# Clinical Unit Coordinator Training Guide

# MONTH

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
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Week 1
- o   Day 1-3, New Employee Orientation
- o   Day 4-5-Orient to unit, such as where supplies are kept, etc.
- o   Making sure access to Clarity, Envi, ScheduleWise and Ascend are in place
- o   Intro to Ascend will start. (how to print the next days labs, and reschedule missed labs)
- o   How to submit Work Orders, and contact Helpline
- o   Office etiquette

- Familiarizing with Clarity
- Go over Unit Coordinator Tip sheet
- Screening of patients, and cleaning the lobby

Week 2 *(in home unit) continued support from Lead Unit Coordinator or designee*
- Reviewing the Role Based Standard Work for the Unit Coordinator
- Intro to Scanning
- Continuing Ascend, and lab prep
- Arrange for Distribution to come and train for ordering, and observe an order
- Add self as part of all your units care team.
- How to obtain hospital records by fax (review PowerPoint)
- Learn how to move patients around in Ascend (may need to wait until a new patient starts)
- Intro into transportation
- Intro to patient travel

Week 3 *(in home unit) continued support from Lead Unit Coordinator or designee*
- Continue patient transportation
- Continue Patient travel
- Walk through an aided order
- Intro into Patient Admissions

Week 4 *(in home unit) continued support from Lead Unit Coordinator or designee*
- Lead will recap all subjects and see if further training time is needed.

# Week #1

## Day 1-3, New Employee Orientation

This will take place with the education department. You will be assigned your badge, and most of the electronic access that you will need to start with NKC. You will receive an overview from various departments. If you have any questions while this is going on, you can email me at [Jennelle.murphy@nwkidney.org](mailto:Jennelle.murphy@nwkidney.org), or call from any phone inside NKC by dialing 1916 and that will get you directly to my desk.

## Day 4 & 5. First days in unit

- Scavenger Hunt of unit, this will be done by someone from your unit preferably when you first clock in. *(this document can be found in Policy Manager)*

- Make sure appropriate computer access works (check off once access has been obtained
    - Clarity: Emailed IT on _____, followed up on _____
    - Envi: Emailed Distribution on _____, followed up on _____
    - Office Depot: Emailed Distribution on _____, followed up on _____
    - Local hospital EMR #1 _____, emailed IT on _____
    - Local hospital EMR #2 _____, emailed IT on _____
    - Local hospital EMR #3 _____, emailed IT on _____
    - Local hospital EMR #4 _____, emailed IT on _____

- ⭐ How to submit Work Orders, (see handout proceeding this section) how to contact Helpline
- Office etiquette
- Familiarizing with Clarity
    - Add self as part of all your units care team. *(See standard work proceeding this section)*
- Screening of patients, and cleaning the lobby
- KNet and Policy Manager Overview

- Make a list of patients that are in a skilled nursing facility (project we do together)

Notes:_____

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# Getting to know Clarity

Clarity is our EMR system.  There are certain places in Clarity that the Clinical Unit Coordinator needs to be comfortable with. Patient Messages, Registration, Patient, and Reports.  All the other areas in Clarity are still important, so feel free to navigate through those at your convenience.

1. **Patient Messages**: This is where you will be notified when one of your patients goes to the Emergency Room, gets admitted to a hospital, or gets discharged from a hospital.  To access, all you need to do is click on the words at the bottom of your home screen in Clarity that say Patient Messages.

2. **Registration**: This is where you will find the patients address and phone number, plus phone numbers for their emergency contacts.
   a. **General Information**: this is where you will find the patients phone number, address, and other helpful information such as how they transport to dialysis.
   b. **Patient Contacts**: this is where you would look to find the emergency contacts phone number.

3. **Patient**: Patient Care Team, and Patient schedule are located here.

4. **Reports**: Report Wizard is where we spend our time.  In week 2 we will be concentrating on this area.

# Getting to know KNet and Policy Manager

## KNet

KNet is an icon on your desktop. The most commonly used portions of this program for the Clinical Unit Coordinator is the search bar. Do you need to find the phone number to a unit, type it in the search bar, need to know what unit a person works at, use the search bar (you get the picture).

The home screen also shows you were to access your timecard.

KNet holds a lot of helpful information and would be a good thing to explore in your down time.

## Policy Manager

Something else that is on the home screen of KNet is Policy Manager. Once you double click on this, it will bring you to a new screen.  On the left-hand side of the page you will see a list, in that list you will see Clinical Unit Coordinator listed. Double click on that. This is where all the Standard Work and other helpful documents associated with our job is located.  This section is always under

construction, so come and visit it often. In addition, if you feel like we should have something added to this section, just let me know.

## How to add yourself as part of the patients care team.

- From Clarity home screen, click on the Patient's tab, then from that drop-down menu click on Patients Care Team.
- Find the patient you would like to add yourself to by utilizing the search option. If the patient is already pulled up, you can click the Change button to search for a different patient.
- Click on Associate Clarity User, then the next window pops up.
- Use drop down arrow and select yourself
- Click start date : todays date
- Leave End Date blank
- Care Team Role : Unit Coordinator
- Click Add button

Primary Nephrologist: EKE, SANCAR
Enumclaw Kidney Center - Outpatient Chronic ⬛⬛⬛⬛⬛      [Change]
Medical Record#:⬛⬛⬛⬛Code Status: DO NOT ATTEMPT RESUSCITATION

### List of Patient Care Team Members

| Team Member | Care Team Role | Billing | Type | Specialty | Start Date | End Date |
|---|---|---|---|---|---|---|
| Pokorny, Joetta | Nurse - RN | | | | 07/07/2020 | |
| Luty, Mary | Nurse - RN | | | | 07/07/2020 | |
| Williamson, Lindsay | Nurse - RN | | | | 07/07/2020 | |
| Pelismino, Christian | Nurse - RN | | Primary | | 07/07/2020 | |
| Multicare Nephrologist Specialist | Rounding Group | | | | 06/16/2020 | |
| EKE, SANCAR | Primary Physician | | Primary | Nephrology | 02/27/2020 | |

**Associate Clarity User**      **Associate Non-Clarity Physician**      **Associate Physician Group**

≪First  ‹Prev  1  Next›  Last≫                    1 - 6 of 6 items

### Add/Edit Care Team Member

| | |
|---|---|
| Clarity User | Murphy,Jennelle |
| Start Date | 07/07/2020 |
| End Date | |
| Care Team Role | Unit Coordinator |
| Specialty | Select value |

[Add]

# Week #2

Week 2 *(in home unit) continued support from Lead Unit Coordinator or designee*

- o Reviewing the Role Based Standard Work for the Unit Coordinator, concentrating on Daily Work. (role based standard work sheet can be found in Policy Manager, but a rough copy is included in this section)
- o Intro to Scanning *(see standard work proceeding this section)*
- o Continuing Ascend, and lab prep (hands on, no handout)
- o Arrange for Distribution to come and train for ordering, and observe an order
- o Go over Unit Coordinator Tip sheet
- o Create a nursing home folder/binder
- o How to obtain hospital records by fax
- o Learn how to move patients around in Ascend (may need to wait until a new patient starts)
- o Intro into transportation *(see handout proceeding this section)*

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In your down time:

- go through all your units' patients and add yourself as a care team member. (This is an important step, so that you will know when to obtain hospital discharge summaries.)
- pick a random patient and go through the Transient In-Center Hemodialysis Standard Work and see if you can find the most asked for documents.

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Notes:_____

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# Unit Coordinator Tip Sheet:

**How to order business cards:**

- Directions can be found on KNet: https://knet.nwkidney.org/docs/1401045939815.pdf?t=637269448987424219
- User name: nwkidney.org
- Password: *order1*
- Cost Center: ask your manager for your units cost center

**How to order toner for copy machine or to report issues with the machine:**

- If you need to order toner, you can only order it through Copiers Northwest.  You do so by calling them. Their phone number is located on the machine.  They will ask you what the machine ID number is and that is also located on the front of the machine, usually on a small silver sticker, with letters and numbers.
- If you are having problems with the machine, like not printing, always jamming (not computer issue, but machine issues) you would still call the number listed on the machine, and they will need the machine number as well.  We lease our machines, and they will send out a technician, if necessary, to fix the machine.
- Copiers Northwest will **never** call the unit to see if you need supplies.
- Be Aware:  There is a scam going around.  A company will call you asking for the model of your copier.  They may even say they are the company we lease our equipment from, (but they will not say the actual name of the company), the caller may even know your name.  Do not give them any information about your machine.  The scam part is that they will send you toner, marked up hundreds of dollars, and then submit the bill to our main office.  It happens often. So be careful.

**How to update patients address or phone number:**

- If a patient needs to update their address or phone number with NKC, we need to send an email to Margaret Harris at Margaret.harris@nwkidney.org.
- She will then update the information in our billing system, which feeds into Clarity.
- If you update it in Clarity, but do not send the information off to be updated in our billing system, it will revert to the old information within 24 hours.

**Run Sheets for Doctors**

Doctors will call asking for the most recent run sheets for a patient.  They may call them progress worksheets too.  In Clarity it is called the Patient Summary report (see standard work).  Be sure to us a large date range to include monthly lab draws.

**Any phone calls from other medical offices**

If one of our patient's doctors calls us and asks for any records to be faxed over, you may fax them over.  This is covered in the continuity of care, so **no** patient authorization for release of medical records needs to be singed.

If they are asking for a new lab to be drawn, or a dry weight change, that is a phone call that needs to be passed to a RN.  Unit Coordinators should not be taking orders over the phone.

If a patient is trying to tell you that they will not be coming in for treatment today at their scheduled time, you should transfer that call to a nurse.

If the phone is for a nurse and you can clearly see they are busy, or they have not answered a call you have paged to them.  Feel free to take a message.  But be sure to notify the nurse of the message ASAP.

**The 2728 process:**

New ESRD Patient starts:

1. A blank 2728 is included in our new patient packet, we then have the patient sign it in blue ink, then send to CIS department in the Burien Pavilion. This is done through interoffice so that they the actual 'live' signature, do not fax or scan it.

**How to order…….**

**Office supplies:** We use Office Depot for our office supplies, to order from them you will need to log into ENVI. You can search Office Depot on the KNet search bar to find the directions.

**Kidney-shaped squeeze balls (for new patients**):  Order in Envi, item number is 50008

**Tote bags for new patients:** This item is a bar coded item.  Its item number is 50007

**Replacement tote bags for patients:** These cost $15. The patient needs to fill out an order form found on KNET (under employee tools, order work supplies, tote bag order form) Send check and order form to our Community Relations and Laptop Program Assistant Anders Nappe through interoffice mail.

**Headphones for new patients:** This is a barcoded item.  Item number is 24954

**Monofiliament (for diabetic foot checks):** Order through Envi, requisition, and NKC standard Items template.  Item number is 24536

**Disposable Lab Coats (med):** Order through Envi, requisition, and NKC standard Items template.  Item number is 10412

**Disposable Lab Coats (large):** Order through Envi, requisition, and NKC standard Items template.  Item number is 10413

-All documents that are from the Transplant teams should be sent to HIM department for scanning.

# Role Standard Work

**NORTHWEST Kidney Centers**

Month and Year: _____ / _____

Job Title: Clinical Unit Coordinator

Name:

## Daily Work:

| Audit: | | Week 1 | | | | | Week 2 | | | | | Week 3 | | | | | Week 4 | | | | | Week 5 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | Tu | W | Th | F | M | Tu | W | Th | F | M | Tu | W | Th | F | M | Tu | W | Th | F | M | Tu | W | Th | F |
| Labs--start of shift check | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Run Missed and UnEntered Treatments report | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Run Order Changes report | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Treatement Flow Sheet for any new Hemo Prescription changes from the Order Changes Report | | | | | | | | | | | | | | | | | | | | | | | | | | |
| report for patients that live in a nursing home, then fax to nursing home | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obtain discharge summary's as needed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labs--end of shift check | | | | | | | | | | | | | | | | | | | | | | | | | | |

## Weekly Work:

| Audit: | 1st | 2nd | 3rd | 4th | 5th |
|---|---|---|---|---|---|
| Run Hemodialysis Treatments Recorded Report | | | | | |
| Review Patients Schedule/Vacation Requests--Adjust labs if needed | | | | | |
| Unit Supply and Labs Order | | | | | |
| Pull Hospitilization Short Form Report, and obtain discharge | | | | | |

## Monthly Work:

| | Audit: | Status |
|---|---|---|
| Update Entire Red Patient Emergency Notebook | | |
| Update DNR Lists if needed | | |
| Prep Monthly Labs | | |
| Run a Missing AOB Status report in Ascend | | |

## As Needed

| | Audit: | Status |
|---|---|---|
| Patient Travel: | | |
| 1- | | |
| 2- | | |
| 3- | | |
| Patient Admission | | |
| Plant Op Requests assist in emergent transportation needs of patients | | |
| Scanning documents into patients EMR | | |

| **Standard Work:** | Daily Report Missed and Clinical Unit Coordinator Treatment Report in Clarity | | |
|---|---|---|---|
| Who: Clinical Unit Coordinator | Owner: Jennelle Murphy Lead Unit Coordinator | Date Created: 05/16/19 | |
| | | Revision Date: 08-01-2022 | |

| Frequency | Actions / Step | Key Points | Reasons |
|---|---|---|---|
| Every Day of Work | Run **Missed and Un-entered Treatments** Report | See Standard Work for assistance | This is to help make sure the nurses have closed out all the sessions for the days prior. |
| | Run **Order Changes** | See Standard Work for assistance | This report will tell us which Treatment Flow sheets to print, in the next step |
| | Use list that came up on the Order Changes Report and print all the **Treatment Flow Sheets** for those patients listed with *hemodialysis prescription* changes only | See Standard Work for assistance | These are used for paper charting if we should the power or internet go down. |
| | Run **RTC Hemodialysis Treatment** Information for any patients that ran the day prior that are staying in a Nursing home or Rehab center | See Standard Work for assistance | This is ran then faxed to the nursing homes that our patients are staying at for continuity of care. |
| | | | |
| | | | |

*In some units the RN runs the Missed and Un-entered Treatment's report. If so, it may not be necessary for you to do it.

*Helpful reminder, you are running the Order Changes report to find out who you need to print updated Treatment Flow sheets for. Those 2 reports go hand in hand

*Nursing Home history report is ran to make sure you have an accurate list of which patients are in a Skilled Nursing Facility. You may find that it is easier to keep a list elsewhere because this report does not tell you which day a patient runs. Make sure to verify it is current, at least monthly.

| Who: Clinical Unit Coordinator | Owner: Jennelle Murphy | Date |
| | | Revis |

**Standard Work:** How to Run Order Changes Report

| Frequency | # | Actions / Step | Key Points | Reasons |
|---|---|---|---|---|
| Daily | | From Home Page in Clarity | | |
| | | Click on **Reports** tab on left side of screen | | |
| | | Click on **Report Wizard** on pop out menu | | |
| | | Click on the **Clinic** Radio Button at top of screen | | |
| | | In drop-down menu, select the **Missed & Un-entered Treatments** | | |
| | | Select the appropriate Patient Shift and Date Range | *should be all shifts, dated the last day worked, through yesterday, if running daily | |
| | | Click **Run Report** | The report will be in a separate web browser window | |
| | | Communicate with RN any information that needs to be corrected /integrated | | |

| Who: Clinical Unit Coordinator | Owner: Jennelle Murphy | Date | NORTHWEST Kidney Centers |
|---|---|---|---|
| | Lead Unit Coordinator | Revis | |

| **Standard Work:** | **How to Run the Patient Treatment Flow Sheets** |
|---|---|

| Frequency | # | Actions / Step | Key Points | Reasons |
|---|---|---|---|---|
| Daily | | From Home Page in Clarity | | |
| | | Click on **Reports** tab on left side of screen | | |
| | | Click on **Report Wizard** from the pop out menu | | |
| | | Click on the **Clinic** Radio Button at the top of the screen | | |
| | | In the drop-down menu, select the **Order Changes** report | | |
| | | Select the appropriate Patient Shift and Date Range | it should be all shifts, dated the last day worked, through yesterday | |
| | | Click **Run Report** | The report will be in a separate web browser window | |
| | | Print report. Then print **Treatment Flow Sheet** *(see Standard Work)* for those patients listed with changes to their **Hemodialysis - Outpatient Hemodialysis Prescriptions** | | |

| Who: Any One | Owner: Jennelle Murphy<br>Lead Unit Coordinator | Date<br>07/0 | NORTHWEST<br>Kidney Centers |
|---|---|---|---|
| | | Revis | |

| **Standard Work:** | **How to Run RTC Hemodialysis Treatment Information Report in Clarity** |
|---|---|

| Frequency | # | Actions / Step | Key Points | Reasons |
|---|---|---|---|---|
| *As Needed* | 1. | From **Home** Page in Clarity | | |
| | 2. | Click on the **Reports** tab on left side of screen | | *-Used in our patient emergency binders* |
| | 3. | Click on **Report Wizard** for the pop out menu | | |
| | 4. | Click on the **Patient** radio button | -If patient is not selected, click on the **change** button. Then find the patient you are looking for<br>-you can click the advance mode button to select multiple patients | |
| | 5. | In the drop-down menu, select the **Treatment Flow Sheet** report | | |
| | 6. | Select the appropriate Patient Shift and Date range | -If you are running this to do the daily update on the Patient Emergency Notebook, select same date range that you used for the Order Changes report. | |
| | 7. | Click Run Report, then print report | **-**The report will be in a separate web browser window. | |
| | 8. | Then file in Red Patient Emergency Binder if doing an daily/monthly update | | |

| Standard Work: | Missing AOB *(Assignment of Benefits)* Status Report in Ascend |
| --- | --- |

| Frequency | # | Actions / Step | Key Points | Reasons |
| --- | --- | --- | --- | --- |
| As needed | | *Must reference Nursing Home History report first if sending these to nursing homes* | | |
| | | From **Home Page** in Clarity | | |
| | | Click on **Reports** tab on left side of screen | | |
| | | Click on **Report Wizard** from pop out menu | | |
| | | Click on the **Patient** radio button | | |
| | | In the drop-down menu, select the **RTC Hemodialysis Treatment Information** report | | |
| | | Select the appropriate **Patient and Date Range** | | |
| | | Click **Run Report** | The report will be in a separate web browser | |
| | | Print, then fax to the appropriate nursing homes | | |

| Standard Work: | Unit Coordinators Portion of the Hospitalization Process |
|---|---|

| Frequency | # | Actions / Step | Key Points | Reasons |
|---|---|---|---|---|
| **Monthly** | 1. | Log into Ascend/Lab Check | **AOB=**<br>**Assignment of Benefits** |  |
|  | 2. | Go to the **Reports** drop down and select **General** |  |  |
|  | 3. | Find and click on Missing AOB Status | **Should be on the 2nd page of the reports** |  |
|  | 4. | **Modality**-All Patients<br><br>**Effective Date**-todays date<br><br>Then click **View** button |  |  |
|  | 5. | Your downloads pop up should alert you that a new download is available, click the new download to view the results | Any that show on this list are AOB's that Ascend does not have.  Look to see if they have been uploaded into Document Management so that you can print and re-fax.  Or print a new AOB, then have the patient sign and fax to Ascend. |  |

| Who: Clinical Unit Coordinator | Owner:  Jennelle Murphy Lead Unit Coordinator | Date |
|---|---|---|
| | | Revis |

NORTHWEST Kidney Centers

| Standard Work: | Clinic Hospitalization-Short Form | |
|---|---|---|

| Who: Anyone | Owner:  Jennelle Murphy Lead Unit Coordinator | Date Created:    12/02/2020 |
|---|---|---|
| | | Revision Date: 08-01-2022 |

| Frequency | # | Actions / Step | Key Points |
|---|---|---|---|
| | | Discharge Summaries are needed after every discharge.  The information obtained in those summaries helps the RN complete their portion of the Medication Reconciliation which needs to be done within 2 weeks of discharge and make any needed notes in the patient's chart. | *Ref: Medication Reconciliation Standard Work located in Policy Manager * Ref: Hospitalization Admission/Discharge Standard Work located in Policy Manager |
| Daily | 1. | Check patient messages from your home page in Clarity to see if any of your patients have been discharged from the hospital. | *This step will only work if you have added yourself as a member of every patients care team in your unit. |
| Multiple times a week | 2. | Run the Clinic Hospitalization Short Form, to track if any of your patients have been discharge. | *This will make sure you do not miss any discharges that did not show up in your messages. |
| Once you have been notified your patient has been discharged | 3. | Upon notification of discharge, obtain and scan hospital discharge summary/labs into the EMR | Can obtain records by: -Access the hospitals EMR (if applicable) -Faxing request to the hospital -calling the hospital medical records department for a copy |

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| Frequency | # | Actions / Step | Key Points |
|---|---|---|---|
| Should be ran at least once a week by the Clinical Unit Coordinator | | From home screen in Clarity | We are running this report to make sure we have not missed any patients that may have been discharged. |
| | 1. | Click Reports tab | |

| | 2. | Click Reports Wizard | |
|---|---|---|---|
| | 3. | Click the Clinic radio button | |
| | 4. | Select Clinic Hospitalization-Short from the drop-down menu | |
| | 5. | Patient shift: leave alone, should default to 'Select Value' | |
| | 6. | Date Range: Set desired date range | **If you are running this on a Monday, then I would select week prior.  If you are running these on a Friday, I would select current week.** |

| Standard Work: | Scanning Documents into Document Management | | |
|---|---|---|---|
| Who: Clinical Unit Coordinators | Owner: Jennelle Murphy<br>Lead Unit Coordinator | Date Created: 6/18/2020 | |
| | | Revision Date: | |

| Frequency | # | Actions / Step | Key Points | Reasons |
|---|---|---|---|---|
| | 1. | Scan document into your unit's scan drive | | |
| | 2. | In Clarity, click on the Patient tab, then select Document Management | | |
| | 3. | Find patient using the search bar, then click on patient to select | | |
| | 4. | Click on Upload New Document | **It should be highlighted in blue** | |
| | 5. | Enter **Date** of the document | **See table below for help** | |
| | 6. | For **Document Type**, Select appropriate Document Type | **See table below for help** | |
| | 7. | For Document Name, Select appropriate Document Name | **See table below for help** | |
| | 8. | Then click the browse button and select the appropriate file that you scanned in, then click **Submit** button | | |
| | 9. | Double check you uploaded the right document by clicking on the **View** button | **If correct, shred the paper document** | |

**\*\*\*\*Anything transplant related should be sent to our H.I.M. department for scanning\*\*\*\***

| Name of Document | Document Date | Document Type | Document Name |
|---|---|---|---|
| Any labs done outside of NKC | Date procedure took place | Lab Results | Whichever one is applicable |
| MD Office Visit | Date visit took place | MD notes | Nephrologist - AHP Note |
| Plan of Care Invitation | Date the document was signed | CIA-POC | Patient Invitation to Care Plan Meeting |
| Comprehensive Assessment | Date the document was signed | CIA-POC | Comprehensive Assessment - Plan of Care |
| Hospital Discharge Summary | Date of discharge | Hospital | Hospital Discharge Summary |
| Chest X-Ray | Date procedure took place | Imaging | Chest X-Ray |
| Hospital Notes | Date of note | Hospital | Hospital Note |
| Any Advanced Directives | Date document was signed | Advanced Directives | Whichever one is applicable |

# Patient transportation

- Patient Services staff look at emails and answer phone calls from 8 am and 4 pm on weekdays.  Emailed requests after 4 pm won't be viewed until the next business day!
- Email transportation@nwkidney.org for standing ride initiation or changes.  Try if at all possible, to change schedules a few days in advance so the patient can be guaranteed transportation.  If a change in schedule must start immediately, please call in the first 2-3 days' worth of rides.
- The unit coordinators are responsible for transportation arrangements for one time requests (SUF runs, make up runs, patient wants to be dropped off at a different location, etc).   Also, finding make up runs for patients.   We are having to send email requests back or redirect patients back to their units.
- Transportation department continues to investigate and elevate serious complaints, arrange COVID transport, and problem solve any transportation dilemmas.

- **Metro Access** phone number (206) 205-5000
- **Hopelink** phone numbers and web address (you will need the patient's provider 1 #)
    - To book a reservation (800) 923-7433
    - To cancel or check the status of a ride (800) 595-2172
    - Web address for quick information on standing rides: myrideonline.org

*\*When you call, please be patient, long hold times are common*

**The UC is generally not the one to make the call on whether the yellow cab gets called. Manager, Charge Nurse or Social Worker are the ones who would typically make the call. Yellow cab is paid for by a special NKC fund, so we try not to abuse this special service and only use it when it is necessary.**

**YELLOW CAB (PUGET SOUND DISPATCH)**

**HOW TO ORDER A TAXI PAID BY NKC**

**NKC Account # 9000**                                    Effective Date:  September 1, 2020

**CALL YELLOW CAB**   206-622-6500

Note:  Provide full rider name (FIRST AND LAST) or description, eg "package" or "blood sample"

**OR**

**LOG ON TO YELLOW CAB WEBSITE**

https://seattleyellowcab.com

Yellow box, upper righthand corner

Green box

Username:  2062922771

Password:  NWKIDNEY1962

Complete all fields.

For field Reason/Booked by:  Provide detail (eg Hopelink late, water problem unit closure, etc. ).
Add information to include name of staff member authorizing and booking.

Maintain security of NKC log in, password and account # - do not give to patients. Do not give to outside agencies unless previously approved

Questions:  Louise Kato, Director Patient Quality of Life Services 206-720-3706 or louise.kato@nwkidney.org

> *The UC is generally not the one to make the call on whether the yellow cab gets called. Manager, Charge Nurse or Social Worker are the ones who would typically make the call. Yellow cab is paid for by a special NKC fund, so we try not to abuse this special service and only use it when it is necessary.*

# Week 3

- ⭐ o Continue patient transportation (link will be emailed to you)
  - o Intro to patient travel (see handout proceeding this section)
  - o Walk through an aided order
  - o Intro into Patient Admissions

Notes:_____

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# Continue patient transportation

If you need to send in a request to our transportation department for an ongoing ride change, email them using this link and form. (I will email this link to you)

✉️

TRANSPORTATION
REQUEST.oft

Just a reminder, they do not handle one time only ride changes, you will need to call the patients transportation provider to get that taken care of.  If you are unsure who the patient's transportation provider is, open Clarity, under registration, then General Information, find and select patient, scroll to the bottom of the next screen. And you will see something that says Transportation Arrangements.  That is where it will tell you if the patient drives themselves, or any other options.  If the patient is Hopelink, you will need to know where to find the patients Provider One number.  Sometimes it is located under the comments section of this area.  But if not, you can find it under Registration, then insurance information, then policies, then you will see the Provider One number listed under the Policy ID column, for the Medicaid option.

**Preferred mode of contact our transportation department is via email: transportation@nwkidney.org Patients/staff can also call 206-720-3773 if needed.**

| NON EMERGENCY TRANSPORTATION | KING & SNOHOMISH COUNTY | PIERCE COUNTY |
| --- | --- | --- |
| **Patient is Medicaid eligible (CNP or ERSO/AEM) Low income & assets**<br><br>For medical appointments only<br><br><br><br>Hopelink also uses vans to transport patients with medical equipment. Can be shared ride<br><br>No charge for rider | **Hopelink**<br><br>800-923-7433 Patient<br><br>425-953-6795 Provider Line<br><br>Chat:<br>www.hopelink.org/transportation/chat<br><br>www.myrideonline.org – useful for anyone to check scheduled pick up times and transportation company assigned | **Paratransit**<br><br>855-553-0355 |
| **Patient is disabled (not income based)**<br><br>Patient completes application and evaluation<br><br><br><br>Shared ride typically.<br><br>When/where bus goes, so there are limits on service hours depending on where the patient lives (or where the clinic is)<br><br>Small per ride cost to patient | **Metro Access (King County)**<br><br>(206) 205-5000<br><br>Minimal same day changes<br><br>Patients can request automated calls regarding pick up times per ride<br><br>. . . . . . . . . . . . . . . . . . . . . . . . . . .<br><br>**DART (Snohomish County)**<br><br>425-347-5912 | **Pierce Shuttle**<br><br>(253) 581-8000, Option 1, then Option 2 |

| Standard Work: | Transient In-Center Hemodialysis | |
|---|---|---|
| **Who: Clinical Unit Coordinator** | **Owner:** Jennelle Murphy | **Date Created:** 06/08/2020 |
| | | **Revision Date:** |

| # | Actions / Step | Key Points |
|---|---|---|
| This applies to all Northwest Kidney Centers' patients requesting assistance with transient dialysis to a non-NKC facility | | |
| 7. | Patients will be responsible for notifying their home unit at least 30 days prior to requested travel dates for domestic travel, and 3-4 months prior for international travel. | |
| 8. | Once patient has expressed interest in travel, they should be given the Travel with Hemodialysis (worksheet) found on KNet | **https://knet.nwkidney.org/Intra/article/1403541268181** |
| 9. | The Clinical Unit Coordinator or Social Worker from the patient's home unit will help assist with dialysis arrangements while traveling | |
| 10. | The Clinical Unit Coordinator should create a travel folder after initial call to the unit the patient is traveling to. The Travel Checklist should be utilized at the front of this folder to help stay organized with the travel timeline. | All contents of folder can be shredded after one full calendar month from when the patient returned. |
| 11. | The Clinical Unit Coordinator or Social Worker will assist the patient in contacting the unit to which the patient wishes to dialyze at while traveling. | |
| 12. | The Clinical Unit Coordinator will correspond with the unit the patient is traveling to secure all requested reports/test results. Then make sure they are sent in a timely fashion. | |
| 13. | The Clinical Unit Coordinator will notify the patient of any requirements Northwest Kidney Center can not obtain, such as further tests or procedures the other unit is requesting. | |
| | The Clinical Unit Coordinator will notify patient once the other unit has assigned a chair time. Usually this takes place 5-7 days prior to travel. | |

Notes:_____

_____

Travel Checklist/Timeline

**Patient Name:**_____

**Where are they traveling to:**_____

**What are their travel dates:**_____

**This is to help everyone in the unit know what step you are on with travel arrangements:**

**Start here:**
- o Give patient travel worksheet found on KNet (**https://knet.nwkidney.org/Intra/article/1403541268181**)
  - ▪ given on this date_____
- o Create file for patient
- o Obtain front and back copies of insurance card and driver's license (enlarge if possible)

**After initial phone call has been placed to unit they are traveling to:**

**(**Encourage pt. to make initial call, otherwise, UC or Social Worker can)

- o Make sure a check list of records has been received within a few days of call
  - ▪ follow up on this date_____
  - ▪ If no list has been received call them and let them know
    - • follow up on this date _____ if needed
- o Send all records that have been required.
  - ▪ If unable to send a record, make a note of why on the cover sheet.
  - ▪ If additional tests are needed, (see next step)
  - ▪ If additional doctor visits are needed, notify patient so they can take care of it.

**Where to find some of the most asked for documents**

| Document Name | Where to find |
|---|---|
| 2728 | Document Management |
| Most Current Labs | Ascend |
| Patient Demographics | Clarity-Report Wizard-Registration Information |
| Last 3 Flow Sheets | Clarity-Report Wizard-RTC Treatment Information |
| Medication List | Patient Summary |
| Vaccination Records | Clarity-Report Wizard-Immunization |
| IDT Assessments | CIA/Care Plan-Document Management |

- o Ask the patients Primary Nurse to input any tests you may need.
  - ▪ Be sure to tell them what date you want the test drawn. Some requirements say that test results need to be within a certain time-period.
- o Follow up a few days after sending the initial reports to make sure the other company has received them.
  - ▪ follow up on this date_____
- o Make sure the tests that are needed have been scheduled
  - ▪ follow up on this date_____
- o Put a reminder in your outlook calendar to send the results 2 days after they were drawn.
  - ▪ follow up on this date_____
- o 2 weeks before travel, sure to call the unit the patient is traveling to making sure they have everything
  - ▪ follow up on this date_____
- o 1 week before travel call the unit to get a chair time. Be prepared, they may not have one ready unit the Friday before the patient travels.
  - ▪ follow up on this date_____

# Continue: Patient travel

Pick a patient from your unit and let's plan a fake vacation for them.

- One month from today they will be spending 7 days in Hawaii. They will be staying at Montage Kapalua Bay. (you will need to find this hotel and address)
- We should find if that patient is a M-W-F, or T-TH-S patient, because that will tell us how many treatments they will need at the other facility.
- we should find the closest dialysis center to the hotel, once that is obtained, find the phone number for their admissions department (usually it is the only number listed)
- Now we will pretend that we called that number and started the process. The other company sent us this fax, requesting all this information on our patient. So, start collecting it, according to the standard work we went over in week 2.

**TIP:** Easiest way to find the Hepatitis results is by going into Ascend, and then reports, and finding the Hepatitis reports for the specific patient. Make sure to start your date range from January 1st of the current year. We do this because some of the test they will require we draw at the beginning of each year. Easiest way to print the PPD test results, if it was administered in clinic is on the Patient Summary report.

## Important!

Admission to the facility is contingent upon the receipt of all medical and insurance documentation from the patient's home facility. Finalized placement is subject to the Medical Director's approval at the accepting facility and insurance verification. Forms of payment can be discussed with the accepting facility directly, if applicable.

**Following is a summary of your patient's treatment information.**

| Type of Placement | Visitor |
|---|---|
| Treatment Dates | 03/15/2021 to 03/20/202 (If permanent only one date indicated) |
| Number of Visits | 2 |

**Medical Checklist for Admission**

- ☐ Patient Demographics
- ☐ Copies (front and back, enlarged if possible) of ALL Insurance cards
- ☐ Copy of Medical Evidence Report (HCFA 2728 form)
- ☐ Last (3) copies of Recent Dialysis / Flow Sheets
- ☐ Current Dialysis Orders
- ☐ History & Physical Report (within 1 year)*
- ☐ Bi-lateral chest X-Ray Or PPD for guest patients within 90 days; one year for DaVita patients*
- ☐ Hepatitis B Surface Antigen (HbsAg) (Screen) (within 30 days, unless HbsAb>10)
- ☐ Hepatitis B Surface Antibody (HbsAb) (Quantitative)
- ☐ Hepatitis B Total Core Antibody (HbcAb)(Cannot accept IGM)
- ☐ Lab reports (within 30 days) to include Hematocrit, Hemoglobin, Chemistries, URR, KT/V
- ☐ EKG if available OR if patient has a known heart condition
- ☐ Medication List (within 30 day)
- ☐ IDT Assessments: nursing, psychosocial and dietary
- ☐ Current Nursing Assessment
- ☐ All vaccination records (Flu, Pneumonia, etc.)
- ☐ Negative COVID-19 test result (must be within 5 days prior to the first treatment date)
- ☐ Written order from nephrologist approving of 3 hour run time

*Required documentation

# Walk through an aided order

Most of our ordering is done with the bin system. Distribution comes out multiple times a week and sees what we are low on, then the next day they bring those items.

We oversee ordering these items;

# INVENTORY TEMPLATE GUIDE

**Template:** UNIT ORDERED STANDARD  REQ REQUIRED
**Reference:** REQ REQUIRED - ORDERED BY UNIT

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Bag, Blood Sample Ziplock 6 x 6 (10PK/CS) | Ball, Squeeze Kidney shaped (CPHO) | Bandage, Sureseal XL (100/BX) |
| **Vend #:** F20606 | **Vend #:** Kidney Squeeze Ball | **Vend #:** 5107402 |
| **Mfg #:** F20606 | **Mfg #:** | **Mfg #:** 85200 |
| 10333 — PK (1) Qty | 50008 — EA (1) Qty | 10421 — BX (1) Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Battery, Alkaline 9V Cell Dispo (12/PK) | Battery, Alkaline AA Cell 1.5V Dispo (24/PK) | Battery, Alkaline AAA Cell 1.5 Dispo (24/PK) |
| **Vend #:** 651496 | **Vend #:** 911657 | **Vend #:** 854614 |
| **Mfg #:** PC1604 | **Mfg #:** 4855 | **Mfg #:** 4856 |
| 11066 — EA (1) Qty | 24976 — EA (1) Qty | 13290 — EA (1) Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Battery, Alkaline C Cell 1.5V Dispo (12/PK) | Battery, Alkaline D Cell 1.5V Disp (12/PK) | Bedpan, Fracture Graphite |
| **Vend #:** 278484 | **Vend #:** 278483 | **Vend #:** 1028132 |
| **Mfg #:** PC1400 | **Mfg #:** PC1300 | **Mfg #:** 56-8522 |
| 25014 — EA (1) Qty | 24985 — EA (1) Qty | 25094 — EA (1) Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Bedpan, Medegen Dusty Rose 2qt (50/CS) | Board, Arm Foam 3.5 x 18 Reusable (24/CS) | Brief, Incontinent Lite Tab Closure LRG |
| **Vend #:** 198960 | **Vend #:** 1014003 | **Vend #:** 973139 |
| **Mfg #:** H113-10 | **Mfg #:** 45001-15-MPN | **Mfg #:** 973139 |
| 10323 — EA (1) Qty | 26018 — EA (1) Qty | 26062 — BG (1) Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Coat, Lab Dispo LRG (25/CS) | Coat, Lab Dispo MED (25/CS) | Coat, Lab Dispo SML |
| **Vend #:** 194397 | **Vend #:** 194396 | **Vend #:** 194395 |
| **Mfg #:** 10042 | **Mfg #:** 10041 | **Mfg #:** 10040 |
| 10413 — EA (1) Qty | 10412 — EA (1) Qty | 10411 — EA (1) Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Coat, Lab Dispo XLRG (25/CS) | Collection Hat (ea) | Cuff, ABPM Extra Large |
| **Vend #:** 194398 | **Vend #:** 487960 | **Vend #:** 7102390 |
| **Mfg #:** 10043 | **Mfg #:** 16-9522 | **Mfg #:** 7102390 |
| 10414 — EA (1) Qty | L26068 — EA (1) Qty | 26058 — EA (1) Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Cuff, ABPM Large | Cuff, ABPM Medium | Cuff, ABPM Small |
| **Vend #:** 7102380 | **Vend #:** 7102771 | **Vend #:** 7102372 |
| **Mfg #:** 7102380 | **Mfg #:** 7102771 | **Mfg #:** 7102372 |
| 26057 — EA (1) Qty | 26056 — EA (1) Qty | 26055 — EA (1) Qty |

**Template:**   UNIT ORDERED STANDARD  REQ REQUIRED
**Reference:**   REQ REQUIRED - ORDERED BY UNIT

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Cuff, Adult Aneroid w/Carry Case | DIALYZER CELLENTIA 190 | ECOVUE GEL, US 20GM (100/BX 4BX/CS) |
| **Vend #:** 803186 | **Vend #:** CTA19H | **Vend #:** 1095593 |
| **Mfg #:** 01-720-11ABKGM | **Mfg #:** CTA19H | **Mfg #:** 281 |
| 10003              BX (1) | 26108              CS (1) | 30046              EA (1) |

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| FLASHLIGHT, MAGNETIC BASE YEL/BLK | Glasses Uncoated Safety, Clear Lens | Headphone w/Mic mixed colors 1PR |
| **Vend #:** 8DLP4 | **Vend #:** 4EY97 | **Vend #:** B00J8TMIZ4 |
| **Mfg #:** 49C128 | **Mfg #:** | **Mfg #:** |
| 25011              EA (1) | 26117              EA (1) | 30108              PR (1) |

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Lancet, 30G BD (100/PK) | Meter, Blood Glucose Assure Prism | MONOFILIAMENT, 10 Grams(PK) |
| **Vend #:** 927258 | **Vend #:** 1091469 | **Vend #:** 1074987 |
| **Mfg #:** 16-PASL30G | **Mfg #:** 530001 | **Mfg #:** 16-MT34X |
| 25033              BX (1) | 30141              EA (1) | 24536              PK (1) |

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Needle, Buttonhole 16G x 1 (250/CS) | Needle, 23Gx1 Safety Prevent M | Needle, 23gx1.5 Safety  Prevent HT |
| **Vend #:** BH-2006-PE | **Vend #:** 1168029 | **Vend #:** 721362 |
| **Mfg #:** BH-2006-PE | **Mfg #:** 192-N231S | **Mfg #:** 102-N23105S |
| 21738              EA (1) | 30089              BX (1) | 30090              BX (1) |

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Needle, Buttonhole 15G x 1 Twinpack | Needle, Fistula Masterguard 15G x 1-1/4 | Nepro,INST ARC Butter Pecan 8 oz (24/CS) |
| **Vend #:** BH-2005-PE | **Vend #:** S9-7015MG | **Vend #:** 1048213 |
| **Mfg #:** BH-2005-PE | **Mfg #:** S9-7015GM | **Mfg #:** 64798 |
| 24993              EA (1) | 24933              EA (1) | 16268              CS (1) |

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Scrub, Surgical Bactoshield 1 QT 2%  (12/CS) | Sheet, Stretcher Flat 40x96 | Sling, Ajro Dispo Med (10/CS) |
| **Vend #:** 207639 | **Vend #:** 971446 | **Vend #:** MFA2100-M |
| **Mfg #:** | **Mfg #:** | **Mfg #:** MFA2100-M |
| 26081              EA (1) | 26110              PK (1) | 26015              EA (1) |

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Sling, Arjo Disp Lrg (10/CS) | Sling, Arjo Dispo Xlrg (10/CS) | Soap, BactoShield CHG 2% (clinical) |
| **Vend #:** MFA2100-L | **Vend #:** MFA2100-XL | **Vend #:** 546466 |
| **Mfg #:** MFA2100-L | **Mfg #:** MFA2100-XL | **Mfg #:** |
| 26016              EA (1) | 26017              EA (1) | 26077              EA (1) |

**Template:** UNIT ORDERED STANDARD  REQ REQUIRED
**Reference:** REQ REQUIRED - ORDERED BY UNIT

| Supply Chain | Supply Chain | Supply Chain |
|---|---|---|
| Solution, 10% Providone-Iodine 4oz (36/CS) | Solution, Control L1/L2 Assure Prism (1/BX) | Stethoscope, Blk 2-Tub 16 Dbl SD Chestpiece |
| **Vend #:** 1043539 | **Vend #:** 971974 | **Vend #:** 761428 |
| **Mfg #:** 039 | **Mfg #:** 530006 | **Mfg #:** 01-640BKMCE |
| 10160 · EA (1) · Qty | 30143 · BX (1) · Qty | 10036 · EA (1) · Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Swabstick, PDI Iodine (50/BX) | Tape, Medipore H H2O Rest 4x10yd (BX/12) | TAPE, SILICONE KIND REMOVAL 1X 1/2yd 100BG |
| **Vend #:** 188681 | **Vend #:** 314412 | **Vend #:** 774835 |
| **Mfg #:** S41350 | **Mfg #:** 2864 | **Mfg #:** 2770S-1 |
| 25001 · EA (1) · Qty | 24906 · RL (1) · Qty | 30077 · BG (1) · Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Test Strip, BLD Gluc Assure Prism (50/BX) | Thermal printer paper 15/rolls | Tote, NKC bag w/logo (CPHO) |
| **Vend #:** 942353 | **Vend #:** 412713 | **Vend #:** HTT |
| **Mfg #:** 530050 | **Mfg #:** | **Mfg #:** |
| 30142 · BX (1) · Qty | 30072 · BX (1) · Qty | 50007 · EA (1) · Qty |
| Supply Chain | Supply Chain | Supply Chain |
| Tubing, ABPM Connection Female/Female | Tubing, ABPM Connection Female/Male | Vacutainer, Plus Conv 10ml Red (BX/100) |
| **Vend #:** 7102699 | **Vend #:** 7102698 | **Vend #:** 271578 |
| **Mfg #:** | **Mfg #:** 7102698 | **Mfg #:** |
| 26105 · EA (1) · Qty | 26059 · EA (1) · Qty | L26085 · EA (1) · Qty |
| Supply Chain | Supply Chain | |
| Vacutainer, SST 5ml Gold - 207068 | Wypall Plus, White (9BX/CS) | |
| **Vend #:** 207068 | **Vend #:** KC05790 | |
| **Mfg #:** 367986 | **Mfg #:** KC05790 | |
| L26050 · EA (1) · Qty | 10452 · BX (1) · Qty | |

Notes:_____

_____

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# Intro into Patient Admissions

# Admission Process for Clinic Unit Coordinator

- ❖ Ascend
    - o Bring patient into your unit **(see standard work)**
    - o Input patient schedule (*inform nurse this has been done so they can input lab orders*)**(see standard work)**
    - o Put together new patient labs
    - o Print Assignment of Benefits or AOB **(see standard work)**
- ❖ Print up Admission Packet, and put AOB with packet
- ❖ Prep the New Patient bag *(squishy kidney, headphones, and access packet)*
- ❖ Go over new admission packet with patient (excluding Consent for Treatment) **(ref handout)**
- ❖ Process the new patient packet after the patient has signed it
- ❖ Put patient into ScheduleWise **(see standard work)**
- ❖ Upload all Standing Orders **(see standard work)**

# Here is what the Unit Coordinator will be doing to help with the Admission Process.

## Step #1

**Print up the Admission Packet, for our new patients, put sign here stickers where applicable (***if your unit uses them***).** You will need patients full name and MRN number prior to printing the packet, so that you can type in that information where applicable. We are trying to avoid printing more than what we need. We should be printing this directly from KNet every time. This will eliminate anyone using an outdated form.

## Step #2

**Prep the new patient bag.** *Included in bag are the squishy kidney, head phones, emergency information magnet, and access packet.*

- Directions on how to assemble the access care packets can be found on the KNet
- If you need more tote bags for new admissions: It is a barcoded item, so you can scan and have it delivered with your next order in ENVI. Email Distribution & Supply Chain at Distribution_&_SupplyChain@nwkidney.org with any questions.
- To order any of the branded materials (anything with our logo on it) follow the directions on KNet, under Employee Tools, go down to order work supplies, and select Branded materials. This will pop up a document that shows who you should contact for which item such as your squishy kidney and emergency information magnets for both patients and staff. (see contact information below for any questions in regards to branded tools or Tote Bag)

**Anders Nappe**
**Community Relations and Laptop Program Assistant**
**Community Programs and Health Outreach**
**Northwest Kidney Centers**
 Tel: 206-720-3850 | Fax: 206-709-8359
 Anders.Nappe@nwkidney.org | www.nwkidney.org

- Headphones for patients have a bar code and would be ordered with your normal stock order.

## Step #3

**Bring Patient into Ascend, print AOB, and input schedule.** You will need to know patients schedule/shift to complete inputting the schedule into Ascend (see standard work on KNet under the Ascend button)

## Step #4

**Print labels, and put tubes together for patients first lab draw.** (need to wait for RN to input the orders into Ascend)

Notes:_____

_____

_____

# 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

## Department of Social and Health Services – Authorized Representative (1pg) *Medicaid*

➢ 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 Department of Social and Health Services 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

<u>**Joint Notice of Privacy Practices**</u> (6pgs)

- ➤ Goes over that we share information in accordance <u>of</u> Continuity of Care act.
    - ▪ Patient's name and NKC number should be typed or written on each page of this document.
    - ▪ Scan into Document Management under "Admission-New Patients" for Document Name, then "Joint Notice of Privacy Practices" for Document Type.
    - ▪ Shred after you have verified that it was uploaded correctly.

<u>**Welcome Letter**</u> (1pg)

- ➤ Given to patient.

How

- ➤ States on going schedule and discharge instructions.
    - ▪ Given to patient.

## Have to manually go find:

**Assignment of Benefits** from Ascend (our lab company)

- ➤ This is for Ascends benefit
    - ▪ Fax to Ascend, use the number at the bottom of the Assignment of Benefits. The put date the form was faxed to Ascend and initial in the upper right corner.
    - ▪ Scan into Document Management under "Consents" for Document Name, then "Consent-ASCEND Assignment of Benefits" for Document Type.
    - ▪ Shred after you have verified that it was uploaded correctly.

## Overview of what gets sent where

| Document Name | Scan to PT Registration | Scan to Kim Benning |
|---|---|---|
| Patient Account Agreement | X | X |
| Patient Registration Form | X | X |
| SSA –Appointment of Representative | X | X |
| DSHS-Appointment of Representative | X | X |
| Copy of Patients insurance card and driver's license | X | X |

## Upload into Document Management

| Form | Document Type | Document Name | Shred once uploaded |
|---|---|---|---|
| Informed Consent for Treatment | Consents | NKC Consent for Treatment | X |
| Joint Notice of Privacy Practices | Admission-New Patients | Joint Notice of Privacy Practices | X |
| Assignment of Benefits | Consents | Consent-Ascend Assignment of Benefits | X |

\* The 2728 form starts with the information provide in the Registration Form. Kim Benning then generates the Preliminary 2728, and will email the unit, when it is ready. Once ready, the patient will need to sign 2 copies of the document in blue ink. Once signed, both signed copies get sent to Kim Benning through interoffice, so then they can be sent to the doctor for their signature. Once all signatures have been obtained, you will see it uploaded into the patients EMR.

After scanning or uploading documents appropriately, you would shred them. Please do not send hard copies to Pt Registration.

| Standard Work: | Printing Assignment of Benefits in Ascend | | | |
|---|---|---|---|---|
| Who: Anyone | Owner: Jennelle Murphy<br>Lead Unit Coordinator | | Date Created: 09/24/2019 | |
| | | | Revision Date: | |

| Frequency | # | Actions / Step | Key Points | Reasons |
|---|---|---|---|---|
| When a new patient starts | | From the home screen in Ascend | | |
| | 1. | Click on the **Reports** tab | | |
| | 2. | Select **General** from the drop down menu | | |
| | 3. | Select **Assignment of Benefit's** | | |
| | 4. | Use drop down arrow and find patients name | | |
| | 5. | Click **Generate Report** | *May need to click on the open button to view the report* | |
| | 6. | Print Report, then have patient sign it | | |
| | 7. | Fax report to Ascend at number listed at bottom of the report | | |
| | 8. | Upload into EMR | *See Standard Work for assistance* | |

NORTHWEST
Kidney Centers

| Standard Work: | Enter New Patient into ScheduleWise | |
|---|---|---|
| Who: Unit Coordinators | Owner: Jennelle Murphy | Date Created:   04/03/19 |
| | | Revision Date: |

| Frequency | # | Actions / Step | Key Points |
|---|---|---|---|
| With every new admit or patient transferred in. | 1. | Click on the ScheduleWise icon on your desktop | |
| | 2. | From the opening screen, select the appropriate schedule you need. (ie MWF, or TTS). Then find the Open Chair that you would like to fill. | *The information of the patients schedule, would have been provided to you.* |
| | 3. | Click on the drop-down arrow of the Open Chair that you want to fill, and select Add Patient | |
| | 4. | Type the patients last name in the box, and it will automatically search for the patient, and give you the option to Add New Patient. Click that option. | |
| | 5. | Fill in the form with as much information as you know, Name, duration of run is the minimum. | Any other information can be added at the discretion of the manager |
| | 6. | Once complete, click the Save & Assign Patient button | Patient should now be visible on the schedule |

Notes:_____

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| Standard Work: | Moving Patients from N99 to your unit | | |
|---|---|---|---|
| Who: Clinical Unit Coordinators | Owner: | Date Created: | |
| | | Revision Date: | |

| # | Actions / Steps | Key Points | Tips |
|---|---|---|---|
| 1. | Log into Ascend | • Click 'Change Facility'<br>• Choose N-99 | |
| 2. | Find the patient in the N-99 facility | • N-99 is the patient holding facility | |
| 3. | Click on 'Patients' tab | • Click 'Patent List'<br>• Click on patient name | If patient is in other facility, return to main screen, change to the indicated facility, before following steps 2-8 |
| 4. | Click 'History' tab | | |
| 5. | Click 'Edit' | | |
| 6. | Enter "End Date" | • Enter date of previous day | If moving patient from another facility (other than N-99) check for pending labs before entering ending date (if not, pending labs will be cancelled) |
| 7. | Enter "End Status" | • Left Facility | |
| 8. | Save | | |
| 9. | Go back to home screen and change the facility to your home unit. | | |
| 10. | Click on Patients button, then select patient list in the drop-down menu | | |
| 11. | Click New Patient button | • Type in patients last name then click Check Existing Patient button | |
| 12. | Click on Reactivate next to the appropriate patient | • Located on the right side of the screen, then enter today's date as the start date. | Next step would be to put in the patients schedule, see standard work |

Notes:_____

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| Standard Work: | Inputting Patient Schedule | | |
|---|---|---|---|
| **Who:** Clinical Unit Coordinators and RN | **Owner:** Lab Team | **Date Created:** 1.16.2020 | |
| | | **Revision Date:** | |

| # | Actions / Steps | Key Points | Reasons |
|---|---|---|---|
| 1. | Log in to Ascend | | |
| 2. | Click 'Patient' button | • Click 'Patient List'<br>• Select the patient | |
| 3. | Click 'Schedule' button | • Click 'New Schedule' | |
| 4. | Choose the 'Start Date' | | |
| 5. | Check the boxes for the days of the week that the patient runs | | |
| 6. | Use the dropdowns to select the shifts that the patient runs | | |
| 7. | Click 'Save' button | | |

Notes:_____

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# Uploading Standing Orders Tips

(tips for when Standing Orders are updated, and you need to upload for every patient)
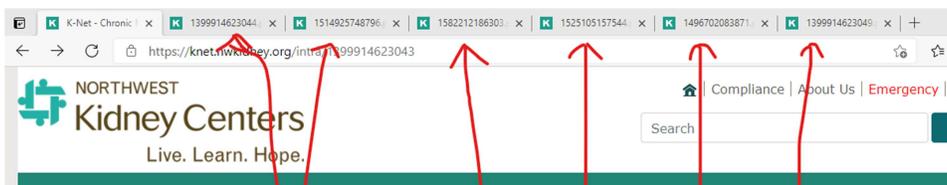
| **Standard Work:** | **Uploading Standing Orders** |
|---|---|

- Start by opening K-Net, locate standing orders, and then open each one on their own tab by using the drag and drop method.
- Once you have 6 tabs open you can click on the standing order and pull it to one of the open tabs, then proceed until all 6 have their own tab.
- Next open Clarity, go to the registration menu and select General Information, and select your first patient.
- To get a complete list of your patients. Go into Ascend and print a patient census. Ascend does not filter out patients that are in the hospital, or if they are AKI, its just a quick easy list. Use this list as your check off list.
- I personally like to copy the MRN number and then just past it on all 6 documents. Then go back and copy the patients name, and past it on all 6 documents.
- Once I have done that, I can go through and save each Standing Order with the patient's name and which standing order it is, on the unit scan drive.

| # | Actions / Steps | Key Points | Tips |
| --- | --- | --- | --- |
| 1. | Find the appropriate Standing Order on KNet that has the doctor's signature already on it. Type in patients name and NKC# on the bottom. Hit the print button, and change your printer to Microsoft Print to PDF, then hit print. The next screen will prompt you to save the document and save into the Unit Scans folder.<br><br>(repeat for all the Standing orders) | We have 6 Standing Orders currently,<br>1. Standing Order<br>2. Heparin<br>3. Iron<br>4. Mircera<br>5. ODPS<br>6. Paricalcitol<br>7. PRN Medications Addendum | I like to have all 6 open in a separate tab, then I can just copy and past the name and NKC # across all of them at one time. Then Print to PDF each one and save them in the Unit Scans folder. |
| 2. | Log into Clarity | | |
| 3. | Open Document Management, and locate patient | | |
| 4. | Click on Upload new document | Double check that this has not already been uploaded | |
| 5. | Select appropriate date, in the Document Date field | The date used should be the date that the doctor signed the Standing Order | |
| 6. | Document Type should be, In-Center Standing Orders | | |
| 7. | Document Name should be the name of the Standing Order that you are trying to upload. | | |
| 8. | Click the Submit button, once complete | After you have clicked submit, you can click the view option to the right of the record you just entered, to see if it was uploaded correctly. | |