Welcome to our Webinar:

How To Make A Good Vascular Access Program Even Better

Thursday, April 14, 2011
House Keeping Notes

All phone lines will be muted through the entire presentation.

Do not listen to the program using computer speakers and telephone.

“Questions” may be submitted by clicking the Questions Pane, located on your “Go To Webinar Control Panel”.

Questions may also be submitted via email to cmiller@nw10.esrd.net

Click the “+” in the Questions Pane.

Type your question and click [Send to All]

If you don’t see a “Questions” pane, click [View] and then select “Questions” from the drop down menu.
How To Make A Good Vascular Access Program Even Better 
Objectives

At the end of this webinar attendees will be able to:

- Verbalize the benefit of never giving up

- Educate other facility staff on available tools and resources to energize and keep the momentum going in Vascular Access Quality Improvement Processes

- Initiate a new process or add to a current process to improve Vascular Access outcomes
How To Make A Good Vascular Access Program Even Better

1.2 CEU has been approved through NANT

To receive CEU you must complete the online survey & POST TEST
No Later than April 21, 2011

The link to the survey was emailed to all registrants

For questions regarding the survey process or CEUs contact Cindy Miller at (317)257-8265 or by email cmiller@nw10.esrd.net
THE 3PS OF VASCULAR ACCESS SUCCESS

Prevent Catheter
Place and Use Fistula
Preserve Fistula

Prevent Catheter
Place and Use Fistula
Preserve Fistula

www.esrdnetwork4.org/3p
www.therenalnetwork.org/qi/3Ps.php

The Renal Network, Inc.
ESRD Networks 4, 9 & 10
The initial purpose of the handbook was to pull together best practices, useful tools, and other resources that currently exist.

- Hard copy
- Downloadable forms
- Excel workbooks

“1-stop shopping”
Introduction to the 3Ps Project

The best practices and tools were grouped by themes:

• Prevent Catheter
• Place and Use Fistula
• Preserve Fistula
http://www.therenalnetwork.org/qi/3Ps.php

The Renal Network, Inc.
ESRD Networks 4, 9 & 10

Facilitates the achievement of optimal wellness for renal disease patients.

The 3 Ps for Vascular Access Success

This handbook was designed to guide your hemodialysis vascular access improvement efforts and change existing practices through Quality Assessment and Performance Improvement (QAPI) projects. This handbook brings together a number of best-practice concepts and suggested tools in support of those concepts.

View the September 27th WebEx presentation recording [link] (Please have your computer's sound turned on).

Download the September 27th WebEx presentation slides [link] (PDF, 2.1MB).

“The 3Ps of Vascular Access Success”

Handbook Tools
- TO1. Sample Letter to ESRD Insurance Companies from nephrologist
Learning SESSIONS

TRM is promoting the following educational opportunities for nephrologist and facility staff:

- September 24, 2010 - Evaluating Vascular Access Outcomes Success - Westin Regency Hotel, Rosemont, Illinois
- October 1-3, 2010 - 2011 Cincinnati/Donna Bilbao Symposium, MarriottPagosa Springs Conference Center, Cincinnati, Ohio

**“The 3Ps of Vascular Access Success”**

### The 3Ps of Vascular Access Success

The 3Ps handbook was designed to guide your hemodialysis vascular access improvement efforts and change existing practices through Quality Assessment and Performance Improvement (QAP) projects. This handbook brings together a number of best practice concepts and suggested tools in support of those concepts.

All dialysis facilities in the renal network will receive a hard copy handbook through the mail after September 5, 2011.

### WebEx Learning Session - “3Ps for Vascular Access Success” Program Launch Presentation

(Select the day that works best for you. The same presentation will be provided on both days.)

- Monday, September 27, 2010
- or -
- Thursday, September 30, 2010

11:00 - 1:00 PM Eastern

***Please enroll at least one day prior to the date of the event to ensure receipt of your confirmation email. Do not wait until the day of the event to enroll.***

### Enrollment Instructions

1. Open Internet Explorer
2. Go to [https://secure.webex.com](https://secure.webex.com)
3. Log in to the event using the link for your organization.
4. Click on the “Join” button to the right of the event title.
5. Enter the required information and click “Submit.”
6. Immediate upon submission of this information, you will receive an email with detailed instructions for joining the meeting.
7. If you experience any difficulties in enrolling or joining the event, please contact the IMHC Help Desk at (919) 440-8055.

### Handbook Tools

- #1. Sample Letter to PAYCO Insurance Companies for Hemodialysis (format: PDF, size: 40 KB)
- #2. Vascular Access Flowchart for Hemodialysis (format: PDF, size: 7 KB)
- #3. Hemodialysis Access Referral Form (format: PDF, size: 75 KB)
- #4. Hemodialysis Access Referral Existing Access (format: PDF, size: 77 KB)
- #5. Vascular Access Parking and Sample Receipt (format: PDF, size: 50 KB)
- #6. Patient and Family Education Folder (format: PDF, size: 373 KB)
- #7. Vascular Access Web Page (format: PDF, size: 58 KB)
- #8. Vascular Access Card (format: PDF, size: 39 KB)
- #9. Catheter Evaluation Tool (format: PDF, size: 72 KB)
- #10. Catheter Maintenance Protocol (format: PDF, size: 25 KB)
- #11. Social/Care Plans (format: PDF, size: 70 KB)
- #12. Social/Care Plans (format: PDF, size: 64 KB)
- #13. Vascular Access Flowchart (format: PDF, size: 12 KB)
- #14. Vascular Access Flowchart (format: PDF, size: 50 KB)
- #15. Vascular Access Flowchart (format: PDF, size: 24 KB)
- #16. Vascular Access Flowchart (format: PDF, size: 60 KB)
- #17. Vascular Access Flowchart (format: PDF, size: 100 KB)
- #18. Vascular Access Flowchart (format: PDF, size: 87 KB)
The “3Ps of Vascular Access Success” handbook was developed in support of our Vascular Access Improvement Initiatives.
NW9/10: Promising Stars Focus Group

Expectations

☑ All facilities reaching a Prevalent AVF rate of between 55-62% to were asked to participate

☑ Pick one **new** process/tool from the 3Ps book and implement in your facility

☑ Report on that process quarterly (using the Process Implementation form) – first report due **October 15, 2010**
Stories Of Two Facilities From Promising Stars Focus Will Be Presented Today

Heart of Ohio Dialysis Center – Marion, Ohio
• Heidi Mitchell, VAM
• Julie Guss, Facility Manager

FMC Austintown Dialysis Center – Austintown, OH
• Cindy Campbell, Facility Manager
HEART OF OHIO DIALYSIS CENTER

Julie Guss, Clinical Manager
Heidi Mitchell, VAM
Jackson Liu, Medical Director
Strategies Implemented

- Early referral for access placement
- Patient education
- Vascular Access Manager
- Collaboration between Vascular surgeon, Physician and Clinic
- Master Cannulator Program
- New Access Cannulation Protocol
Alert Tags placed on all new referral charts upon admission if access appointment is needed.

VAM or Charge RN makes appointment on day 1

Appointment date is then written on Vascular Access calendar
This Patient’s Dialysis Access is a Temporary Catheter.

Please:

☐ Schedule Vessel Mapping
☐ Consult Access Surgeon

Practitioner Signature: ____________________
Date: ________________________________
Patient education is incorporated into the initial nursing assessment on day 1.

VAM or RN provides vascular access/vein mapping education

Appointment reminder provided to patient at this time.

Access plan is initiated
Dear ______________________,

You have been scheduled to be evaluated for a permanent vascular access with:

Dr. __________________________________________

Address: ______________________________________

Phone #: ( _ _ _) - _ _ _ - _ _ _

Day: ___________________________________________

Date: __________________________________________

Time: __________________________________________

Please make every effort to make this appointment. If you are unable to keep appointment notify physician’s office ASAP and Dialysis Clinic.

If you have any questions please contact the Clinical Manger ___________________

Heart of Ohio Dialysis
1730 Marion Waldo Rd.
Marion, Ohio  43302
740-389-4111
Role of VAM with new Admissions

- Schedule 15 min each patient shift
- Liaison with Vascular Surgeon
- Make surgical appointments pre admission / on admission
- Initiate Patient education
- Initiate and maintain access plan
- Keep calendar of appointments and remind patients to enhance compliance
- Maintain tickler file for chart rounds
Initiate New Permanent Access Weekly Assessment
  - Done weekly until cannulation initiated
Surgeon sees all patients 2 wks post op
  - Immediate referral if issues with maturity identified
Initiate AV Fistula Protocol and Documentation
Make appointment for CVC removal when successfully reach week 5 of Cannulation Protocol.
Celebrate CVC removal
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- Full team approach
- Clinical Manager empowers VAM role, staff supports efforts
- Success is celebrated as group effort
- Physician got on board in response to facility efforts
- Developed working relationship with Surgeon and his office staff
Master Cannulator Program

- Can be RN or DT
- Minimum 1 yr. experience
- Minimal infiltration history
- Assign master cannulator to difficult accesses or patients in protocol
- If master cannulator not present, and patient still has CVC, must use CVC.
- Master cannulator must complete entire cannulation protocol
- Maintain infiltration / complication log
# Infiltration/Complication Log Sheet

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December ’09
- 59.3% of patients using AVF

December ’10
- 68% of patients using AVF

December ’09
- 68% of patients w/o CVC

December ’10
- 77% of patients w/o CVC

Patient census has increased from 78 to >100 in the past year.
QUESTIONS?
Reducing Catheter rates
CINDY I CAMPBELL

- Fixing the “fixables”
Fix the fixables

- Ideally, new patients come with an AVF
- We quickly realized that we could not control or fix this issue
- Our team decided to focus on quick turn around for access plans
  - Dr. Kathleen Padgitt
  - Access manager, Julie F./RN
  - Expert cannulator, Barb S.
  - Clinical Manager/RN, Cindy C.
Commitment to change

- The network decided that our unit needed a plan to fix our AVF rate
  - Difficult to fix when it is the doctor and surgeons that make those decisions
- Nevertheless, it is imperative to change our direction of AVF rates for the patients
Understanding the issues

- Dr. Kathleen Padgitt, our nephrologist, educated me on why and how patients end up with a catheter as their only means of dialysis
  - Why some Physicians make their decisions
  - Don’t spend time worrying about what you *can not change*
  - Choose a team and commit to change what is possible
Commitment to change

- Support of my Medical Director and partnering with my access manager and expert cannulator was critical
- Work to get remainder of staff on board
Our goal

- Not necessarily to achieve a certain AVF rate by a certain date…
- Eliminate catheters in our unit
  - Lengthy process before technicians can independently care for a catheter patient
    - 6 mo.
AVF Rates for 2010

- January: 52%
- February: 56%
- March: 57%
- April: 55%
- May: 55%
- June: 58%
- July: 57%
- August: 62%
- September: 65%
- October: 65%
- November: 67%
- December: 68%
AVF Rates for 2011

- January: 68%
- February: 67%
- March: 66%

March 2011:
- AVF: 65.5%
- AVG: 11.9%
- Catheter only < 90 days: 4.8%
- Catheter only >90 days: 6.0%
- Catheter with AVF: 7.1%
- Catheter with AVG: 3.6%
Our plan

- Met briefly (~15 min.) with the whole team every month during QAI
  - Discussed each catheter patient and plan for alternate access

- Myself, Julie (RN), Barb S. (expert cannulator) met weekly (~5 min.)
  - Discussed each catheter patient & their access plans
  - Determine who is a buttonhole
Our plan

- Embraced the buttonhole technique
  - Our expert cannulator assigns cannulations everyday
  - We currently have 14 buttonhole cannulations
  - 4 that we are establishing
- Utilized an access center nearby for quick turn around if we think we have access issues with a patient's arm
Most new patients still have a catheter as their only dialysis access

One surgeon takes up to 1 year before he gives up on a poorly developed AVF
An assertive Medical Director willing to speak with a surgeon when unwilling to move along a poor functioning AVF

Utilize available tools to assess how well an access is doing while on treatment
  - Quick follow through

Chose a physician with a dedicated access nurse assisting in making appointments for vein mapping
Personal Solutions

- Allow the access manager time off of regular floor duties for follow through on access management
- Be present on the unit at least once a shift to determine how well the patients' access are performing
- Discuss poor dialysis with technician
The rule on catheters can really limit staffing use in your unit.

Many new staff infiltrating new AVF’s because of the catheter rule.

Needed to do something since we couldn’t change the rule/policy.
Our decision to institute the buttonhole technique in our unit proved daunting at first but saved so many access’ in the end

Altered the buttonhole technique
- Use 2 staff members to establish a buttonhole
  - Meet and discuss where to put the needle
  - Whether they could move up in needle size

Obtained the physician order and move a arterial buttonhole to 14 gauge if possible
Our results

- Our AVF rate continues to fluctuate a bit but constant communication, commitment, and partnering with staff and patients helps.
- Our adequacy has also shown a positive outcome as a result of use of more AVFs that function well.
The future

- Continue to meet weekly, more if needed
- Our medical director continues to take on the lagging surgeon and refers to surgeons out of town if need be
  - This is where your social worker helps arrange transportation. We change the patient’s dialysis schedule if needed to accommodate appointments with new surgeons
Implementing a program

- To initiate this program, it takes complete commitment from your medical director, manager and 1-2 team/staff members
- Does not have to be a huge project:
  - Short meetings
  - Quick reaction time
  - Consistency
- We will always have new patients with catheters but we will not have them (catheters) in our units for long period of time
Questions ?
How To Make A Good Vascular Access Program Even Better

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**POST TEST**

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