

ACHIEVING 80% FISTULA PREVALENCE BY ENHANCING THE ROLE OF THE DIALYSIS ACCESS SPECIALIST NURSE

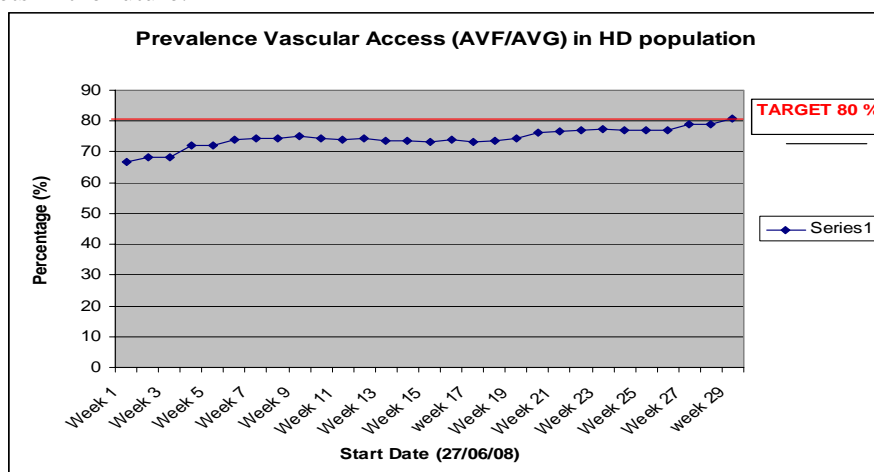
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PROBLEM: Patients receiving dialysis via central venous catheter are exposed to potentially avoidable risk including poor dialysis adequacy, increased hospitalisation, catheter related sepsis and increased mortality rates. The fistula prevalence in our rapidly increasing dialysis population had remained approximately 67% for several years despite an increase in vascular surgical provision. The service set itself the objective to reach the Renal Association target prevalence of permanent haemodialysis access in 80% of patients.

PURPOSE: This project aimed to improve the fistula prevalence rate by enhancing the role of the dialysis access nurses, streamlining the vascular access pathway, and introducing continuous audit and reporting procedures to guide further service development.

DESIGN: Process mapping was used by the multidisciplinary (MDT) team revealing inefficiencies in referral pathways, preoperative management and investigation of suboptimal access. New protocols developed in these areas were put into practice. A vascular access coordinator was appointed to support the administrative process, rather than impinge on clinical staff time. Dialysis access nurses developed their clinical roles to improve the patient experience. Developments included a nurse-led pre-operative assessment clinic to facilitate day case surgery, nurse-led discharge, attendance at vascular radiology MDT meetings, regular visits to all 4 dialysis units in the network, further development of link nurse role and a weekly audit of dialysis access prevalence against national targets. Shift patterns were changed to improve patient flow and safety on operating days.

FINDINGS: The profile of vascular access has been raised across the dialysis units. AV fistula prevalence in the 340 haemodialysis patients has increased from 66.8 % to 80.8% in 7 months, with 41 fewer patients now dialysing via a central venous catheter. Predialysis patients' vascular access is planned effectively to ensure timely access creation and all expected starts on haemodialysis are now via permanent access. The MDT team is working in a professionally fulfilling environment, achieving direct improvements in patient care, with pathways in place to increase clinical skills and meet more exacting targets in the future.



CONCLUSION: A significant increase in permanent vascular access prevalence to 80.8 %, reduced time from referral to surgery and length of stay was achieved by process mapping, MDT working, pathway redesign and enhanced nursing roles.

RELEVANCE: The efficient use of vascular access resources to achieve continuous improvement in AV fistula provision is pivotal in achieving the best outcomes and quality of life for haemodialysis patients.