

OVERCOMING RESISTANCE

Upper Midwest Fistula First Coalition

March 10, 2011

**WHY SHOULD I PROMOTE
AVFS IN MY FACILITY?**

The Impact on Adequacy

- Cuffed catheters are associated with lower blood flow rates. Dialysis adequacy can be compromised. Inadequate dialysis (URRs < 65%) is associated with increased morbidity and mortality.
- Dialysis adequacy is one of the quality indicators CMS has included in the Quality Incentive Program (QIP) which is scheduled to begin 1-1-12. However, adequacy data from 2010 will be used to determine whether a dialysis unit meets the set threshold and hence qualifies for payback.

The Reality of Infections

- It is not *IF* a catheter is going to get infected, but *WHEN*. Infection rates with tunneled dialysis catheters are roughly 10 times that of fistulas.
- These infections may be systemic (sepsis) or local (site). Cultures and antibiotic therapy are usually required. Payment of these additional interventions is questionable under the CMS bundling which becomes effective 1-1-11.
- The development of drug resistant organisms is a serious concern with long term ramifications for that patient and future patients.

The Role of Clotting

- ◎ Fistulas average a 70% patency after 3 years. The thrombolytics used to open catheters and keep them open in between dialysis treatments are not reimbursable under CMS Bundling as of 1-1-11.
- ◎ Replacement of catheters is expensive. In addition to the surgeon or interventional radiologist's fee, there is the cost of the catheter. This cost may be up to \$300 depending on the type of catheter placed.

And Still More...

- ⦿ Stenosis of major blood vessels is a serious issue. In fact, chronic catheter access is associated with the risk of central venous stenosis which can preclude the establishment of a permanent vascular access.
- ⦿ External catheter ends may crack. They can be repaired but the kits are about \$100 each. A broken catheter end may predispose a patient to the potential for infection, blood loss, and air embolism.

The Bottom Line

While AV fistulas are the gold standard for the dialysis patient in terms of decreased morbidity and mortality with corresponding improvement in quality of life, they also represent a significant cost saving for the dialysis unit.

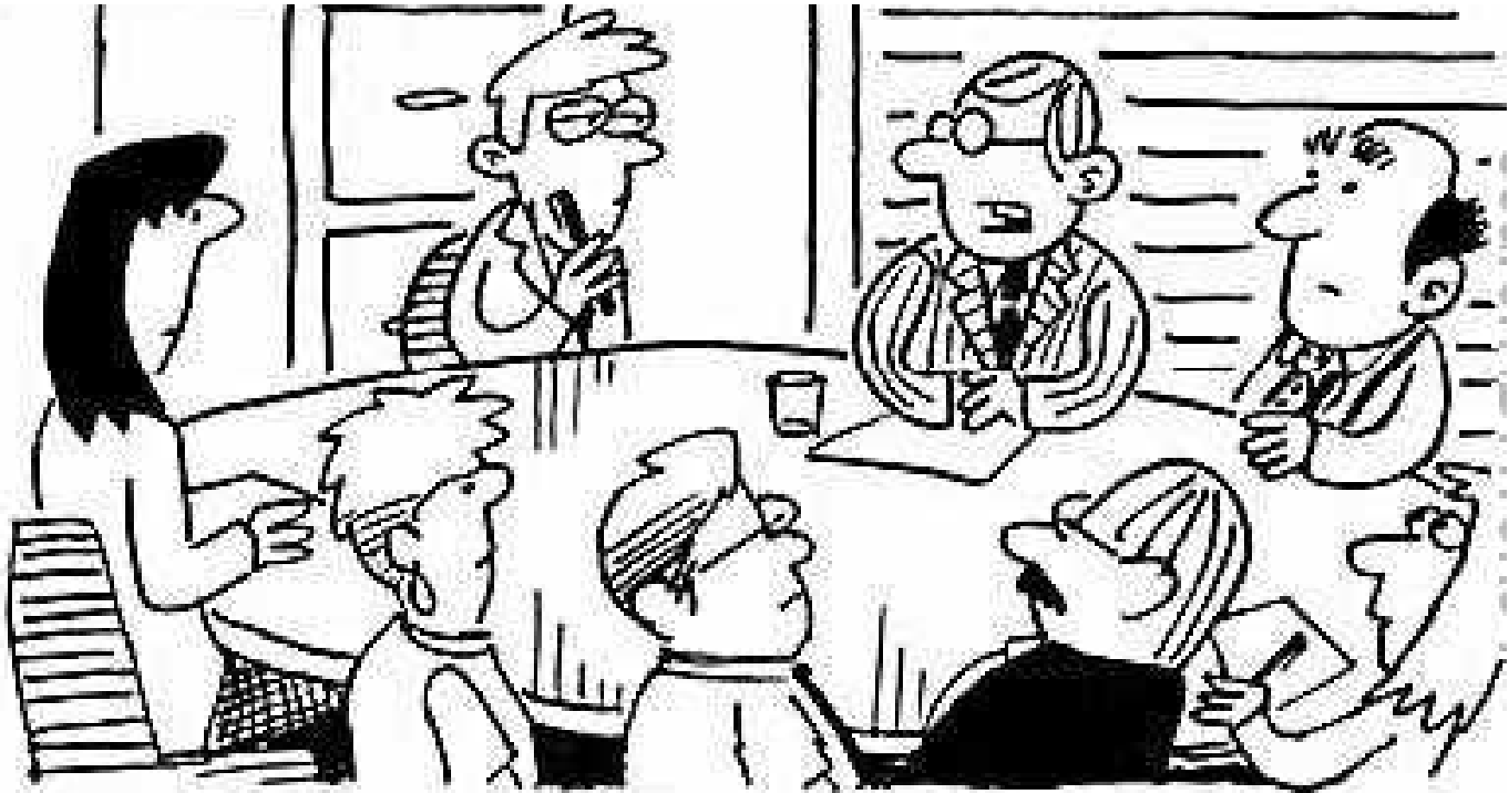
Now that we know AVFs really are
a good thing, its time to improve...

Simple, right?

The Reality of Fistula First Fatigue

Before we begin,
a simple lesson in QAPI

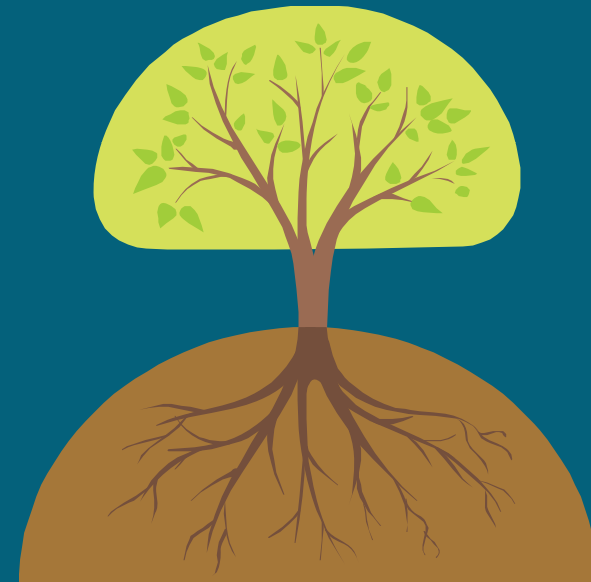
Root Cause—what's that?



“To address this mistake we must use root-cause analysis. I’ll begin by saying it’s not my fault.”

The “How To” to root cause analysis

- Define your process for analyzing root causes
 - The Five Whys
 - Trending tool
- Write them down
- Go deep
- Explore if more data or team members are needed
- Each facility will have different root causes



Facility: _____ Number of Patients: _____
 Month/Year: _____

For each patient with a CVC to be completed monthly. Put a check mark in each box that applies for the patient.

Patient initials	A	B	C	D	E	F	G	H						
Comments:														
Comments:														
Comments:														
Comments:														
Comments:														
Comments:														
Comments:														
Comments:														
TOTAL (Count checked boxes)														

I know my root causes, now what?

- × Identify barriers for each root cause identified
- × Differentiate between barriers in your control and not in your control
- × Write them down
- × Develop plan to address barriers
- × Start simple



Identify if Resistance is a Problem in YOUR Facility

How to Identify Staff Resistance

- ▶ “The List”
- ▶ “Catheters aren’t that bad”
- ▶ “The data is skewed”
- ▶ “Our facility accepts all of the ‘tough’ patients”
- ▶ “Our patients are older and sicker”
 - Age
 - Diabetes
 - Vessels

How to Identify Patient Resistance

- ▶ Refusal
- ▶ Stalling
- ▶ 'The Ride'
- ▶ 'The Waiting Room'

Ask yourselves...

If I were on shore and saw someone in a rowboat going downstream toward water that would make them ill and falls that would result in an early death, would I tell them? And, if they didn't listen and didn't care, would I say "oh, well, I tried but what are you going to do? They don't want me to bother them?" and turn and walk away? Would you really just walk away?

Really?

Developing Strategies that Work

What more can I do that I haven't already tried?

- ◎ Thomas Edison quotes on achieving goals:
 - Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time.
 - I have not failed. I've just found 10,000 ways that won't work.

Why are these quotes relevant
to the topic of encouraging patients
to choose fistula
over their catheter?

Because

Staff Motivation: A Potential Barrier to Dialysis Patient Compliance

ARTICLE:

- ✘ February 2010 – D & T
- ✘ Dialysis Social Worker – South Carolina
- ✘ Evaluated views of 135 SWs, RDs, charge RNs in outpatient hemo units across 3- state area

RESULTS:

- ✘ One-third of the social workers and nurses believed that dealing with patient compliance was a poor or wasteful use of their time.
- ✘ 50% of nurses, 42% of dietitians, and 36% of social workers reported that they were tired or extremely tired of having to deal with these issues.

CONCLUSION:

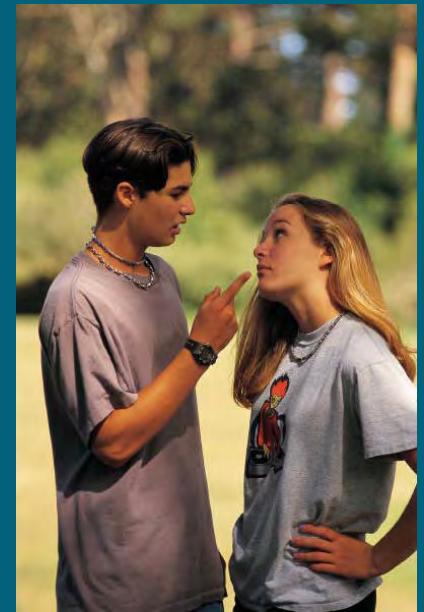
- ✘ Large numbers of dialysis SWs, RDs, charge RNs are fatigued by having to constantly address the treatment compliance deficits of their patients.
- ✘ Patients become tired of hearing the same message over and over
- ✘ A sense of futility and powerlessness can arise when a clinician does not believe that their continued efforts are making a difference (1992 article)

Many dialysis staff members can relate to the results of what that study reported.



As a result, “patient education” often turns out like this....

What do these pictures say to you?



And this...

Is this how education looks from your patient's point of view?



- ◎ One of the most important starting points in encouraging patients to change their mind is to first change our own.
- ◎ “You cannot fill a glass that is already full...to add new, one must first empty the old...”

- ◎ And, then, one must take in new information, or, if not new to us, be reminded of old, important information...
- ◎ So, let's talk about the basic principles of change...

Change Concept = Best Practice

A change concept is a general approach to change that has been found to be useful in developing specific ideas for changes that lead to improvement.

The Basics

It appears that:

- ◎ strong **fear** appeals and **high-efficacy** messages produce the **greatest** behavior **change**;
- ◎ strong **fear** appeals with **low-efficacy** messages produce the **greatest** levels of **defensive** responses.

The Reality

- ◎ This tells us that we have to be aware of:
 - Our tone
 - Our facial expressions
 - Our body language
 - Our content
 - Our frequency
 - Our timing
 - Our approach
- ◎ It tells us it isn't just our content!

How we say it...

- ⦿ Monotone
- ⦿ Unfocused
- ⦿ Impersonal
- ⦿ Rushed
- ⦿ Bored
- ⦿ “Scripted”
- ⦿ Detached
- ⦿ Individualized



How we could say it...

Like we believe what we are saying is:

- ⦿ Important
- ⦿ Relevant
- ⦿ Significant
- ⦿ Valid
- ⦿ Factual
- ⦿ Applicable
- ⦿ Do-able



Health Belief Model

Table 2. Health Belief Model

<i>Concept</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
Perceived susceptibility	Beliefs about the chances of getting a condition	<ul style="list-style-type: none">• Define what populations(s) are at risk and their levels of risk• Tailor risk information based on an individual's characteristics or behaviors• Help the individual develop an accurate perception of his or her own risk
Perceived severity	Beliefs about the seriousness of a condition and its consequences	<ul style="list-style-type: none">• Specify the consequences of a condition and recommended action
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk or seriousness	<ul style="list-style-type: none">• Explain how, where, and when to take action and what the potential positive results will be
Perceived barriers	Beliefs about the material and psychological costs of taking action	<ul style="list-style-type: none">• Offer reassurance, incentives, and assistance; correct misinformation
Cues to action	Factors that activate "readiness to change"	<ul style="list-style-type: none">• Provide "how to" information, promote awareness, and employ reminder systems
Self-efficacy	Confidence in one's ability to take action	<ul style="list-style-type: none">• Provide training and guidance in performing action• Use progressive goal setting• Give verbal reinforcement• Demonstrate desired behaviors

The Importance of Perceptions

- ◎ Studies overall show that the most powerful dimension of the Health Belief Model is the ‘perceived barriers’.
- ◎ Studies show that “perceived susceptibility” is a very strong contributor to preventive health behavior.
- ◎ Value expectancies are inherent in belief constraints.

Let's look at those two
components of the Health
Belief Model again...

Assessing Perceptions

- ⦿ Perceived barriers: beliefs about the cost of taking action
- ⦿ Perceived susceptibility: beliefs about chances of getting condition discussed

Change Concepts: Action Steps



1. Begin culture change in facility
 - × Determine each staff role
 - × Identify each staff attitude toward improvement AND change
 - × Identify each staff role in improvement project
 - × 'Permcath' → 'temporary catheter'
 - × Visibly display goals and progress



Change Concepts: Action Steps

2. Facility and Individual Assessment:
Conduct a “force field” analysis to help the staff understand what an individual (and even the unit’s) driving and restraining forces are and their relative balance/strength.

Example of Force Field Analysis

Supporting/Facilitating Forces	Opposing/Resisting Forces
<p data-bbox="289 516 995 626">What is working to support your goals?</p> 	<p data-bbox="1146 516 1852 626">What is working to oppose your goals?</p> 

Change Concepts: Action Steps

3. Examine yourself:

- Do you truly want to make a difference in your patients' lives?
- Do you fully understand the degree to which a fistula has direct implications for your patients' lives?
- Have you completely educated yourself on the facts about access types?
- Have you let “the one” become “all”?
- Everyone has a role in AVF improvement, what's yours?

Change Concepts: Action Steps

4. Identify your patients

- Segment your patient population into target groups; one size does not fit all
- Segment your target groups into individuals
- Learn what the “real” issue is behind the resistance *for that specific patient*
- Translate “sterile facts” into ‘personal meaning statements’

Change Concepts: Action Steps

5. Use your entire team:

- No one discipline or person is responsible to address this issue with the patient
- But do appoint a steering team
- Develop a patient-specific, team-specific approach and script your message(s)
- Tolerate the “rejection” and support each other; depersonalize patient responses

Change Concepts: Action Steps

6. Saturate facility with improvement concept:

- Make project visible
- Listen in
- Coach word change
- Identify role for each staff
- Consistency
- Top down, bottom up

Change Concepts: Action Steps

7. Promote the “Nag Factor”:

- Talk to a catheter patient *every* time they come to treatment about making a different decision
- Have more than one person talk to them, including RD, SW, MD, CT, RN
- Talk with the expectation of change – make your message a “call to action” message

Change Concepts: Action Steps

8. Reduce the ease of resistance:

- Prevent resistance
- Target the patient waiting room
- Conduct patient focus groups
- Patient to patient mentoring
- Persistence
- Resources

Change Concepts: Action Steps

9. Make it as easy as possible for your patients:

- Is there a peer that could speak to them or mentor them?
- Is there a way to make it easier for them to get their vascular appointment scheduled, such as flexibility in their dialysis schedule?
- Is it ok for them to express how they feel without shutting off communication?

The Crow and the Pitcher

Little by little does the trick; the very next
action could cause the desired result

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UPPER MIDWEST

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