click "Patient" > "Patient Assessments" then select "Medication Reconciliation" from the dropdown menu

❑ Include monthly reconciliation between Clarity & WAIIS vaccine system

❑ Select the patient's name, then the date, & "create checklist"

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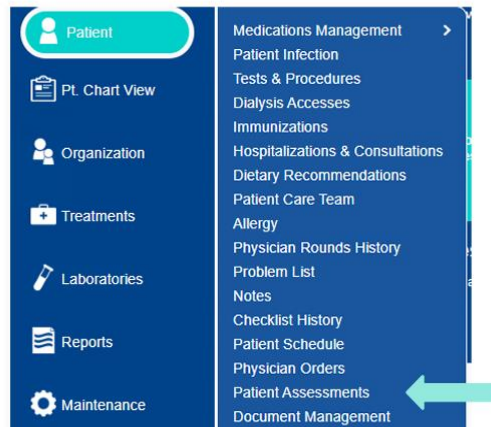## PATIENT PRE-ASSESSMENTS: TB SYMPTOM CHECK & RISK ASSESSMENT

TB Symptom Check & Risk Assessment is done for all initial and annual CIA's

TB skin tests are not required in the clinic for new or existing patients unless:

1) Concern of or known TB exposure

2) Patient has a positive TB symptom check

3) TB skin test is ordered by the MD

4) Patient requires a TB skin test for travel

- How to Document the TB Symptom Check and Risk Assessment:
  - Go to Clarity → Patient →Patient Assessments

  - Select "Nursing Assessment (CIA)"

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PATIENT PRE-ASSESSMENTS: TB SYMPTOM CHECK & RISK ASSESSMENT CONTINUED

- Answer the "TB Symptom Check" questions under the Respiratory section.

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Pre-Assessment:
Initial Height Measurement

❑ Medicare requires **ALL** patients should have a height measurement recorded in EMR on admission and annually

❑RNs do initial height, RDs do the annual

❑Use stadiometer on the wall to measure height
  ❑ If patient cannot stand, ask for stated height, look at 2728 form, (or use the method of measuring fingertip to sternal notch & doubling to estimate height if they have memory deficits or cannot stand)
❑In Clarity, go to Registration > Patient Height & Amputation History

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PRE-ASSESSMENT:
PATIENT EDUCATION

❑There are several topics needed to be presented to the patient prior to completion of Nursing Assessment CIA splitter

❑In Clarity > click "Patient" menu > "Patient Assessments" > "Patient Education"

❑Some education topics are required for the first 6 runs & initial, 90 days, and annual CIAs

❑Handouts are available in K-NET > Clinical > Patient Education > Patient Education Materials

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PATIENT EDUCATION: FOOT CARE HANDOUT FOR DIABETICS

Foot Care for Diabetics

Save your feet!
- Diabetic patients on dialysis have **10 times higher risk** of foot amputation
- Diabetes damages blood vessels in your feet so sores don't heal well
- Diabetes damages nerves in your feet, so may not feel if your feet are hurt or injured

Check your feet every day—
- Wash feet every day with warm water and soap
- Look for cuts, sores, redness, swelling or cracks
- Use a mirror to see the bottoms of feet
- Dry feet well, including between toes

More tips to help protect your feet:
- Walk! A brisk walk every day keeps blood flowing so feet stay healthy
- Keep feet warm and dry; never use heating pads as you may not feel if feet get burned
- Never go barefoot indoors or outdoors
- Be careful when trimming nails or have them trimmed by a podiatrist
- Wear clean, soft socks that fit well; avoid tight fitting socks as they may cause sores
- Wear shoes that fit well; consider custom fit shoes or inserts

Diabetic shoes can help!
- A pedorthist (a health care professional trained in diabetic footwear) can:

- **Provide patient education regarding foot care and address patient's diabetic status in the CIA/POC as necessary**
- Encourage patients or caregivers to perform daily foot checks
  - We used to perform foot checks with the filament as part of CIA/POC process, but we no longer do these
- Encourage patients to contact the MD that is managing their diabetes with any concerns
- Diabetic Foot Care handouts are available in K-NET
  - Clinical > Patient Education > Patient Education Materials > Foot Care for Diabetics

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PATIENT EDUCATION SCREEN - CLARITY

With Initial/120 day/Annual CIA (Check when complete)	
Blood Pressure	☑ Handout: Blood Pressure ☑ Reviewed with patient (if not patient document with whom you covered the information) ☑ Teach Back occurred
Previous Blood Pressure	07/02/2019 Handout: Blood Pressure,Reviewed with patient (if not patient document with whom you covered the information)
Treatment Options - Choosing not to Dialyze	☑ Handout: Choosing not to Dialyze ☑ Teach Back occurred ☑ Reviewed with patient (if not patient document with whom you covered the information2
Previous Treatment Options - Choosing not to Dialyze	
Diabetic Foot Care Education Provided (from Diabetic Foot Assessment)	07/02/2019 Handout: Foot Care for Diabetics (only given if patient is diabetic)
Fluid Overload (Perform at least 1 option) *Repeat with every CIA or if fluid gains are an issue	☑ Review Fluid Overload handout ☑ Show the Fluid Overload PowerPoint ☑ Reviewed with patient (if not patient document with whom you covered the information) ☑ Teach Back occurred
Previous Fluid Overload	07/02/2019 Review Fluid Overload handout,Teach Back occurred

Place checkmarks on topics discussed during sessions.

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Patient Education and Information Checklist

Annual Education Calendar		
January	**February**	**March**
• Anemia (RN)	• Blood Pressure (RD) • Fluid Overload (RD)	• Adequacy & HD (RD) • Every Minute Counts (RD)
April	**May**	**June**
• Traveling with Hemodialysis (Recorded Education)	• Infection & Hemodialysis (RN) • Handwashing—Prevent Infection (RN) • Foot Care for Diabetics (RN)	• Preparing for the Heat (RD)
July	**August**	**September**

• Caring for Your Fistula, Graft, IJ (RN)
• TLC for Your Fistula or Graft (RN)
• Safer Dialysis with a Permanent Access (DT)
	• Needle Dislodgement (DT)
	• Dialysis Chair Comfort (DT)
		• Emergencies in the Center (DT)
		• Surviving a Disaster (RD)
		  – How to get ready
		  – What to do
		• Emergency Diet Planning (RD)

October	**November**	**December**
• Preventing Falls at Home (Recorded Education) • Preventing Falls in the Clinic (Recorded Education)		

During 30 day CIAs and Annual CIAs

• Patient Rights (MSW)

GREAT RESOURCE: PATIENT EDUCATION CALENDAR & CHECKLIST

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For better data flow and overall workflow, complete/review the following items in Clarity **before** you start the **Nursing Assessment CIA** (splitter)

1 ——————

> 1. Update the "**Patient Care Team**"
> – add your name as "**Primary Nurse**"
> - Add/update access surgeon – as needed

2 ——————

> Review patient's history – go to **Patient**>**Patient Chart View**
> Helps in completing health history & review of systems portion

3 ——————

> Print previous Nursing CIA (if available) – from Patient Assessment – helps in completing review of systems portion

PATIENT PRE-ASSESSMENTS:
OTHER ITEMS

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PATIENT ASSESSMENTS:
THE NURSING SPLITTER

☐ Clarity: click "Patient" menu > "Patient Assessments" > Nursing Assessment (CIA)

➤ Primary RN's will complete all areas of the Nursing CIA Splitter

➤ CIAs can be completed 15 days prior to & up to the day of the POC call.

➤ Note: Only the Plan of Care sections in Purple will flow to the CIA lumper (final POC) that the patient will read & sign. If you do not write anything in any of those Plan of Care boxes, your section of the CIA lumper will be blank.

➤ The "**Specific Patient Concerns**" section MUST be completed.

   ➤ It provides explanations & plans to address outliers (i.e abnormal labs, BP's, weights, interest in modalities, etc.)

➤ Indicate if "**Current Plan Successful: Patient Meeting Goals**" Check "Yes" or "No – initiate/ revise plan below" - Write a note if goals not met.

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PATIENT ASSESSMENTS:
THE SPLITTER

Plan of Care section of the Nursing Assessment (CIA) includes:

➤ Medical History
➤ Review of Medications
➤ Review of Systems/Physical Assessment
➤ Hospitalization
➤ Dialysis Prescription
➤ Blood Pressure

➤ Anemia Management
➤ Renal Osteodystrophy Management
➤ Diabetes Management (as applicable)
➤ Modality Options
➤ Transplant Information
➤ Adequacy (Kt/V)
➤ Vascular Access

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TO DO PRIOR TO THE POC MEETING

RN will access the "Nursing Assessment CIA Summary Report"

Note: The RN on the call may not be the one to do the assessment. They may not even know the patient.

Clarity >Reports >Report Wizard >Nursing Assessment CIA >
Date Range> Advanced Mode > Next >>Care Provider >Add> Run Reports

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SAMPLE OF THE CIA SUMMARY REPORT

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THE <mark>POC CALL</mark>:

- ❑ Each IDT member should complete their CIA "splitters" prior to the POC call
- ❑ Primary Nurses may be asked to participate in the POC call – otherwise, Manager or RN designee will discuss the issues identified in the Nursing Assessment splitter
  - ❑ RN's will highlight patient info to discuss on the report
  - ❑ Discuss patient outliers: any abnormal lab values, BP's, weights, interest in modalities, etc.
- ❑ Keep it brief-no more than 5 minutes per patient, ideally

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THE <mark>POC CALL</mark> CONT'D:

- ❑ POC calls are moderated by the RDs – members of the IDT will dial in for the call
- ❑ Katie Huff manages the monthly schedule on the CIA-POC App on Knet
  - » Updates every Mon/locks every Wed for the following week patients to be discussed
  - » Do not print out for the month without checking each Mon (new patients may be added)
  - » Questions about the schedule: contact Katie before it locks on Wed
- ❑ Notify the moderator if any patient wishes to participate in the call ahead of time
- ❑ Notify RD-Moderator & the RN who will be on the call if patient wants to join (at least 1 hour before the call)
- ❑ All calls are to the same number 1-866-398-5740
  - » The standard password is 890008 (The Kaiser call password is 172000)
  - » Calls are scheduled for an hour (Kaiser calls are 10 min)

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THE POC / <mark>LUMPER</mark>

Note: CIA Lumper & POC call portion of the workflow might be performed by the Unit manager or designee

❏ This CIA Splitters will be combined with the other team members parts into the POC Lumper:

» The day after the POC call, verify all splitters have been completed by going to Patient>Checklist History

» You have **24 hours** to complete the splitter after the call, then it will be combined

» At 24 hours, if the MD has not completed the splitter, call & remind them

» Splitters must be Lumped at 72hrs even if team members (ie MD) have not done the work

❏ Do not run the CIA report until the POC call has been completed & every member of the IDT has completed their splitters – it locks the final lumper if the CIA report is opened - portions of late entries will not flow into the final POC that the patient will read.

❏ If MD splitter is still not complete 72 hrs after POC call, create the lumper & enter a note in it explaining MD did not complete CIA within 72 hrs of the POC call.

» Krystle Harrington is also to be contacted.

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THE POC / <mark>LUMPER</mark>

❏ The final CIA lumper is printed & presented to patient for his/her review, approval & signature

❏ Once signature is obtained, the nurse will complete the final checkoff in the CIA Summary

❏ Must be completed for future CIA/POC to trigger:

» code status

» if patient joined call or not

» type of Assessment

» MD input

» whether or not patient is unstable/stable

❏ Give the signed POC to the Unit Coordinator who will scan & upload the final POC into Document Management

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SIGNATURES ON THE POC LUMPER

❑ Medicare requires that all IDT members and the patient sign the POC

❑ Electronic signatures from the IDT assessments populate into the printed POC

❑ Patients will always sign the printed POC

CIA Summary		
Patient is Unstable	○ Yes ○ No	
Care Team	☐ Care team members have met as a team to review the assessment and create/update the plans of care.	
Assessed By Nephrologist	08/24/2022	
Assessed By Nurse	08/19/2022	
Assessed By Dietitian	08/23/2022	
Assessed By Social Worker	08/10/2022	
Patient Signature		
Completed	☐ This assessment is complete	

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PRIMARY NURSE REMINDERS

❑The Unit Manager/designee will take the lead in designating which portions of the process that the Primary Nurse will complete

❑Check with your manager/supervisor/nurse preceptor on unit specific workflows and practice with nurse preceptor

❑Resources are available in K-NET & Policy Manager (see references listed)
  » Some are outdated
  » When in doubt, ask preceptor, manager, or Katie Huff

❑Specific data entry steps in EMR are provided during the "EMR for Nurses" class

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QUESTIONS???

Say Lumper One More Time

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THANK YOU

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