Freq	#	Actions / Step	Key Points	Reasons

Standard Work:	Hospitalizations Admission/Discharge		

Who: Care Team	Owner: Nursing Leadership	Date Created: 1-6-20
		Revision Date: 3-11-20

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Daily	1.	**Nurse** When logging into Clarity you will be alerted to any Hospitalization/ Discharge for your assigned patients on your Home Page.	If you are floating and do not have patients assigned in Clarity, you will need to run the "**Clinic Hospitalization Short Form"** A hospital encounter screen will populate in Clarity when an alert is received.	
	2.	**Nurse** • If the patient is **admitted** you will need to go to the Hospital/Consultation screen and select "No" to the question "Will the patient continue to be dialyzed at the clinic while their status is Inpatient?" If the patient is in the ED, you will select "No'. • In the Hospital/Consultation screen select the appropriate answer from the dropdown "Hospital Admission from Dialysis Facility?"	The patient will be automatically put back on their regular schedule on the day following their discharge/patient message.	
Daily	3.	**Nurse/designee** for same day patients who present to the ED you will need to call the hospital to check status.	The Hospitals phone number is included in the patient message.	
Daily/As needed	4.	**Managers/Unit Coordinators-**review the EDIE/Pre-Manage database for hospitalization activity.	You can select date range, see individual patient information and trends.	

Daily	5.	**Unit Coordinator** will upon notification of discharge; obtain and scan hospital discharge summary/labs into the EMR.	You can obtain records by: ➢ Accessing the Hospital EMR (if able) ➢ Faxing request to the hospital ➢ Calling the hospital medical records department All scanned documents can be accessed by going to Clarity>Patient>Document Management	Scanned documents will then be available to the IDT for review.
Daily	6.	**Nurse/designee-** call all discharged patients and remind them of the following: 1. Next dialysis appointment 2. To bring all medications to next dialysis 3. To bring discharge instructions to next dialysis	You will need to run the "Hospitalization Short Form" to see discharged patients.	
Daily	7.	**Nursing:** **First dialysis after Discharge/ED visit** • Assess patient • Review reason for admission with the patient. • Review orders and if available, most recent hospital labs prior to starting HD. • Educate or refer education to IDT members based on ESRD related diagnosis • Complete med rec if the patient presents with medications/list. If they did not, remind them to bring it to the next dialysis appt. • Document findings and conversation in the nursing notes section of RTC. • Document discharge diagnosis and any other comments in the Hospitalization screen associated with that admission/discharge.	Assess and pay extra attention to: ✓ DW Mentation Changes ✓ Mobility ✓ Bleeding (heparin changes) ✓ Ask about antibiotics *Contact Nephrologist if you have concerns over starting treatment or need new orders* Review the discharge summary for added or discontinued medications. If needed, call the MD for new dialysis prescription or medication orders. Remember to un-check the "Add to Patient's Current Problem List" before you leave the screen.	NKC staff are not allowed to add to the patient's problem list An indication of a medication that needs to be given on dialysis **is not** an order. Example: Antibiotics to be given at HD referenced in the discharge summary.

Within 3 Treatments post discharge	8.	**Nursing:**
		Next 3 treatments post discharge
		• Review discharge instructions
		• Assist patient with follow-up appointments
		• Refer patient to Dietitian for:
		  ✓ High Potassium
		  ✓ Significant Tissue Weight Loss
		  ✓ Change in food texture/swallow, or tube feeding.
		• Refer to Social Work for:
		  ✓ Missed treatments contributing to admission
		  ✓ Psych/Soc issues attributing to admissions
		• Complete the medication reconciliation
		• If not completed, educate on ESRD related diagnosis
		• Notes can be documented in the Hospitalization screen associated with that admission/discharge
			NOTE: It is the responsibility of the patients **Primary Nurse** to ensure that each of the tasks has been completed.
			
			-Refer to the Medication Reconciliation Standard Work
			-Contact Nephrologist if discrepancies are noted or you need clarification.
			-Remember to un-check the "Add to Patient's Current Problem List" before you leave the screen.
				GOAL: Prevent Patient Re-Admission
				  ❖ Studies show that patients who see their Nephrologist/PCP within 7 days have the best outcomes
				  ❖ Refer to the Hospital EMR/EDIE database as needed
				
				NKC staff are not permitted to add to the patient's problem list