University of Chicago Medical Center

Lake Park Dialysis Access Outcomes

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UCMC Lake Park Dialysis

1531 E. Hyde Park Blvd Chicago, IL

- Vascular Surgeon: Dr. Robert Harland
- Medical Director: Dr. Bharathi Reddy
- Nurse Practitioner: Diane Fodor ACNP-BC
- Nurse Manager: David Martinez RN
- Dialysis Director: Paula Cuellar RN
- Social Worker: Connie Ward MSW, LCSW

Case example with traditional access appointments

- Pt X develops a AVG infection. AVG is removed and patient is now in need for new permanent access. Two months later we still do not have an OR date scheduled for the permanent access. She is scheduled for another hospital out-patient clinic appointment to attempt to determine the plan of care.

How this came about…

- This clinic was needed due to the overwhelming amount of patients needing permanent access and the limited availability of standard out-patient clinic appointments (average 3-4 weeks without overbooking)
- The ESRD patient with government insurance as the primary payor has been negatively stigmatized
- Need for continuity of care
- Patient's busy health care schedule (dialysis and other medical appointments) make scheduling access appointments difficult for the patient
- Must have a clinician or clinicians who are passionate about this issue take the lead.

Patient Demographics

- Inner-city patients
- Majority are on disability and do not work
- Many psychosocial issues preventing easy health care delivery
- Many co-morbidities (cardiac, pulmonary, GI)
  - Multiple appointments with other specialties making it difficult to schedule more appointments related to vascular access

Preparation

- Establish relationship with access surgeon
- Find location for surgeon clinic visits to occur and prepare exam room
- The location being in the dialysis unit makes it more likely that the patient will be able to attend.
- Communication with patients, staff, hospital, medical director, and surgeon's office
- Surgeon will only see his own established patients and new patients
- Transfer scheduled patient surgeon appointments from the out-patient clinic to the dialysis center schedule and notify the patients of the new schedule

November 2008

The start of the University of Chicago Medical Center

Lake Park Dialysis Access Clinic

UCMC Lake Park Statistics

- Summer of 2008
  - AVF rate 48%
  - AVG rate 29%
  - Permacath rate 23%
- Current April 2009 (after 6 months with unit access surgeon)
  - AVF rate 57%
  - AVG rate 24%
  - Permacath rate 19%

Area Statistics

- December 2008
  - UCMC Lake Park Unit 55.8% AVF
    - An increase of 3.4% in 2 months with the initiation of starting of unit access surgeon
  - State of IL at 48.9% (0.3% increase in 2 months)
  - Network at 49% (0.3% increase in 2 months)

(above taken from The Renal Network: Facility Vascular Access Profile December 2008)

Access Clinic

- Ease of access
- On-site hemodialysis health care providers
- Scheduling
- Access surgeon and nurse practitioner collaboration
- Involve the dialysis staff with the clinic
  - Teaching
  - Patient care
  - Surgeon interacts directly with staff who are cannulating the access

Advantages of Dialysis Access Clinic

- Patients able to be seen during hemodialysis treatment
- Surgeon able to see and/or discuss other patients that may not be on the clinic schedule
- Decreased wait time from initial visit to surgery day for permanent vascular access
- Better targeting of interventions done by IR. Instead of just sending a patient to get declotted or for a fistulagram, we make a plan with specific goals and plans (for instance, no stenting because there is an option for revision to achieve a more permanent fix to the problem.

Typical Month

- How many patients? How many clinics needed?
- Email correspondence to coordinate clinics
  - Patient's name and medical record
  - Reason for visit
  - Proposed plan of action

Case examples

- Pt A has an underdeveloped AVF and he likely needs the AVF to be revised. Pt scheduled to see surgeon and scheduled within 2 days for surgery and anesthesia appointments.
- Pt B has an infected AVG and underdeveloped AVF. Pt placed on antibiotics and scheduled to see surgeon in the dialysis clinic. Pt is scheduled for AVG removal the next day and AVF revision. Continued on antibiotics for 2 weeks.
- Pt C is a new high risk patient (CHF, fluid overload) and needs AVF soon due to poor clearance. Scheduled to see surgeon within 3 weeks of starting dialysis. Pt then subsequently develops PE and AVF postponed. 60 day wait period is completed and new AVF is placed and started within 2 months.
- Pt D very non-compliant with dialysis treatments (i.e. does not show up on time and misses treatment). He often misses out-patient MD appointments. Scheduled to see surgeon on dialysis day. Reminded 2 times the week prior about appointment. He comes to the appointment and has surgery scheduled.

Ideas for Future

- Permacath removal
- Establish surgeons at the two other out-patient units
- Develop a plan of how to better address those patients who are seen by other surgeons
- To see CKD patients here at dialysis and at the same time have them tour the unit prior to starting dialysis
- Incorporate transplant education/discussions/check status for transplant

Vascular access conference

- Meets monthly
- Multi-disciplinary (NP, RN, manager, all access surgeons, IR, renal fellows and medical directors)
- 30 minutes spent on access related topic and 30 minutes on patient access problems

Thank You!
Any questions?

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