



Dialysis Center Change Package

Provider Name: _____ Date: _____

Provider Number: _____ Name of Provider Contact Person: _____

Please Check One or More	Interventions	Targeted Population (Ex: Heart Failure, PN, or AMI Patients)	Planned Start Date	Actual Start Date
1. Patient/Family Education				
	1a. Give the patient a Personal Health Record (PHR) and instructions for use.			
	1b. Share the patient's goal-focused interdisciplinary plan of care with the patient. Involve the patient/caregiver in updating the plan of care.			
	1c. Educate the patient on self-care management. <ul style="list-style-type: none"> • Focus on reducing obesity and smoking cessation, if applicable • Educate the patient on care of venous access site (e.g., prepping puncture sites, applying proper pressure at needle sites without clamps, infection control, etc.) • Provide information related to dialysis and concomitant illnesses. Include information on diet, medication management, and recognition of "red flags" • Reinforce education during dialysis treatments • Redesign the educational process to include "Teach Back" to assess the patient's understanding of information and instructions • Provide continuing education for caregivers 			



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2. Advance Care Planning				
	2a. Institute Palliative Care programs in the dialysis unit.			
	2b. Discuss hospice care with patients who appear to be at risk for dying within the next six months.			
3. Dialysis Unit Quality Improvement				
	3a. Ensure nursing staff competency in accessing and maintaining all types of venous access devices through CQI, monitoring, and re-education, when indicated.			
	3b. Monitor patient chemistries and hemoglobin levels and follow through with patient care/education as indicated. Focus on maintaining hemoglobin levels by treating anemia.			
4. Hospital Physician and Staff Education				
	4a. Promote education for hospitalists, intensivists, and phlebotomists in vein preservation for CKD patients. Emphasize the avoidance of PICC lines in patients with CKD and ESRD.			
	4b. Promote a plan of vascular access management in CKD to include: fistula education, avoidance of catheters, promotion of vein mapping, and referral for an access creation plan.			
	4c. Promote fistula salvage procedures through interventional and surgical means to ED physicians.			

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5. Patient- and Family-centered Handover Communication				
	<p>5a. Promote effective communication channels with other care providers (e.g., ED, hospital ambulatory care staffs).</p> <ul style="list-style-type: none"> • Provide customized, real-time critical information about the patient to other care providers (e.g., ED staff, hospital staff) • Request timely information about the patient from other care providers (e.g., medications, laboratory results, venous access issues) 			
6. Other Selected Interventions				