

IMPROVING PERMANENT VASCULAR ACCESS IN HAEMODIALYSIS PATIENTS BY DEVELOPING A NURSE CO-ORDINATED SERVICE

H Spooner, J Nicholas
New Cross Hospital, Wolverhampton

PROBLEM: The unit does not meet the Renal Association standards for vascular access. These state that at least 80% of prevalent haemodialysis patients should be dialysed using a native arteriovenous fistula, 67% of patients presenting within 3 months of dialysis should start with a usable native fistula and that no patient requiring dialysis should wait more than 4 weeks for fistula construction.

PURPOSE: To improve the co-ordination of the vascular access service and to increase the number of fistulae. To better monitor and pre-empt problems with the current vascular access and to ensure that all patients requiring or receiving haemodialysis have an agreed vascular access plan.

DESIGN: Development of Advanced Nurse Practitioner (ANP) role in renal medicine with an emphasis on vascular access and the introduction of the use of an access-monitoring device to predict access failure. The role of the nurse includes organising and prioritisation of clinics for vascular access assessment and to improve the liaison between surgeons, interventional radiologists and physicians. In addition, the role has been developed to support the ongoing prospective data collection and audit of all access procedures and interventions. Furthermore, the ANP co-ordinates fistulae access flow monitoring and initiates any necessary interventions to preserve the longevity of vascular access.

FINDINGS: An improvement in primary AVF construction was noted, with reduction from 10 to 5 months following dialysis initiation. A significant increase in the number of patients dialysing with a fistula was noted, rising from 80 to 130 since 1999. Improvement in monitoring of vascular access has occurred with an increase in the number of interventional radiology procedures preventing fistula failure. All patients receiving haemodialysis have a clear plan for vascular access and only 8/243 patients remain unsuitable for fistula construction.

CONCLUSION: The development of the ANP role has improved the monitoring and co-ordination of vascular access and increased the number of patients dialysing with a fistula.

RELEVANCE: This change in practice has allowed a better co-ordinated vascular access service with a potential improvement in patient mortality. The development of a nursing role with responsibility for