2015 Long Term Catheter Reduction Collaborative

Glenview Dialysis Center
142551
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Team

- Medical Director
- Administrator
- Nurse Manager
- Vascular Access Mgr.
- Modality Educator Name
- Patient Representative
- Social Worker
- Patient Care Technicians
Team Objectives

• Medical Director, Attending Physicians and interdisciplinary team to initiate Access Plan for new CVC patients.

• The Access Plan will be implemented for all patients who have a CVC (alone or in combination with a permanent access) upon admission using Hemodialysis Catheter Patient Access Plan.

• The Vascular Access Manager or designee will implement, review and update Access Plan.
Team Objectives

- Staff education regarding the patient safety issues related to catheter use.
- Initial patient (and family, if applicable) education on importance permanent access establishment and risks of CVC should be implemented on the day of admission.
- Support utilization of a patient advocate
- *Submit Monthly Data to Renal Network on the 15\textsuperscript{th} of each month.*
Staff Education

Objectives

- Identify different hemodialysis vascular access.
- Discuss risks and patient safety issues related to catheter use.
- Emphasize that infection is the second leading cause of death and major cause of hospitalizations for dialysis patients.
Infection Control

- Patients using a CVC are at a substantially higher risk of exit site and blood stream infections compared to an AVF/G
- Thrombosis
- Follow all infection control practices including policies and procedures on initiation and termination of treatment.
- Hand hygiene compliance (most important infection control strategy).

- Remove CVC ASAP!
Risk of Catheters

- Two to three times increased risk of death
- Five to ten times increased risk of septicemia
- Hospitalized eighteen days per year, compared to nine days for AVF
- Reduced Kt/V, Hgb and albumin values
- Higher ESA, antibiotic and thrombolytic use
- Higher expenses to facility and the health care system.
Hemodialysis Catheter Patient Access Plan

- Initial patient (and family, if applicable) education on importance permanent access establishment and risks of CVC should be implemented on the day of admission and then weekly until permanent access is placed.

- Vessel mapping/surgical consult appointments will be made the day of admission (if not already made or completed prior to admission)
Hemodialysis Catheter Patient Access Plan

- New AVF will be assessed for signs of maturation at four weeks by **Expert Cannulator** and physician. If no signs of maturation, refer within three treatments. Do not accept “wait another 4 weeks” from surgeon, this should be considered a priority referral from physician to interventionalist or surgeon.

- CVC should be removed no later than 7 days after six consecutive two needle cannulations with no infiltrations at prescribed needle gauge and BFR.
Patient Education – In center

- **Objective**
  - Provide patient education regarding importance of permanent access establishment and risks of CVC, on the day of admission and then weekly until permanent access is placed.
  - Risk of catheters are enumerated and serious consequences of prolonged use of catheters are explained.
Right Start Guide 3 and 5

- These two Right start Guide booklets will be used for patient education.
- Right Start Guides 3 and 5 will be discussed within the first two weeks of treatment. (Access Choices for Hemodialysis and Caring for Your Hemodialysis Catheter.)
Vascular Access Initiative
Recommendations:

- If patient has “CVC Only”, RN will schedule and coordinate for vessel mapping and surgical consult day of admission (if not already scheduled or completed) per MD order.
- Permanent access placed within 2-4 weeks of admission
- Utilization of permanent access without CVC within 90 days from placement
- Clinical manager in collaboration with the Vascular Access Manager will review and update Access Plan.
Other Initiatives

2. Monitor data: New patients, double access, Maturing AVF/AVG
3. Discuss individual patients in QAI re: status of new and existing patients with CVC, plans, referral and intervention.
4. Medical staff meeting by introducing and utilizing new Vascular Access Surgeons in the area.
5. TOPS
Barriers: A Team Approach

- Undocumented patients without insurance: due to budget crisis, difficult for patients to get insurance under new public aid system.
- Patients with terminal comorbid conditions such as cancer patients receiving chemo/radiation.
- Fear of another surgery
- Refuse access placement
- Failed access.
- Lack of support systems for dialysis patients (i.e. no family support, no transportation, etc.)
Long Term Catheter Rate

Facility Summary Trend - LTC Rate

*National LTC Goal: < 10%
AV Fistula Rate

Facility Summary Trend - AVF Rate

*National AVF Goal: 68%

AVF Rate
AVF Goal Rate

16.71% 16.71% 16.27% 16.89% 16.89% 17.43% 17.67% 17.15% 17.00% 17.08% 16.71%
Thank You