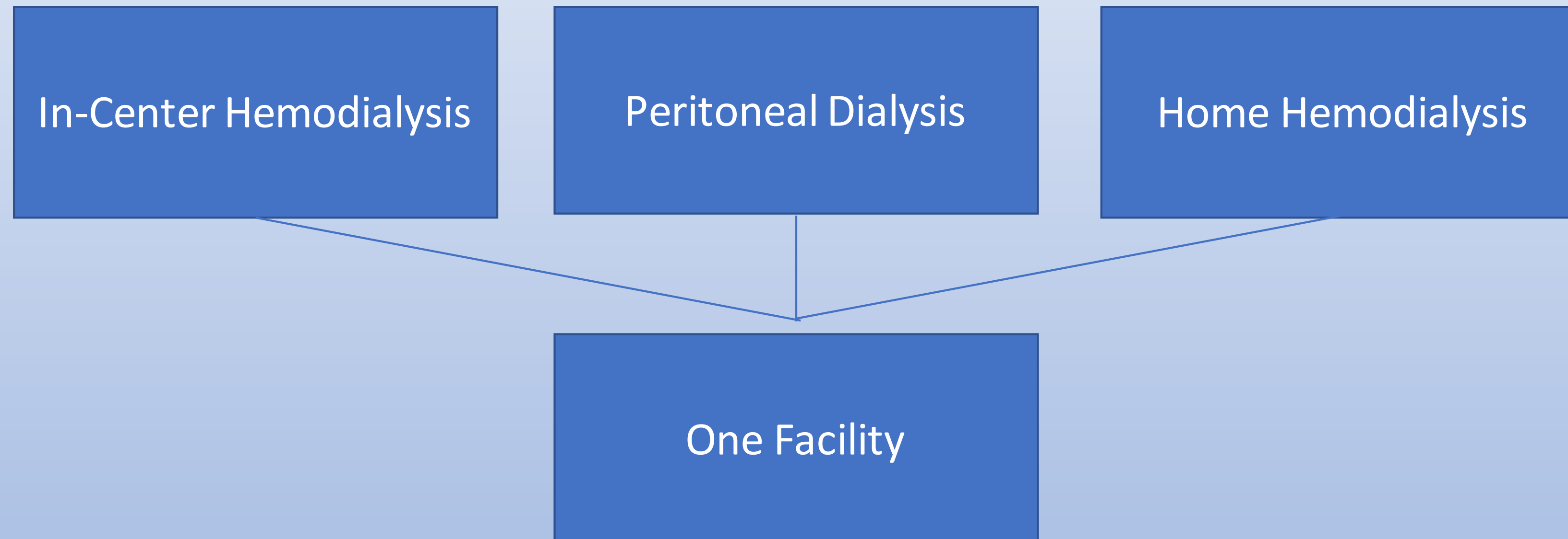
Objectives for Today's Presentation

Susan Cooper, LCSW

- Be able to describe a Transitional Care Unit (TCU).
- Identify two forms of home patient education.
- Discuss the importance of including staff/team, how to include family/support systems and why it's important.
- Discuss method for RCA, and then create the plan/PDA based on the findings.

Transitional Care Unit

All three treatment modalities in one facility



Advantages of Transitional Care Unit

- Patients can transfer to another modality without leaving their clinic or their team.
- Patients can start ICH and take their time getting started with a home modality. This is especially useful for patients that are uremic and fluid overloaded.
- Home patients that need respite time can dialyze in-center if needed without having to be transferred to another clinic and with a new team.

Advantages (Continued)

- No need for admissions and discharge procedures when transitioning from one modality to another.
- Plenty of patient to patient education. Patient are always socializing with one another at our monthly support group, in lobby and at our monthly MD clinic days.
- If a patient needs to rest their peritoneum due to infection or some other issue, they can easily dialyze in our ICH room and give their body the time it needs to heal and then return to PD when they are ready.

Working on Your RCA Tool

- Think about how you will be increasing your home modalities in your clinic.
- Then think of all of the reasons why you are not increasing your home modalities. What obstacles are in your way? At this point, you may want to include your manager and/or team in this process. One of these obstacles will become your issue for your RCA Tool.

Working on RCA Tool

- Write all of your reasons why your obstacle is happening on paper and then decide as a team which ones you feel are most important. These five whys will help you put together your plan.
- Once your RCA Tool is complete, you can work on your PDA.
- When you are thinking about increasing your home modalities, think of ways to include the family and/or caregiver into your plans.

Available via https://www.hsag.com/en/esrd-networks/esrd-network-15/quality-improvement-activities-for-2018/increasing-rates-of-patients-dialyzing-at-home/

Root Cause Analysis: 5 Whys Worksheet

Use the spaces below to conduct a root cause analysis (RCA) on *one* issue. Do not list five different issues.
If your final answer is something you cannot control, reexamine your initial problem.

Issue: Patients that have tried PD or Home modalities are negatively influencing patients on ICH about Home modalities; instilling anxiety and fears in potential home candidates.

1 Why is this happening?

Patients meet in lobby and have time to talk about negative home dialysis experiences.

2 Why is this happening?

Former Home Patients that have negative perceptions about home are often sitting next to potential home candidates or new patients while they dialyze.

3 Why is this happening?

ICH patients become leary and often attribute cause of death of a former ICH patient that transferred to home program to the type of dialysis they were doing.

Why is this happening?

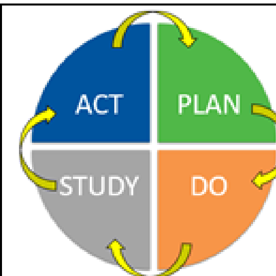
Patients that are unsuccessful at doing home dialysis often refuse to take responsibility for their actions and find justification for why home dialysis didn't work. They feel compelled to warn others about the dangers of home dialysis.

Patients at ICH and former home patients on ICH need to see the facts/statistics about the success rate of home patients and they need to see and hear from patients that have been doing well with home dialysis.

Plan of Action: Have quarterly lobby days at ICH and include home patients, caregivers of home patients and family members of ICH. Be more thoughtful about seating assignments for potential home candidates and new patients. Help patients that have been unsuccessful at home dialysis to understand what they could have done differently and revisit home dialysis as an option for those that are good candidates. Create boards/posters that present positive facts about home dialysis and place in lobby.

PDSA Worksheet

Project: Increasing Home Modalities **Contact:** Susan Cooper, LCSW

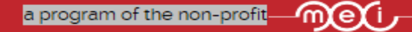
Background: ICH patients are negatively influenced about home modalities by former home patients/friends/family.	

PLAN	What is the objective of this improvement cycle? 1. To create a very positive perception of home dialysis within ICH clinics. 2. To help former home patients understand the cause of why they were unsuccessful with home dialysis to decrease negative talk, increase compliance, and increase the likelihood that they will return to home dialysis (if they are a good candidate). 3. To be more thoughtful about the seating arrangements of new patients and former home patients.
	Predictions (what do we want to happen?): 1. Increase the number of ICH patients that transfer to home programs. 2. Develop personal responsibility and understanding with former home dialysis patients to help them become more aware of the cause of failure and become less likely to talk negatively about home dialysis. 3. Increase the number of former home patients to return to home program that are good candidates. 4. ICH patients have a more positive impression of home dialysis, especially new patients.
	Plan for change or test (Who? What? When? Where?): 1. ICH CM to coordinate with Home program to set up quarterly Lobby Days to promote home dialysis – Invite family. 2. Find positive home patients to visit ICH clinics to discuss the positive aspects of home dialysis – Include caregivers 3. Create educational material that can be used to counsel and educate former patients that are now doing ICH 4. Have quarterly meetings with ICH staff and home program to address barriers and ways of improvement.
	Plan for collection of data (Who? What? When? Where? How will we collect it?): 1. SW/RN to do new patient assessment and counseling with former home patients. 2. ICH CM to coordinate with Home CM to organize quarterly Lobby Days that promote home dialysis, including bringing positive home patients to talk and answer questions. 3. ICH RN/CM to go back in time and create spreadsheet of patients that transferred to home programs and former home patients that transferred from Home to ICH and back to Home to compare current data. 4. ICH CM and Home CM coordinate quarterly meetings to discuss barriers and ways of improvement.
DO	Was the cycle carried out as planned? What did we observe that was not a part of our plan?
STU	How did or didn't the results of this cycle agree with the predictions that we made earlier?
	List what new knowledge we gained by this cycle:
ACT	List actions we will take as a result of this cycle:

https://mydialysischoice.org

Español

My Life, My Dialysis Choice

a program of the non-profit 

Summary

Progress: Summary

Totals

My Values	PD	Standard HD	Daily HD	Nocturnal HD
Work / School	★★★★	★★	★★★	★★★★
Travel	★★★★	★★	★★	★★
Eating/Drinking	★★★	★	★★★★	★★★★
Feeling Well	★★★	★★	★★★★	★★★★
Control	★★★	★★	★	★
Needles	★★★★	★	★	★
Transplant	★★★★	★	★★	★★★★
Bones	★★★★	★	★★★	★★★★
Your Heart	★★★	★★	★★★	★★★★
Hospital Stays	★★★★	★★	★★	★★★
Survival	★★	★	★★★	★★★★
Sex Life	★★	★	★★★	★★★★
Care Giving	★★★	★	★★★	★★★
Family	★★★	★	★★★	★★
Burden	★★★	★★	★★★	★

Patient to Patient Education

- If you are an ICH clinic and you have a support group, invite a home patient to your support group.
- If you have a patient that is interested in home dialysis, make arrangements for a home patient to meet with this patient.
- If the home patient has a caregiver, invite the caregiver to also share their experience with the patient and his/her caregiver.

Patient to Patient Education (Continued)

- Invite interested ICH patients to the Home program’s Renal Education Class or to their support group.
- Have a home patient show up for your Lobby Days to positively present home dialysis.
- Make sure you always invite your patient’s family and/or caregivers. Including them in these conversations will bring more clarity and understanding for both the patient/family and staff.