

VASCULAR ACCESS

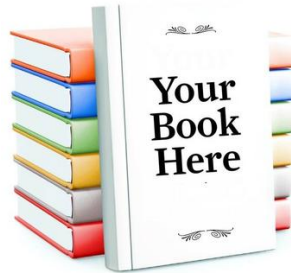
Teaching Your Patients How to be
ADVOCATES for Their Lifelines

Rod Luther, *Vascular Access Coordinator, Upper Midwest Region, Fresenius Kidney Care – 2 years*

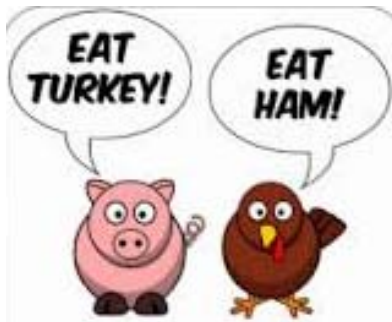
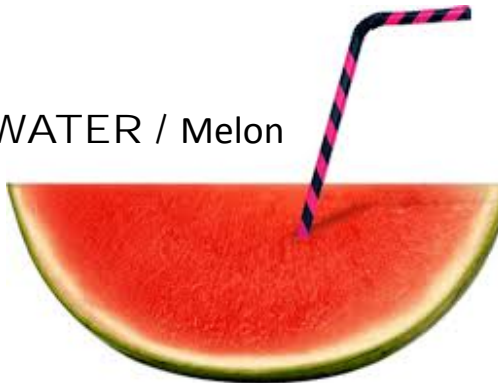
Certified Clinical Hemodialysis Technician – 18 years

JeVonie Tyars, *Former In-Center and Home Hemodialysis Patient; Kidney Transplant Recipient, 2016*

I DIALYSIS PATIENTS

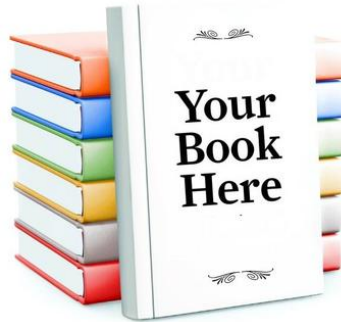


WATER / Melon



You Can't Make This Stuff Up!

I DIALYSIS PATIENTS



They can be fun, funny, interesting, appreciative, warm and caring (**they could say the exact thing about the dialysis staff**)!

They can be frustrating, demanding, irrational, ungrateful, mean and ornery (**they could say the exact thing about the dialysis staff**)!

They have some good excuses...what are yours?!

Do you want to trade places?!

DIALYSIS STAFF & DIALYSIS PATIENTS = A **UNIQUE** Healthcare “Relationship.”



“We spend more time with each other than we do with our families.”

“It’s almost like we are a family!” (families come with dysfunction)

“For some patients, this is their only social outlet.”

“I love my techs and nurses...they are funny and crazy.”

“My techs and nurses make it fun to be here.”

“They are always nagging me about something!”

“They think we can’t hear what they talk about.”

“I would recommend a friend or family member to come here for dialysis.”

“I would not recommend a friend or family member to come here for dialysis.”

Objectives: *Dialysis staff members teaching their patients:*

- Proper **assessment** of their own access.
- Their dialysis company's/clinic's **protocols** for assessment/prep/cannulation/care of their access, and the importance of holding the staff **accountable**.
- Understanding of the importance of **site rotation** and holding staff **accountable** to this...If patients are demanding to be cannulated in the same area, knowing how to **teach them** the importance of site rotation.
- Knowledge of the **s/s** associated with potential **access issues**.
- Knowledge and understanding of their monthly transonic/access flow testing **results** and what they mean.
- Understanding of the importance of **access intervention** (fistulograms/angios/etc.)
- **The risks associated with CVCs**

“That’s somebody’s dad, grandma, son, aunt.”

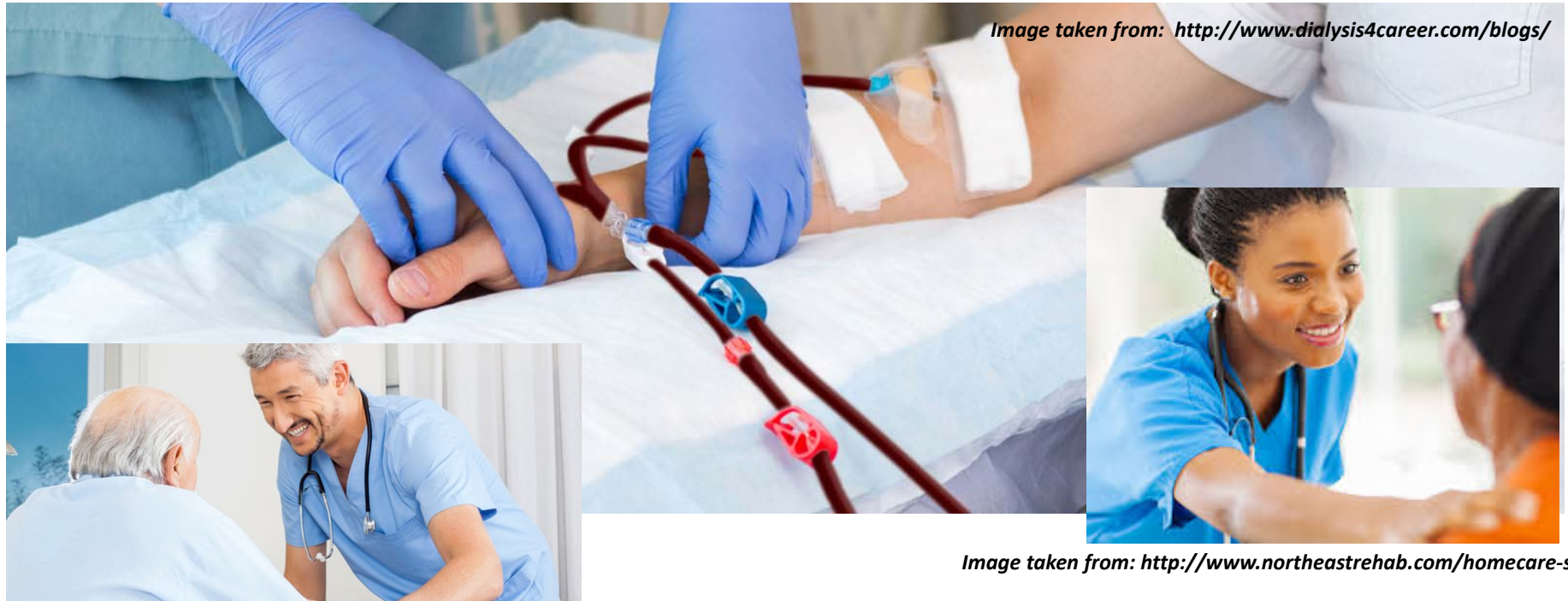


Image taken from: <http://www.dialysis4career.com/blogs/>

Image taken from: <http://lsh.ernesthealth.com/>

Image taken from: <http://www.northeastrehab.com/homecare-services/>

Before we begin, think of what kind of dialysis patient **you** would be?
Knowing what you know, would you own your care...or give it away?



Access Assessment

- 1) Home access assessments (“Morning/Noon/Bedtime”)
- 2) “Look, Listen, and Feel” (see handout*)
- 3) Company protocols/P&P for access assessment/ prep/ cannulation/ taping/ care during treatment/ removing needles.

Staff + Patient Knowledge = Teamwork = Accountability = Quality Care

* http://midwestkidneynetwork.org/sites/default/files/avf_assessment_poster.pdf

Access Assessment



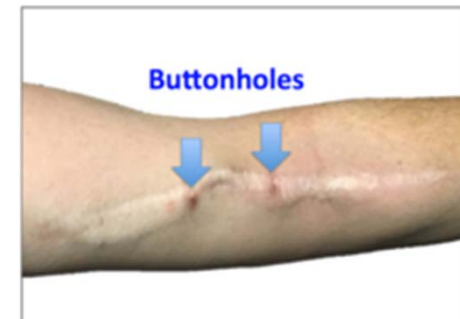
PATIENT PERSPECTIVE

**A WALK IN
MY SHOES**



Site Rotation / Buttonhole

- 1) **“ONE-SITE-ITIS”** – WE all know the risks – do your PATIENTS? (Human nature vs. comfort zone/complacency)
- 2) Root Cause(s) at YOUR Facility (Staff or Patient-Driven – who “gives in?”)
- 3) Education?
- 4) BUY-IN from Staff and Patients
- 5) “Rope-Ladder” vs “Area Cannulation” vs “Buttonholes”



Images taken from: <http://homedialysis.org/news-and-research/blog/147-let-s-not-throw-out-the-buttonhole-ldquo-baby-rdquo-with-the-bathwater>

Site Rotation / Buttonhole



PATIENT PERSPECTIVE

**A WALK IN
MY SHOES**



S/S of Access Issues

*Do YOU Know them?

*Are you WATCHING for them EVERY TREATMENT?

****Do you TEACH them to YOUR PATIENTS?**





Vascular Access Monitoring and Surveillance

Vascular Access Monitoring and Surveillance – Conditions for Coverage

Section 494.90(a) (5) of the revised Medicare Conditions for Coverage for End-Stage Renal Disease Facilities addresses vascular access and patient plans of care. The concurrent ESRD Program Interpretive Guidance provides guidelines for evaluating the effectiveness of a facility’s vascular access monitoring and surveillance program. Specifically, V551 stipulates the regulation “**patient’s vascular access must be monitored to prevent access failure, including monitoring of arteriovenous grafts and fistulae for symptoms of stenosis**” interpretation as that a facility must have an **on-going program for vascular access monitoring and surveillance for early detection of failure and to allow timely referral of patients for intervention when indications of significant stenosis are present.**

Download the Interpretive Guidance in its entirety at <http://www.cms.hhs.gov/EOG/downloads/EO%200526.pdf>. For additional guidance on vascular access monitoring and surveillance, including WebEx presentations and change concepts that can be implemented in your facility, visit the Network website at <http://www.esrdnet5.org/stenosis.asp>.



Vascular Access Monitoring and Surveillance

Vascular Access Monitoring and Surveillance – Conditions for Coverage, continued

*The Patient's **medical record** should show evidence of monitoring and surveillance of the vascular access... for stenosis and signs of impending failure.

*A staff member must **review** the monitoring/surveillance documentation to **identify trends and take action** when indicated.

***Patient education** should address **self-monitoring**.

***Monitoring strategies** include the following:

- Physical exam of the access; Adequacy changes; Venous pressure changes; Difficulty in cannulation; Difficulty in achieving hemostasis; Precipitating events should also be noted, such as hypotension or hypovolemia

***Surveillance strategies** include device-based methods, such as the following:

- Access flow measurements; Direct or derived static venous pressure ratios; Duplex ultrasound

Download the Interpretive Guidance in its entirety at <http://www.cms.hhs.gov/EOG/downloads/EO%200526.pdf>. For additional guidance on vascular access monitoring and surveillance, including WebEx presentations and change concepts that can be implemented in your facility, visit the Network website at <http://www.esrdnet5.org/stenosis.asp>.



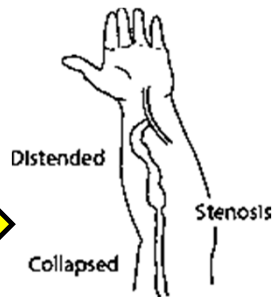
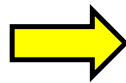
Vascular Access Monitoring and Surveillance

* TRANSONICS?



STATIC VP STUDIES?

*** ARM ELEVATION TEST?



** ACCESS FLOW TESTING (OLC)?



What are **YOUR PATIENTS'** level of involvement / understanding / knowledge of the importance / knowledge of their results?

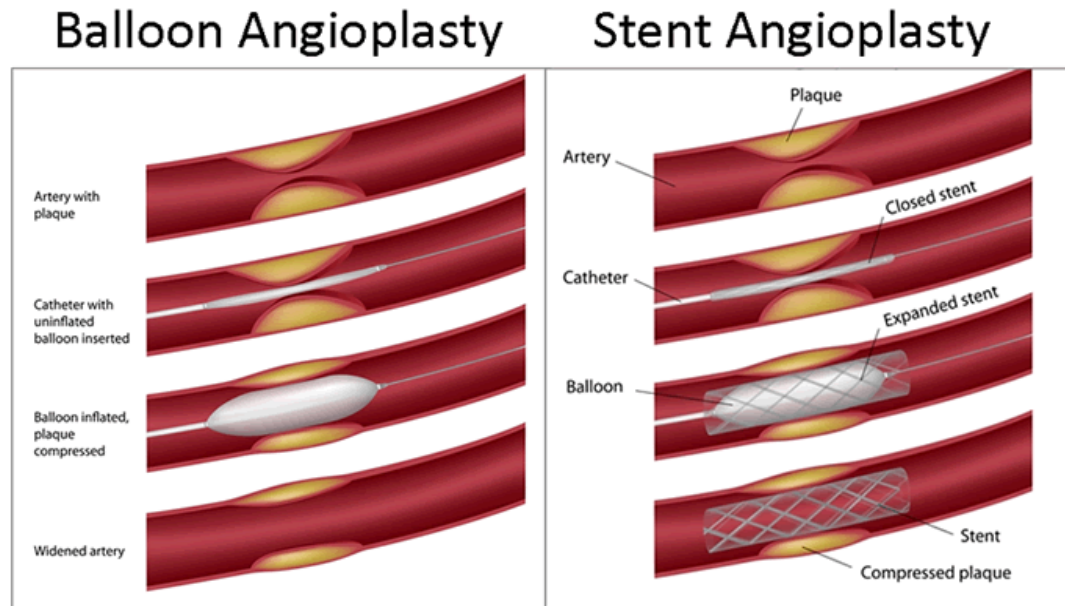
Images Taken from: * <https://www.trasonic.com/> * * <http://www.renaldynamics.com/products/hemodialysis/>
* * * http://www.vasamd.org/resources/documents/vascular_access_team/staff-arm-elevation_test_vb_11.pdf



The Importance of Access Intervention

*Do you **TEACH** your patients the IMPORTANCE of ACCESS INTERVENTION APPOINTMENTS?

*Do **YOU** know what happens at an INTERVENTION? (Are observations allowed?)



Images taken from: <http://coastalvs.com/angioplasty-stents-clearwater/>

Access Intervention



PATIENT PERSPECTIVE

**A WALK IN
MY SHOES**



CVC Reduction

*Do you **TEACH** your patients the **RISKS** associated with CVCs?



Image taken from: <https://www.thinglink.com/scene/726207557126848512>

CONCLUDING REMARKS

We are **ALL** responsible to provide the best care possible to our patients.

Part of this includes **TEACHING** your patients how to be **ADVOCATES** for **THEIR LIFELINES.**

REMEMBER...

“That’s somebody’s dad, grandma, son, aunt.”

Image taken from: <http://macm.net/>

References

Section 494.90(a) (5) of the revised Medicare Conditions for Coverage for End-Stage Renal Disease Facilities
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<https://www.thinglink.com/scene/726207557126848512>

<https://www.transonic.com/>

http://www.vasamd.org/_resources/documents/vascular_access_team/staff-arm-elevation_test_vb_11.pdf

Thank You!



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