Long Term Catheter Project: Plans for Patients and Staff, Steps to take post COVID

Midwest Kidney Network

May 2020
Reducing Long-term Catheter Rates

Goal: Decrease LTC rate in the Midwest Kidney Network Region

Who: Every hemodialysis facility within the Midwest Kidney Network region will be included in the project.
Access Placement Issues since COVID-19

• Many hospitals and vascular access clinics have suspended operations for AVF creation as they consider them “nonessential”

• CMS prioritizes dialysis access procedures March 26, 2020:
  “We (CMS) wish to clarify that these planned procedures are essential in that establishing vascular access is crucial to end-stage renal disease patients to receive their life-sustaining dialysis treatments.”
New Strategies and Ideas

1. Work with **inpatient acute** dialysis providers through an outpatient unit outreach to get the process of permanent vascular access creation started while the patient is still in the hospital before going to an outpatient dialysis unit. Review education sources.

2. Share **emergent technologies** of AVF creation such as Elipsys and everLinq to units to distribute to their surgeons.

3. Share information on **cannulation** methods for new accesses to improve the longevity of fistulas and grafts.
Access Choice Video

• https://www.youtube.com/watch?v=J8cySsUbJOs

• A short 13-minute patient video on access choice. Show in the outpatient unit TV system.

• Highlights positive aspects of a fistula and answers questions patients may have.

• Get this link to the acute dialysis team your center uses for early patient education on need for permanent access placement.
• This brochure goes through the steps for patients in planning for an access. It is available in English and Spanish.

• This can be handed out by acute dialysis staff or outpatient unit staff.
Patient Education

"Ready, Set, Go" The Steps to Catheter Freedom
Weeks 1-2: New Fistula Daily Check

Check your fistula every day.
If you do not know how, ask your Dialysis Care Team to teach you how to monitor your fistula.

Look

Did you notice anything different when you checked your fistula today?

No change. Yes, a change.

Feel

Call the contact given to you by your Dialysis Care Team. Share what you found. They will tell you what to do next.

Patient

"Ready, Set, Go" The Steps to Catheter Freedom
Weeks 1-2: New Fistula Daily Check

Go

Look

The dressing is clean and dry.
The skin around the dressing looks like it did before you had surgery. The hand looks the same as it did before surgery.

The arm is bruised and/or the hand is not the normal color.

When the dressing is no longer needed, the surgery site is clean and dry.

When a dressing is no longer needed, place your hand over the fistula. You can feel the fistula under the skin.

STOP

Look

The dressing is wet or soiled. There is drainage on the dressing.

There is redness, swelling, or drainage.

Stop

Feeling

You cannot feel the fistula. The hand of the affected arm feels numb and/or cold to the touch.

Ask a member of your Dialysis Care Team to complete the form below. Did any of the results of your daily fistula check fall under the "STOP" column?
If so, call the contact listed below and share your results to find out what to do next.

Contact:

During regular facility hours:

After hours:

www.esrdncc.org

The public electronic health record was created by the Center for Medicare & Medicaid Services, Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Patient Education

• This is a great one-page handout for patients to see each type of access.

• This can be handed out by acute dialysis staff or outpatient staff.
Patient Education

- This is a one-page handout showing the benefits of AVF over CVC.
- This can be handed out by acute dialysis staff or outpatient staff.

Benefits of Having a Permanent Access

Are you getting the most out of your dialysis treatment?
Is your current access meeting your needs?
Is there another type of access that might work better and could give you more freedom?

Find out by getting an evaluation for a permanent dialysis access!
An access is needed to reach your blood so that it can be cleansed by the hemodialysis machine. The two permanent access types include the:

- **Arteriovenous fistula**, which is often referred to as an AVF.
  - This access can be done with a minor surgery that joins an artery and vein in your arm.

- **Arteriovenous graft**, which is often referred to as an AVG.
  - This can be done with a minor surgery that uses a piece of soft tube to join an artery and vein in your arm.

**Top Patient-Identified Benefits of a Permanent Access**

Having a permanent access could give you:

- The ability to take a bath/shower and do water sports.
- Improved skin tone with less itchiness and dryness.
- The potential for a shorter chair time due to fewer alarms interrupting and faster hook-up/take-off times.
- Less risk for infection or hospitalization.

Although a permanent access type, including an AVF or AVG, is preferred, it may not always be the most suitable access option. Please talk with your care team about what the best access type is for you!

This material was prepared by HSAG ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CA-ESRD-17A139-04WE017-01.
Patient Education

• This is a one-page sheet with a place for each patient's appointment day and time

• This can be handed out by acute dialysis staff or outpatient staff.
Fistula or Catheter Brochure

- Available: Call us at 651-644-9877.
- Or email Alli Bailey at Alli.bailey@midwestkidneynetwork.org
Patient Education

Facts you should know!

On average, patients who dialyze with a catheter are 15 times more likely to get a vascular-access related infection than patients using an arteriovenous fistula for dialysis.

Patients who receive dialysis with a catheter spend on average 25 days per year in the hospital compared with only 7.7 days for patients with an AV fistula.

Patients who dialyze with a catheter have two times the risk of death compared to patients who use an AV fistula.

Patients using catheters have a 98 percent greater risk for a major heart problem.

Patients who use an AV fistula report greater physical activity, energy, and emotional and social wellbeing compared to patients using a catheter.

Midwest Kidney Network

Fistula or Catheter: Patient Perspectives

Dialysis patients share their stories about choosing vascular access.

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2019

Fistula or Catheter: Patient Perspectives

"I’m glad that my catheter allows me to leave sooner after dialysis, and I do not have to wait like other patients."

"I like having a catheter—I don’t have to wait around for my need to go to clot."

"With this catheter, I don’t think I look as sick as those patients with a fistula in their arm."

"I chose a catheter. I feel like I have enough energy."

"Infection is a risk, but if I keep my catheter clean I can control it."

"I am glad now that I have a fistula. I feel and feel physically better! With my catheter, I couldn’t hide my lack of wellness."

"I feel so much better now that I can be out more with my friends and family. I couldn’t do this with a catheter."

"I do have to wait around for a few minutes after dialysis for my site to clot, but I haven’t been in the hospital since my catheter was removed."

"Complications with my catheter put me in the hospital. I wish I could be spending more time at home with family."

"With a catheter, my wife cared for me at home. Even her nursing skills could not keep me free from infections. I don’t worry about that now that I have a fistula."

"I am glad now that I have a fistula. I feel and feel physically better! With my catheter, I couldn’t hide my lack of wellness."

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"With a catheter, my wife cared for me at home. Even her nursing skills could not keep me free from infections. I don’t worry about that now that I have a fistula."
This visual educational tool for patients to see exactly where the catheter tip goes is one. Print one out for IP dialysis unit.
A Unique Idea

Model Heart for patient to hold

Link to purchase

- Buy one for your favorite acute unit staff to use and one for OP use.
Staff Education

- This tool goes through the steps for staff to educate their patients on vascular access planning.
- Acute dialysis nursing staff should be familiar with this process also.
Staff Education on Access Assessment

7-page picture document available
Elipsys AVF Option

• New method for AVF creation
• Get this info to your surgeons and medical directors as an option for AVF creation.
  • [https://avenumedical.com/ellipsys/](https://avenumedical.com/ellipsys/)
  • Brochure link

* MKN does not endorse any specific product*
WavelinQ™ EndoAVF Option

• New method of AVF creation using magnets
• Get this info to your surgeons and medical directors as an option for AVF creation.

• Link to the product
  • https://www.crbard.com/Peripheral-Vascular/en-US/Products/WavelinQ-EndoAVF-system#SpecificationTable

• MKN does not endorse any specific product
Vascular Access Practice Arm for Cannulation available

Available for use: Call us at 651-644-9877.
Or email Alli Bailey at Alli.bailey@midwestkidneynetwork.org
Cannulation Information

Items available from Midwest Kidney Network:

1. Sample Competency tool for Cannulation and Guidelines for Rating & Improving Staff Cannulation Skills
2. Cannulation of New Fistula Policy and Procedure – Sample
3. Staff Complete Guide to Access Assessment
Here are Some Things YOU Can Do Right Away

• Develop a tracking program for reducing catheters or **USE** the one you have.
• Make sure you are using all your staff to discuss strategies to reduce catheters
• Develop a plan for every catheter patient with the goal to transition to a permanent access.
• Think of PD for those patients who cannot have a permanent access.
More...

- Assign a Vascular Access Manager (Has the MOST impact)
- Consider making vascular access management a team process, use all members of your team (SW, dietitian, secretary, etc.)
- Use patients as mentors
- Review monthly Network Access Reports in your QAPI meetings
- Plan to sustain improved access data:
  - Monitor access flow regularly
  - Assign expert cannulators
  - Track/trend patient accesses
  - Track access interventions (declots, angioplasties)
Items Available from Slides

Please contact the Midwest Kidney Network if you would like to use the cannulation arm or want a link to any of this handouts shown here.

Send an email to:
Deborah.bowe@midwestkidneynetwork.org
Thank you!

For questions about the Catheter or Bloodstream infection project, contact Deb Bowe

Deborah.Bowe@midwestkidneynetwork.org

For questions about the Home and Transplant projects, contact Candace Kohls

Candace.Kohls@midwestkidneynetwork.org

For questions about the Data, contact Kristen Ward

Kristen.Ward@midwestkidneynetwork.org

For question about the Resource Center, contact Alli Bailey

Alli.Bailey@midwestkidneynetwork.org