Barriers	Process Strategies	Tools**
Noncompliance with dialysis - treatment/diet/fluid/meds	1. Weekly IDT or Core team (Clinic manager, SW, Dietician, etc.) meeting which includes root cause analysis (RCA) and identification of interventions 2. Weekly Patient Centered Care (PCC) calls using Clinical Management Tool and Toolbox 3. Develop a SMART goal to address 1 area of noncompliance	1. IHI 5 Whys RCA tool and instructions 2. How to write a SMART goal NOTE: The goal is a **patient identified goal** i.e. "I want to go to my church services/family Christmas dinner/ etc.
Comorbidities-Non-dialysis related admissions/readmissions	1. Perform risk assessments after each hospitalization 2. Track and trend hospitalizations 3. Track post hospital follow-up appointments 4. If COVID -19 infection or reinfection: monoclonal antibody therapy 5. Post discharge assess patient/caregiver's understanding of the primary reason for hospitalization; address knowledge gaps	1. 10 reasons to have a PCP 2. HOSPITAL tool 3. Modified LACE tool 4. Tracking Tool 5. American Society of Nephrologists (ASN) Monoclonal Antibody Therapy
Misuse of ER after missed treatments	1. Track and trend ER use 2. Screen for depression after each ER visit 3. Setup communication path with ER staff to arrange for a chair time at the clinic before they are dialyzed 4. Educate patient on appropriate use of ER, PCP, urgent care and dialysis clinic 5. Educate nursing home staff about expectation of patients' health pre/post treatment	1. Zone Tool Post dialysis 2. 10 reasons to have a PCP 3. PHQ-2 or PHQ-9 available in English and Spanish

Reducing Hospitalizations, Unplanned Readmissions and ER Visits QIA Toolkit

Barriers	Process Strategies	Tools**
Poor transition of care/ Patient is unstable at first treatment post hospital discharge	1. Set up a communication path with inpatient clinics/ hospital discharge planner/case manager to assess level of stability for discharge and obtaining vital documents	1. HSAG Transitions of Care Post-Hospitalization Checklist 2. The Forum Transitions of Care Toolkit: Chapters 5, 8-10. 3. Discharge Checklist for patients who are new to ESRD
Lack of attending post-hospital appointments	1. Track post-hospital follow-up appointments	1. Healthcare Appointment Tracking tool
COVID-19 - Not vaccinated	1. Build Vaccine Confidence & Uptake Strategies [Field Guide] 2. Provide vaccinations onsite	1. CDC Field Guide – 12 Strategies for Your Community https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf
Mental Health - Depression	1. Screen for depression after each hospitalization and ER visit	1. PHQ-2 or PHQ-9 available in English and Spanish

**Toolkit is available at - https://www.qirn4.org/Ongoing-Projects/Hospitalizations-and-ER-Visits.aspx