

Abstracts - e-Poster Presentation (Mini-Free Communications)

Thursday, May 11th, 2023 from 16:30-18:00 ADT

Friday, May 12th, 2023 from 15:30-16:30 ADT

P-044

STREAMLINING PRE-PROCEDURAL WORKUP FOR FISTULOGRAMS AND TUNNELLED CATHETERS IN MANITOBA, A QUALITY IMPROVEMENT INITIATIVE

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Background: Standardized pre-procedural work up for fistulograms and tunnelled catheters (F/TC) lacks supporting evidence to minimize adverse events, and may be a source of unnecessary resource use. Despite no supporting literature or guidelines, our centre requires a preprocedural chest-x-ray (CXR) and electrocardiogram (ECG) within 6 months prior to a F/TC procedure.

Objectives: To determine if elimination of CXRs and ECGs from preprocedural workup for F/TC will have adverse effects, improve workplace efficiency, and yield cost-savings.

Methods: We created a process map and spoke to all stakeholders to understand the complexity of each step required for these procedures. With input from all stakeholders, a value stream map was created removing any non-value-added steps, including CXRs and ECGs. Our first PDSA cycle eliminated CXRs and ECGs from the process for all in centre hemodialysis patients at our centre. After three months, the second PDSA cycle expanded our intervention to outpatient clinics, home hemodialysis, and all satellite units. A survey was administered to stakeholders to ascertain satisfaction with the revised process.

Results: During 2019 - 2021, pre-procedure tests for 1032 F/TC completed was \$52,506.86. Our first PDSA cycle (441 patients) had 99 F/TC performed with cost-savings of \$4559.94. No common adverse events of bleeding, arterial puncture, arrhythmia, air embolism, catheter malposition, pneumothorax/ hemothorax, or hospitalizations post procedure. CXRs and ECGs elimination has been met with great satisfaction in the stakeholder survey. The second PDSA cycle included additional 1507 patients with no adverse events reported to date. An additional 85 F/TC were completed, with an additional \$3915.10 cost savings.

Conclusions: F/TC are considered lower-risk procedures and we observed that it is safe to eliminate pre-procedural workup of CXR and ECGs at our local level. Elimination of these tests also reduced staff workload and has led to cost savings