

Silver Award Project Utility

Facility: Dialysis Clinic, Inc--Moberly

Silver Award User: Andrea Dothage

Project Status: Active

Update Status

1. Description of Project:

DCI Moberly has had ongoing challenges with high interdialytic fluid gains and volume overload, more so during limitations with COVID precautions and recurrent with specific patients, regardless of ongoing education and reinforcement. Multiple team brainstorming sessions were completed between June and September 2020 regarding ways to improve patient understanding and motivation to improve sodium and fluid control.

In September the team developed a large fluid tracking board to be displayed in the patient treatment area; where patients could independently track and compare their outcomes and staff could refer to and provide support and reinforcement. The tracking board included columns for individualized patient identifiers, and columns for marking treatments in which the patients achieved fluid gains of ≤ 3 kg. The board also included separate columns that would be marked to highlight as patients progressed to "Silver" status (8 treatments in target), "Gold" status (10 treatments) and "Platinum" status (12 treatments) throughout the month. Note: weight gains were based on Pre/Post weights not target weights.

In October we launched the fluid tracking board. Staff assisted patients in determining their personal identifier, theme of favorite animals or pets. After every treatment the board was updated with check marks for patients who met their fluid gain goal. It did seem to take a couple months for patients to understand, adjust and refer to the board.

In December, as part of our winter holiday theme, the staff also decided to launch an activity of "ringing the bell", to recognize patients who left treatment at or below their target weight. Since then, we have implemented this into our daily activities during post dialysis weights

In January, we implemented the next project phase, which included activities listed above plus additional education, recognition and rewards for meeting Silver, Gold or Platinum status. Additional activities completed from January thru March 2021 included:

- ☑ Pre-test on sodium and fluid, completed at the beginning of January 2021 with staff assistance. A small prize was provided to each patient for completion. (2 ounce spray bottle and flavor packets already available in unit from True Citrus, CO.)
- ☑ Monthly education handouts related to sodium and/or fluid provided and reviewed with patients (see attached).
- ☑ End of each month:
 - o Mylar balloons based on achieved status placed on patient's chair and given to patient after treatment. Note: based on patient feedback, after the first month, we discontinued the balloons and recognized Silver, Gold and Platinum status patients on a poster board displayed over the weight scale.
 - o Raffle tickets provided and placed in container for end of quarter raffle:
 - ☑ 2 tickets for Silver, 4 tickets for Gold, 6 tickets for Platinum. more tickets, more chances to win.
 - ☑ Six Raffle prizes were displayed and highlighted at the end of every month to maintain motivation. Prizes included a crock pot, mini George Foreman grill, set of bathroom towels, blankets and a lap desk with a book light. Patients did express interest in prizes, especially the crock pot and grill.
 - ☑ At the beginning April, we selected our six raffle prize winners.
 - ☑ A post -test was completed at the beginning of April as well. The test had the same questions as the pre-test, plus additional feedback questions evaluating helpfulness of the various project activities (see attached). The RD did review test questions with each patient after completion, which was informative and a good platform for discussion.
 - ☑ Moving forward and based on lesson's learned (see below), we are continuing the Fluid Tracking Board but changing raffles to 1 prize per month while prizes last, estimated through July 2021.

2. Outcomes Measured:

☑ Comparison of changes/improvement in outcomes as additional activities or rewards were implemented. This included:

- o Pre- and post- test results with comparison for improvement in knowledge
 - o Percent of total treatments per month with fluid gains of ≤ 3 kg
 - o Number and percentage of patients achieving Silver, Gold and Platinum status every month
- ☑ Patient feedback on activities.

3. Summary of Outcomes/Results:

See attached tables-

Note: No significant improvement in the percentage of treatments with fluid gains in target across all three phases of activities/incentives. However, there was an improvement noted in trends toward platinum status when offering raffle prizes. Drop in February was due to being a shorter month, with only 12 treatments.

Note: Post-test did reveal a significant improvement in test scores, with the percentage of patients missing ≤ 1 question increasing from 50% on the pre-test to 77% on the post-test. Questions most consistently missed on both tests were # 2: measurement of 1 kg and #6 sources of sodium in the American diet; identifying opportunities for additional education moving forward. Also noted that some of our best scores came from patients with consistently higher fluid gains.

Noted: As you can see from feedback above, there was large variance in patient interest and perception of "helpfulness" across the different patient education activities completed.

4. Impact on Patients:

Although the actual fluid gains may not have improved significantly, by focusing on a variety of positive reward systems and educational activities, our clinical team was able to capture the interest and in some way motivate a large percentage of our patients towards improving sodium and fluid control. We had patients that would not have otherwise been engaged, verbalize interest in keeping their fluid gains down so they could win certain prizes. Although the patient feedback regarding the pre-post questionnaire was not as positive, I do feel that the discussions that came from answering questions helped promote patient understanding and highlight available resources. Not only did the bell ringing provide immediate individualized recognition, it also promoted a positive environment throughout the unit (both for patients and the health care team).

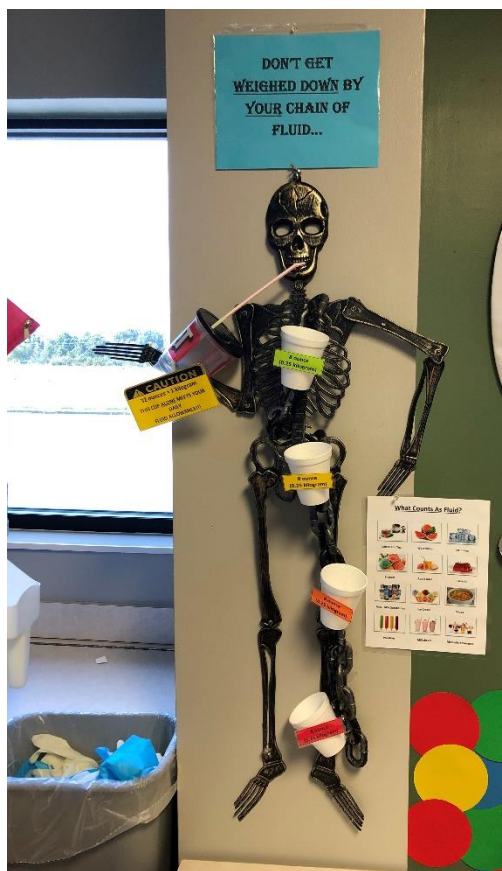
5. Lessons Learned:

Not all patients are motivated by what we would assume to be a positive reward. Including patient feedback when developing activities is always beneficial. Example: based on patient feedback, we have started asking our patients if they want to ring the bell to be more respectful of their wishes.

More instant rewards are beneficial. Waiting 3 months to collect tickets and do a multiple prize raffle was too long. And as a result, we lost patient interest. Moving forward, while prizes are still available, we are doing a single raffle monthly.

How easy it is to recognize someone with such a small act. Something as simple as ringing a bell can make a huge difference for individual patients and general environment of the unit as a whole.

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We started using “Bones” at Halloween, but then decided to keep him up and change the theme.



SPRAY BOTTLES: HOW CAN THEY HELP ME?

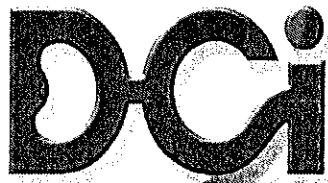


Can this simple household item help me with my fluid intake? Yes, it can! If you are on dialysis and have difficulty managing your fluid intake during the day, use this simple spray bottle to help you control your fluid intake.

Limiting your fluid can be one of the hardest parts of your diet. By using some ideas listed below, you can decrease your daily fluid intake.

- Use a spray bottle to keep your mouth moist. This will help during the hot weather months. Use flavorings to add a variety of flavors to your water.
- Watch your intake of salty foods! Salt makes you thirsty, which, in turn, makes you want to drink.
- Know how much fluid your cups and glasses hold. Some can be very deceiving.

- Use smaller cups and glasses. This is a simple technique that will help you decrease fluid intake.
- Limit ice cubes. Ice cubes can add to your daily fluid intake very quickly. Be careful how much you use. Know how much actual fluid is in one cup of your ice cubes.
- Freeze red or green grapes. These make grape snacks and also keep your thirst quenched.
- Snack on raw carrots or other raw vegetables. Anything cold will help keep your thirst at bay.
- Keep your mouth clean and fresh. Brush your teeth frequently and use a refreshing mouthwash.
- Chewing gum can help produce saliva and keep your mouth moist.
- Keep yourself busy during the day. You won't have time to think about drinking excess fluid!
- Set a time to start and stop drinking fluid. For example, don't drink before 10:00 am and stop at 8:00 pm
- Restaurant drinks have gotten larger! Order a child's size drink instead of a small.



*Empowering
Patients*

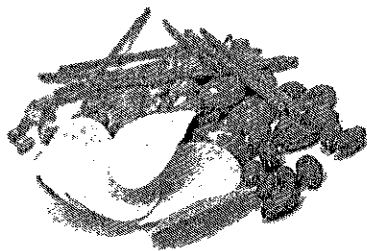
SODIUM

a.k.a. Salt



Most people on dialysis do not need to add salt to their foods and they need to avoid or limit the foods pictured below. Speak with your dietitian about how to eat less salt.

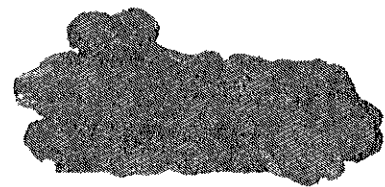
Limit or Avoid These HIGH Sodium Foods



Snacks like French Fries,
Popcorn, Chips, & Pretzels
(look for unsalted versions)



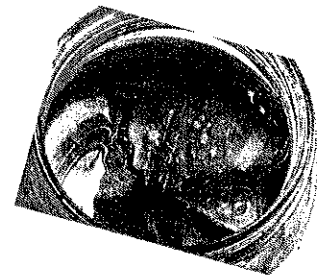
Canned Products



Bacon, Sausage, Hot Dogs,
Ham, Processed meats/cheeses,
Sardines



Fast Food



Pickles, Relish,
and Olives

Limit or avoid these foods:

Instant cereals, sauerkraut, salted crackers,
gravies, and salt substitutes.

Adding salt and salty foods (high sodium foods) to your diet can:

- Increase your thirst
- Cause you to swell (edema)
- Lead to shortness of breath

Speak with your dietitian about your individual needs

Eat Right

Food, Nutrition and Health Tips from the Academy of Nutrition and Dietetics



Eating Right With Less Salt

Most Americans are getting too much sodium from the foods they eat. And, the sodium in salt plays a role in high blood pressure, which is also known as hypertension. (Salt is the common name for sodium chloride.)

The *2020-2025 Dietary Guidelines for Americans* recommends less than 2,300 milligrams per day of sodium and even less for children younger than age 14.

Here are ways you can eat right with less salt:



Focus on fresh foods

Many foods in their original form, such as fruits, vegetables, fresh meats, poultry, fish, dry beans, eggs, milk, yogurt and grains like rice are naturally low in sodium. Include these foods more often in meals and snacks.

Eat processed and prepared foods less often

Highly processed and ready-to-eat foods tend to be higher in sodium. Eat these foods only occasionally or in smaller amounts – especially cheesy foods, such as pizza; cured meats such as bacon, sausage, hot dogs and deli or luncheon meats; and ready-to eat foods, like canned chili, soups and “instant” flavored noodles and rice.

Cook more often at home

Enjoy home-prepared foods where you are in control of how much salt is added. Use little or no salt when cooking. Even if package instructions say to add salt to the water before boiling, it isn't required and can often be omitted. When using canned vegetables with salt added, be sure to drain and rinse the vegetables to reduce the amount of salt.

Try new flavors

Skip the salt and try salt-free seasonings such as herbs, spices, garlic, vinegar, black pepper or lemon juice. Make your own salt-free seasonings by combining dried herbs and spices.

Read food labels

Read the Nutrition Facts Label and the ingredients list to find packaged and canned foods lower in sodium. Compare the amount of sodium listed and select the product with the lower amount. Look for foods labeled "low sodium," "reduced sodium," or "no salt added."

Use caution with condiments

Foods like soy sauce, ketchup, pickles, olives, salad dressing and seasoning packets are high in sodium. Try low-sodium soy sauce and ketchup. Sprinkle only a small amount from a seasoning packet, not the entire amount.

Allow your taste buds to adjust

Like any change, it can take time for your taste buds to adapt to less salt. Foods lower in sodium may taste differently at first, but over time it's possible to acquire a taste for foods that are lower in sodium.

Salt-free Seasoning Blends

Boost the flavor of foods with salt-free herb and spice blends. Combine ingredients and store in a tightly covered jar. Rub or sprinkle them on food for added flavor.

- **Mixed herb blend:** Mix together ¼ cup dried parsley flakes, 2 tablespoons dried tarragon and 1 tablespoon each of dried oregano, dill weed and celery flakes.
- **Italian blend:** Mix together 2 tablespoons each of dried basil and dried marjoram, 1 tablespoon each of garlic powder and dried oregano and 2 teaspoons each of thyme, crushed dried rosemary and crushed red pepper.
- **Mexican blend:** Mix together ¼ cup chili powder, 1 tablespoon each of ground cumin and onion powder, 1 teaspoon each of dried oregano, garlic powder and ground red pepper and ½ teaspoon cinnamon.

For a referral to a registered dietitian nutritionist and for additional food and nutrition information, visit www.eatright.org.

Academy of Nutrition and Dietetics

The Academy of Nutrition and Dietetics is the world's largest organization of food and nutrition professionals. The Academy is committed to improving health and advancing the profession of dietetics through research, education and advocacy.

This tip sheet is provided by:

Authored by Academy of Nutrition and Dietetics staff registered dietitian nutritionists.

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Dry Weight

What is Dry Weight?

Dry weight is defined as the body weight without extra fluid. Your doctor decides what your dry weight should be by reviewing your dialysis treatments and by examining and talking to you. Let's take a look at an average sized person with normal kidney function. A large part of their body, about 60% is water or fluid. The other 40% is solid weight, made up of bone, muscle, teeth, hair and other tissues. The 60% water (fluid) is divided into three areas of the body. A person is at their ideal dry weight when these three areas have *no extra fluid*.

1. Fluid inside the cells
2. Fluid inside the tissues
3. Fluid inside the bloodstream (water inside the blood vessels)

How is the fluid in the body regulated?

The amount of fluid in the body is normally regulated by the kidneys. However, when the kidneys are not working, the body cannot rid itself of extra fluid and it must be removed by the dialysis treatment. At the end of each dialysis treatment, the body should be restored to its ideal dry weight.

How much fluid should be removed during dialysis?

The staff will weight the patient before dialysis to determine how much fluid has been gained since the last treatment. This weight is then compared to the dry weight. The nurse will also listen to the lungs and check the ankles, hands and face for swelling. An evaluation of all this information will help decide how much fluid to remove during treatment.

Does dry weight always stay the same?

Dry weight may change at times with the loss or gain of fat or muscle. However, what is gained in the two or three days between treatments is fluid, not fat or muscle. If a patient has a good appetite and eats well, dry weight may increase, but is gained slowly over a period of weeks or months. If a patient has a poor appetite, diarrhea, depression or is not feeling well, the dry weight may need to be lowered. Remember the dialysis machine removes the excess fluid only not muscle or fat.

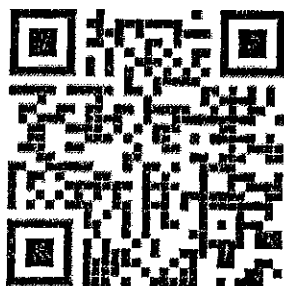
Too much fluid in your body may cause: (Your dry weight needs to be lowered)

- | | | |
|------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| • Weight gain | • Lack of energy | • Congestive heart failure (CHF) |
| • Difficulty breathing | • Heart problems such as a fast pulse, a weakened heart and an enlarged heart. | happens when the heart fails to pump well enough to circulate all the extra fluid in the body. |
| • Shortness of breath | | |
| • High or low blood pressure | | |
| • Swelling (called edema) | | |

Too much fluid removal may cause: (Your dry weight needs to be increased)

- | | |
|-----------------------|---------------------------|
| • Thirst or Dry mouth | • Nausea |
| • Dizziness | • Rapid heart beat |
| • Cramping | • Ears popping or ringing |

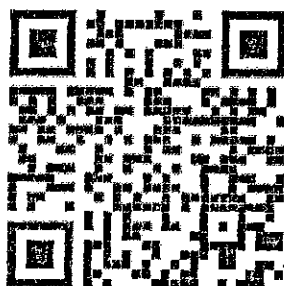
Watch these YouTube videos and hear tips on managing you fluids on dialysis. If you have an app on your phone that will scan barcodes or QR codes (like Barcode reader), open the app and hold it close to one of the squares below. It will “read” it and connect you to a YouTube video.



Let's Talk about...Fluids

from ESRD Network 14

<https://www.youtube.com/watch?v=2F2mcR-UR0k>

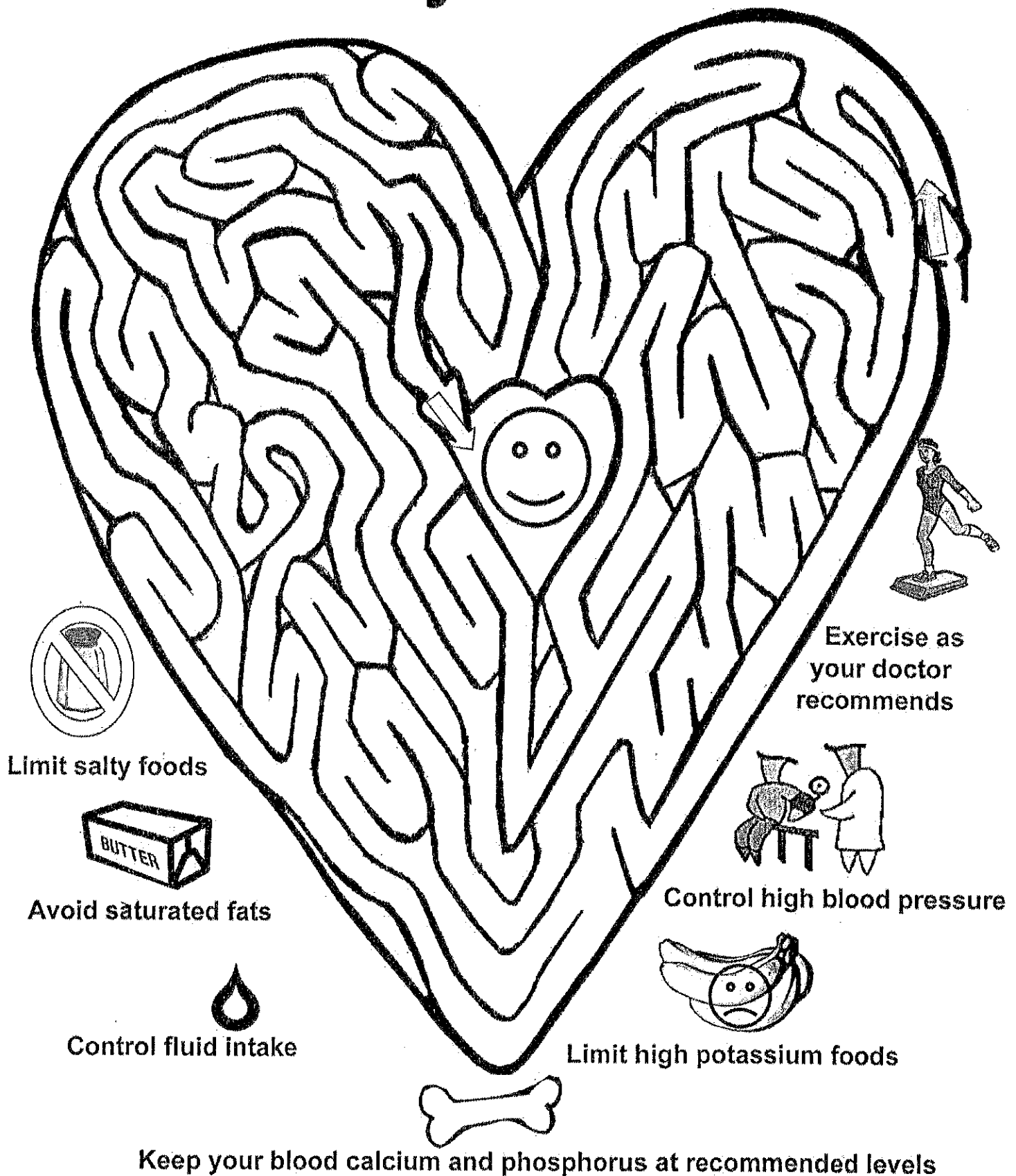


Thirst Tips for Dialysis

from National Kidney Foundation

<https://www.youtube.com/watch?v=tk0aMAYNIYI>

Be True to your own Heart



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- At the beginning April, we selected our six raffle prize winners.

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- Moving forward and based on lesson's learned (see below), we are continuing the Fluid Tracking Board but changing raffles to 1 prize per month while prizes last, estimated through July 2021.

Outcomes Measure:

- Comparison of changes/improvement in outcomes as additional activities or rewards were implemented. This included:
 - Pre- and post- test results with comparison for improvement in knowledge
 - Percent of total treatments per month with fluid gains of ≤ 3 kg
 - Number and percentage of patients achieving Silver, Gold and Platinum status every month
- Patient feedback on activities.

Summary of Outcomes/Measured:

	Pre-Study			Board & Bell			Board, Bell and Raffle		
	07/2020 **	08/2020	09/2020	10/2020 *+	11/2020	12/2020 *+	01/2021	02/2021 *	03/2021*
# Total Treatments	456	405	389	395	337	350	348	346	423
# Patients	38	35	34	32	32	29	29	31	33
# Treatments in ≤ 3 kg	299	251	242	239	202	231	210	220	276
% of treatments	66%	62%	62%	60.5%	60%	66%	60%	63.5%	65%
# Silver status	6	8	5	6	3	2	5	6	7
% of patients	15%	23%	9%	19%	9%	7%	17%	19%	21%
# Gold Status	5	6	6	5	3	4	1	6	1
% of patients	13%	17%	18%	16%	9%	14%	3.4%	19%	3%
# Platinum Status	9	5	6	6	4	9	9	4	13
% of patients	24%	14%	18%	19%	12.5%	31%	31%	13%*	39%

*February only had 12 treatments; **Months with 14 treatments; *+Months with TTHS having 14 treatments

Note: No significant improvement in the percentage of treatments with fluid gains in target across all three phases of activities/incentives. However, there was an improvement noted in trends toward platinum status when offering raffle prizes. Drop in February was due to being a shorter month, with only 12 treatments.

Pre-Test Results:26 completed, 9 questions:**2 (7.7%) no incorrect answers****11 (42%) missed one question**

8 (30.8%) missed two questions

3 (11.5%) missed three questions

1 (4%) missed four questions

1 (4%) missed five questions

Post-Test Results:22 completed, 9 questions:**4 (18%) no incorrect answers****13(59%) missed one question**

2 (9%) missed two questions

0 missed three questions

1 (5%) missed four question

0 missed > 4 questions

Note: Post-test did reveal a significant improvement in test scores, with the percentage of patients missing ≤ 1 question increasing from 50% on the pre-test to 77% on the post-test. Questions most consistently missed on both tests were # 2: measurement of 1 kg and #6 sources of sodium in the American diet; identifying opportunities for additional education moving forward. Also noted that some of our best scores came from patients with consistently higher fluid gains.

Patient Feedback Questions:

For you personally, how important is fluid control:

	1-not important	2	3	4	5-very important
Pre-test	1 (4%)	1(4%)	4 (15%)	4 (15%)	16 (62%)
Post-Test	0	0	3 (12%)	7 (30%)	16 (62%)

Pre-/post-test, handouts and spray bottle, prizes:

1-not helpful	2	3	4	5-very helpful
2 (8%)	4 (15%)	6 (23%)	6 (23%)	8 (31%)

Fluid gain tracking board:

1-not helpful	2	3	4	5-very helpful
3 (12%)	6 (23%)	7 (27%)	4 (15%)	6 (23%)

Post treatment target weight ringing of the bell and positive reinforcement:

1-not helpful	2	3	4	5-very helpful
7 (27%)	2 (8%)	5 (19%)	5 (19%)	7 (27%)

Raffle Prizes

1-not helpful	2	3	4	5-very helpful
5 (19%)	1 (4%)	8 (31%)	5 (19%)	7 (27%)

As you can see from feedback above, there was large variance in patient interest and perception of “helpfulness” across the different patient education activities completed.

Impact on Patients:

Although the actual fluid gains may not have improved significantly, by focusing on a variety of positive reward systems and educational activities, our clinical team was able to capture the interest and in some way motivate a large percentage of our patients towards improving sodium and fluid control. We had patients that would not have otherwise been engaged, verbalize interest in keeping their fluid gains down so they could win certain prizes. Although the patient feedback regarding the pre-post questionnaire was not as positive, I do feel that the discussions that came from answering questions helped promote patient understanding and highlight available resources. Not only did the bell ringing provide immediate individualized recognition, it also promoted a positive environment throughout the unit (both for patients and the health care team).

Lessons Learned:

- Not all patients are motivated by what we would assume to be a positive reward. Including patient feedback when developing activities is always beneficial. Example: based on patient feedback, we have started asking our patients if they want to ring the bell to be more respectful of their wishes.
- More instant rewards are beneficial. Waiting 3 months to collect tickets and do a multiple prize raffle was too long. And as a result, we lost patient interest. Moving forward, while prizes are still available, we are doing a single raffle monthly.
- How easy it is to recognize someone with such a small act. Something as simple as ringing a bell can make a huge difference for individual patients and general environment of the unit as a whole.

Focus Areas:

- Interdialytic wt gains
- Patient knowledge related to dietary sodium and fluid
- Impact of different levels of intervention, recognition/rewards on patient engagement and outcomes

Anticipated Outcomes:

Comparison of outcomes between baseline (July – August 2020), displaying outcomes only (October-December 2020) and displaying outcomes with activities, recognition and rewards (January-March 2021). Outcomes include:

- Percentage of total treatments per month with interdialytic fluid gains of ≤ 3 kg
- Percentage of patients achieving silver, gold or platinum status per month
- Changes in pre/post test results
- Questionnaire end of project for patient feedback.

Anticipate that outcomes will improve with both display only and display with rewards. Do not expect significant changes in pre/post test results, but anticipate that will be able to demonstrate patient understanding.

Estimated Itemized Expenses: \$450

- Small prizes for Pre/Posttest: \$100
- Large raffle Prizes: \$200
- Prizes for Platinum: \$150

Goal = 3.0 Kg or Less

TREATMENTS

APRIL

[illegible]