



Three Chair System for Education of Patients New to Dialysis

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Abstract

Statement of the Problem: The US ranks 13th among the nations for percentage of patients dialyzing with a home modality. The Trump administration is working to improve that percentage by developing a new payment approach for treating kidney disease that favors lower cost therapies at home and transplant. Nephrology nurses will have the largest impact in working towards this goal through focused education of patients transitioning to Renal Replacement Therapy. The purpose of this study is to identify the newest patients at an In-Center clinic with special seating during one shift for all members of the Interdisciplinary Team to focus for education.

Methodology: Three consecutive chairs were designated for patients new to dialysis with a start time late in the second shift at the In-Center Dialysis unit (ICHD). All RN, SW, RD, MD, Vascular Access Champion Tech, AA, Insurance counselors, and patient advocates were aware of the designation and made a special point to communicate with these patients frequently.

Findings: The patients were warmly greeted and oriented to the facility. They received purposeful, reinforced education and encouragement. Overhearing the repeated information given to neighboring chairs was an added benefit, as well as the camaraderie among the three patients. Staff were able to see the new patients consistently due to the dependable schedule. A verbal test at the end of three months showed that the patients learned care of the access, self-cannulation, renal diet, medications and fluid management. Many of these new patients embraced the advantages of home therapy to thrive with improved freedom, flexibility and well-being. The most challenging hurdles to home therapies, the fear of cannulating and lack of confidence in their own ability to learn technical skills was overcome with the tandem hand cannulation technique, touch cannulation and tap cannulation.

Conclusion and Significance: After three months in the special chairs, 25% of the eligible patients chose HHD and another 50% chose to self-cannulate at ICHD. This focused approach for new patients improved patient education and home modality choice without increased cost and utilizing resources already available to the clinic.

Biography

Stuart Mott BS LPN has been a vascular access nurse for sixteen years. He is currently working as a traveling Acute Nurse in Albany, GA. Stuart earned his bachelor's degree from University of Nebraska. He has taught in over 160 clinics in thirteen states where he developed, shared and taught innovative vascular access techniques to staff and patients. He has published nine articles in nephrology journals and is a regular contributor for vascular access questions on Homedialysis.org and HomeDialyzersUnited.org

Patricia Patterson BSN RN was a DaVita PD nurse for seven years and now works with CKD patients at a nephrology practice in Annapolis MD. Patricia is a member of the American Nephrology Nurses Association and is currently the Lead on the Home Therapies Specialty Practice Network. Patricia has published two articles with ANNA and served as a facilitator at the national symposium.

Publications

Using 'Tandem Hand' technique to facilitate self-cannulation in hemodialysis

Self-cannulation: Enabling patients' independence

A How-To Manual: The Art of Teaching Buttonhole Self-Cannulation

Mott, S. Moore, H. (2009) Using "Tandem Hand" technique to facilitate self-cannulation in hemodialysis. *Nephrology nursing journal* 36(3):313-316

Meeting the 2012 QIP (Quality Incentive Program) Clinical Measures: Strategies for Dialysis Centers.

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