Chronic Dialysis Transition Tool Kit and Patient Education

**BACKGROUND**
- Kidney disease affects 37 million people in the U.S.
- ~750,000 need renal replacement therapy to survive.
- >500,000 of patients receive dialysis.
- ~100,000 Americans are on the waitlist for a transplant. Wait times range from three to seven years.
- Chronic Kidney Disease (CKD) death rate is higher than breast cancer or prostate cancer.
- Pay for performance with a mix of regulations; reimbursement is based on whether compliance goals are met. Penalties for failure to achieve.
- Health and Human Services’ (HHS) goal to increase home dialysis and transplant to 80% by 2025.

**METHODS**
**Design:** Evidence-based quality improvement  
**Sample:** Inpatient RNs

**Procedure:**
- Utilize microteaching with content focused on:
  - Reviewing SJO current performance as related to goals and regulatory requirements.
  - Promoting Person-Centered Treatment Options and informed decision making related to renal replacement therapy.
  - Ensuring disease screening and vaccines prior to discharge.
  - Providing resources to staff for patient education using pictographs to improve understanding (diet, medication, and fluid restriction).

**RESULTS**
- Staff education was not completed and is on-going.
- Pictogram education booklet for patients in English and Spanish developed. Addresses essential information for transition to chronic dialysis and outlines treatment options.

**LIMITATIONS**
- Time limitations decreased ability to adequately educate a significant number of nursing staff.
- Unable to incorporate the transition tool into the EHR because of the upcoming to change to EPIC.

**IMPLICATIONS FOR PRACTICE**
- Buy-in of all stakeholders is essential for adoption of change in practice.
- Most RNs must be educated to achieve a change in practice; more in-services are necessary.
- Patients making early decisions regarding renal replacement therapy can assist in improving quality of life.
- Referrals made while in the acute hospital can decrease the amount of time for permanent dialysis access.

**CONCLUSION**
- Patient and staff education can provide guidance and support for the patient as they select a renal replacement therapy and transition to chronic care.
- This support can increase patient safety and minimize hospitalizations for the patient.

**REFERENCES**
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