Dialysis Clinic – Hospital Communication Pilot Test

Pilot testing is a critical and necessary step in the quality improvement process to determine if an intervention is successful on a small scale. By pilot testing, you can revise the intervention as necessary before expanding and hardwiring the intervention at a facility level. Please use the information below as a guide for piloting the two communication forms for shared dialysis patients.

**PLAN:** Preparing for the Pilot

* Identify a local hospital that the majority of your ESRD patients are utilizing for emergency department (ED) visits, hospitalizations, and readmissions.
	+ Reach out to discharge planner(s)/social worker(s) at this facility to discuss the opportunity for improvement related to timely/adequate communication of pertinent patient information to maintain and provide a high quality of care during periods of transition.
	+ If a communication form is already in place, assess whether it is being used, completed, and contains all the relevant information to adequately co-manage treatment for the patient.
	+ If there is no communication form in place, ask the facility if they will be willing to participate in a pilot program with sheets A and B.
	+ If the dialysis facility and hospital currently share information from the EMR, evaluate what information is being shared, who is responsible, etc.

Planning the Pilot:

* Identify the staff members within the dialysis facility and at the hospital that will be involved in the pilot. Educate them on the expectations and pilot process of using the two communication forms, including where they are located (print vs. electronic), timeframe for completion, who to send completed forms to at other receiving facility, timeframe for completion/submission to receiving facility, etc.
* Identify the time frame for the pilot, and the number of patients (e.g. any admission/readmission during the designated month; the next 5 patients admitted/readmitted to the pilot hospital).
* Identify how success of the pilot will be tracked and determined (e.g. number of eligible patients vs number of completed forms, percent of information on forms completed and within designated time frame). Be sure to include quantitative and qualitative feedback on the pilot from staff involved.
* Identify a POC at both the dialysis facility and the hospital for involved staff to call if questions arise.

**DO:** Conduct the Pilot

* Try to ensure that the pilot takes place during the designated timeframe. Priority conflicts will always arise so try to conduct the pilot as designed since it is a small test of change.

**STUDY:** Evaluate What Was Learned During the Pilot

* Have a brief huddle between the dialysis facility and the hospital to discuss the results of the pilot, including:
* How did the new process go overall?
* How user friendly were the communication forms? Was there information on the forms that can be removed or information that was not there that needs to be added?
* Were the right staff members involved in the pilot process? If not, are there others that need to be involved for another pilot?
* Were the forms filled out completely during each pilot opportunity? If not, discuss the causes why in the event another pilot needs to be implemented.
* Were the forms filled out timely for the receiving facilities? If not, discuss the barriers for timely completion.

**ACT:** Adopt, Abandon, or Alter and Repeat

* During the debriefing huddle in the previous step, come to consensus on whether the two communication forms:
* Need revising to conduct another pilot test and repeat the PDSA cycle.
* Were successful in improving communication practices between the dialysis facility and hospital to better co-manage ESRD patients. If the intervention was successful, consider speaking with the hospital regarding shared EMR accessibility between the two facilities for the elements included on the two forms. Revise technology, training materials/approaches, and workflows as needed. Train all staff on the new process and continue to track effectiveness of the new forms and process. Conduct post-training check-ins focused on workflow, ability to complete tasks, and other questions from the team.
* Were not successful in improving communication practices between the dialysis facility and the hospital to better co-manage ESRD patients and the pilot needs to identify another intervention to repeat the PDSA cycle.