Positive Approaches to Improving Patient Fistula Outcomes

Teri Browne, LSW
"Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence."

Ralph Waldo Emerson
MOTIVATION

If a Pretty Poster and a Cute Saying are All it Takes to Motivate You, You Probably have a Very Easy Job. The Kind Robots Will be Doing Soon.
FISTULAS FOR EVERYONE
YOU CAN DO IT!!!
What Professionals Say About Catheter Use


- “Complications associated with central dialysis catheters prove to be an important source of morbidity. The very nature of these catheters entails frequent manipulation for vascular access and therefore they may migrate after repeated use.” – Brucculeri M, et al. Semin Dial Mar-April 2006.
What Professionals Say About Catheter Use

- “Dialysis by native AV fistula clearly offers lower infection rates, fewer procedures, and lower mortality risk… however, NAVF’s are used in only 30% of hemodialysis patients in the U.S.” – Jennings, WC, Arch Surg, Jan 2006.

- According to the DOPPS study, “AVF was used by 80% of EUR and 24% of US prevalent patients. For patients who were new to HD, access use was: 66% AVF in EUR versus 15% in US, 31% catheters in EUR vs. 60% in US. 25% of EUR and 46% of US incident pts did not have a permanent access placed prior to starting HD. In EUR, 84% of new HD pts had seen a nephrologist for >30 days prior to ESRD compared with 74% in the US. – Pisoni, et al, Kidney International, Oct 2002.
Even the media gets it!

- For Kidney Patients, Another Failure –
  Washington Post, Dec. 6, 2005
  “Today, fewer than four in 10 dialysis patients
  nationwide have a fistula, despite overwhelming
  evidence that they are safer, cheaper and more
  effective than grafts and catheters…fistula rates
  vary dramatically by geography. Dialysis patients
  in the Pacific Northwest and New England are
  twice as likely to get one as are patients in the
  Washington area.”
“A minority of patients cannot have a fistula because their veins are not strong enough... In some cases, poor patients without insurance aren’t seen by kidney specialists. Other times, doctors fail to refer patients in time. Some surgeons find it easier to retrieve a catheter or graft off the shelf than spend time constructing a fistula... Medicare pays surgeons more for grafts and catheters than fistulas... A surprising number of patients prefer catheters, even though statistics show that they are eight times as likely to develop potentially deadly infections.”
Come on, Mr. Leonard.
It's only a tiny prick.
Er, I'm a dialysis patient.
Would you please be careful of my fistula?
And today we start on the manly needle.
Anything to declare? Tobacco? Firearms? Alcohol? Unsightly fistulas?
Don’t worry, I’ll find a good site soon.
From a patient:

“You need to find a way to get information and education to the patients as well, and I think it would be helpful to have a patient give their perspective. I had a physician who didn't promote fistula, and allowed me to keep my catheter just because I wanted to. Very few patients will ask for a fistula unless they really buy into why they need one. I work in dialysis and was on dialysis before my first transplant, and didn't get a fistula until 5 months AFTER I restarted on dialysis....”
“I heard all the statistics, read all I could, knew what I should know, and still was not thrilled about getting a fistula. I had lots of "good" arguments as to why I didn't need a fistula. When I finally got the fistula and they said it was ready to stick, I got physically sick. Each day on the drive for training (I went daily for a week to learn to cannulate) I would throw up before I got to the clinic. I just knew I couldn't do it and that it would be the barrier to me doing home hemo. HOWEVER, I have a working fistula…’’
From a patient:

“Here are some of the big barriers, real or imagined....pain, the look of the scar (I'm not vain, but this is a very ugly scar and I find myself trying to hide it at times), pain, fear of constant surgeries to keep it working (they see many patients who clot, and don't know why or what access they have, and think the same will happen), long time post treatment to stop bleeding (those last 10 minutes are monumental), pain, lack of understanding of the risks to me with a catheter (don't use scare tactics, but tell the truth with the risks for infection), pain....”
From a patient:

“Some benefits of fistula: I can take a shower, a REAL shower, and I am now able to swim with my children. The pain is not as bad as I thought. I was able to use Emla while I established my buttonholes and now don't use any numbing medicine. There is not sharp pain, only a little discomfort (believe me, when a staff member told me this, I said BS....but it's really true. A patient, however, is NOT going to believe someone who's not felt it. This is when I needed a peer mentor)”
Recognize that this is a team effort
and the Network is part of your team!
You can make a difference!
Identify and manage one process change
I WANT YOU

TO FOCUS ON ONE CHANGE
TOWARDS IMPROVING FISTULA
RATES IN YOUR UNIT
We can make a difference!
Remember, when times are tough, you're not facing this alone.
Remember, when times are tough, you're not facing this alone.
"Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence."

Helen Keller
IMPROVED FISTULA RATES
ONE STEP AT A TIME, WITH ALOT OF HELP FROM US