

**Right Care.  
Right Time.  
Every Time.**

# Patient Engagement Activity Showcase

## My Choices Topics

This resource was compiled while under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract #HHSM-500-2016-00012C. The contents presented do not necessarily reflect CMS policy.



# Catheter reduction by using available AVF's



CUSTOMER FOCUS

- **Activity:** Individually working with patients to promote use of AVF. We currently have two patients who have working AVF's but do not want to use them. This is a different focus than trying to get patients to allow an AVF to be placed. We are also working with them on an individual basis.
- **Goal:** Reduce LTC rate.
- **Results:** One patient has allow us to use his AVF and the other is allowing us to use one needle. Still trying to work with his to use two. One patient with LTC is considering getting an AVF.

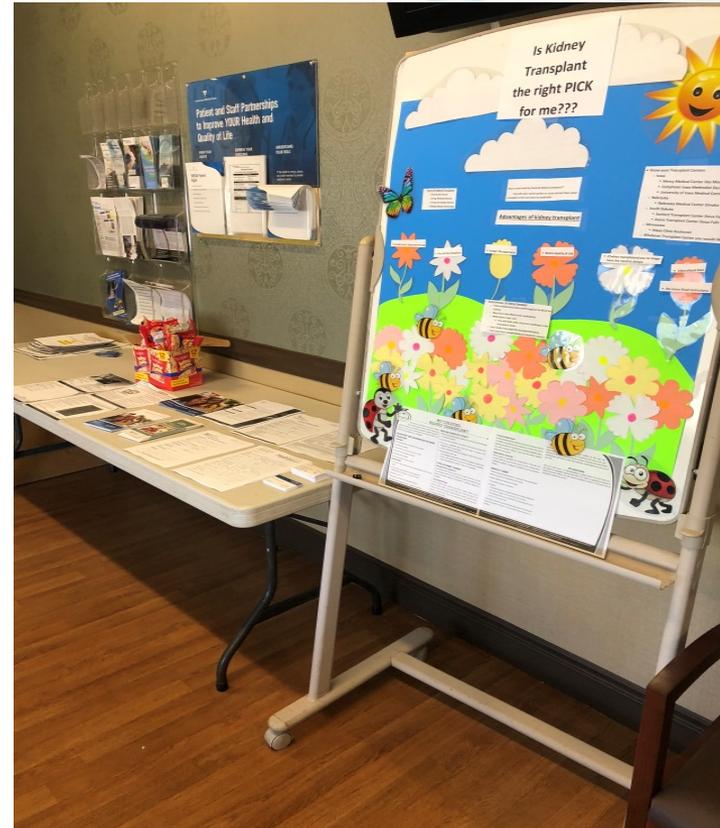
# Catheter Reduction



- **Goal:** Reduce those patients with catheters over 90 days.
- **Activity:** Working with the network on the catheter reduction program- using the available scans and educating patients on getting a permanent access.
- **Results:** We did get three patients to agree to vein mapping- all are scheduled in the month of June-July. Hoping to get new accesses placed last this month when surgeon is available in Hays.

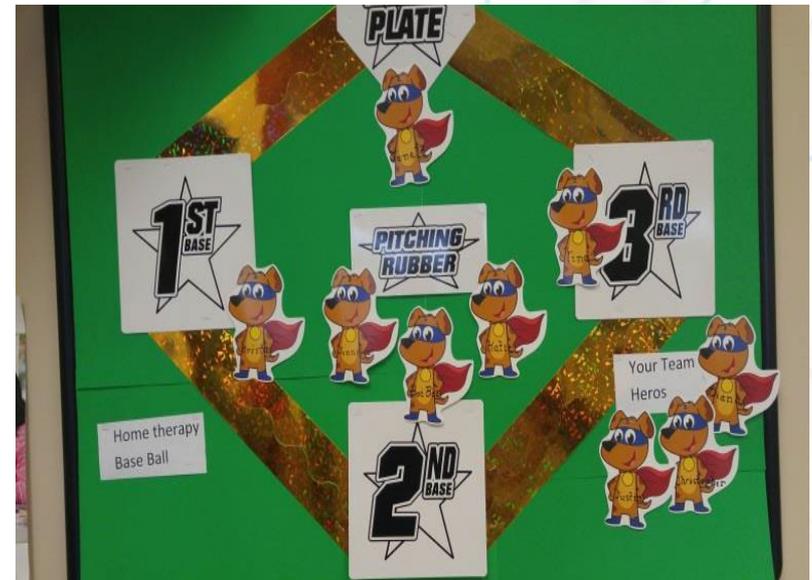
# Getting to Know Transplant

- **Goal:** To provide information on transplant and first-hand experience from a person who has been through the process
- **Activity:** Had 2 Lobby Days with NPR. Our NPR was an in-center patient, home patient, and received a transplant. He met with patients during lobby day and talked about his experience on all modalities that he had done
- **Results:** Some patients seemed to be receptive. Some were more interested than others.



# Home Dialysis Baseball

- **Goal:** Educate all patients about home therapy.
- **Activity:** Home therapy information, brought machines and information.
- **Results:** 4 patients were identified as being interested in home therapy.



# Home Dialysis Options

- **Goal:** To educate ICHD pts on the options for home dialysis.
- **Activity:** Home nurses had a lobby day to educate on home modalities. PD nurse also met with an ICHD pt that is considering PD and answered her questions.
- **Results:** ICHD pts attended the lobby day. There is one pt who is seriously considering moving forward with switching to PD.



# Home Dialysis Lobby Day

- **Goal:** to increase awareness and possible conversions to home modalities.
- **Activity:** Lobby day to help promote home modality and NPR invited to attend network call with the facility.



# Home Dialysis Lobby Day

- **Goal:** to increase awareness and possible conversions to home modalities.
- **Activity:** Lobby display of home Hemo machine and patient representative sat with PD RN and educated patients and families coming and going with materials for hand outs.
- **Results:** 50% of patient's attended lobby days and 1 patient had appointment for PD consult.



Garden City Dialysis Center

Shared by Saint Louis Children's Hospital Dialysis

# Home Modalities

- **Goal:** Provided education on home modalities
- **Results:** The ongoing efforts of our educator and collaboration of our in-center and home therapies team result in a 37% home penetration.
- **Activity:** display board in lobby to draw excitement to home modalities. Information on both home hemo and PD made available. Invitations to September PD awareness days given.



# Let's Talk Transplant

- **Goal:** encourage transplant discussions
- **Activity:** Transplant bulletin board, Cinco de Mayo celebration, with kidney friendly food and transplant info handed out.



# Modality Awareness Days



- **Goal:** Educate patients on choices of modality options.
- **Activity:** The Home Department teammates hold Modality Awareness days at facility for all patients. This gives patients and caregivers the opportunity to ask questions and inquire about options for treatment
- **Results:** The Modality Awareness days are very successful. Most patients are receptive to the information and others that are not interested will let us know they have seen and heard it before.

# Modality Education

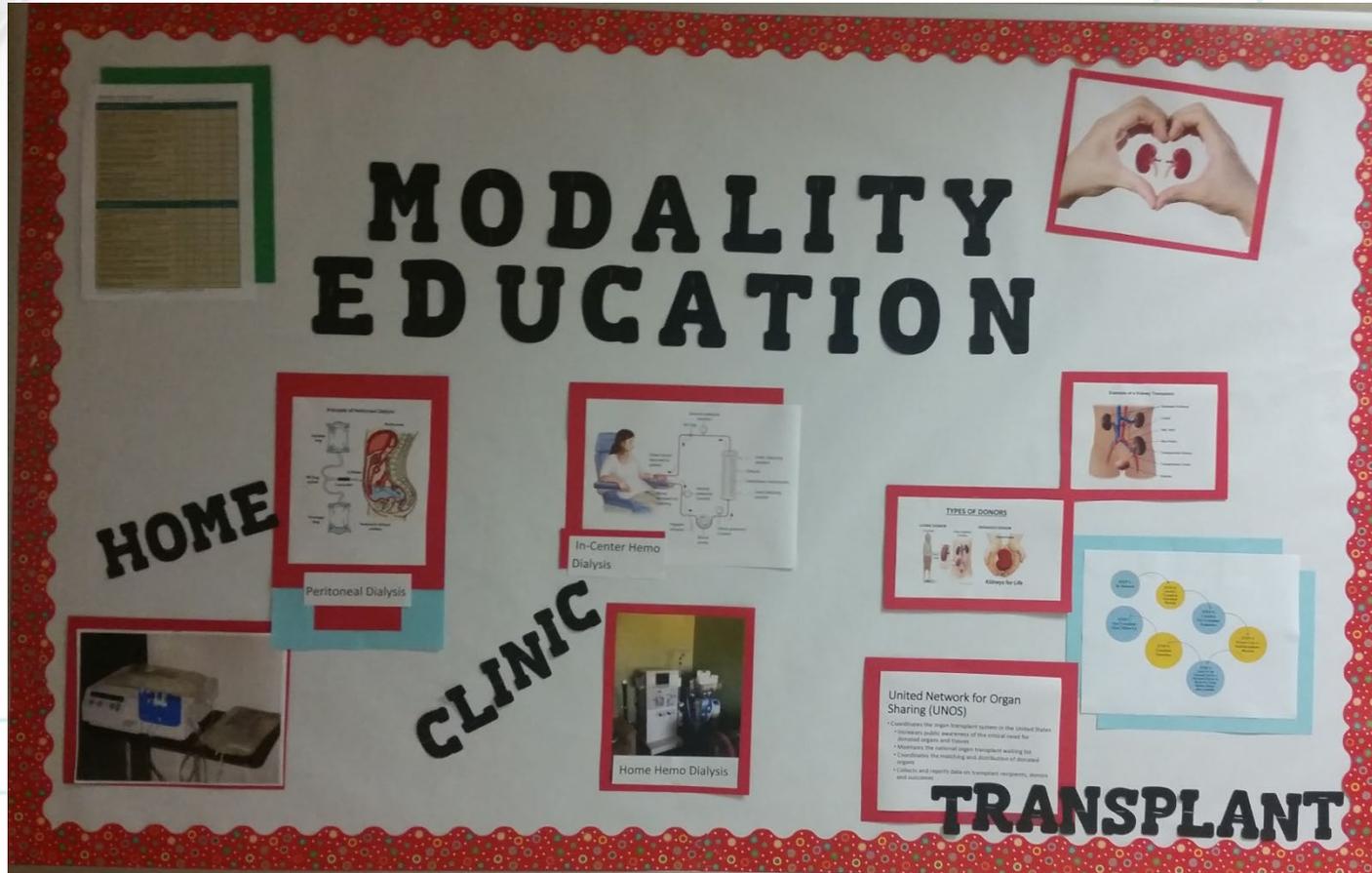
- **Goal:** Education our population on their modality choices including transplant. Help patients understand what transplant is.
- **Activity:** Patients were provided a clinic newsletter which included a section on modality options and a handout on kidney transplant. A kidney transplant bulletin board was also created. When patients were at the clinic we spoke about modality options including transplant.
- **Results:** Patients asked questions about transplant and the work-up process. Patients were glad to get a reminder about modality options/transplant.

# Modality Education



- **Activity:** PD/HHD staff round at clinic and talk to each patient individually. SW spends time with each patient who is a candidate for transplant and conducts KDQOL surveys.
- **Goal:** Educate, encourage patients to explore / consider PD/HHD/ transplant.
- **Results:** Met goal. Patients voiced improved understanding of modality choices.

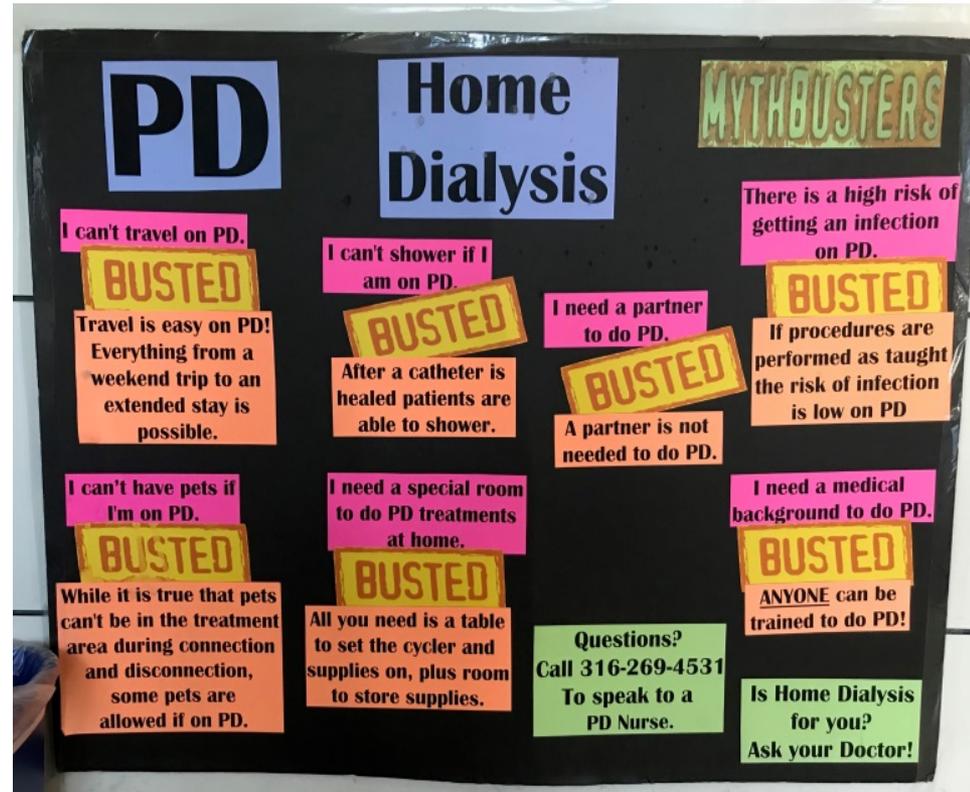
# Modality Education



Shared by Johnson County Dialysis

# MythBusters

- **Goal:** To provide information that covers information that might clarify misconceptions.
- **Activity:** A Mythbuster poster was placed in the lobby for patients to read. Poster was hand-created by home department. Also, a DaVita postcard was provided for every patient that encourages PD consideration.
- **Results:** Team has been more comfortable providing education on home therapies and patients have been asking more questions.



# Peritoneal Dialysis Lobby Day

- **Goal:** Educate patients on PD and gain new PD patients to start training.
- **Activity:** We had a lobby days where we set out all of the supplies needed to do dialysis at home, had the cyclor set up and running, had a apron with PD catheter for demonstration, and we offered snacks and drinks and spoke with everyone that came into the lobby for 2 days.
- **Results:** We gained 4 new patients to PD after hosting Lobby Days.

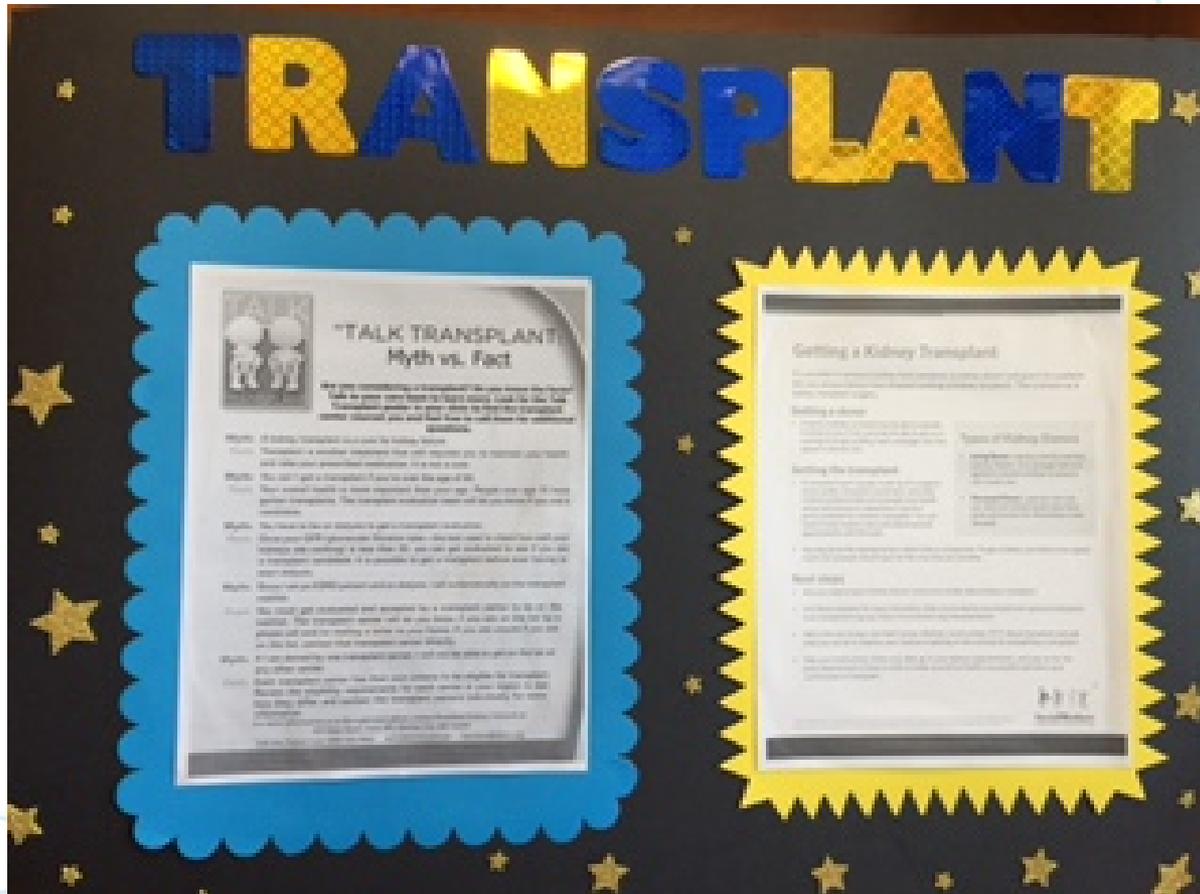


# Organ Donation Awareness

- **Goal:** Increase awareness about organ donation
- **Activity:** The staff and NRP, several other patients and past patients put on an open house for our hospital and community to spread awareness for organ donation. The staff all contributed from our social workers to our dietician and it was a huge success. This included checking the registry to make sure you are on it if you marked it on your driver's license or signing up to be an organ donor. We also had information on Live Donation. During this time we offered food and beverages, T-shirt sales. We also gave tours of our dialysis unit to the hospital staff and public while providing general dialysis information. Our NPR did a great job helping with this.
- **Results:** We had a great turn out and raised some money for LIVE ON NEBRASKA! Our NPR and a few transplant recipients were interviewed and the article was posted in our local newspaper also! We had NBC-Nebraska New come out for interviews also.

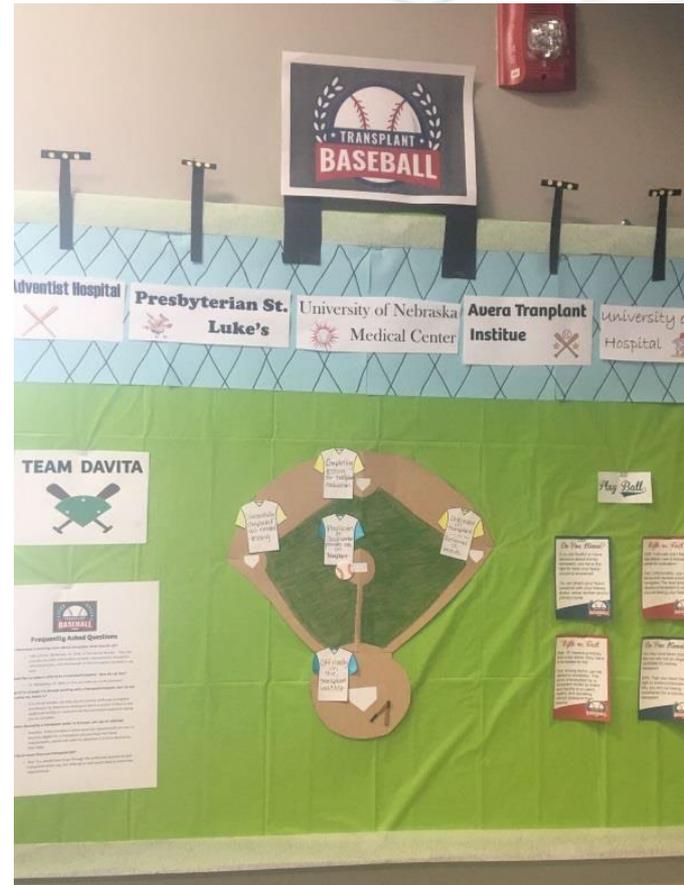


# Transplant



# Transplant Baseball

- **Goal:** To educate patients on steps leading to becoming a successful transplant candidate.
- **Activity:** A Transplant Baseball bulletin board was created to start conversation on steps leading up to transplant "home run".
- **Results:** Patients liked the bulletin board and the information presented with the "myths vs. facts". The baseball team roster also helped this staff facilitate start a discussion with physician to better determine what "base" patients are in.

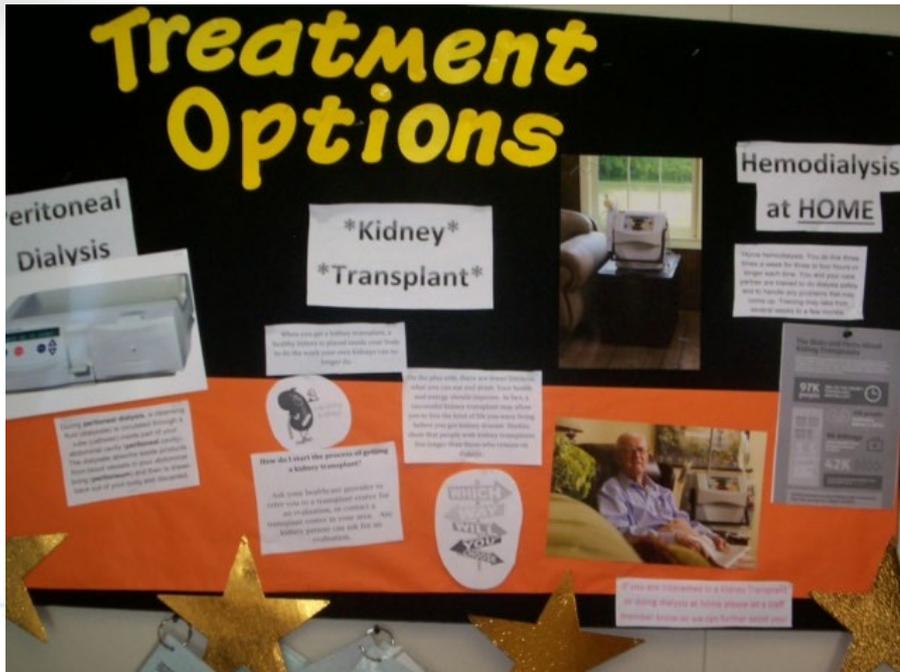


# Transplant: It Takes More than Luck



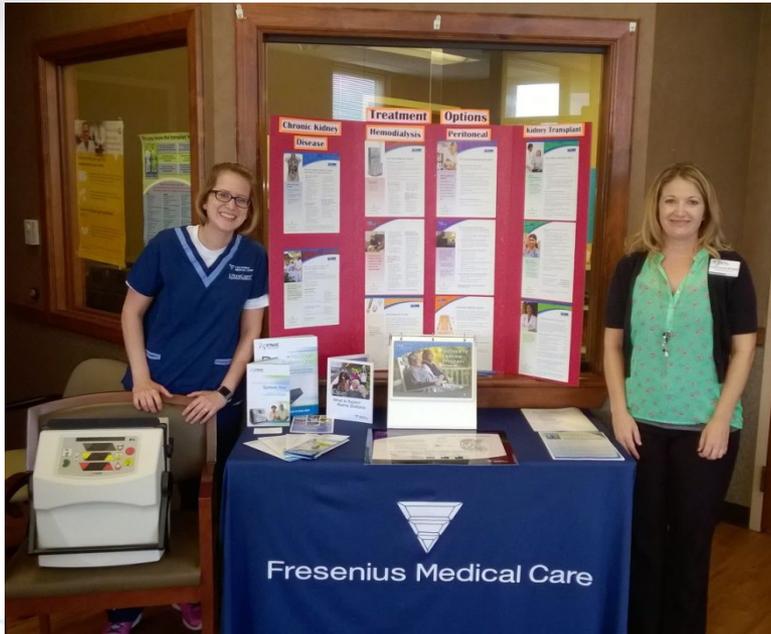
Shared by University of Iowa Hospital and Clinics

# Treatment Options



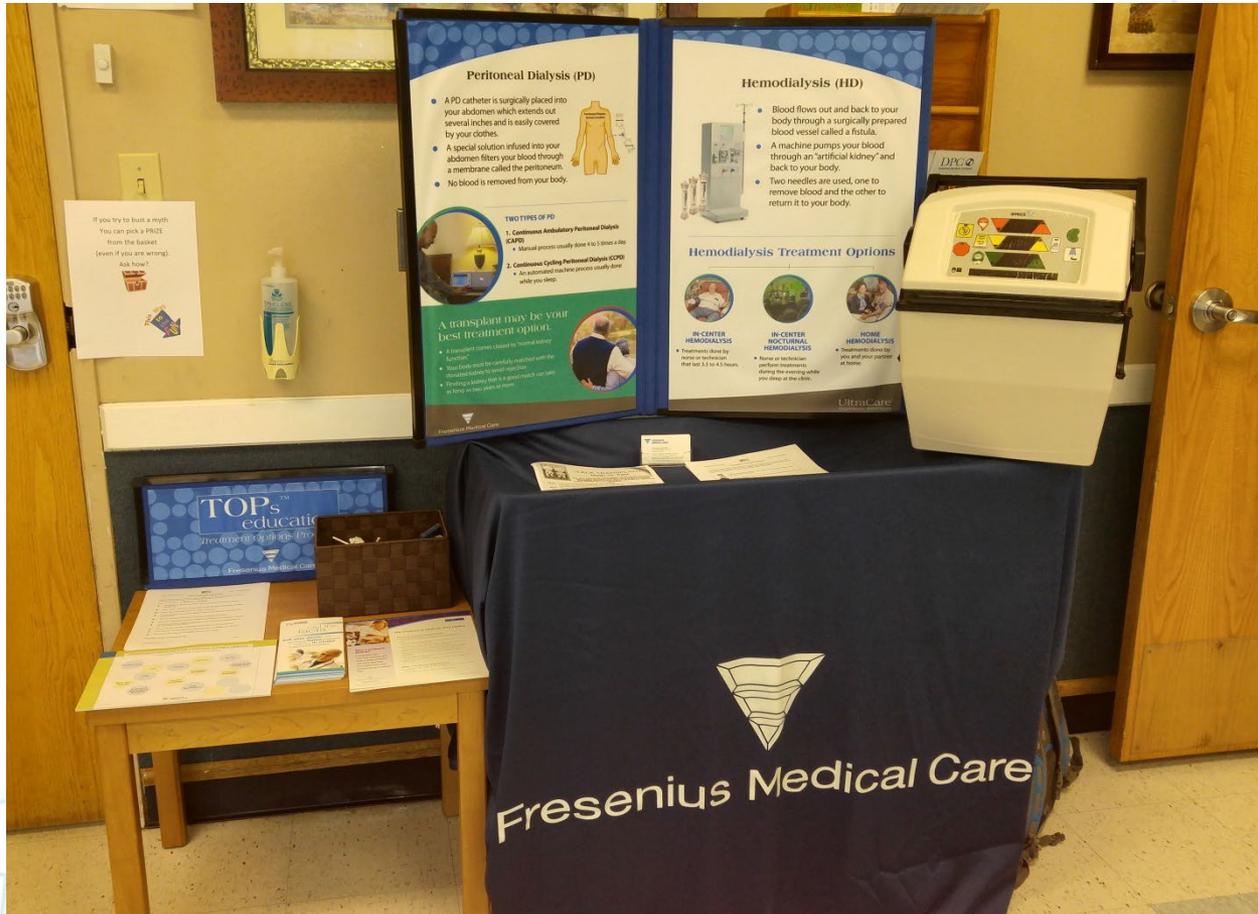
- **Goal:** Re-educate on Treatment options and generate interest in home therapies or transplant.
- **Activity:** Monthly education focused on Treatment Options to treat ESRD. Patients received written information that was reviewed by staff and then taken home with pt. Patients were also able look at the bulletin board to reinforce verbal information they were given.
- **Results:** Goal of patient re-education and interest in other treatment modalities was met. We had 3 patients that obtained appointment with transplant team for evaluation.

# Treatment Options



- **Goal:** Increase awareness of treatment options available to patients and provide resources.
- **Activity:** A booth was set up by our TOPs Coordinator. She was able to meet with each shift of patients and provide one on one education about home therapy options and transplant.
- **Results:** 25 of our patients chose to participate in the activity. Of those 25: 6 reported they would follow up either with a transplant facility or wanted further information from Home Therapies Dept. Out of the other 25, several were already active on transplant list, pursuing transplant, or reported they would consider for future but not ready yet.

# Treatment Options Lobby Day



Shared by Independence Dialysis

# Treatment Options Lobby Day



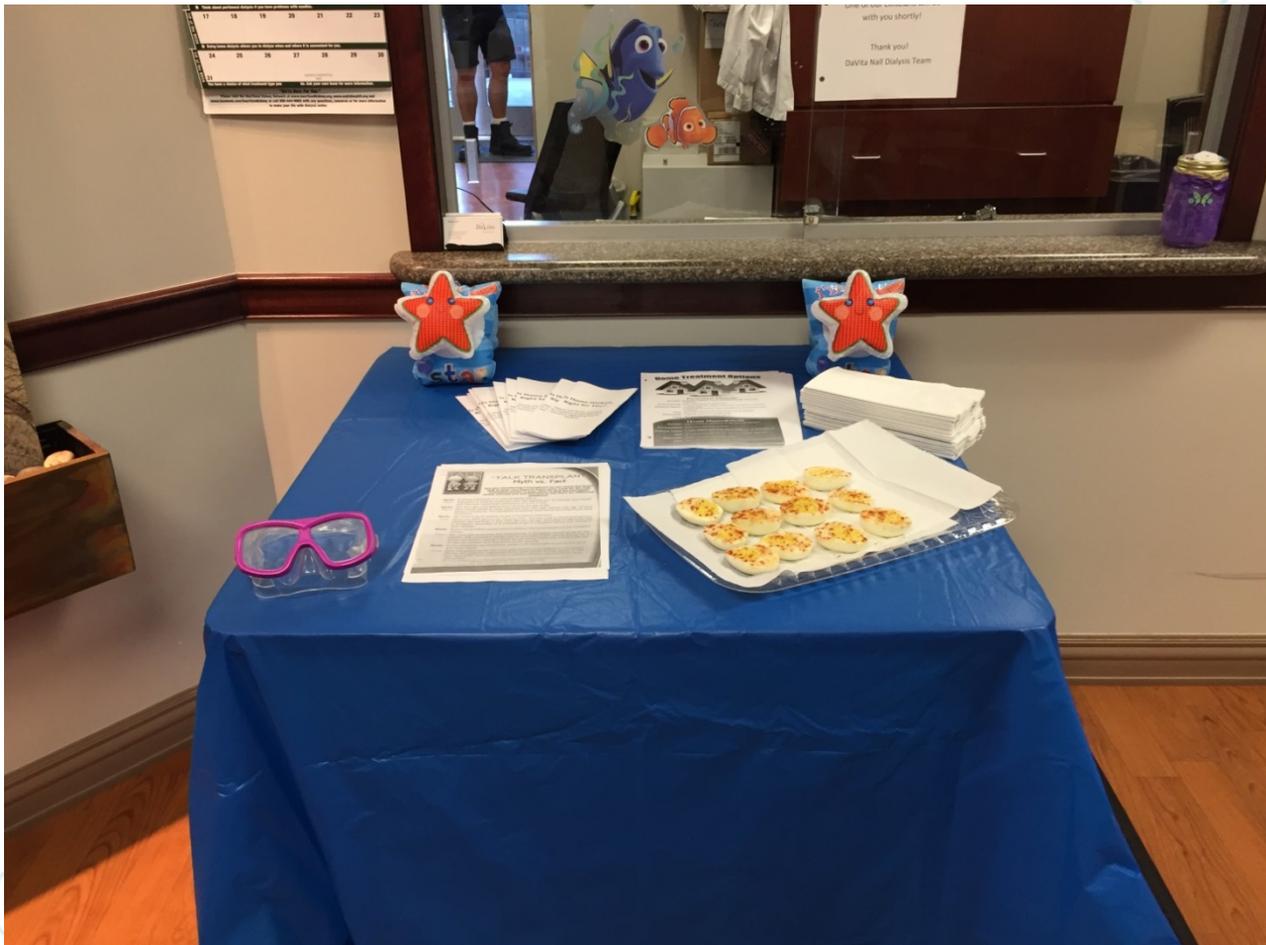
Shared by FMC Overland Trails Dialysis

# Treatment Options Lobby Day



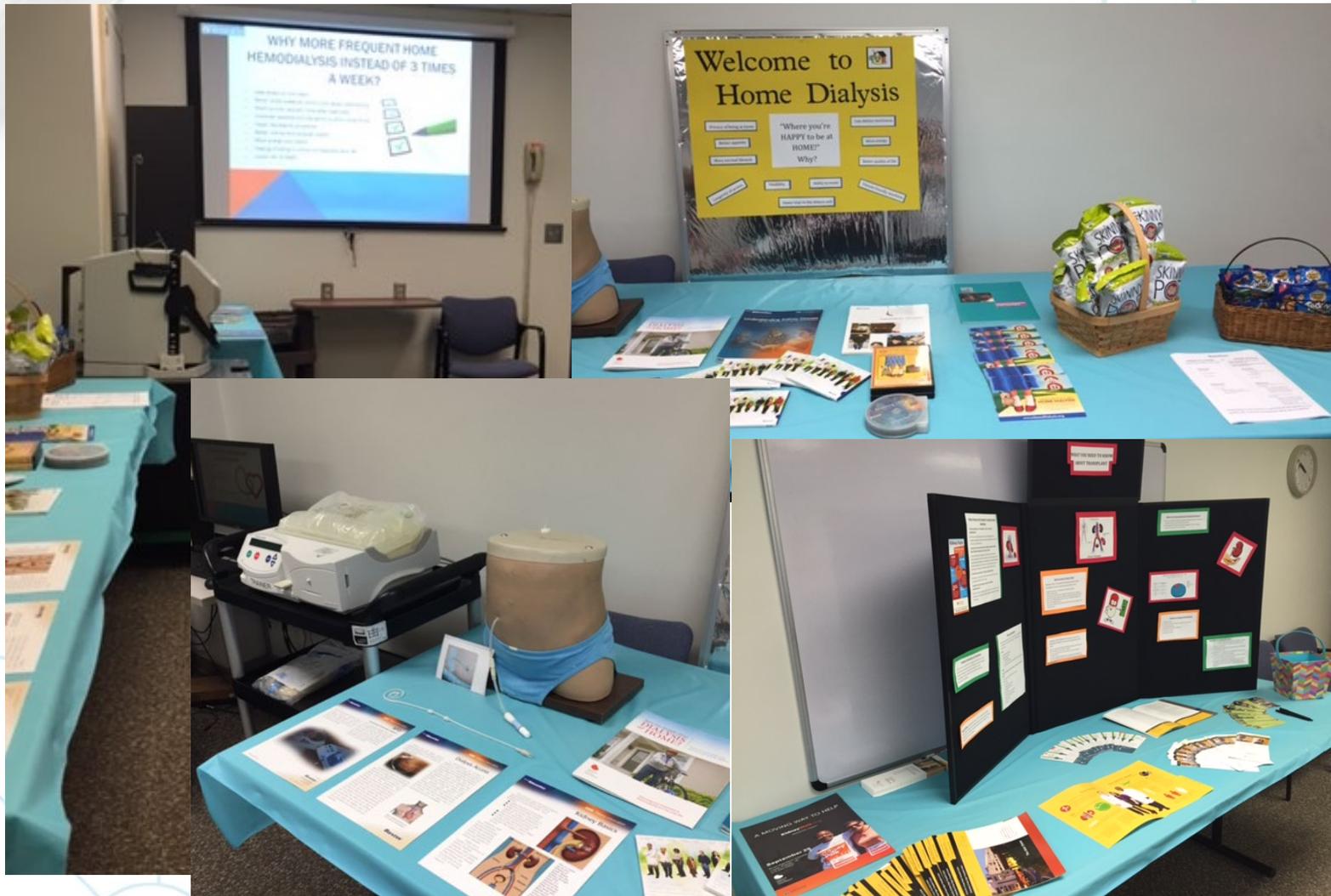
Shared by FMC Lebanon Dialysis

# Treatment Options Lobby Day



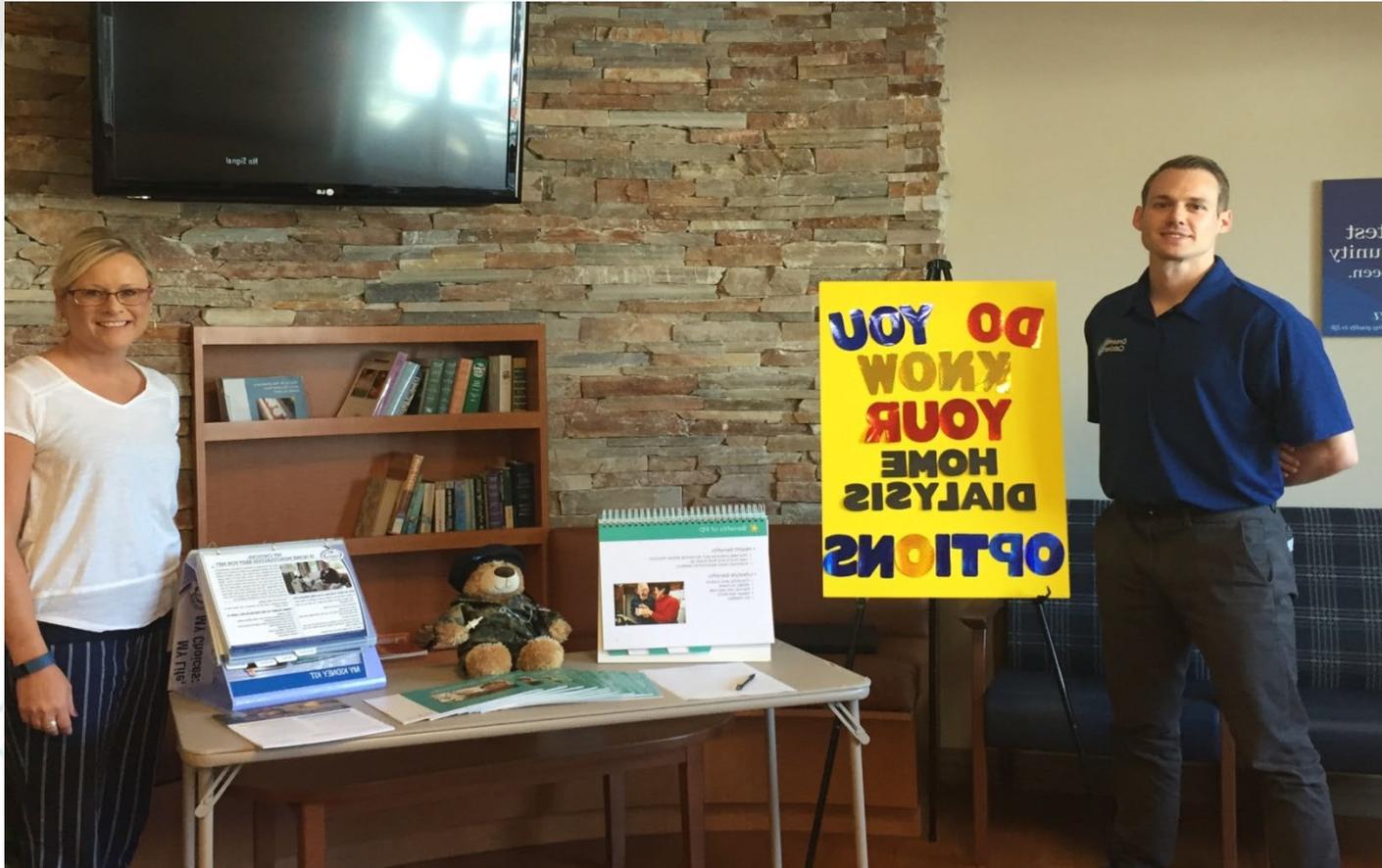
Shared by Nall Dialysis

# Treatment Options Lobby Day



Shared by University of Iowa

# Treatment Options Lobby Day



Shared by Wyandotte West Dialysis

# Vascular Access

**MY CHOICES: WHAT I SHOULD KNOW ABOUT FISTULAS.**

If you have chosen Hemodialysis to treat your kidney failure, you will also need to decide which type of vascular access to use. A vascular access is a "lifeline" for Hemodialysis. It provides a way to reach your blood so it can go to the artificial kidney (dialyzer) to be cleaned. There are three kinds of access: fistulas, grafts and catheters. When they can be used, arteriovenous (AV) fistulas are the best choice. AV fistulas can last for years and tend to have the fewest problems.

**WHY A FISTULA IS THE BEST ACCESS FOR ME**

- Allows high blood flow rates during dialysis for better results
- Less chance for infections
- Fewer trips to the hospital
- Usually last longer than other access types
- Improved quality of life

**COMMON TESTS**

In determining if a fistula is an option for you, your doctor will order some tests to search for suitable vessels that may be too deep to be identified on physical exam. Tests may include:

**"It Only Takes a Minute to Save Your Lifeline"**



Go!

Look



Stop!

The skin over the access is all one color and looks the same as the skin around it.

There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

Listen

Bruit – the hum or buzz should sound like a "whoosh" or for some may sound like the beating of a drum. The sound should be the same along the access.

There is no sound, decreased sound or a change in sound. Sound is different from what a normal Bruit should sound like.

Feel

Thrill – a vibration or buzz in the full length of the access. Pulse – slight beating like a heartbeat. Fingers placed lightly on the access should move slightly.

Pulsatile – the beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

**If you note any of the red "stop" signs during your daily access check, follow the instructions below IMMEDIATELY:**

Contact:  
During Regular Facility Hours:  
After Hours:

This material was prepared by the End Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The content presented is not necessarily subject to HIPAA policy. CMS Contract Number: HHS-000000010-000000.



- LOOK**
- Redness
  - Swelling
  - Drainage
  - New bulging
- FEEL**
- Warmth at fistula site
  - Pain when touching fistula site
  - Thrill – a buzzing sensation
  - Fever
  - Cold or numb fingers
- LISTEN**
- (Done by your renal team)
- Bruit – a buzzing sound heard with a stethoscope

**PROBLEMS THAT MAY REQUIRE MEDICAL ATTENTION**

- Early problems**
- Immediate thrombosis (clot)
  - Non-maturation
  - Mature, but is deep and unusable
  - Aneurysm (widening or dilatation of a blood vessel)
  - Steal syndrome
  - Fistula degeneration (deterioration)
- Late problems**
- Stenosis (narrowing of your fistula)
  - Thrombosis (formation or presence of a clot)
  - Clotting

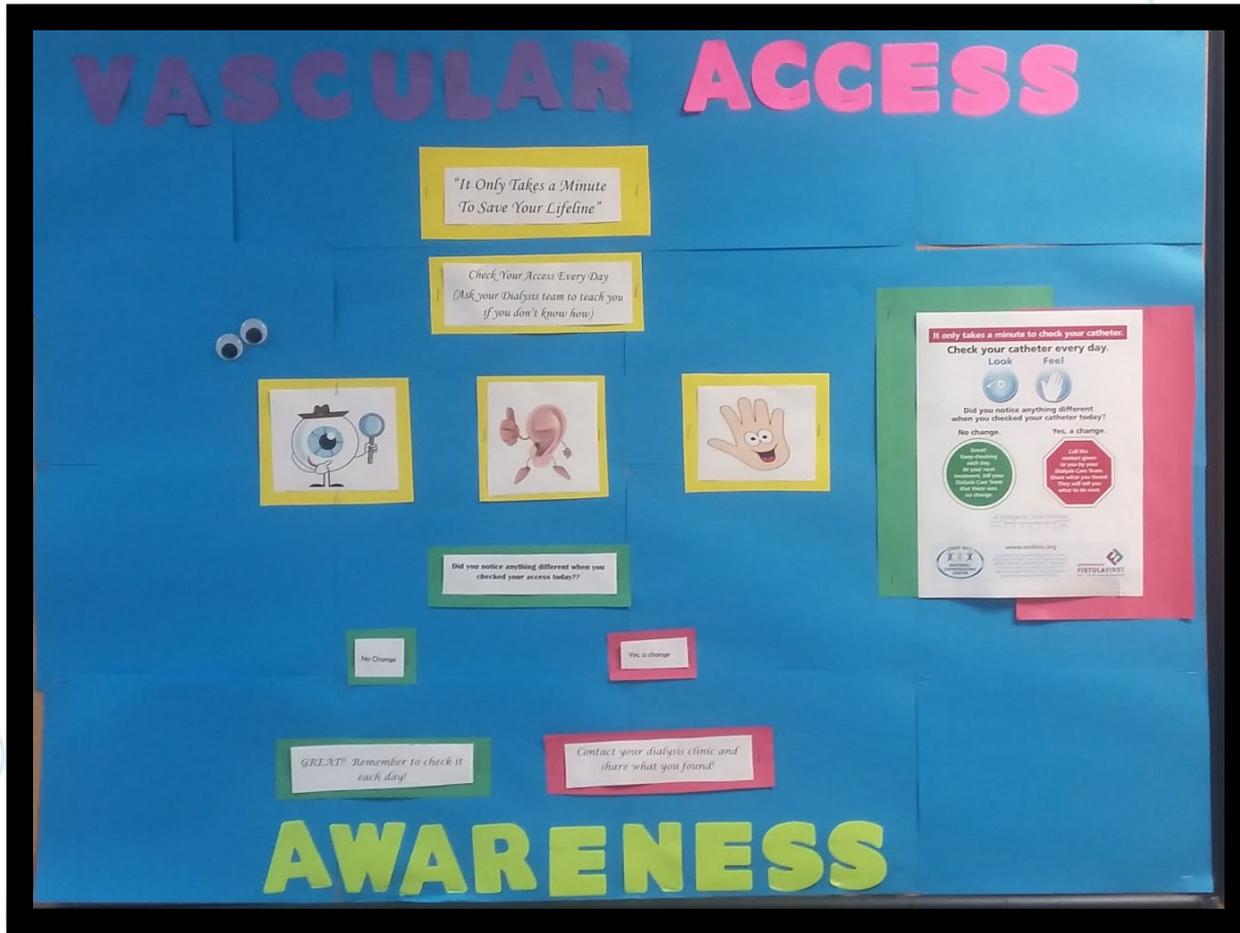
stula and the new t you know when mber of weeks to y encourage your also some things

urse and doctor.

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- **Goal:** For patients to fully understand why fistulas are the best access and how to care for the access.
- **Activity:** Patients were given the handouts "my choices: what I should know about fistulas" and "it only takes a minute to save your lifeline". Patients needed to verbalize what look listen and feel means and how to demonstrate those things.
- **Results:** I believe it provided good reminders to long term existing pts and really explained the rationale to fairly new patients. Patients appeared to be receptive to the education.

# Vascular Access Awareness



Shared by DCI- Warrensburg

# Vascular Access Checks

- **Goal:** To explain and show the importance of access care.
- **Activity:** Staff members took a day to go over and demonstrate what to look for, what to listen for, and how to feel access.

**It only takes a minute to save your patient's lifeline.**

**GO**  
The skin over the access is all one color and looks like the skin around it.

**Look**  
There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

**Listen**  
Bruit - the hum or buzz should sound like a "whoosh," or for some may sound like a drum beat. The sound should be the same along the access.  
There is no sound, decreased sound or a change in sound. Sound is different from what a normal Bruit should sound like.

**Feel**  
Thrill: a vibration or buzz in the full length of the access.  
Pulse: slight beating like a heart-beat. Fingers placed lightly on the access should move slightly.  
Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

**Arm Elevation**  
Upper Arm AVF  
The AVF outflow vein partially collapses when the arm is raised above the level of the heart. It may feel "flabby" when palpated.  
Lower Arm AVF  
The AVF outflow vein collapses when arm is raised above the level of the heart.  
Upper Arm AVF  
The AVF outflow vein does not partially collapse or become "flabby" after being raised above the level of the heart. This finding should be reported to an expert clinician.  
Lower Arm AVF  
The AVF outflow vein does not collapse after being raised above the level of the heart. This finding should be reported to an expert clinician.

Distended  
Collapsed  
Stenosis

www.esrdncc.org  
This publication was developed under Contract Number HHSM-500-2013-00002C, titled "End Stage Renal Disease Network Coordinating Center (ESRD NCC)", sponsored by the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

arteriovenous **FISTULA FIRST**  
AVF - The first choice for hemodialysis

# What is your type? (Access)



- **Goal:** Educate our patients on their access options in a fun way.
- **Activity:** Lobby Day. We had a table set up with information, visual models of different access options. Cards that played the sound of a AVF/AVG.
- **Results:** Patients state they like the visual models. some patients stated " I learned something new."