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 it’s 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

- Social Worker
- Unit management
- Family
- Vascular Manager
- Dietitian
- Direct Care Team
- Surgeon
- Nephrologist
- Patient
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 cannulaters, 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 what's in it for me?

- Obvious to us – make it obvious to patient
- 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

- Education
- Most important member of the team
- Sense of Control
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!