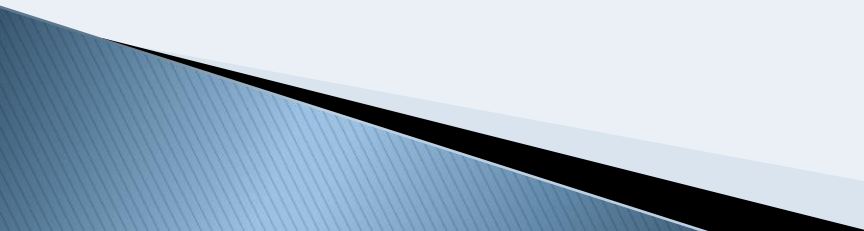


Establishing Effective Community Partnerships

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The Renal Network, Inc.

Definitions

▶ Partnership

- ❖ The relationship between two or more people or organizations that are involved in the same activity
 - ❖ Cooperation between people or groups working together
 - ❖ Formed by two or more people or groups who work together for some purpose
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Definitions

▶ Effective

- ❖ Adequate to accomplish a purpose
- ❖ Producing the intended, expected, or desired result
- ❖ Producing an efficient result

Definitions

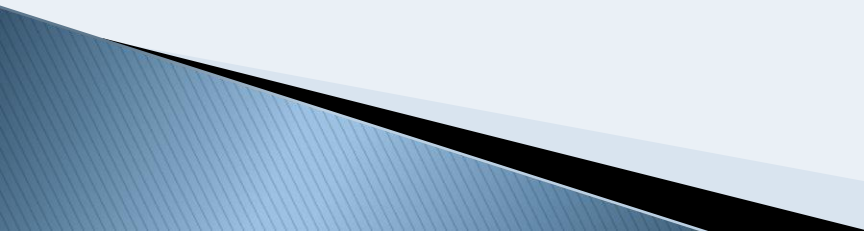
- ▶ Effective Partnership

Cooperation between at least two groups working together to produce the desired result for the patients

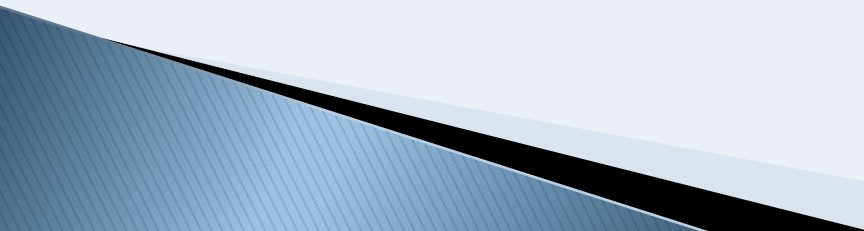
The Desired Result for the Patient

Fistula First – Catheter Out!

Identifying Your Partners

- ▶ Review your process for ensuring patients have a fistula
 - ▶ Who will enhance your process
 - ▶ Or who is “stepping” on your process
 - ▶ Who can you start communicating with to develop a process that improves outcomes
- 

Identifying Your Partners

- ▶ Review each of the Fistula First 11 Change Concepts
 - ▶ Identify partners that would augment the change concepts you have incorporated
 - ▶ Be creative – don't just do the same old thing
 - ▶ You're looking for areas in your process that need assistance from the “outside”
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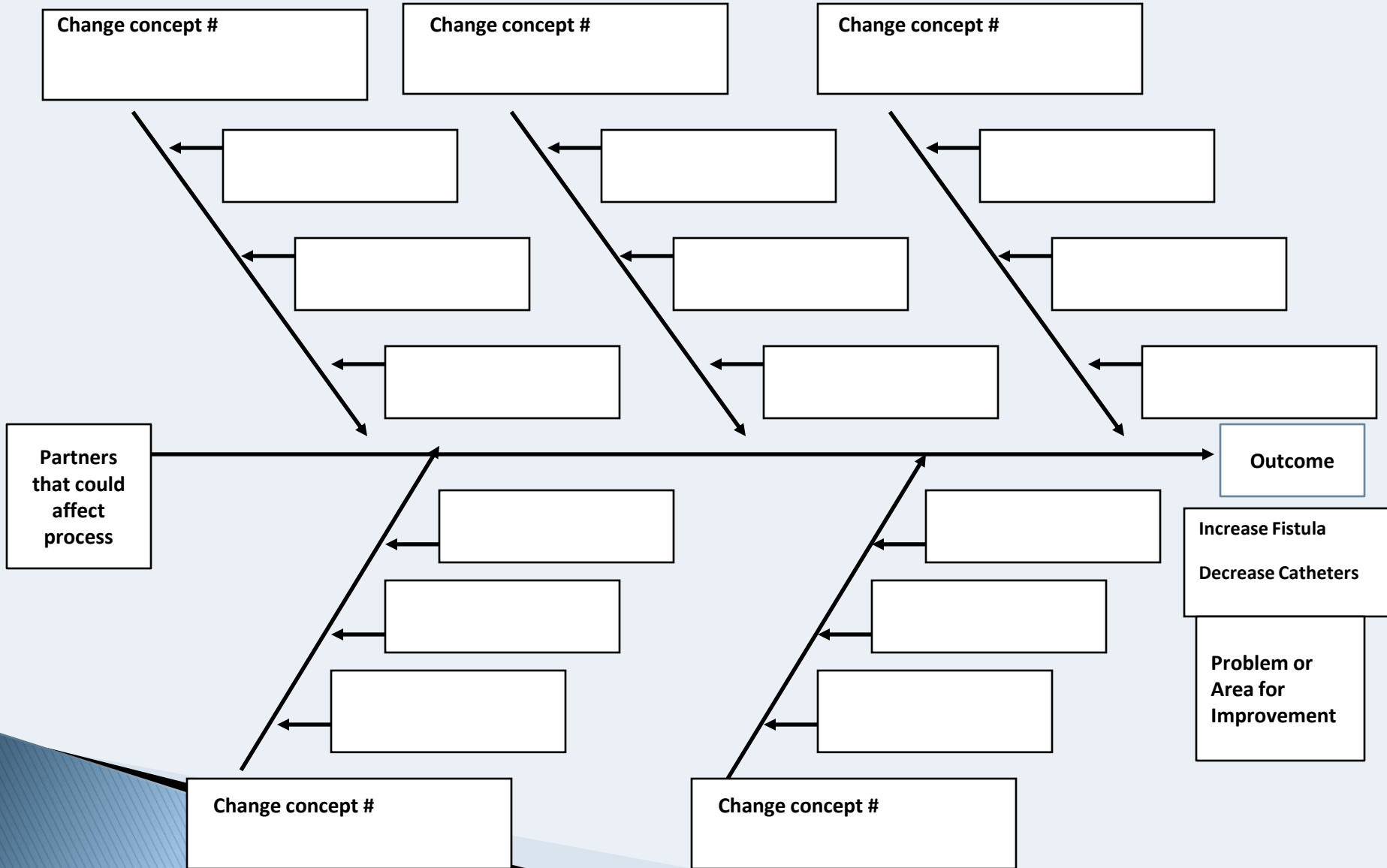
Identifying Your Partners

- ▶ Anyone that will assist in getting the desired result – a fistula
- ▶ Examples – surgeons, primary care doctors, nephrologist office staff, nurse practitioners, vascular access center staff

FISHBONE: Cause & Effect Diagram

Partners

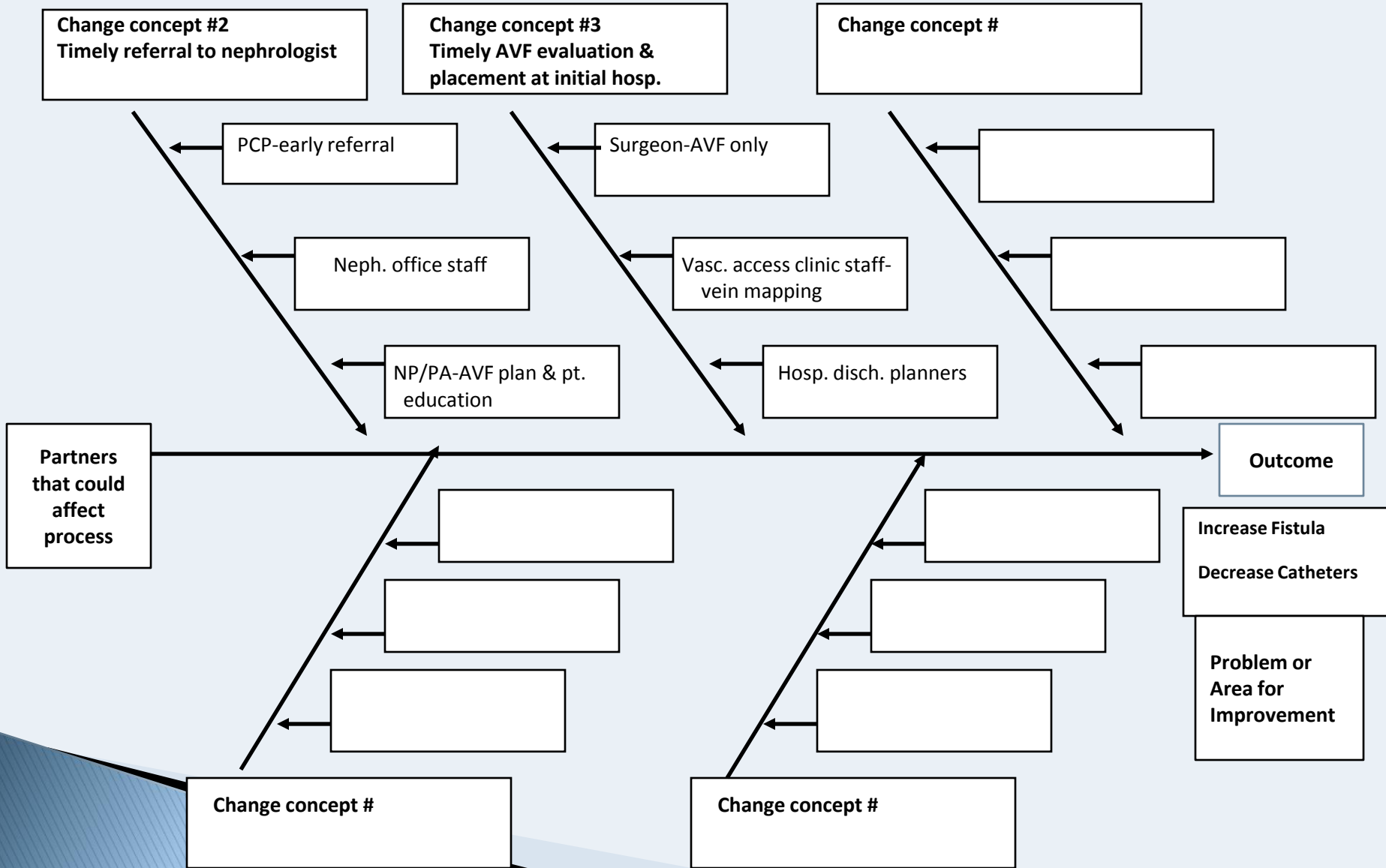
(DIRECTIONS: Identify partners to enhance areas of fistula placement and usage processes)



FISHBONE: Cause & Effect Diagram

Partners

(DIRECTIONS: Identify partners to enhance areas of fistula placement and usage processes)



VASCULAR ACCESS BARRIERS QUESTIONNAIRE

| Possible Barrier Categories - Please check all that apply | |
|--|--------------------------------|
| Vascular Surgeon Barriers | Problem in Facility? Yes or No |
| AVF not placed due to limited communication between nephrologists and surgeon | |
| AVF not primary choice for access by surgeon | |
| Lack of recognition of requirements for success | |
| Misconception that need to dialyze immediately requires that a graft be placed. | |
| Others-explain | |
| Patient Barriers | |
| AVF placed, but patient refuses to use because | |
| a. fear of pain b. fear of infiltration c. anxiety over needles in arm | |
| d. potential time commitment for clotting e. body image issues | |
| Patient refusal to have AVF placed | |
| Nonadherence: surgeon follow-up fistula care | |
| Lack of awareness of longterm risks of catheters vs. fistulas | |
| Lack of awareness of benefit of fistulas vs. catheters | |
| Others-explain | |
| Nephrologists Barriers | |
| Referral to surgeons who are not AVF advocates | |
| Late referral to surgeon | |
| No partnership with nephrologist and surgeon | |
| Failure to communicate to surgeon their preference to have an AVF placed | |
| Failure to educate patients re: options & protecting access sites | |
| Total reliance on surgeon decision | |
| Sense of urgency to have a working arm access | |
| Others-explain | |
| Facility Barriers | |
| Vascular access team not in place | |
| High initial fistula failure rate | |
| Lack of awareness of benefit of fistulas compared with grafts | |
| Staff preference for graft or catheter | |
| Lack or failure to use QI program to monitor vascular access | |
| Lack of adequate training for techs & nurses re: fistula care and cannulation | |
| Inadequate communication between facility and nephrologist, surgeon, radiologist | |
| Others-explain | |


Vascular Access Needs Assessment

| Indicator | Definition | Recommended Change Concept/Action Plan |
|--|---|--|
| < 66% AVF | < 66% of Prevalent Patients using AVF | Review Barriers Template #1, #2, #3, #10 & #11 |
| Catheter Prevalence \geq 30% | \geq 30% of Prevalent Patients using Catheter only >90 days | #7 & #10 |
| Catheter Incident \geq 30% | New patient with catheter only | #2, #3 |
| Catheter with maturing fistula \geq 20% | \geq 20% of patients using Catheter with a maturing Fistula > 90 days | #8 & #9 |
| Catheter with maturing graft \geq 20% | \geq 20% of patients using Catheter with a maturing Graft > 90 days | #8 & #9 |
| Prevalent Patient-Graft only | High occurrence of patients with graft only | #6 |
| Incident Patient-Graft Only | High occurrence of patients with graft only | #4 & #5 |
| High % incident AVF with low % prevalent AVF | Fistula not maturing | #9 & #11 |

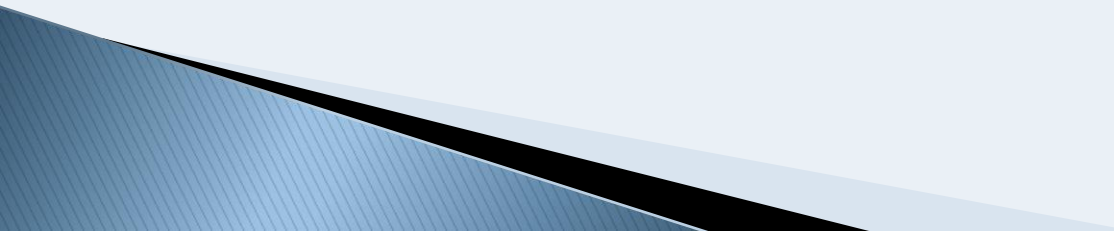
Making Contact

- ▶ Management support will be key to successfully implementing your partnering plan
- ▶ Management and/or vascular access interdisciplinary team support will ensure success

Making Contact

- ▶ Educate them about CKD patients
 - ▶ Educate them on the importance of vascular access – the patient's lifeline
 - ▶ Give them data to show how they can help to improve the process you are trying to change
 - ▶ Let them know how their changes and/or the addition of their services to the process will make improvements
- 


Making Contact

- ▶ Find out what the identified partner knows about your role in the care of the patient
 - ▶ Find out how they perceive their role in the patient's care
 - ▶ What do they know about the process you are trying to improve
- 

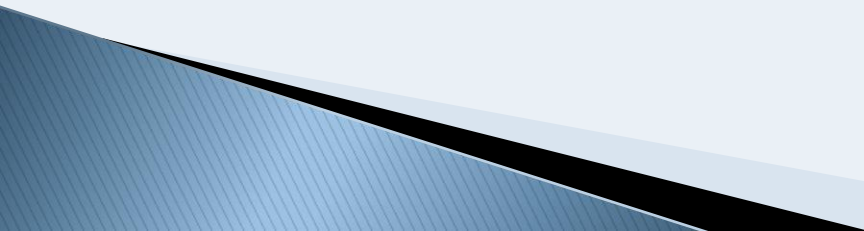
Making Contact

- ▶ Tell the partner what they can do for you – how can they help you improve fistula rates
- ▶ Find out what your partner needs from you – what you can provide to the partner

Beginning the Relationship

- ▶ Define the problem with the partner's input
 - ▶ Outline the mission with the partner's input
 - ▶ Develop a timeline and stick to it so that something gets done
 - ▶ The something is developing the tools that when used will strengthen the process i.e. algorithms, policies and procedures, and communication paperwork
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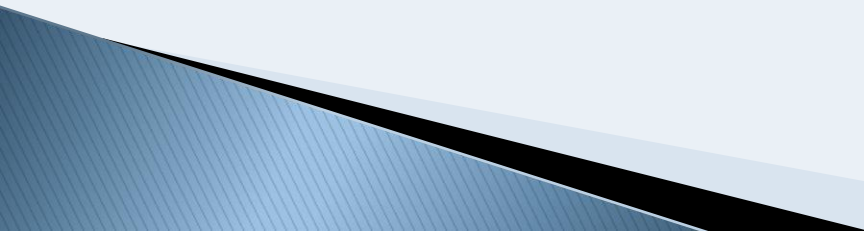
Beginning the Relationship

- ▶ Report back on the partnership progress
 - ▶ Schedule regular meetings or at the very least regular communication times to give and receive helpful feedback, discuss changes to the process, discuss the successes and failures, and look for solutions together
 - ▶ Consider adding them to the IDT for vascular access management if appropriate
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Key Components

- ▶ The partnership identifies allies to the cause, the problem solution, the process change – both internal and external allies
- ▶ Someone has to be the “partnership driver” – Why not you!?!

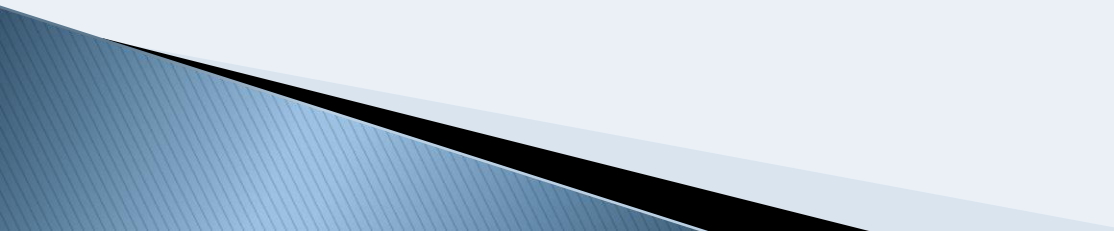
Key Components

- ▶ Internal allies within the partnership are the stakeholders involved in the planning and implementation of the partnership i.e. management buy in, IDT members
 - ▶ External allies are those outside your facility you enlist to improve a process – hopefully a champion to the cause
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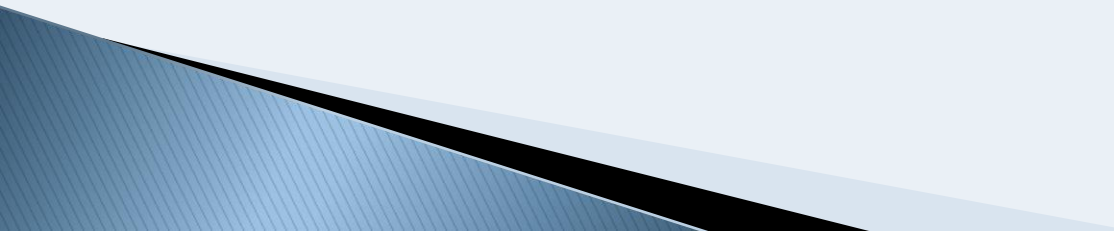
Key Components

- ▶ Successful partnerships have a clear mission/defined purpose that places a focus on actions that produce intended outcomes
 - ▶ The partnership has a data collection system in place to measure the intended outcomes and consistently track and evaluate process impact
 - ▶ The outcome measures should emphasize quality of services and outcomes
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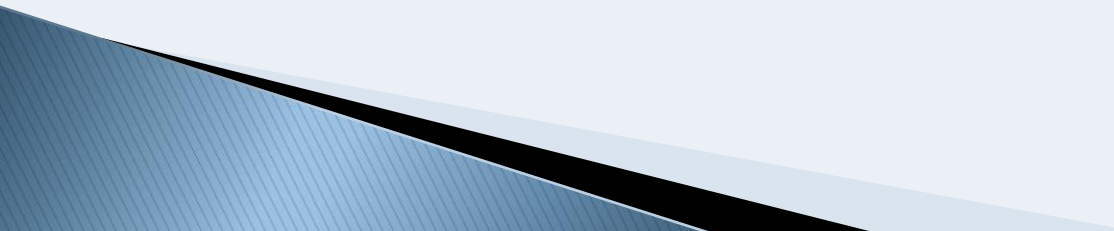
Key Components

- ▶ Having specific action plans in place where tasks are well-defined drives action-oriented partnerships
 - ▶ Effective collaborative partnerships promote actions that both improve outcomes for those receiving services and foster positive change in the systems that influence these services
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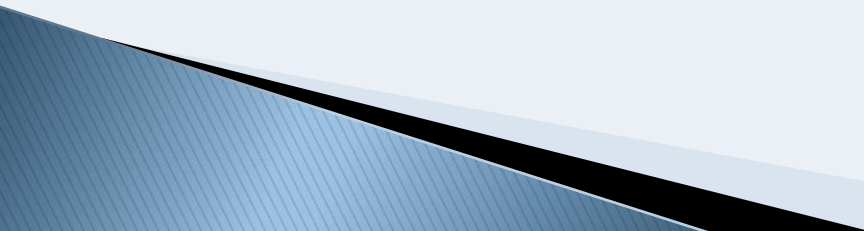
Key Components

- ▶ Recognize that your process may have to change as a result of “a better way to do things” when enlisting a partner
 - ▶ Be able to listen and change if the process and eventual outcomes will realize improvement
- 

Key Components

- ▶ Communication is the foundation of effective partnerships
 - ▶ Action-oriented partnerships come out of good communication, outcomes feedback, and quality improvement driven tracking of process changes
- 

Be Creative

- ▶ This is the time to think beyond the facility
 - ▶ Look outside “This is the way it is done”
 - ▶ Be open to taking the Fistula First agenda to those that have typically not been involved
 - ▶ Be open to developing new relationships to improve the processes that improve the outcomes
- 

Remember

A comprehensive and meaningful partnership

MEETS THE NEEDS OF THE PATIENTS

Helpful Websites and Phone Numbers

- ▶ www.therenalnetwork.org
- ▶ www.fistulafirst.org
- ▶ www.esrdnetworks.org

The Renal Network, Inc. -317- 257-8265

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