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**Ace the Space to Improve Care in Pediatric Dialysis Patients**

*Maryann Duva, MBA, BSN, RN, CPN*  
*Sheila Coakley, MSN, RN, CNN*

**Background/Relevance:** Peritoneal dialysis (PD) in pediatrics is often time-intensive, burdensome for families, and costly for hospitals. Previously, newly diagnosed PD patients (pts) were admitted 3 times/week for 6-8 weeks under Observation Status (OBS), but treated as inpatient. This led to an overabundance of services, resulting in inefficiency of space, increased cost, dissatisfied families and RN burnout. Creation of a designated area to care for PD pts has the ability to reduce length of stay (LOS), resource use, cost, and improve patient/staff satisfaction.

**Purpose:** The purpose of this work was to standardize practice and provide a specialized PD environment. Patient-centered care is fostered while reducing turnaround time.

**Strategy and Implementation:** Through a collaborative effort, a review of LOS and care utilization was completed. Using LEAN methodology, 5 key performance indicators were identified. LEAN methods were implemented to focus on improving training times, home supply turnaround times, manual forms and cost of care and planned readmission metrics. The LEAN team standardized workflows to streamline care for clinical practices and space utilization. Through Value Stream Map, the team was able to visualize the current state and develop a plan.

**Results:** By instituting this new process, \$1.6 million dollars for every 5 new dialysis pts was saved. \$311,837.86 was saved per pt. Paper forms were eliminated and home supplies limited to a week. Data concluded a successful nursing initiative.

**Conclusion:** LEAN processes addressing all aspects of care across the continuum helped to improve allocation of resources, increase workflow efficiency, decrease cost, and increase staff/family satisfaction. Key changes were developed along with a control and sustainment plan which included continuous training of nursing staff/residents/attending's on this process. Improved physician buy-in, outpatient order sets completed, and training of staff on the new orders sets were also important outcomes. Most importantly, the need to always listen to the VOICE of the patient/family and address cultural needs was reinforced.

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