

Implementing an Access multidisciplinary team meetings to improve vascular access service – single centre experience from the UK.

Mrs Heidi Jimenez¹, Dr Jyoti Baharani¹

¹*Birmingham Heartlands Hospital part Of University Hospitals Birmingham Foundation Trust, Birmingham, United Kingdom*

Introduction:

Multidisciplinary team (MDT) meetings have been shown to be an effective tool to facilitate collaboration between professionals and improve care outcomes for patients. We put together a vascular access MDT at our centre in 2017. This incorporated case review and discussion at weekly team meetings which evolved practice to improve treatment recommendations based on evidence-based knowledge and expert opinion from the Vascular Surgeons, Interventional Radiologists, Nephrologists and Vascular access Clinical Nurse Specialists.

Methods:

The method of implementing the MDT meetings within our hospital had been in place since October 2017.

All aspects of vascular access were discussed at the MDT including radiological interventions, surgical peritoneal dialysis catheter insertions, review of the outcome post procedure and patients listed for or seen in the access clinic and surveillance clinic that had a complex medical history and those that required 'non-conventional' arterio-venous fistula surgery..

The access nurse specialists prepared the weekly MDT list which became part of the weekly clinical duties and was held every Wednesdays of the week. It was attended by the Vascular surgeons, Nephrologists, Interventional Radiologists and Clinical Nurse Specialists.

Results:

The number of cases put forward for discussion ranged from 830 to 855 over a 2year period. The discussions and outcomes were documented in the Access MDT book and electronically through a shared worklist. All the patients discussed were also documented in their own timeline through our system called Proton and the hospitals EPR system Concerto. Outcomes were appropriately communicated to the multidisciplinary team caring for that patient. The Access nurse specialists were responsible to follow up outcomes if needed and to provide follow up at the meeting the following week.

Discussion:

The implementation of the access MDT meetings has visibly improved the communication, coordination and decision making of our vascular access service. It has also improved the care process for patients with AVF's, AVG, PD catheters who have complex medical history. This has resulted in more efficient listings, fewer on-the-day cancellations and more structured referrals. Clinic times and outcomes have also improved because the cases have

already been discussed in the MDT meetings prior to consultation. We would recommend the weekly vascular access MDT as a worthwhile process that improves the quality of a dialysis patient's lifeline, improves efficiency and allows harmonisation of the surgical process.