



Transition of Care - Quality Improvement Project in A Hospital-Based Dialysis Unit

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Background:

We are an outpatient hospital-based dialysis unit. We perform dialysis on more than 120 patients per day including chronic ambulatory patients, acute hospitalized patients and visiting patients from other dialysis units. We also serve critically ill patients including hemodynamically unstable and ventilated patients in the intensive care units.

Given the complexity of our patient population, we attempted to improve our patients' continuity of care. As part of the hospital accreditation, we discovered several factors impeding high quality care: partly suitable computer software, new dialysis machines, a lack of systematic handoff among nurses and insufficient data reports.

Objectives

- To improve the quality of the handoff among nurses
- To improve the dialysis unit's electronic medical record (EMR)
- To improve patients' quality of care and satisfaction

Method

- We changed our EMR content and structure according to our needs
- We created a designated report form for the nurses to use during handoff, thereby ensuring that no critical information is missed or overlooked
- We had a special workshop for the nurses to educate them on the new EMR changes, methods of reporting general or significant events and the importance of using the new handoff form
- We followed up with each nurse personally in order to give and to get real-time feedback and solve on-going problems

Form Version 1

Nursing Report (room no. 1)					
Date					
PATIENT NAME +ID No.	Medication / Blood Transfusion	Medical Exam / X-ray	Patients Complains	Lab. For The Next Shift	Signature
Patient 1					
Patient 2					
Patient 3					
Patient 4					
Patient 5					
Patient 6					



Advantages of form version 1

- Increased awareness of communication among nurses
- Better data transfer among the nurses
- With the designated form no information is lost
- The new form enables nurses to have a summary of the status of all the patients under their care
- The information on the form, prepared on the previous evening, allows the nurse to start treatment immediately in the morning. This reduces patient waiting time and anxiety

Disadvantages of form version 1

- A form that is used for one day only, is not environmentally friendly
- Some nurses find the report unnecessary, believing in their ability to provide care without it

Form Version 2

Nursing Report (room no. 1)					
	Patient name				
Date					
Shift					
Lab.					
Meds					
Transfusion					
X-ray					
VA					
SN					
Medical exam					
Comments					
signature					



Advantages of form version 2

- Similar to those of version 1
- The second form is more user-friendly which increases compliance among the nurses
- In the long run we improved continuity of care
- The new form is used over the course of several days, which is more environmentally friendly

Disadvantages of form version 2

- The senior nurses still do not use the new Form because they do not believe in its necessity. This fact influence the junior nurses to do the same

Lab. – Laboratory tests with pending results
 Meds – Medications to be given
 VA – Vascular Access
 SN – Single needle treatment

Challenges of implementing the new process

Some nurses find the report unnecessary, believing in their ability to provide care without it.

Conclusions

- A new nurse handoff form is an efficient method to provide continuity of care
- Version 2, a multi-day handoff form is efficient and environmentally friendly
- EMR improvements can have a significant impact on the nurses care of the patients
- Quality assurance is an ongoing process. New requirements, new techniques and the complexity of patients force the team to adapt to new situations. This is required in order to ensure high quality of care
- To fully implement the process, nurse education must be tailored to the needs of the individual nurse