

# Acute Start – Chronic Needs: Navigating for our Patients

Innovative Nursing Roles

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# Ship's Log:

- Overview: Acute Start Dialysis
- Our role in Navigation
- Patients
- A Beacon in Rough Waters
- Safe Harbour



## (Over) View from the Crow's Nest: Acute Start Dialysis

- Little or no pre-dialysis preparation
- About 50% of our dialysis population
- Generally start with acute Hemodialysis
  - CVC
  - Little choice in type of dialysis
  - Largely unfamiliar
- Physically and psychologically stressful time
- Majority remain with Hemodialysis In-Centre



## View from the Crow's Nest

- Mendelssohn (2009) suggest term “Suboptimal” Initiation of Dialysis
  - Unplanned
  - CVC
  - In Hospital
- May be known or unknown to Nephrologists
- “Reducing the rate of unplanned dialysis by one-half yielded savings ranging from \$13.3 to \$16.1 million (in Canada)”

(Mendelssohn, *BMC Nephrology* 2009, **10**:22 2009)
- Higher Quality of Life with planned rather than an unplanned first dialysis (Caskey et al, 2003)
  - older renal failure patients whose dialysis is unplanned have severely impaired QOL (Loos et al, *J.Am Geriatric Soc.*, 51:2, 2003)





## View from the Crow's Nest

### “Optimal”

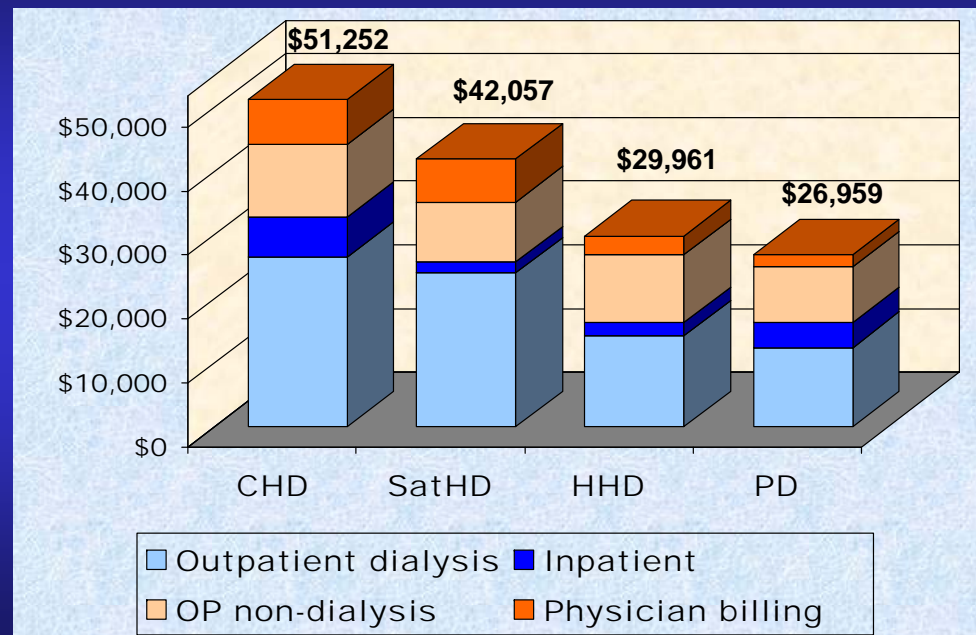
- Pre-dialysis education
  - Access in place (AVF, AVG, PD catheter, CVC)
  - Out-patient initiation
- 
- Of 8751 patients completing education, 52% selected HD and 48% PD.
  - 6678 patients initiated dialysis, with 70% initiating HD and 30% PD.

(Golper TA et al, JASN 2001)



## View from the Crow's Nest

### Canada Dialysis Costs -- 2002



AJKD 2002(Sep);40(3):611-22

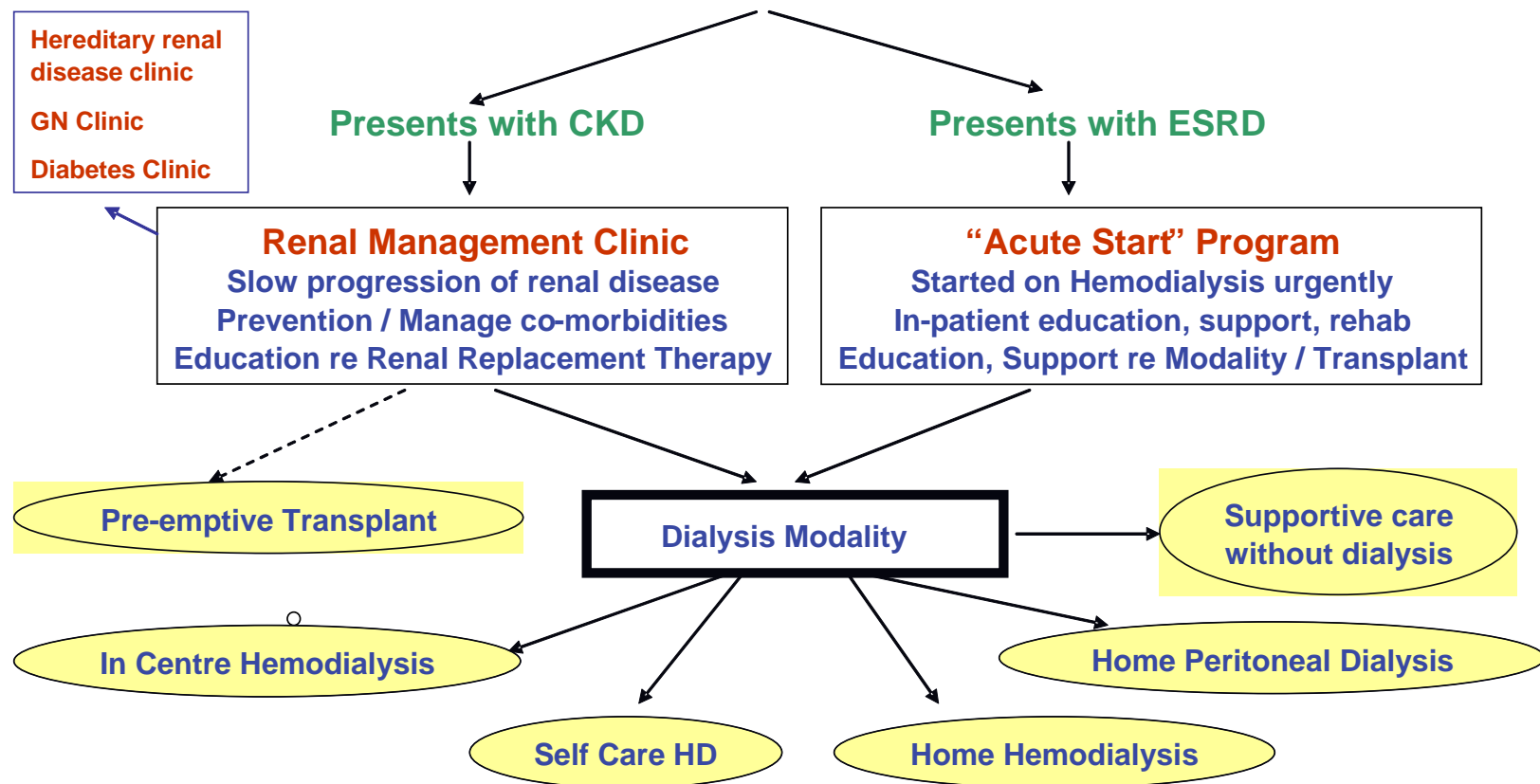


# Setting our Course

- Shifted pre-dialysis care from MD office to Multidisciplinary Clinics
- Focus on Home Dialysis modalities
- Avoid unplanned “suboptimal” starts
  - Aggressive AVF/G, PD insertion programs
  - Close follow up
  - Protocols in pre-dialysis clinics
  - Increased partnership with patients

# Patient Journey – Nephrology UHN

## Kidney Failure



**CKD:** Chronic Kidney Disease; **ESRD:** End-Stage Renal Disease; **HD:** Hemo Dialysis





# Innovative Nursing Roles

- Nurse Navigator / Transition Nurse
- Consulting NP
- PD catheter coordinator
- HD Vascular Access Coordinator
- Pre-Dialysis clinic coordinators
- Additional roles, skills





# Nurse Navigator

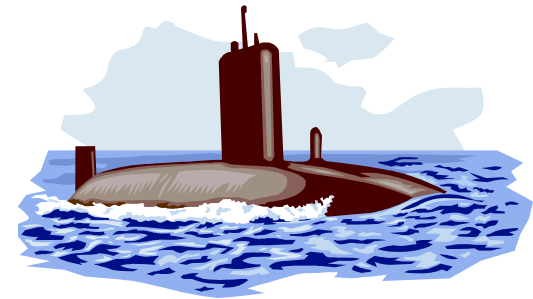
- Initiated with Oncology Nursing in 1990
  - Help navigate patients through diagnosis, treatment, supportive care across health care continuum.
  - Nephrology
    - Pre dialysis
    - Acute start
    - Coordinator for access (PD & HD)
    - Go-to person to access team (SW, MD, RN, RD)





## Navigating Acute Starts: Sink the SUB in 'Suboptimal'

- “Suboptimal” dialysis starts
- Assessment:
  - Medical
  - Abilities, Disabilities
  - Social situation – Housing, Work, Responsibilities
  - Emotional
- ‘Honor the Individual’ – experiences, values, beliefs
- Align modality with values and abilities
- Education and support for dialysis modality choice





## Sink the Sub... make it 'almost' optimal

- Stay with patient on this part of the journey
- Reinforce, reinforce, reinforce
- Get around obstacles
  - Language line, resources
  - Multi-media: Pamphlets, DVDs, 1 on 1, flip-charts, decision support aides
- Prompt PD catheter insertion
- Prompt AVF/G access
- Discourage “permanent” CVC
- Assess, refer to rehab, CCAC, community supports
- Follow up





# Home Dialysis First ????

## Benefits to Patients

- Quality of Life
- Independence
- Freedom
- Control
- Lifestyle
- Decrease costs to patient (parking, transportation)



# Are patients being shanghaied?

- Benefits to hospital programs
- Push from Hospital admin
- PD – off as fast as on, or faster...
  - Incentive to start PD
- NHD/HHD – long training
  - Incremental costs to patients
  - Assuming risks
- Patients as Passengers???

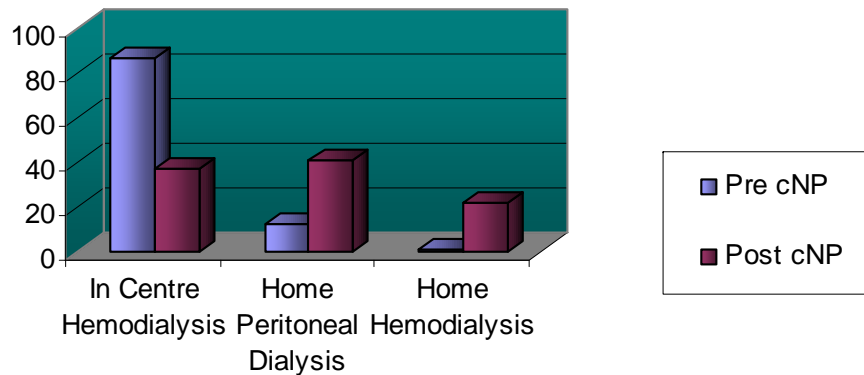


# Patients at the Helm



- APPROPRIATE dialysis modality first !!!
- Focus on Independent dialysis if possible
- Encourage self-management independent of modality
- We can navigate, **patients** are leading the journey !

Impact of cNP role on % Disposition of Acute Start Dialysis Patients





# Beacon in Rough Waters

- Source of information, education
- Decision Support
- Psychological Support
- Logistics
  - Book PD cath, AV access
  - Connect with units re schedules
  - Home care, Rehab
- Navigate the “system”
- Family involvement
- Team involvement
- Peer involvement

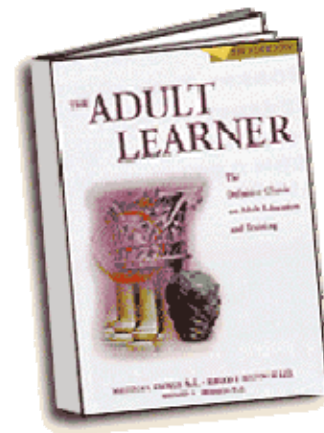
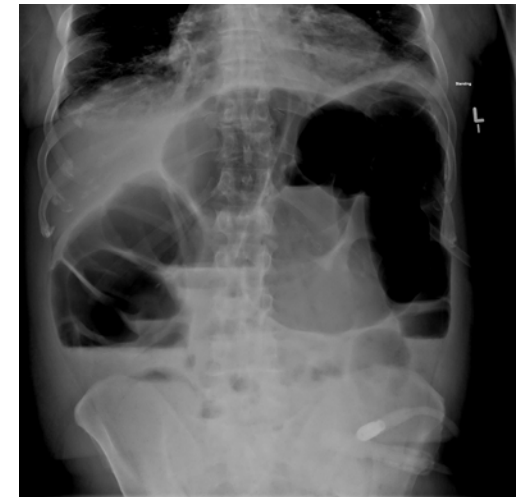






# Innovative Nursing

- Add to skills and knowledge
  - Diagnostics - X-rays, U/S, CT
  - Advanced patient Assessment
  - Observe surgical procedures
- Adult Education
  - TEACH (**T**une in, **E**dit, **A**ct, **C**larify, **H**onour)  
(Hansen & Fisher, 1998; Knowles, 1977)
  - Adults self-directed
  - Readiness to Learn
  - Problem-centred
  - Experienced





# Opportunities

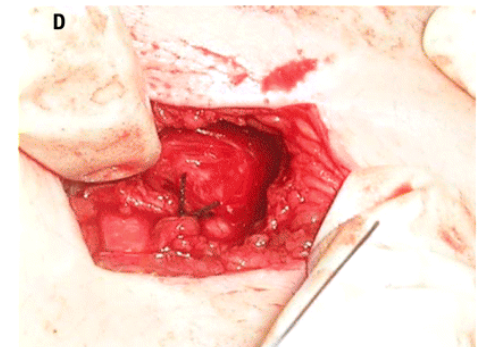
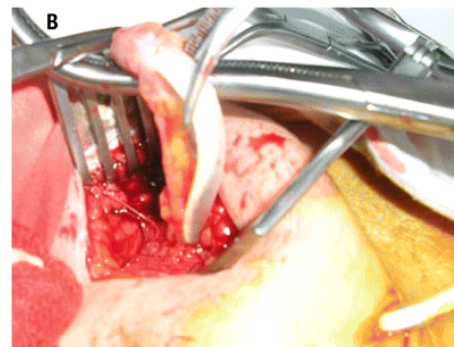
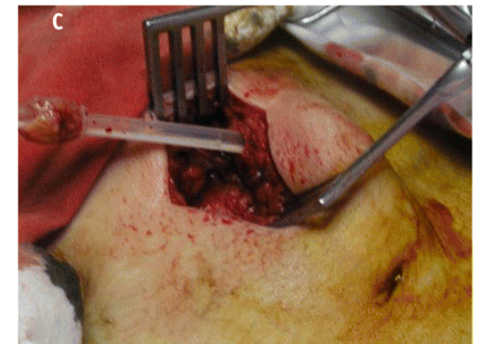
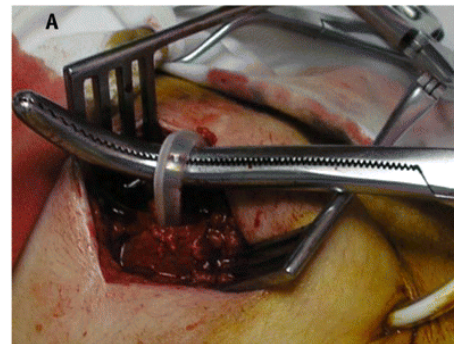
- New skills
  - Embedded PD catheter exteriorization
  - Tunnelled line removal
  - Line insertion / line change / line removal







Maybe some day...





# Staying the Course

Once Modality decided upon:

- New start area – including waiting area
- Re-education of staff, patients continually
- Prompt access to chosen modality



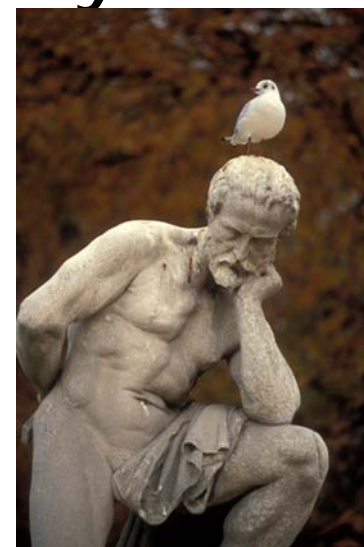




# Embarking on new Journeys

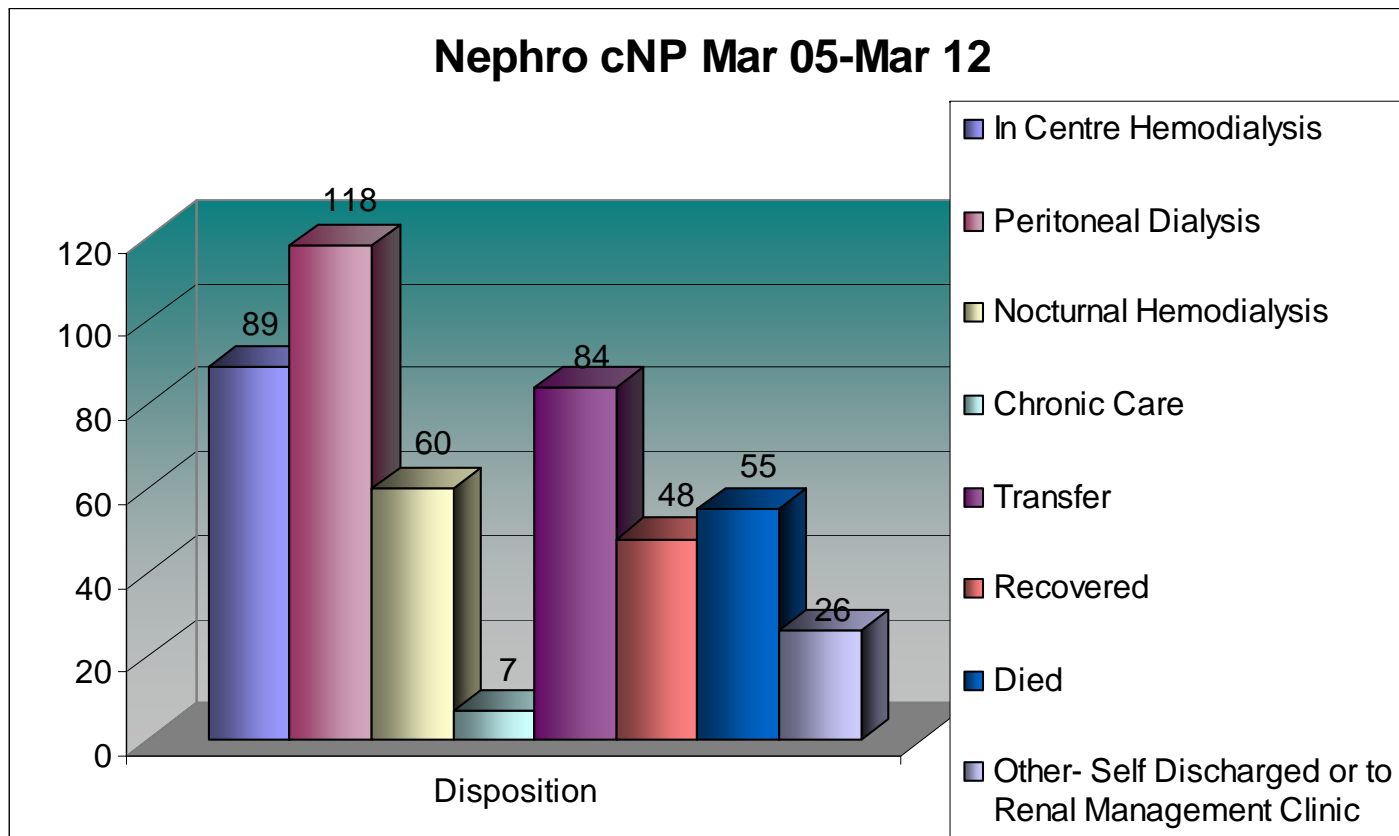
## Re-think status quo:

- PD as acute modality
- PD first for all
- Vascular access centres
- PD cath centres
- Embedded catheters + AVF for all
- Self Care units as HHD education centres – share resources
- Off-time use of existing clinics for procedures





# Good Crossing





# Safe Harbour

- Safe Modality
- Maintaining Home Dialysis
- Re-visit to ensure appropriate decision
- Continue to encourage and educate patients
- Right decision, right support, right team

