

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/vascular-viewpoints/vascular-access-care-the-3-keys-to-a-patient-centered-approach/10583/>

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Vascular Access Care: The 3 Keys to a Patient-Centered Approach

Announcer: Welcome to Vascular Viewpoints on ReachMD. The following episode is sponsored by Becton Dickinson – advancing the world of health. *Content for this series is produced and controlled by ReachMD*

On this episode, Vascular Access Care: The 3 Keys to a Patient-Centered Approach, you will hear from Dr. Wes Ely, professor of medicine, founder and co-director of the Center for Critical Illness, Brain dysfunction, and Survivorship Center at Vanderbilt University School of Medicine and the Nashville Veteran's Affairs Hospital.

The Institute of Medicine has made it clear that we need to choose the right interventions for the right patients at the right time, and in putting the patient at the center of our care in terms of vascular access, one of the most central features that we have to choose in my practice as a clinician, for example, is what are any disabilities the patient might have; what different types of physical abnormalities might the patient have; and different locations for vascular access, for example, in the femoral area, the upper chest, etc.; and what is the duration we are going to need this vascular access device. If it's going to be a long period of time, we might choose a more permanent type of device or PICC line, but if it's going to be for several days, we might choose a more immediate access. So, we have to really take into account different aspects of the patient's care, but always remembering to put them at the center of our decision-making process, not what's most convenient for us, the providers.

Really important aspect of vascular access device decisions and care is the communication between interprofessionals at the bedside. If we don't have good communication, we can have somebody get the wrong type of access, they can develop a complication, or they have to go without therapy and intervention for a period of time until we get stable access. So, interprofessional communication is absolutely core for the success of putting the patient at the center of care in regard to vascular access.

Another core element of prioritizing patient comfort and quality of life is to really remind ourselves not to ask what's the matter with the patient in choosing the vascular access and other aspects of their care, but what matters to the patient. Not what's the matter with them, but what matters to them. In discussing with the patients and families what matters to the patient, it is, in doing that, that we can magnify the dignity and humanness of every patient for whom we have the privilege of caring. That, to me, is the most important thing I try to remind myself of every day when I'm at the bedside with my patients.

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