



# Patient. Centered.

## Patient Engagement Activity Showcase

### My Treatment 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.



# Adequacy- Time is Valuable



# Albumin Baseball



- **Goal:** To increase the overall average increase of albumin and patients on the Nutritional Protocol.
- **Activity:** Four month project to increase the overall albumin levels in the clinic, The patient engagement piece of June has been a bulletin board that the patients can watch the movement of albumin around the bases. Hoping that will give them incentive to compete against others and themselves.
- **Result:** 100% of patients are now using the nutritional supplement that need to be on the protocol. Overall albumin scores did not increase in May hoping for better in June. Root cause showed that infections and hospitalization and new patients were the main causes.

# Albumin



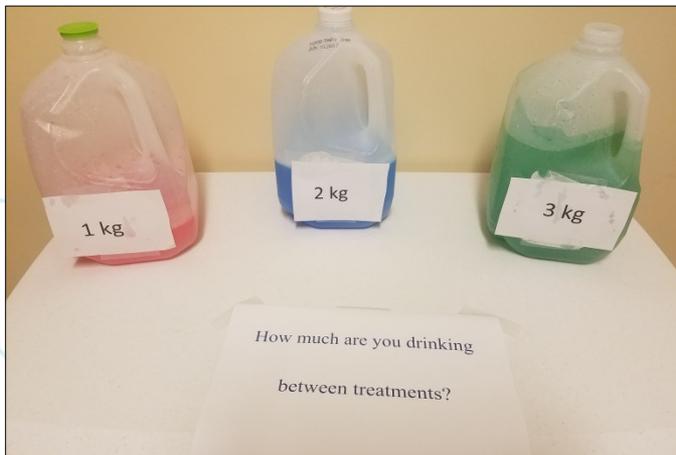
- **Goal:** Improved albumin levels and educate patients on understanding the importance of following the renal diet.
- **Activity:** Dietician held a 12 week albumin education. Handed out a weekly tip sheet and puzzles.
- **Results:** Patients seem to enjoy visiting with the staff while participating in the activities.

# Am I Getting Enough Dialysis?



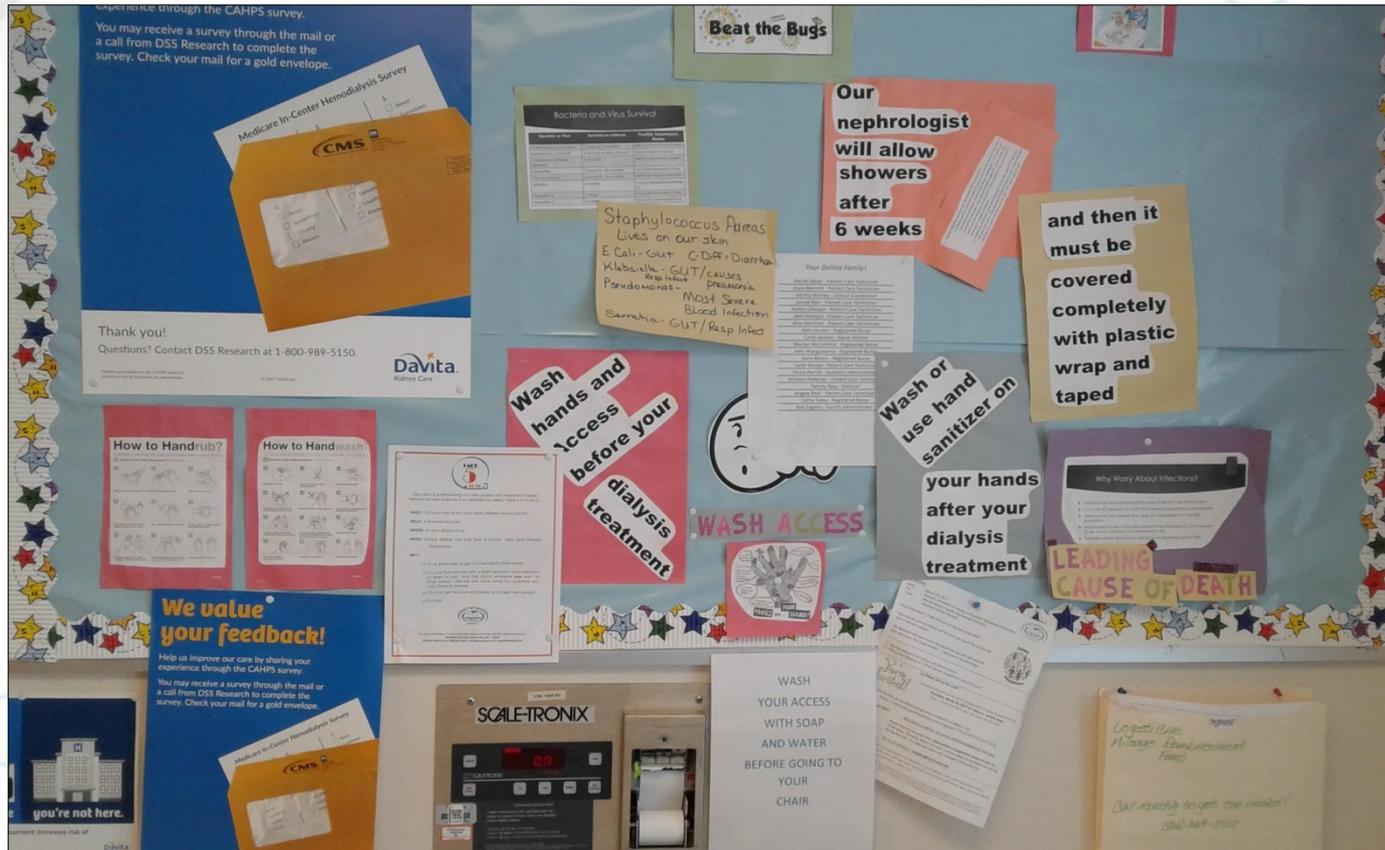
- **Goal:** To find a fun way to engage patients, laugh together, and encourage full treatment times, as we had multiple people getting off early.
- **Activity:** Used pages from "My Treatment" in Kidney Kit to hand out, titled "Am I getting enough dialysis" as part of patient education. Also, used that time to plan a Pajama Day at the center, talking about coming to tx "as you are" so you are able to live outside of tx "as you want".
- **Results:** Even patients who didn't participate in wearing pajamas reported having a good time watching everyone else. For example: JB reported it was very fun" (He is a very large man who arrived in bathrobe, shower cap and slippers and became the life of the party that day). DB told SW later, "Remember when we had the pajama day? That made coming to tx easier." Several other pts. told TM they wanted more "fun" days to bring us together. These conversations with patients led to everyone dressing up for St. Patrick's Day and Easter. TM found patients really liked and joined in with the dressing-up theme. It led to more discussions about receiving full tx, which leads to fuller lives.

# Are You Getting Enough Dialysis?

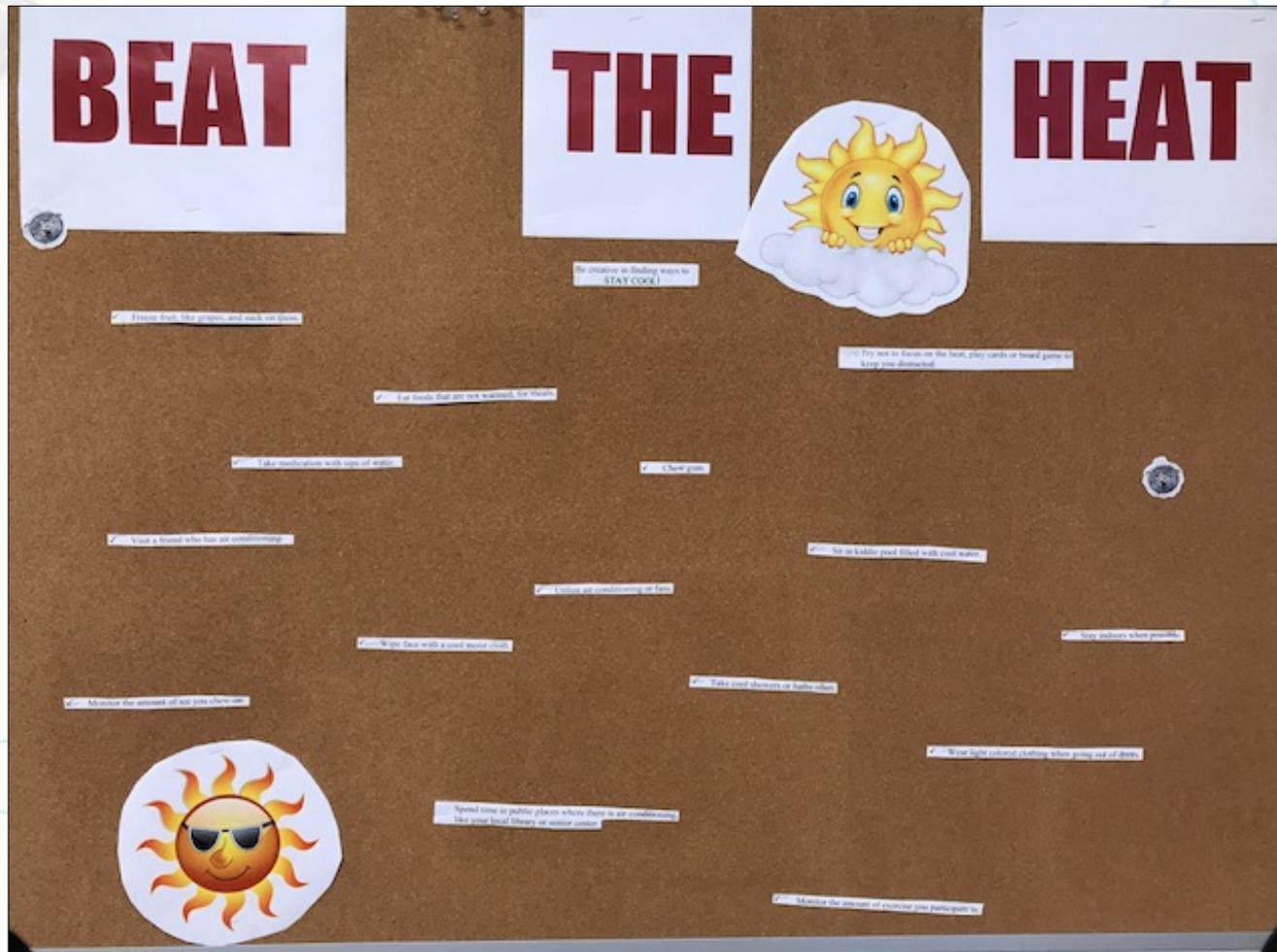


- **Goal:** Patient to have the understanding of the effects of missed and shortened treatments with an emphasis on fluid overload
- **Activity:** Bulletin board with information about missed and shortened treatments. Display of gallon jugs symbolizing the weight of fluid in kilograms. Education handouts to patients. Missed treatment report for each patient given to them for them.
- **Results:** Patients were engaged with the handouts and reports. Several patients wanted to lift the jugs of fluid to see how heavy 2 to 3 kg weighed. One family member was impacted by jugs and has been made changes in patient's fluid intake since.

# Beat the Bugs



# Beat the Heat



# Beat the Heat- Fluid Control

**BEAT THE HEAT**

Stay Hydrated Without Overdoing Fluids!

**Remember- Every Sip Counts!**

- 2 cups of fluid = 16 ounces
- 80 ounces = 1 gallon
- 1 gallon = 128 oz weight gain
- 4 cups of fluid = 32 ounces
- 32 ounces = 2 gallons
- 2 gallons = 25.6 kg weight gain

If you drink 4 cups of fluid and gain 2 pounds of fluid every day, you will bring to 3.6 kg weight gain between every other day treatments and 2.2 kg between 2 day treatments.

**Liquid**

Imperial	Metric	US Units
1/2 fl. oz.	15 ml	1/4 cup
1 fl. oz.	30 ml	1/2 cup
2 fl. oz.	60 ml	1/4 cup
3 fl. oz.	90 ml	3/8 cup
4 fl. oz.	120 ml (1/2 pt)	1/2 cup
5 fl. oz.	150 ml (1/2 pt)	5/8 cup
6 fl. oz.	180 ml (1/2 pt)	3/4 cup
8 fl. oz.	240 ml (1/2 pt)	1 cup
10 fl. oz.	300 ml (1/2 pt)	1 1/4 cup
12 fl. oz.	360 ml (1/2 pt)	1 1/2 cup
16 fl. oz.	480 ml (1/2 pt)	2 cups (1 pint)
20 fl. oz.	600 ml (1/2 pt)	2 1/2 cups
24 fl. oz.	720 ml (1/2 pt)	3 cups
32 fl. oz.	960 ml (1/2 pt)	4 cups (1 qt)
1/2 pint	120 ml	1/4 quart
1 pint	240 ml	1/2 quart
1 1/2 pints	360 ml	3/4 quart
2 pints	480 ml	1 quart
2 1/2 pints	720 ml	1 1/4 quarts
3 pints	960 ml	1 1/2 quarts
4 pints	1200 ml	1 1/2 quarts

**Fluid.. What's the Big Deal?**

Too much fluid causes:

- Swelling (edema) in hands, feet, ankles & face
- Distention of lungs and breathing issues
- High blood pressure
- Stress on the heart (can lead to heart failure)
- Compromised ability during your dialysis treatment

**FLUID FLUID INTAKE**

Why? When you are on dialysis, fluid (water) in your blood gets between treatments. There's some buildup. So you have to get rid of it. Ask your dietitian. Water and fluid intake should have each day.

**DRINK slowly out of smaller cups.**

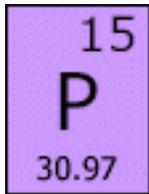
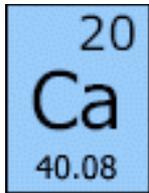
**CHOOSE unsalted snacks.**

**SUCK on a lemon slice or sugar-free sour candy.**

**Other Dialysis Fluid Control Fluid Intake**

- 1. Drink water only when you are thirsty and avoid ice cream.
- 2. Avoid drinks, soups, broths, and soups. High fluid intake can make you feel bloated.
- 3. Avoid soft drinks, alcohol, and coffee. High fluid intake can make you feel bloated.
- 4. Avoid salty snacks, soups, and soups. High fluid intake can make you feel bloated.
- 5. Avoid salty soups, soups, and soups. High fluid intake can make you feel bloated.
- 6. Avoid salty soups, soups, and soups. High fluid intake can make you feel bloated.
- 7. Avoid salty soups, soups, and soups. High fluid intake can make you feel bloated.
- 8. Avoid salty soups, soups, and soups. High fluid intake can make you feel bloated.

# Calcium/Phosphorus and PTH



- **Goal:** To make patients more aware of lab results and complications and focus more on diet.
- **Activity:** We set up pictures on bulletin board and provided handout of article written by patient who had to have parathyroidectomy and how he regrets how his behaviors led to this.
- **Results:** Patients read article and asked questions, we will continue to review monthly labs.

# Camp DaVita- Getting to Know Each Other



Shared by Shrewsbury Dialysis

# Controlling Fluid Gains



- **Goal:** Reduce intradialytic weight gains to <math><5\%</math> of target weight for each patient in greater than 90% of treatments.
- **Activity:** Education was given to the patients using the My Kidney Kit: My Plan-How do I control my fluid gains? A poster was made and posted in the waiting room talking about how you can gain excess fluid, symptoms it can cause during treatment and how to avoid gaining excessive fluid. Also gave a fluid tracker paper to patients to use at home to track fluid intake.
- **Result:** One patient was able to identify that when he drinks chocolate milk he always drinks too much and decided to give it up. His fluid gains are now minimal. One patient that has been struggling with large fluid gains has started using the fluid tracking sheet and is making small improvements. One patient identified his problem of eating out frequently as getting too much salt in his diet contributing to his high fluid gains. Our overall excessive IDWG have improved.

# Cool Tips for Fluid

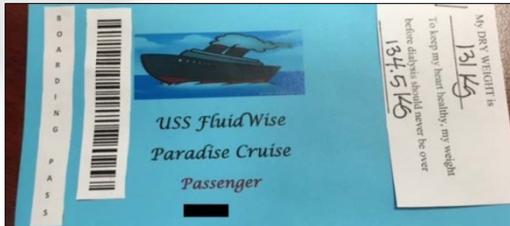


## Cool Tips KNOW all about fluids

- Stick to 32-36 ounces of fluid per day**
  - 16 ounces of fluid = ½kg of fluid weight (1 pound)
  - Aim to gain no more than 1 kg per day (2.2 pounds)
- Know what counts as fluid** 
  - Anything liquid at room temperature
    - (water, juice, ice, gelatin...)
- Sugar and caffeine may make you thirsty**
- Keep track of your ice intake** 
  - 1 cup of ice melts to about 4 ounces of fluid

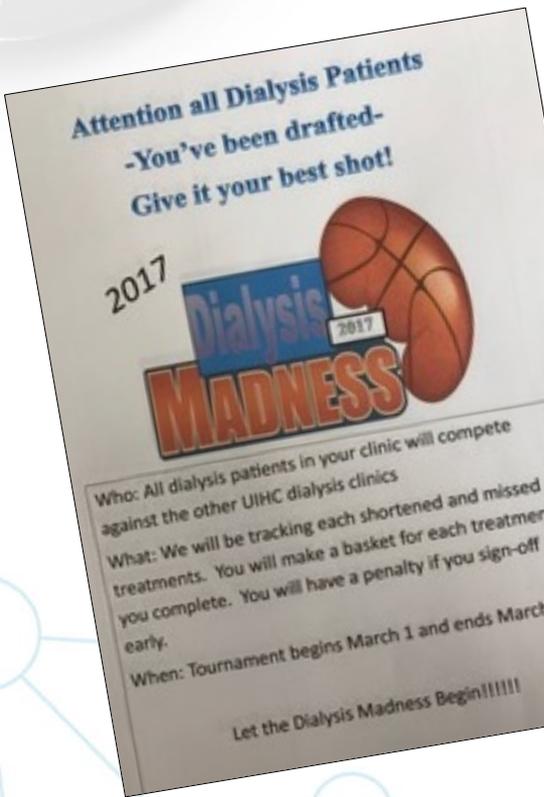
- **Goal:** Have the patient state one key point from the Power Point, each treatment day.
- **Activity:** Educate patients on tips to reduce fluid and reduce thirst during the summertime. Actively engage the patients by having them express one tip (from the educational material).
- **Results:** 78% of the patients remembered at least 1 tip from the educational material (one week's span).

# Dialysis Cruise Fluid Challenge



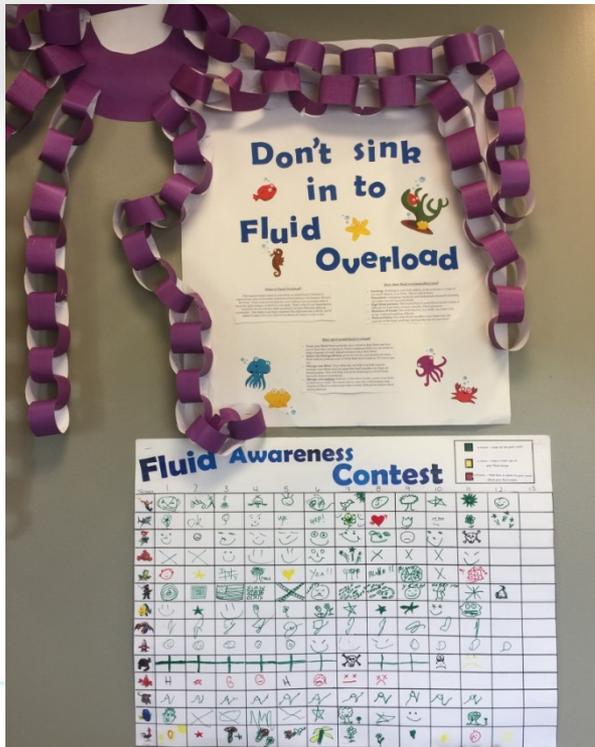
- **Goal:** Improve patient's success in meeting target weight.
- **Activity:** The **Dialysis Cruise Challenge** included every patient receiving a "passport" and encouraged to gain less than 5% of TW between treatments to avoid their life raft being thrown from the boat into the shark infested waters below. Each patient has a life raft aboard the USS Fluidwise dialysis cruise. In order to stay aboard they must meet their Target Weight after treatment. If they do not meet their Target Weight by less/more than .5kg they are dropped into the shark infested waters below! The only way to get back on board the cruise ship is to meet their Target Weight for 3 treatments in a row. Those who remained on the ship at the end of the challenge received dialysis friendly root beer floats.
- **Results:** Patients love any kind of challenge and always engage in the activity. Our average intradialytic weights gains were greater than 30% prior to initiating the challenges. After a few months our average intradialytic weight gains decreased below 30%, to our lowest of 25%!

# Dialysis Madness





# Don't Sink Into Fluid Overload



- **Goal:** Our main goal was to generate a genuine desire to maintain a fluid gain within the patients' safe dialysis removal range.
- **Activity description:** Before the start of the contest, staff let each patient draw a character to represent them to maintain HIPPA guidelines. Each treatment day, after the patients weighed in, the difference of their dry weight and their current weight was entered into the UFR calculator to receive a color of red, yellow, or green. The red represents the danger zone for appropriate fluid removal, and scored 0 points for that treatment. The yellow represents a level that was higher than desired, but still under the dangerous fluid removal level, and scored 1 point. The green represents an appropriate level, or the safe zone, and scored 3 points. For missed treatments the patient received a black mark and scored 0 points. After their treatment, the patients drew a design in the color they received for this treatment. At the end of the contest, the patient(s) with the most points received a prize for their achievement of "fluid management champions."
- **Results:** All of our clinic's patients participated well with the contest. Even the patients who typically struggle with fluid management showed great effort to achieve a "green day." Staff reported one patient celebrated when they were told that their color was green for that day, when they had scored in the red for several prior treatments. Both staff and patients seem to enjoy the contest!

# Don't Sink into Fluid Overload



- **Goal:** Patients to gain less than their specific goal of 13ml/kg/hr. between each treatment, for 4 consecutive treatments.
- **Activity:** We made a bulletin board with four levels. Sand was the starting point, there were 3 levels of water, and a beach with mermaids as the finishing point. Each patient was assigned their own sea creature as their game piece. The instructions for the game were handed out in advance so that patients would be ready to play. Each level represented one dialysis treatment. If patients were under their specifically calculated goal for fluid gains they were able to move up a level. The goal was made by taking each patient's estimated dry weight and treatment time to calculate what 13ml/kg/hr. of fluid would be specifically for them. If they moved up a level for four consecutive treatments and ended on the beach with the mermaids, then they received a small prize from the grab basket.
- **Results:** All of our patients were very excited to play. We had overwhelmingly positive results. Out of the 21 patients that did participate, 16 were able to complete the challenge and receive a prize. The other 5 patients only lost because they had a larger fluid gain over the weekend. We did an anonymous survey after the project was completed and 20 patients would like to do another activity like this in the future, with only 1 patient that does not. When asked if the activity helped to motivate them to watch fluid gains 17 patients reported it did, while only 4 said it did not.

# Don't Sink Into Fluid Overload



- **Goal:** Keep IDW <1kg at or below 5%
- **Activity:** Developed a bulletin board and did patient education on fluid management
- **Results:** Family found the board informative, and helped us meet our goal. The patients have been more engaged in IDW.

# Eat More Protein!



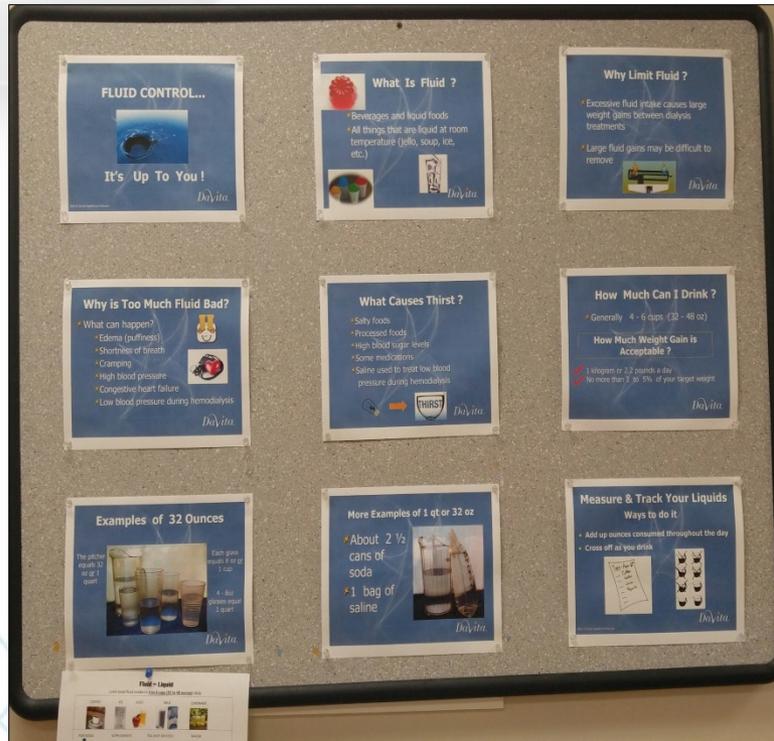
Shared by FMC - Hays

# Fire Up the Grill

- **Goal:** Create talk between patients and staff
- **Activity:** Bulletin board called "Fire up the grill"
- **Results:** patients have been attracted to board and it is a conversation starter with staff.



# Fluid Control... It's Up to You!



- **Goal:** To reduce frequent excessive interdialytic weight gain in the clinic, which is the percent of patients with weight gain between treatments >5% of target weight in >10% of their treatments in the last 91 days from report month-end.
- **Activity:** We did a bulletin board in the lobby about fluid control, what constitutes fluid, how much fluid should I have and positive ways to combat thirst. We made copies of the Fluid Weight/Target weight sheet from the My Kidney Kit and handed it out along with a fluid tracking sheet to each patient. The dietician, along with other teammates handed out the items and spoke to each patient about the dangers of fluid overload.
- **Result:** We had great results with this activity. We started in March with 41.2% of our patients with frequent excessive IDWG and ended at the end of May with a drop of 22.4%, down to 18.8%. The patients with the largest decreases attributed it to the fluid tracking sheet. They stated that they just didn't realize how much they were drinking and didn't realize how much fluid was hidden in certain foods.

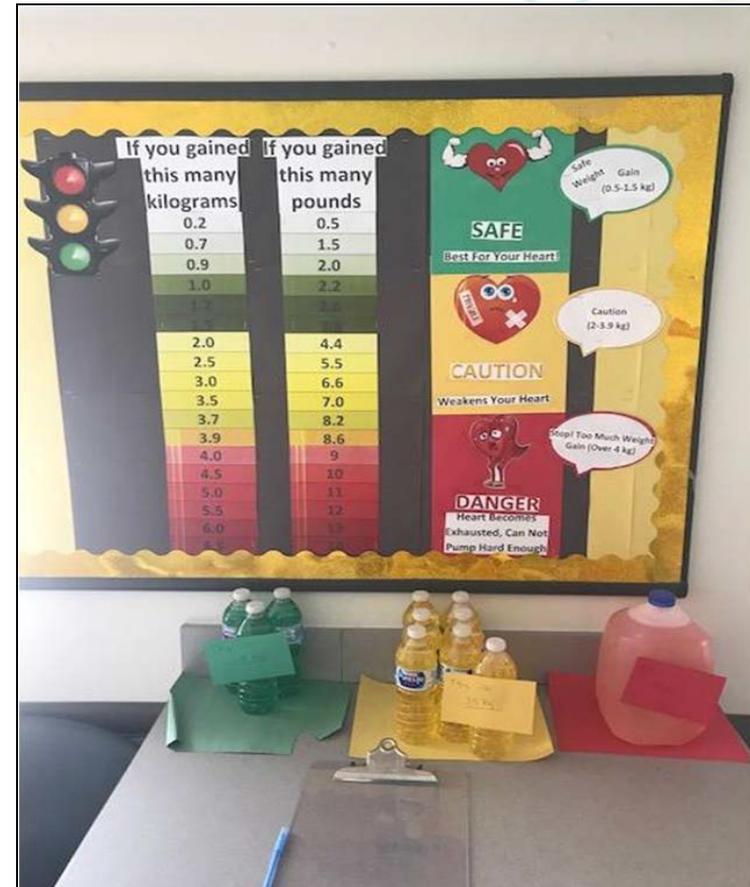
# Fluid Lobby Day



Shared by DaVita -Wyandotte West

# Fluid Education

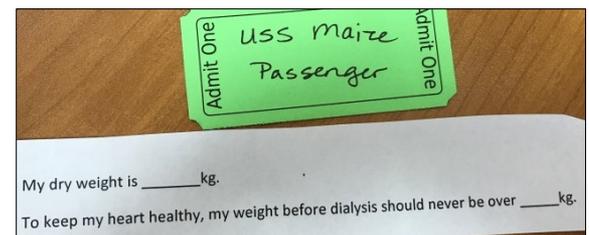
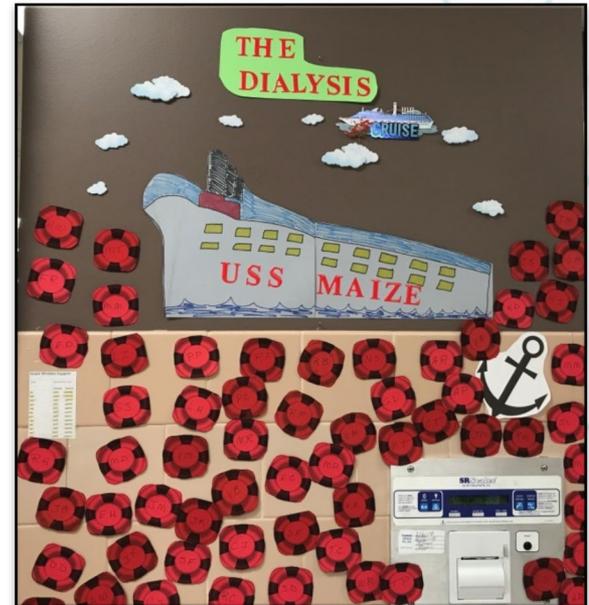
- **Goal:** To give patients an actual visual of how much fluid they should consume between treatments.
- **Description:** Did bulletin board/demonstration on **fluid gains**.
- **Results:** It was evident that the visual aid of the water bottles enlightened the patients on how much they do and should consume.



# Fluid Management

- **Goal:** To have our intradialytic weight gains be less than 5% for more than 75% of our patients on hemodialysis to decrease hospitalizations and complications from fluid overload.
- **Activity:** We are doing a fluid challenge with the goal of keeping all of our patients on the USS Maize in the safe zone. Every patient was given a ticket for the USS Maize cruise ship and a paper discussing their target weight and a goal to keep their IDWG at 3% or less. We have a shark-filled ocean underneath our patients (represented by life preservers). The idea is to review all of our patients with the BP monitoring report every Wednesday in core team. Every patient who gains more than 5% of their EDW will move from the safe zone into the shark-infested waters. They will have the opportunity to move back into the safe zone each week. The final week of June I have promised all of my patients a root beer float celebration during dialysis treatments as a reward for attempting to improve their fluid gains. The response so far has been fantastic and the patients are talking about it to the team.
- **Results:** We have received patient comments stating "I didn't realize how much I should gain", "anything to make this more interesting", "I'll be in the shark tank more often than not", and "I think this will be fun". We are excited to see our patients improve.

Shared by Maize Dialysis Center



# Fluid Management over the Summer

- **Goal:** Provide education to the patients regarding fluid and hot summer days.
- **Activity:** Bottles of water to show how many kgs a certain number of water bottles weigh. A table was set up in the front lobby. Bulletin Board had information regarding fluid management and hot summer day tips.
- **Results:** Patients voiced that putting the physical number of bottles in kgs out on display really helped them visualize how much water they were drinking. Patients acknowledged the tips on the bulletin board.



# Fluid Matters



- **Activity:** Monthly patient education was done by the RN's and PCT's, for every patient in the clinic. We used the My Kidney Kit, to help the patient understand the importance of fluid and how it impacts the patient with the topics of 1. How do I control my fluid gains and 2. Fluid weight and dry weight.
- **Results:** It went really good, and we had a couple of patients that even stated that they learned something new from this patient education. Sometimes we take for granted that patients totally understand fluid and how the kidneys work. The patients thought that the handout from the Heartland Kidney Network and the tips on it i.e. watching salt, Jello is a fluid, etc. was very helpful.

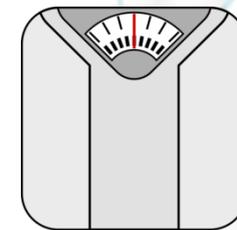
# Fluid Weight & Dry Weight (1)

- **Goal:** To have pts meet goal of <13 ml/kg/hr
- **Activity:** Patients were given handouts from My Kidney Kit and also a handout that showed the Effects of Fluid Overload. We have a report that is updated daily that tracks pts individual fluid gains. The IDT team focused on each patient not meeting goal to individualized a plan to help them achieve that goal.
- **Results:** We have been working on this project for the last few months and all but two patients who are meeting goal.

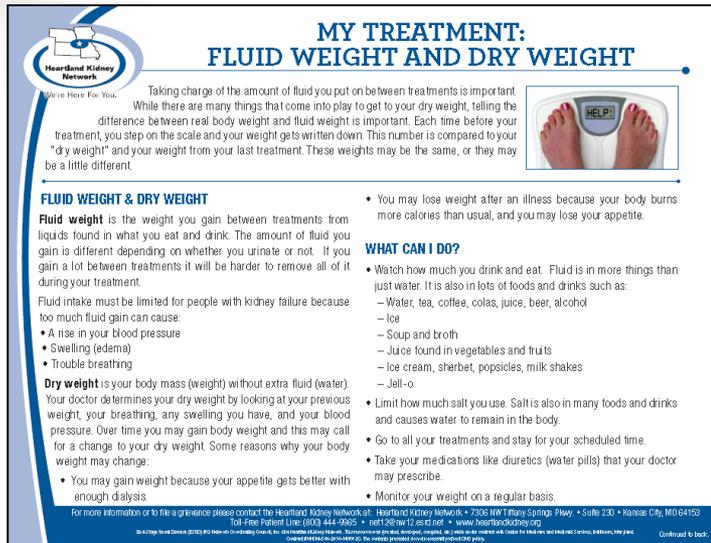


# Fluid Weight & Dry Weight (2)

- **Goal:** Decrease fluid gains
- **Activity:** We copied the hand out from our Kidney Kit, used visuals to provide examples of water intense foods. Discussed the values of Kg and lbs and how they relate. Ex: How when using Kg it doesn't sound like much gain but when converted to lbs then it makes more sense to the patients. Eye opener for some.
- **Results:** It made some patients more aware of their actual gains and has seemed to help them put it more into perspective.



# Fluid Weight & Dry Weight (3)



**MY TREATMENT:  
FLUID WEIGHT AND DRY WEIGHT**

Take charge of the amount of fluid you put on between treatments is important. While there are many things that come into play to get to your dry weight, telling the difference between real body weight and fluid weight is important. Each time before your treatment, you step on the scale and your weight gets written down. This number is compared to your "dry weight" and your weight from your last treatment. These weights may be the same, or they may be a little different.

**FLUID WEIGHT & DRY WEIGHT**

**Fluid weight** is the weight you gain between treatments from liquids found in what you eat and drink. The amount of fluid you gain is different depending on whether you urinate or not. If you gain a lot between treatments it will be harder to remove all of it during your treatment.

Fluid intake must be limited for people with kidney failure because too much fluid gain can cause:

- A rise in your blood pressure
- Swelling (edema)
- Trouble breathing

**Dry weight** is your body mass (weight) without extra fluid (water). Your doctor determines your dry weight by looking at your previous weight, your breathing, any swelling you have, and your blood pressure. Over time you may gain body weight and this may call for a change to your dry weight. Some reasons why your body weight may change:

- You may gain weight because your appetite gets better with enough dialysis.
- You may lose weight after an illness because your body burns more calories than usual, and you may lose your appetite.

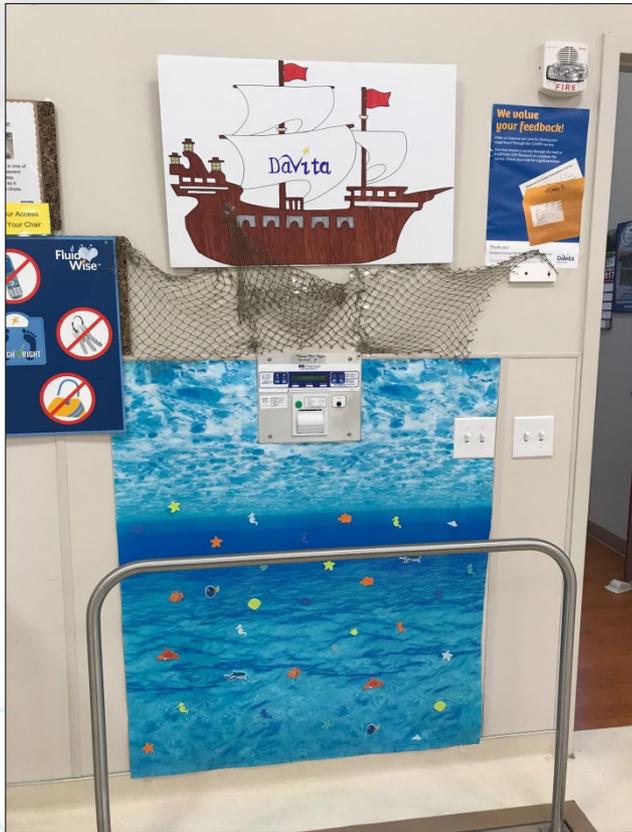
**WHAT CAN I DO?**

- Watch how much you drink and eat. Fluid is in more things than just water. It is also in lots of foods and drinks such as:
  - Water, tea, coffee, colas, juice, beer, alcohol
  - Ice
  - Soup and broth
  - Juice found in vegetables and fruits
  - Ice cream, sherbet, popsicles, milk shakes
  - Jell-o
- Limit how much salt you use. Salt is also in many foods and drinks and causes water to remain in the body.
- Go to all your treatments and stay for your scheduled time.
- Take your medications like diuretics (water pills) that your doctor may prescribe.
- Monitor your weight on a regular basis.

For more information or to file a preference please contact the Heartland Kidney Network: Heartland Kidney Network • 1306 HWY 170 Spring Place • Suite 230 • Kansas City, MO 64113  
Toll-Free Patient Line: (800) 444-9905 • nrl12@hw12.net • www.heartlandkidney.org  
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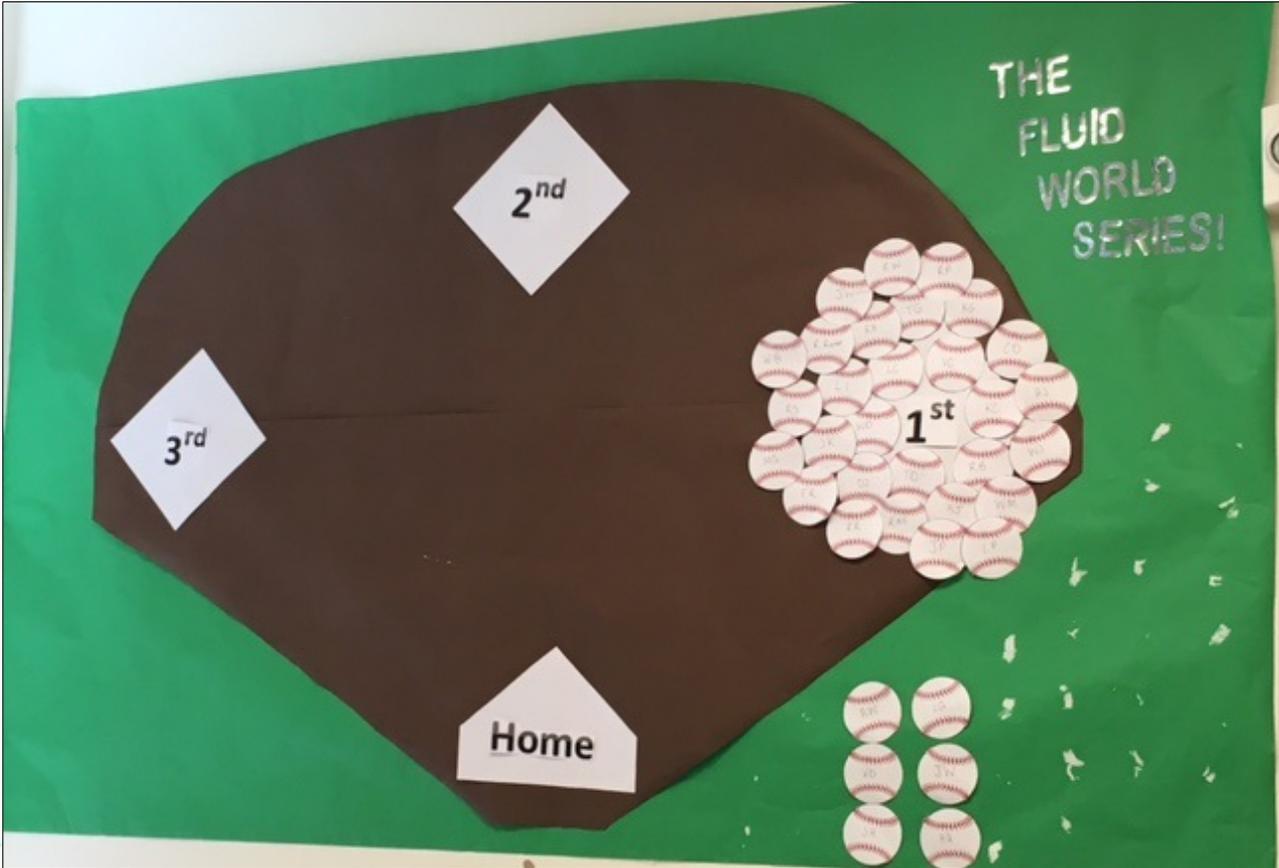
- **Goal:** Encourage the patient to increase their understanding about dry weight and fluid weight. And to know what constitutes liquids and how salt is a culprit in adding fluid weight.
- **Activity:** The information was handed out to each patient and the staff talked to them about the highlights and answered questions the patients had and had them recall back to the staff what they understood and what they need to do differently.
- **Results:** The activity met the goal very well. Good conversations occurred patient comments included: “Oh, the broth in my soup counts?” “But I don't use very much salt, and they had brought a small bag of potato chips as their snack for the day.” and one patient explained how cutting or not coming to their treatments built fluid up on their body.

# Fluidwise Challenge



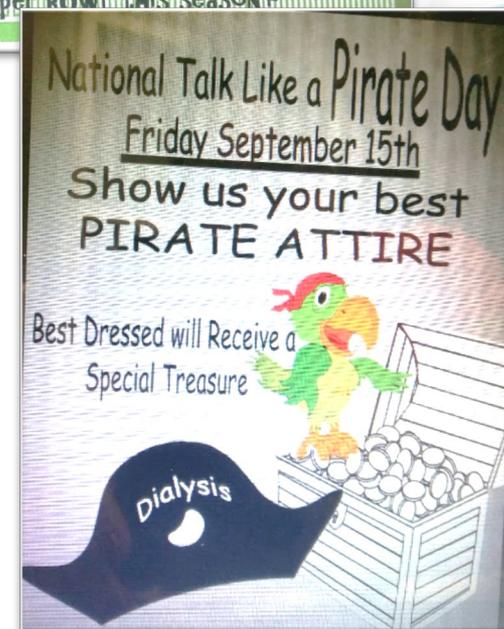
- **Goal:** Engage patients in a fun activity to help educate about fluid gains. Overall goal is to reduce IDWG and keep it within healthy range for all patients in the facility.
- **Activity:** Patients will be invited to board the DaVita ship for a cruise. If they are able to keep their IDWG between 3% and 5%, they will remain above water. If their fluid gains are above 5%, they will be in the dangerous waters. The activity will run from the end of June through the end of July. Staff will engage patients in fluidwise education throughout the activity, and at the end patients will be rewarded with a dialysis friendly treat.
- **Results:** Patients have responded positively to the idea - many have commented on how fun the display is. The display is right next to the scale, which will allow all patients to check their "status" when they arrive at dialysis. We anticipate that patients will enjoy the engagement activity and will begin watching their fluids more closely.

# Fluid World Series



# Fun Days

- **Activity:** The other projects include Shark Week, Super Hero Day, Pirate Days, Crazy Sock Day, Favorite Sport's Team day. These day's/weeks focus on presenting and providing education to the patient's in a fun and enjoyable approach. Education included: the importance of albumin and protein intake trying various protein supplements; phosphorous and the importance of taking binders: and fluid overload education and the effects of fluid overload.
- **Results:** The activity goals were very successful in all of our projects. The patient's were very engaged and appeared to enjoy all of the projects. There was a very positive turnout from patient's and their families. Patient's were very appreciative and appeared to enjoy all of the projects.



# Handwashing



- **Goal:** Our goal was to involve our patients more in auditing both staff and patient handwashing in the unit.
- **Activity:** Discussion with patients regarding audit of handwashing and what would be helpful reminders. It was decided that a brightly colored bulletin board would catch both patients and staff attention to help remind each other to thoroughly wash hands to decrease the spread of germs. Social worker utilized information from the CDC's Clean Hands Count initiative. This bulletin board is appropriately placed directly in front of the sink where patients wash their hands and access sites and in front of the scale where they weigh before and after treatment.
- **Results:** Patients have voiced that they enjoy the color it brings to the unit and the helpful information.

# Handwashing

- **Goal:** To increase patient surveillance of handwashing.
- **Description:** Discussed with patient's the hand washing audit tool and their participation in this aspect of care. Had an in-service on early warnings signs of sepsis and staff surveillance; went over the

*In Service Sepsis Early Warning*

*11/20/18*

Outpatient Dialysis Early Warning Screen

Day 1: Date \_\_\_\_\_ Nurse: \_\_\_\_\_ Day 2: Date \_\_\_\_\_ Nurse: \_\_\_\_\_ Day 3: Date \_\_\_\_\_

Subjective Symptoms-Patient Reported			Subjective Symptoms-Patient Reported			Subjective Symptoms-Patient Reported		
Signs & Symptoms Infection? <small>*check Y or N</small>			Signs & Symptoms Infection? <small>*check Y or N</small>			Signs & Symptoms Infection? <small>*check Y or N</small>		
	Yes	No		Yes	No		Yes	No
cough			cough			cough		
wound-drainage, warmth, redness			wound-drainage, warmth, redness			wound-drainage, warmth, redness		
sore throat			sore throat			sore throat		
pain, frequency, or urgency urinating			pain, frequency, or urgency urinating			pain, frequency, or urgency urinating		
diarrhea			diarrhea			diarrhea		
Fever			Fever			Fever		
Fever / chills or feeling chilled			Fever / chills or feeling chilled			Fever / chills or feeling chilled		
HR feels like it's racing			HR feels like it's racing			HR feels like it's racing		
RR feel short of breath-fast breathing			RR feel short of breath-fast breathing			RR feel short of breath-fast breathing		
LOC confused, excessive sleeping, exhausted			LOC confused, excessive sleeping, exhausted			LOC confused, excessive sleeping, exhausted		
Pain Extreme pain			Pain Extreme pain			Pain Extreme pain		
Skin Pale or discolored skin			Skin Pale or discolored skin			Skin Pale or discolored skin		

Score	Objective Clinical Measures- Nurse Assessed					Score	Objective Clinical Measures- Nurse Assessed					Score	Objective							
	3	2	1	0	1		2	3	3	2	1			0	1	2	3			
Temp	< 35.0	≤ 35.4	≤ 38	> 38	> 38.6	Temp	< 35.0	≤ 35.4	≤ 38	> 38	> 38.6	Temp	< 35.0	≤ 35.4	≤ 38	> 38	> 38.6			
HR	< 40	≤ 50	≤ 100	≤ 110	≤ 129	> 129	HR	< 40	≤ 50	≤ 100	≤ 110	≤ 129	> 129	HR	< 40	≤ 50	≤ 100	≤ 110	≤ 129	> 129
RR	< 8	≤ 20	≤ 25	≤ 30	> 31	RR	< 8	≤ 20	≤ 25	≤ 30	> 31	RR	< 8	≤ 20	≤ 25	≤ 30	> 31			
SBP	< 70	≤ 80	≤ 90	≤ 109	> 200	SBP	< 70	≤ 80	≤ 90	≤ 109	> 200	SBP	< 70	≤ 80	≤ 90	≤ 109	> 200			
LOC		new confusion/agitation	Baseline	Response to verbal	Response to pain	LOC		new confusion/agitation	Baseline	Response to verbal	Response to pain	LOC		new confusion/agitation	Baseline	Response to verbal	Response to pain			
Catheter		Y = 1 pt				Catheter		Y = 1 pt				Catheter		Y = 1 pt						
Incent procedure		Y = 1 pt				Incent procedure		Y = 1 pt				Incent procedure		Y = 1 pt						
Total Score						Total Score						Total Score								

Notes/Action Taken: \_\_\_\_\_ Notes/Action Taken: \_\_\_\_\_ Notes/Action Taken: \_\_\_\_\_

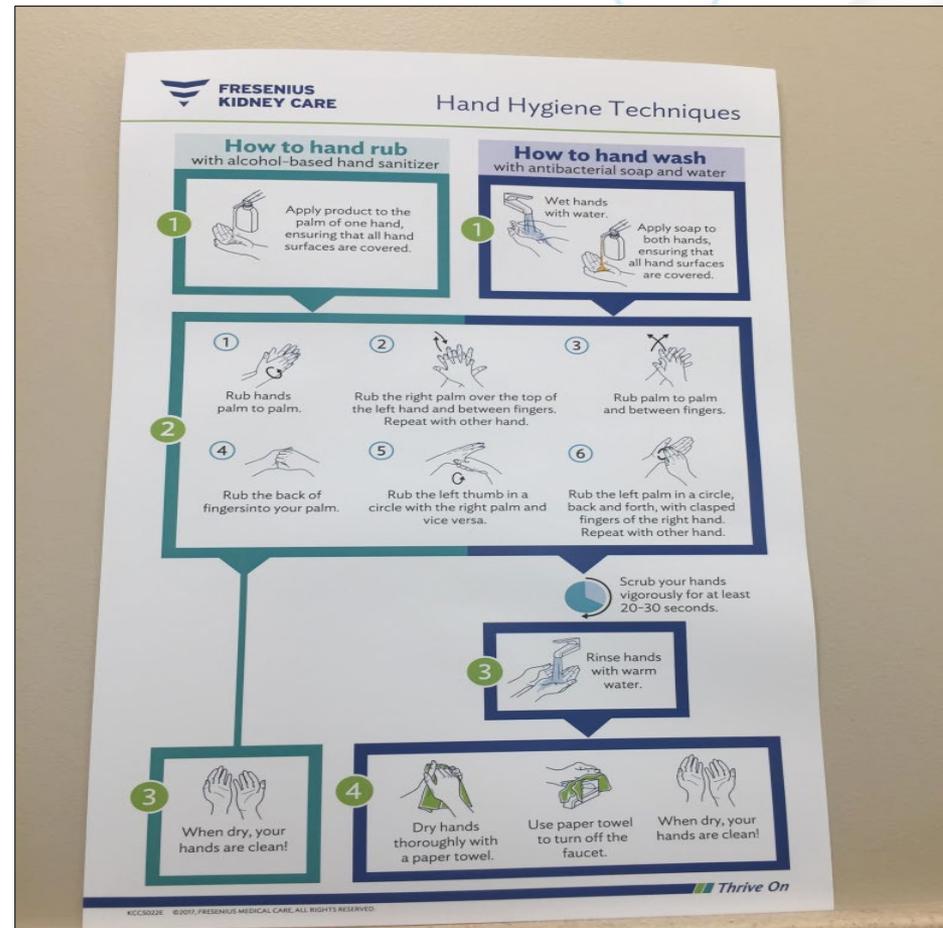


Score Range	Clinical Response
Green Zone 0-1	No action required
Yellow Zone 2-3	Contact PCP-alert to signs/symptoms observed.
Red Zone 3 and >	Schedule same day appointment w/PCP if able OR recommend ED for evaluation

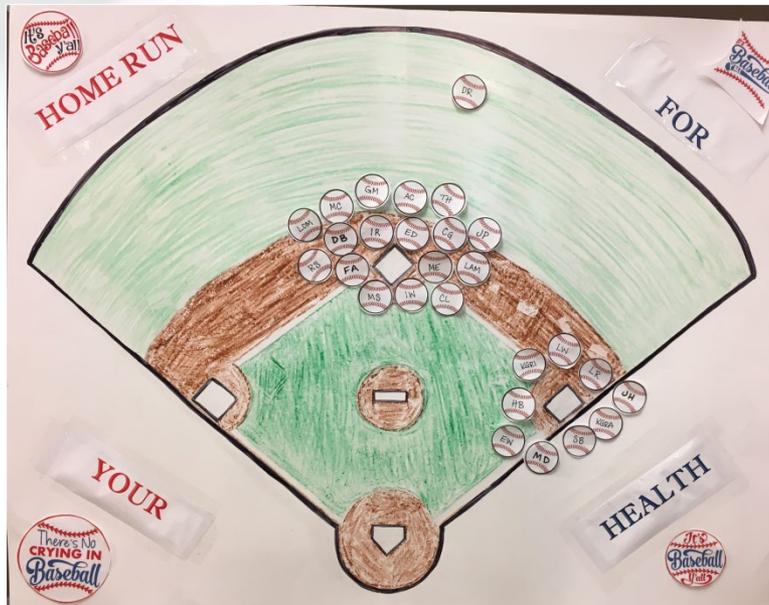
*Daily Huddle about Screening for Early Warning Signs Sepsis*  
*Michele Has*  
*Laundrea Boardman*

# Hand Hygiene Techniques

- **Goal:** To explain and show the importance of hand hygiene.
- **Description:** Demonstrated hand hygiene when coming into treatment and explained the best times to use hand hygiene inside and outside dialysis facility.
- **Results:** Seeing more hand hygiene within the dialysis facility from patients and family and less infections

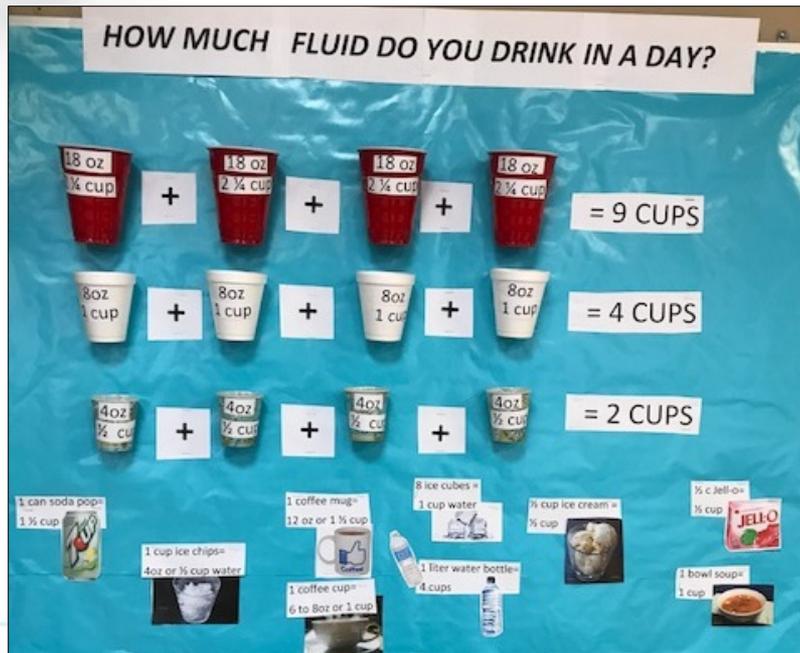


# Home Run for your Health



- **Goal:** Patient baseballs advance to the next base when you reach the goal in each category. The one with most "home runs" will get a prize.
- **Activity:** Home Run for your health. Monthly labs for albumin and phosphorus determine if patient advances. Missed Treatment report will determine that as well.
- **Results:** It has been a great reminder and learning lesson for some of these patients. They don't seem to be interested in the game itself, but the information the dietician and the social worker hand out each month on the specific topic seems to make them ask questions and understand a bit more how and why the 3 topics correlate. It has been a fun project. We decided we will continue to move patients through the field to see if others catch up.

# How much fluid do you drink in a day?



- **Goal:** To increase patient's knowledge of how to control their fluid gains.
- **Activity:** Used My Kidney Kit: My Treatment: How do I control my fluid gains? as our education topic for the month. Primary nurses and dietitian did education with the patients for the month. Dietary did a board in the lobby for the patients for the month as well.
- **Results:** Patients enjoyed simple visual to help understand how to limit fluid intake. Stated to dietitian how they were able to limit their fluid gains with one on one conversations.

# How to Control Fluid Gains



- **Goal:** Our goal was to reduce intradialytic weight gains within the patients' safe dialysis removal range.
- **Activity:** A bulletin board was made entitled, "Are You Drowning in Fluids?" It informed patients of foods that count as fluid, foods that make them drink more, and foods that can help the drink less. It also reminded patients that 1 cup of ice = 4 oz of fluid. It demonstrated how many cups of water is too much and gave patients a goal for their fluid intake for 1 day for both those patients who still urinate and also those who do not urinate any longer. Along with this it gave information on ways to limit fluids in order to achieve that goal. Education handouts were given to the patients using the My Kidney Kit: My Plan-How Do I Controls My Fluid Gains, the [www.renalnutrition.org](http://www.renalnutrition.org) handout - Managing Your Fluid Intake, and DCI's 120 Day Education handout - Controlling Fluid.
- **Results:** Several patients were able to identify that they are eating to many cups of ice in a day, which adds up to more fluid than they had realized. Other patients were able to identify that they were eating a lot of food that are high in salt due to eating out frequently, and have since been choosing a more healthier option. Overall the patients have felt that they learned a lot thru this bulletin board and will be monitoring their fluid gains more closely.

# Improving Clinical Outcomes

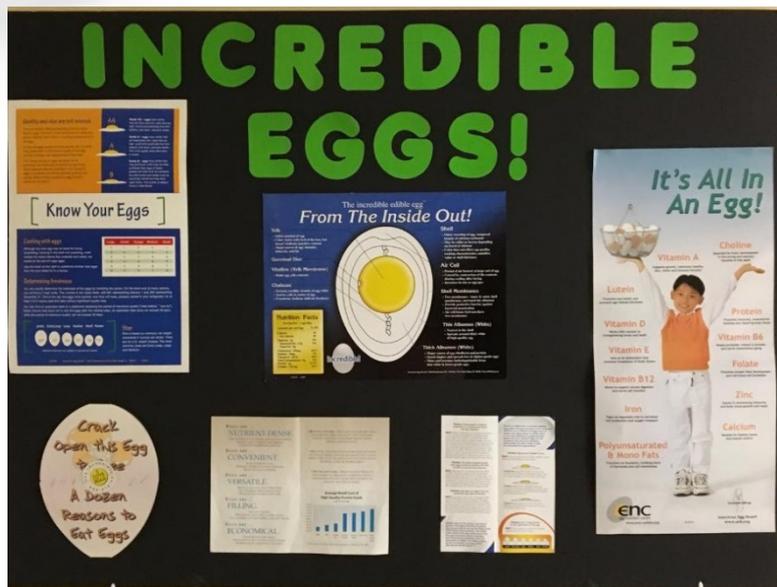


- **Goal:** Increase adherence to prescription, improve quality of life, and improve outcomes.
- **Activity:** Football game where patient receive points for meeting outcome goals. Moving football down the field to score a touchdown!
- **Results:** Provide awareness and visual for the patients to see their outcomes. Allowed them to see the facility trends on specific outcomes and how they impact those outcomes.

# Improving Habits



# Incredible Eggs!



- **Goal:** Increase the overall albumin level in the unit.
- **Activity:** Patients were given education on importance of protein in their diet. Education revealed that eggs are a great source of protein and are relatively cheap and easy to obtain. Patients were given the opportunity to eat an egg before dialysis treatment starting June 5th 2017. The unit supplied the eggs for this patient involvement activity.
- **Results:** QAPI reports show moderate Albumin improvement during the first 2 months. However the activity continues and greater improvement is expected in future months. Most patients have been eager to participate in this activity, however a few have refused. Those who do participate often ask for their egg if not offered one prior to treatment.

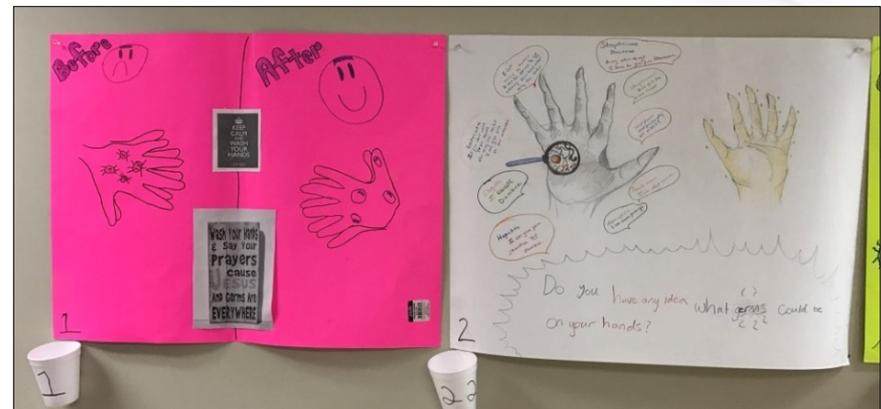
# Infection Control



- **Goal:** Educate patients and staff on infection control
- **Activity:** Staff did posters on infection control. We lined the hall where the patient's weigh. We passed out a letter to the patients explaining we would like them to vote anonymously on the best poster. We put corresponding cups under the poster with numbers in them. All the patient had to do was to grab a number and put it in the voting box.

- **Result:** Patients enjoyed looking at the posters, many couldn't make up their mind on which posters to choose from. Patients stated they thought that was a great idea related to hand washing and infection control. Patients stated they enjoyed being involved in the contest.

Shared by Bethany Dialysis



# Hand Hygiene- Reducing Dialysis Facility Events through Patient Engagement

- **Goal:** Improve Hand Hygiene by ALL Disciplines in the dialysis unit to decrease risk of infection.
- **Activity:** Patient observes hand hygiene opportunities by different disciplines in the dialysis unit and then documents if the opportunity was successful and if was not successful then documents a description of any missed attempts.
- **Results:** Patient began doing hand hygiene audits in April and has continued with May and June 2017. April showed 5 out of 10 observations successful, May had 11 out of 13 successful, and June had 10 out of 11 successful. Patient stated that she notices that Hand Hygiene practices are generally very good in the dialysis unit but she has noticed that when the attempts are unsuccessful - it is during a busy time in the unit. Patient stated that she is more aware of what to watch for and expect from all disciplines in the dialysis unit. This information was shared with all staff at staff meeting and also at our monthly QAPI meetings. We have seen an increased awareness and improvement in hand hygiene practices thru this auditing from the patient observations.

# Knowing My Dialysis Treatment



- **Goal:** Patients understand lab numbers, ask questions, and bring medication bottles into the unit to have nurse check their medications
- **Activity:** Bulletin board had education on why you need to know your lab numbers. MY KIDNEY KIT information was presented to newer patients that are in the dialysis unit. MY KIDNEY KIT was by bulletin board. Encouraged with the nurses to bring in their medication bottles to check the medications they are taking with our list of medications they are taking.
- **Results:** Patients Commented that the board was informational. Provided education and reminders to bring in medication bottles and ask questions on lab numbers. Patients seems to be asking more questions about their labs.

# Know the Importance of Albumin

Know the Importance of **Albumin**

**Albumin** is a blood protein

Goal: **4.0 or Higher**

Helps with having **good dialysis treatment** by keeping fluids where they belong - in cells + bloodstream

Helps keep **heart** and blood vessels **healthy**

Helps keep you **well** and out of the Hospital

Dialysis patients need **more protein** to:

- Feel **strong** and **healthy**
- Have **energy** to keep **active**
- Have **fewer infections** and **hospital stays**

When **Albumin** is **low** serious health problems can happen, including:

Muscle <b>loss</b>	Feel <b>weaker</b>	<b>Poor</b> healing of sores
Weight <b>Loss</b>	Feel more <b>tired</b>	<b>↑ Risk of infection</b>
<b>POOR</b> appetite	<b>Less</b> desire to eat	

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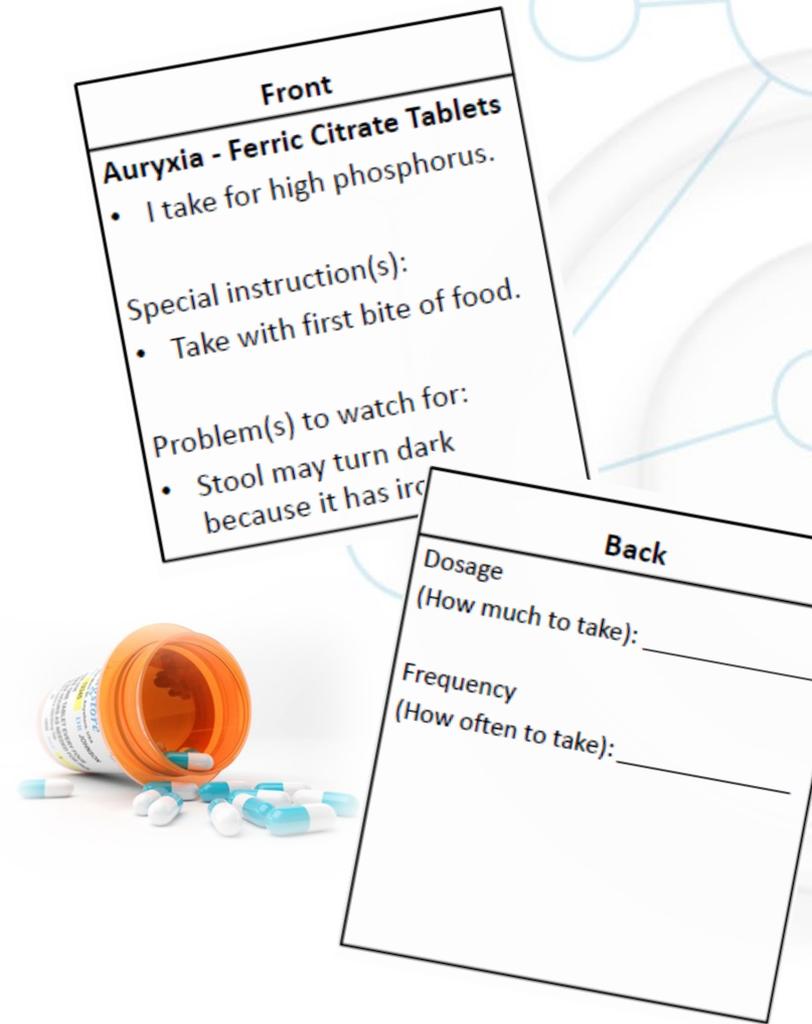
Ask about your **Albumin** level

Talk with your dialysis team about ways to **IMPROVE YOUR ALBUMIN** and meet your goal.

- **Goal:** Empowering patients through increasing their comfort level with this common topic, and emphasizing their own potential for improving their health.
- **Activity:** Poster, using words and pictures, in lobby where patients and family could see and discuss, and encouraging personal action at home. Serves to educate and empower patients about a vital part of their health, that they have some control over, thus empowering them. Also a reminder that their dialysis team is a resource to them.
- **Results:** This activity is ongoing. Patients have been seen reading the poster.

# Know Your Medications

- **Goal:** Patients will be able to name three medications they take, why they take, special instructions on taking and a problem to watch for while taking the medication.
- **Activity Description:** Laminated medication cards which are color coded by drug classification. Each drug card has the drug and generic name, why the patient takes this medication, special instructions for taking, and problems to watch for. These cards are also customized for each patient with dosing amount and frequency on the back of the card. This is written in sharpie and can be changed as dose changes are made. Patients are encouraged to bring in monthly when they bring in their medications so we can keep the cards updated. Patients are also encouraged to take to all doctor's appointments.
- **Results:** The patients able to answer the questions stated in the goal was 11% and the post test was 91%.



# Leap for Health in 2016 – Eat More Protein

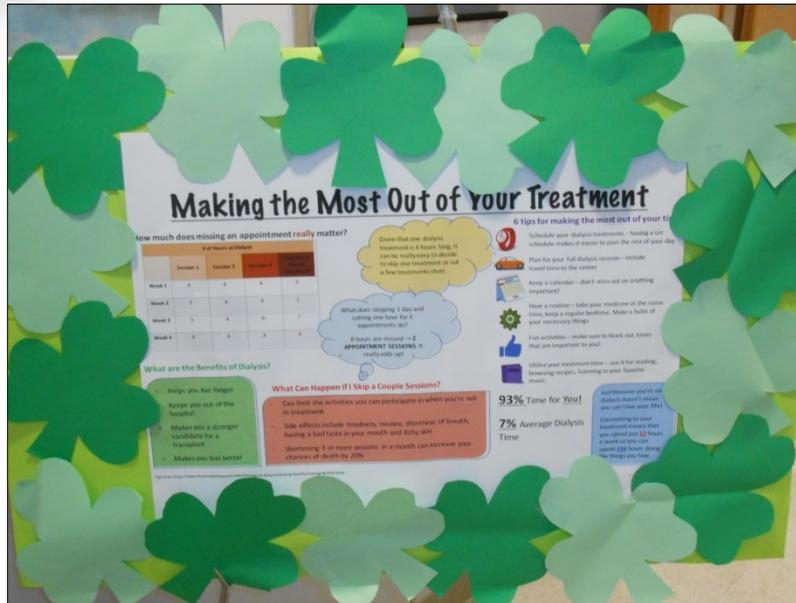


Shared by FMC- Hays Dialysis

# Limit High Phosphorus



# Making the Most out of Your Treatment



- **Goal:** A fun way to involve patients in improving their experience.
- **Activity:** Bulletin board display and two seek and find puzzles to reinforce the key points of "Making the Most out of Your Dialysis" .
- **Result:** Our patients do like to complete these types of puzzles. We had a few patient family members also join in.

# Manage Your Thirst

**Manage Your Thirst**

1. Place a wet bandana in the freezer for 30 minutes to wear around your neck when outside in the heat.
2. Cool down with a cold damp cloth after being outside.
3. Use a mist bottle with a fan attachment to cool off.
4. Suck on frozen low potassium fruits: grapes, strawberries, blueberries, lemon wedges.
5. Wear clothes that breathe (loose fitting, cotton material and a hat).
6. Stick to the shade/Avoid the direct sun.
7. Keep hard candy in the refrigerator or freezer to use when thirsty.
8. Make ice tray popsicles from your favorite LOW phosphorus beverage.
9. Serve beverages in a cold or frozen mug.
10. Avoid beverages high in caffeine, which can increase thirst.

**TIPS TO MANAGE THIRST**

# Meat Madness



- **Goal:** To increase albumins from February to May. Goals to be at benchmark in May: 39% or greater of patients with albumins above 4.0 and 81% of patients with albumin above 3.5.
- **Activity:** We promoted protein and talked about ways to increase albumin. We started in February and finished with May labs. First we asked each patient what their favorite high protein food was and then they were a picture of that food on our meat madness bracket we made. Each month patients were competing against each other and the patient whose albumin increased the most moved on in the bracket. Eventually we had a winner. Each week we had a protein quiz question or protein tip to share. We also provided protein taste test samples of different protein bars and foods with protein powder added to them every couple of weeks during the contest. We did a lot of talking about protein.
- **Results:** The protein contest went well. Patients were talking about protein more and even had patients sharing with other patients about ways they increase protein at home. It was nice to see patients engaged during this contest. We were able to meet both benchmarks in May.

# Meet YOUR Care Team

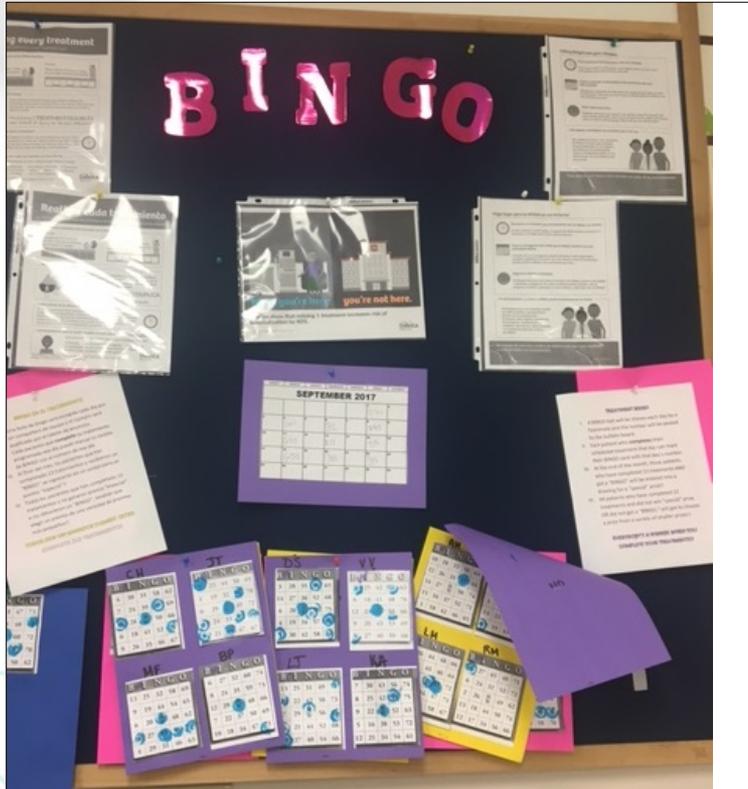


- **Goal:** For patients to feel more comfortable talking with and working with new staff.
- **Activity:** Bulletin board to share about staff.

# Missed Treatments

- **Goal:** To reduce overall missed treatments of the clinic.
- **Activity:** We provided educational handouts of the significance of missed and shortened treatments. We also conducted a raffle for patients that had 0 missed or shortened treatments in May. One patient would be drawn at random to win a gift worth \$20.
- **Results:** We found that the missed treatment rate for May dropped to 13.4% in May, in comparison to 26.8%. Patient also asked questions to staff about the prize and when it would take place. We found the project to be beneficial to the overall well being of the patients.

# Missed Treatments Bingo



- **Goal:** Decrease number of missed treatments in the facility.
- **Activity:** Missed treatment BINGO game developed and implemented. A BINGO ball is chosen each day and the number is posted on the treatment room door. Each patient who completes their scheduled treatment that day can mark their BINGO card with that number. At the end of the month, those patients who have completed all 13 treatments get a small prize and recognition in the clinic.

# Missed Treatments and Fluid Control

- **Goal:** Improve patient outcomes specifically reducing missed treatments and achieving target weight.
- **Activity:** Patients that achieved one or both of the goals set were given "DaVita Dollars" each week. They were able to "spend" the dollars on items from the "DaVita Store" (a cart with several small items either donated or purchased such as a measuring cup, socks, chapstick, notebook, etc.)
- **Results:** The facility had a trend down in missed treatments as well as a decrease in patients not achieving target weight. The trend was not significant but did have a significant effect on a few individual patients.

# Missed Treatments Lobby Day



- **Goal:** To decrease number of missed treatments, educate on fluid gains, educate on home dialysis.
- **Activity:** Had a lobby day for missed treatment and home therapy. Had bulletin board with reasons to not miss treatments, word finds, fluid demonstration (How much fluid is in kg/lbs), information on home therapy for other options.
- **Results:** Patients appeared to like the information. Patients spoke a lot with employees in the lobby. Will monitor success of lobby day by number of missed treatments in July and number of people interested in home therapy.

# Missing and/or Shortening Dialysis

**Missing and/or Shortening Dialysis**

Missing Treatments Can add up Over Time:

1 Missed Treatment/Week → 52 Treatments a year → 4 months

Shortening Treatments Can add up Over Time:

Leaving 15 minutes early → 35 hours a year → 1.5 days a year

So Why Does it Matter?

Missed Treatments + Shortened Treatments = Fluid Overload

Missed and Shortened Treatments can Lead to:

- FLUID OVERLOAD**
  - Shortness of breath
  - High Blood Pressure
  - Edema/Swelling
- FLUID OVERLOAD**
  - Increased weight
  - Cramping and low blood pressure with next dialysis appointment

Missed and Shortened Treatments can Lead to:

- Heart Problems**
  - Due to high potassium
  - Cardiac arrest, death
- Calciphylaxis**
  - Due to high phosphate and PTH
  - Skin death, increased mortality, painful lesions

Having any of the symptoms below may mean I am getting inadequate dialysis:

- Weakness
- Fatigue
- Weight loss (from muscle loss)
- Yellow skin color
- Nausea and vomiting
- Infections
- Poor appetite
- Prolonged bleeding
- Disturbed sleep
- Bad taste in mouth
- Itching

**How to Handrub?**

# Missing Treatment?



# Overall Patient Satisfaction



- **Goal:** Focus on the comfort and care measures that patients scored us low on our ICH CAHPS to see where we can improve on keeping them comfortable and improving their care and their perception on how often they are being checked on and that their dialysis scheduled time actually matches the time they are getting on dialysis most of their treatments.
- **Activity:** We are focusing on asking 5 questions during and after their treatment to find out when and where they feel we are missing the mark on giving the best possible care they can receive and getting them on their treatment at their scheduled time and keeping them as comfortable as they can be.
- **Results:** Our overall patient satisfaction scores on ICH CAHPS went up from 67% to 85%

# “Phosphate binders act like a sponge”

- **Goal:** The goal for this activity was to provide a simple visual tool to help patients understand the importance of taking their binders as prescribed by their physician, and to reach the goal of getting their phosphorus results between 3.5-5.5.
- **Activity:** Our activity was implemented by the Nurse Manager and Dietician. We made a handout titled "Phosphate Binders act like a sponge" We had a pitcher of water and pieces of a sponge. The sponge pieces represented binders. We had a one on one demonstration with each patient. We filled up glasses with varying amounts of water. The water represented food or drink containing phosphorus. We then had the patient drop a piece of sponge (binder) into the glass. They could visually see how portion control and taking the binder as prescribed would "soak up" the phosphorus in the food or drink and then it would be passed in their stool. For example, a binder can attach to 3oz. of cola easier than 12oz. of cola
- **Results:** Overall, we felt this activity was successful. There was a lot of chatter, discussions between the patients. We did see a decline in our Phosphorus results  $>7.0\text{mg/dl}$ . We went from 11.0% down to 9.68% of  $\text{po4} >7.0$  the following month after completing this project. Phosphorus control will be an ongoing focus as many patients do struggle with this.

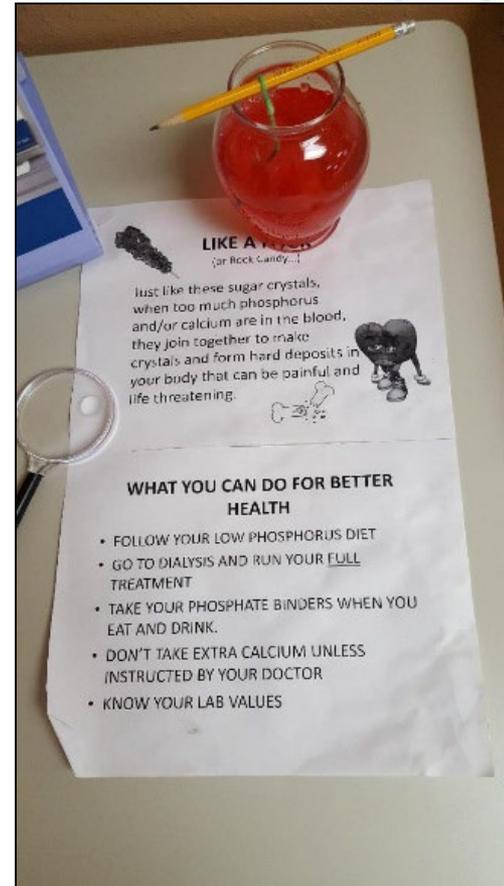
# Phosphorus



Shared by FMC - Creve Coeur

# Phosphorus and Calcium Education

- **Goal:** To show the patients what happens inside their body with continued high levels of phosphorus and calcium.
- **Description:** Our dietician has started a visual education project on phosphorus and calcium. This display sits where patients can see it daily when they come in and the dietician also takes the jar to each patient twice a month to show and explain the changes that are happening to the string and sugar in the water.
- **Results:** Patients seem to be interested in the changes occurring when shown.



# Phosphorus Island



- **Goal:** The goal of the activity was to educate and engage patients in the discussion of the affects of phosphorus intake as a dialysis patient.
- **Activity:** Our dietician and social worker created a bulletin board and fish and other island creatures. Each patient received a creature and were placed on the beach if there phosphorus was within range, and in water with the sharks if out of range. All patients who were in or near the ocean received additional phosphorus education by our dietician.
- **Results:** The activity met the goals of providing additional education while increasing patients who were within phosphorus range. Patients seemed to enjoy the visual the activity provided, and many asked often "what do I need to do to get back to the Island".

# Phosphorus Management and Decreasing Missed Treatments



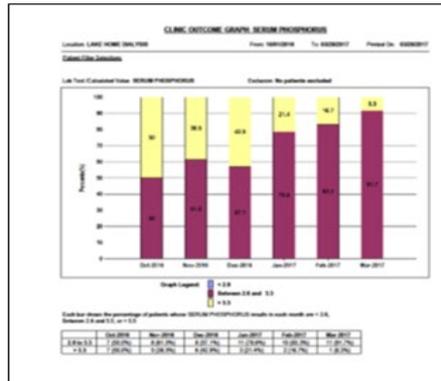
- **Goal:** Decrease missed treatments and encourage diet and medication compliance for better phosphorus labs.
- **Activity:** In February, we had a contest for patients. Each patient had a tracking sheet on the wall. They got a candy heart on their tracking sheet for attending their treatments. Patients could only miss 1 treatment for the month and phosphorus was to be under 5.5 for the month to qualify for the small goody bag at the end of the month.
- **Result:** Our missed treatments decreased for the month and phosphorus labs improved. Our patients enjoy contests!

# Phosphorus Challenge

## Starting



## Results



- **Goal:** Improve serum phosphorus levels
- **Activity:** 5 month phosphorus challenge. Patients needed motivation to bring phosphorus levels down. Motivation to take medications and dietary compliance. Inform/educate patients of how phosphorus affects their body using many resources. Each month the staff handed out a raffle ticket when they were in goal. Patients received prizes for being in goal 5 out of 5 months, and grand prizes for the raffle drawing and most improved.

## Tickets for prizes



## Bulletin Board to track



- **Results:** The patients watched and looked for the number they were assigned. They were curious about their phosphorus levels, at times calling to ask prior to the clinic visit. We gave them a test at the end of the challenge, Example question: "Do you know your phosphorus level?" We went from 50% in goal last October to 91.6% in March at the end of our challenge. \*More info available upon request.

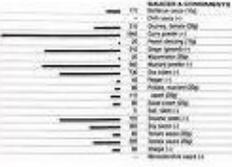
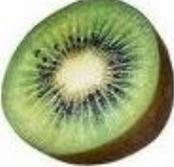
# Positive Side of Dialysis



- **Goal:** To have patients think about the good side of dialysis instead of always seeing the negative.
- **Activity:** The patients were asked to give the social worker one positive thing about coming to dialysis. The findings to be placed on the bulletin board for all patients and staff to learn from.
- **Results:** It was an eye opening experience for the staff. We really thought all patients would easily come up with a positive. Most did but several couldn't think of anything positive related to dialysis. Some even said what could be positive about coming to dialysis?

# Potassium

## POTASSIUM FOOD

	<table border="1"> <tr> <td data-bbox="355 501 440 582">                       Orange Juice (strained)                      (100g)                      420mg                 </td> <td data-bbox="440 501 525 582">                       Banana (medium)                      (100g)                      480mg                 </td> <td data-bbox="525 501 600 582">                       Banana (large)                      (100g)                      520mg                 </td> </tr> <tr> <td data-bbox="355 582 440 664">                       Spinach (fresh)                      (100g)                      420mg                 </td> <td data-bbox="440 582 525 664">                       Cantaloupe                      (100g)                      480mg                 </td> <td data-bbox="525 582 600 664">                       Skim Milk                      (100g)                      360mg                 </td> </tr> </table>	 Orange Juice (strained) (100g) 420mg	 Banana (medium) (100g) 480mg	 Banana (large) (100g) 520mg	 Spinach (fresh) (100g) 420mg	 Cantaloupe (100g) 480mg	 Skim Milk (100g) 360mg	<p>Follow the DASH diet to potentially lower your blood pressure.</p>  <p>WADAM</p>
 Orange Juice (strained) (100g) 420mg	 Banana (medium) (100g) 480mg	 Banana (large) (100g) 520mg						
 Spinach (fresh) (100g) 420mg	 Cantaloupe (100g) 480mg	 Skim Milk (100g) 360mg						
								
								

- Goal:** Patients to have a better understanding of monthly education by using the teach-back method.
- Activity:** The staff talked to the patient's 1:1 and provided handouts with pictures of foods to limit or avoid. Then patient's taught back information to the staff.
- Results:** The goal was met by having the patient involved with monthly education using the teach back method. The patients stated they have a better understanding of potassium foods that may cause troubles to them.

# Protein – Movie Days



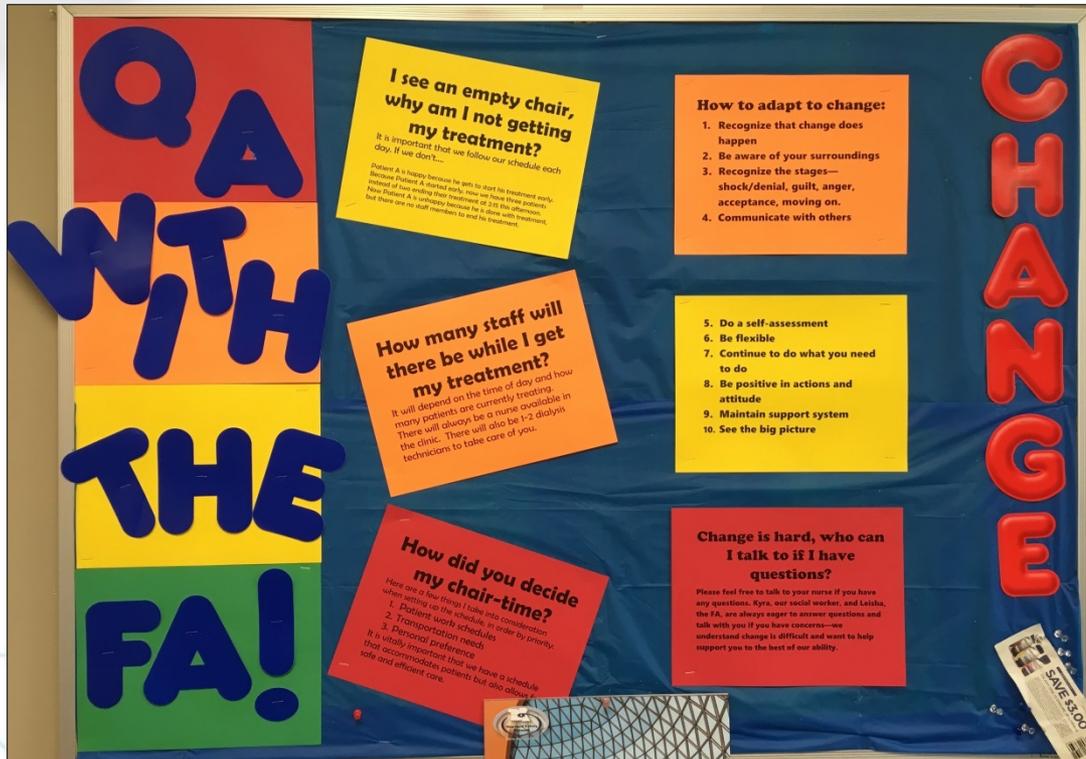
- **Goal:** Encourage increased protein intake.
- **Activity:** 1) Clinic staff made high protein rice crispy treats and gave them to patients. 2) The clinic celebrates minor holidays with high protein DaVita recipes, a movie and popcorn.
- **Results:** The patients enjoy the celebrations, and the receive some high protein recipes as well.

# Protein Shakes



- **Activity:** Clinic staff made high protein shakes and distributed them to the patients for a treat.
- **Goal:** Encourage increased protein intake
- **Results:** Activity met the goals - patients enjoyed the shakes and were given the recipes to make at home.

# QA with the FA! “Change”



- **Goal:** To address patient concerns regarding recent and upcoming changes in the unit
- **Activity:** Bulletin board to address changes in the clinic

# Reaching Lab Goals

**Reach Your Lab Goals and Score a Touchdown!**

**High Phosphorus Foods**

**Great Sources of Protein**

**Lower Potassium Fruits**

**Lower Potassium Vegetables**

**Goal 1: No Missed Treatments**

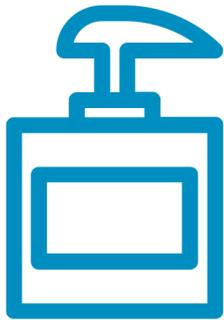
**Goal 2: Phosphorus 3.0-5.5**

**Goal 3: Potassium 3.5-6.0**

**Goal 4: Albumin 4.0 or higher**

**By Reaching These 4 Goals, you will improve your quality of life and live longer!**

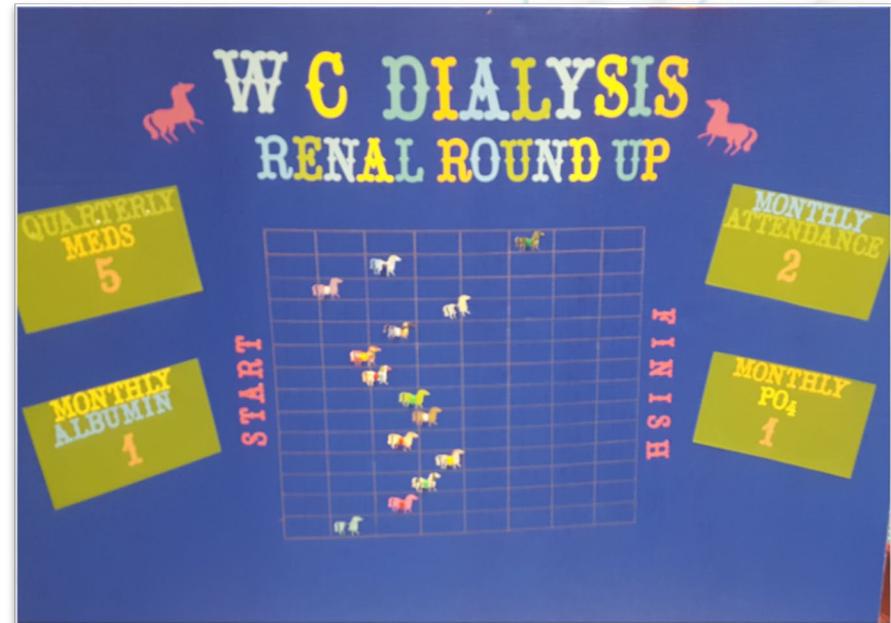
# Reducing Dialysis Events



- **Goal:** To keep the number of reportable events from occurring.
- **Activity:** Patient attended the "Incorporating Patient Engagement in Your Dialysis Facility" webinar. During the webinar he had an idea for having small bottles of hand sanitizer at each patient's chair that they could use since they are not able to get up and go wash during treatment. We placed individual, small bottles in each patient's box so that the same bottle is not used by more than one patient.

# Renal Round Up

- **Goal:** To motivate patients to raise their albumin, lower their phosphorus, attend their treatments and to keep us updated on their medications.
- **Activity:** Six month race for improvement
- Each patient has a horse that moves along the track by earning the following:
  - 1 space for each month that the patients labs are in range
  - 2 spaces for each month that they do not miss any treatments
  - 5 spaces for each quarter that the patient brings in all their medications to be reconciled
- The winner is the one furthest up the track at the end of the 6 month period.



# Say No to Salt

**Say NO to SALT**

-  Avoid salt and salty foods
- Check food labels for sodium content
- 1 teaspoon salt = 2300 milligrams of sodium
- Limit total sodium to less than 2000 milligrams per day

Sea salt	Season All	BBQ Sauce
Old Bay	Accent	Salted Nuts
Hotdog	Sausage (even turkey sausage)	Bacon (even turkey bacon)
Ham	Lunch meat	Canned meals
Nachos & Cheese	Corned Beef	Sardines
Potted meat	Canned soup	Dry soup mixes
Frozen dinners	Fast foods	Salty restaurant foods <small>(watch soups and gravies)</small>
Canned Vegetables	Pickles Relish	Sauerkraut
Olives	Bouillon, Broth	Many Salad Dressings

When you eat in a restaurant, ask for foods to be made without added salt

# Seven Summer Soothers



- **Activity:** Seven Summer Soothers interactive event. Café sign, food samples, fluffy frozen lemon pie with blueberries, frozen grapes, sample of lemon mouth spray passed out in the lobby. Recipes provided for popsicles and beverages, cool salads and sandwiches, and dessert recipes.

# Super Seven Breakfast Ideas



- **Activity:** In September 2017 we focused on eating a good breakfast. Protein at breakfast is being encouraged. Bulletin board in lobby with a new packet of recipes put up each week.

# Temperature at Dialysis (1)

**WHY AM I COLD AT DIALYSIS?**

- Your access has to be uncovered.**  
In order to maintain safety, the needles or catheter need to be easily seen by staff to ensure that they have not come out, and that you are losing blood.
- Some of your blood is outside of your body.**  
During treatment around two cups of blood is outside of your body. When the blood is outside of your body, it becomes cool.
- You may have anemia.**  
Individuals with anemia have few red blood cells, and have lower iron levels, which can make them feel colder than others.
- You are not moving.**  
Since you have to lie still during dialysis you may be colder than if you were up and moving.

**SOME OTHER THINGS TO REMEMBER ...**

- The fluid in the dialyzer (dialyzer) is kept at your body temperature so that you do not lose heat in the dialyzer.
- The clinic keeps the temperature at 72 degrees.

**What can I do to keep warm?**

- Bundle up.**  
Wear warm clothing. Wear a hat, warm socks, a scarf, and/or gloves during treatment.
- Bring an extra blanket.**  
Never hurts to bring an extra blanket. If you feel too warm, take a blanket off.
- Change your clothing.**  
Cut a hole in the sleeve of a sweater or longer sleeve shirt you don't mind being cut into.
- Keep busy.**  
Keep your mind off of being cold by engaging in various activities such as reading, writing, coloring, crossword puzzles, etc.
- Talk to your doctor.**  
Share your concerns. There could be other reasons you are cold that could be treated.

# Temperature at Dialysis (2)

**WHY AM I COLD AT DIALYSIS?**

- Your dialysis access must be uncovered.
- Some of your blood is outside your body.
- You may have anemia which can make you feel colder.
- You are not moving.

**How to deal??**

- Check the thermostat. Community standards range from 72-75 degrees.
- Talk to your doctor. Share your concerns. There may be other reasons that you are cold that can be helped.

**How to deal??**

- Bundle up! Wear warm clothing, a hat, warm socks, a scarf and/or gloves during dialysis.
- Bring an extra blanket. Make sure to keep it clean between treatments.

**How to deal??**

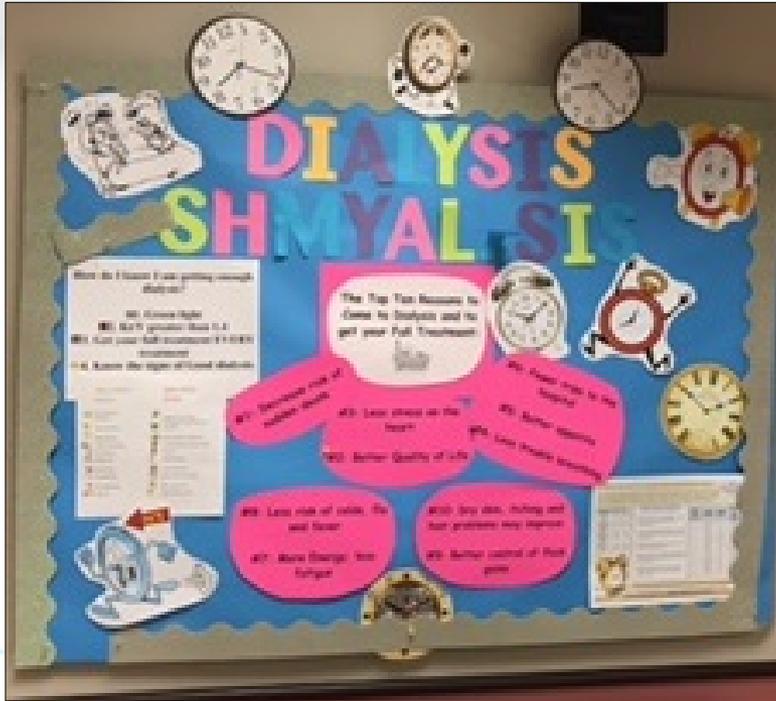
- Change your clothing. Cut a hole in the sleeve of a sweater or buy clothing that is specially made for dialysis.
- Keep busy. Keep your mind off being cold by reading a book, writing, coloring or doing a crossword puzzle. Listen to music, watch a movie or surf the internet.

# Thirst Survival Training

- **Activity:** As part of our : Healthy Mouth, Healthy You campaign we led patients through information handout on oral care and worksheet with fill in the blank answers. A bag of hygiene items was provided including a toothbrush, toothpaste, floss, and mouthwash. In addition a fluid bulletin board put up with Thirst Survival Scavenger Hunt handout included many tips for handling thirst and dry mouth.



# Treatment Adherence



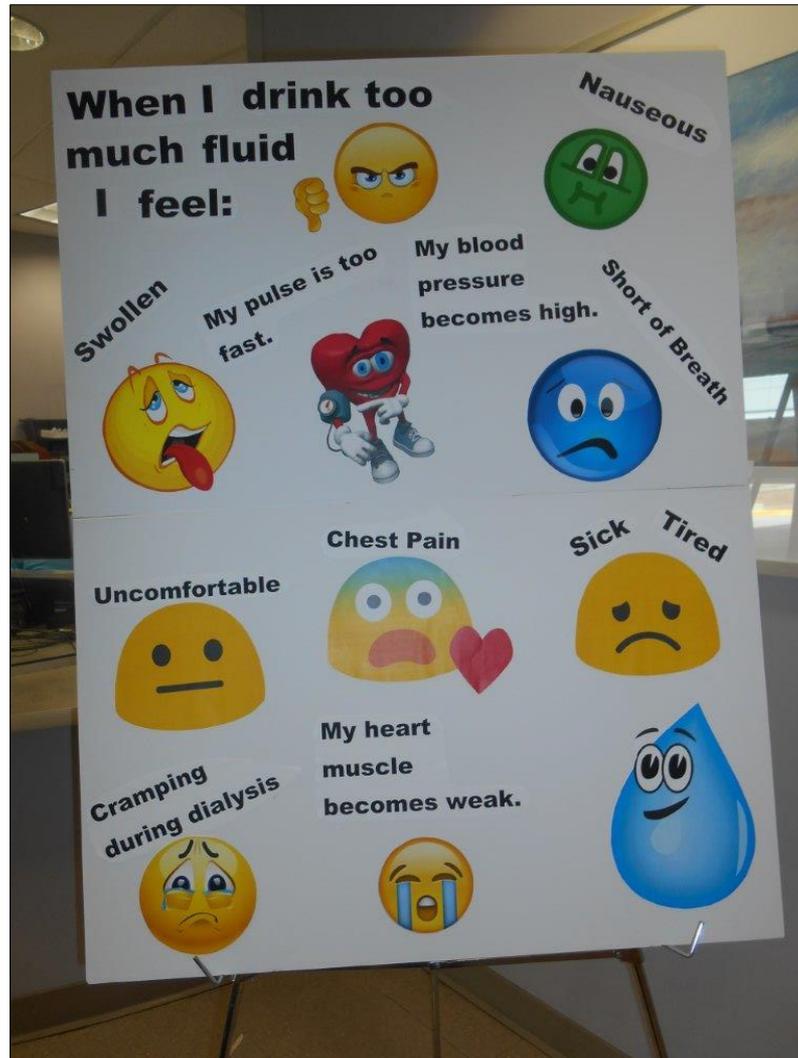
- **Goal:** Come and stay for all treatments.
- **Activity:** Patients were educated on the benefits of receiving their full dialysis treatments and also educated on the risks of shortening and missing treatments. Patients were given educational handouts and a bulletin board was created in the main lobby. Goals were reviewed monthly with patients and those patients that achieved their goals were rewarded at the end of each month.
- **Results:** The patients that did not receive the reward at the end of the month were motivated by witnessing those that did. The clinic saw an overall improvement in patient motivation to adhere to treatment goals. Patients started talking about adherence in the lobby and began to encourage each other to meet their goals.

# Treatment Attendance



- **Goal:** Provide extra motivation to encourage patients to attend all treatments.
- **Activity:** We incorporated a movie of the week on Fridays and Saturdays. Patients are given an opportunity to vote on movies throughout the week. If they missed a treatment, then they missed their voting opportunity. The most popular movie was then shown to patients on all shifts along with movie snacks.
- **Results:** Patients looked forward to treatments on Fridays and Saturdays with this extra incentive to come to treatment.

# When I drink too much fluid I feel:



# Why am I cold?

**Why am I cold?**

**You may have anemia.**  
People with anemia have fewer red blood cells and low iron levels which can make them feel colder than other people.

**Bundle up.**  
Wear warm clothing. Wear a hat, warm socks, a scarf and/or gloves during dialysis.

**Bring an extra blanket.**  
Make sure to keep it clean between treatments.

**Bundle up.**  
Wear warm clothing. Wear a hat, warm socks, a scarf and/or gloves during dialysis.

**Bring an extra blanket.**  
Make sure to keep it clean between treatments.

**Your Dialysis access must be uncovered.**  
For safety, the needles or catheter need to be easily seen by staff to make sure they have not come out, or that you are not losing blood.

**Some of your blood is outside your body.**  
While on dialysis about two cups of blood are outside your body. When the blood is outside your body, it becomes cool.

**You are not moving.**  
Since you have to be still during dialysis you may be colder than when you are up and moving.

**Change your clothing.**  
Cut a hole in the sleeve of sweater or buy clothing that is specially made for dialysis.

**Keep Busy.**  
Keep your mind off of being cold by reading a book, writing, coloring or doing a crossword puzzle. Listen to music, watch a movie or surf the internet.

**Check the thermostat.**  
Ask the clinic manager to adjust the temperature. Community standards range from 72-75 degrees Fahrenheit.

**Talk to your doctor.**  
Share your concerns. There may be other reasons you are cold that can be helped.

**Why am I cold**

# Why am I so cold at dialysis?

**Why am I so cold at DIALYSIS?**

**Summer Outside, Winter Inside**  
You may notice that now that the temperatures outside are soaring, it feels colder in the dialysis center.

**Skin Exposure**  
Whether you have a graft, fistula, or a catheter, your access area is exposed during your dialysis treatment. Uncovering your skin may make you feel cold, especially when you remain in the same place for a long time. It is important that staff can see your access at all times to make sure that everything is going okay.

**Anemia**  
Many chronic kidney disease patients have anemia, which aside from making you feel tired, can also make you feel cold. Anemia is the result of kidney disease patients not producing as much heat in their bodies due to fewer red blood cells.

**Blood Temperature**  
When your blood leaves your body, it becomes cool. When it flows through the dialyzer alongside the solution, it warms up again. Slight differences in temperature may occur during treatment, and some patients feel colder because of this.

**Tips to keep warm at dialysis:**

- Be sure to bring a jacket or loose sweatshirt with you- even during the summer!
- Pack a hat. This helps prevent heat from escaping at the top of your head.
- Bring gloves, scarves, thick socks, and a blanket with you to treatment.
- Alter existing clothing or purchase special dialysis-friendly clothing to minimize exposed skin.
- Talk to your doctor or nurse about how to control your anemia.

# Why am I sooo cold???

## WHY AM I SOOO COOLD ????

### What causes me to be so cold on dialysis?

About 20 percent of your blood volume is outside of your body during dialysis. This means less blood circulating which can make you feel cold.

The dialysis machine also cools your blood to help regulate your blood pressure during dialysis. So the blood going back in is cooler than your normal body temperature which also makes you feel cold.

Building is temperature controlled, the only control we have is cool/warm. We always leave this set to warm for your comfort.

We do have warmers above each station that we can turn on at your request.

### What can I do about it?

We also recommend dedicating "dialysis clothing" and altering them to allow opening to your dialysis access. Some patients have zippers or Velcro placed in sweatshirts or sweatpants to allow access and still keep them warm.

You can also remove an entire sleeve and then keep the sleeve to slide back over your arm if you have an upper arm access.

**Blankets**

**Gloves**

**Scarf**

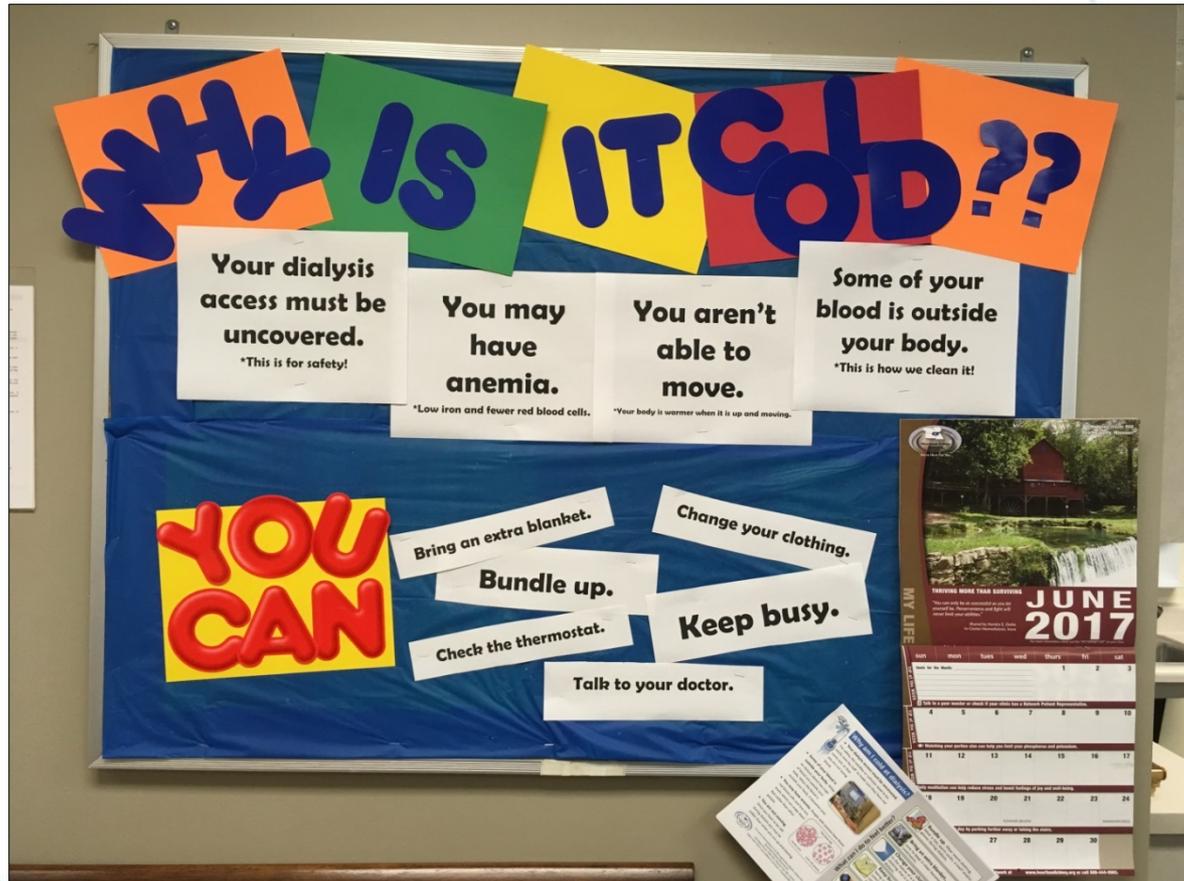
**Hand warmers**  
(There are disposable ones and also rechargeable ones)

**Qsource**

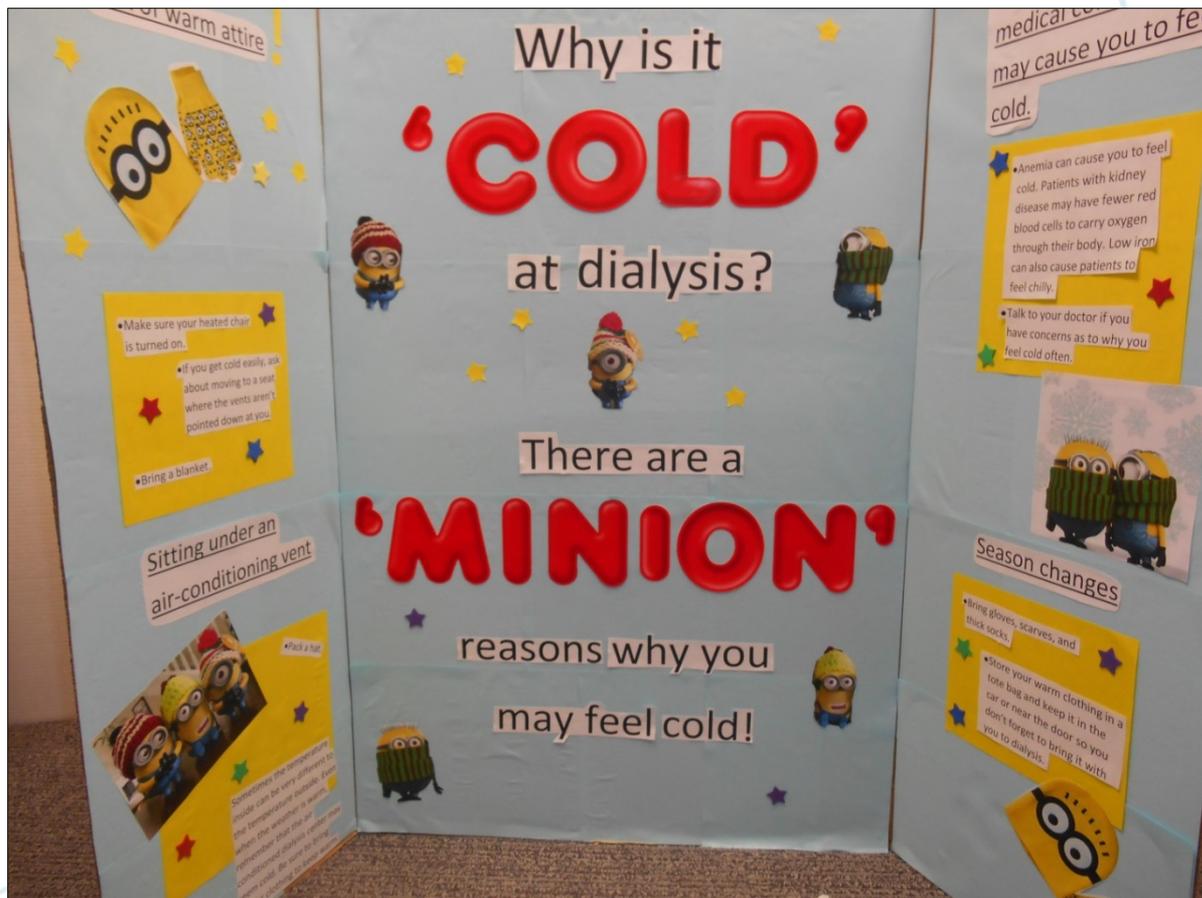
# Why did my schedule change?



# Why is it cold??



# Why is it cold at dialysis?



# Why is my appointment time so important? (1)



