Reducing Long Term Catheters

July 24, 2017

HealthInsight
ESRD ALLIANCE
NETWORK 16 | NETWORK 18

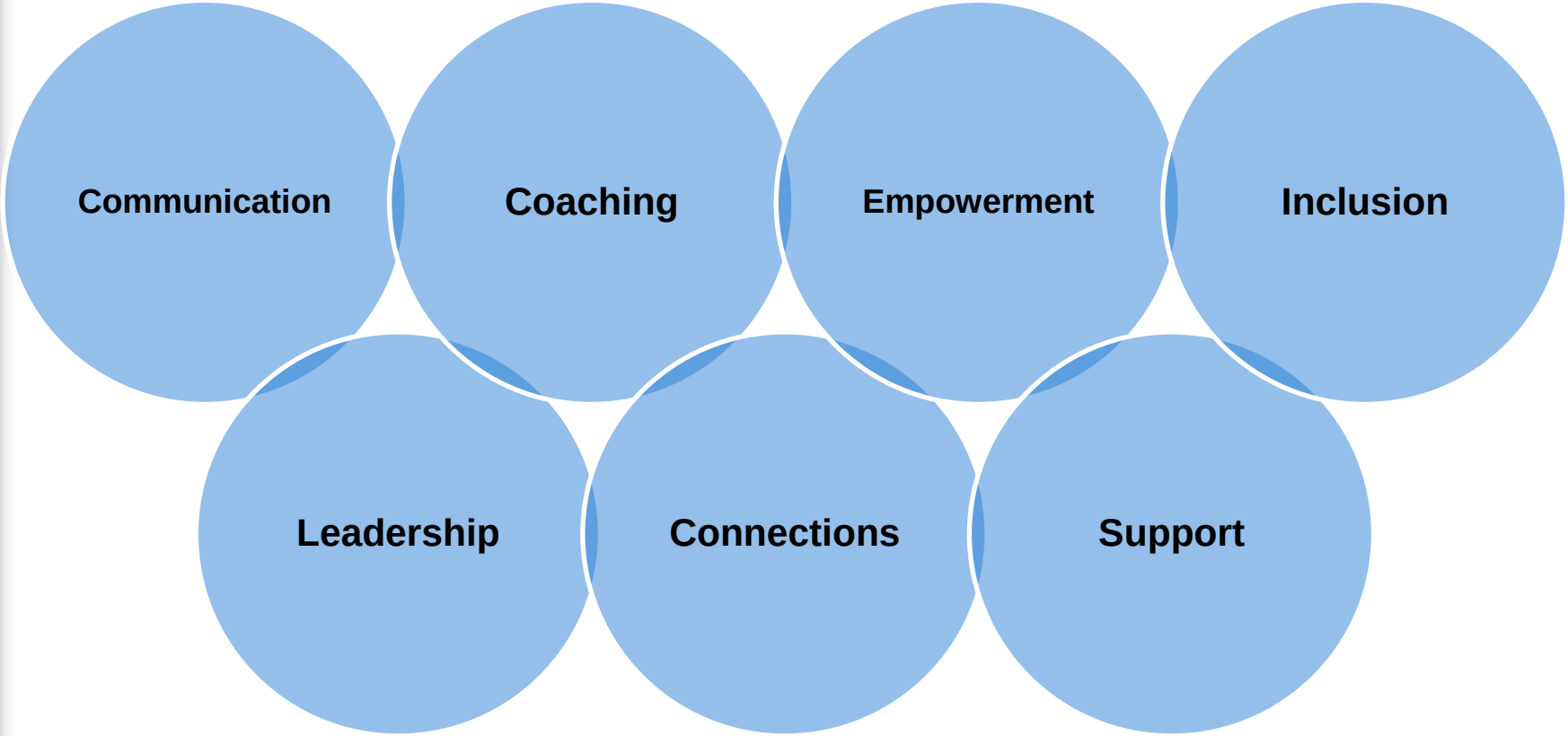
Final Push

- Get your facility to your 2% minimum goal.
- Want off the project for next year:
  - Get your LTC for Jul-Sep below 10%

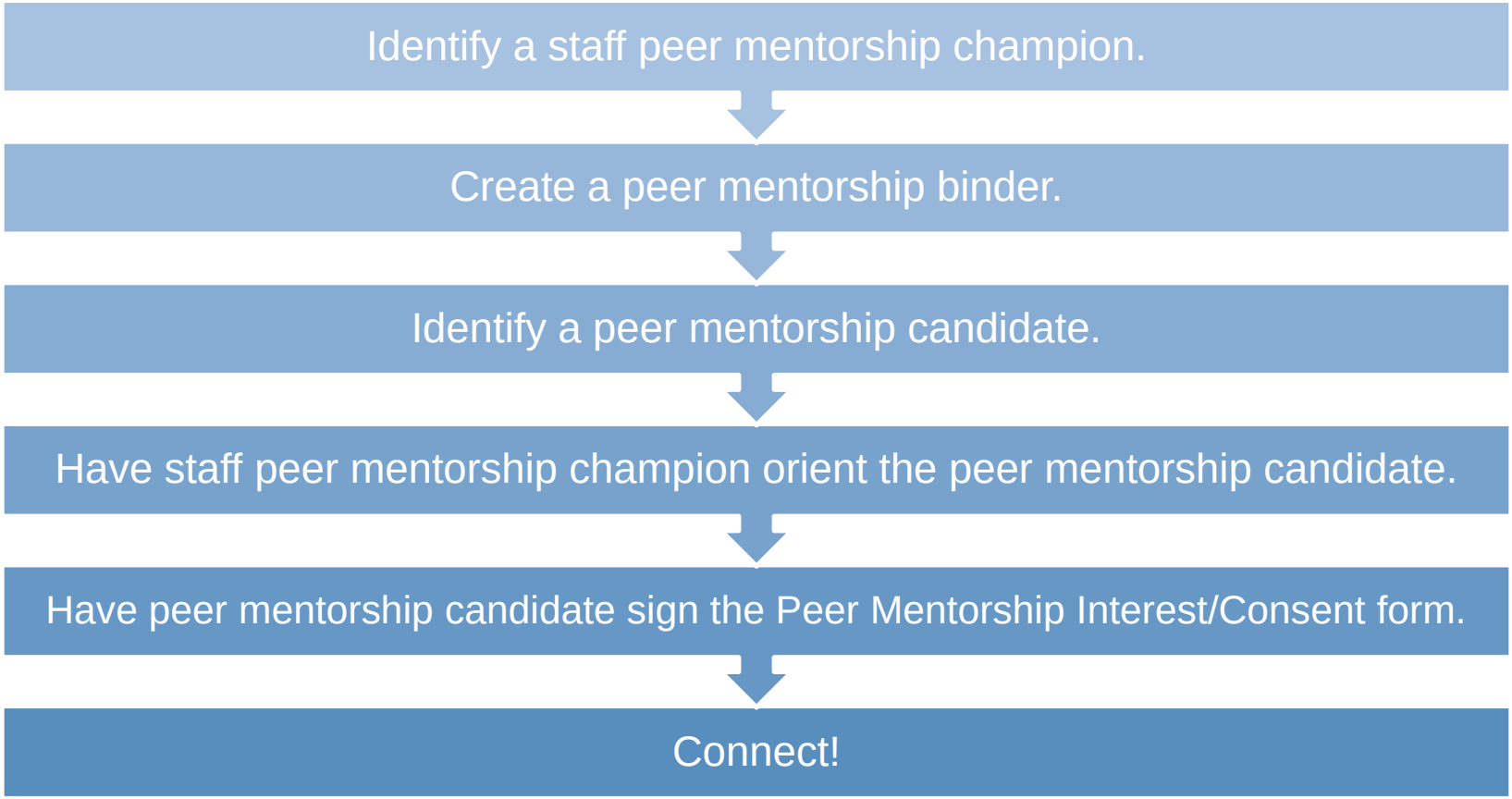
Peer Mentoring

- Benefits:
  - "I can let my hair down with my peer mentor. They have been through some of the same things."
  - "I can ask any question and not feel like I am being silly or stupid"

Benefits of Peer Mentorship

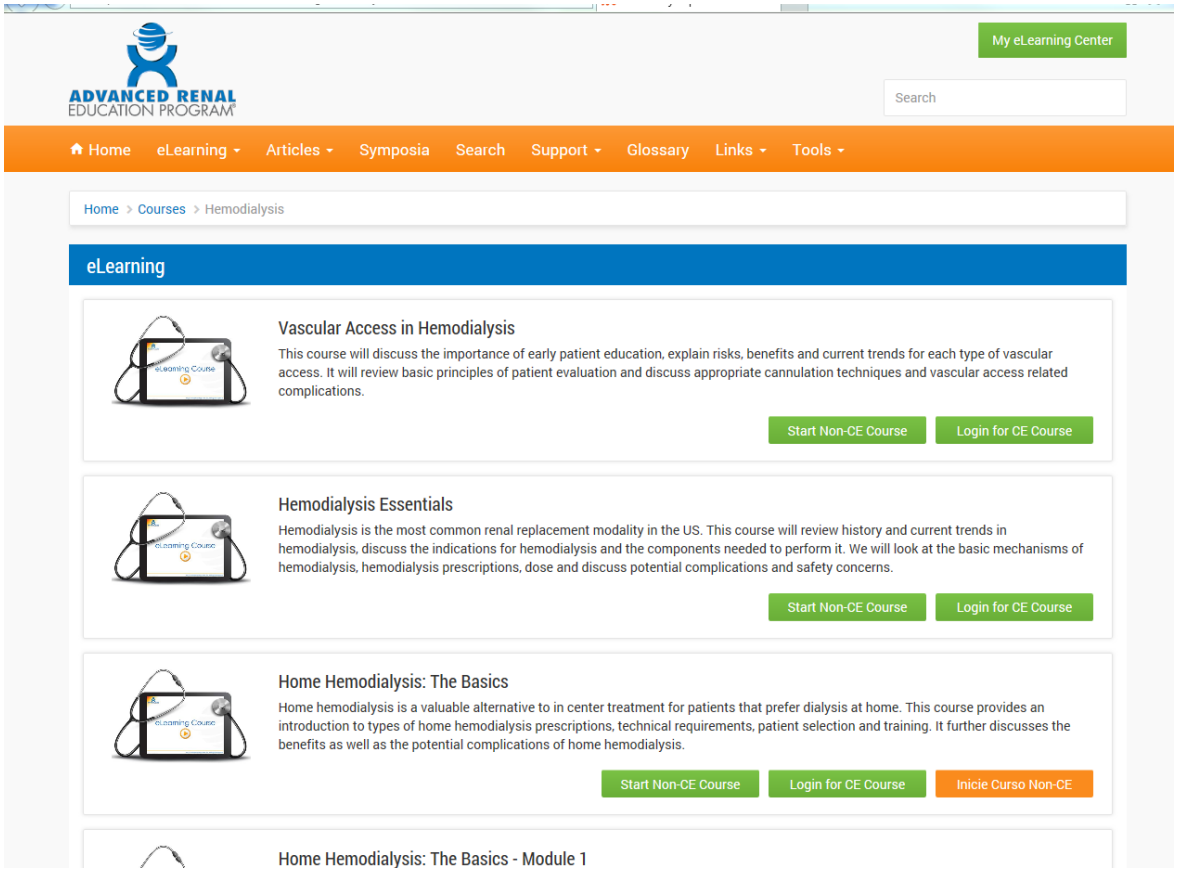


Peer Mentorship Process



Advanced Renal Education Program CE Course

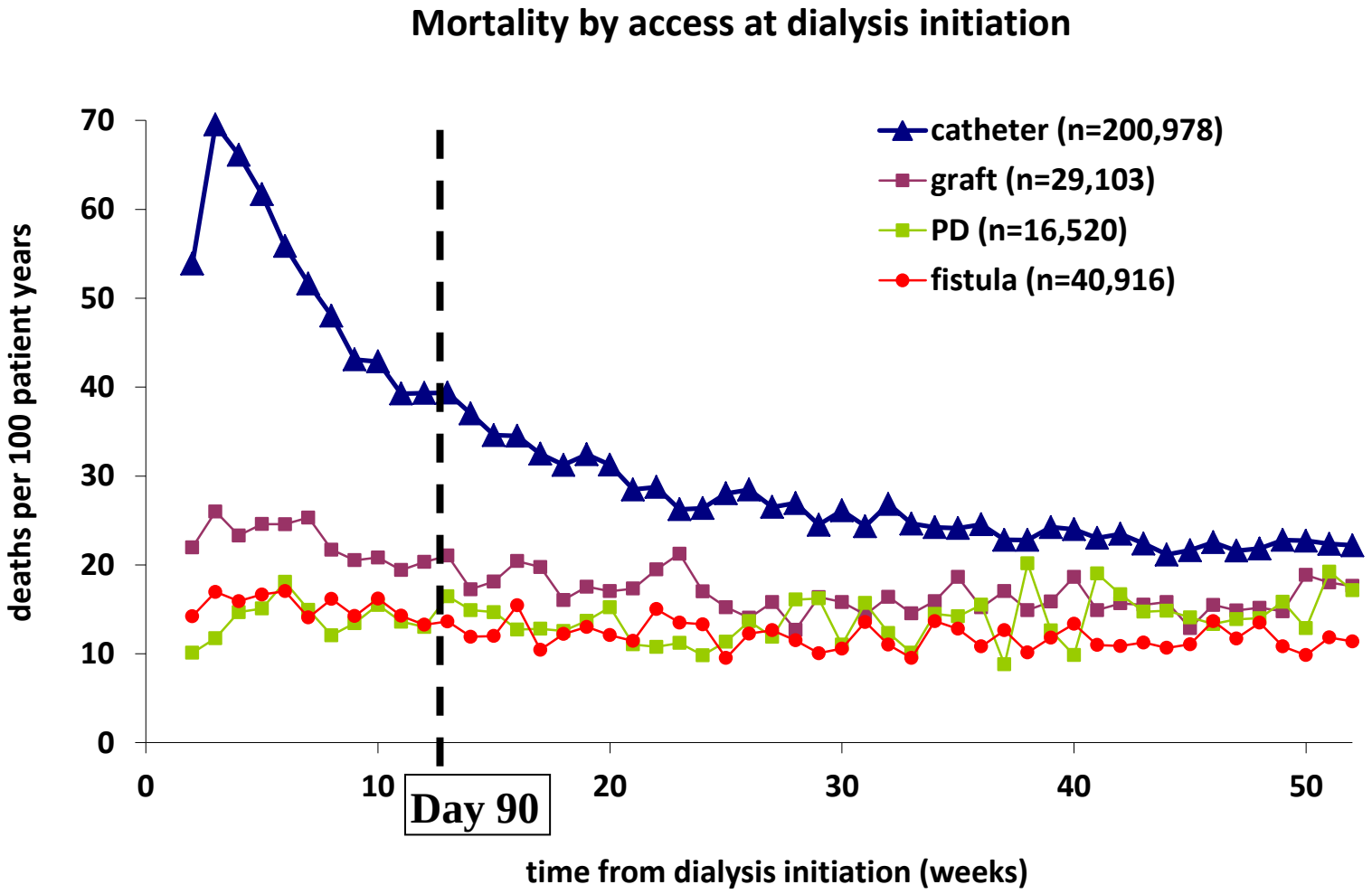
http://advancedrenaleducation.com/elearning/hemodialysis



Topics Include

- Plan Early
- Trends in VA types
- Physical Evaluation
- AV creation
- Preserve the Vessels
- Barriers in AV Creation
- AVF Maturation Monitoring
- HD Access Complications
- VA Patency
- Steal Syndrome

Impact of a Type of Vascular Access



CJASN 2011, Chan

Patient Cannot Handle Open Surgery?

- Accesses can be placed with a local block
- A new, minimally invasive system which uses radiofrequency energy instead of open surgery to create arteriovenous fistulas for patients needing hemodialysis, is reliable, with minimal complications, according to data published in the American Journal of Kidney Disease.
- A one year, single arm, prospective study of 80 pre-dialysis and dialysis patients from nine centers in Canada, Australia, and New Zealand showed that an AV fistula was created successfully in 98 percent of all cases, with 87 percent being physiologically suitable for dialysis within three months of creation by this new magnet-based endovascular technology. Sixty-four percent of the AV fistulas were functionally used for dialysis within 12 months.

Keep the Ones We Have

- Infection Control

- The Importance of Monitoring and Keeping the ones we have.

In their recent analysis of information gathered from the 2014 National Healthcare Safety Network, the Centers for Disease Control and Prevention's Duc Bui Nguyen, MD, and his colleagues noted that 6,005 outpatient hemodialysis facilities reported data for a total of 160,971 dialysis events, including 29,516 bloodstream infections (BSIs); 149,722 intravenous antimicrobial starts, and 38,310 episodes of pus, redness, or increased swelling at the hemodialysis access site.

The team found that 77% of BSIs were related to accessing patients' blood. Most—63% of BSIs and 70% of access-related BSIs—occurred in patients with a central venous catheter. BSI and other dialysis event rates were also highest among patients using central venous catheters.

Staphylococcus aureus was the most commonly isolated BSI pathogen (31%), and 40% of *S. aureus* isolates tested were resistant to the antibiotic methicillin.

"We now have a clearer picture of the rates and types of infections hemodialysis patients in the United States are experiencing—nearly all U.S. outpatient hemodialysis facilities are participating in CDC's NHSN Dialysis Event surveillance," said Nguyen. "Our findings emphasize the need for hemodialysis facilities to improve infection prevention and vascular access care practices."

In an accompanying editorial, entitled “Infection Monitoring in Dialysis Units: A Plea for ‘Cleaner’ Data,” Dana Miskulin, MD, from Tufts University School of Medicine, and Ambreen Gul, MD, from Dialysis Clinic Inc., noted that a major problem to the available data is that event reporting is based on an honors system, with dialysis units reporting their own information.

“We make a plea to the dialysis community to ‘clean up’ the data, so that the QIP is fairer for all and to enable the full potential of these data, both for improving care now and for generating new evidence to provide future opportunities to improve care and outcomes, to be realized,” they wrote.

Exam is Everything

"Normal" Fistula Exam:

- *Thrill*- soft & continuous along the outflow vein
- *Bruit-* low pitched & soft
- *Pulse*- at anastomosis is soft

- No *large* accessory veins, no skin thinning
- Augmentation
- Easy to decompress -arm elevation

"Normal" Graft Exam:

- *Thrill*- only at arterial anastomosis.
- *Bruit*- low pitched & continuous.
- *Pulse*- SOFT and compressible.

- Should know direction of blood flow with picture in chart
- Pseudo aneurysms should ALWAYS be explained!

The hard ones--BC AV Fistula

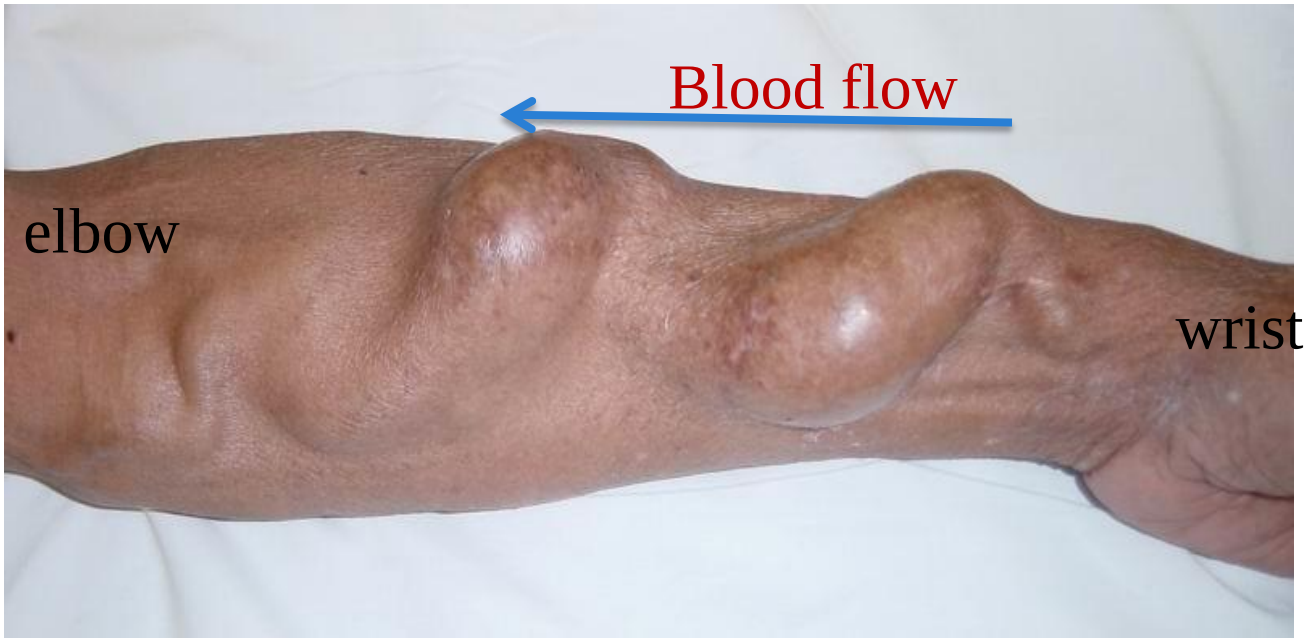
Infected Vascular Access

Signs of Infection

- **Redness**
- **Warmth**
- **Tenderness**

An infected graft or fistula is an absolute contraindication to any access-related procedure

Massive hematoma-Brachiocephalic fistula



Do you really want to work on this?

Conclusions:

- PCTs are critical for vascular access assessment and intervention.
- Intervene early!
- The entire team must be involved!

Thank you to Dr. Lefler for the use of his presentation.

Mach Form Entry

- Vascular Access
  - List a Vascular Access Used for Dialysis
  - Make sure to complete your July data MACH form by **August 5th**