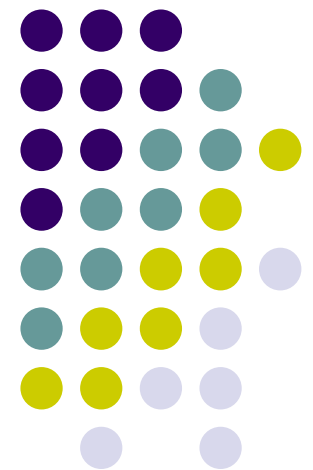
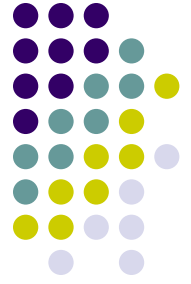


# Patient centered approach to vascular access

The Renal Network 9/10  
Fistula First



# Our Provena St Mary's Story



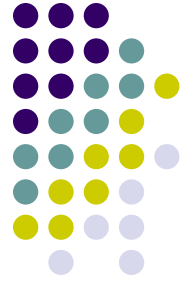
- 2007 rate = 67%
- March 2008 = 72% fistula (19% cath)
- Incident II AVF 2008 YTD = 72%
- Caths used greater than 90 days = 2%
- 2007 and 2008 Renal Network Silver Award winner for program model
- Sustained results over last 5 years - reproduced in joint venture unit =70%
- Virtual Elimination of Temp caths
- Wasn't always our history – the “naughty” list



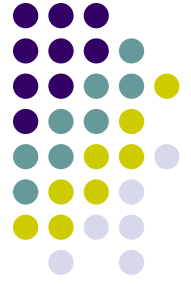
# PSMH cont'd

- Our key points
  - Develop surgeon partner relationship
  - Team buy in
  - Vascular Manager – master cannulators
  - CQI focus
  - CKD education
  - Patient centered approach

# Changes in latitude – changes in attitude



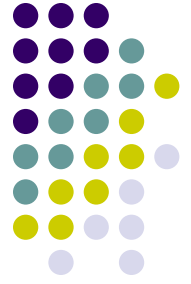
- Quote about Change
  - In the quote category list change comes between challenge and chaos, comfort is further down the list but its there!
- Change is hard! Do we make it harder than it has to be?????



# Common barriers to change

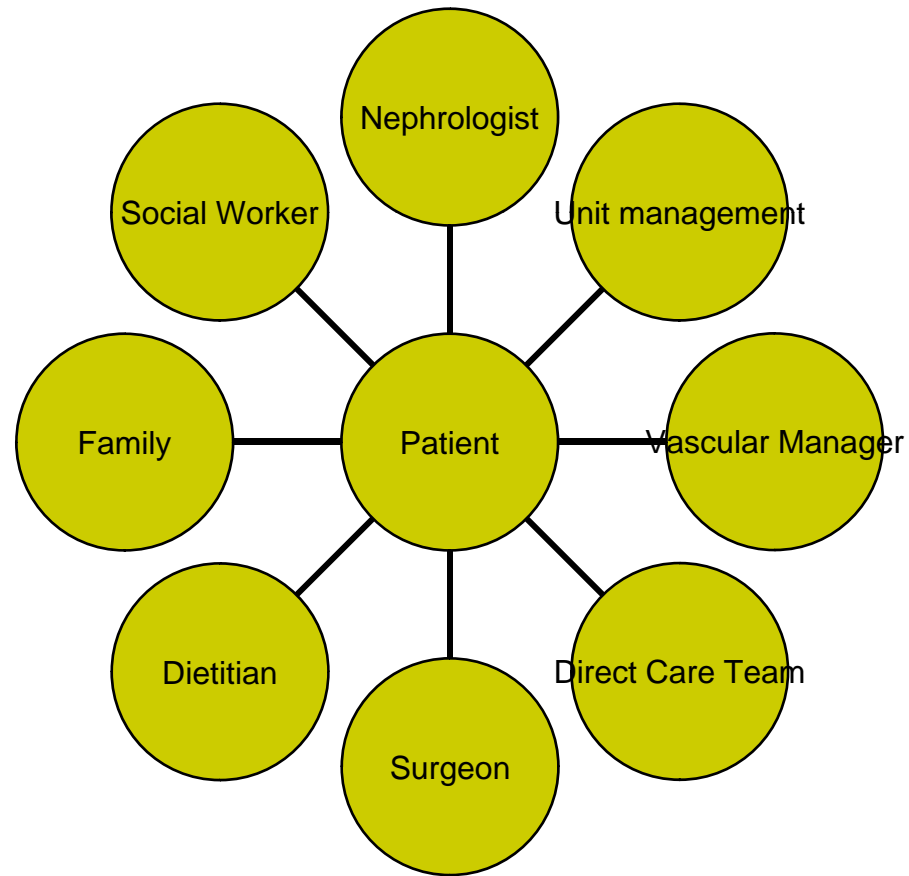
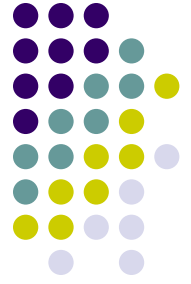
- Fear of the unknown
- Loss of control
- Lack of education
- Sending mixed messages
- If it ain't broke don't fix it syndrome
- Difficult processes
- What's in it for me??????????????

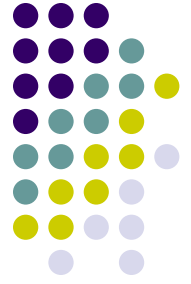
# Whats in it for me- the building block to patient centered care



- Team building is first
  - Consensus among caregivers- shared vision
  - Standardized approach- flexibility for individualization
  - Clearly defined roles with accountability
  - Interdisciplinary approach – every member supports and participates.
  - Process Improvement format with results sharing – not just the numbers personalize with patients.
  - Communication
  - Don't forget the surgeon! – whats in it for them?

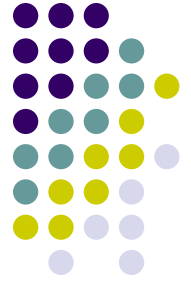
# The team





# The team united

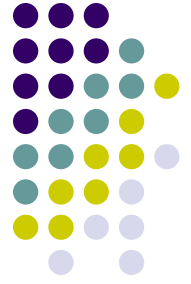
- Education is the key to success
  - Team first
    - Utilizing Network resources
    - Involving the entire unit team – trust, relationships
    - Seminars – huge return on investment
    - Identifying champions – master cannulators, educators, the chatters
    - Case studies
    - Brainstorming
    - Visuals – constant reminders- make it fun
    - Unit meeting standing agenda item



# Patient education

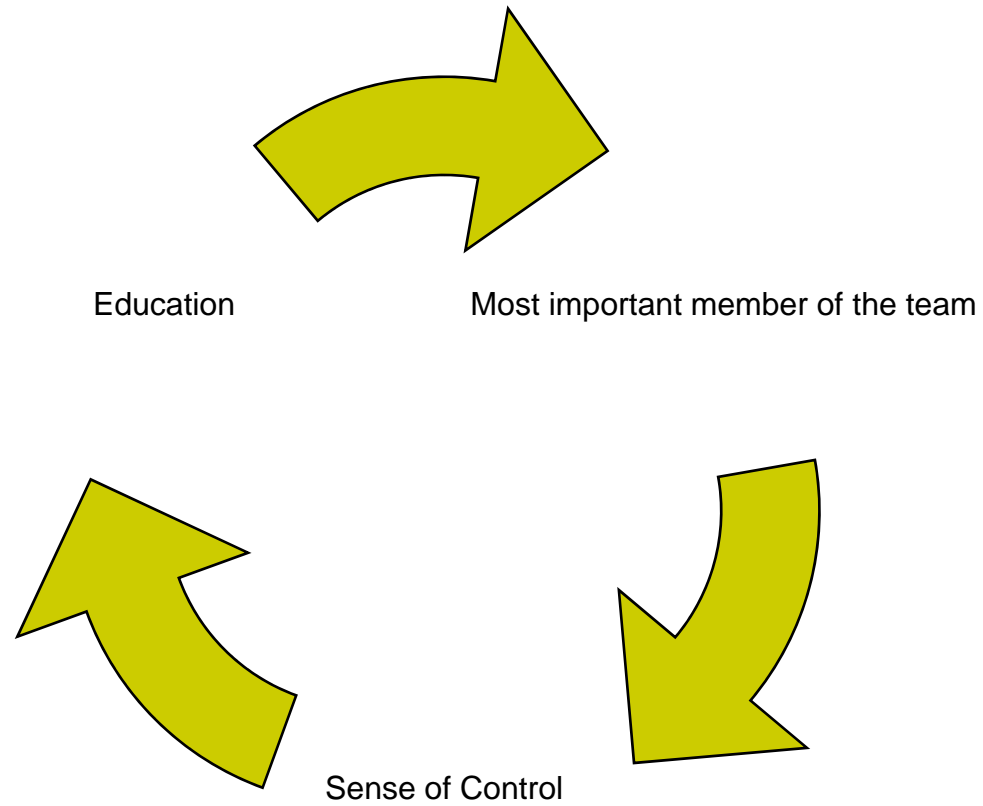
- CKD education is the #1 opportunity
- Discussed at first treatment
- Follow through – every treatment
- Patient Champions
- Support groups
- Newsletters
- Visuals – the “buzz”
- Care plan conferences
- Rounding – physician and unit

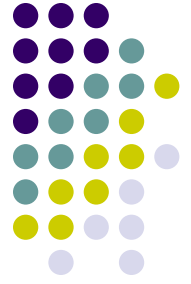
# Nitty gritty of whats in it for me?



- Obvious to us – make it obvious to patient
  - Adequacy – quality of life – morbidity and mortality – risks – benefits.
- Resources – data, experiences, materials
- Honest and open communication
- Validate feelings of fear
- Offer control
- Simplify processes
- Involve family/support
- Communication and surgeon involvement

# The patient and family

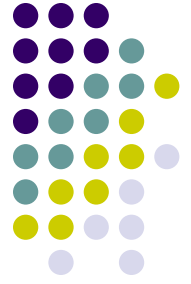




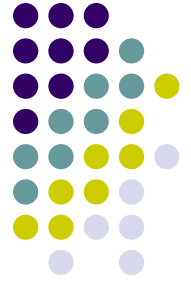
# Unit Manager

- Provide vision
- Provide resources
- Hardwire through CQI
- Maintain the focus – not the flavor of the month
- Team building – identifies champions
- Enables the team – creativity and buy in
- Communication – reward and recognize
- Keeps patient at the center of focus
- “Because some one said so” never works, don’t play the “they shrug”

# Nephrologist



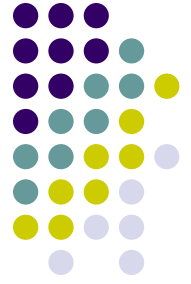
- Lead, follow, or get out of the way
- Reinforce the message
- Team building – conveys confidence in team
- Surgeon relationship – peer education
- Responds to CQI – by doc and by surgeon
- Accountable – referrals for quality surgical technique



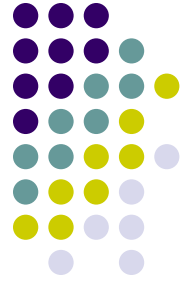
# Direct Care Team

- Patient Education – every treatment
- Ownership
- Accountability
- Relationship – team building
- Master cannulators
- Is it obvious – make it personal, need names not numbers.

# Social Services



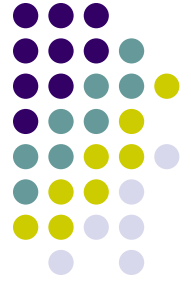
- Barrier identification
  - Fear – team building – no pain person on team
  - Knowledge deficit
  - Financial Concerns
  - Transportation Issues
  - Support systems
  - Speak the language – less medical jargon
  - Quality of Life Issues – body image, cultural issues



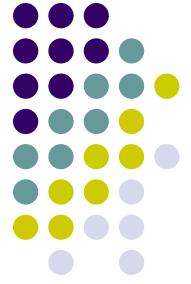
# Dietitians

- Relate to renal report card
- Quality of Life
- Barrier identification
- Body image
- Appetite – healing concern
- Team building – confidence
- Speak the language
- No pain person on the team

# Vascular Access Manager

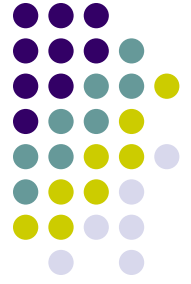


- Patient and staff education
- CKD education
- CQI
- Tracks new patients – evaluates, proactive
- Protocols
- Documentation
- Team building – surgeons, I.R., cannulators



# Know your universe

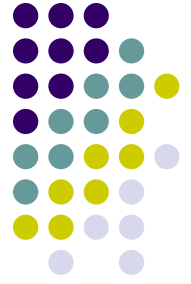
- Identify the resources you have
- What is the culture in your universe
- Step back – look for overlooked resources
- Network with others
- Don't be afraid to restate the obvious
- Be the advocate – all's fair in love, war and dialysis!



# Summary

- Change is a challenge but doesn't have to be hard.
- Excellence truly is a journey not a destination
- Established goals are achievable but the results depend on each unit's team.
- The change and the journey depend on the patient being the center and most important member of the renal team.

# Thank you



- As Ghandi said “be the change you want to see in the world”
- Change happens one person at a time but is highly contagious when the environment supports it.
- Good Luck!