

# Northwest Kidney Centers Orientation Guide for New Clinical Staff



*Gemy Maninga, a dialysis technician, at our SeaTac clinic*

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## Orientation Objectives

The goals of orientation are to introduce you to Northwest Kidney Centers (NKC), familiarize you with policies and procedures, and prepare you to work on the clinic treatment floor. At the end of this orientation, you will be able to:

- Verbalize NKC's mission & values
- Define professional conduct
- Describe health & safety requirements
- Identify the location of emergency equipment in your center and become familiar with your crash cart
- Locate and follow NKC's policies and procedures
- Understand infection prevention and the transmission of blood borne pathogens
- Demonstrate proper use of personal protective equipment (PPE)
- Demonstrate appropriate documentation in the EMR
- Describe the roles and scope of practice differences between a nurse and a dialysis technician (DT)

## NKC's Mission Statement

"To promote the optimal health, quality of life and independence of people with kidney disease through patient care, education and research."



*Dialysis technician Ingrid Suy with patient Juan Nerona at our Rainier Beach clinic*

## Patient Care

With multiple dialysis clinics over the Seattle/Northwest Region, NKC provides quality dialysis care to the local community.

Research has fueled our work from the very beginning. From developing the world's first home dialysis program to introducing revolutionary new treatments, our progress is rooted in the pioneering work of doctors and scientists.

## Kidney Research Institute (KRI)

Together with UW Medicine, NKC established the Kidney Research Institute in 2008. Made up of the region's top researchers, the institute supports the prevention, early detection and treatment of kidney disease and its complications. Based at Harborview Medical Center and at NKC's Seattle location, the KRI uses findings from patient treatments to contribute to scientific investigations in the lab and vice versa. It also brings together experts in a range of disciplines, including clinical medicine, pharmacology, genetics, pathology, psychology, education, and physiology.

## NKC's Values

As a community-based, nonprofit organization, Northwest Kidney Centers fulfills its mission through shared core values of teamwork, integrity, excellence, stewardship, and respect.



### Teamwork

We pull together to achieve a **common goal** or to complete a task in an **effective and efficient way**. It is about **caring, communicating, coordinating, cooperating,** and **supporting** each other to produce better outcomes than any one person could do on their own.

Teamwork involves **respecting** the diversity of skills, perspectives, and experiences that each team member brings to the table. Teamwork also means noticing what needs to be done and volunteering to do it without being asked.

## Integrity

Operating with integrity means you are **honest, accountable, and responsible**. People can trust your word. You do what you say, and your words and actions align. In our personal, team, and organizational values, we strive for alignment in what we say and do.

## Excellence

We demonstrate high standards of performance, quality, and safety in all aspects of care delivery and professional development. **Excellence is the quality of excelling, of being truly the best at something.** We continually seek to improve and understand the needs of those who rely on us such as our patients, doctors, and fellow team members, and then try to exceed their expectations.

## Respect

We show respect in the workplace by treating those around us (patients, visitors, fellow team members, etc.) with dignity, courtesy, and in a professional manner. Respect in the workplace can foster a positive work environment, increase productivity, and reduce conflicts.

Some examples of respectful behaviors in the workplace are:

- Listening attentively and actively to others
- Giving constructive feedback and accepting criticism
- Appreciating and acknowledging the contributions of others
- Communicating clearly and politely
- Respecting the diversity and differences of others
- Avoiding gossip, rumors, and harassment
- Following the policies and procedures of the organization

## Stewardship

Northwest Kidney Centers is a nonprofit provider of dialysis, education, and research in the Seattle area. Stewardship within our organization means using resources wisely, respecting the environment, and supporting the community.

We demonstrate stewardship by providing high-quality care to patients, investing in research and innovation, partnering with other organizations, and supporting our employees' professional development.

We are each responsible for ensuring appropriate use of health data and resources. We are committed to serving others with excellence, integrity, and creativity, while managing the resources entrusted to us with care and accountability.

These definitions are based on information from the following sources: 1. [Merriam-Webster](#), 2. [BetterUp](#), and the 3. [Cambridge Dictionary](#)

## History of Northwest Kidney Centers

We owe so much to the dedication and hard work of our founders and earliest employees. From Dr. Belding Scribner's game-changing invention to breakthrough discoveries made by our Kidney Research Institute, we've always set our aims high. Being the first dialysis company in the world, our reputation is built on more than 60 years of experience caring for people with kidney disease. As we have grown and expanded, our commitment to our patients has remained unwavering.



*Dr. Christopher Blagg, Northwest Kidney Centers executive director emeritus, at work in the 1960s*

## Orientation Basics

### Tasks and Expectations

You will become familiar with and gain access to several of NKC's IT applications.

K-Net: NKC's Intranet; holds links to various applications and information:

NOVAtime:	Timecard and time clock
Ascend Lab:	Patient laboratory
Clarity:	Electronic Medical Record (EMR)
Policy Manager:	Contains NKC's Policies and Procedures
Relias:	NKC's online educational platform
K Health:	Employee Health Portal
ADP:	Benefits and Pay
NWKidney.org:	NKC's website; staff can also access NKC email and timecard from the public website

To contact our IT Services Team:

Email: [support@nwkidney.org](mailto:support@nwkidney.org) or phone: 206-292-2579

Also, a work order can be sent through the **K-Net**.  
The link is in the **top right-hand corner** on K-Net's home page.



For Clarity/ EMR support, contact Clinical Informatics Systems (CIS):

Email: [cis\\_list@nwkidney.org](mailto:cis_list@nwkidney.org) or Phone: 425-454-5843

### On-Boarding Paperwork

As part of the on-boarding process to NKC, there are several forms that need to be completed and given to your manager.

Please see the checklist for all required paperwork at the end of this orientation guide.

## Professionalism and Customer Service Standards

As employees, we are role models and representatives of Northwest Kidney Centers. We must ‘walk’ the values of our organization.

NKC has guidelines for how we treat our patients, visitors, outside vendors, and fellow team members. These guidelines are described below as the “Four C’s.”

### Consideration, Concern, Conduct and Confidence


Consideration	Concern
<ul style="list-style-type: none"> <li>○ Greet Patients Promptly</li> <li>○ Show Friendliness, Courtesy &amp; Respect</li> <li>○ Recognize Patient Needs</li> <li>○ Respect Confidentiality</li> <li>○ Include Patients in their Own Care</li> </ul>	<ul style="list-style-type: none"> <li>○ Listen to Patients</li> <li>○ Express Appreciation</li> <li>○ Offer Support &amp; Avoid Judgments</li> <li>○ Take Responsibility</li> </ul>
Conduct	Confidence
<ul style="list-style-type: none"> <li>○ Maintain Appropriate Conversations &amp; Behaviors</li> <li>○ Maintain Professional Appearance</li> <li>○ Establish Teamwork</li> <li>○ Show Professional Competency</li> <li>○ Respect Diversity</li> </ul>	<ul style="list-style-type: none"> <li>○ Show Positive Attitude</li> <li>○ Take Personal Initiative</li> <li>○ Inform, Educate, Reassure</li> <li>○ Give Prompt Follow-Up</li> </ul> <div data-bbox="1068 1241 1313 1377" style="text-align: center;">  <p>Treat Others the Way You want to be Treated</p> </div>

Figure:1

### Professionalism

According to the Merriam-Webster Dictionary (2022): Professionalism is a way of showing a courteous, conscientious, and a general business-like manner in the workplace.



## So, how do we show professional behavior in our workplace?

We use the 4 C's as listed above.

Additionally:

- Introduce yourself to patients and co-workers when needed
- Always address patients in a respectful manner; treat others with courtesy and respect
- Use “please” and “thank you” while speaking to patients, fellow team members, visitors, and patient’s family members
- Arrive to work on time and be ready to work
- Do not talk about other patients or co-workers in front of a patient
- Dress appropriately by following NKC’s dress code
- Keep the patient care area clean
- Maintain professional boundaries; for example, do not discuss personal problems with patients and do not show favoritism among patients
- Do not accept money or individual gifts from patients. Gifts that can be shared with all staff are acceptable
- Always maintain your composure
- Try to involve patients in their own care
- Respect diversity and support positive relationships
- Do not engage in personal conversations or personal nonverbal communication with other staff members in front of patients
- Do not use derogatory or negative comments about patients or co-workers; do not use profanity, vulgar speech, or inappropriate humor
- Do not seek validation for individual opinions

## Professional Standards

- Professionals know and support workplace standards, protocols, policies, and procedures
- Professionals engage in ongoing skills and knowledge development
- Professionals know and work within their scope of practice and competency
- Professionals seek help when needed
- Professionals maintain their professional license(s) and credentials

## Dress Code

NKC’s “Personal Appearance” policy provides guidelines for appropriate attire in the workplace, including clean clothing/scrubs and closed-toe shoes.

## Communication

NKC values effective communication!

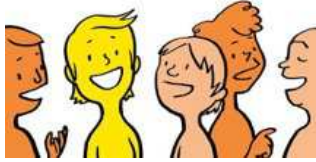


Figure 2.

All types of communication (oral, written) regarding patient care are performed in English. Interpreter services are available for patients who require an interpreter.

For verbal and written communication of medical information, NKC uses the “SBAR” system. SBAR (Situation Background Assessment Recommendation) is a useful and effective communication tool that allows healthcare professionals to share concise and essential information in a short amount of time.

<h1>S</h1> <p><b>Situation</b></p>	<h1>B</h1> <p><b>Background</b></p>	<h1>A</h1> <p><b>Assessment</b></p>	<h1>R</h1> <p><b>Recommendation</b></p>
<ul style="list-style-type: none"> <li>▪ State your name and unit</li> <li>▪ I am calling about (patient name):</li> <li>▪ The problem I am calling about is:</li> </ul>	<ul style="list-style-type: none"> <li>▪ State admission diagnosis and date of admission.</li> <li>▪ State pertinent medical history.</li> <li>▪ Give a brief synopsis of the treatment to date.</li> <li>▪ This is a change from (previous condition):</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vital signs: BP___ Pulse___ Resp___ Temp___</li> <li>▪ On oxygen? Yes___ No___</li> <li>▪ The patient is complaining of:_____</li> <li>▪ Pain scale___</li> <li>▪ Is there a change from prior nursing assessment?</li> </ul>	<ul style="list-style-type: none"> <li>▪ State what you would like to see done <b>OR</b> specify that physician needs to come now and assess the patient.</li> <li>▪ Any testing needed?</li> <li>▪ Meds?</li> <li>▪ Do you want to be notified for any reasons?</li> <li>▪ If no improvement, when should I call again?</li> </ul>

Figure 3

## Documentation in the Electronic Medical Record (EMR)

The patient's health record (printed or electronic) is a legal document and must be treated as such. Information about the patient's dialysis treatment is documented in the EMR. There are rules about charting that must be followed. Please review NKC's policy, “**Medical Records and Documentation Guidance**”.

NKC policy also contains an alphabetical list of NKC-approved abbreviations.

Note: HIPPA (Health Insurance Portability Act of 1996) is legislation that provides data privacy and

security provisions for safeguarding medical information. This law requires providers and their employees to keep all Protected Health Information (PHI) confidential.

You will receive training for the electronic medical record (EMR) in class and in your clinic. For additional assistance, job aids can be found on K-Net.

NKC's EMR has a dedicated tab on the K-Net (shown here).

Clarity



And remember, with medical records... **If it isn't documented, it isn't done!**

Accurate, complete, and timely documentation is critical to your role!

Always check that you are documenting in the correct patient's chart.

### Documentation Basics

- Document what you do as you do it; but no later than the end of your shift
- Never chart what you anticipate doing or happening; chart after the task or event is completed
- Chart facts not feelings; chart objectively versus subjectively
- Chart what YOU do, others need to chart what they do
- Use only those abbreviations approved by NKC for charting as found in the "NKC-Approved Abbreviations" policy. (When in doubt, write it out!)
- Use complete sentences and do not use slang
- Check your spelling and grammar
- Document any patient instructions and/or education provided and patient's response. State the patient's response in quotation marks as appropriate.

### For Written Documents

- Do not leave blank spaces
- Always write legibly and in blue or black ink when charting on any written patient record or medical form
- If you make a mistake, do NOT use correction fluid or scratch out your entry. Instead, draw a single line through the error and write "error", the date, and your initials and credentials. Then include the correct entry.

### For Electronic Documents

- Ensure you do not share your password with any other team members
- Log out of the system prior to leaving the workstation
- Verify another individual is not logged in prior to charting

### Safety Alert System (SAS)

Our Safety Alert System is NKC's internal quality improvement reporting system. An SAS report is used to submit:

- An unsafe condition
- A near miss
- An adverse event

An SAS is an internal reporting tool. Always document the event facts in the patient's medical record separately. Reference to the completion of an SAS report should never be included in a patient's medical record.

Policy Reference: QI-Q17500 Safety Alerts (SAS) and Process Improvement

## Know Your Scope of Practice

Washington State regulates the scope of practice for dialysis technicians and nurses regarding the tasks.

### Introduction to the Role of the Dialysis Technician

According to the Washington State Legislature, certified hemodialysis technicians may perform various duties related to dialysis treatment under the supervision of a registered nurse or physician (Title 18 RCW § 18.360.050, 2019).

Dialysis technicians provide direct patient care in dialysis setting. Duties consist of reinforcing patient education, conducting dialysis, and caring for patients under the supervision of the registered nurse, including:

- Setting up the dialysis machine
- Performing equipment safety checks
- Properly inserting fistula needles in a patient's fistula or graft
- Managing central venous catheter (CVC) care
- Giving IV heparin and IV Normal Saline
- Topical administration of local anesthetics
- Taking Vital Signs and Monitoring patients during treatment
- Documentation in the EMR
- Initiating and terminating dialysis treatments
- Operating hemodialysis machines and other equipment
- Calculation of patient fluid removal and replacement needs
- Administration of oxygen to a patient

The law (Title 18 RCW § 18.360.030, 2019) specifies the minimum qualifications that technicians need

to meet to be certified. Also, they must pass an exam from a nationally recognized organization, such as BONET or NNCC.

Title 18 RCW § 18.360.040 (2020) outlines the certification and registration requirements.

## Assessment *versus* Data Collection

Per Washington State regulations, dialysis technicians cannot perform assessments. Instead, the observations made by patient care technicians are called “data collection”.

What is the difference between data collection and assessment?

Data collection refers to the process of gathering and measuring information on specific topics or subjects.

This data is then analyzed and used to make a judgement.

A nursing assessment is a process where a nurse gathers, sorts, and analyzes a patient's health information using evidence informed tools to learn more about a patient's overall health, symptoms, and concerns. Nurses are expected to use their clinical judgment based on assessment of patient care needs.

An example:

- Counting the patient’s respiratory rate is **collecting data**
- Listening to the patient’s lung for abnormal sounds can be **collecting data**
- Checking for edema is **collecting data**
- Saying the patient has 3+ pitting edema with crackles in the lungs and needs fluid removed is an **assessment**
- Interpreting the data to create an intervention is a Nursing function and part of the assessment process.

Techs can collect data (but not interpret) that a pt is fluid overloaded (a common ailment for the condition) and is having shortness of breath or edema. The DT would be obligated to inform the RN. The DT can’t make interventions alone nor instruct the patient to try taking off more fluid. They would have to wait for the instructions from the nurse.

## Infection Prevention in the Dialysis Setting

This section focuses on infection prevention, hand hygiene, personal protective equipment, and isolation requirements and standards.

- ✓ Please review all the associated infection control policies located in the checklist at the back of this orientation guide.

For infection prevention purposes, the dialysis setting is separated into clean and dirty areas and appropriate personal protective equipment (PPE) will also be worn whenever contact with body fluids, hazardous chemicals, contaminated equipment, and environmental surfaces is possible. (Reference Policies: IC-T6044 and IC-S6030)

- Gloves should be applied after hand hygiene is completed
- Face mask is to cover mouth and nose
- N95 respirator masks are required for team members caring for COVID-19 suspected and COVID-19 positive patients or with other airborne disease
- Gown must be worn on the treatment floor with all snaps closed and sleeves worn to the wrist. Isolation gowns must be tied at the neck and waist
- Perform hand hygiene per NKC policy
- Tie long hair back when providing clinical care
- No artificial nails or tips
- No fabric or canvas shoes; closed toe shoes only
- Patients are asked to wash their hands and access (fistula or graft) before entering the treatment area

Further **Infection Control** education is available at:

[Knet > Employee Education > Clinical Staff Education > NEO Learning Materials > Infection Prevention & Isolation Power Point Slides](#)

## The Patient Zone / Bubble

The physical and imaginary separation of clean and dirty areas in the clinic can assist health care workers in the fight against germ transfer.

For infection prevention purposes, imagine the patient has a 3-foot bubble or zone surrounding them on either side (a 6-foot diameter in total).

**All surfaces or items inside this area are considered dirty**



This includes the area surrounding the dialysis chair, patient table, and dialysis machine. It also includes the patient, any patient belongings, and any equipment in the patient area or zone.

## Hand Hygiene

Proper hand hygiene protects you and those receiving the care you provide. Hand hygiene includes washing your hands or using an NKC-approved alcohol-based hand sanitizer. It is the single most important thing you can do to prevent the spread of infection in the dialysis center. (Reference Policy: IC-H6016 Hand Hygiene)

## The Five Moments of Hand Hygiene

At NKC, we practice strict hand hygiene. This includes the 5 moments of hand hygiene as follows:



1. Hand Hygiene - Before touching a patient when you enter the patient zone
2. Hand hygiene - Before any clean or aseptic procedure
3. Hand hygiene - After body fluids on gloves
4. Hand hygiene - After touching a patient and leaving the patient zone
5. Hand hygiene – After touching patient surroundings and leaving the patient zone

## Cleaning the Dialysis Station

- Patient **must be out of the patient zone** before cleaning begins and any new patient supplies are brought into the area
- All surfaces being cleaned must remain visibly WET for the amount of time that is recommended by the manufacturer of the product
- Keep dialysis chairs open after cleaning to dry

## Blood Spills

- Clean blood spills promptly with NKC-approved cleaning wipes, then disinfect with a second application of the same cleaner (using new wipes), paying attention to the **proper contact time** needed to disinfect the area. Make sure surfaces are wet but not saturated and dripping. Keep lids to all cleaning products closed when not in use to ensure they do not dry out.

## K-Health (Staff Health Records)

Your staff health records can be found in the Employee Health Portal in Knet.

[K- Net](#) > [K- Health](#) > [K-Health Portal](#)

- ✓ Tuberculosis (Tb) surveillance is needed for all new staff members. Please fill out the Tb questionnaire found in Knet.

This can be found at:

[Knet](#) > [K-Heath](#)> [K-Health Portal](#) > [Record now](#) > Go to drop down screen and find tuberculosis> Press record now > Press record now drop-down screen> select medical history> **complete questionnaire** and save at bottom of page.

### Create Record

Record Type *	Tuberculosis
Record Status *	Medical History
Status Details *	Symptom Screening
Occurrence Date *	07/10/2020

If you haven't already done so, you will also need to submit a copy of your vaccination records to your manger or email them to [EmployeeHealth@nwkidney.org](mailto:EmployeeHealth@nwkidney.org) to be uploaded.

Vaccination records include your vaccine history for hepatitis B, covid 19, and the flu.



## Body Mechanics and Back Safety

When you use body mechanics correctly (moving your body correctly to prevent injury), you can avoid muscle strain and fatigue.

The three main risk factors for a musculoskeletal injury are:

- Awkward postures
- Repetitive motion
- Forceful exertion

To move well, you need to make friction, leverage, and gravity work for you in a safe way! Medical Education Institute. (2018) pages 180-183

- Please complete all Relias training videos, complete “Using the Arjo” checklist, and read the related NKC policies found in the checklist at the end of this orientation packet.

## General Tips for Moving Patients

- Evaluate the patient’s ability to assist with the transfer before moving the patient
- Provide step-by-step instructions to the patient
- Know your own limits and ask for help when needed
- Plan and prepare ahead of time: remove any obstacles, always move a patient towards his or her strongest side
- As able, keep wheelchairs/dialysis chairs/beds at the same height while transferring patients
- Lock all brakes on wheelchairs, dialysis chairs, and beds prior to transferring patients
- Use upright, neutral working postures and proper body mechanics

## Patient Bathroom Use

Due to fall risk, all patients using the bathroom during dialysis must be taken to and from the restroom in a wheelchair. Reference Policy: CD-R1073 Restroom use on dialysis.

## Transferring Patients

Some HD patients need help to move themselves from a wheelchair to a treatment chair, or from a wheelchair to bed, etc.

The techniques you use for a transfer will vary with how well a patient can stand and bear their own weight.

## **Levels of Transfer**

**Independent transfer:** Patient can perform all aspects of transfer without assistance by additional personnel.

**Assisted Transfer:** Patient can bear weight and actively participate with minimal assistance from staff.

**Dependent Transfer:** Patient cannot bear weight, does not participate actively, or participates minimally with transfers.

At the end of a dialysis session, it is also recommended for a staff member to assist the patient while he or she stands up from the dialysis chair. Patients are more likely to feel dizzy and possibly fall after dialysis is completed.

Ref: 11. Vargas, (2012). 12. Medical Education Institute. (2018) pages 180-183.

## **Assistive Devices**

NKC uses assistive devices to aid in patient transfers. During your orientation, please familiarize yourself with all assistive devices used at your clinic.

NKC-approved equipment for transfers:

- Gait belts
- Hydraulic Lift Device (Arjo)
- Ceiling lift (in select unit only)

## **Gait Belts**

During the transfer of a weight-bearing patient to and from a wheelchair to a dialysis chair or a bed, the use of a gait belt is highly recommended.

## **Slide Boards**

**Safety Point:** Due to the elevation of the dialysis chairs at NKC, slide boards may not be useful in transferring patients as any steep upward gradient between the two surfaces can be unsafe for patient transfer. To prevent injuries, never use a sliding board to transfer a patient to a higher surface. Always ensure a downward slope during the transfer.

## **Walkers**

When caring for a patient with a walker, let them control the speed to which you both are walking. Make sure their path is clear of tripping hazards.

## Arjo Mechanical Lift

At NKC, an Arjo lift is used to transfer patients who cannot bear weight. If your clinic has the **Arjo Maxi Move Lift**, this device has a maximum weight limit of 500 lbs.

**Safety Point:** Make sure the device can hold the weight of the patient you are moving. (Reference Policy: ED-SW2121 Use of Mechanical Lift for Patient Transfers)

Transferring patients with the mechanical lift will require at least two staff members: one will move the lift and one will guide the patient to the correct place in the dialysis chair/wheelchair/bed.

When using a mechanical lift:

- Make sure the sling is under the patient's body from the shoulders to hips.
- Check that the hooks are all in the correct slots on the sling holder.
- Raise the patient up high enough to clear the dialysis chair/wheelchair/bed
- Be sure the patients' fingers are clear of any hooks to prevent pinching
- Gently release the patient down into the dialysis chair/wheelchair/bed
- Reposition the patient as needed

## Fall Prevention Program

At NKC, we have a comprehensive patient fall prevention program.

### Fall Risk Assessments

At NKC, nurses use a fall risk assessment tool to determine the fall risk category for each patient. All patients will have an initial fall risk assessment performed by a nurse within 30 days of admission, with the completion of each care plan, and after any fall (at home or in the unit).

The fall risk categories are as follows:

Score:

0-6 = Low Risk for Falls = Green Precautions

7-11 = Moderate Risk for Falls = Yellow Precautions

12 + = High Risk for Falls = Red Precautions

Based on the patient's level of fall risk, each category provides certain fall prevention precautions and interventions to be used for that patient. Therefore, specific patient needs are addressed, and care strategies are provided. **Refer to Falls Prevention Program Policy for specific precautions used with each category.**

### Post Fall Documentation and SAS Reports

As mentioned above, any patient involved in a fall will have an updated Fall Risk Assessment completed (by a nurse) at the time of the incident. A description of the fall event is documented in the patient's EMR, and an SAS report is also completed. In case of a staff member falling, an SAS report will be submitted. See below for the correct SAS icons to use in each situation.





## Post Fall Huddle Form

If there is a patient fall, the Interdisciplinary Team (IDT) must initiate a 'Post Fall Huddle.'

All post fall events will need to have an IDT huddle ASAP, but no later than 72 hours (about 3 days) after a fall occurs.

The Post Fall Huddle Form needs to be completed and given to the manager.

Post Fall Huddle Form	
	
	
Patient Name	
Date/Time of Fall	
When (circle one)	<input type="checkbox"/> Pre-Dialysis <input type="checkbox"/> Intra-Dialysis <input type="checkbox"/> Post-Dialysis
<b>DESCRIPTION OF EVENT</b>	
Location of fall	
What was the patient doing when the fall occurred?	
What was different this time about the patient and/or surroundings?	
Why does the team think the patient fell?	
How can this fall be prevented in the future?	
Post Fall Huddle Attendees	
<small>*Give completed form to Manager to be uploaded into SAS*</small>	

Please review NKC policies related to patient transfers and fall risk assessments found in the checklist at the end of this packet.

## Patient Education on Fall Prevention

To aid team members in their responsibility to educate our patients, educational handouts on preventing falls can be found on the K-Net:

<p>✓ <b>Task:</b> Locate Handouts</p>	<p><a href="#">Clinical &gt; Patient Education &gt; Patient Education Materials &gt; "Preventing Falls at Home" and "Preventing Falls in the Clinic"</a></p>
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## References

1. In (excellence, integrity, professionalism, respect, stewardship, teamwork). *Merriam-Webster's collegiate dictionary*. (new 25th ed.). Springfield: Merriam-Webster. (2022). Merriam-Webster (2022).
2. BetterUp, (2021, October 13). What is teamwork and why does it matter? (BetterUp.com).
3. In (excellence, integrity, professionalism, respect, stewardship, teamwork). *Cambridge University Press online dictionary*. (n.d.). Retrieved November 9, 2023.
4. Figure 1: Treat Others the Way You Want to Be Treated. Attorney Ethics Counsel. Retrieved November 20, 2023. from (<https://attorneyethicscounsel.com/2020/02/18/12-steps-to-a-healthier-practice-in-2020-step-2-treat-others-the-way-you-want-to-be-treated/>).
5. Figure 2: Gupta, R. (n.d.). 5 tips on how to read someone else's code. Retrieved November 20, 2023, (<https://medium.com/@smilin.robin/5-tips-on-how-to-read-someone-elses-code-b931b6a059ec>).
6. Figure 3: Image from Journal article: Woodhall, L. J., Vertacnik, L., & McLaughlin, M. (2008). Implementation of the **SBAR** communication technique in a tertiary center. *Journal of Emergency Nursing*, 34(4), 314-317.
7. RCW 18.360.050: Authorized duties.wa.gov. Title 18 RCW § 18.360.050 (2019). [RCW 18.360.050: Authorized duties. \(wa.gov\)](#) / Retrieved from Washington state legislature (<https://app.leg.wa.gov/rcw/default.aspx?cite=18.360.050>).
8. RCW 18.360.040: Certification and registration requirements, Title 18 RCW § 18.360.040 (2020) [RCW 18.360.040: Certification and registration requirements. \(wa.gov\)](#) Retrieved from (<https://app.leg.wa.gov/RCW/default.aspx?cite=18.360.040>)
9. RCW 18.360.030: Minimum qualifications (wa.gov) retrieved from (<https://app.leg.wa.gov/RCW/default.aspx?cite=18.360.030>)
10. Board of Nephrology Examiners Nursing and Technology (BONET). (n.d.). Certified hemodialysis technologist/technician.
11. Vargas, J. (2012, September 25). Transfer of patient [PowerPoint slides] ([PPT - Patient Transfer for Health Professional PowerPoint Presentation - ID:1003806 \(slideserve.com\)](#))
12. Medical Education Institute. (2018). Core Curriculum for the Dialysis Technician: A comprehensive review of hemodialysis (5th ed.) pages 180- 183.

## Orientation Requirements - Paperwork and Checklist

**Please give this form to your manager upon completion of all below:**

Policy #, Task or Form to complete	Title of Document or Policy	Initials & Date of Completion
SAF-U9012A *NHB	<b>Safety Scavenger Hunt</b> <ul style="list-style-type: none"> <li>○ To be completed and given to Manager</li> </ul>	
ED-SW2121 *NHB	<b>Use of Mechanical Lift for Patient Transfers</b> <ul style="list-style-type: none"> <li>○ To be completed with preceptor and given to Manager</li> </ul>	
Skills Checklist *NHB	<b>Clinical Competency Checklist</b> <ul style="list-style-type: none"> <li>○ To be completed with preceptor and given to Manager</li> </ul>	
Learning Packet *NHB	<b>Intro to Dialysis Water Treatment Packet</b> <ul style="list-style-type: none"> <li>○ To be completed and given to FSS, then manager</li> <li>✓ Make appointment w/FSS to review water room</li> </ul>	
*NHB HDP-O19310B - Nurse HDP-O19310 - Tech	<b>End of Orientation Objectives</b> <ul style="list-style-type: none"> <li>○ To be reviewed with Preceptor and Manager</li> </ul>	
HDP-19362 *NHB	<b>Competency Checklist Assure Prism Multi Blood Glucose Meter</b> <ul style="list-style-type: none"> <li>○ To be completed with preceptor and given to Manager</li> </ul>	
✓ Task	<b>Review Crash Cart/Emergency Equipment</b> <ul style="list-style-type: none"> <li>○ Complete with your preceptor, or by pairing up with the in-center nurse</li> </ul>	
✓ Task	<b>Meet Interdisciplinary Team (IDT)</b> <ul style="list-style-type: none"> <li>○ Nurse, Social worker, Dietician, Medical Director</li> </ul>	
✓ Task	<b>Complete Ascend University Assignments (x4)</b> <ul style="list-style-type: none"> <li>○ Lab handling and shipping modules</li> <li>○ 4 certificates printed or emailed to manager from Ascend Univ.</li> </ul>	
✓ Task	<b>Complete K-Health Requirements</b> <ul style="list-style-type: none"> <li>○ Vaccine records submitted to manager or employee health</li> <li>○ Tb questionnaire and Tb status determined</li> </ul>	
✓ Task	<b>CPR Card</b> <ul style="list-style-type: none"> <li>○ Supply evidence of up-to-date CPR card to manager</li> </ul>	
✓ Task	<b>Complete assigned Relias Education Modules in K-Net (most within 30 days of hire)</b>	
✓ Task *NHB	<b>Complete Policy and Procedure Checklist</b> <ul style="list-style-type: none"> <li>○ Found at end of this orientation package</li> <li>○ Hand into your manager on completion</li> </ul>	
✓ Task ✓ DOH Website	<b>Uncredentialed DTs Only: DOH State Certification</b> (**cannot work independently until state certification is received) Submission deadline is 30 days from the end of the 8-week orientation period. New hire emails Manager & Education list when application has been submitted.	
✓ Task	<b>Uncredentialed DTs Only:</b> <b>17 months from hire- National DT Certification</b>	

\*NHB = Found in New Hire Binder

# Policy/Procedure and Standard Work Checklist

During your orientation, please review the following list of NKC policies, procedures, and standard work documents.

This list includes key policies and procedures but is not a comprehensive list of all NKC's policies and procedures. As a professional, it is your responsibility to be able to locate, understand and follow NKC policies and procedures.

**Please read the following policies/procedures and standard work documents and sign the attestation at the bottom of the document:**

Policy # or task to complete	Documents and Tasks	Initial and date upon completion
<b>General Orientation</b>		
<b>HR Policies</b>		
PR-M24501	Mission Vision and Values	
HRP-S579	Standards of Professionalism	
HRP-P578	Personal Appearance	
HRP-A540	Absenteeism and Tardiness	
HIM-M25005	Medical Records and Document Guidelines	
HDP-N19099	NKC-approved Abbreviations	
<b>Safety and Security</b>		
ADM-S12127	Shred-All Confidential Document Destruction Policy	
IS-W15064	Workstation Security	
QI-Q17500	Safety Alerts (SAS) and Process Improvement	
<b>Standing Orders</b>		
K-Net	Found on: K-Net> Clinical > Standing Orders> Chronic In-Center Maintenance Hemodialysis > <b>Standing Orders – ICHD</b>	
<b>Access</b>		
<b>Fistulas and Grafts</b>		
CD-A1126B	AVF Assessment for Maturation	
CD-A1126C	Look, Listen & Feel - AVF/AVG Assessment	
CD-A1126D	AVF/AVG Dysfunction Algorithm	
CD-A1126G	AVG Assessment for Maturation	
HDP-F19022	Fistula Needle Removal	
HDP-G19023	Guidelines for Punctures	
HDP-N19025	Needle Insertion Procedure	
HDP-L19350	Using the Lumify Ultrasound System	
CD-B1028	Buttonhole Technique	
CD-C1057	Cold Packs	
1901291328	Clamp Usage / Holding Puncture Site	
✓ <b>Task:</b>	Search 'Infiltration' in policy manager search bar and read Infiltrations policy	



	(Policy has no number identifier to search)	
✓ Task:	Watch Video: “AVF & AVG Cleaning” K-Net> Employee Education> Clinical Staff Education > Clinical Support, Resource Training Videos> AVF and AVG Cleaning	
✓ Task:	Watch: BD WavelinQ Cannulation Video Watch: Ellipsys Cannulation Training video Found at: K-Net> Employee Education> Clinical Staff Education > Clinical Support, Resource Training Videos> BD WavelinQ Cannulation Video and Ellipsys Cannulation Training	
✓ Task:	Watch Video: “Medi-Systems Master Guard Fistula Needle Removal” Found at: K-net> Employee Education> Clinical Staff Education > Clinical Support, Resource Training Videos> Medi systems Master Guard Fistula Needle Removal	
<b>Central Venous Catheter (CVC)</b>		
ED-A1550A	Antiseptic Algorithm and Flowsheet for Central Venous Catheters	
HDP-C19028	Catheter Dressing Change	
HDP-H19031	Handling Technical Problems with Catheters	
HDP-19068	Catheter Accessing Policy (Including CVC Lab Draw)	
HDP-19069	Catheter De-Accessing (Including CVC Locks)	
✓ Task:	Watch Video: “Catheter Dressing Change” K-Net > Employee Education> Clinical Staff Education > Clinical Support, Resource Training Videos > Catheter Dressing Change	
<b>Infection Prevention</b>		
IC-H6016	Hand Hygiene	
IC-P6015	Personal Protective Equipment	
IC-T6044	Transmission-Based Precautions	
✓ Task	Search: “PPE Donning and Doffing Video and Guidelines” in K-Net search bar: <ul style="list-style-type: none"> <li>✓ Watch Donning and Doffing video</li> <li>✓ Review CDC (Centers for Disease Control) donning and doffing guidelines</li> </ul>	
IC-I6019A	Infectious Waste and Appropriate Disposal Containers	
<b>Environmental Control and Disinfection Practices</b>		
HDP-19220	Surface Disinfection	
ED-SW2104	Strip Machine Post Treatment	
ED-SW2105	Cleaning the Dialysis Station	
HDP-19001	Cleaning and Disinfecting Braun	
IC-C6044	Cleaning and Maintenance of Wall Boxes	
IC - S6030	Separation Clean/ Dirty In-Patient Care Areas	
HM-H10024	Hazardous Chemicals	
<b>Blood Borne Pathogens and Other Infectious Agents</b>		
IC-B6014	Bloodborne Pathogen, Hazardous Communication Program	
IC-P6022	Management of Exposure to Blood /Infectious Body Fluids	
IC-C6026	Clostridium Difficile (C-Diff): Treatment for Suspected / Confirmed Disease	
IC-C6043	Covid-19 Policy and Procedures	
IC-C6044	COVID-19 PCR Testing for Patients Through Ascend	
IC-H6003	Hepatitis B Surveillance and Vaccination	

B. Braun Dialysis Machine		
HDP-S19343	Setting Up and Priming Fresenius Dialyzers- Long Form	
HDP-C19402	Coupling Procedure - Long Form	
HDP-U19020	Uncoupling Procedure- Braun Long Form	
HDP-U19007	Ultrafiltration Profiling	
HDP-M19006	Conductivity and pH Testing: Use of the Myron-L Meter and pH Test Strips	
HDP-R19105	Recirculation of Blood on the B. Braun When Dialysis is Interrupted	
HDP-B19100	BP Cuff and Monitor Braun	
HDP-M19360	Managing Machine Malfunctions While Patient is Dialyzing	
HDP-C19102	Changing Machines During Dialysis	
HDP-C19328	Changing the Dialysis Fluid Filter	
ED-SW2129	Machine Associated with Code Blue	
✓ Task	Biomedical work order request form for dialysis machine: <a href="#">K-Net &gt; Work Orders/Recalls and Shortages &gt; Biomedical Engineering Request</a> *Remember to clean the machine and attach maintenance form	
Fall Prevention & Patient Transfers		
QIF170502	Fall Prevention Program	
ED-SW2127	Transfer Patient (Wheelchair to Bed/Chair or Bed/ Chair to Wheelchair)	
ED-SW2121	Use of Mechanical Lift for Patient Transfers	
CD-T1200	Transporting and Dialyzing Frail Patients	
CD-F1074	Footwear Requirement in Dialysis Facilities	
CD-T1058	Transfer Techniques	
ED-SW2122	Remove Used Linen from Bed	
ED SW2123	Cleaning and Making Bed	
ED-SW2125	Use of Bedpan and Peri-Care for Patient	
ED-SW2126	Changing Briefs (Attends) for the Incontinent Patient	
Medications		
CD-A1185	Administration of Medications in the Clinical Units	
PHA-S17032	Storage, Handling and Preparation of Medications	
PHA-D17035	Delivery of Patient Home Medications to the Dialysis Unit	
PHA-M17041	Medication Reconciliation	
CD-M1044	Medication Checks	
PHA-E17014	Employee Prescriptions	
Miscellaneous		
ED-O1500	Orientation: Clinical Patient Care Staff	
SS-I3008	Interpreter Services	
CD-L1183	Laboratory Refrigerator Maintenance and Temperature Monitoring	
CD-P1007	Patient Assistance to and from Vehicles	
SS-T3014	Transportation	
Patient Emergencies		
HDP-G19091	Guidelines for Managing HD Patient Problems and Emergencies	

CD-S1045	Standing Orders	
HDP-A19206	Use of the Zoll Plus AED (Automated External Defibrillator)	
HDP-A19095	AMBU Resuscitation Bag	
HDP-C19088	Code Blue Guidelines	
HDP-C19086	Code Blue Checklist Form	
HDP-C19087	Care of the Dead	
HDP-S19093	Seizure Management Protocol	
CD-N1036	Code status and POLST	
CD-N1036A	POLST Form – Physician Orders for Life Sustaining Treatment	
<b>Patient Monitoring and Safety</b>		
CD-P1128	Patient Identification	
CD-P1182	Pre and Post Dialysis Patient Assessments	
CD-H1024	Hemodialysis Monitoring	
CD-M1196	Monitoring Blood Pressures: Pre, Intra, and Post Dialysis	
CD-V1129	Visibility of Patient Access	
HDP-U19361	Using the Assure Prism Multi Glucometer	
HDP-T19400	Temporal Scanner (Use and Care)	
HDP-B19348	Blood Sugar Program	
CD-C1009	Call System	
<b>Lab Procedures</b>		
HDP-B19065	Blood Cultures	
HDP-S19078	Skin Culture Technique	
HDP-P19347	Pre/Post BUN	

## Attestation:

I attest that I have read and understood the policies, procedures and standard works listed above. I commit to following Northwest Kidney Policy and procedure in my daily professional practice.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_