

Nephrology Nurses: Vascular Access Experts and Advocates

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Getting to Know YOU

- Hands up all who do direct patient care in ICHD and HHD
- Keep your hands up if your role is specific to VA care



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What are your responsibilities in VA care?

- Do you have formal specific roles for VA management?
- Who is responsible for VA assessment?
- Who is responsible for VA care coordination including referrals?
- Documentation?
- CQI review?



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Who are the Experts in Vascular Access Care?

- Surgeons – vascular and or transplant?
- Interventionalists?
- Nephrologists?
- Nephrology nurses ?
- Hemodialysis patient care technicians?
- Patients on hemodialysis?



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Patient-centered Outcomes through Implementation of the 2006 KDOQI VA Guidelines

- early and ongoing education on vein (peripheral and central) preservation, access assessment and protection, self-management and cannulation.
- vascular system assessment
- prospective access planning
- early fistula creation for the prospective HD patient
- timely placement of AVG

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National Kidney Foundation (2008).
Elements of Excellence: A Team Approach to Chronic Kidney Disease Care



Patient-centered Outcomes through Implementation of the 2006 KDOQI VA Guidelines

- careful, effective cannulation
- appropriate placement and management of CVC
- rigorous infection control
- institution and management of monitoring* and surveillance
- timely referrals and response for access complications
- data collection and management
- CQI

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The RN + PCT Partnership

- Nurse Practice Acts in every one of these United States make it possible for PCT inclusion on the interdisciplinary team (IDT) under the supervision of an RN
- Patient adherence and positive outcomes are highly facilitated by a positive and strong RN+PCT working relationship
- Appropriate and consistent communication and messaging is key between IDT members and the patient/family

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Some of our
best cannulators
are techs!



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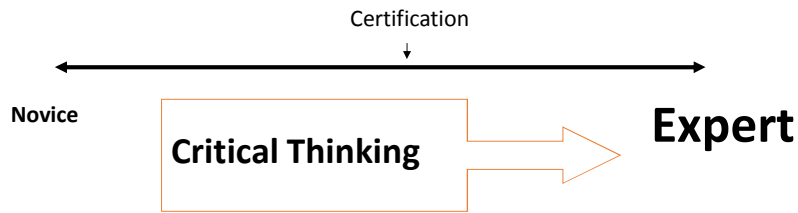
KDOQI 2006 Definition of the VAT

- “***Vascular Access Team (VAT): Patient*** and group of professionals involved in management of vascular access (includes caregivers who construct, cannulate, monitor, detect problems in, and repair vascular accesses). Caregivers include nephrologist, nephrology nurse, patient care technician, nurse practitioner, physician assistant, interventionalist, surgeons, and vascular access coordinator.”

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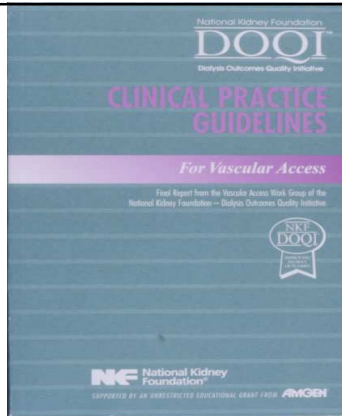
Gaining Expertise through Knowledge, Practice, and Using Critical Thinking!



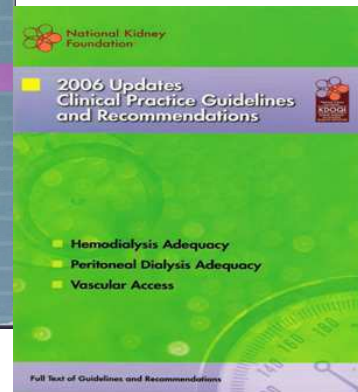
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The 1997 DOQI Guidelines for Vascular Access



And now looking forward to the 2018 KDOQI revisions!



The 2006 KDOQI Update!

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It is my Pleasure to Introduce.....

- Deb Brouwer-Maier and Cindy Roberts



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Questions????

- What is the ONE vascular access challenge you deal with that you would like to solve?

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Questions?????

- Vascular access in a patient with bilateral mastectomy? Can the arm without lymph node dissection be used?
- Liposuction to reduce tissue over the cannulation site- does it work?
- HeRO for AVF salvage – can it be used?
- If an access has high flow >2000 mL/min is the only treatment option to ligate the access?
- Can aneurysms be repaired? Can they rupture?

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KDOQI for Vascular Access 2018

- "The prior messages were 'Fistula First, Catheter Last, Functioning Fistula First' - we are not going to necessarily do that. What we want is *individualized care with standardized processes*," Lok C. NKF 2016 quoted in NNI, 6/2016

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What is “Patient-Centered Care?”

- In its landmark book, *Crossing the Quality Chasm* (2001, p. 40), the **Institute of Medicine (IOM)** defined **patient-** ...
“providing **care** that is respectful of and responsive to individual **patient** preferences, needs, and values and ensuring that **patient** values guide all clinical decisions.”

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Conclusion

- Nurses are the most trusted professionals and with this trust comes responsibility – that we will give our patients no less care than we would want for ourselves or our loved ones!
- You become an expert in order to become an effective advocate!
- Don’t abdicate your role as a vascular access expert – be an advocate for your patients! And remember

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Adequate Access = Adequate Dialysis

It's all in the delivery

*You can only dialyze as much blood
as you can get to the dialyzer!*

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