

2018 Vascular Access for Hemodialysis Symposium

May 10-12, 2018
New Orleans, LA



Allied Health Skills Survey Results

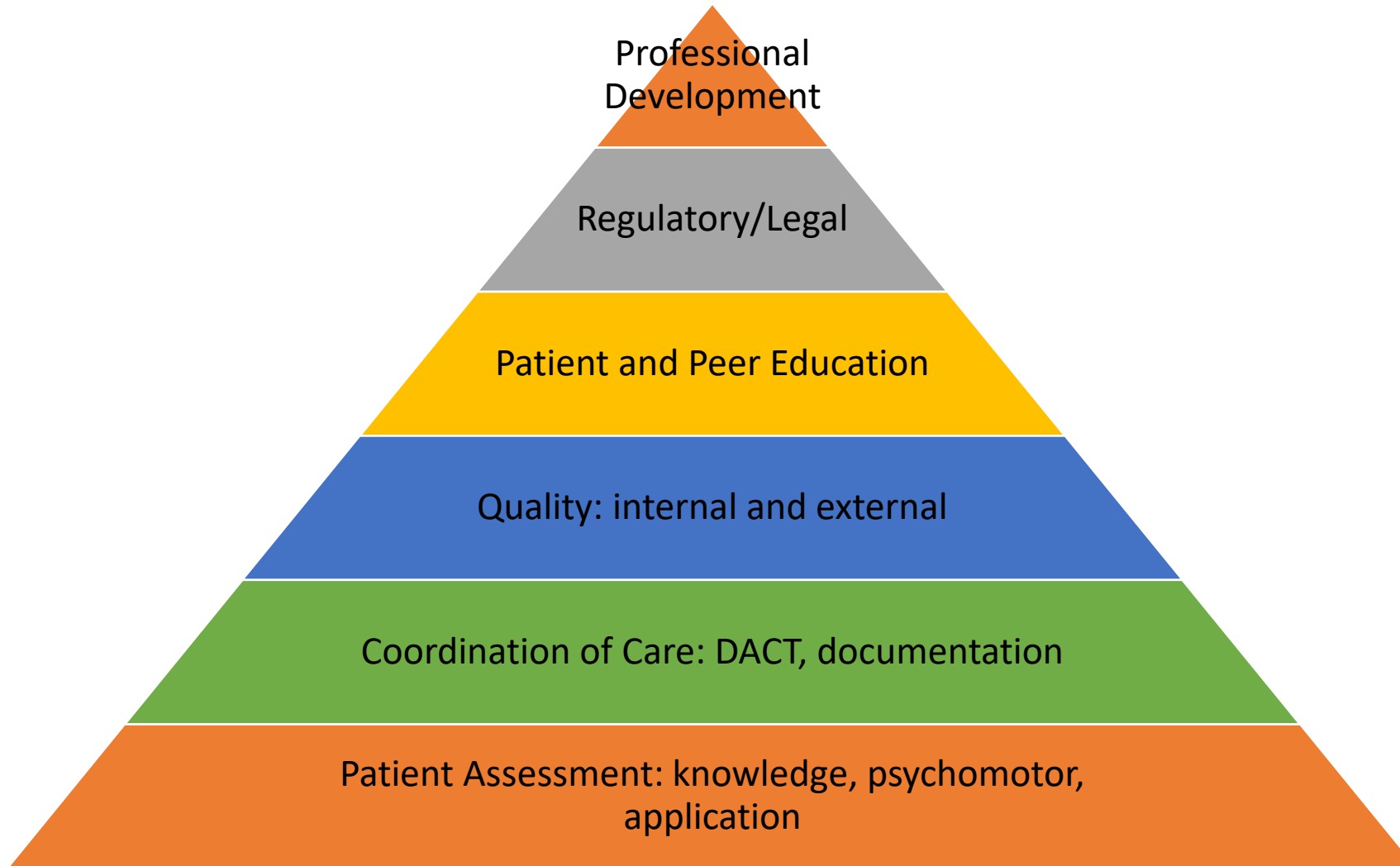
Presenter: Michele Inglese, MSN, RN



Survey

- **Why:** To create this and future education that meets the needs of the membership
- **Who:** Those involved in coordinating or managing vascular access care; settings vary
- **How:** Survey Monkey
- **What:**
 - Basic Assessment
 - Coordination of Care: (DACT, IDT, Documentation)
 - Quality
 - Education: patient and peers
 - Regulatory/Legal
 - Skills (knowledge, understanding, application)
 - Professional Development
- **When:** July-August 2017

Survey



Survey Demographic Results: Who

PCT/CCHT	LPN	RN	NP	PA	DNP	Other (please specify)
212	28	484	2	0	1	11 AA

Survey Demographic Results:

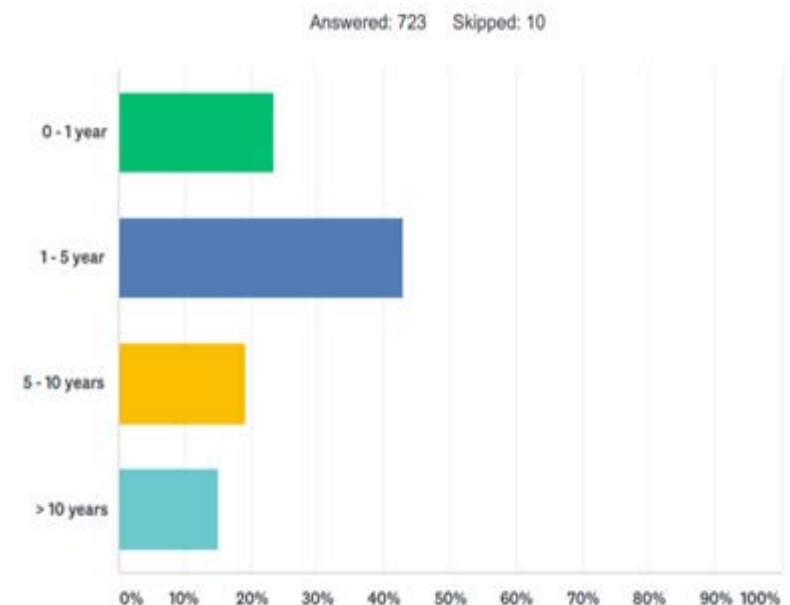
Titles and Duration of Title

Experience in this title

Title

●

Role	#	VAM	VAC	VAM/VAC
Administrative Assistants *	10			
CCHT/PCT	197	111	37	11
Charge Nurse	40	3	4	
Clinic Manager (CM)	107	8	1	3
Home Training	11			

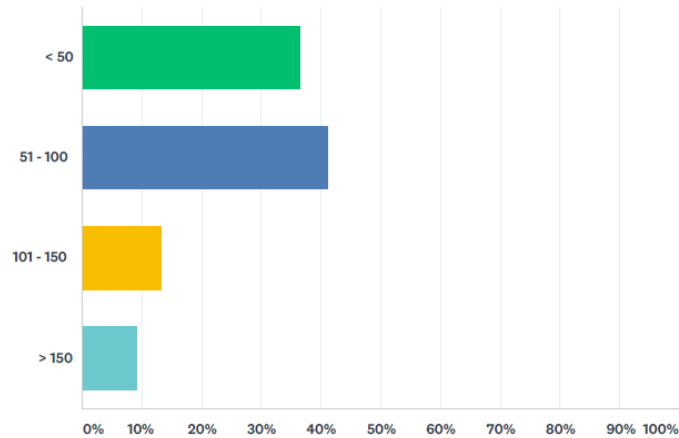


Survey Demographic Results :

Caseload/Number of clinics

Q5 How many patients are in your caseload in a typical week?

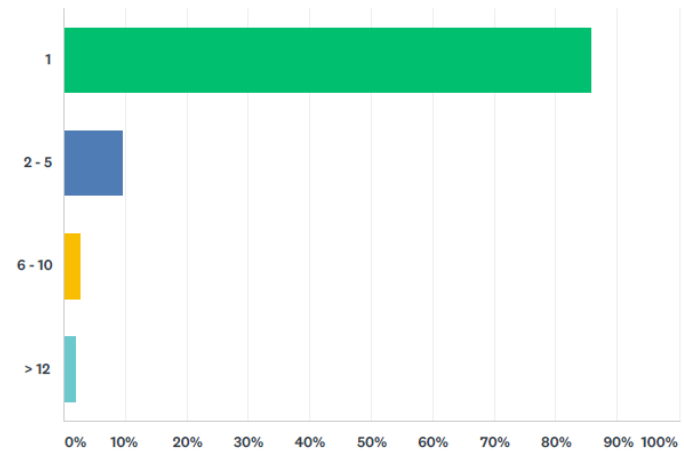
Answered: 726 Skipped: 7



ANSWER CHOICES	RESPONSES	
< 50	36.50%	265
51 - 100	41.18%	299
101 - 150	13.09%	95
> 150	9.23%	67
TOTAL		726

Q4 How many clinics do you work with?

Answered: 729 Skipped: 4



ANSWER CHOICES	RESPONSES	
1	85.87%	626
2 - 5	9.60%	70
6 - 10	2.74%	20
> 12	1.78%	13
TOTAL		729

Survey Skills Results: Basic Knowledge

Percent able to:

95-99%	• Describe of the basic anatomy involved in vascular access. • Identify of the common vascular access types and locations • Differentiate between a graft and fistula in the standard lower arm, upper arm and thigh configurations. • Identify blood flow direction in a loop AVG or unique fistula configuration. • Ability to identify an aneurysm or pseudoaneurysm formation. • Ability to assess a cannulation related infiltration.
75%-80%	• Ability to differentiate the needs of the AKI patient from the CKD 5 patient. • Ability to identify Acute Kidney Injury patients in the outpatient dialysis facility. • Ability to identify a unique vascular access. Examples Hero, biological AVG.
55-79%	• Ability to perform the sleeves-up protocol on any patient with lower arm loop graft and to communicate the findings to the nephrologist and DACT. This should also be updated into the patient's plan of care. • Identity if a PD catheter might be an appropriate dialysis access now or in the further and then communicate that with the IDT and DACT.

Survey Skills Results: Psychomotor skills

Percent able to:

97%	Ability to assist the expert to novice cannulator with the needle placement, needle gauge and blood flow, needle orientation and cannulation method.
94%	Ability to perform Cannulation readiness evaluation with the expert cannulations.
82%	The One Minute Check (5 segments) at the expert level.
33%	Perform comprehensive assessment of the basic placement of a PD catheter.

Survey Skills Results: Application of Knowledge

Percent able to:

>95%

- Identify proper needle removal to prevent access trauma.
- Identify dysfunction of the vascular access.
- Identify variables associated with vascular access function/dysfunction: VP, AP, inability to maintain prescribed BFR, dialysis adequacy changes, prolonged bleeding.
- Assess the formation for any S/S of worsening that could lead to rupture.
- Identify patient concerns regarding their dialysis access creation or needed procedure. Note this may require the collaboration with the other members of the interdisciplinary care team such as the social worker to fully identify the issue and any root causes.
- Troubleshoot common cannulation issues and to communicate/document the issues to the IDT and DACT.
- Reviews access flow testing results and trends.

Survey Skills Results: Application of Knowledge

Percent able to :

90-94%	• Confirm the correct blood flow direction based on the surgical or interventional reports. • Contrast the various cannulation methods and indications for use for each method. • Communicates abnormal or changes of access flow testing to DACT.
80-89%	• Interpret the surgical or interventional report and identify the anatomy involved. • Review lab results and correlate with the clinical presentation. • Advocate for the AKI patient related to dialysis access needs. • Describe the need for vessel preservation in earlier CKD stages and CKD stage 5.
75%	• Comprehension of the other forms of renal replacement therapies and the need for transitions between the various RRT during a patient's lifetime with CKD.
59%	• Interpret the results of vessel mapping.

Survey Skills Results: Coordination Of Patient Care

Percent able to:

>95%	• Communicate/escalate dysfunction of vascular access in a timely manner. • Develop and maintain working relationships with other members of the Dialysis Access Care Team. • Actively participates vascular access care planning. • Communicate/document common cannulation issues and the issues to the IDT and DACT. • Escalate to the IDT a cannulation related infiltration, and if needed DACT.
90-94%	• Communicates abnormal or changes of access flow testing to DACT. • Communicate a dialysis access finding or issue at various grade levels to facilitate comprehension. • Schedule an office visit or procedure for a vascular access creation or intervention. This includes proper documentation with the referral. • Collaborate with the interdisciplinary team to create the patient's access plan of care upon admission to the dialysis facilities. • Collaborate with the wider Dialysis Access Care Team to implement and update the patient's dialysis access plan of care.

Survey Skills Results: Coordination Of Patient Care

Percent able to:

87%	• Schedule cannulation mapping ultrasound with the surgeon or other location as needed with new vascular access or if cannulation issues occur and an evaluation is required.
70-74%	• Collaborate with the renal transplant team and provide pertinent access related information and medical records. • Coordinate the vessel mapping not just vein mapping as needed over the lifetime of the patient. • Communicate the results of vessel mapping to other members of the DACT.
66%	• Interpret radiology report for proper hemodialysis placement prior to initial use (as required by CoC V tag).
59%	• Collaborate with the home therapies staff to care for a newly placed PD catheter while a patient is still on chronic in center HD.

Survey Skills Results: Documentation

Percent able to:

>95%	• Perform access monitoring and surveillance utilized at your dialysis clinic. • Document/review patient education of abnormal findings.
90-94%	• Review the dialysis facility electronic medical records for data fields related to vascular access. • Document/review all findings from physical assessment. • Document/review actions taken and communication to DACT of abnormal findings. • Document and escalate aneurysm formation, changes and risks to the nephrologist and IDT. • Ability to properly create and update the medical record for all dialysis access creations, interventions and abandonment.
88-89%	• Interpret the surveillance reports and correlate the results to the clinical presentation. • Serve as a resource to the IDT to facility proper dialysis access documentation in the EMR.

Survey Skills Results: Quality

Percent able to:

>95%	• Advocate for the patient regarding their care and wishes. • Comprehend vascular access-related quality indicators.
81-89%	• Comprehend internal (Quality team and processes) and external (ESRD Networks, CMS) roles in providing quality. • Participant in the quality improvement process in the dialysis facility. QIP. • Collect, track and trend vascular access data for the QIP. • Assist with dialysis access related policy and procedure reviews and updates at a local level as directed by the governing body. • Assist in interpretation of data findings as it relates to QIP. • Share data with the larger DACT in a professional manner.
70-73%	• Develop and execute a QIP project related to dialysis access. • Coordinate, and as needed, lead a DACT patient review meeting.

Survey Skills Results: Education - Patient and Peers

Percent able to:

>95%	Teach the IDT members the proper technique including post treatment site holding to prevent trauma or clotting of the access. Teach the IDT members, patient and support persons the emergency response to a bleeding AVF or AVF or rupture of the formation.
90-94%	Teach patients and their support persons on the patient's access status and needs. This includes the ability to utilize various teaching methods at various learner's level to ensure comprehension. Teach the vessel preservation principles to patients, support persons and other health care providers. Teach others the surveillance method.
80-89%	Teach the One Minute Check the novice and patient level check to others. Use and teach the use of the weekly AVF maturing or AVG healing tools with dialysis staff and patient. Teach the IDT members, patient and support persons the emergency response to a HD catcher event such as accidental end cap disgorgement. Participates in creation and/or evaluation of patient/family teaching materials.
55-76%	Educate the IDT and DACT on the unique care and use requirements. Examples Hero, biological AVG. Ability to teach a patient and support persons about the basics of a PD catheter placement.

Survey Skills Results: Regulatory /Legal

Percent able to:

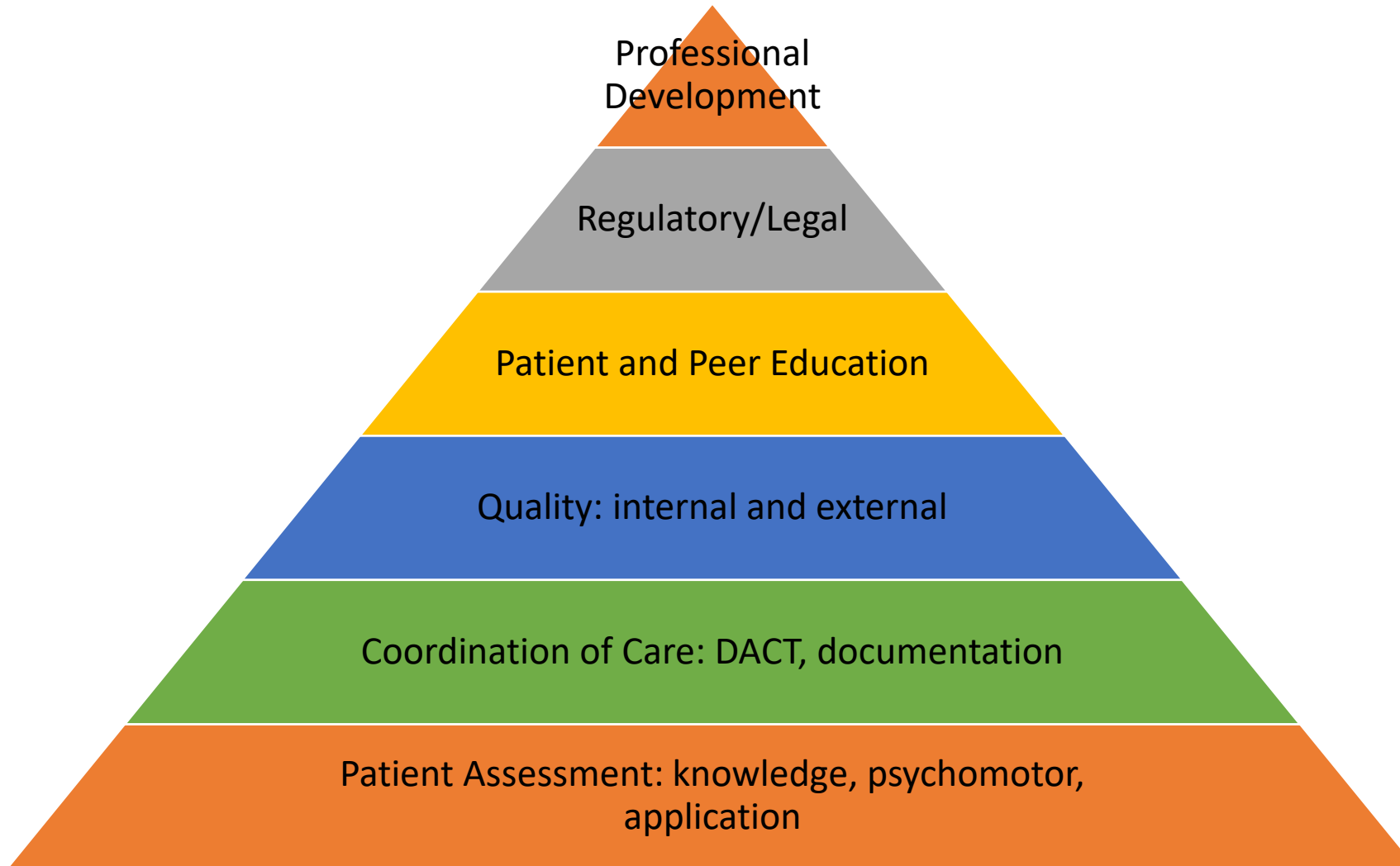
90%	Provide required medical records that should be shared with the other members of the Dialysis Access Care Team.
83%	Comprehend of the CMS Conditions for Coverage as it relates to the continuum of care and sharing of medical records.
74%	Communicate and collaborate with the hospital acute dialysis program with transition of care related to the vascular access.
60%	Comprehend the CMS CrownWeb application ad definitions.
52%	Manage the CrownWeb data entry and corrections to ensure proper data reporting.
43%	Comprehend the vascular access lexicon to facilitate proper data collection and analysis -new KHI study endpoints common lexicon definitions.

Survey Skills Results: Professional Development

Percent able to:

95%	Seeks opportunities to increase knowledge of vascular access and patient care.
85%	May contribute to the current knowledge database.
84%	May participate in professional development activities.
79%	May volunteer to participate in internal and external vascular-related projects.
63%	May participate in outside organizations to network.
57%	Attends vascular-access related conferences.

Survey



Thank you