

Involved Care Project

“Combining the will of the patient with the skill of the team”



Background

In 2008, the group of HHD nurse trainers and management of the in center dialysis unit at Penticton Regional Hospital (PRH) held a team meeting to evaluate the successes and challenges of the home hemodialysis (HHD) program in the South Okanagan. There had been a 200% increase in patients going home on HHD but despite the initiation of home follow up, several of these patients returned to the in center units within months of discharge to the home program. As well, despite HHD involvement in the integrated Clinic the number of patients expressing interest in HHD had diminished. The challenges expressed by the group were:

- Limited number of HHD nurse trainers which led to an inability to provide training in a timely fashion
- Training regime for patients seemed rushed and artificially simplified
- Patients who were expressing interest in going home almost always moved from in center dialysis, where nurses did everything for the patients, to expectation of self care

Philosophy

The healthcare team are not in charge of the patient's journey. We're going to serve as navigators, hopefully to provide encouragement, guidance, direction, skill and knowledge along the way. To point out important facts and issues, to provide education, and to deliver skilled care. This is an intimate relationship based on trust.



Mission statement

Understanding that participation in care and decision making increase well being, the involved care unit will strive to provide the tools and support for each patient to manage their own care and healthcare decisions to the greatest degree possible

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Preparation

Change Theory

Equipment

Staff Education

Preparing the patients and families

Patient self assessments

Care map development



Change Theory

“Change is like Heaven, everyone wants to go there.... just not right now ! “



Equipment

**Simplifying Setup AK95
Biomed Support
Policies and Procedures**



Staff Education

Self management Strategies

The Machines!

Troubleshooting



Preparing the patients and families



Penticton Regional Hospital

To: All Renal Clients

Re: Involved Care Dialysis

The philosophy behind 'Involved Care Dialysis' is to promote independence within the Hemodialysis Unit. Already in use throughout the province, a switch to 'Involved Care' has been found to improve a patient's quality of life and physical and mental wellbeing. 'Involved Care Dialysis' will enable us to work alongside you to develop new skills and gain control over your health. It will also disarm many of the pre-judgments and fears you may have at this time.

The Nurses role in the unit will be to teach and mentor you in facilitating your independence. The pace is set to what you are physically and cognitively able to accomplish and at no time will your safety be compromised. We have recently been introducing the machines into the Unit so that the staff can become accustomed to working with them in preparation for you to join us. The patients currently setting up their own machines are all patients with prior exposure to home dialysis. The intent is not to send all of you home to dialyze on your own. If you attain a level where you are comfortable to go home and wish to go home, that can be discussed on an individual basis. We will not start to train new patients until the New Year.

We are requesting that each patient takes five minutes to fill out the attached questionnaire so that we may assess your learning readiness. Some of you may be ready to jump on board immediately and others may be more comfortable to take small steps to attain your goals. It is our vision to have a fully functional Involved Care unit with patients and nurses working together to improve health outcomes. If you do not wish to participate in the program, simply write that on the form and we will ensure that you have a spot in the Okanagan Unit where you will continue to receive quality health care. Thank you for your time, The Renal Unit

Patient Self Assessments

Patients were encouraged to complete a self assessment and indicate what they could do and were willing to do for themselves. The navigators reviewed these with the pt and short and long term goals were developed for each patient in consultation with the team.



These are some of the requirements of an 'Involved Care' Dialysis Unit.

Please tick the items that you feel you are physically and cognitively capable of performing. Please print your name here: _____

- **With time and teaching, I feel that I could perform the following:**
- _____ **Take my weight**
- _____ **Take my temperature**
- _____ **Take my blood pressure and heart rate**
- _____ **Calculate the amount of fluid to remove**
- _____ **Collect my supplies**
- _____ **Set up my dialysis machine**
- _____ **Enter my Run data into the machine**
- _____ **Perform and record my hourly checks**
- _____ **Hook up my Permcath or needle my access on my own**
- _____ **Remove my needles/unhook my Permcath and fill with heparin**
- _____ **Take the dirty lines off of the machine**
- _____ **Take the pillow cases and blankets off my chair**
- _____ **Clean my machine, table, and chair**
- _____ **Change my Permcath dressing (if applicable)**
- _____ **Administer my own EPO/Aranesp**
- _____ **Hang my own Iron/Antibiotics**
- _____ **And, in case this is not for you...**
- _____ **I am not interested in pursuing 'Involved Care Dialysis' at this time**
- **Comments:**

Care Map Development

Short and Long Term Goals were developed for each patient and patients were prioritized for implementation. This work was done by the navigators and manager and input sought from the team



Name:

Short Term Goals:

Obtain Weight:

Take Temperature:

Take Blood Pressure:

Calculate Fluid to Remove:

Collect Supplies:

Perform Hourly Checks:

Remove Linens:

Administer EPO:

Long Term Goals:

Remove Lines:

Hang Ax/Iron:

Setup Dialysis Machine:

Self-Needle:

Getting Ready

Scheduling the Navigators

Simplifying the run sheet

Scales

Supplies

Cubbies

Troubleshooting Manual

Checklist for patients



 Interior Health PENTICTON REGIONAL HOSPITAL INVOLVED CARE LOG	Name: DOB: Nephrologist: Family Phys:	

Date:	ALLERGIES:	Code Status:			
Log prepared by: /	Access Data:	Bloodwork:			
Tx TIME: hrs	M T W T F S	Ideal Weight: kg	TVD: %	Last Wt:	HD Machine #:

Time ON: _____ Time OFF: _____

DIALYZER:	HEPARIN	MEDICATIONS	Int.
K: Ca+:	Bolus:	Heparin Manual Bolus:	
Na+:	Running dose:	EPO:	
HC03:	Shut off:	Bath Additive:	
TEMP:			

TODAY'S WEIGHT :	FLUID GAIN :
- IDEAL WEIGHT :	+ RINSEBACK :
= FLUID GAIN :	+ ORAL INTAKE :
	+ OTHER :
Profile :	= UF Volume :

PRE	PT ASSESSMENT	POST
	BP SITTING	
	BP STANDING	
	TEMP	
	WEIGHT	
	- IDEAL WEIGHT	
	WEIGHT +/-	

Needle size:	Technique:	Hemostasis: Ven min Art min
Needed By:	Needling Comments:	

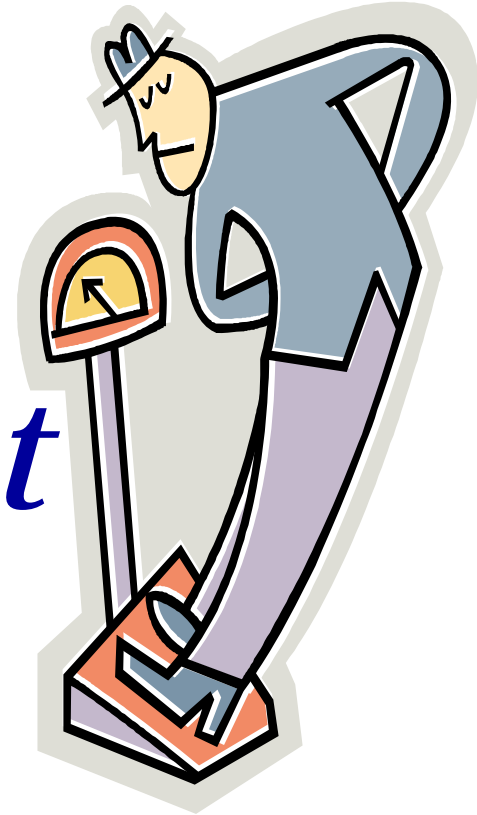
PATIENT ASSESSMENT	
RESPIRATORY	
CARDIAC	
APPETITE	
EDEMA	
SKIN	
GI	
SOCIAL	
OTHER (specify)	

INVOLVED CARE LOG		PT NAME:									
DATE:	PARAMETERS CHECKED: /					TARGET LOSS CHECKED: /					
TIME	BP	PULSE	VP	AP	TMP	BLOOD FLOW	UF RATE	FLUID VOLUME	AC HEP	INT	
COMMENTS:											
Dialyzer Lot #:			Ven Lot:				Art Lot:				
DIALYZER:			CHAMBERS:								
Discharge to:			By:				Time:				



Interior Health

*Write it
Here... To
Get it Right*





TROUBLE SHOOTING MANUAL

PENTICTON REGIONAL HOSPITAL
INVOLVED CARE UNIT

November 27, 2009

*“It does not matter how slowly you
go so long as you do not stop”*

-Confucius



Weight		Weight	
Temperature		Temperature	
Blood Pressure		Blood Pressure	
Calculate Fluid to Remove		Calculate Fluid to Remove	
Collect Supplies		Collect Supplies	
Record Hourly Checks		Record Hourly Checks	
Remove Dirty Linens		Remove Dirty Linens	
Administer EPO/Aranesp		Administer EPO/Aranesp	
Change PC Dressing		Change PC Dressing	
Set up Dialysis Machine		Set up Dialysis Machine	
Self-Needle/Access PC		Self-Needle/Access PC	
Remove Needles/Fill PC		Remove Needles/Fill PC	
Hang Iron/Antibiotics		Hang Iron/Antibiotics	

Challenges

Patient assignment

Patient Scheduling

Patient progression

Workload issues

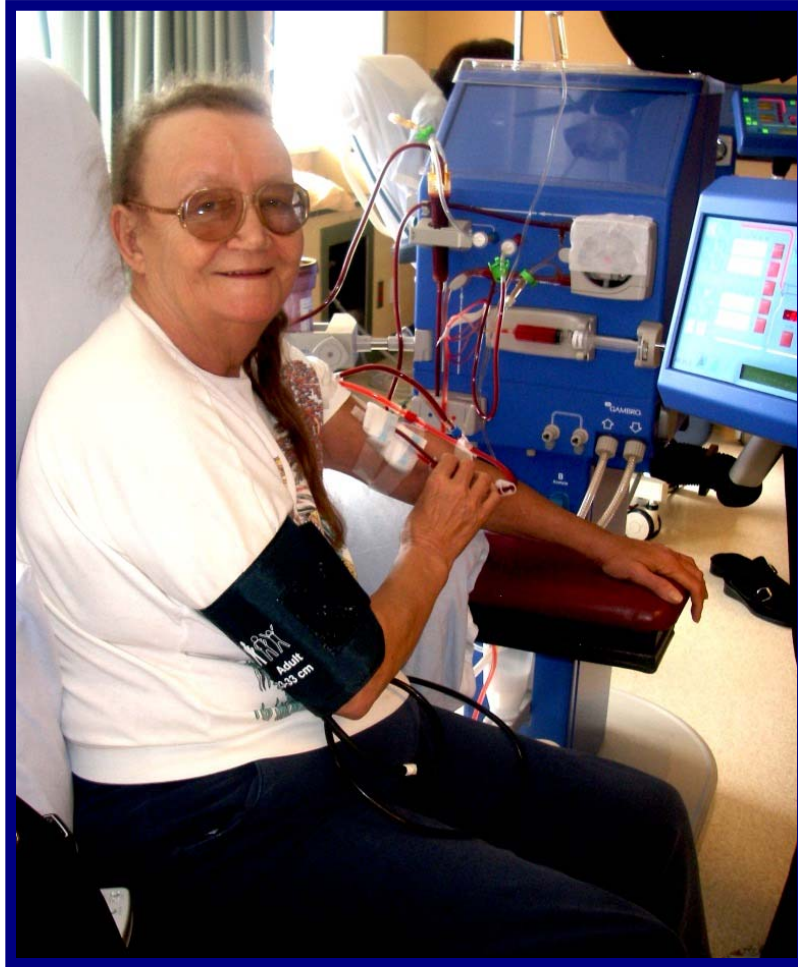


Getting there...by inches

No one is saying this has been an easy journey. This is a major change in practice and will challenge all of us, therefore there must be ongoing communication and evaluation. To that end:

- Emails**
- Monthly troubleshooting meetings**
- Communication at staff meetings**





***INVOLVED CARE:
The WILL of the PATIENT
with the SKILL of the
NURSE***

**Two of our Involved Care
Patients learning as much as
they want about managing their
treatment ...
and putting it into practice.**

