



Hospitalization Roadmap Self-Assessment: Fluid Overload



Purpose

Please complete the following self-assessment of processes within your clinic. The results will help identify opportunities for improvement concerning decreasing hospitalizations for ESRD patients related to **fluid overload**.

Instructions:

Step 1: Read through each best practice and rate your clinic based on how well you feel you are currently doing in each of these areas.

Step 2: Once all best practices are ranked, choose the area(s) (rated with a 1 or 2) where you feel you can make the most improvement in a short amount of time.

Step 3: Send the Network staff the area that you have chosen to focus on for this project.

NOTE: If you are already working through a Plan, Do, Study, Act (PDSA) cycle with a different action item than listed on this self-assessment related to **fluid overload**, please let the Network know what your action steps are.

Visit the Qsource ESRD Networks' [Hospitalization Hub](#) to find more resources for assisting your facility in keeping your patients out of the hospital.



Staff-Focused Best Practices

Circle your rating for each statement.

1= Don't currently do this

2= Needs work, could be doing more in this area

3= Confident, already doing this

- 1 2 3 We keep a communication book or board that includes information about patient-specific issues, so staff know what happened during the previous treatment, e.g. if a patient was over their dry weight, then the staff know to challenge the dry weight on the next treatment.
- 1 2 3 We frequently review proper weigh techniques and conduct floor audits while patients are weighing to prevent inaccurate weights and fluid overload.
- 1 2 3 We obtain orders to schedule extra or longer treatments or add one hour of ultrafiltration, as needed, if a patient is identified as a high fluid gainer.
- 1 2 3 We document, track and trend:
- The number of missed treatments.
 - The reasons for missed treatments to analyze at a facility level.
- 1 2 3 We address conflicting medical appointment times to ensure patients can make their dialysis treatment or are able to reschedule.
- [Missed Treatment and Reducing Hospital Visits Workbook \(page 18\)](#).
- 1 2 3 We designate one staff role to speak with patients that contact the clinic regarding the need to miss a treatment.
- 1 2 3 The designated call-in person has a phone script to review with each patient when they call in, including a day/time to reschedule as they are on the phone with the patient.
- 1 2 3 We have one to two open chairs throughout the day to accommodate any reschedules that need to be completed.
- 1 2 3 We review and adjust a patient's target weight (dry weight) the day they return from a hospitalization.
- 1 2 3 We work with local emergency departments to dialyze patients in the facility versus admitting patients for fluid overload.

Patient-Focused Best Practices

Circle your rating for each statement.

1= Don't currently do this

2= Needs work, could be doing more in this area

3= Confident, already doing this

- 1 2 3 We adapt education to the patient's culture and preferences (language, ethnicity, etc).
- [Working Effectively with an Interpreter](#)
 - [Effective Cross-Cultural Communications Skills](#)
- 1 2 3 We use the teach-back method, having the patient repeat back the information or demonstrate the action after thoroughly reviewing information with them.
- [AHRQ Teach-Back: Intervention](#)
- 1 2 3 We utilize fluid report cards or a designated staff member reviews fluid control with each patient monthly.
- [Your Fluid Intake Matters \(esrdncc.org\) English](#) and [Spanish](#)
- 1 2 3 We have a Peer in Action that helps promote the concept of "community" in our facility, so that patients help each other be accountable for their treatments.
- [Peer in Action Conversation Starters](#)
 - [Facility Peers in Action Sign-Up Form](#)
 - [Facility Peers in Action Program Flyer](#)
- 1 2 3 If a patient is hospitalized for fluid overload, we focus on the issue the patient is facing or the patient's comorbidities including discussion on what happened, show the history of the fluid gain and explain what to do to avoid future hospitalizations and fluid overload.
- [Tips to Help Fluid Control](#)
- 1 2 3 If a patient is hospitalized for fluid overload, the dietitian will follow up with the patient to review dietary intake.
- 1 2 3 We discuss eating foods with high fluid content in moderation.
- 1 2 3 We provide dietary education around the holidays or seasons to include kidney friendly alternatives.
- 1 2 3 For home dialysis patients, we instruct them to call the home training unit or the nurse on call to triage issues like high blood pressure or extra fluid.
- 1 2 3 We have discussed the option of home therapy for patients who are missing in-center treatments.