

PVAST: POWER IN TEAMWORK



Presentation by:

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BC Nephrology Days
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Agenda

1. What is PVAAS?
2. Incidence and Prevalence Rates in BC: How Do We Compare?
3. Raising the Bar: Facilitators and Barriers
4. Raised Bar: 90% Fistula Rate
5. Bringing it Together: A Call to Action



What is PVAST?

- Provincial Vascular Access Services Team (PVAST)
- Provincial, inter-HA, multidisciplinary approach to improvements in VA
 - Better data
 - Standardized guidelines
 - Improved delivery of care
- Initiatives provincial but tailored to local needs and implemented locally



PVAST Accomplishments

- Developed incidence, prevalence, and infection rate reports (available in PROMIS by HA & centre)
- Developed multiple VA related guidelines and tools (on BCPRA website)
- Completed paper entitled *Best Practices in VA Care*
- Developed patient teaching pamphlets (care of graft, fistula, and catheter; emergency measures for bleeding fistula/graft)
- Completed *Guiding Principles for VA Referral and Transfer Processes*
- Presentations on PVAST related work at BCNDs (2007 and 2008), CANNT (Oct 2007), and IHA Education Days (Oct 2007)



PVAST 2008/09 Workplan

- Work with HAs to establish QIP structures identified in *Best Practices in VA Care: VA Clinic*
- Organize province-wide ID VA workshop/rounds to discuss new innovations and difficult cases
- Organize a one-day interactive (case study based) VA workshop for staff RNs
- Develop strategies to reduce catheter use
- Implement *Matching Cannulators to Vascular Accesses* in 3 pilot centres (SPH, VGH, Penticton)
- Develop opportunities for VA surgeons and radiologists to share/upgrade their skills through CME credited clinical fellowships
- Conduct research on the success of fistula creation in elderly patients



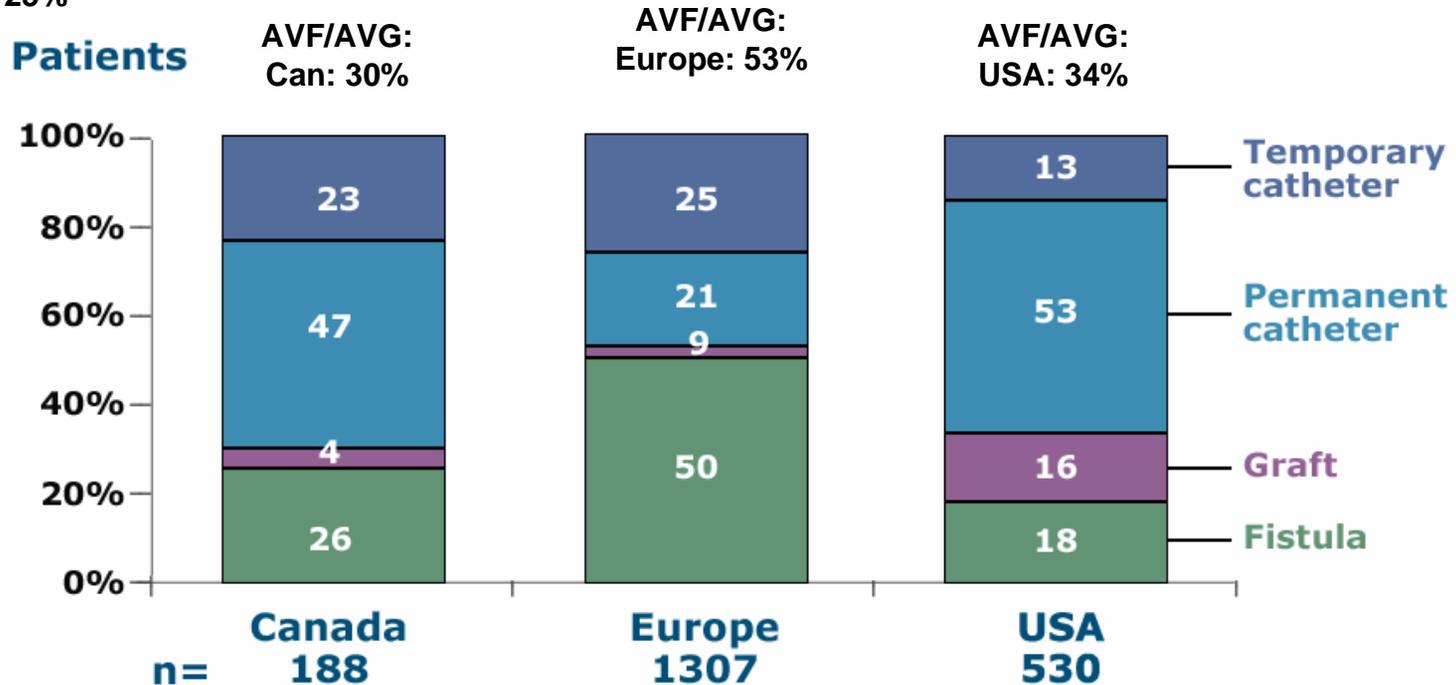
Fistula/Graft Targets

	Incidence Rate	Prevalence Rate
CSN (2006)		60%
K-DOQI	50%	65%
PVAST	50%	80%



Incidence Rates (1st Use): Canada vs Europe vs US

AVF/AVG:
BC: 25%



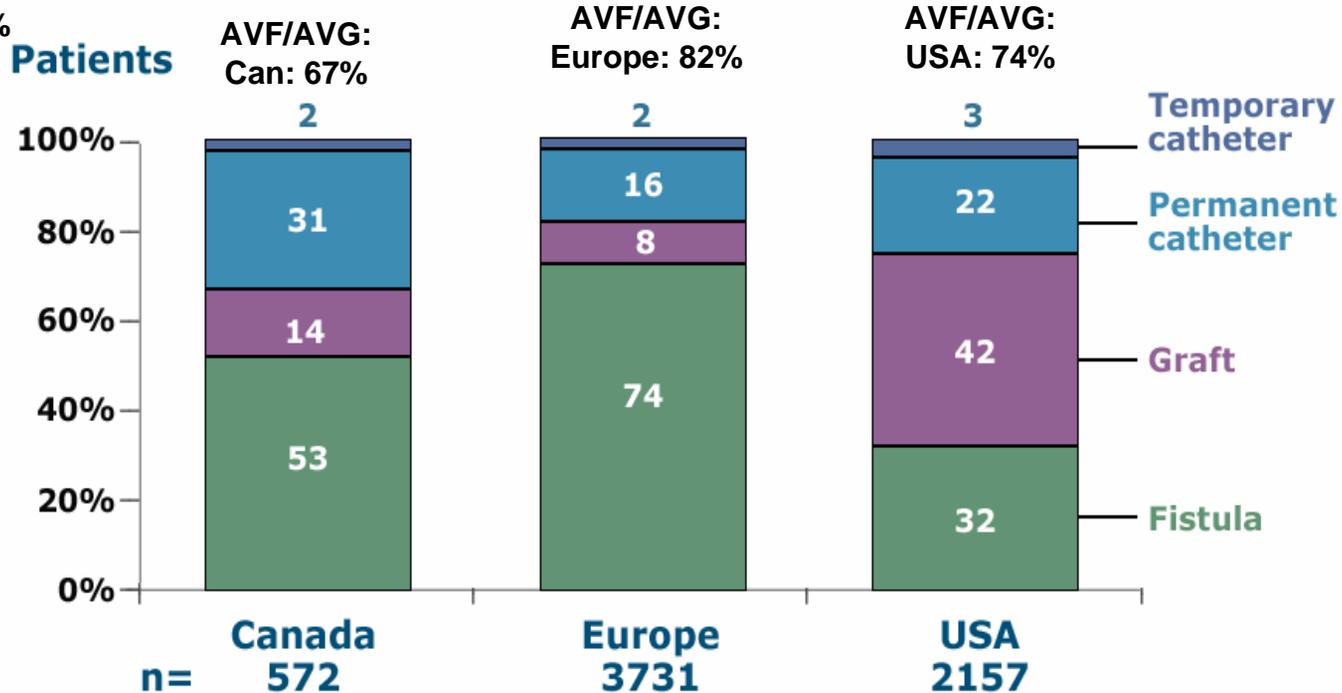
Incident patients entering DOPPS within 5 days of first-ever chronic dialysis; n = # of patients

DOPPS Data: Mendelssohn DC, et al. *Nephrol Dial Transplant* 2006;21:721-8.



Prevalence Rates (Current Use): Canada vs Europe vs US

AVF/AVG:
BC: 66%



Per response from medical questionnaire cross section, 2002-2003;
n=# of patients; weighted to account for facility sampling fraction



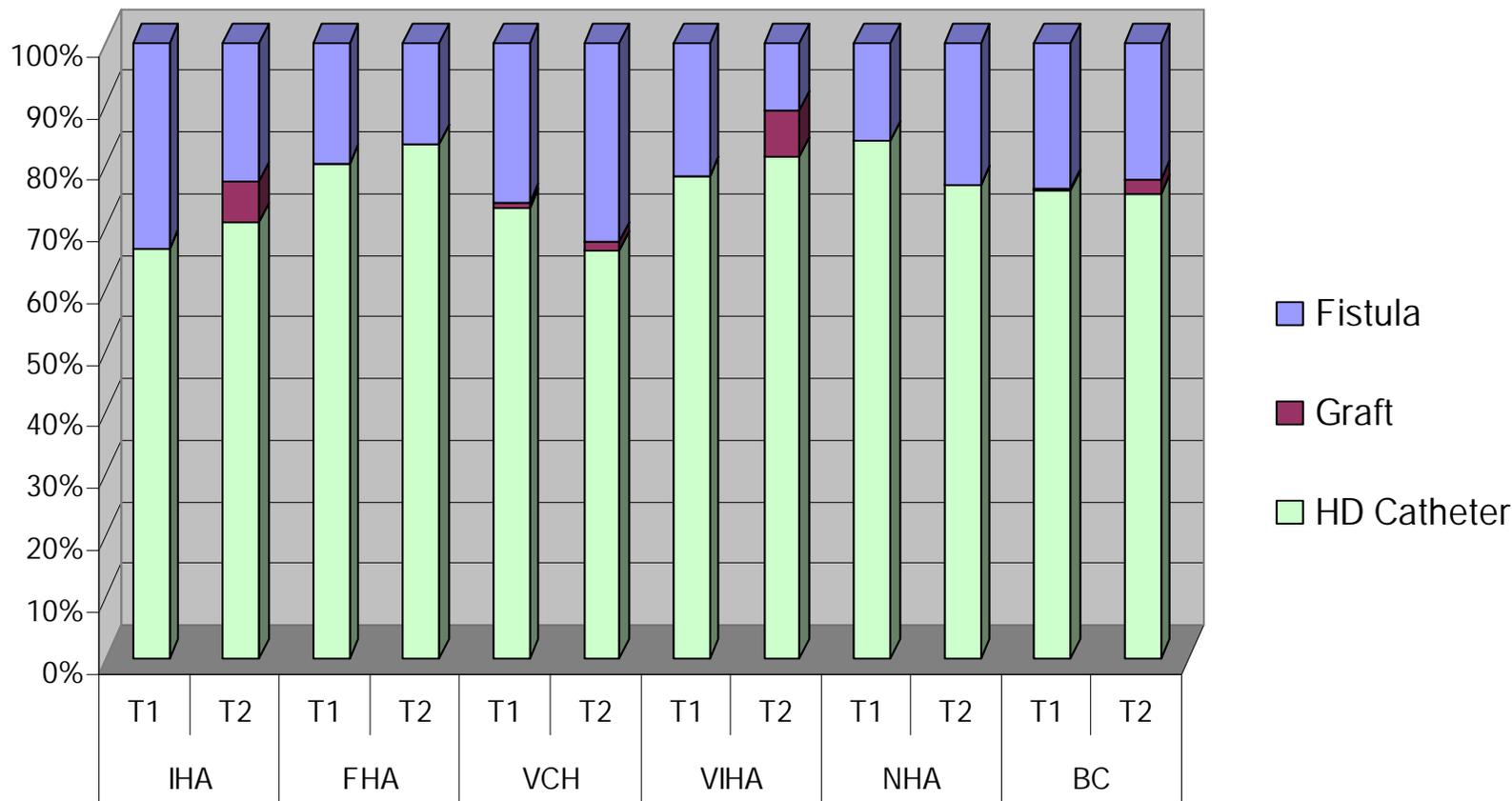
BC Incidence & Prevalence Rates

Rates	Fistula/Graft	Catheter
Incidence (1 st use)	25%	75%
Target	≥50%	<50%
Prevalence (current use)	58%+8% with fistula/graft + catheter	34%
Target	≥80%	<20%

Incidence rate: Oct 24/07 – Mar 31/08 Prevalence rate: Mar 31/08



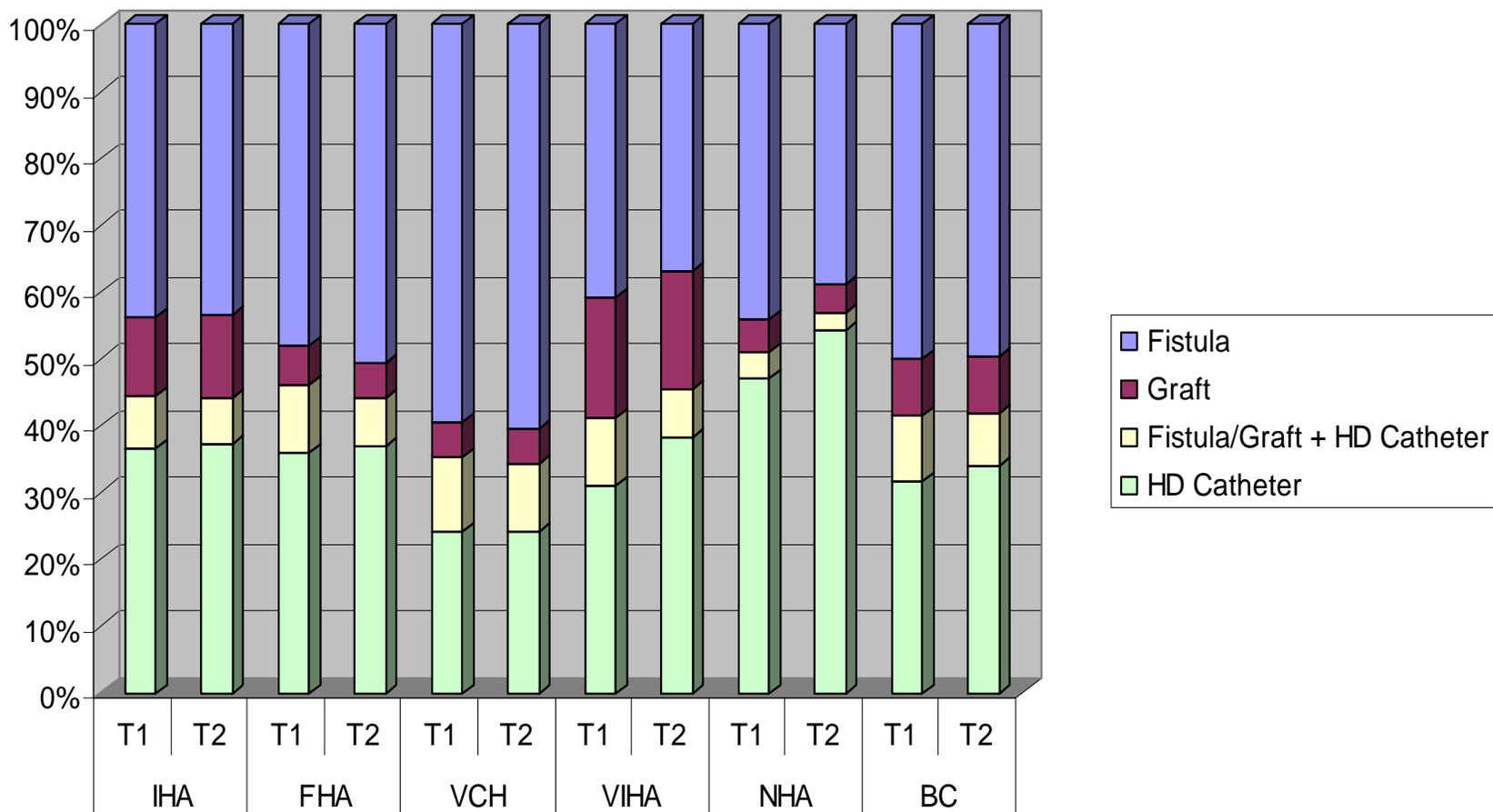
Incidence Rates (1st Use) by HA



T1=Apr 1/07–Oct 23/07; T2=Oct 24/07–Mar 31/08



Prevalence Rates (Current Use) by HA



T1=Sept 30/07; T2=Mar 31/08



Reasons for Use of Catheters by HA

	IHA	FHA	VCH	VIHA	NHA	BC
Acute Pt	8%	10%	2%	8%	0%	7%
Awaiting Tx	0%	1%	1%	2%	0%	1%
PD pt, temp HD	4%	4%	2%	0%	14%	3%
Last site	8%	2%	3%	8%	0%	4%
Late/no referral	0%	3%	1%	0%	0%	1%
Awaiting placement						
1st access	17%	49%	38%	37%	14%	40%
2nd access	4%	18%	14%	14%	14%	15%
Awaiting maturation						
1st access	21%	4%	6%	14%	14%	8%
2nd access	0%	0%	8%	4%	0%	3%
CD/PVD/poor vessels	0%	3%	9%	0%	0%	4%
Other	38%	7%	16%	12%	43%	14%



Raised Bar: 90% Fistula Rate

Presentation by Dr Vo Nguyen



Raising the Bar: Facilitators

QIP Structure		IHA	FHA	VCH/VGH	PHC	VIHA	NHA
1	Access to VA Clinic(s) within HA	●	●	●	●	●	●
2	Access to VA Nurse(s) within HA (FTE depends upon # & complexity of patients & geography)	●	●	●	●	● & ● Cons'n & Monitoring	●
3	Renal Medical Director	●	●	●	●	●	●
4	Nephrologist(s) designated by the renal medical director as having a lead role to move VA-related practices forward.	●	●	●	●	●	●
5	Regular VA rounds within HA to review patients with complex access issues and to develop "access" care plans.	●	●	●	●		●
6	Forum/committee to regularly review system-related VA issues and make improvements	●	●	●	●	●	●
7	"Protected" OR and radiology time for VA.	● & ● DI & OR	● OR	Out of jurisdiction	●	●	●
8	Formalized mechanisms to work with CKD clinics to proactively identify patients and initiate education early.	●	●	●	●	●	●
9	Database which allows comparisons between centres/HAs and longitudinally for each centre.	●	●	●	●	●	●

Completed in August 2008 as self-report from VA Nurse & Manager (1 per HA)



Raising the Bar: Barriers

HA	Number of Catheters						% of Catheters where Reason Given					
	IHA	FHA	VCH	VIHA	NHA	BC	IHA	FHA	VCH	VIHA	NHA	BC
Acute pt requiring short term dialysis	2	12	2	4		20	8%	10%	2%	8%	0%	7%
Awaiting live donor transplant, extended wait anticipated		1	1	1		3	0%	1%	1%	2%	0%	1%
Last site, unable to do PD	2	2	3	4		11	8%	2%	3%	8%	0%	4%
Late Referral			1			1	0%	0%	1%	0%	0%	0%
New pt awaiting maturation of AVF/AVG	5	5	6	7	1	24	21%	4%	6%	14%	14%	8%
New pt awaiting placement of AVF/AVG	4	58	40	18	1	121	17%	49%	38%	37%	14%	40%
No Referral		3				3	0%	3%	0%	0%	0%	1%
Other, specify	9	8	17	6	3	43	38%	7%	16%	12%	43%	14%
PD pt requiring a short-term course of HD	1	5	2		1	9	4%	4%	2%	0%	14%	3%
Pt with failed AVF/AVG, awaiting maturation of AVF/AVG			8	2		10	0%	0%	8%	4%	0%	3%
Pt with failed AVF/AVG, awaiting placement of AVF/AVG	1	21	15	7	1	45	4%	18%	14%	14%	14%	15%
Risk of high cardiac output failure			2			2	0%	0%	2%	0%	0%	1%
Severe PVD /poor vessels		4	7			11	0%	3%	7%	0%	0%	4%
Total, Reason Given	24	119	104	49	7	303	100%	100%	100%	100%	100%	100%
No Reason Given	85	97	120	88	54	444						
Total, All Catheters	109	216	224	137	61	747						
% Reason Given	22%	55%	46%	36%	11%	41%						

Source: PROMIS, May 2008

Reason for catheter identified for 303/747 patients (41%)



Group Discussion of Major Barriers

A. System Barriers

ie. patient not identified early enough, lack of surgeons, lack of OR time

B. Patient (what should the denominator be?)

ie. last access, refusal, awaiting transplant, inadequate vessels

C. Provider

ie. reluctant to refer before HD start, etc.



Bringing it All Together in BC: A Call to Action!

- **A lot of work has been put in to improving Vascular Access in BC – Thank you!**
- **However, catheter rates remain high**
- **Where do we go from here? Priority areas for the next year**



Questions? Interested in participating in PVAAS? If so, we are interested in you!

<http://www.bcrenalagency.ca/default.htm>



BC Renal Agency

An agency of the Provincial
Health Services Authority