



Focus on Fistulas

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Big enough to care for you . . . small enough to care about you

Focus on Fistulas

Objectives

1. Identify role of access coordinator in patient education and appointment setting
2. Identify role of case management team in patient education
3. Identify other sources to provide patient education about fistulas.

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Firelands Regional Medical Center

- Sandusky, OH
- 31 station outpatient hemodialysis
- Acute program 100 TX per month
- Constructing a 16 station outpatient hemodialysis unit 20 miles south
- 2 Nephrologists
- 2 Vascular surgeons

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Clinic History

- Sept. 2005
 - New director and charge nurse
 - Reorganized program
- Dec. 2005
 - AVF 44%
 - Getting back to the basics
 - Documentation and **patient teaching**

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Clinic history cont.

- July 2006 AVF 49%
- Dec. 2006 AVF 56% improving because of the increased focus on patient education, adequate staffing, and all staff placing “focus on fistulas” on the high priority list.

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- Feb. 2007
 - Many patients new to ESRD with underdeveloped AVF's
 - Patients stated they did not receive instructions to exercise arm postoperatively.
 - Identified a need to increase patient education pre ESRD.
 - Developed a patient teaching handout for presurgical testing staff to utilize
 - Inserviced PST staff on AVF's, grafts and catheters.

- **TAKING CARE OF YOUR FISTULA OR GRAFT**

- **You have a: FISTULA GRAFT**

- You had a fistula or graft done. A fistula or graft (both also called an access) is done to create an adequate blood flow for dialysis. Dialysis is a process to clean your blood of waste products and remove fluid. You need to take care of your fistula or graft to keep it working well and to watch for problems such as blood clots or infection.

- **CARE OF YOUR ACCESS**

- Check your fistula or graft at least once every day. It should be buzzing. This is called a “Thrill” and it is blood flowing through the fistula or graft. If blood clots form in your access this flow is blocked.

Precautions: Our goal is to avoid activities that might decrease the blood flow or damage your new access.

- 1. Tell others you have a fistula or graft.
 - * Do not let anyone take your blood pressure or draw blood work in your fistula or graft arm.
 - * Do not let anyone put name bands on this arm.
- 2. Keep it clean. Scratching is off-limits.
- 3. Do not use your fistula or graft arm as a pillow. Do not sleep with your arm under your head.
- 4. Avoid wearing items like purses and packages on your arm. Use your other arm to carry heavy items.
- 5. Avoid wearing clothes with tight sleeves or stretch bands at the wrist. Do not wear a watch on this arm.
- 6. If you have an access in your leg:
 - *Avoid underwear with tight bands in the legs.
 - *Avoid heavy pressure on the graft leg such as, the weight of a child or a heavy item pressing on the graft.
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- **WATCH FOR INFECTION**

- At times, a fistula or graft can become infected. Check your fistula or graft at least once a day for infection.

- Signs of infection are:

- *Redness, warmth in the skin area over the fistula or graft.
- *Swelling and soreness of the skin.
- *A fever of over 100 degrees.
- *Drainage from the fistula or graft site.

- **SPECIAL CARE FOR THOSE WITH A FISTULA ONLY**

- Over time, usually in 1-4 months the vein in your arm near the surgery site will enlarge or mature.

- The bigger the vein becomes, the easier it will be to use for dialysis.

- *Making a fist or squeezing a rubber ball or hand grip increases the blood flow to your fistula helping it to work better and mature faster. Try squeezing the ball during the commercials while watching TV. As a general guideline exercise can be started in 3 weeks after your fistula is placed.

- **CALL YOUR DOCTOR :**

- 1. If you can not feel the buzzing or hear it with a stethoscope. Do not wait! Call at once and tell your doctor so it can be checked.
- 2. If you have any signs of infection.
- 3. Get to know your fistula or graft. Report any changes in how it sounds, feels, or looks!

- FIRELANDS Dialysis Center419-557-7228

- FIRELANDS Emergency...419-557-7456

- Dr. G. Kim/Elashi.....419-627-8403

- Dr. D. Kim/Buehrer.....419-621-7620

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Clinic history cont.

- April 2007
 - One of the clinic's secretaries was given vascular access coordinator responsibilities
 - Needed to shorten the time for the referral process and coordinate appointments with vascular office
 - Process was not consistent among the RN's
 - the charge nurse had too many other duties

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Clinic history cont.

- July 2007 AVF 53% Had above average number of admissions over the entire summer, most without AVF's
- Nov. 2007 AVF 59%
- Mar 2008 AVF 60%

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Role of access coordinator

- Make appointments, coordinate with vascular office secretary – setting appointments with the patient's input to prevent cancellations
- Follow new patients closely, working with the patients/families/nursing homes through entire process for AVF placement
- Attempts to schedule everything on non-dialysis days
- Track any other new accesses
- Education – yet another person presenting the information
- Documentation in MIQS
- All patients annual access appt.

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RN Case Managers

- Have couple team members – usually a LPN and tech
- 1 FTE for about 22 patients
- Team responsible for
 - Patient teaching
 - Short and long term care plans
 - Medication reviews
 - Focus on Fistulas



Focus on Fistulas

- Focus on patient and family
 - Acute nurses
 - Increased patient teaching and satisfaction when contracted services ended and hospital began managing the program.
 - Provide education to the hospital nurses for improving the care for renal failure patients

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- Focus on patient and family
 - Vascular surgeons and their office staff
 - Great relationship with our clinic and patients
 - Working quickly to get the catheter out ASAP
 - 2 vascular surgeons **dedicated** to dialysis patients and their accesses
 - Turn around time is very fast – AVF placed within a few weeks from initial phone call to office
 - Also performs all interventional access procedures
 - Vascular office staff have toured the clinic and access coordinator visited the vascular office to be better informed for improved patient teaching

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- Focus on the patient and family
 - Care conferences
 - Patient (and family) invited to care conferences 3 weeks in advanced
 - Strongly encouraged to attend
 - educate



Focus on Fistulas

- Focus on patient and family
 - Same information from multiple staff members
 - Starts immediately on admission
 - Poster boards in waiting room
 - Simple
 - Short
 - Repetition
 - Verbal info
 - Written info



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- Patient Education
 - Pro's of AVF's
 - Con's of catheters
 - Infection/sepsis/death
 - Increased hospitalizations
 - Not to scare, but very factual data

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Master Cannulator List

- Needed to improve the success of 1st time use of AVF's
- Not popular with staff – I felt we owed it to the patients
- Popular with the patients
- Used as a resource for other staff especially new employees
- Assigned to stick new AVF's for several treatments

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Decrease in infiltrations on new AVF's
has been seen utilizing the “masters”

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Currently, percent of AVF's has not increased for over a year.

Unable to achieve greater than 60%

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Future Plans

- Write an article for the medical staff newsletter addressing “fistula first” and how the dialysis community needs the help of the internal medicine and family physicians to make early referrals to the vascular surgeons.
- Investigating vein mapping and placement of AVF on new ESRD patients while hospitalized

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Future plans con't

- Research transonic
- Develop a formal plan to have pre-ESRD patients tour the clinic and meet with a nurse and a patient a few months before HD begins

Questions?

Thanks for the chance to share – happy to answer questions 419-557-7230

