

Home Modalities **Lobby Day**

Guide/Resource Book



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Introduction

The Centers for Medicare & Medicaid Services (CMS) requires that patients with End-Stage Renal Disease (ESRD) receive education on all dialysis options at the beginning of their renal replacement therapy and ongoing throughout their time on Dialysis.

One way to provide the required modality options training is through the use of Lobby Days. This resource will assist you with preparing and executing a Lobby Day at your dialysis unit.

You are welcome to use these suggestions or to use this handbook as a tool to help you develop your own creative approach for effective Home Modality education among patients and staff.

The Renal Network (TRN) provides educational materials on home modalities. You can look for additional resources on our website:
www.therenalnetwork.org/quality-improvement/home-referral/.

The Network welcomes your feedback and suggestions for Lobby Days, as well as pictures of your Lobby Day!



What is a Lobby Day?

In its simplest form, a Lobby Day is a presentation or a sharing of information. It may be interactive, static or a combination of the two styles. Providing information in a variety of methods will address the different learning styles of both patients and staff. For instance, some people learn better by reading or seeing the information, some prefer to hear the information, and others like to practice or be actively involved in the learning. Using more than one approach may result in better learning and retention.

Interactive learning approaches can include:

- Discussions
- Questions and Answers
- Games (Jeopardy, Scavenger Hunt, Bingo)
- PowerPoint presentations with polling questions
- Having home equipment available for patients to see and touch
- Having home patients available to answer questions and/or tell their home dialysis journey story



This is a photo of Matt Caldwell, RN, BSN, Home Program Manager from Decatur, Illinois. Here, Matt is conducting a Peritoneal Dialysis Lobby Day.

Static learning approaches can include:

- Bulletin board displays or posters
- Handouts and pamphlets
- Individual activities (Word Search, Crossword Puzzle, Fill-in-the-Blank)
- Watching a YouTube presentation or using a computer or application-based training program



Sondra Clarkson (dietitian), Jan Adams (social worker) and Jenny Chen (peritoneal dialysis nurse) from DaVita Illini Renal, Champaign, Illinois, sharing their display for a Peritoneal Dialysis Lobby Day.

How to Hold a Lobby Day

Having a Lobby Day doesn't have to be complicated. Here are five easy steps:

Step 1: Choose a Date and Location

- To reach the majority of the patients in your facility, you should hold the event on at least two different days to accommodate the dialysis schedules of everyone in your unit. Some units hold an event every day for a week to reach all patients.
- Have a discussion with your unit's care team to determine a good date to make sure there are no major conflicts.
- If your unit participates in the Facility Peer Program, the event may be best coordinated by the Facility Staff Coordinator (FSC) and the Facility Peer Representative (FPR). It is an excellent opportunity for patients at the unit to meet with their Facility Peer Representative.
- Decide if the lobby meets the needs of your Lobby Day presentation or if a conference room is better suited to the type of program you want to do.

Step 2: Market and Create Excitement About the Lobby Day

- If your facility has a newsletter, announce the Lobby Day dates in it.
- Post information about the Lobby Day on bulletin boards (both the patient and staff boards). Post information in a variety of places such as by the sink or the scales.
- Personally invite people to the Lobby Day: hand out "admission tickets" or invitations to the event. Make sure you include family members in the invitations!

- Develop and pass out flyers to peak interest in the upcoming Lobby Day.
- Have the Facility Peer Representative or the Facility Staff Coordinator for the program make "public service announcements" about the Lobby Day over the unit's loud speaker.

Step 3: Preparation

- Identify your **goals** for the event. Are they educational, social, personal enrichment, or a combination of different aspects? Only have 1-3 primary goals. Then determine how you will meet your goals and what learning styles you will address. For example, one goal may be to raise patient and staff awareness on a specific issue. To achieve this goal a static display could be provided in the unit's lobby and a handout given to each person.
- Decide how long the event will take place – an hour, four hours – develop an outline of your program to determine the **length of time** you need to reach your goals.
- What **equipment and materials** do you need to meet your goals? For example, will you use a computer, paper and pens, name tags or tape? You may need a flat table in the patient waiting area for a display, refreshments, prizes, pictures or handouts. Or you may need a computer, a large monitor or a way to digitally project a PowerPoint presentation on a screen or a wall if you want to do a slide show presentation. Have CCPD machines, dummy tummy, HHD machine, etc. And have a camera to take pictures of the event to post and share with others.
- Determine **who** needs to be involved to make the event happen and identify the person who is in charge of the event. Involve the Facility Staff Coordinator and Facility Peer Representative, if possible. Decide which staff members can contribute to the event and if you need to set up shifts for staff involvement. Determine if you want to bring in a guest speaker such as a

home program nurse or home dialysis patient and then make the contact to set up the arrangements. Send a reminder to all involved before the event.

- Pick a **theme** (like "circus" or "spring") and choose appropriate images and colors to bring out the theme. With administrative permission, decorate the Lobby Day area (balloons, clip art, streamers, confetti, flowers, or trinkets that emphasize the theme) and make sure you clean up the area at the end of the Lobby Day.
- Decide if you are going to have an **ice breaker** to help patients, family members and staff interactions. "Introductory ice breakers" are used to introduce participants to each other and to facilitate conversation amongst the participants.

Example: The Little Known Fact

Ask participants to share their name, role, length of service or time on dialysis, and one little-known-fact about themselves. This "little known fact" becomes a humanizing element that can help break down differences, such as status and could give an idea about something they had to give up while doing in-center dialysis. This might be a good way to start the conversation about home dialysis and the freedom it offers.

- Gather and/or develop your **educational materials**. If you are using handouts, Word Search puzzles, or other written materials, make sure you have enough for everyone. You can contact The Renal Network (317-257-8265) or info@therenalnetwork.org for needed posters, brochures, or handouts. Check out the Network website at www.therenalnetwork.org. You can also do a Google search for additional resources or use resources from your corporation or unit.

Step 4: The Day of the Event

- Let your Lobby Day commence! This is your time to shine and to have high energy. Invite people to join in either as an active participant or passively by just watching from the side lines. Make everyone feel welcome.

- Be open to questions, "read" your audience (what is their body language saying), keep the event on schedule and moving, and thank people for coming.
- Take pictures of your Lobby Day setup and of people during the event. Make sure you get permission slips from people to share their picture with others.

Step 5: Evaluate and Follow Up

- Find out from your participants (i.e. patients and staff) what was most helpful to them, what they liked best, and what they would change.
- Use a "suggestion box" for people to share how they liked the event. You can have brief surveys available for them to complete. Also, survey staff for their feedback and suggestions for future events.
- If you received requests for additional information, make sure you follow up and provide it as soon as possible. If you received a number of requests for a particular resource, you may want to share it with everyone and post it on the bulletin board. Or ask the Facility Peer Representative to distribute it.
- Share your event summary and pictures with The Renal Network! Your story, pictures (see medial release on page15) and best practices may be highlighted on The Renal Network's website, Facebook page, or in our newsletter, "Renal Outreach."



Ideas/Suggestions

Remember to use different presentation methods and repeat the message more than once. This will engage individuals who may have different learning styles, reinforce retention of the information, and assist in changing behavior to achieve the desired outcome.


The utilization of interactive and fun games, like BINGO, is an effective approach that helps participants retain the message and goal of the activity.

Facts to share


Display information related to home modalities on a poster or in handouts to start generating awareness.

Lack of Patient Involvement and Adequate Education

- 84% of patients were told about ICHD, 34% were told about PD, and 12% were told about HHD ,
- Survival rates increase from 34.9% when chosen by the physician to 49.7% when chosen by the patient, regardless of modality .



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What would you do? 

- 90% nurses would choose home
- 90% nephrologist would choose home

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Current Modality Utilization

- 92% of our patients are dialyzing ICHD
- 7% of our patients are dialyzing using PD
- Less than 1% of our patients are using HHD

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Any other facts you can think of?

5 Questions to ask your Physician

Consider printing these questions on a poster, pamphlet, flyer or business cards and share with patients so they can consider personal goals related to their renal replacement therapy and to start a dialogue with their doctor.

1	What dialysis therapy may offer me the best chance of living a normal life?
2	What dialysis treatment would allow me the best chance of survival?
3	What treatment would allow me to have better nutritional status?
4	What dialysis treatment option would you choose if you were faced with kidney failure?
5	How can I learn more about home dialysis?

Myths That Need to Be Busted

This could be used as a game. We all know there are misconceptions that are floating around the renal community about home modalities.

Think of ways you can **BUST** these **MYTHS!**

- You have to have a certain type of insurance to do a home modality
- You need a partner to be able to do all types of home dialysis
- Your care partner needs to live with you
- If you choose in-center dialysis first you cannot change your mind later
- You would not be safe doing your dialysis at home
- You are at greater risk for infection doing your dialysis at home
- You have to be totally compliant with in-center treatments to be considered for home
- You can't do a home modality if you live in an apartment
- You have to be young to be considered a candidate for home
- You can't do a home modality if you can't read

Any other myths you can think of?

Frequently Asked Questions

Patients have shared their questions on home modalities with the Network. Below is a list of some of these questions with potential responses. Consider creating a pamphlet from this material, displaying a few on a bulletin board, presenting these questions to patients in a PowerPoint, or creating a Jeopardy-style game.

Why choose home dialysis?

- Independence and flexibility
- Can provide better health and quality of life for many patients
- No transportation or scheduling hassles
- Usually a more normal diet
- Better survival
- Travel

What are the home dialysis choices?

- Traditional Home Hemodialysis: performed 3 times per week, typically for about 4 hours per session
- Short Daily Home Hemodialysis: performed 5-6 times per week, typically for about 2-1/2 hours per session
- Peritoneal Dialysis (PD): 4 to 5 exchanges per day (CAPD) or nightly cycler exchanges (CCPD)

Who should consider home dialysis?

- Patients who are able to manage their own care responsibly, either alone or with a helper
- Patients who are interested in greater flexibility with school, work, travel and family life/child-care
- Patients seeking more independence and control over their schedule

What support will my dialysis center provide?

- Complete training to home, one-on-one with a registered nurse
- Nurses available 24/7 by phone
- Clinic visits
- In-home visits and support
- Supply delivery to patient's home

Will my diet change on PD?

Yes, PD patients lose protein and potassium in the drained dialysate solution. You will be encouraged to eat a high protein diet. Most PD patients are able to increase their potassium intake as well. You will still have to limit phosphorus intake.

Can I be intimate on PD?

Yes, the PD catheter will not affect intimacy with your partner.

Can I live alone on PD?

Yes, you can live alone. Many patients of all ages and conditions are doing PD without a partner. Please ask a PD nurse if this is a concern for you.

Why more frequent home hemodialysis instead of 3 times a week?

Before you go on dialysis your kidneys work continuously: 24 hours a day, 7 days a week. They play an essential role balancing fluids and electrolytes in the body while removing waste products. The most common form of hemodialysis is performed three times a week, approximately four hours per session. This therapy is known as "traditional in-center" or "intermittent" dialysis. Because of the number of days (2 to 3) between treatments, intermittent dialysis can lead to large fluctuations in body weight due to water retention, accumulation of wastes, and electrolyte imbalances. More frequent home hemodialysis reduces these wide fluctuations by shortening the time between treatments. As a result, it is gentler on the body and may lead to health benefits.

What benefits are associated with more frequent home dialysis?

Many patients report - and various studies have confirmed - that, compared to three-times-weekly in-center hemodialysis, more frequent home hemodialysis may offer the following health and quality of life benefits:

- Less stress on the heart
- Better blood pressure control with fewer medications
- Much quicker recovery time after treatment
- Improved appetite and the ability to drink more
- Fewer depressive symptoms
- Better mental and physical health
- More energy and vitality
- Feeling of being in control of treatment and life
- Lower risk of death

Welcome Home!



Lobby Day Contact Information and Schedule Form

If you want to share your Lobby Day plans with The Renal Network, please submit this information to the Network office. We are always looking for new and creative ideas to promote Home Modality Options. Complete this form and return it to the attention of Audrey Broaddus via FAX (317) 257-8291 or email abroaddus@nw10.esrd.net.

Lobby Day Coordinator / Lead Contact

Name:	Email:
Position:	Phone:

Network Patient Representative Program (NPRP) - Facility Staff Coordinator

Name:	Email:
Position:	Phone:

Network Patient Representative

Name:	Email:
Mailing Address:	Phone:

Lobby Day Schedule

Write in the dates of upcoming Lobby Day

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Media Release Form

The Renal Network
911 East 86th Street, Suite 202
Indianapolis, IN 46240

Permission to Use Image and Words

I hereby grant to The Renal Network the right to reproduce, use, exhibit, display, broadcast and distribute photographed or video-taped images, along with audio-taped or written content of/from the undersigned, for use in connection with the activities of The Renal Network or for promoting, publicizing or explaining the organization or its activities. This includes, without limitation, the right to post such content in written form and on websites. This content may appear in any of the wide variety of formats and media now available to the Network and that may be available in the future, including but not limited to print, broadcast, video-tape, CD-ROM and electronic/online media.

Signature _____

Printed Name _____

Organization Name (if applicable) _____

Address _____

Date _____

Submit this form to the attention of Audrey Broaddus via FAX (317-257-8291), email (abroaddus@nw10.esrd.net) or the mailing address listed at the top of this page.

Lobby Day Evaluation Form

After your facility holds a Lobby Day, have your patients share their opinions on how it went.

Question 1: On a scale from one to five, how receptive were you to your facility's Home Modality Lobby Day presentation?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not-at-All Receptive				Very Receptive

Question 2: On a scale from one to five, how involved do you feel the STAFF in your facility were with the Home Modality Lobby Day?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not-at-All involved				Very involved

Question 3: Would you briefly describe what you liked best?

Question 4: Did the information and resources provided at your facilities Home Modality Lobby day make you consider changing your treatment modality?

Yes No

Name (optional): _____