

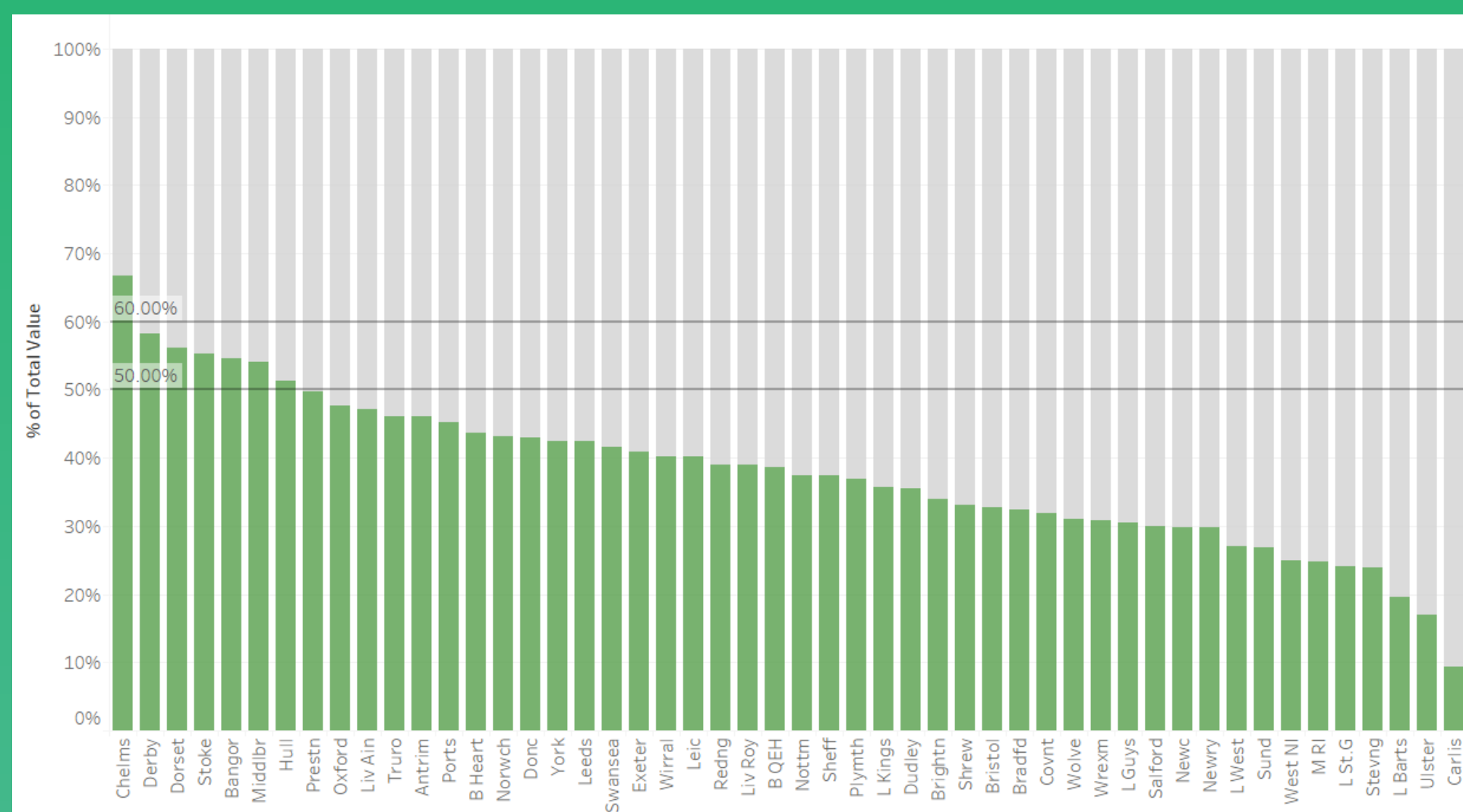
# National Standards for Dialysis Access can be achieved.

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## Introduction

1. Attaining the national standards for dialysis access remains a significant challenge for many centres in the UK.
2. The guidance includes details for HD and PD patients starting dialysis.
3. Historically, Shrewsbury and Telford Hospitals (SaTH) has achieved the 80% standard of prevalent HD patients dialysing with AVF/AVGs
4. Ideally, >60% of HD patients ought to start with optimal access and avoid central venous catheters.
5. Achieving this standard remains a challenge for many UK centres.
6. Examination of factors controlling CKD care have been reviewed in supporting Quality Improvement and care transformation.

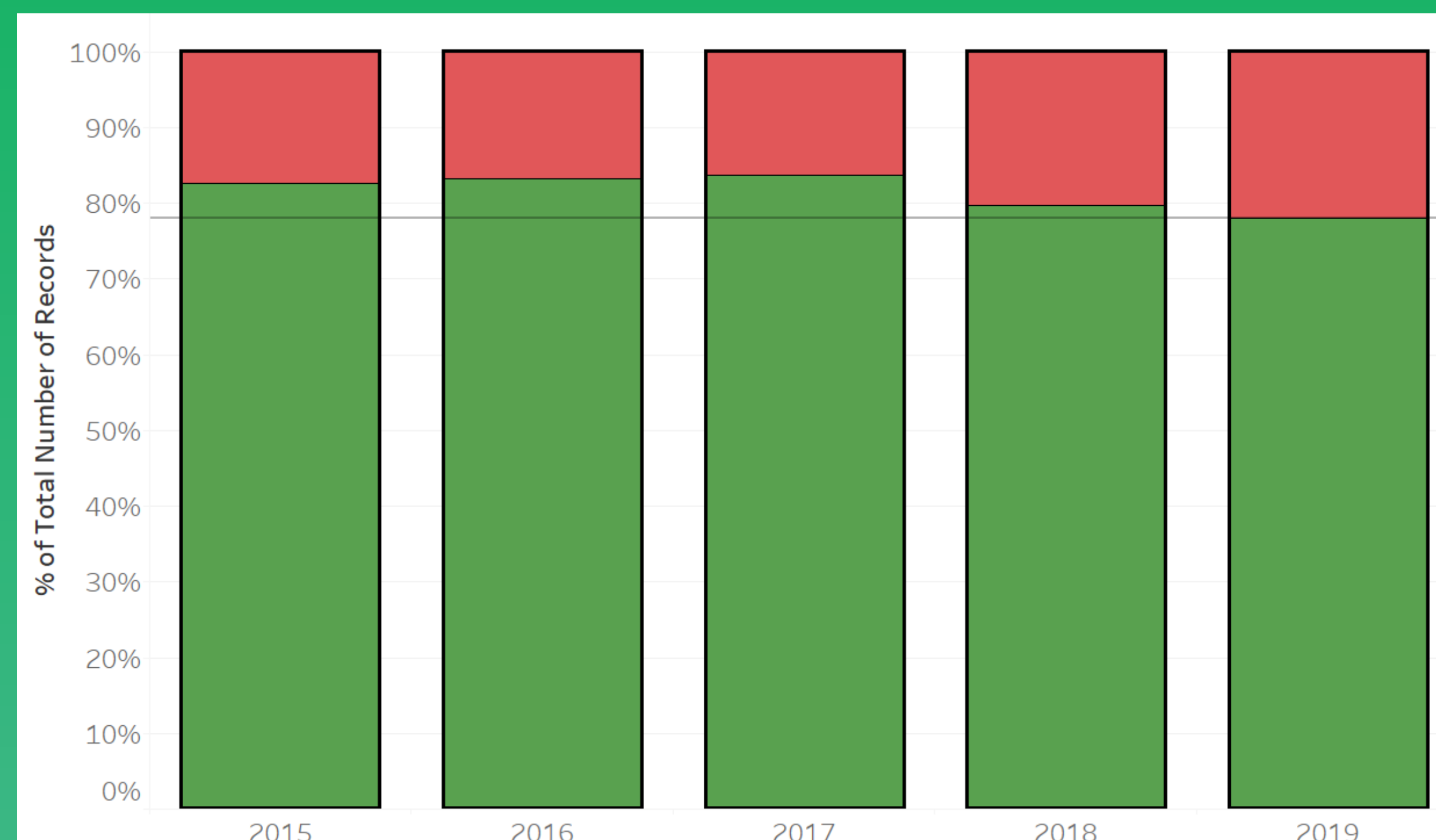
## UKRR Data for Incident Patients 2012 to 2017



The UKRR is now publishing vascular access details in the Data Portal as hosted in the UKRR Website. Details of all HD patients starting RRT from 2012 to 2017 have been aggregated. This analysis has noted that the national standards for incident patients commencing HD with AVFs (Green Bars) remains a challenge for many centres, including this centre. Data offered from the UKRR following a request and support from the UKRR.

## Prevalent HD Standards

>80% of HD patients should dialyse with an AVF or AVG



## AVF use - in-centre prevalent HD patients in SaTH

HD access use has been maintained at the defined performance levels for many years

Supported by patient and staff education, Access Nurse, an active Surgical and Interventional Radiology pathways and Services.

## HD access use and Incident Patients

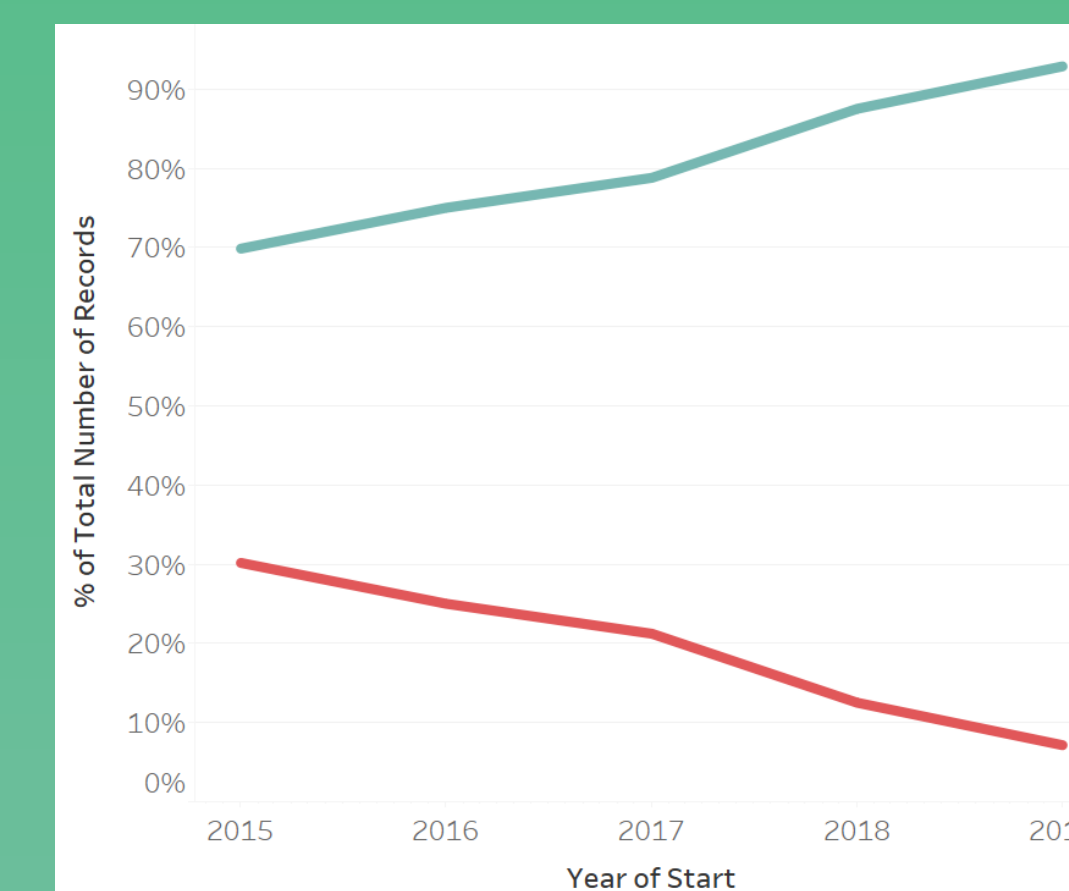
Despite effort, line use in incident patients remained unchanged in the past. PD use has been actively promoted and used in this centre, with >30% use per year.

- Extra measures were needed to plan AVF use in for HD patients
- Informatics systems used to closely choreograph access preparation
- CKD clinics have been optimised
- More effective CKD detection / referral process applied since 2017.
- Patient education and choice detailed and documented
- Effort to minimise line use pursued
- PD as a bridge if AVF cannot be used promoted

## Late presenting patients

SaTH has invested in a CKD detection programme. Since 2017, the proportion of late presenting RRT patients has fallen significantly. Coupled with better referral, CKD care and counselling has been uplifted.

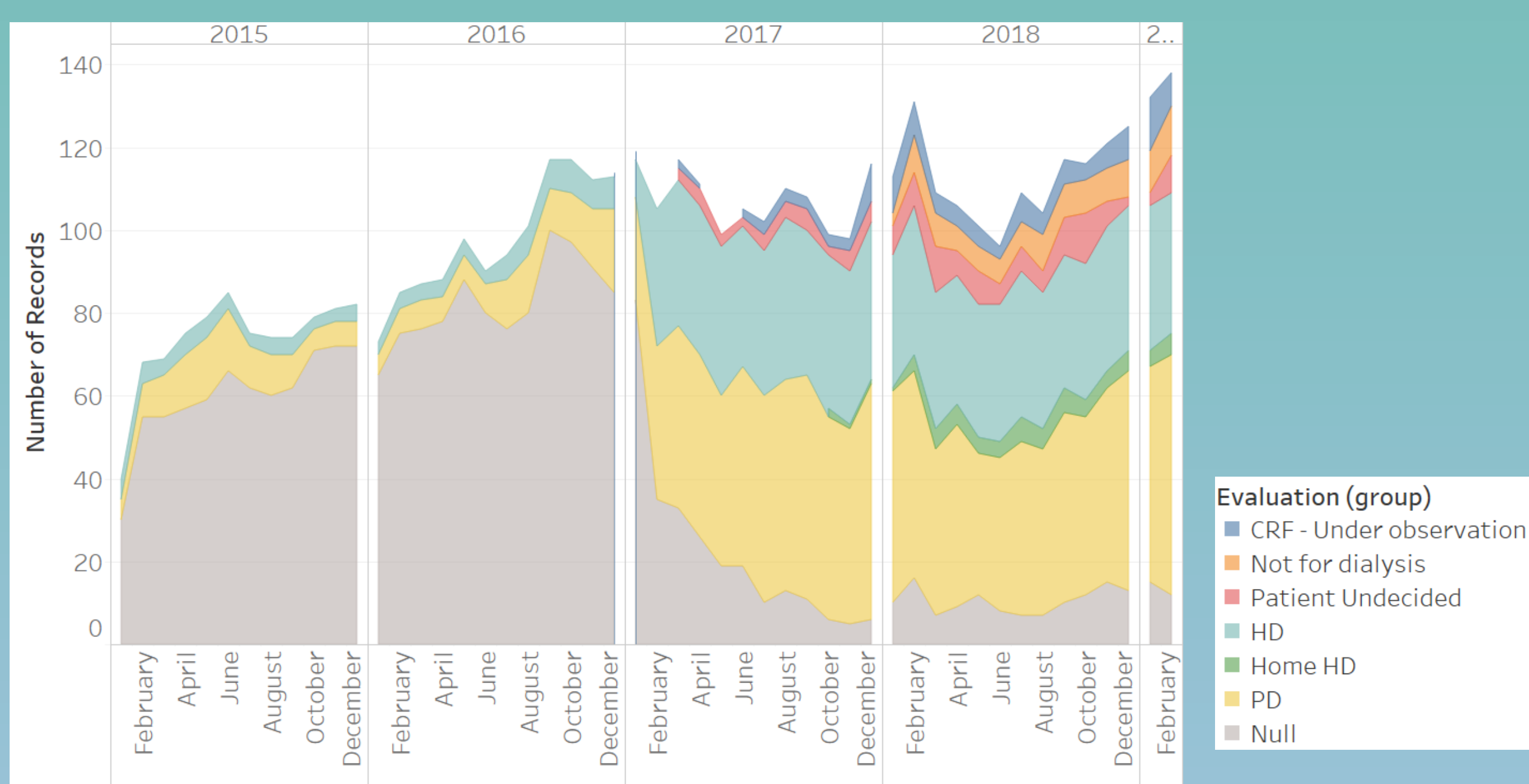
The historical pattern of late presenting patients has been changed, enhancing optimal patient preparation for dialysis.



Key  
Red line—late presenting patients.

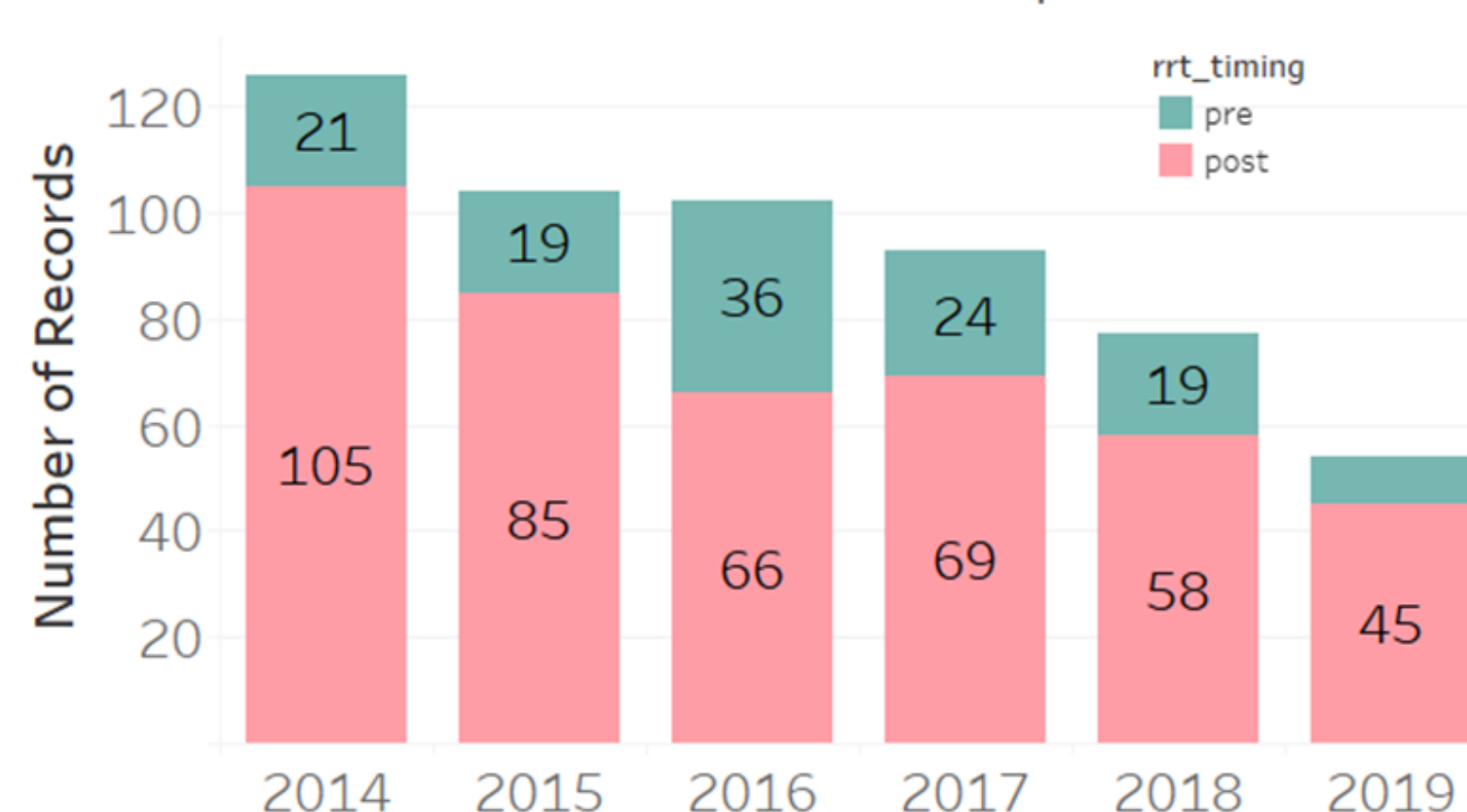
## Dialysis Preparation in CKD Stage 5 patients

All CKD patients are now tracked in the renal electronic record. Targeted approach applied to CKD 5 patients to ensure RRT options are discussed. Since 2017, significant uplift in RRT preparation noted, enabling directed access planning. Significant improvement in the fractions of patients receiving RRT education noted

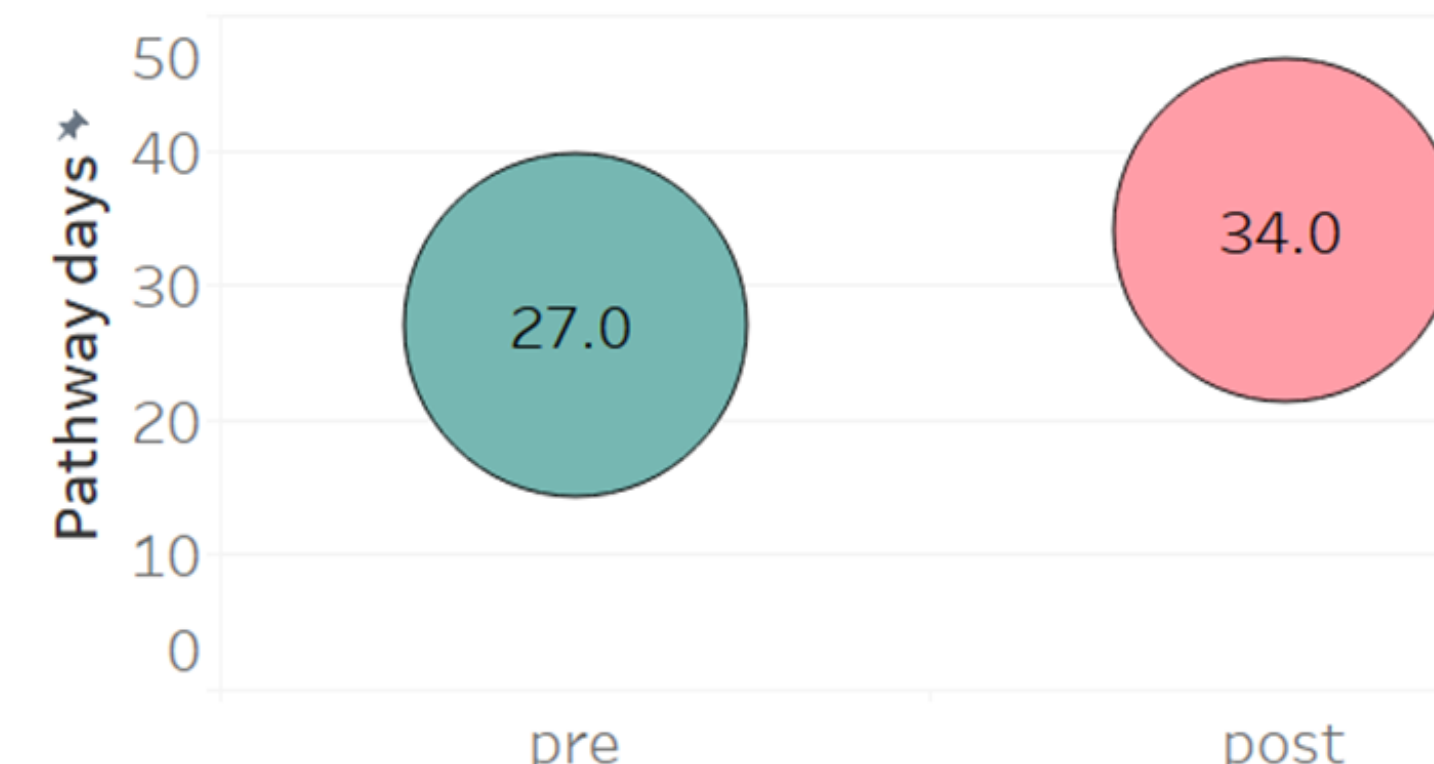


## Pre dialysis access pathway details

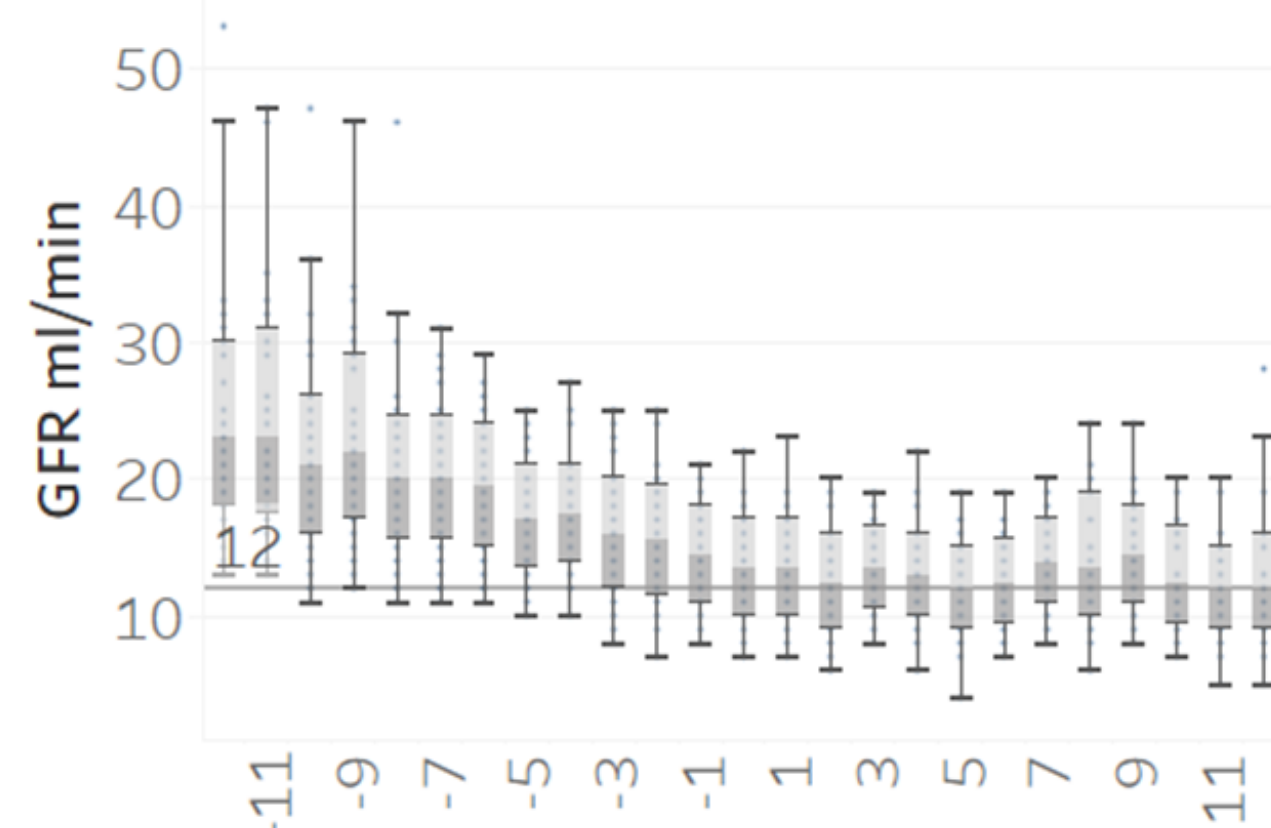
### Pre or on RRT for AVF ops



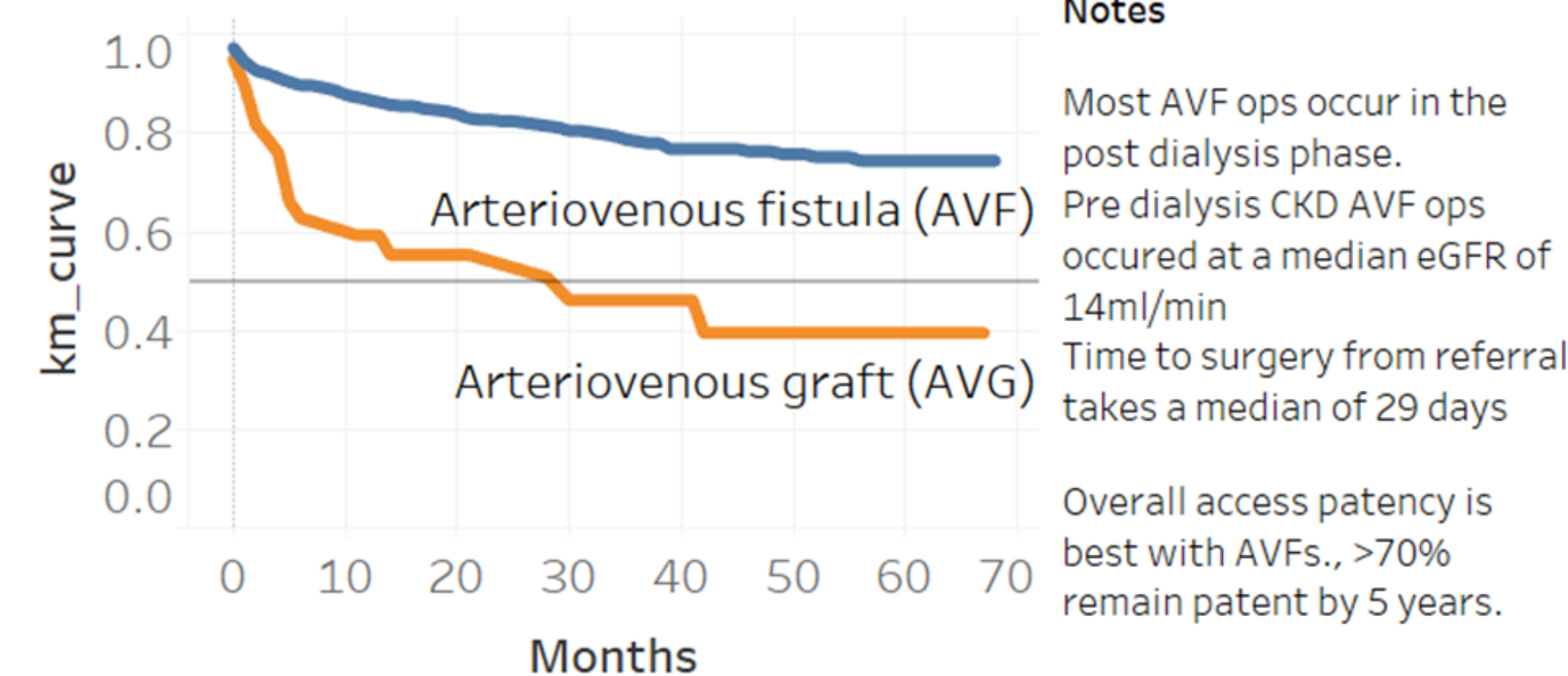
### Pre or on RRT for AVF ops and time to surgery



### GFR levels around AVF ops in CKD



### Secondary Patency Data



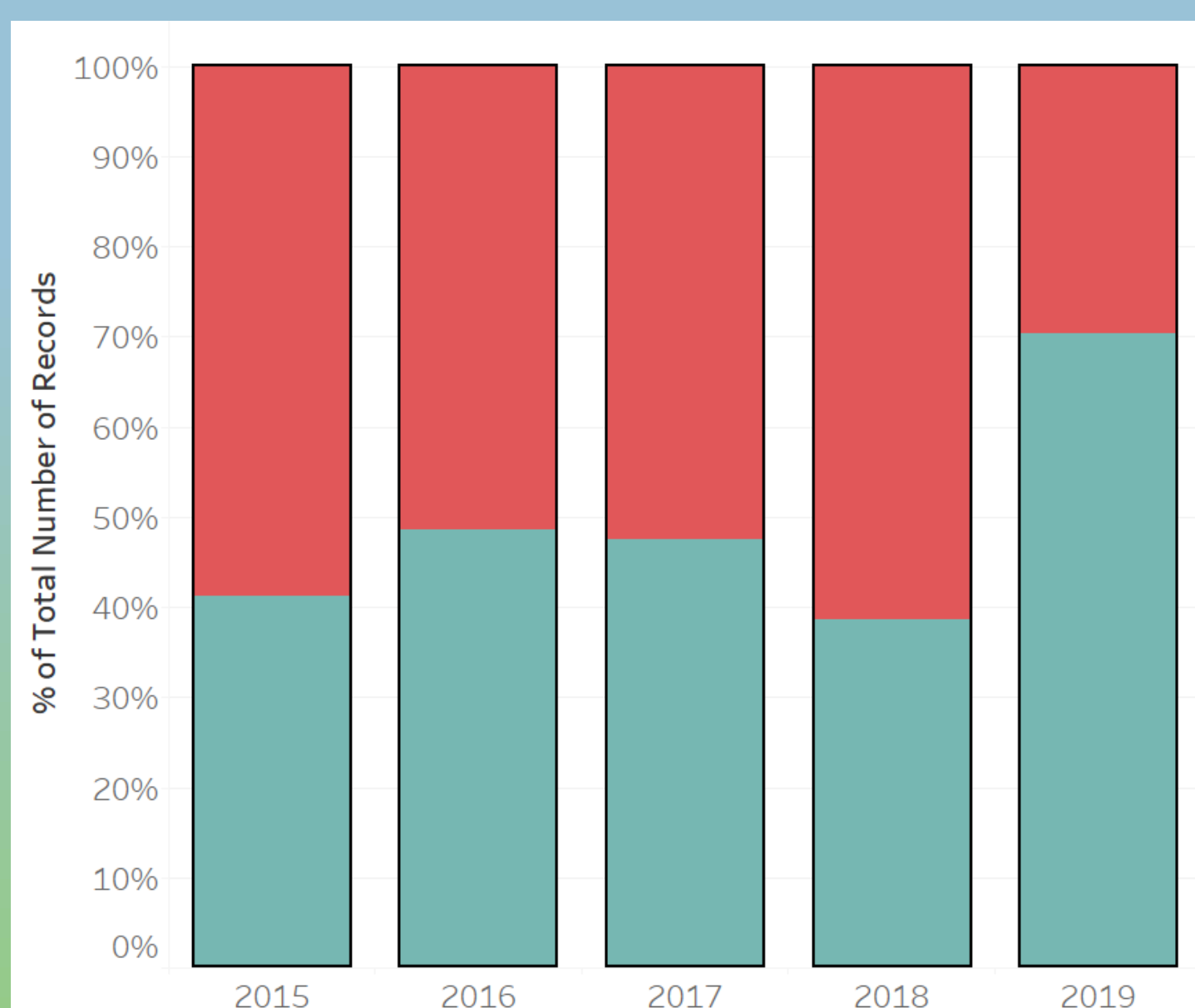
## Compliance with Access standards for Incident HD patients and Quality Improvement.

### Outcomes:

Historically, AVF use has been below the national standards in the incident HD patients.

Following the efforts in the tighter coordination of access plans and CKD preparation, the fractions of patients with AVFs (green bars) has increased in 2019.

This step change in performance must be maintained, enabling safer care for HD patients.



## Conclusions

- Quality improvement in AVF use in Incident Patients noted in 2019 in this centre.
- CKD detection and coordination of care has offered significant dividends.
- Careful oversight of CKD care and reduction in late presentation can ensure timely AVF surgery.
- Significant Vascular Surgical Service support with rapid access to timely AVF surgery is possible.
- Overall AVF operations required to maintain the services has fallen over time, supported by measures of access care, surveillance and salvage. Access patency to total thrombosis remains superior in AVF cases.
- Incident patient care has been transformed, with >60% of patients commencing HD with AVFs.
- All these features will support the high use of AVF/AVGs in the prevalent HD patients.
- SaTH's performance for all aspects of vascular access provision now joins the other highly performing centres in the UK.
- Paradigm can be applied in all centres.