



Renal Network

**Vascular Access
Program**



INTRODUCTION

- Description of Renal Vascular Access Program (RVAP)
- Program Structure
- Program Deliverables
- Referral Process
- PROMIS data requirements & Identified Gaps
- Questions



WHAT IS THE RENAL VASCULAR ACCESS PROGRAM (RVAP)?

- Developed in September 2006
- Integrated system of renal vascular access services
- Focus to provide most efficient delivery of services for people with renal disease requiring hemodialysis



PROGRAM STRUCTURE

The core members of RVAP are:

- IH Medical Director of Kidney Services
- IH Renal Network Lead
- IH Renal Vascular Access Coordinator
- IH Renal Vascular Access Administrative Assistant

- From each of the 4 program centres (RIH, KGH, PRH and KBRH):
 - A Nephrologist
 - The Manager
 - PCE/PCC
 - Renal Vascular Access Assistant (with the exception of PRH, who will be serviced by the KGH VA Coordinator)

- Vascular surgeon from each surgical center (Kelowna & Kamloops)
- Interventional Radiologist from each Interventional center (Kelowna & Kamloops)



PROGRAM DELIVERABLES

- Best practice standards and guidelines
- Provide regular VA rounds
- Develop “access” care plans
- Proactively plan VA for each patient
- 90% Fistula prevalence rate
- Timely access to VA related services
- Complete & Accurate PROMIS Data
- Provincial Vascular Access Services Team (PVAAT)



Interior Health

Referral Form



Renal Vascular Access Program
 210.1815 Kirschlmer Rd
 Kelowna, BC
 V1Y 4N7

ATTN: CARA MAGAS
 Administrative Assistant
 Ph: 250.870.4606
 Fax: 250.870.4795

NAME:

PHN:

DOB:

PHONE:

Responsible Nephrologist:

Interpreter required: No Yes

Referral to Renal Vascular Access Program

Please include any recent history not available in meditech.

Type of Referral:

- Vascular Surgeon
- Diagnostic Intervention
- Vascular Access Nurse

Urgency: (please tick)

- | | |
|---|---|
| <input type="checkbox"/> less than 24 h | <input type="checkbox"/> less than 3 wk |
| <input type="checkbox"/> less than 48 h | <input type="checkbox"/> less than 4 wk |
| <input type="checkbox"/> less than 1 wk | <input type="checkbox"/> less than 6 wk |
| <input type="checkbox"/> less than 2 wk | <input type="checkbox"/> less than 12 wk |
| | <input type="checkbox"/> greater than 12 wk |

Diagnostic Intervention Request:

- Venogram through dialysis catheter
- Doppler U/S - Vein mapping
- Fistulogram +/- angioplasty
- Venogram - Vein mapping
- Arteriogram
- Arm / Leg / Left / Right / Both (drds)

Reason for referral:

- Aneurysm
- Clotted
- Difficulty Needling
- Pain
- Excessive Bleeding
- Poor Art Flow
- High CO Failure
- Steal Syndrome
- High Ven Press
- Abnormal Pulse/Thrill

Other: _____

Reason for Surgical referral:

- Fistula Creation
- Graft Creation
- Hemodialysis Catheter
- Cuffed Insertion
- Non-cuffed Insertion
- Fistula Revision
- Graft Revision
- Peritoneal Catheter
- Replacement
- Removal

Dialysis Information:

Hemodialysis Schedule: Mon Tues Wed Thurs Fri Sat Sun

Hemodialysis Time: _____

Dialysis Unit: _____ Phone: _____ RN Contact: _____

Current Vascular Access in use: _____

Cause of Renal Failure: _____

Known Antibiotic Resistant Organisms: MRSA VRE Infection Status: Hepatitis B Hepatitis C

Other: _____

REQUESTING PHYSICIAN: _____ SIGNATURE: _____

REFERRAL DATE: _____

Please note: A Dr.'s order is not required for a referral to the VA Nurse

FAX REQUISITION AND MEDICAL HISTORY TO VA ADMIN OFFICE @ (250) 870-4795



REFERRAL PROCESS

- Referral faxed to VA Admin Office
- Appointment arranged
- Communication
- PROMIS updated



PROMIS DATA REQUIREMENTS

- Referral Dates
- Procedure Dates and details
- First Use
- Nursing Assessments
- Infection Tracking & Antibiotic Use
- CVC & PD Flushing
- TPA Usage

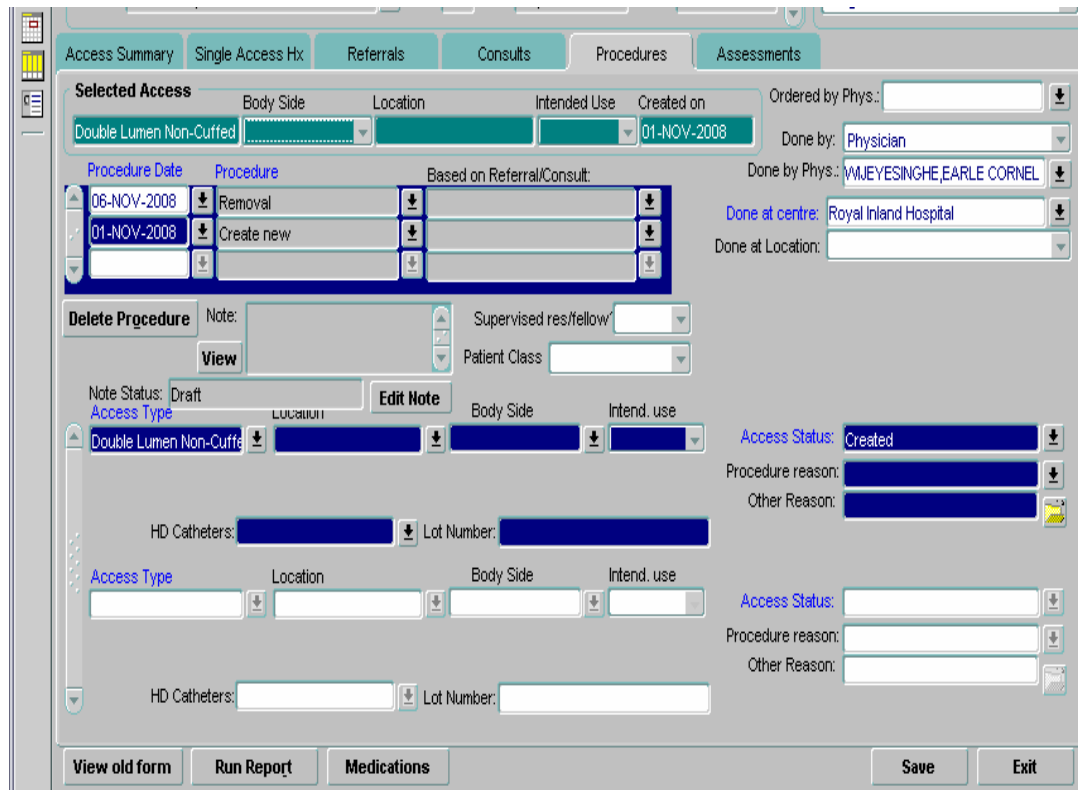


IDENTIFIED GAPS (PROMIS)

- Temporary catheter insertion and/or removal
- First use dates
- Infection tracking
- Nursing Assessments
- TPA Usage
- Incorrect use of “access status”
- Charting on incorrect access

Entering a Temporary Catheter into PROMIS

- Under the “Monitoring” menu, select Dialysis Access; the Patient Dialysis Access Screen Appears
- Click on “Procedures” tab
- Enter all known information
- Same steps to enter Removal



The screenshot displays the 'Procedures' tab within the PROMIS software. The interface includes several sections for data entry:

- Selected Access:** A table with columns for 'Body Side', 'Location', 'Intended Use', and 'Created on'. The first row shows 'Double Lumen Non-Cuffed', a location dropdown, '01-NOV-2008', and 'Ordered by Phys.: Physician'.
- Procedure Log:** A table with columns for 'Procedure Date', 'Procedure', and 'Based on Referral/Consult:'. It lists two entries: '06-NOV-2008' for 'Removal' and '01-NOV-2008' for 'Create new'.
- Form Fields:** Includes 'Delete Procedure', 'Note', 'Supervised res/fellow', 'Patient Class', 'Access Type', 'Location', 'Body Side', 'Intend. use', 'Access Status' (set to 'Created'), 'Procedure reason', and 'Other Reason'.
- Additional Fields:** 'HD Catheters' and 'Lot Number' fields are present for both the selected and new access types.
- Buttons:** 'View old form', 'Run Report', 'Medications', 'Save', and 'Exit' are located at the bottom of the screen.



To enter “First Use” information into PROMIS

Access Type	Body Side	Location	Intended Use	Created on	First Used on date	Current Access Status	Current Status As of Date
<input type="checkbox"/> Fistula	Left	Upper Arm	Permane	20-NOV-2008		In use	26-JAN-2009
<input type="checkbox"/> Double Lumen Cuffed	Right	Internal Jugular Vein	Tempora	06-NOV-2008	07-NOV-2008	First use	07-NOV-2008
<input type="checkbox"/> Graft	Left	Forearm	Permane	02-OCT-2008		Terminated, "taken down"	20-NOV-2008
<input type="checkbox"/> Double Lumen Non-Cu				01-NOV-2008		Terminated and removed	06-NOV-2008
<input type="checkbox"/> Double Lumen Non-Cu	Right	Internal Jugular Vein	Tempora	24-SEP-2008	24-SEP-2008	Terminated and removed	23-OCT-2008
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Configuration Detail: _____
Revision Detail: _____

Access Notes: _____
View

Note Status: Draft Edit Note

View old form Run Report Medications Save Exit

- Under the “Monitoring” menu, select Dialysis Access; the Patient Dialysis Access Screen Appears
- Enter the date under “First Used on date” column
- Save



Infection Tracking Process

Interior Health		Vascular Access Blood Culture Record <small>Draft September 24, 2008</small>	
To:	ATTN: Cara Magas	Company:	Vascular Access Program
Fax:	250.870.4795	Phone:	250.870.4606
From:	Kelowna Renal Program	Week Ending:	

Complete and fax **weekly on Fridays**, beginning Friday October 3rd, 2008. Please fax the sheet even if no patients are entered.

Dialysis Site: _____

Patient Name	Date/Time Blood Cultures Taken	Blood Culture Results		Antibiotics Entered into PROMIS (Y/N)
		# Positive Cultures (1 or 2)	<u>Staph</u> <u>Epididymis</u> (Y/N)	



How to Enter a Blood Culture, TPA Usage, PD/CVC Flush

- Under the “Monitoring” menu, select Dialysis Access; the Patient Dialysis Access Screen Appears; be sure to select the correct access.
- Click on “Procedures” tab
- Enter all known information; including the outcome and access status
- Click on “Save”

The screenshot displays the "Patient Dialysis Access Screen" with the "Procedures" tab selected. The interface includes a table of procedures and various input fields for patient and procedure information.

Procedure Date	Procedure	Based on Referral/Consult:
04-MAR-2009	Removal	
24-FEB-2009	Blood culture	
27-JAN-2009	Blood culture	

Selected Access: Double Lumen Cuffed, Right, Femoral Vein, Temporary, 26-SEP-2008

Ordered by Phys.: KATES, DAVID MARTIN
Done by: Renal Nurse
Done at centre: Kelowna General Hospital
Done at Location: Dialysis Unit
Procedure reason: Signs of Localized Infection
Outcome Reason (1): No Evidence of Infection
Access Status: In use

Note: -----Draft by MAGAS, CARA on 12-MAR-2009 11:48
Supervised res/fellow: [dropdown]
Patient Class: Outpatient

Buttons: View old form, Run Report, Medications, Save, Exit

Access Status Descriptions

Consult Results	
Find %	
Description	Status Explanation
Referred for Creation	Patient referred for access creation, waiting for the next step (i.e. consult or creation)
Proceed with creation	Consult decision is made to proceed with creation, waiting for next step
Investigations Needed	Consult decision: Investigations needed before making decision
Will not be created	Patient was referred and/or had consults, but creation will not proceed (e.g. due to worsening of comorbidities). Also c
Created	Successful access creation
First use - not fully functional	
First use	
Creation abandoned	Unsuccessful creation attempt on this site - site abandoned during procedure
Maturing well	Maturation assessment result is "progress as expected"
Maturing but concerns noted	Access newly created, concerns noted that might hinder maturation.
Not maturing well	Maturation assessment result is "suboptimal", usually followed by investigation
Will not mature	This VA will not mature (e.g. thrombosed). This cycle is terminated.
Clinically ready for first use	Based on the maturation assessment, the VA seems usable, ready to be used for "First needling".
First needling (not functionally mature yet)	First attempt to dialyze the patient using the access, irrespective of the achieved pump speed, number of needles use
In use (not functionally mature yet)	Transition use. Working towards definition of functional maturation (2 needles, sustainable BPS>300)
First functionally mature use	First use of the access when all functional maturation parameters were achieved (2 needles, BPS >300)
In use - dysfunctional	
In use	
Not in use - not needed	
Not in use - unusable	
Not in use - reason unknown	Access not in use, reason unknown. Status mainly used for data conversion.
Terminated	
Terminated, "taken down"	
Terminated and removed	



Questions?

Thank you for participating!