

Sample Dialysis Facility Guidelines for Rating & Improving Staff Cannulation Competency

Purpose of this Tool

- To help define levels of staff cannulation expertise across the dialysis facility
- To assist planning of continuing education and training of staff towards cannulation competency with native vein, synthetic, new, and mature fistulae; also to promote high professional standards in patient communication in the dialysis center
- To improve dialysis patient outcomes through reduced hospitalizations and fewer access complications as (1) cannulators are assigned their patients based on level of skill, and (2) as theoretical knowledge supporting cannulation practice is incorporated into training and assessment
- To supplement or enhance existing facility documentation of staff training
- To assist appropriate matching of staff cannulation skills to patient needs for the dialysis session

Suggested Use of this Tool

- Introduce tool to new employees at commencement of employment, or add to program plan for current employees who are improving their skills
- Discuss role of the tool as a guide to new staff for how their cannulation training will progress, and as a record of the expectations of them to both work within their level of skill whilst still preparing to meet the requirements of the next level
- Explain that documentation of developing expertise will be kept with the employee's education records; ratings will be re-evaluated at frequencies determined by the facility, but at least yearly; date of original rating and due date for re-evaluation should be evident in the training record
- Adapt and expand the tool to reflect the practices and needs of your center, for example, if your center trains staff first to cannulate a fistula then a graft, reverse the criteria in levels 2 and 3.

Rating levels

Employee Description	Rating Level for Cannulating
New employee with <u>no</u> previous cannulation experience	1
New employee with previous experience, or current employee advancing their rating	2-3
Most experienced cannulator	4

Examples of Criteria for Rating Levels

Level 1

- Commence theoretical and observational learning about dialysis vascular access
- Use care plan or patient notes to identify type of access, special cannulation instructions, size of needles required, and other relevant needs
- Carry out patient pre-dialysis preparation, for example, weight and vital signs
- Prepare chair-side area for cannulation procedure, for example, open and prepare equipment and supplies for cannulator.

Level 2

- Staff who have met all requirements of Level 1, in addition to:
- Successfully complete a facility cannulation training course, including (if available) demonstration of facility cannulation procedure on a vascular access practice arm
- Under the supervision of an educator, preceptor or designated assessor, successfully cannulate ten (10) established grafts, using only two needles, achieving the prescribed blood flow rate, and having no infiltrations
- Staff with this rating can cannulate grafts only.

Level 3

- Staff who have met all requirements of a Level 2 cannulator, in addition to:
- Under the supervision of an educator, preceptor or designated assessor, successfully cannulate ten (10) older, established fistulas (cannulated for at least six months), using only two needles, achieving the prescribed blood flow rate, and having no infiltrations
- Staff with this rating can cannulate established grafts and developed fistulas only.

Level 4

- Staff who have met all requirements of a Level 3 cannulator, in addition to:
- Demonstration on a vascular access practice arm (if available) of facility procedure for cannulation of a new fistula
- Under the supervision of an educator, preceptor or designated assessor, successfully cannulate five (5) new fistulas, using only two needles, achieving the prescribed blood flow rate, and having no infiltrations
- Staff with this rating can cannulate all grafts and fistulas.

General Points

- Level 2-3 ratings are generally the most common among a group of staff
- A new fistula being cannulated for the first time is automatically rated 4 and only Level 4 staff should cannulate it
- If a staff member has trouble with a particular fistula or graft, request that another staff member perform the cannulation.
- Identification of the patient's access type should be on the patient's care plan and/or vascular access record. When changes occur, for example, a "new fistula" is designated "mature", or the patient receives a graft after loss of a fistula, both the staff and the patient need to be notified. The staff members who can cannulate that patient will be affected, per the criteria above or that set by the facility.

EXAMPLE

COMPETENCY COMPONENT	MINIMUM ASSESSMENT CRITERIA (facility educators and senior staff would provide)	DATE/TYPE of ACCESS/ASSESSOR NAME/COMMENTS
<p>1. ATTITUDE <i>Professionalism & Communication with the Patient</i></p>	<ul style="list-style-type: none"> ▪ Introduces self to patient ▪ Explains that cannulation procedure is being observed & assessed and determines that patient consents (verbally or implied) to procedure ▪ Asks about problems or concerns with access since last treatment 	<p>Next Evaluation:</p>
<p>2. KNOWLEDGE AND SKILL <i>2.1 Assessment of Access</i></p> <p><i>2.2 Cannulation Procedure</i></p> <p><i>2.3 Problem-Solving Skills</i></p> <p>This is really where we want to emphasize knowledge that informs the learner's skills, rather than just emphasize 2.2</p>	<ul style="list-style-type: none"> ▪ Indicates which type of access is being assessed (new/old/fistula/graft) ▪ Inspects, auscultates and palpates access (per details in the video outline for each of these steps) ▪ Determines AV Fistulas that should not be cannulated because access is <ul style="list-style-type: none"> a) immature or has inadequate diameter or vessel wall thickness b) recently infiltrated - vessel needs healing time c) stenotic, causing inadequate access flow ▪ Provides a rationale for needle sites chosen – avoids aneurysms, strictures, anastomosis, kinks and joints ▪ Assembles & prepares equipment (per steps in facility's procedure) ▪ Learner outlines reasons for and management of scenarios from assessor, for example (facility can create list; use assessor's discretion as to how many scenarios are tested), no blood flow in cannula; infiltration during cannulation procedure; inability to successfully thread cannula & establish blood flow; cannula sites appear red, hot or indurated; access is deep, bruised or bleeding, etc 	<p>Next Evaluation:</p>

COMPETENCY COMPONENT	DATE/TYPE of ACCESS/ASSESSOR NAME/COMMENTS	DATE/TYPE of ACCESS/ASSESSOR NAME/COMMENTS	DATE/TYPE of ACCESS/ASSESSOR NAME/COMMENTS	DATE/TYPE of ACCESS/ASSESSOR NAME/COMMENTS	DATE/TYPE of ACCESS/ASSESSOR NAME/COMMENTS
<p>1. ATTITUDE</p> <p><i>Professionalism & Communication with the Patient</i></p>	Next Evaluation:	Next Evaluation:	Next Evaluation:	Next Evaluation:	Next Evaluation:
<p>2. KNOWLEDGE AND SKILL</p> <p><i>2.1 Assessment of Access</i></p> <p><i>2.2 Cannulation Procedure</i></p> <p><i>2.3 Problem-Solving Skills</i></p>	Next Evaluation:	Next Evaluation:	Next Evaluation:	Next Evaluation:	Next Evaluation:

Copy and attach further pages as needed to record all cannulation assessments					
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