2018 Vascular Access for Hemodialysis Symposium

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Coordination of Care Creating a Vascular Access Program

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EMORY DIALYSIS CLINICS

No Disclosures

- At the end of this presentation you should be able to start or enhance your current Vascular Access Role

Communication

- You need to be able to effectively communicate with EVERYONE involved in the patients Vascular Access

- Develop relationships with everyone

Collaboration

- Coordinate all aspects of the patients access plan

Comprehension

- Know and understand the different requirements of various surgical practices
- Become knowledgeable regarding operation reports, radiology reports
- Types of accesses

Reports

- Fistula First
- Crown Web
- Surgical
- EMR
- QAPI
- CMS Requirements

Confirmation

- If you attend conferences like this one. You will gain valuable skills and increase your knowledge of vascular access.

- I attend and present at various conferences (Vascular Access Society of America, National Association of Nephrology Technicians and Technologists ,National Kidney Foundation, Annual Dialysis Council ,American Society of Diagnostic Interventional Nephrologists, and local meetings YOU MUST GET INVOLVED

Monitoring &Surveillance

- Every access evaluated with LOOK,LISTEN and FEEL
- USE all the tools available on the Fistula First Website
- Access Blood Flow /Recirculation issues/Cardiac issues
- Download Atlas of Dialysis /Physical exam of AVF

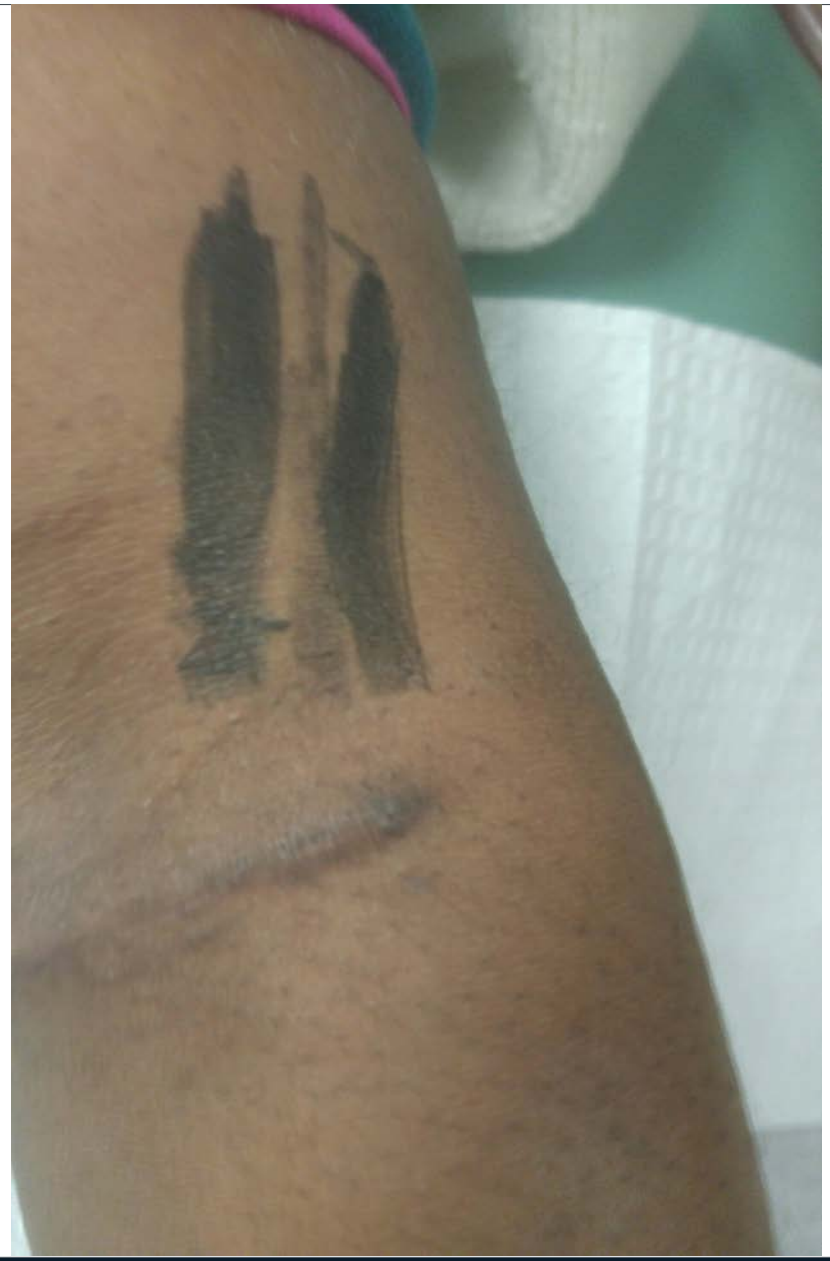
Cannulation

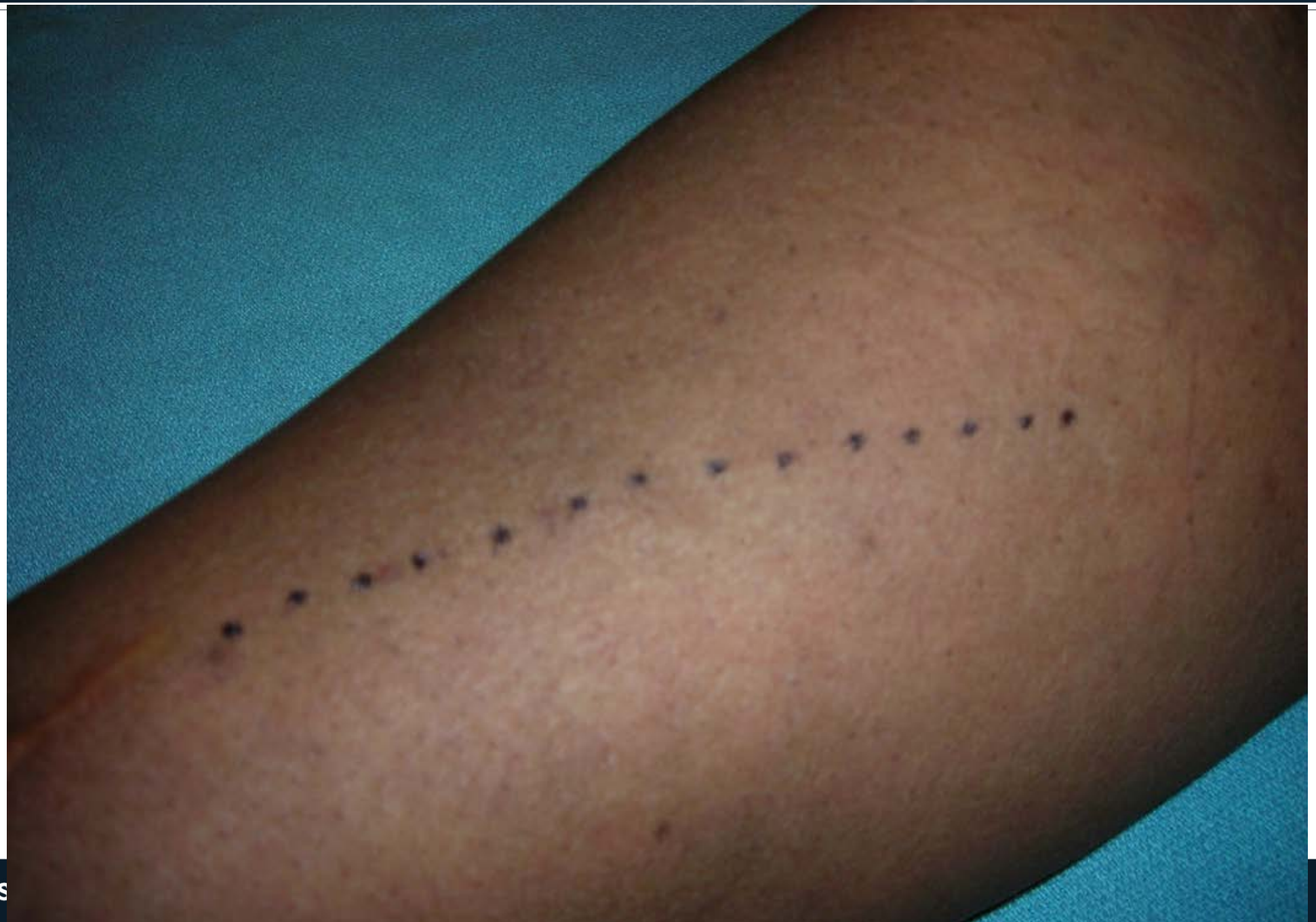
- I carefully select Cannulation Team Members
- NO Access cannulated by all staff until I release
- Access No flipping needles/No moving up in needle size until access is evaluated

Ultrasound Technology

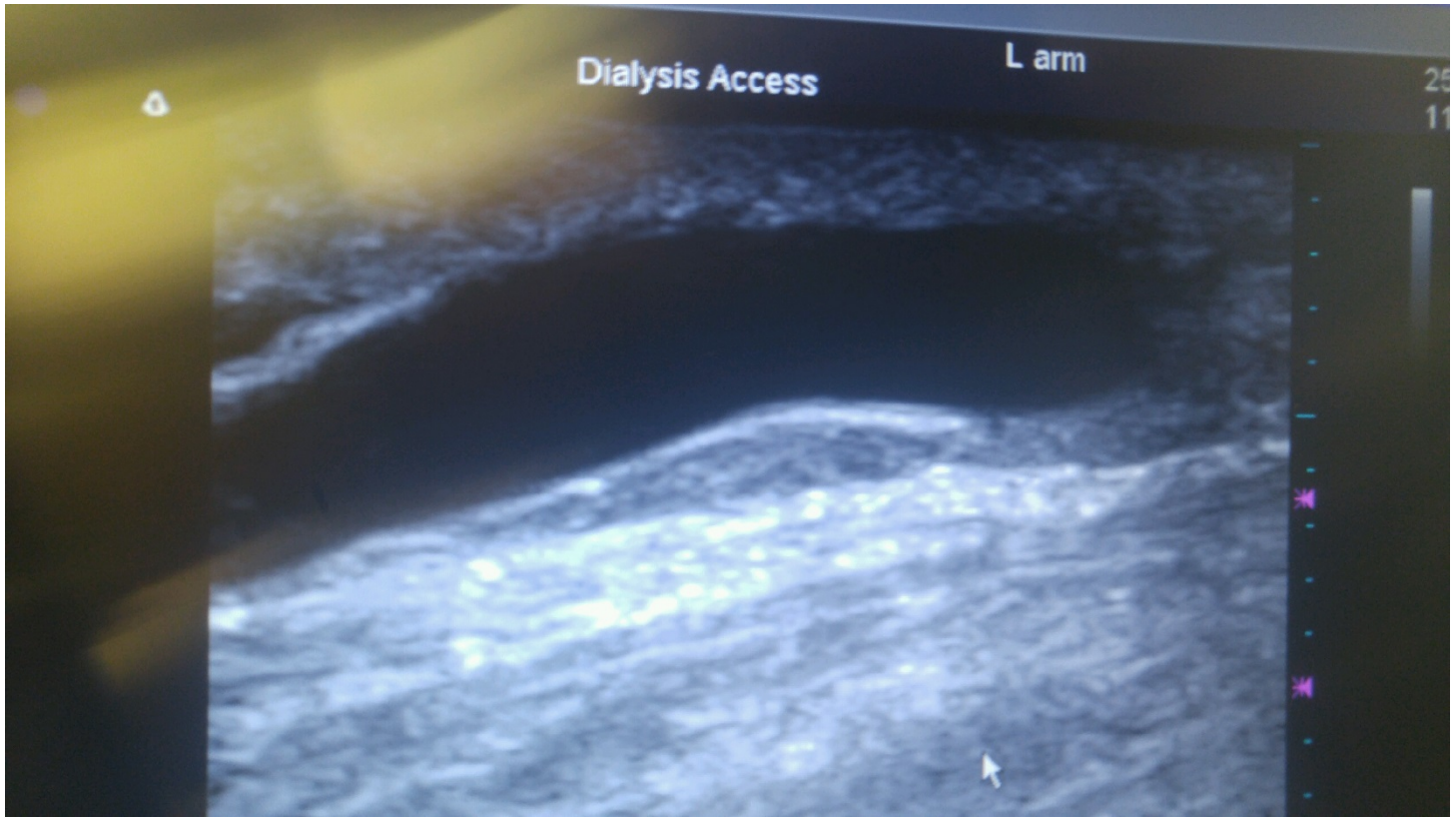
- It is used in Ambulatory Surgical Centers (normal practice)
- I use it to mark initial cannulation sites for all NEW and Problematic Fistulas

Cannulation Mapping





Ultrasound done in clinic



Ultrasound done in clinic