#### Managing Access by Generating Improvements in Cannulation

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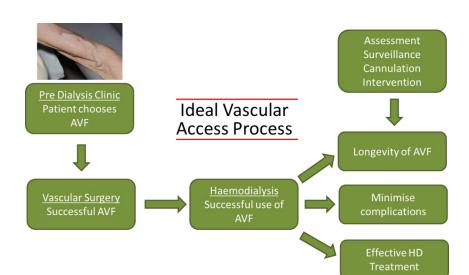






# AVF/G is gold standard for VA

 RA audit standards recommend 80% of prevalent dialysis patients dialyse via AVF, AVG or Tenckhoff



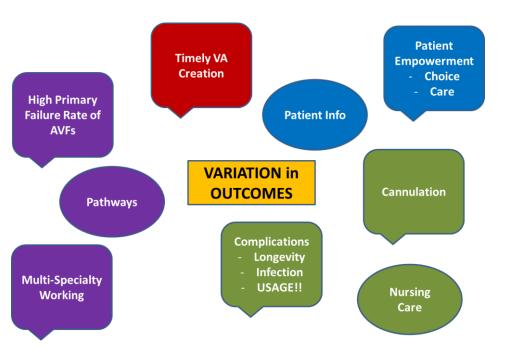
 Huge variation across the UK







#### There is more to AVF/G use than Vascular Surgery!!



Cannulation is the centre of AVF/G rates

- AVF/Gs are formed to be used
- Prevention is better than cure

#### Cannulation affects:

- Longevity of AVF/Gs
- Patient experience of HD

We can improve cannulation practice





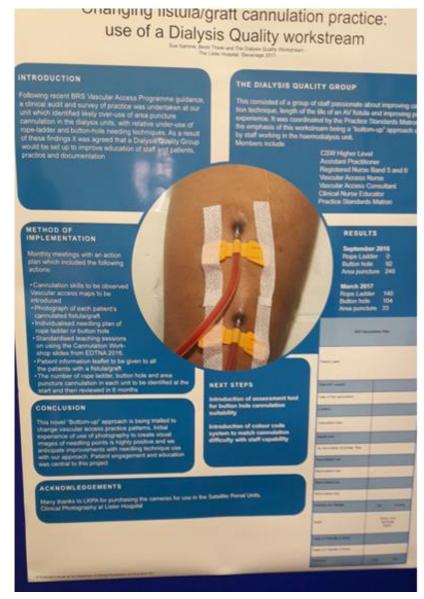


#### The Problem with Cannulation

 65.8% of cannulation was area puncture

(Parisotto, 2014)

- Initial PREM results indicates needling is a problem
- Variation in practice across the UK
  - Buttonhole v. Rope Ladder









## MAGIC

- Core structure of a quality improvement programme
  - Allow adaption at regional and unit level
  - BRS / VASBI / KQuIP collaboration with regions
- Aim: To improve prevalent AVF/G rates:
- Improve cannulation to preserve AVF/G function
- Make AVF/G more attractive through better patient experience
- Develop structures to support good VA care







#### ONLY AS GOOD AS WEAKEST LINK

- Referral
- Assessment
- Surgery
- Post-op
- Follow up assessment
- Cannualtion
- Surveillance
- Maintainence

- Can you see where issues may happen!!!
- Who is responsible to ensure issues dont happen
- Who is responsible to correct the issues
- Who is responsible for good care/cannulation/surveil lance/maintenence







## **TEAM APPROACH**

- Who should be in the team
- Responsibilities of team members
- Is it one person who is responsible

- Motivated, enthusiastic, dedication to the cause all needed for team
- No "I" in team







### Core Structure

#### Leadership MAGIC Regional Network

Measurement



Needling Champion

Haemodialysis Nurse

**VA Appraisal** 

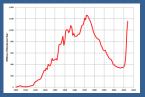
Lead

Nephrologist /

Surgeon

Monthly clinical outcomes **Run Charts** 

**Evaluate MAGIC** 



Materials Slidesets + lesson plans Awareness materials for patients Competency document

VA Scorecard Appraisal with PDSA cycles

**VASCULAR ACCESS** Special Interest Group KOulF



@Haemodialysis VA

ELearning



## Phased Approach

HINK	Phase 4	Region designed QI     MAGIC	
	Education from KQuIP	<ul> <li>Sustainability, Statistical process control charts and other measures, continuing infrastructure</li> <li>Bogion designed OL</li> </ul>	
	Peer Review	Share learning across region	
	Phase 3	Awareness Materials + PDSA 3 VA Appraisal	
	Phase 2	Competency Document + PDSA 2 VA Appraisal	
	Education from KQuIP	Peer Review, Maintaining Momentum, Creativity	
	Phase 1	Education Materials + PDSA 1 VA appraisal	
	Education from KQuIP	• Leadership, PDSA, Managing change, Run Charts	
	Baseline Measures	<ul> <li>AVF/G rates, AVF/G loss, infection, needling technique used, patient experience of needling, missed cannulation, appearance of AVF/G</li> </ul>	t







Facebook - www.facebook.com/groups/1918050308446120/

Twitter - twitter.com/HaemodialysisVA

Scottish VA Appraisal - <u>http://www.srr.scot.nhs.uk/Projects/PDF/2015/Scottish-Renal-Registry-vascular-scorecard-151117.pdf</u>









