

MULTIDISCIPLINARY APPROACH A TRICK TO SUCCESS

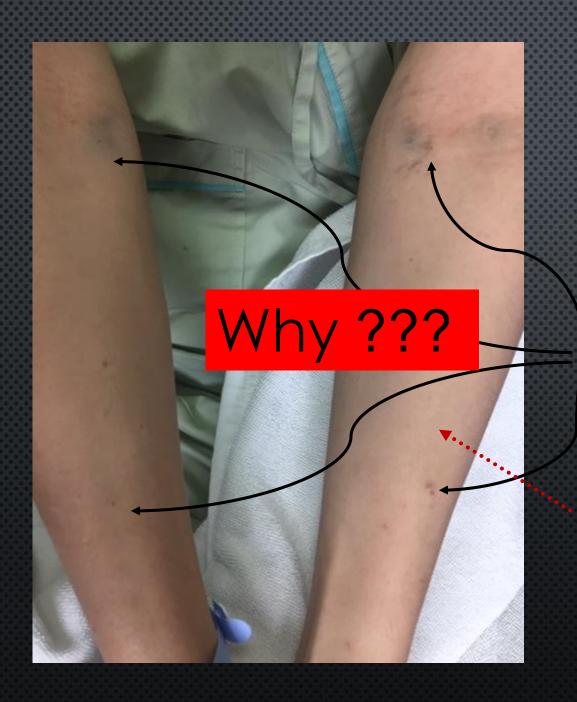




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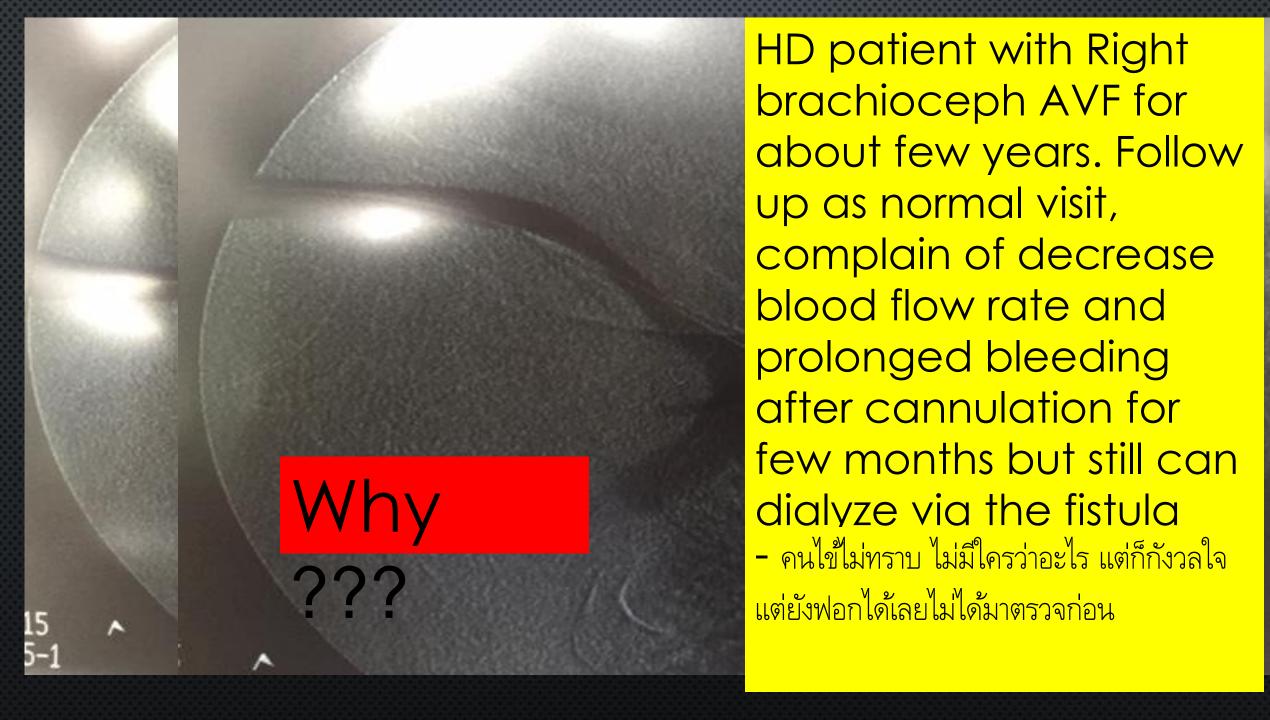
Female, 35 yo, ESRD admit from volume overload, start emergency HD via RT temporary cath at Rt internal jugular vein

- consult for vascular access
- Right dominant

Puncture and IV site

Thrombus seen





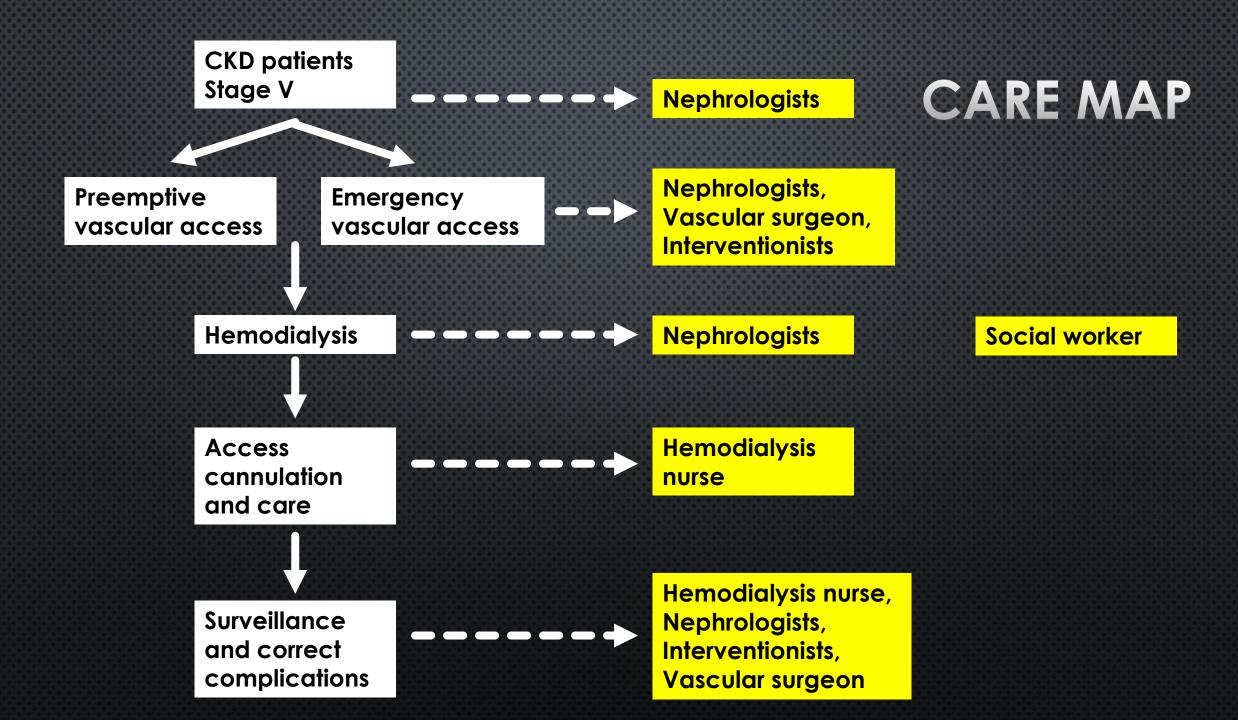
QUESTIONS???

- PREEMPTIVE
- CENTRAL VEIN STENOSIS FROM PROLONGED CATHETER
- CANNULATING COMPLICATION

Nephrologists --- Why consult for AVF but get AVG?, when to choose between native arteriovenous fistula vs. graft?, How to surveillance?, why do we have to do superficialization?

REPEATED QUESTIONS, REPEATED EVENTS

WE ARE NOT ONLY ONE WHO TAKE CARE OF HD PATIENTS



1ST – EVERYONE IN THE CARING TEAM IS IMPORTANT

Esp. patients themselves

2ND – SET THE SAME GOAL

- For the sake of the patients
- Other --- > By-products

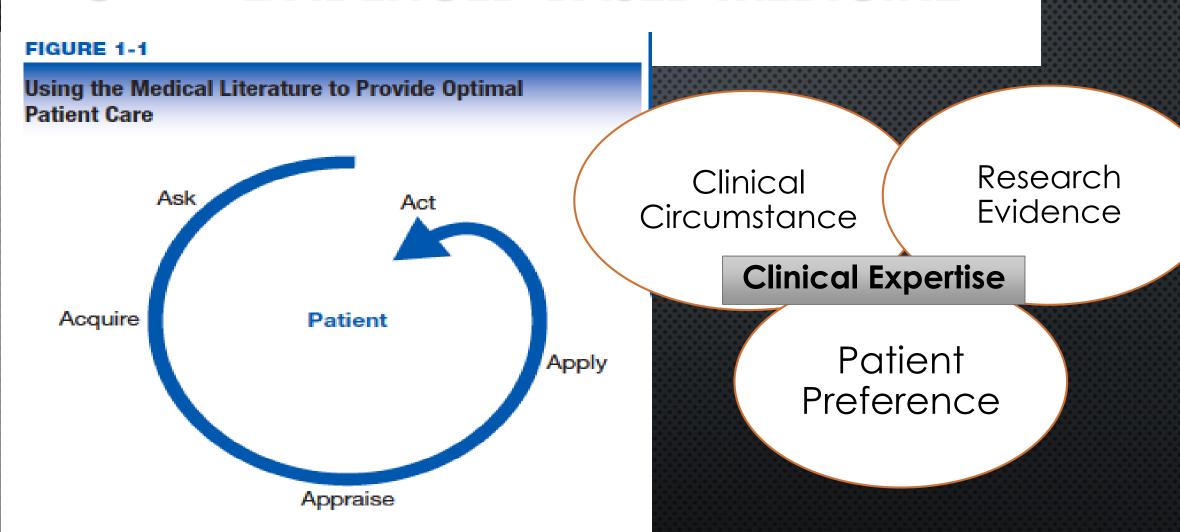
Measurable objectives

- KPIs, OKRs

Continuous improvements

- PDCA

3RD – EVIDENCED BASED MEDICINE



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Meeting and conference



- Policy
- Research
- Innovation



- Relationship
- Cooperation
- Participation

4TH - SUPPORTIVE TEAM AND SYSTEMS

Good assistant team

- Research assistant (Data collection --- > valid)
- Nurse case manager
- Budgets
- Hospital director

SUMMARY

Begin with your heart and intention

Set team

Set goal

Clear objectives

EBM

Find other support

