

# Project HIT: Hyperkalemia Investigation Training



# **Facility Selection**

The Network has reviewed CMS claims data from all facilities to determine areas where additional intervention and support is needed. Facilities with three or more potassium-related inpatient admissions or emergency department visits over the past 12 months will participate in Project HIT between June and November 2025. Please utilize this project packet to assist your facility with the initiative's goals, expectations, and best practice interventions.

## Intended Goals

- Increase awareness surrounding hyperkalemia and potential consequences to patients and staff.
- Implement interventions to prevent and treat hyperkalemia.
- Reduce the number of ED visits and hospitalizations related to hyperkalemia.





Note: Some of the timelines for completion will vary based on your facility workflow. You will have the autonomy to determine when you complete some of the tasks, however, all must be completed prior to the end of the measurement period (October 31, 2025).

Throughout the project period, you will complete the following interventions.

#### Patient Education and Awareness

- ☐ Promote a potassium awareness month with patients by ensuring all patients receive their potassium lab value monthly or more often if re-checked.
- □ Display a bulletin board in a high-traffic area (i.e., lobby) for patients and staff to view with a topic that directly impacts potassium levels. Sample topics include: Missed Treatments, Addressing Constipation, High Potassium Foods to Avoid. Sample bulletin boards are available in Appendix A.
- ☐ Utilize materials in Appendix A or your own organizational resources to ensure patients understand the importance of completing their full treatment times and avoiding missed treatments.

## Staff Education and Awareness

Review the current processes for addressing patients' lab results with high potassium levels >5.5. Determine if the processes are working well, or if there are steps that can be added to ensure patients keep their potassium levels within normal limits. Select at least one of the following best practices listed below to implement or re-educate staff at your facility.

- □ Review patient laboratory values and treatment orders that can directly affect potassium levels including:
  - Evaluating each patient's potassium bath with the nephrologists monthly to ensure the patient is placed on the most appropriate potassium bath.
  - Evaluating patient serum bicarbonate levels monthly with a nephrologist to identify patients that may be experiencing metabolic acidosis.





physician to receive necessary orders to adjust the patient's treatment prescription the day of the Kt/V results.
 Implement or utilize a potassium protocol at your facility for re-checking potassium levels outside of normal levels.
 Increase direct patient-care staff knowledge over proper blood collection techniques and handling of blood sample tubes to reduce the amount of false positive potassium levels.
 Regular access flow and KECN monitoring to ensure the patient's access is functioning properly so that patients receive the maximum benefit from each treatment.
 Physicians and nurses review patient medication lists monthly to address and seek alternatives to medications that may be potassium sparing and cause elevated potassium levels, e.g., ACE inhibitors and ARBs (Lisinopril and Losartan)

Ensuring patients meet adequacy goal (Kt/v). If adequacy goal is not met, notify the

## Other Staff Participation Requirements

- ☐ At least one staff member attends the monthly Qsource ESRD Network HIT education sessions:
  - Project HIT Kickoff: June 18, 2025 (12:30 p.m. CT)
  - Treatment Order Checks and Potassium Baths: August 2025 (Date/Time TBD)
  - Access Flow Complications: October 2025 (Date/Time TBD)
  - Project Wrap-Up: November 4, 2025 (1 p.m. CT)
- ☐ To ensure project requirements are met, complete the brief surveys emailed by the Network each month.



# **Reporting and Data Review**

Over the course of the project, Network and facility staff will review both internal and external data related to ED visits and inpatient hospitalizations as a result of hyperkalemia, as it becomes available.

Interim tracking is crucial to ensure that processes are effective in decreasing the number of patients experiencing hyperkalemia.





Examples below can assist in monitoring the effectiveness of patient and staff-focused interventions:

- Track and audit potassium re-checks and ensure performed as ordered or per protocol.
- Audit floor staff on blood collection technique monthly.
- Track and audit potassium bath and potassium level reviews with the nephrologist monthly.



# Tips for Success

- Identify a specific staff member to champion each intervention. You are not meant to do this work alone.
- Set intermittent goals for the facility to complete interventions (ex: we will have bulletin board completed by [insert date]).
- Include discussion of interventions during QAPI meetings (use this time to update everyone on the progress made).
- Keep track of the number of audits, screenings, and staff completing education. You will need to report this on the check-ins.
- If you are having trouble completing the activities, experiencing barriers with patients or staff, or need to brainstorm other ideas, please reach out to the Network to schedule a 1:1 technical assistance call.



Quality Improvement Advisor ESRD Network 10

sdorris@qsource.org



#### Meghan VanSlyke, RD, CSR, LD

Quality Improvement Advisor ESRD Network 12

mvanslyke@qsource.org



# **Appendix A**

## High Potassium Related Bulletin Board Kits

- Missed Treatment Bulletin Board Kit
- Potassium Bulletin Board Kit Coming Soon!

## Adequacy Materials

- Am I Getting Enough Hemodialysis? (Spanish)
- Am I Getting Enough Peritoneal Dialysis (Spanish)

## Missed Treatment Materials

- Missed Treatment and Reducing Hospital Visits Workbook
- Script for Missed Treatments

### Low Potassium Diet Materials:

- Making Healthy Food Choices
- Making Healthy Choices When Dining Out
- Fast Food Tips for Healthy Living
- American Kidney Fund-Hyperkalemia Guidelines
- American Kidney Fund- Kidney Kitchen Potassium Guide
- American Kidney Fund-Kidney Kitchen Find a Recipe
- Herbal Supplements and Kidney Disease | National Kidney Foundation
- Qsource Potassium Patient Activity Packet-Coming Soon!

#### **Diabetes Materials**

- How to Balance a Kidney and Diabetic Diet (Spanish)
- The Effects of Uncontrolled Diabetes on Your Body

## Potassium Protocol Examples

- Potassium Dialysate Guideline
- Qsource Potassium Protocol Example





#### esrd.qsource.org