



## Care coordination in CKD patients undergoing haemodialysis

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# Presentation outline

**1** **Summmary**

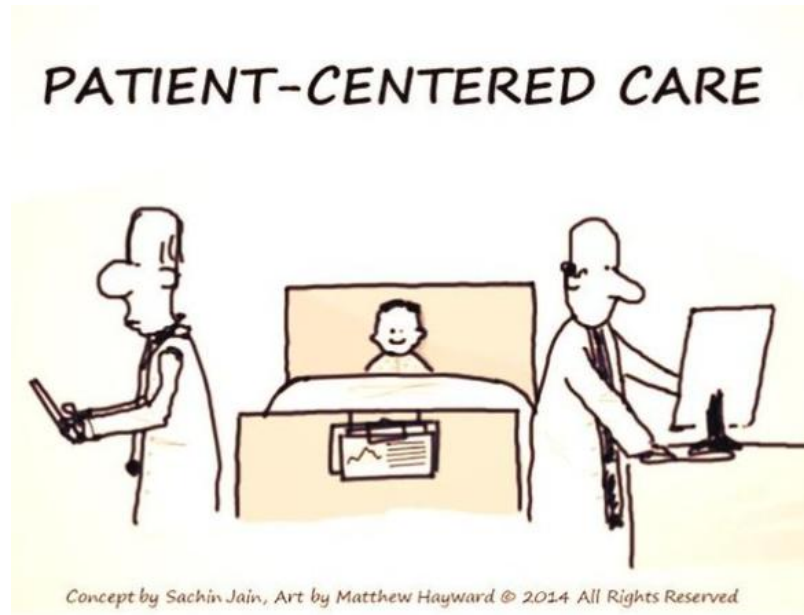
**2** **Introduction**

**3** **Objectives**

**4** **Results**

**5** **Discussion / Conclusions**

# Introduction



Care coordination is defined as *“the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services”*. (McDonald, et al., 2010)

# Introduction

*"The best coordination model is one in which a patient experiences primary care as delivered by an integrated, multidisciplinary team that includes at least one care coordinator staff person". (Craig, Eby, and Whittington, 2011)*

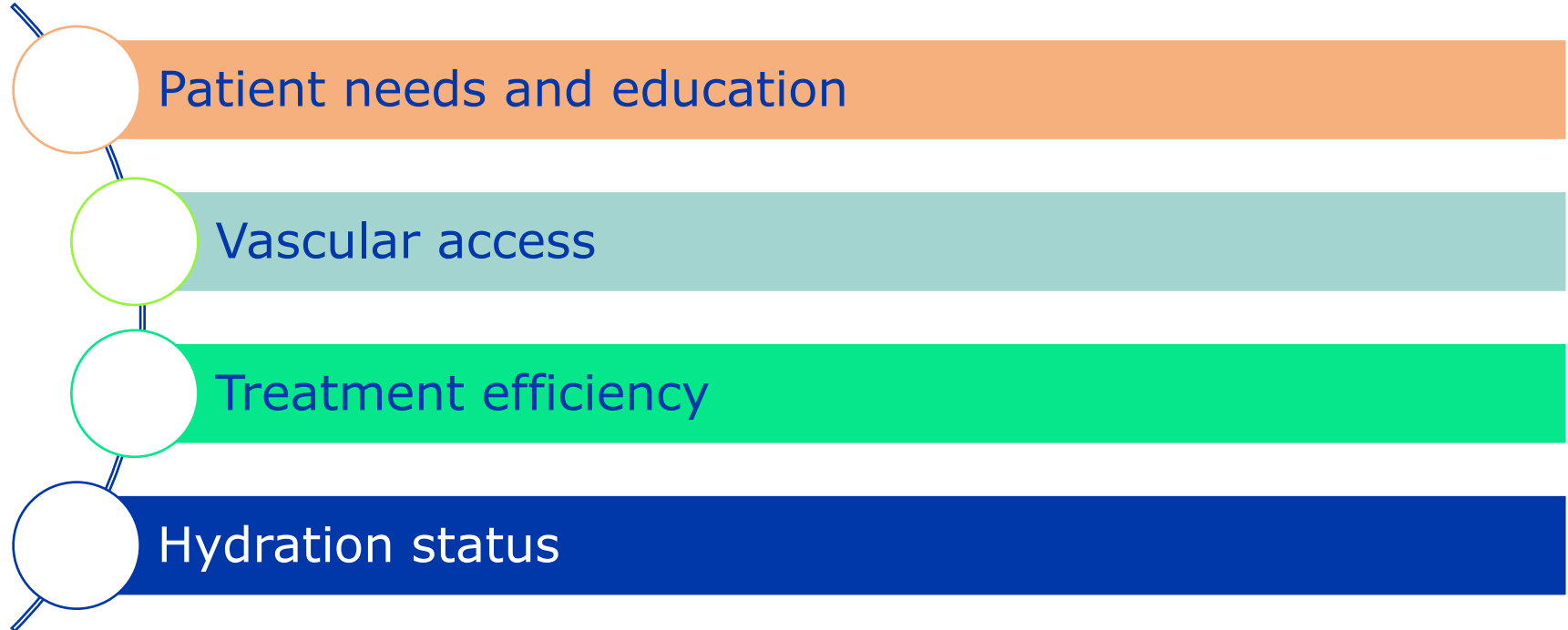


## The main goal of care coordination is:

- To meet patient's needs and preferences;
- Delivery of high-quality and high-value health care.

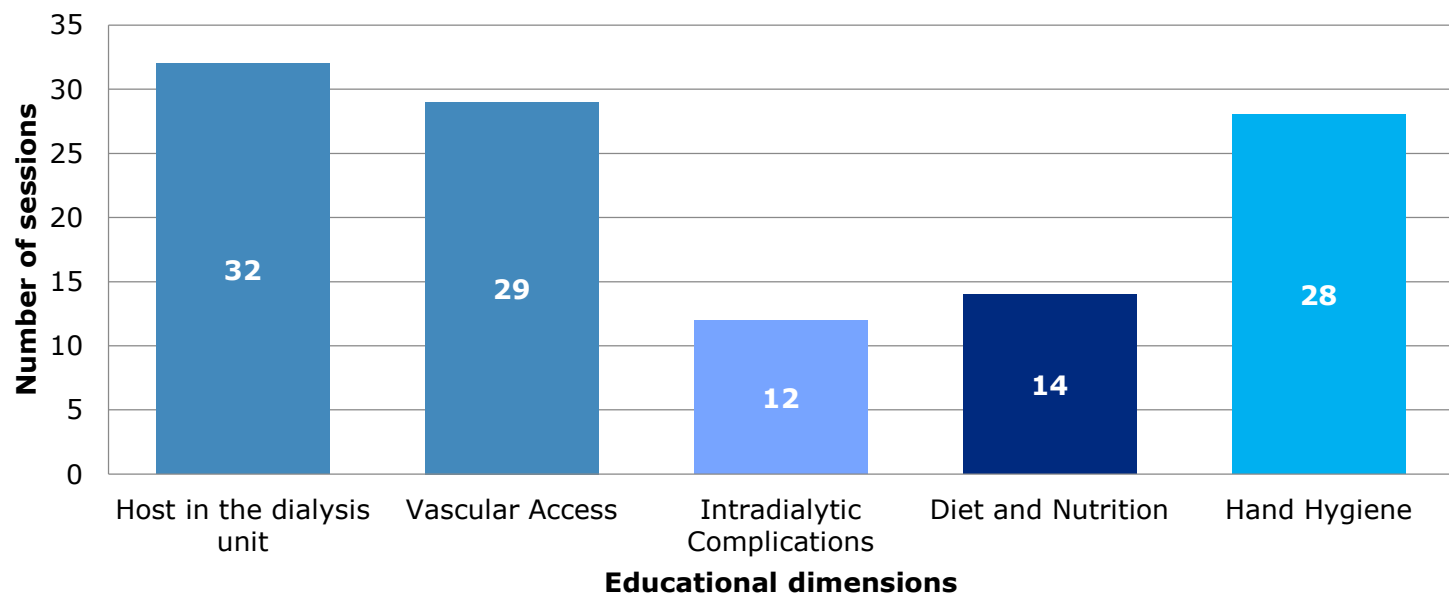
patient's  
care  
needs  
communication  
effective  
safe  
preferences  
people

## Nursing Coordination Model



## Patient needs and education - Evidence

**Figure 1 – Different dimensions of patient and family education – Oct. 2014 to Oct. 2016**



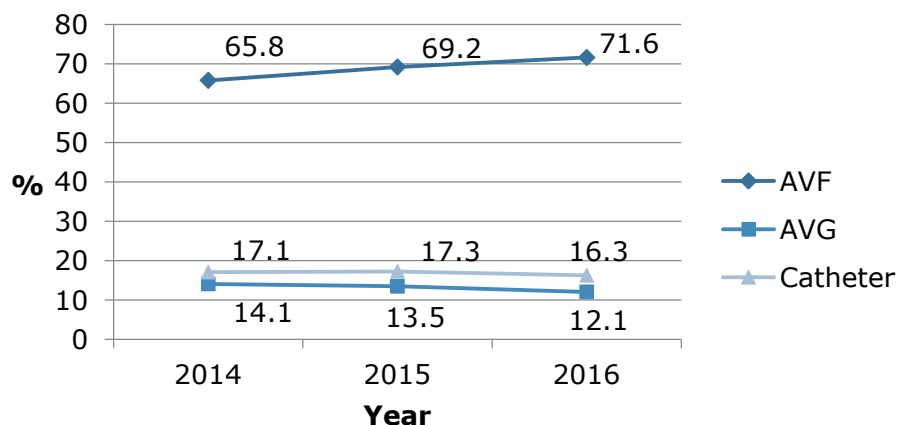
## Patient needs and education - Interventions

- Implementation of an **educational programme** about the clinic, chronic kidney disease, treatment, health risks, and the active role in care;
- **Evaluation of the patient's general condition** using the Modified Barthel Index Stage, nursing assessment at each treatment session, and the Charlson Comorbidity Index;
- **Classification of the fall risk**;
- **Documentation of all educational interventions carried out**, in order to reassess them regularly.

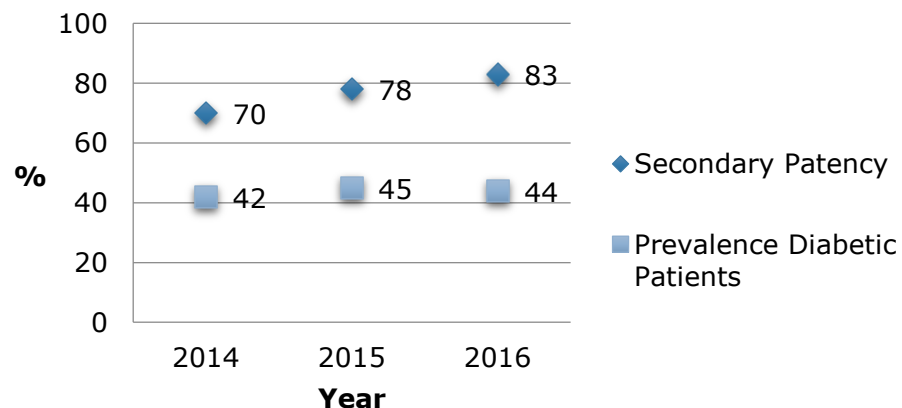


## Vascular access - Evidence

**Figure 2 - Prevalence of vascular access between 2014-2016**



**Figure 3 - Secondary patency of patients with AVF**

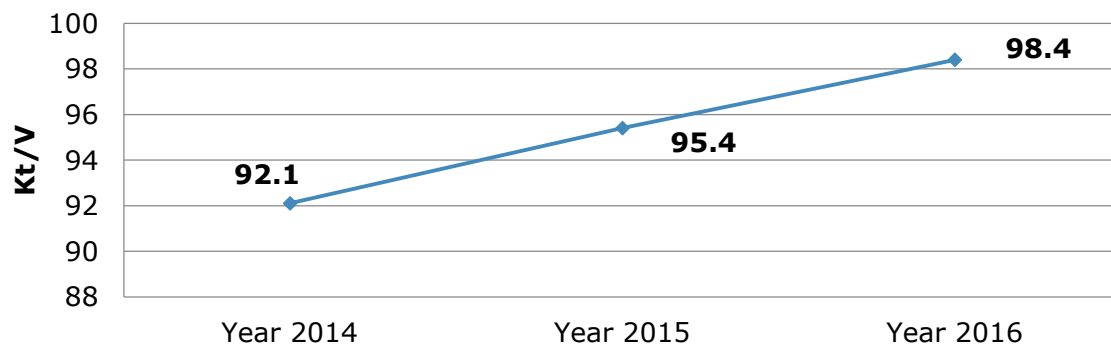


## Vascular access - Interventions

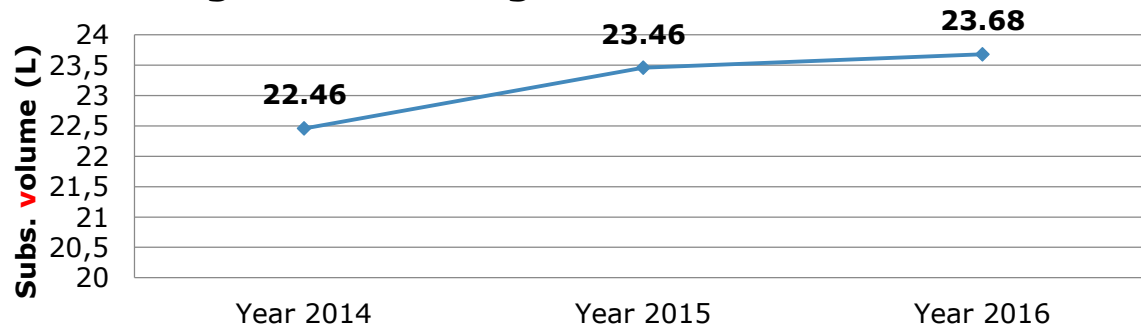
- Implement a pre-emptive evaluation of the AVF to **define the appropriate puncture technique for each patient**;
- Our dialysis staff performs **routine physical examination of the VA** at every dialysis session;
  - Changes established during the physical examination, problems with dialysis, or any unclear persistent decrease in the substitution volume and/or dialysis dose delivered (Kt/V), the Coordinator of the VA is informed accordingly.
- **Flow monitoring** according to the VA protocol;
- Referral to endovascular intervention.

## Treatment efficiency - Evidence

**Figure 4 - Average Kt/V between Oct. 2014 and Oct. 2016**

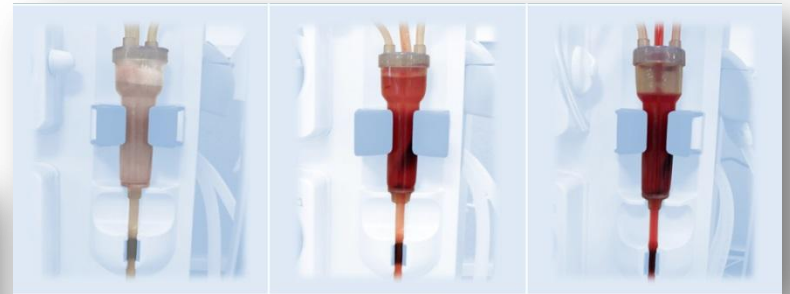


**Figure 5 - Average substitution volume**



## Treatment efficiency - Interventions

- **Optimisation of blood pump volume** according to the venous and arterial pressure;
- **Evaluation of the blood clot on the dialyser and venous chamber** (at every treatment session);



## Hydration status – Evidence / Interventions

- **83% of the patients reached the hydration status targets** vs 62% at the beginning of the programme  
(including targets for hydration status assessed by bioimpedance spectroscopy, for pre-dialysis blood pressure and for anti-hypertensive medication)
- Monthly bioimpedance spectroscopy;
- Monitoring of hydration status targets as normohydration weight and relative OH;
- Clinical evaluation of symptoms of respiratory distress and the presence of oedema.

# Conclusions

- **Close patient monitoring** was identified as an important component of the daily care of CKD patients on haemodialysis in order to improve patient outcomes.
- **Routine assessment of coordination needs and outcomes** for patients with CKD may provide an opportunity to proactively address a special need and avoid potential problems, major clinical events, and hospitalisations.



**Thank You Very Much  
for Your Attention!**

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