

The IDT and The Patient: Working Together to Achieve 13mL/Kg/Hr Buy-in



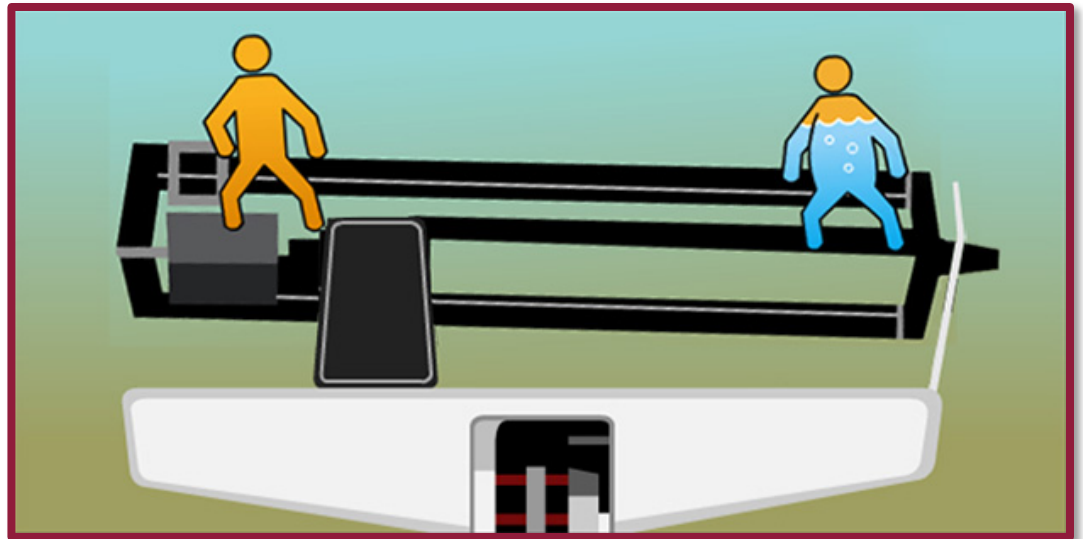
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BACKGROUND:

- ❖ All organ stunning has an impact on patient quality of life.
- ❖ Balancing and managing “between treatment” Interdialytic Weight Gain (IDWG) avoids complications.





PURPOSE:

The Interdisciplinary Team (IDT) needed to work together to achieve a less than 13mL/Kg/Hr UF buy-in prior to CMS mandated implementation January 1, 2018.

- ❖ The Medical Director set the goal at 12/mL/Kg/Hr for added patient safety.

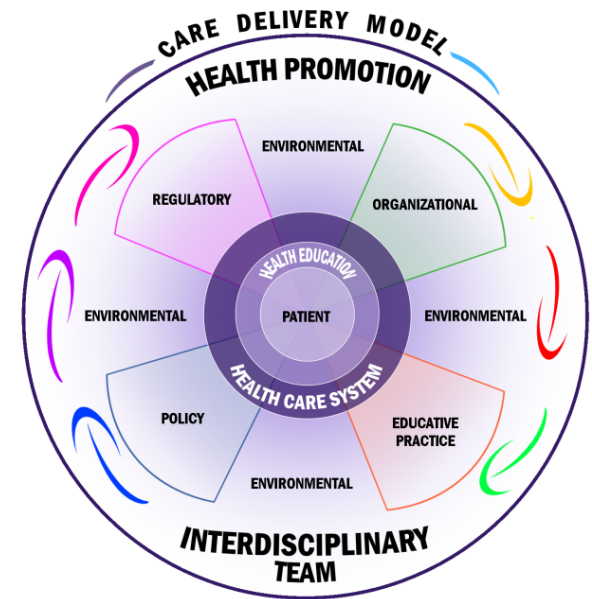




CONCEPTUAL FRAMEWORK:

All patients on dialysis were educated toward the same goal by nursing staff.

- ❖ The dietitians provided patient education material for fluid management.
- ❖ Social Workers assisted support of the change through conversations shared with the patients at chair-side.





METHODOLOGY:

- ❖ The IDT developed appropriate diet and fluid restriction regimens to accommodate individual patient needs. All patients were educated on the regimen.
- ❖ Each patient was coached by the dietitians and given a document specific to their target weight goal and IDWG with the 12/mL/Kg/Hr UF restrictions.
- ❖ Assessment of patient adherence to the newly defined intradialytic weight gains were accomplished through structured IDWG assessments.
- ❖ Loose initiation of the 12/mL/Kg/Hr UF restriction was implemented in September 2017 and fully enforced in January 2018.





FINDINGS:

- ❖ Initial UF data in August 2017 identified 14% of patients consistently above the 5% estimated dry weight (EDW) goals set for them.
- ❖ Patients were sent to the hospital for fluid overload related admissions 36 times overall in 2017; 15 of those admissions occurred in the first five months of that year.
- ❖ In the five comparative months of 2018, only four admissions occurred.





IMPLICATIONS FOR PRACTICE:

- ❖ After discussing implementation with one dietitian, a particular patient on dialysis stated:

“I am really happy everyone is getting a strict goal because sometimes I went home feeling really bad, and now I adhere to a strict regimen and I feel better that I know what my limits are.”

- ❖ Education and knowledge is the best facilitator of success when implementing change.
- ❖ The Interdisciplinary Team must work to continually reinforce the standards set by CMS.





CONCLUSIONS:

- ❖ When presented with mandated regulations, dialysis treatment centers must rise to implement patient fluid removal objectives within specific goals.
- ❖ Our IDT has successfully transitioned our patients on hemodialysis to a safe ultrafiltration value without complications.





CONCLUSIONS:

- ❖ When implementing change toward fluid adherence, patient accountability is key.
- ❖ Given the option for success through knowledge, patients on dialysis will adhere to a strict fluid regimen and thus an improved quality of life.



QUESTIONS:



- ✓ *This presentation is based on a manuscript submitted and accepted for publication in the Sept/Oct 2018, Nephrology Nursing Journal. Volume 45, Number 5.*
- ✓ *Permission to present this data at this conference has been granted by the publisher.*
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