

# IDT Meeting Minutes

DATE:

ATTENDEES (name/role):

## CVCs/Vascular Access Update

- Access Issues
- CVC Rate
- Fistula placement
- CVC Removal

## FLUID MANAGEMENT

% IDWG >5%	# of patients with Post WT Above EDW	# of patients with Post WT Below EDW	# of patients with HYPERTENSION Pre/Post TX	# of patients in need of Estimated Dry Weight Assessment:
Current %:	Current:	Current:	Current:	
Goal %:	Goal:	Goal:	Goal:	

Notes/Action Plan(s)/EDW Review/SUF TXs:

## MISSED TREATMENTS (Goal <7.5%)

# of patients with 3 or more Missed TXs Last Month (these are your OUTLIERS):	# of OUTLIERS who missed 1 or more TXs last week:	IDT will focus on ____ OUTLIERS and address the following: *Reason patient provided for Missed TX *Identify possible/confirmed patient barriers

Action Plan – How will each discipline help patient overcome identified barriers:

NM/NS –  
RN –  
PCT –  
RD –  
SW –  
UC –

MISSED TXs Additional Notes:

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## HOSPITALIZATIONS

# of patients hospitalized last month (these are your OUTLIERS):	# of OUTLIERS who had more than 1 hospitalization within 30 days:	# of OUTLIERS listed/marked Unstable with POC scheduled:
<p>What # of OUTLIERS had the following hospital discharge diagnosis:</p> <ul style="list-style-type: none"> <li>*Fluid Overload =</li> <li>*Hyperkalemia =</li> <li>*Cardiac =</li> <li>*Infection =</li> <li>*Trauma =</li> <li>*Altered Mental Status =</li> <li>*Other =</li> </ul>		
<p>Additional Notes:</p>		

## ADEQUACY Kt/V $\geq 1.2$ (Goal $\geq 98\%$ )

# of patients with no Kt/V result for the month (why? scheduled?):	# of patients with Kt/V $< 1.2$ (these are your OUTLIERS):	MD contacted to order an intervention for each OUTLIER?  If so, were Interventions implemented prior to redraw?
<p>What # of OUTLIERS had 1 of the following interventions implemented:</p> <ul style="list-style-type: none"> <li>*Increase BFR =</li> <li>*Increase DFR =</li> <li>*Increase Needle Size =</li> <li>*Increase TX time =</li> <li>*Heparin Adjusted (Bolus and/or Maintenance dose) =</li> <li>*EDW Reviewed =</li> </ul>		
<p>Notes/Action Plan:</p>		

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## Hepatitis B Vaccination

### **NON-RESPONDERS (NR):**

**# of patients with NR status =**

**Has each NR completed 2 series of Engerix-B?**

**Is there MD documentation of NR status in each patient's chart?**

**Has each NR had monthly Hepatitis B Surface antigen (HBsAg) drawn?**

### **IMMUNE:**

**# of patients with immunity =**

### **IN-SERIES:**

**# of patients within Engerix-B series =**

**Is the next dose scheduled for each patient?**

**Is the monthly Hepatitis B Surface antigen (HBsAg) lab scheduled for each patient?**

### **REFUSALS:**

**# of patients refusing vaccine =**

**Is the monthly Hepatitis B Surface antigen (HBsAg) lab scheduled for each patient?**

**Has the nephrologist for each patient notified of refusal status?**

**Has each patient received education this month on the risks associated with non-immune status?**

**Has each patient been offered the vaccine this month?**

## PNEUMONIA Vaccination

**Establish history of Pneumococcal vaccinations for each patient**

**Review Pneumococcal Vaccination Protocol to determine which patients are in need of vaccine**

**# of patients due for vaccine (reference Pneumococcal Vaccination Protocol for dosing schedule) =**

**Is each patient due to receive vaccine scheduled for administration?**

**# of patients refusing vaccine =**

**Has each patient been provided with monthly education on risks associated with vaccine declination?**

**Do we offer the vaccine to each patient refusing monthly?**

**Is nephrologist aware of refusal?**

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## HHD/PD Pipeline

<b>How many patients admitted w/in last 30 days have received Home Therapies Education?</b>	<b># of existing patients who received education on the option to dialyze at home w/in the last 30 days?</b>	<b>How many incenter patients were referred to home therapies last month?</b>
<b>Identify 3-5 patients who may be candidates for Home Therapies and ask them the following:</b> <ul style="list-style-type: none"><li><b>*How do you feel about in-center dialysis/likes and dislikes?</b></li><li><b>*What is important to you (family, work, hobbies)?</b></li><li><b>*What questions do you have about dialyzing at home?</b></li><li><b>*What barriers do you feel are standing in your way?</b></li></ul>		
<b>Notes/Action Plan:</b>		

## Miscellaneous/Behavioral/Psychosocial/Transportation Issues