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

Midwest Kidney Network

May 2020

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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.

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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.”

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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.

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Access Choice Video

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

- A short 13-minute patient to 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.

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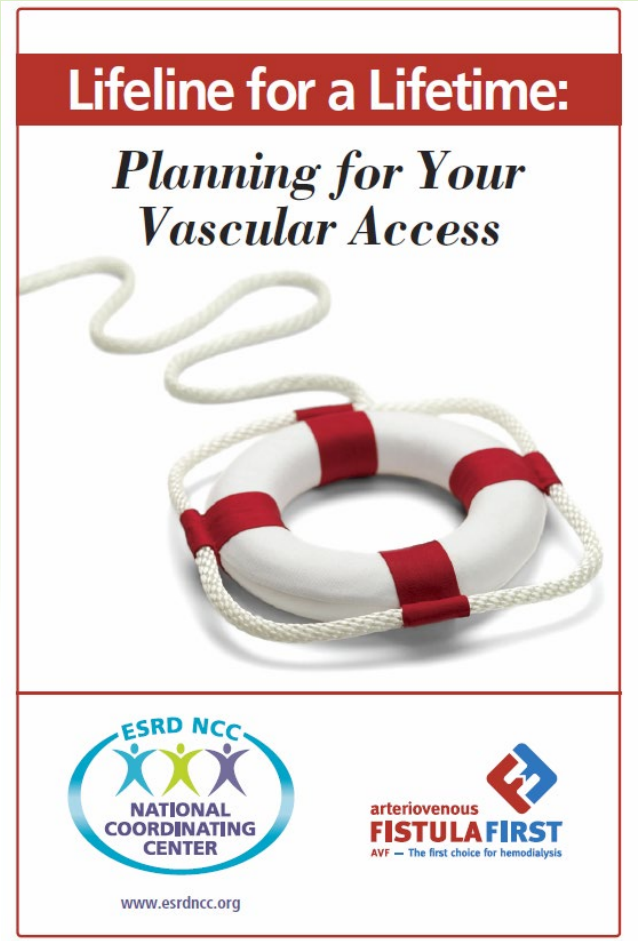
Patient Education

- 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.



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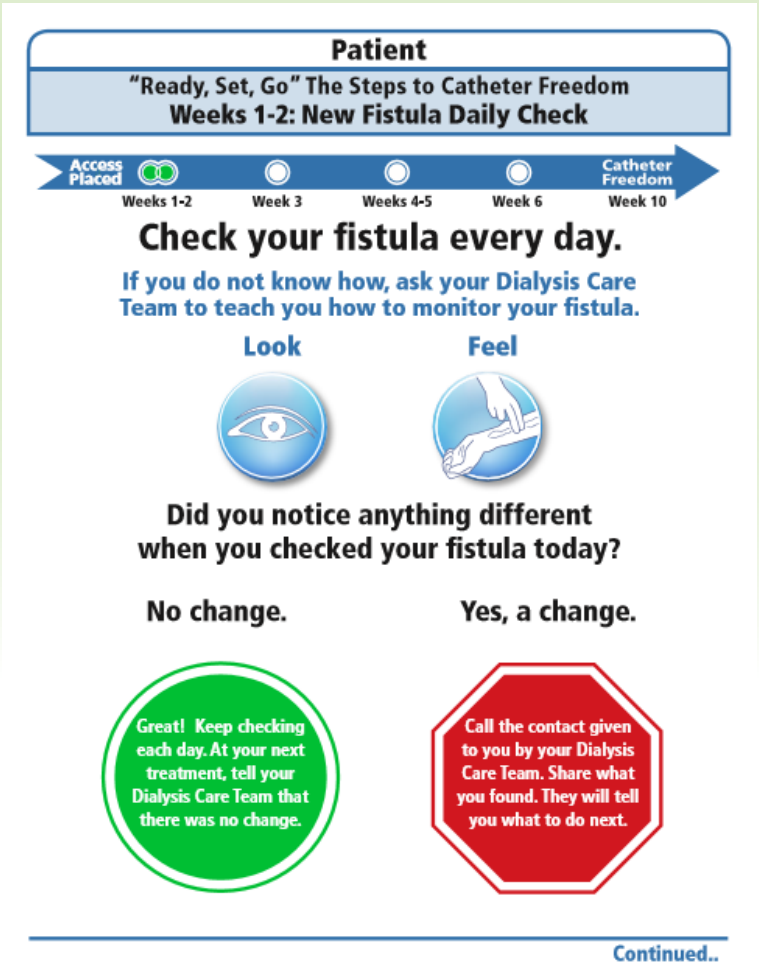
Patient Education



Patient

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

Access Placed — Weeks 1-2 — Week 3 — Weeks 4-5 — Week 6 — Catheter Freedom — Week 10

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 **Feel**

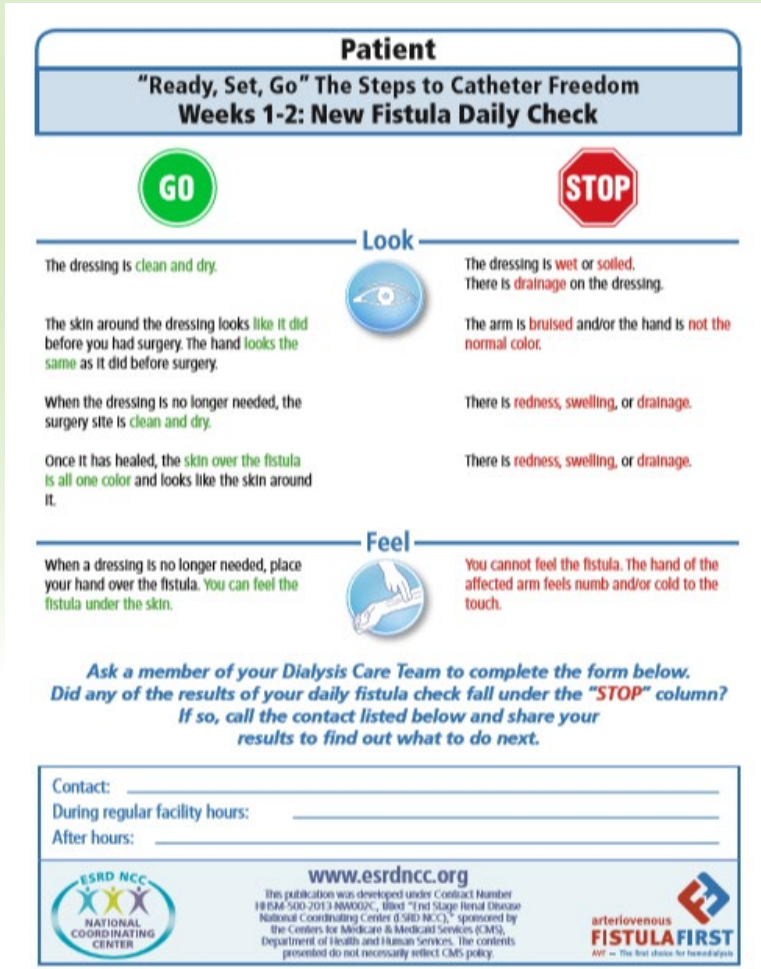
Did you notice anything different when you checked your fistula today?

No change. **Yes, a change.**

Great! Keep checking each day. At your next treatment, tell your Dialysis Care Team that there was no change.

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

Continued..



Patient

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

GO		STOP
Look		
The dressing is clean and dry.		The dressing is wet or soiled. There is drainage on the dressing.
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.		There is redness, swelling, or drainage.
Once it has healed, the skin over the fistula is all one color and looks like the skin around it.		There is redness, swelling, or drainage.
Feel		
When a dressing is no longer needed, place your hand over the fistula. You can feel the fistula under the skin.		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: _____

ESRD NCC NATIONAL COORDINATING CENTER

www.esrdncc.org

This publication was developed under Contract Number HHSM-500-2013-NW002C, titled "End Stage Renal Disease National Coordinating Center (ESRD NCC)," sponsored by the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

arteriovenous FISTULA FIRST

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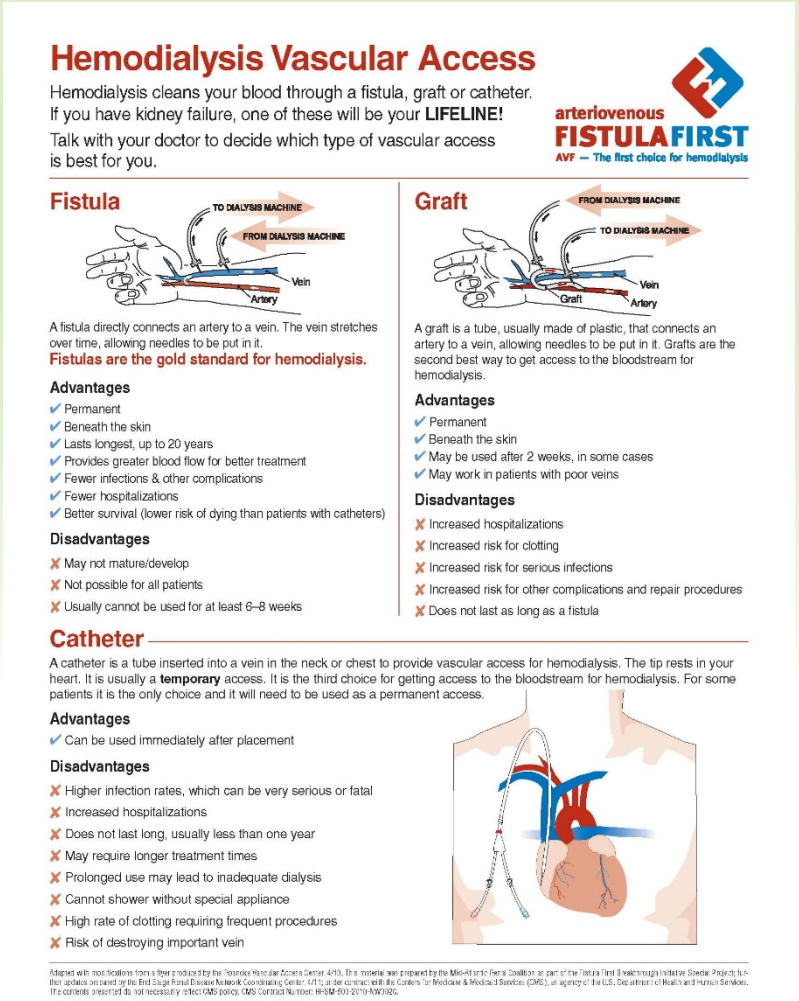
Patient Education

- 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.



Hemodialysis Vascular Access

Hemodialysis cleans your blood through a fistula, graft or catheter. If you have kidney failure, one of these will be your **LIFELINE!**

Talk with your doctor to decide which type of vascular access is best for you.

arteriovenous FISTULA FIRST
AVF — The first choice for hemodialysis

Fistula

A fistula directly connects an artery to a vein. The vein stretches over time, allowing needles to be put in it.

Fistulas are the gold standard for hemodialysis.

Advantages

- ✔ Permanent
- ✔ Beneath the skin
- ✔ Lasts longest, up to 20 years
- ✔ Provides greater blood flow for better treatment
- ✔ Fewer infections & other complications
- ✔ Fewer hospitalizations
- ✔ Better survival (lower risk of dying than patients with catheters)

Disadvantages

- ✘ May not mature/develop
- ✘ Not possible for all patients
- ✘ Usually cannot be used for at least 6–8 weeks

Graft

A graft is a tube, usually made of plastic, that connects an artery to a vein, allowing needles to be put in it. Grafts are the second best way to get access to the bloodstream for hemodialysis.

Advantages

- ✔ Permanent
- ✔ Beneath the skin
- ✔ May be used after 2 weeks, in some cases
- ✔ May work in patients with poor veins

Disadvantages

- ✘ Increased hospitalizations
- ✘ Increased risk for clotting
- ✘ Increased risk for serious infections
- ✘ Increased risk for other complications and repair procedures
- ✘ Does not last as long as a fistula

Catheter

A catheter is a tube inserted into a vein in the neck or chest to provide vascular access for hemodialysis. The tip rests in your heart. It is usually a **temporary** access. It is the third choice for getting access to the bloodstream for hemodialysis. For some patients it is the only choice and it will need to be used as a permanent access.

Advantages

- ✔ Can be used immediately after placement

Disadvantages

- ✘ Higher infection rates, which can be very serious or fatal
- ✘ Increased hospitalizations
- ✘ Does not last long, usually less than one year
- ✘ May require longer treatment times
- ✘ Prolonged use may lead to inadequate dialysis
- ✘ Cannot shower without special appliance
- ✘ High rate of clotting requiring frequent procedures
- ✘ Risk of destroying important vein

Adapted with modifications from a flyer produced by the Roanoke Vascular Access Center, 4/10. This material was prepared by the Mid-Atlantic Renal Coalition as part of the Fistula First Breakthrough Initiative Special Projects fu[illegible] their updates prepared by the End Stage Renal Disease Network Coordinating Center (ESRDNCC) 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. CMS Contract Number: HHSM-500-2010-MAWD2A.

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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.

HSAG Health Services Advisory Group
ESRD Network 17

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-17A139-04182017-01

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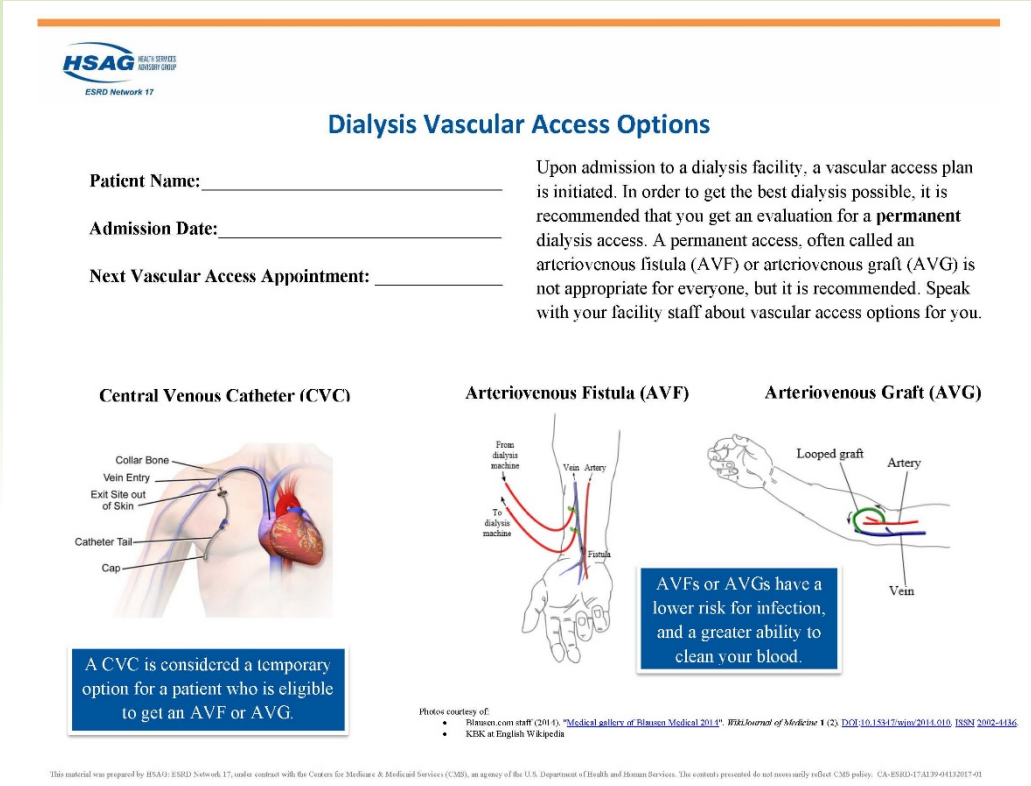
Patient Education

- 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.



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Dialysis Vascular Access Options

Patient Name:_____

Admission Date:_____

Next Vascular Access Appointment: _____

Upon admission to a dialysis facility, a vascular access plan is initiated. In order to get the best dialysis possible, it is recommended that you get an evaluation for a **permanent** dialysis access. A permanent access, often called an arteriovenous fistula (AVF) or arteriovenous graft (AVG) is not appropriate for everyone, but it is recommended. Speak with your facility staff about vascular access options for you.

Central Venous Catheter (CVC)

A CVC is considered a temporary option for a patient who is eligible to get an AVF or AVG.

Arteriovenous Fistula (AVF)

Arteriovenous Graft (AVG)

AVFs or AVGs have a lower risk for infection, and a greater ability to clean your blood.

Photos courtesy of:
- Blausen.com staff (2014). "Medical gallery of Blausen Medical 2014". *WikiJournal of Medicine* 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436.
- KBK at English Wikipedia

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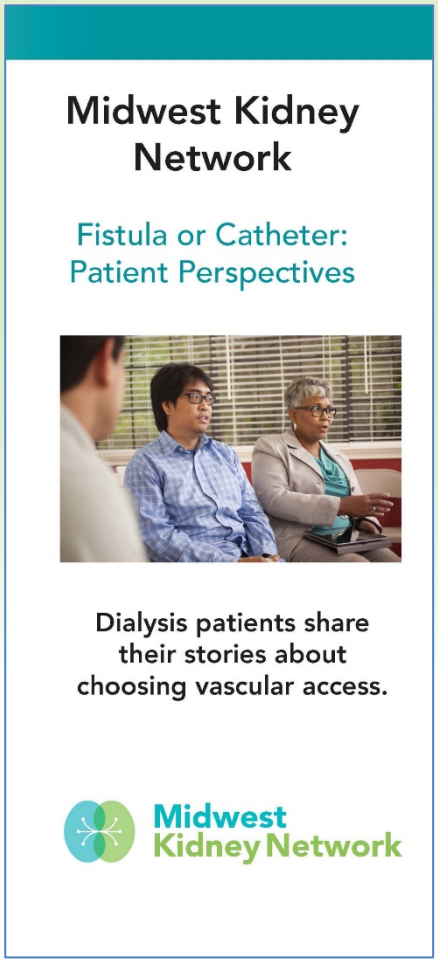
Fistula or Catheter Brochure



- Available: Call us at
- 651-644-9877.
- Or email Alli Bailey at

- Alli.bailey@midwestkidneynetwork.org

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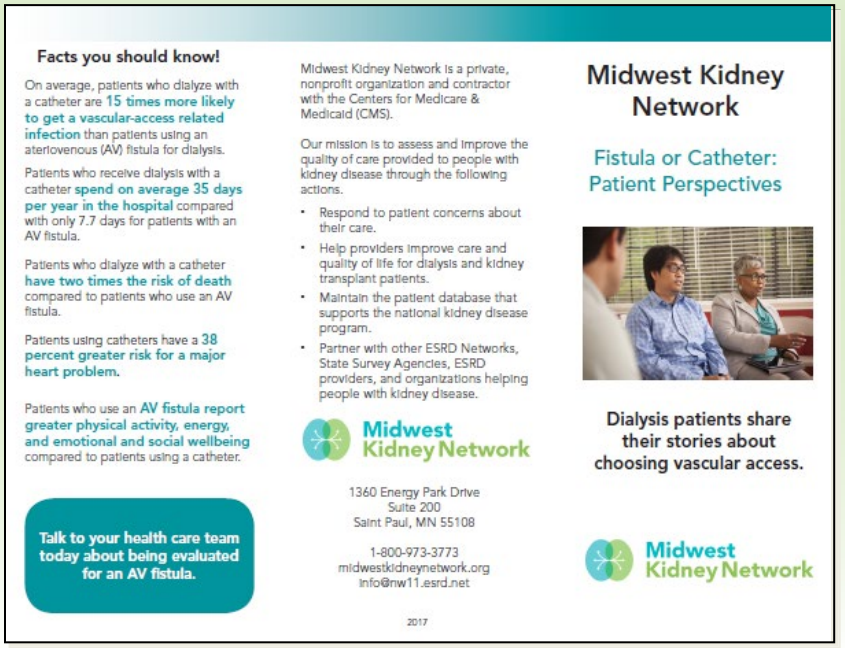
Patient Education



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 (AV) fistula for dialysis.

Patients who receive dialysis with a catheter **spend on average 35 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 **38 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.

Talk to your health care team today about being evaluated for an AV fistula.

Midwest Kidney Network is a private, nonprofit organization and contractor with the Centers for Medicare & Medicaid (CMS).

Our mission is to assess and improve the quality of care provided to people with kidney disease through the following actions.

- Respond to patient concerns about their care.
- Help providers improve care and quality of life for dialysis and kidney transplant patients.
- Maintain the patient database that supports the national kidney disease program.
- Partner with other ESRD Networks, State Survey Agencies, ESRD providers, and organizations helping people with kidney disease.

Midwest Kidney Network

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midwestkidneynetwork.org
info@nw11.esrd.net

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Fistula or Catheter: Patient Perspectives

Dialysis patients share their stories about choosing vascular access.

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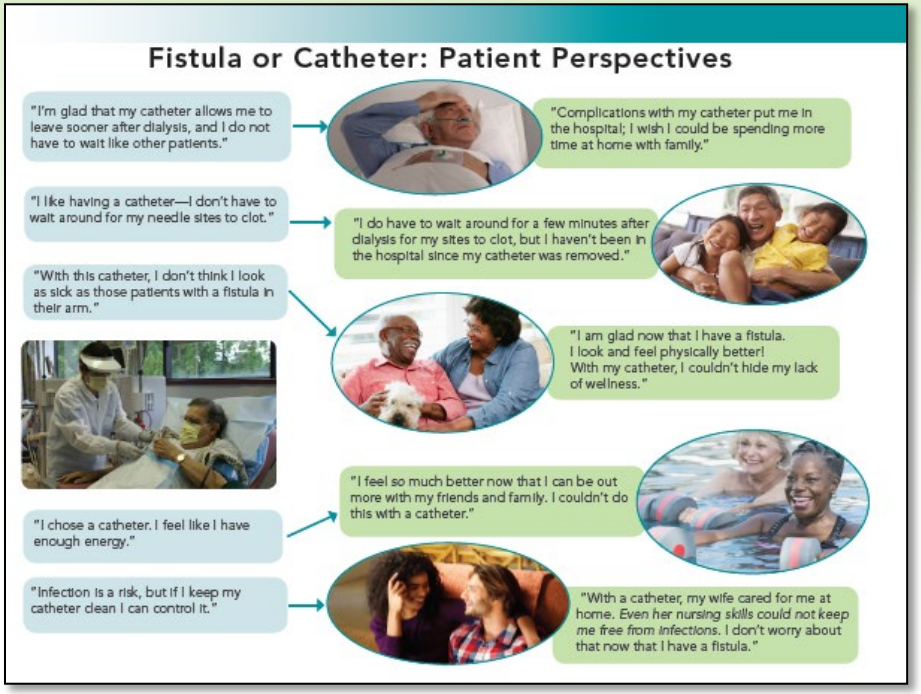

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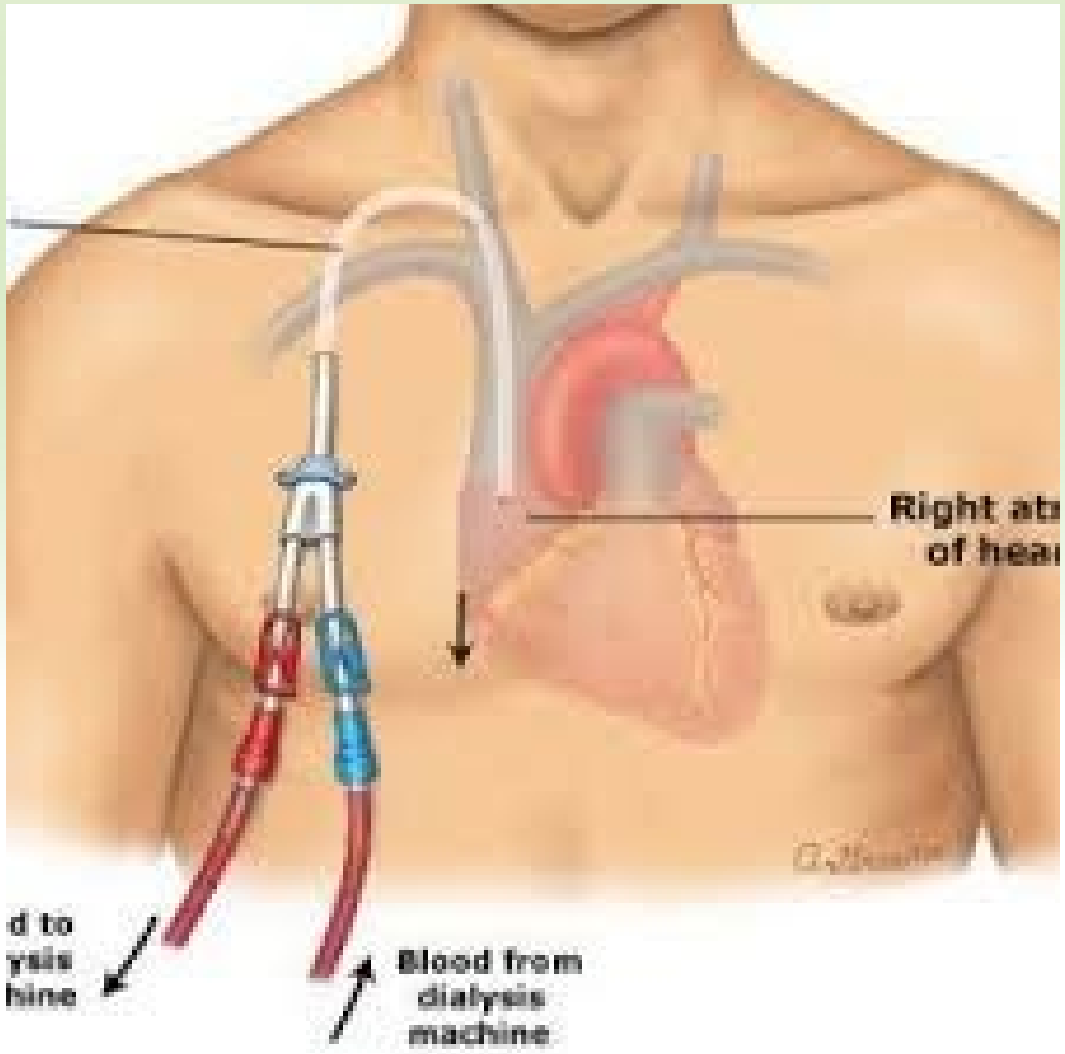
Patient Education

This visual educational tool for patients to see exactly where the catheter tip goes is one.

Print one out for IP dialysis unit.



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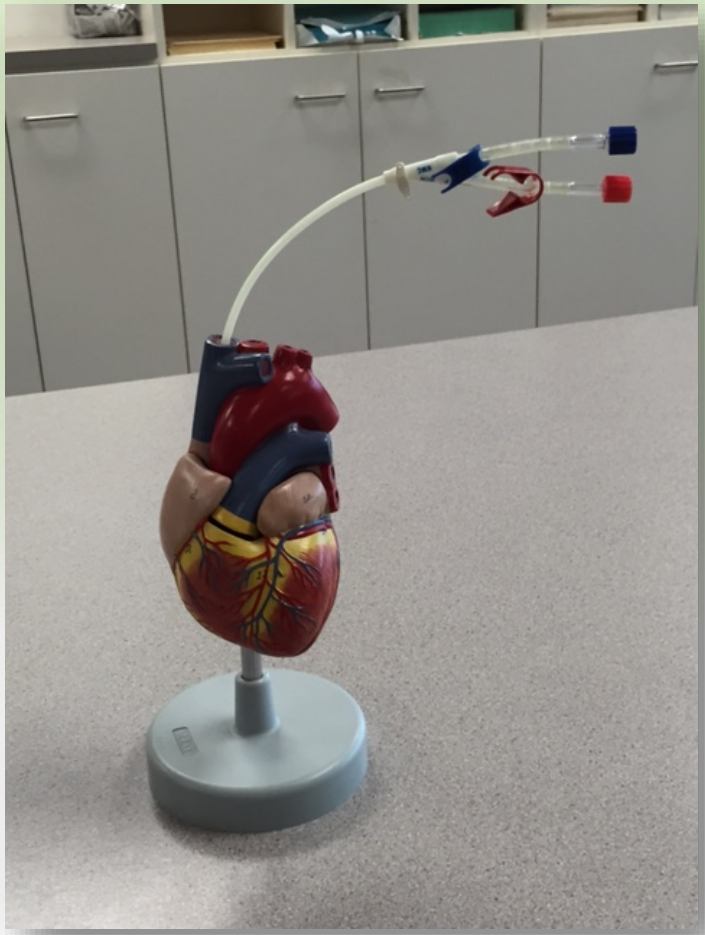
A Unique Idea



Model Heart for patient to hold

Link to purchase https://www.anatomywarehouse.com/budget-life-size-heart-anatomy-model-a-102490

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

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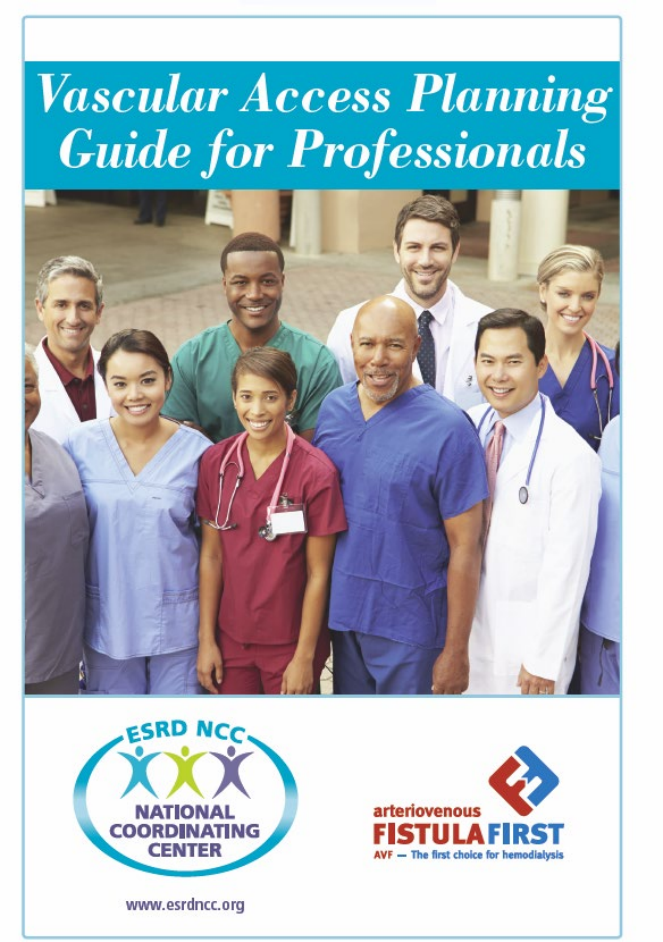
Staff Education



- 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.

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Staff Education on Access Assessment

7-page picture document available

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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/
- Brochure link https://secureservercdn.net/198.71.233.7/f5c.0bd.myftpupload.com/wp-content/uploads/2019/04/avnu-7856_ellipsysdatasheet_revb_1.pdf

- MKN does not endorse any specific product

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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

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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

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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

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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.

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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)

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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

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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

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