

Team Maturation of the Access and the Surgeon

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BRIGHAM AND
WOMEN'S HOSPITAL

| Heart & Vascular Center |

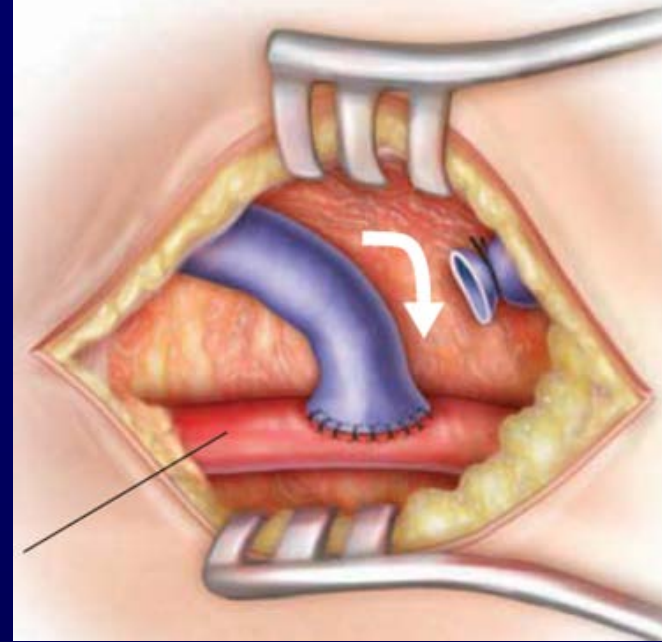


HARVARD
MEDICAL SCHOOL
TEACHING AFFILIATE

Disclosures

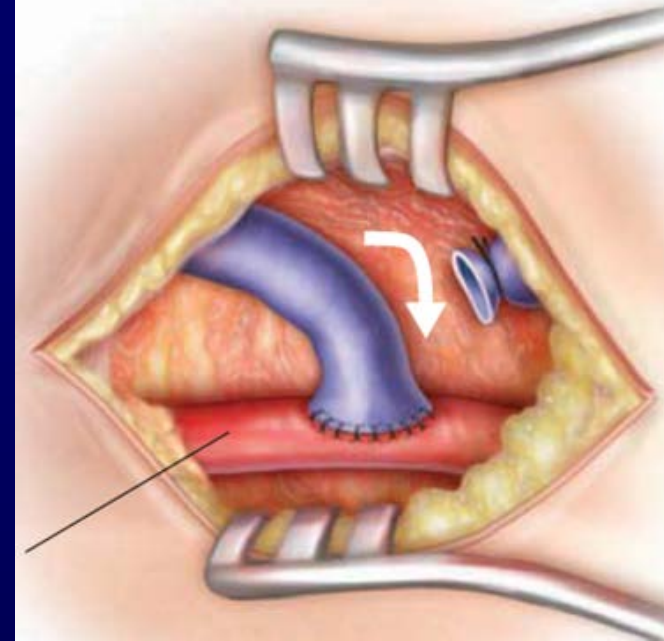
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A Maturing Surgeon's Perspective

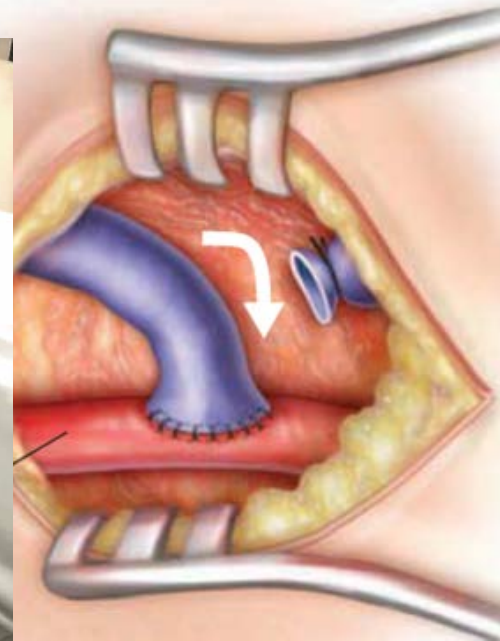


- I am a simple, barefoot, regular vascular surgeon

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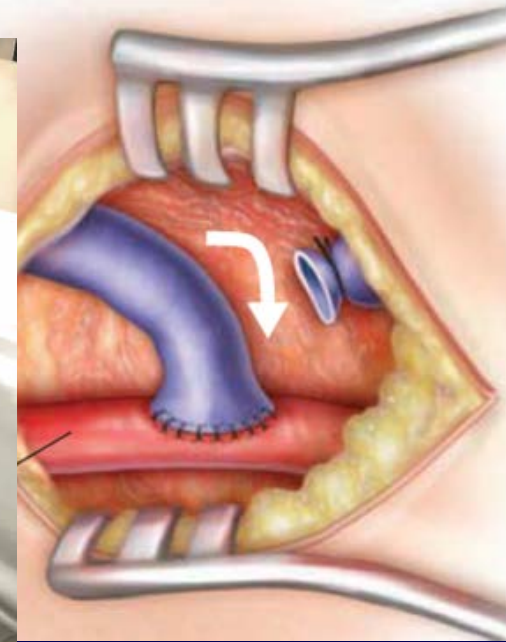


- I am a simple, barefoot, regular vascular surgeon
- 2008 move to Boston; 362,840,431 vascular surgeons within 10 mile radius
- Needed to rapidly develop a niche



r surgeon
cular

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- Blessed to fall into fragmented HD access care and chaos, but also found providers committed to improving HD access care



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- Needed to rapidly develop a niche
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Enhanced Communication

- Emails
- 24/7 HD Access Phone Line
- Inclusion in social events (the power of cold beer and slow smoked Boston butt)



Each Baseball Team Member holds Unique Expertise

- Fiscally distinct units from multiple Departments
- Each team member brings and maintains expertise, play to everyone's strength



Establishing Common Care Protocols

- Joint Quarterly Conferences



Establishing Common Care Protocols

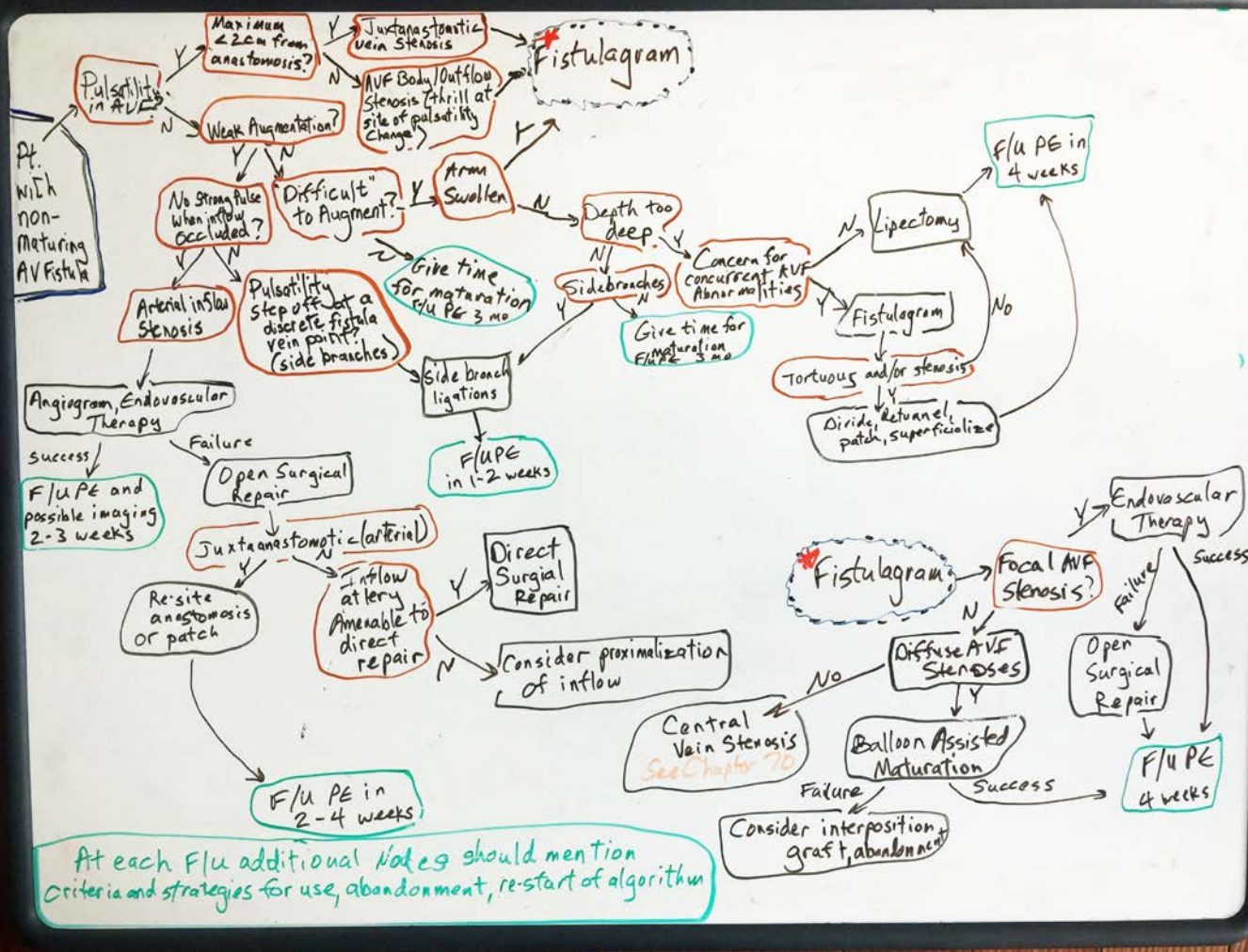


- Joint Quarterly Conferences
- Joint Monday and Saturday Clinics
 - Bagels
 - Joint bedside discussion of cases, real-time care coordination
 - Summary email



Establishing Common Care

- Joint
- Joint
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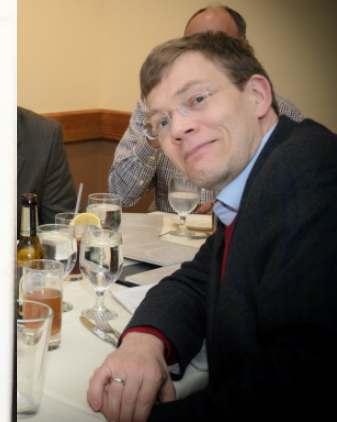
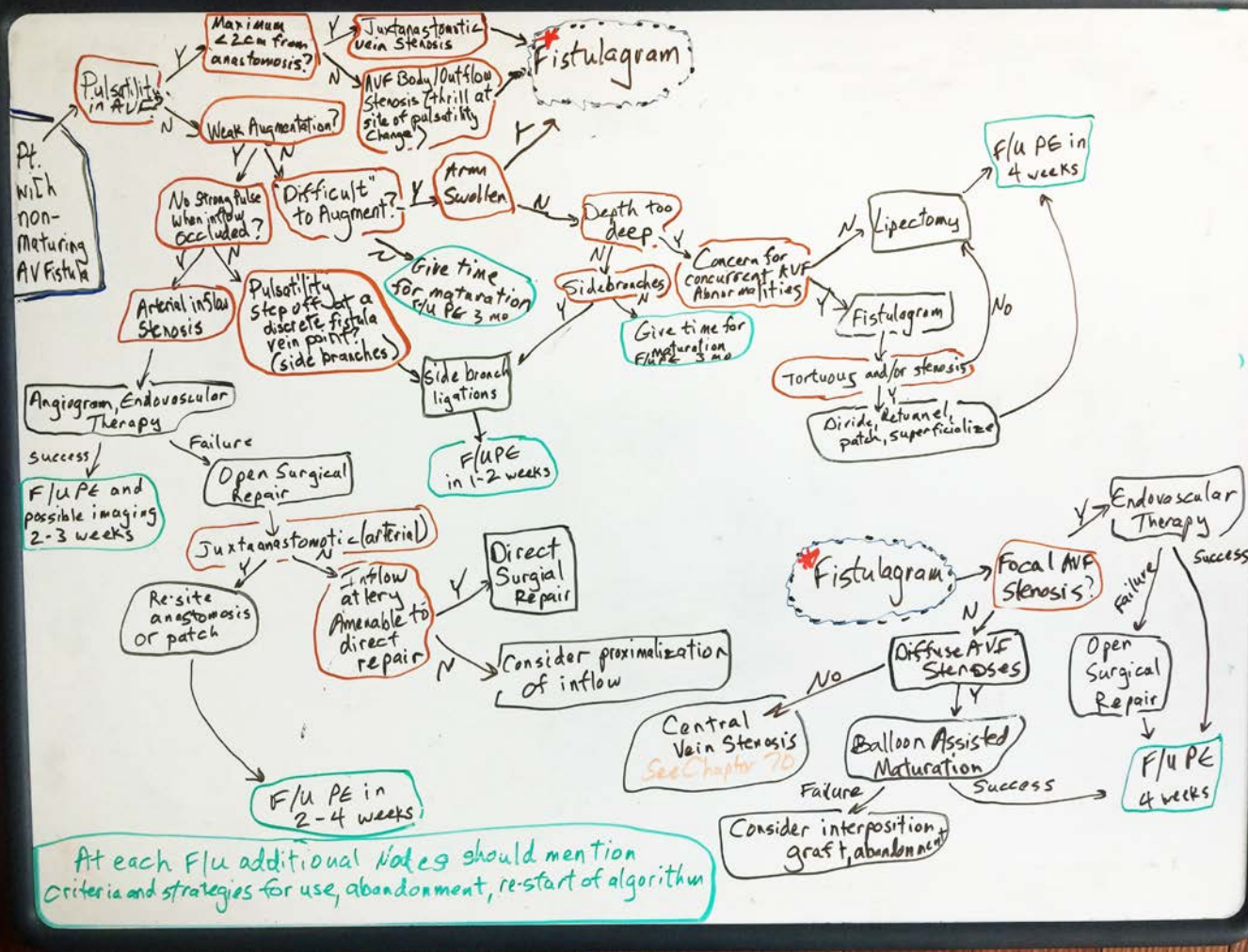


care

- Joint OR cases; Consensus Algorithms

Establishing Common Care

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e care

- Joint OR cases; Consensus Algorithms
- Moving to surgeon participation in outpatient Interventional Nephrology suite

Educational Opportunities

Improved outcomes with proximal radial-cephalic arteriovenous fistulas compared with brachial-cephalic arteriovenous fistulas

Dean J. Arnaoutakis, MD, MBA,^a Elise P. Deroo, BA,^a Patrick McGlynn, MD,^b Maxwell D. Coll, BA,^a Michael Belkin, MD,^a Dirk M. Hentschel, MD,^b and C. Keith Ozaki, MD,^a Boston, Mass



- Shared Trainees

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- Shared Trainees
- VASA/ASN/NESVS Joint Meeting attendance

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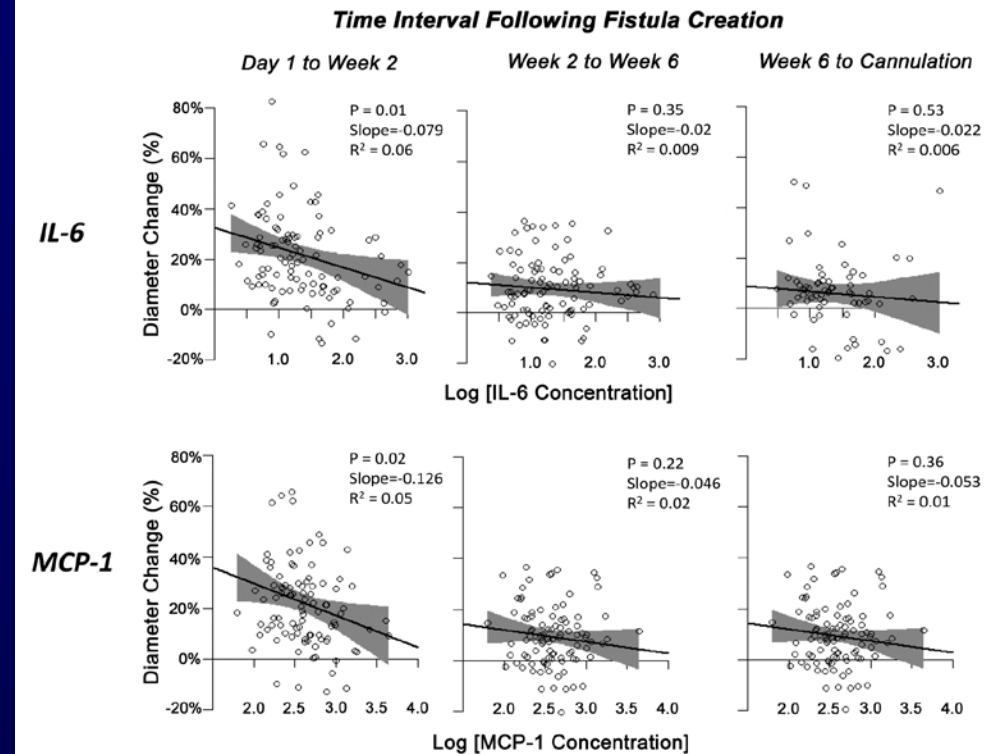
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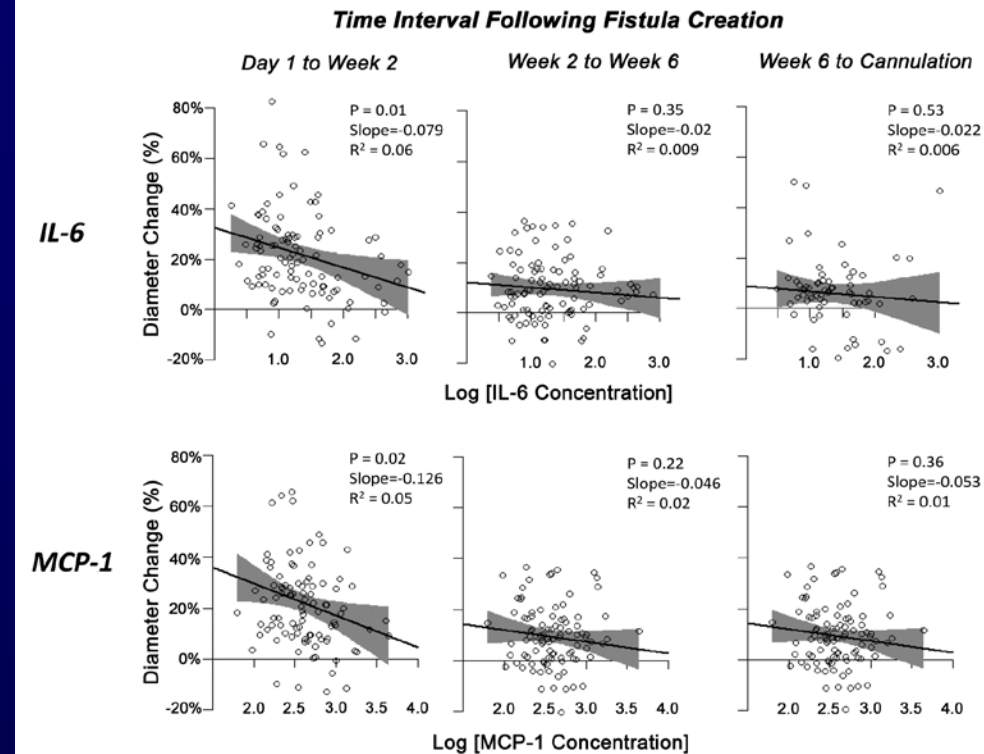
- Shared Trainees
- VASA/ASN/NESVS Joint Meeting attendance
- Region-wide outreach initiatives—Boston Access Club
- Moving toward regional quality improvement initiatives, potentially in partnership with industry

Creating New Knowledge—Research



- Joint Academic Projects, Papers, Chapters
 - Meeting presentations/papers by Interventional Nephrology and Vascular fellows

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- Joint Academic Projects, Papers, Chapters
 - Meeting presentations/papers by Interventional Nephrology and Vascular fellows
- Broad participation in industry initiated trials
- Moving toward joint database

Collaboration Has Matured this Surgeon

- Growth in Overall HD Access Procedural Volume

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Open Vascular Surgical HD Access Cases	191	198	235	202	248	266	291	246	382	386

Collaboration Has Matured this Surgeon

- Growth in Overall HD Access Procedural Volume
- More autogenous accesses

Better Autogenous Rates

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>1/1/18 - 3/31/18</u>
Ozaki						
fistula	26	50	67	64	56	19
local anesthetic	1	0	1	0	0	0
regional anesthetic	14	35	53	53	45	18
general anesthetic	11	15	13	11	11	1
graft	7	8	6	3	1	0
local anesthetic	0	0	0	0	0	0
regional anesthetic	1	5	3	2	0	0
general anesthetic	6	3	3	1	1	0
AV biograft	4	2	7	2	2	0
local anesthetic	0	0	0	0	0	0
regional anesthetic	1	2	7	1	1	0
general anesthetic	3	0	0	1	1	0
Autogenous AVF Rate (%)	70	83	84	93	95	100

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- More preferential access creations

More Preferential Access Creation

Inflow Artery (Grafts and Fistulas)						
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>1/1/18 - 3/31/18</u>
Radial	14	19	63	93	61	17
Brachial	16	26	21	15	5	2
Axillary			1		1	
Ulnar	1	1	1	2	1	
% Radial or Ulnar Inflow	48.3	43.4	74.4	86.4	91.2	89.5 (one Laminate patient)

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** 11/17 (64.7%) of 2018 radial accesses were snuff box AVFs*

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- Institutional barriers despite Harvard umbrella, EMRs walls
- Communication/care with some centers remains fragmented
- Dream of same day service (consult, imaging, procedure) despite tertiary care academic environment
 - Need anesthesiology partnership

Summary

- While first steps toward change are always difficult, sustainable processes and quality of care, educational, and research improvements can be gained by collaborative efforts



Summary



- While first steps toward change are always difficult, sustainable processes and quality of care, educational, and research improvements can be gained by collaborative efforts
- Takes “buy in” that a team approach in a largely fee for service environment will enhance patient care, practice growth (quality and quantity), and provider job satisfaction for all

