Saturday Multi-Disciplinary Hemodialysis Access Clinics to Enhance Patient Care

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Speaker Disclosures

None

Background

- Fragmented outpatient processes of care stand as a substantial barrier to creation and maintenance of hemodialysis (HD) access

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- Current barriers to weekday provider visits include
  - Scheduling around other appointments including HD
  - Patient and family work commitments
  - Transportation
  - Parking fees, traffic congestion

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- Three Interventional Nephrology Staff
- Five Vascular Surgeons with any HD access practice
- Two hospital campuses
- Annually:
  - 385 open HD access cases
  - 1,720 endovascular HD access cases
  - 2-3 active HD access research trials

Objective

To improve patient access, satisfaction, and multi-disciplinary (interventional nephrology and vascular surgery) provider communication via a monthly Saturday clinic for the complicated HD patient population in a tertiary HD access practice

Methods

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- IRB approved outcome measures included resource and productivity metrics as well as provider and patient satisfaction surveys.

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- All patients were seen by both disciplines
- No Show rate of 20% held steady throughout the study period
  - monthly weekday joint dialysis access clinic control of 18.7% even though at more accessible campus
  - weekday total vascular surgery patient control of 12.4%

Results

n=21 Clinics	# Scheduled	# Seen	No Show Rate (%)
Mean	18.8	14.8	20
Range	11-28	7-22	0-36.4
+/- SD	5.6	4.2	10.5
+/-SEM	1.2	0.9	2.3

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- Patient satisfaction was high across five relevant metrics, and overall patients were consistently extremely satisfied with the Saturday clinic

Satisfaction Survey Data (n=34)

	Transportation	Avaibility of Accompanying Family	Flexibility with Schedule	Convenience of Multiple Specialties Available	Overall Flow of Care	Overall Satisfaction
Mean	6.3	6.2	6.6	6.5	6.5	6.6
Range	1-7	1-7	3-7	1-7	1-7	1-7
+/- SD	1.2	1.4	0.9	1.2	1.1	1.1
+/-SEM	0.2	0.3	0.2	0.2	0.2	0.2

Likert scale from 1 (extremely dissatisfied) to 7 (extremely satisfied)

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Example Patient Comments:

- “Much better and I didn’t have to miss work!”
- “Great idea if staff doesn’t mind giving up day off”
- “I am extremely busy during the week, so weekend availability is a dream!”
- “Dr. and staff was extremely helpful in answering questions and getting follow up information”
- “Great that you put patient and family first :)”

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- “Great that you put patient and family first :)”

Only negative comment (1’s across all domains; only score less than 5):

- “No wheelchairs even across the street”

Results—Provider Perspectives

Providers Highly Valued:

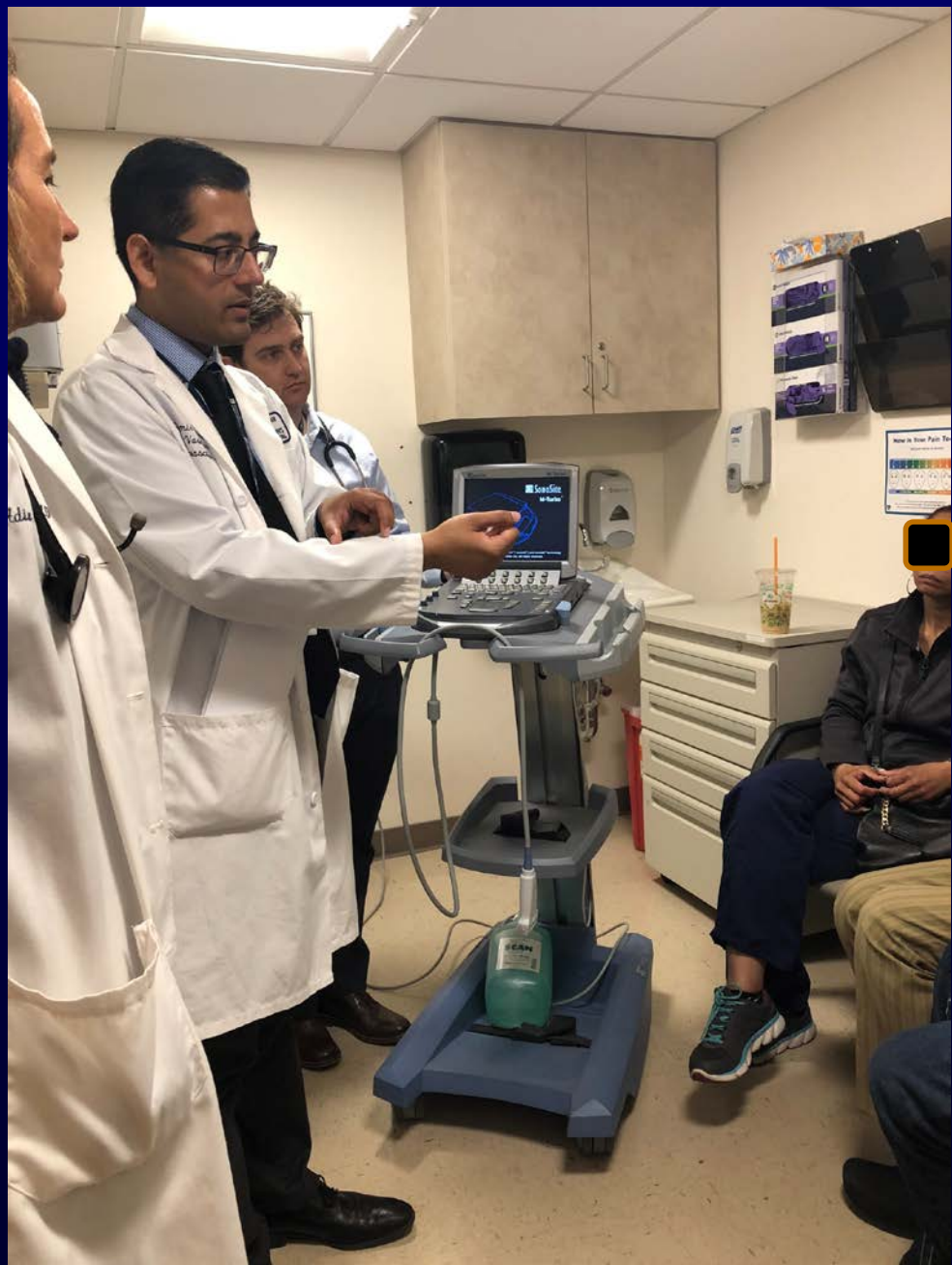
- “Real-time, multi-disciplinary care plan generation, and their subsequent efficient execution”
- “Fewer repeat evaluations/emails/pages/phone calls, etc.”
- “Patient understanding/commitment to care plans appeared to be enhanced”

- “The clinic facilitated transition to a more team based care approach despite a multi-department fee for service fiscal structure”

Results—Provider Perspectives

- "Saturday activities have to be built into work-life balance"

- "Larger provider pools with shared standards of care/treatment approaches allows for cross-coverage and rotating participation"



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- New Saturday Thrombectomy Service at other campus may compete for providers

Conclusions

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- However, No Show rates remain relatively high for this challenging patient population

Future Directions

- Early stages of having pre-anesthesia clinical slots available, though anesthesiology service interest seems low

- Focused strategies such as repeat appointment reminder phone calls to address No Show rate