

## Strategies to Increase Incident Patient AVF-in-Place Rates

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### Alaska, Washington, Oregon, Idaho and Montana

- 8 transplant centers
- 2551 incident patients (2010): 23%
- 11,326 prevalent patients (12/31/10)
  - hemodialysis patients: 85.7%
  - home hemodialysis: 2.4%
  - peritoneal dialysis: 11.9%
- 164 hemodialysis units

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### Fistula First Breakthrough Initiative

Added 2 new Change Concepts in 2009

#12: **Modify hospital systems to detect CKD and promote AV fistula planning and placement.**

#13: Support patient efforts to live the best possible quality of life through self-management.

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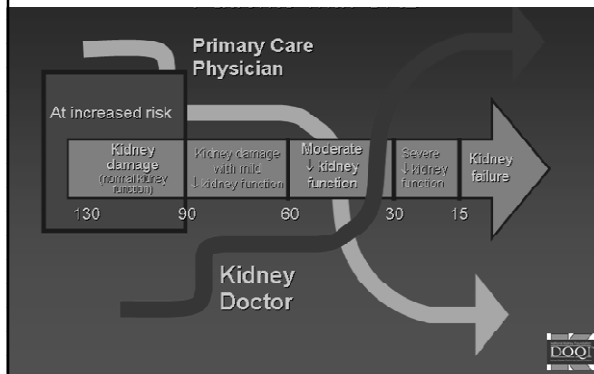
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### Co-Management of Patients with CKD




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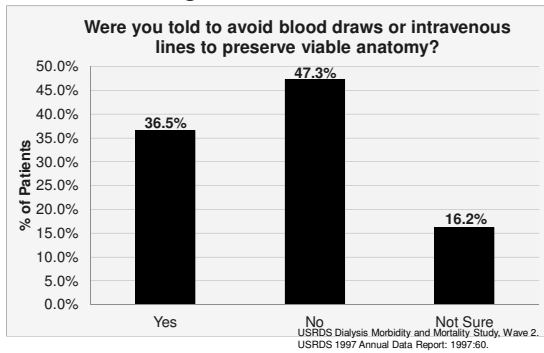
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### Lack of Education About Vascular Access During CKD




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### CC #12 – Detecting CKD

Hospital care coordination for:

- Discharge planning
- Patient and family support
- Vessel mapping
- Access placement

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### What Can Professionals Do For CKD Patients?

1. Ask hospital laboratory to report eGFRs.
2. Protect the patients veins from blood draws and IV lines.
3. Before discharging a CKD patient, has the patient been:
  - ✓ Referred to a nephrologist?
  - ✓ Had vessel mapping completed or scheduled?
  - ✓ Had an AV fistula placed, if possible, or scheduled?

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### What Can Professionals Do For CKD Patients?

4. Hold a collaborative meeting, inviting surgeons, interventionalists, nephrologists, hospitalists, discharge planners, PCPs
  - ❖ Must know the needs of our patients
    - ✓ Saving the veins
    - ✓ Limiting PICC lines
    - ✓ Preserving current accesses

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### “Save the Vein” Campaign – ANNA



- ❖ Wear your wristband.
- ❖ Do not let ANYONE take blood or use the veins for an IV in the protected arm, except in an emergency. Always use your hands first for vein access or blood draws.
- ❖ Inform ALL health care providers of your needs.

#### “Salve la vena”

- ❖ Use la pulsera Save the Vein (STV) “Salve la vena.”
- ❖ Informe a TODOS los proveedores de atención médica sobre sus necesidades.
- ❖ No deje que NADIE le saque sangre o use las venas para una inyección IV en el brazo protegido, excepto en una emergencia. Siempre use primero las manos para el acceso a la vena o para las extracciones de sangre.

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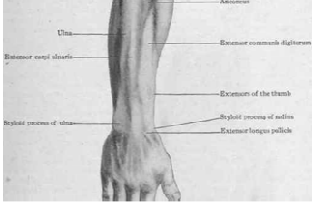
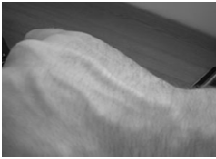
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### Where to Draw Blood?

Dorsum of the hand

Dorsal forearm

<http://chestofbooks.com/health/anatomy/Human-Body-Construction/Surface-Anatomy-Of-The-Forearm.html>

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### FFBI Vein Preservation Tools




**STOP**

**arteriovenous  
FISTULAFIRST**  
AVF - The first choice for hemodialysis

**THIS PATIENT HAS A DIALYSIS VASCULAR ACCESS**

- No Blood Pressures in the arm with the vascular access
- No needle punctures in either arm
- Use hand vessels if possible, if not ask MD



**ALERT**

**arteriovenous  
FISTULAFIRST**  
AVF - The first choice for hemodialysis

This Patient's Dialysis Access is a  
**Temporary Catheter.**

Please:

- Schedule Vessel Mapping
- Consult Access Surgeon

Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Reduce PICC Line Placement



The Renal Network, Inc.  
Reducing the Use of PICC Lines  
in Chronic Kidney Disease Patients

**Patient Requires Venous Access**

Options:

- Peripheral IV
- PICC Line
- Small Caliber Tunneled CVC or Port

PICC Line Requested

Does patient have **CKD Stage 3 or greater?**  
Creatinine > 2.0 and/or GFR < 60ml/min

**YES** CKD Stage 3 or Greater     **NO** PICC Line Acceptable

**PICC LINE**

Small Caliber Tunneled CVC

**WHY?**

- > Associated with central vein stenosis
- > Medications can cause irritation to the vein endothelium
- > Damaged upstream veins can't support AVFs

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### Stage 5 – ESRD Catheter Only

- Patient arrives to your unit with catheter only...what is your plan?
- Initiate the Catheter-Only Assessment Tool
- Based on the assessment, design a plan of care for the patient:  
Who, what, where, when, and how

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### Catheter-Only Assessment Tool

#### New Patient Admission Catheter Only Access Assessment Tool

- Determine why the patient has a "catheter only" access...
  - No insurance
  - Unable to get a surgical appointment
  - Emergent dialysis needed
  - Told not a candidate for other access
  - Refuses
  - Needle phobia
  - Other \_\_\_\_\_
- Determine if the patient received vascular access education...
  - Yes
  - No
  - Told the nurses would talk about it later
- Determine if the patient had vessel mapping done before coming to dialysis...
  - Yes
  - No
- Determine if the patient has been scheduled for surgery for a permanent vascular access...
  - Yes - when \_\_\_\_\_
  - No

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### Make a Plan

- Do you have a vascular access manager?
  - ❖ Access problems are funneled to the VAM
  - ❖ VAMs coordinate with nephrologists and/or surgeons to handle access issues
  - ❖ Track, monitor, and report issues
  - ❖ Report to the QI Committee
  - ❖ May help patients make appointments and make reminder calls

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The Nurse's Role

- Assess the new AVF every dialysis treatment after surgery
- Document details in the progress notes every treatment
- Report unusual findings to the nephrologist
- After one week, instruct the patient on access exercises

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Develop a Staff Rating System

- **Experts:** Cannulate all new AVFs, create all buttonhole sites, cannulate all complicated accesses
- **Intermediate:** Cannulate all accesses except for those listed under the Expert Level
- **Novice:** Select certain accesses to improve skill set
- **New:** Training arms only – no patient cannulation

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Continually Educate Your Patients

- Patients who refuse – continue to discuss the benefits vs. risks
- Consider a catheter-patient-converted-to-AVF to speak with patients

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**Barriers**

- We all have barriers
- It's how we respond to them that makes a difference
- It may be a big investment to initiate some of these steps, but once you have established relationships, created a plan, and assured staff cannulation competence...you should see your AVF-in-place and AVF-in-use rates increase

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**Questions?**

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**Resources:**

[www.nwrenalnetwork.org](http://www.nwrenalnetwork.org)  
[www.fistulafirst.org](http://www.fistulafirst.org) (Change Concepts #7 & #12)

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