Acute Start Dialysis: 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
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)
“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
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 (Tune in, Edit, Act, Clarify, Honour)
    (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

Nephro cNP Mar 05-Mar 12

- In Centre Hemodialysis
- Peritoneal Dialysis
- Nocturnal Hemodialysis
- Chronic Care
- Transfer
- Recovered
- Died
- Other- Self Discharged or to Renal Management Clinic
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
Smooth Sailing