

THE VASCULAR ACCESS PROFESSIONAL'S GUIDE TO

BETTER PATIENT CONVERSATIONS



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Whether a patient feels at ease and understood during his or her hemodialysis treatments plays a huge role in whether that patient engages with his/her full treatment plan and team. If your clinic struggles to retain patients, chances are it's likely not bringing in the profit it needs to be successful.

Thankfully, making a few changes to how your staff communicates with patients can make all the difference.

This guide will help you do just that. It's full of sample communication checklists and examples you and your vascular access team can use right now to improve patient care.





The Importance of Communication

Proper communication does more than ensure patients are satisfied with their hemodialysis experience. It also helps promote patient safety by making sure they know how to properly care for their access, and how to watch for complications. Good communication between your clinic's staff is also vital.

According to a study in the Journal of Renal Injury Prevention, hemodialysis patients expect their relationship with clinic nurses to be intimate and friendly.



Patients also expect nurses to have good attitudes and respect patients.



Without the above, not only will patient retention be at risk, so will patient safety.

Communication Essentials for Vascular Access Teams

How Huddles Can Change the Way Your Team Communicates

Not unlike its more widely known cousin — the football huddle — a huddle for vascular access teams aims to do the same: Share important information quickly. When your team shares essential information via huddles, everyone gets the exact same information at the same time, and can solve any issues on the spot.

4 Things to Communicate During Huddles

What is discussed during huddles is unique to each clinic and situation. However, common topics of discussion include:

1.

Changes in census: Any new patients or patients hospitalized or transferred.

2.

Any urgent issues: These include things like access issues, catheters not working, a patient who needs to be referred to the hospital, anyone who experienced needle issues

3.

Any other patient health issues that could affect his or her next session

4.

Any news involving staffing or department changes





How to Integrate Fistula First Tools into Your Huddles

As part of the Fistula First initiative, the End Stage Renal Disease National Coordinating Council (ESRDNCC) recommends the vascular access team or dialysis care team perform a “One Minute Access Check” on each patient to ensure his or her access is continuing to work as it should.

According to the ESRDNCC, the “One Minute Access Check” allows you and your team to identify problems early enough to allow for appropriate assessment or referral. It also helps maintain the health and function of the access and reduces the need for catheters.



A Checklist for Successful Huddles

To be successful, huddles must be held consistently and with the right staff members. This checklist will help you build and maintain an effective huddle.

- **Include the Right People:** Your huddles should include anyone who is involved with patient care during a shift. Examples include: nurses, dialysis technicians, vascular access coordinators, nurse managers, social workers and dietitians.
- **Establish a Recurring Time and Place:** Huddles should last between five and 15 minutes and can occur when there is shift change, when a new employee or patient arrives, before employees go on break or if an issue occurs that requires the resources of the entire dialysis care team.
- **Check In with the Team:** At the beginning of the huddle, check in with your team, this allows you to get a read on how everyone is doing, if there are any anticipated staff changes during a shift — like someone leaving early — or if there are any upcoming staff vacations.
- **Identify Upcoming Patient Issues:** These include things like scheduled hospital visits, planned visits from a social worker or dietitian during a session.
- **Identify Urgent Patient Issues:** These include things like problems with accesses, issues inserting needles, catheter issues, signs of infection.
- **Identify Patients Who Need Follow Up:** This includes following up with patients who may have had a new access placed or any patients who missed an appointment.
- **Share any Positive Comments or Policy Changes:** Did a patient compliment a dialysis tech? Is there a new piece of technology the clinic is using? If so, this is the time to share that information.

Communication Essentials for Vascular Access Coordinators to Use with Patients



Printable versions of the following sheets are available at the end of this book.

Patient Tip Sheet: Why You Need a Vascular Access

Welcome. Because you're here at the clinic, you and your dialysis care team have decided hemodialysis is the best treatment option for you. You're probably wondering what hemodialysis entails and have many questions. Our team is here to help you through any questions or concerns you might have about your hemodialysis treatments.

This handout will specifically cover the role of a vascular access in your treatments, and why it's important that you have one.

Your Lifeline for a Lifetime

You may have heard the phrase "your access is your lifeline for a lifetime." That's because a vascular access allows your blood to flow into and out of the dialysis machine. But only a few sites on your body can be used for an access. So, once you have an access established, it's essential to care for it properly.

Why Can't I Keep Using My Catheter?

You also may have a catheter and be wondering why you can't just keep it. According to the National Kidney Foundation, catheter use can increase risk for infections and complications. Using an access reduces these risks.

The 8 Steps to Getting an Access

When you're ready to get an access, you and your dialysis care team will:

1. Make an access plan
2. Find the best place for your access
3. Visit the surgeon
4. Have surgery to place your access
5. Wait for your access to heal
6. Begin using your access
7. Remove your catheter
8. Continue to care for your access

Patient Tip Sheet: What Happens When You Get an Access

You've visited your surgeon and you have a date scheduled to get your access. Your surgical team will provide instructions for what you should and should not do the day of and after your surgery.

Before Your Surgery Day

Before your surgery day, make a list of all the medications you take.

Your team will want to know if you take:

- Blood thinners
- Medications for heart problems, diabetes, depression, anxiety or pain
- Any vitamins, minerals or supplements

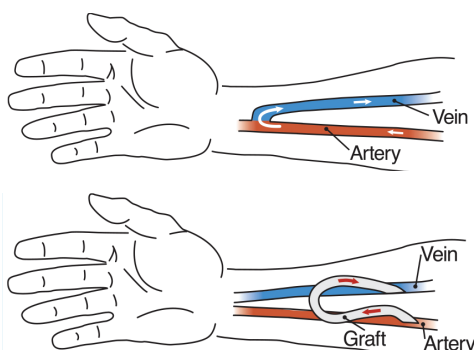
You'll also need to tell your team if you:

- Have allergies, including to latex or anesthetics
- Have a pacemaker
- Regularly drink alcohol or smoke
- May be pregnant



What to Expect During Surgery

A fistula is created by sewing an artery to a vein, usually in your arm. Because the artery and vein are sewn together, this allows the blood flow from the artery to be stronger. Forearm fistulas are the preferred type of access because veins are close to the surface of your skin, which makes the access easy to reach, and a fistula is less prone to infections or blood clots than catheters or other types of access. During the procedure to place your access, you will receive local anesthetic to numb the area. Your team also may give you medication to sedate you.



Typically, your access will be placed on the forearm of your non-dominant arm. You'll likely be able to go home the same day. After the procedure, your surgical team will instruct you on how to care for your access. If you have any questions about the procedure, be sure to talk with your team.

Patient Tip Sheet: How to Care for Your Access

It only takes a minute to keep your access working as it should and avoid infection. Here's how to do a "one-minute check" of your access.

It Only Takes a Minute To Save Your Lifeline

The skin over your access is all one color and looks like the skin around it.

GO



Look

There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

STOP

When you place your access next to your ear, you hear a sound. And it sounds the same as the last time you checked it.

GO



Listen

You place your access next to your ear and hear no sound. Or it sounds different than it did last time you checked it.

STOP

Thrill: a vibration or buzz in the full length of the access.

Pulse: slight beating like a heart-beat. Fingers placed lightly on the access should move slightly.

GO



Feel

Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

STOP

If you notice any of the red signs, contact your dialysis care team immediately at the numbers provided.

Contact: _____

During business hours: _____

After business hours: _____

The One Minute Check

Imagine the following scenario: A patient calls during clinic hours and reports she experienced an issue during her one-minute check. Or you're checking a patient's access and notice the flow is not what it needs to be.

If your patient has a flow issue with his or her access, what do you do? The use of the right technology — like [a vascular access surveillance hemodialysis monitor](#) — can help you and your team gather more information on why your patient's access is failing and what to do next.



Vascular access surveillance technology not only gives you more information about the function of the patient's access, it can notify you if the patient is at risk for cardiac failure and underdialysis as well. Don't just use it when a patient has failed the one-minute check. Vascular access surveillance technology can be used anytime you and your team want more information about a patient's access.

Choosing the Right Technology

CMS Conditions for Coverage (CfCs) mandates a dialysis facility must have an ongoing program for vascular access monitoring and surveillance. The KDOQI 2016 Guidelines recommend flow-based vascular access surveillance.

When considering a vascular access surveillance technology, keep the following points in mind:

Does it trend?

You're monitoring patients' accesses, but does your technology have the ability to trend the data it collects on accesses? With trending, you and your team can see — and take action on — any issues before they become serious.



Is there risk assessment?

With risk assessment, a patient who is at high risk for access failure can be put on an alert watch list. This lets you and your team provide closer surveillance to those patients at higher risk.

Does it provide quick, accurate results?

By taking less than 10 minutes to complete a screening, your patient spends less time in the dialysis chair.

Transonic's HD03 Monitor can help your clinic save time, money and even patient lives. Debbie Brouwer-Maier, RN, our Product Manager as well as an experienced vascular access coordinator, is ready to answer any questions you have. [Schedule a time to talk to Debbie today.](#)





Transonic Systems Inc. is a global manufacturer of innovative biomedical measurement equipment. Founded in 1983, Transonic sells “gold standard” transit-time ultrasound Flowmeters and Monitors for surgical, hemodialysis, pediatric critical care, perfusion, interventional radiology and research applications. Transonic® also provides pressure and pressure volume systems, laser Doppler Flowmeters and telemetry systems.

Americas

Transonic Systems Inc.
34 Dutch Mill Rd
Ithaca, NY 14850
U.S.A.
Tel: +1 607-257-5300
Fax: +1 607-257-7256
support@transonic.com

Europe

Transonic Europe B.V.
Business Park Stein 205
6181 MB Elsloo
The Netherlands
Tel: +31 43-407-7200
Fax: +31 43-407-7201
europe@transonic.com

Asia/Pacific

Transonic Asia Inc.
6F-3 No 5 Hangsiang Rd
Dayuan, Taoyuan County
33747 Taiwan, R.O.C.
Tel: +886 3399-5806
Fax: +886 3399-5805
support@transonicasia.com

Japan

Nipro-Transonic Japan Inc.
7th Floor, Maruha Building
11-1 Matsuba-cho
Tokorozawa City, Saitama
359-0044 Japan
Tel: +81 04-2946-8541
Fax: +81 04 2946-8542
japan@transonic.com

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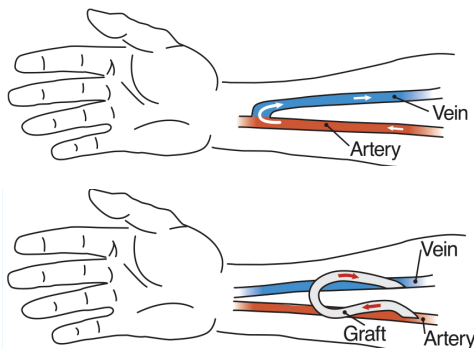
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