



How Dialysis Staff Can Impact Hospitalizations

Patients with end-stage renal disease (ESRD) have a greater risk of comorbidities, including diabetes and anemia, and have higher hospital admission rates than patients with other diseases.¹

This tool offers open-ended questions to encourage conversation between staff and patients. By using open-ended questions like “How,” “What,” and “Tell me ...” you may be able to gather more information from the patient and prevent a hospitalization.

During medication reconciliation, ask questions like:

- Why and why are you taking this medication?
- How are you taking your medication?

If you notice that a patient is losing weight, you might ask these questions:

- How many meals per day do you eat? How frequently do you go grocery shopping?
- What did you eat for dinner last night. Or how much do you normally eat for lunch?

While cannulating a patient, ask:

- How do you clean your access? When and how often do you clean your access?
- How do you check for the access bruit and thrill?

When providing central venous catheter and peritoneal dialysis catheter care, consider asking:

- What are the signs of an infection?
- What would you do if your dressing came off at home? Or if the dressing got wet?

Readmission Prevention Tips

Ask the patient to share his or her discharge summary with you. Review the discharge summary with him or her and create a plan of care to address the root cause of the admission and any secondary diagnoses or comorbid conditions to prevent gaps in care.

- Develop a system that identifies patients that have been recently hospitalized and discuss at the monthly quality meeting with the Interdisciplinary Team.
- Work with the patient/family for any follow-up appointments with his or her primary care doctor, nephrologist, specialist, physical therapy, occupational therapy, or home health agency.
- Collaborate with social workers to assist patients with post-hospitalization follow-ups, (e.g., filling prescriptions, scheduling appointments with referral physicians, and transportation to appointments).
- Use the tool, [Where Should You Go For Medical Care?](#) to identify what conditions patients should see a doctor or nurse, or visit a clinic, urgent care facility, or the hospital emergency room.
- Provide specific education related to the cause of the most recent hospitalization. For example, if the patient was hospitalized for fluid overload, provide education for fluid overload.
- Ask the patient to state the information on the discharge instructions back to you in his or her own words. This will assess his or her understanding and reading and visual status.

Resource

- [New to Dialysis? Hospital Discharge Checklist](#)

¹ National Library of Medicine, www.ncbi.nlm.nih.gov/pmc/articles/PMC9408097/