

Fresenius Medical Care

**Early Referral to
Vascular Surgeon**

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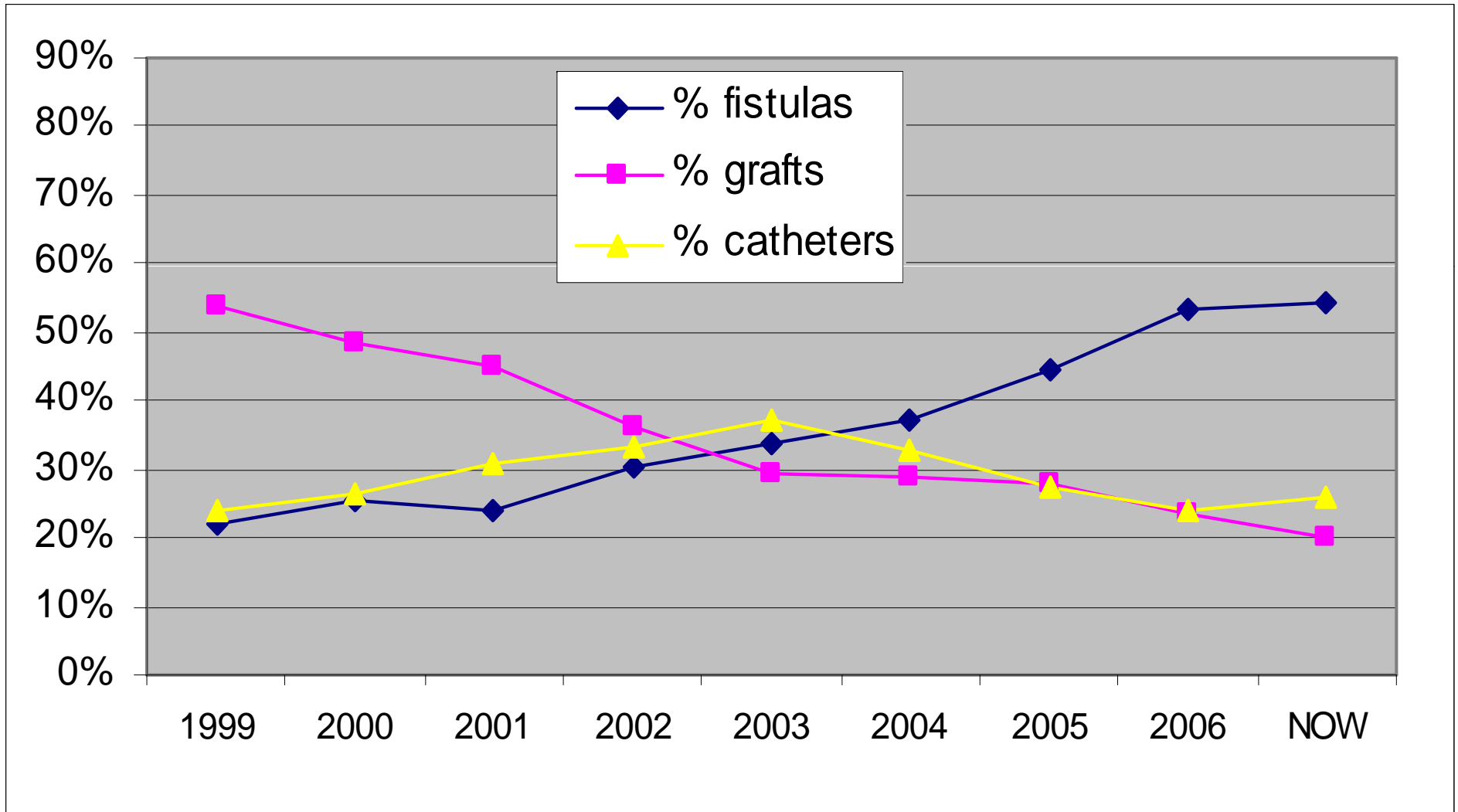
Akron Vascular Access Management Team

- Team consists of nephrologists, surgeons, clinic managers, interventional radiologists, vascular access coordinator, acute dialysis staff, admission coordinator, dialysis nurses & technicians
- Regular meetings
- Lots of brainstorming
- Collect & analyze data

Identified Problems

- Still too many patients starting with catheters
- Issues from starting dialysis with catheters
 - Infections
 - Vascular damage
 - Increased morbidity and mortality
 - Patients start refusing
- Need new strategies for early access placements
- Process needed to begin prior to pt starting outpatient dialysis
- Nephrologists not sending patient in early enough

Surgeons -Fistula rate up & graft down
Nephrologists- Catheters no improvement



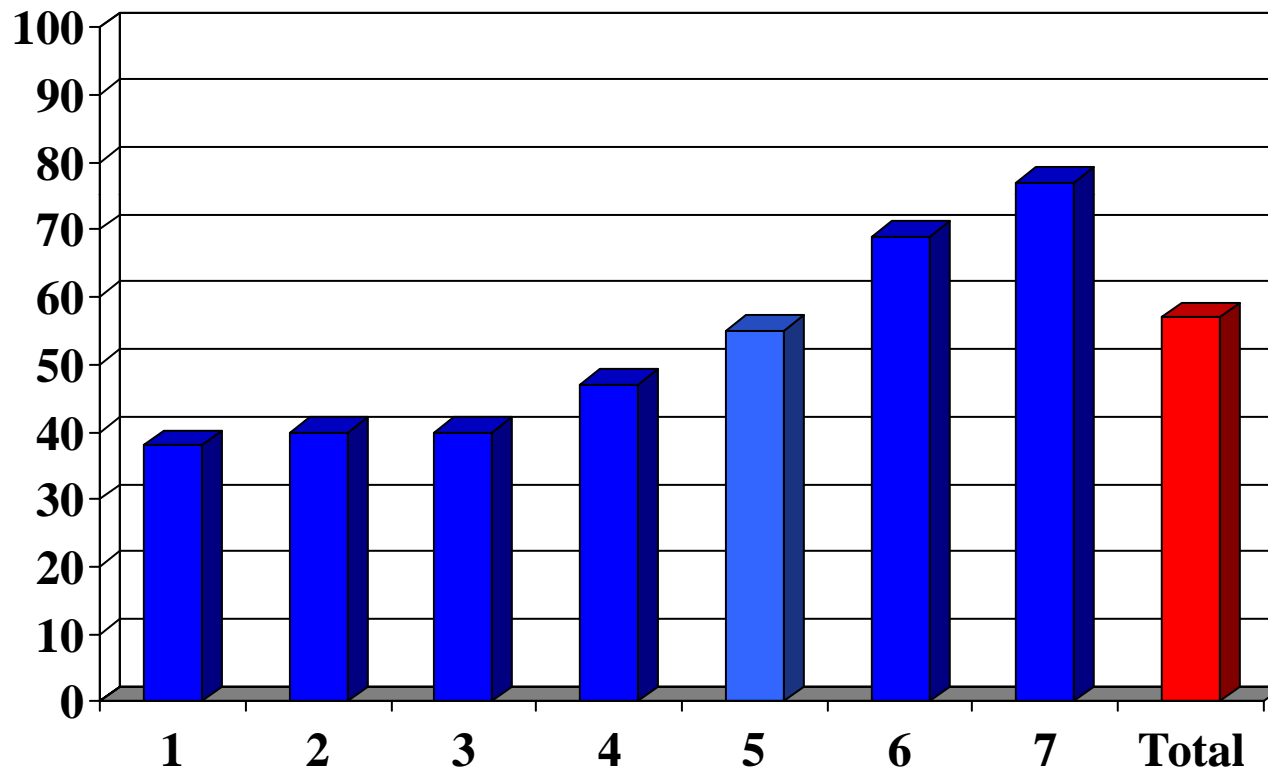
Nephrologists Data

Looked at new patients starting at
outpatient clinic

- What access pt started with
- Nephrologist who started patient
- If pt was office or hospital start
- If office pt how long followed in office
- If vein mapping done
- If surgeon consult
- Who is the surgeon

DATA ANALYSIS

% New Starts followed in office starting with AV Access



Facility Access Management Referral Process

New starts from Office

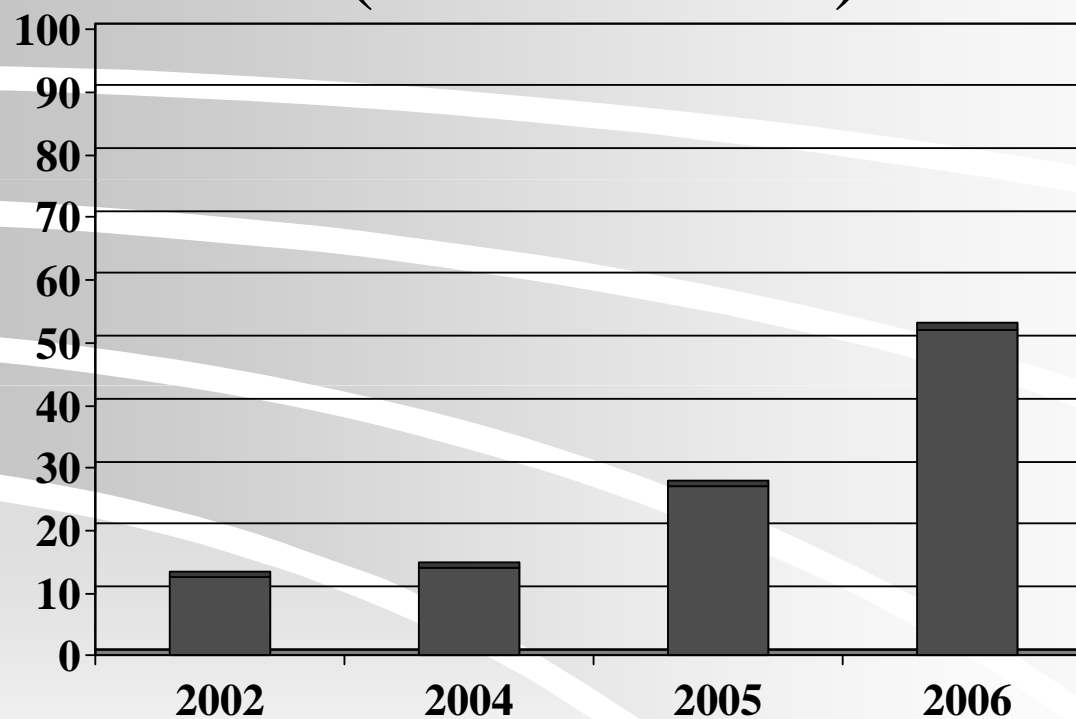
- Call made from Nephrology office to Admissions- question what vascular access pt has, if pt has catheter has vein mapping been done & appointment made with surgeon.
- Information forwarded to clinic and reviewed by clinical manager.
- If CVC present- call made to VAC if vein mapping or appt for surgeon needs to be made. *Make appointments right away.
- If CVC with maturing AVF/G- is follow up appt scheduled with surgeon?
- If AVF or AVG present- get OP report or tracking form for date of placement, direction of flow, OK to use and/or other pertinent info to watch for.

Facility Access Management Referral Process

New starts from Hospital

- Call made from Hospital (acute unit or case manager) to Admissions- probably has catheter- vein mapping done, surgeon consulted, access surgery done? *Request all to have had vein mapping done.
- Information forwarded to clinic and reviewed by clinical manager.
- If no vein mapping done- call made to acutes -try to have done before leaving hospital. If not possible, schedule as outpt ASAP.
- If surgeon consult was not done- get appt ASAP.

% Patients starting first chronic center treatment with AV access (No catheter)



Keys to Success

- Make appointment for surgeon ASAP
- Vein mapping to be done prior to appt w/surgeon
- Good communication with nephrologist and vascular surgeons
- Frequent vascular access task force
- Monthly QAI review of new starts & why catheter? Trying to get medical director involved
- Presenting individualized statistics to nephrologists and surgeons
- Review of patient with catheters qmonth
- Sending literature/recent studies to nephrologists & surgeons

Thinking outside the Box

- In center PD program as bridge to fistula maturation.
- Keeps CVC out of patients
- Emergent starts have PD catheter placed
- Cycle during day or night at facility with staff assistance 3/week. GFR >6
- When fistula mature pt decides whether to continue with PD or start Hemodialysis