

2022 ANNA NATIONAL SYMPOSIUM

A Quality Improvement Project: Delivering Formal Education on the Patient with a VAD to Dialysis Staff for Outpatient Treatment

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Background: Increase in the use of ventricular assist devices (VADs) in patients with advanced heart failure has increased concurrently in patients with kidney disease. The Brigham and Women's Hospital Dialysis Unit services inpatients and outpatients with End Stage Renal Disease (ESRD) and Acute Kidney Injury (AKI). Inpatients are typically referred to outpatient centers in the community prior to discharge. If the patient is ready for discharge from the hospital, but their outpatient dialysis center is not ready to accept, the BWH unit will accept these patients for several treatments then transition to the outpatient center. The lack of facilities in the community able to accept patients with a VAD for dialysis created a barrier to discharge. It was identified that the Dialysis staff required formal education on the VAD patient.

Purpose: When patients attend a dialysis outpatient visit, they are assumed to be independent of ADL's and assistive devices including the VAD. Review of the requirements to be considered competent to care for the patient with a VAD was completed. We partnered with the VAD Coordination service and developed a plan to train the staff to become VAD Aware.

Method: The unit staff met three times with VAD coordinators for one-hour long sessions where a VAD was demonstrated and a PowerPoint presentation reviewed. An online module was assigned to nurses and Dialysis technicians for completion. A reference binder was completed and maintained. An anonymous pre- and post-test was distributed to evaluate the nurses' perception of the training.

Results: The project was initiated in the setting of patient with a VAD ready for discharge and lack of an outpatient dialysis center able to accept. The Dialysis staff completed training delivered by the VAD coordinators to achieve VAD Aware status. The unit can accept outpatients with VAD's with the idea that this is a low-frequency, high risk population that will require re-education in the form of Just-In-Time training.

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