

Managing Access by Generating Improvements in Cannulation

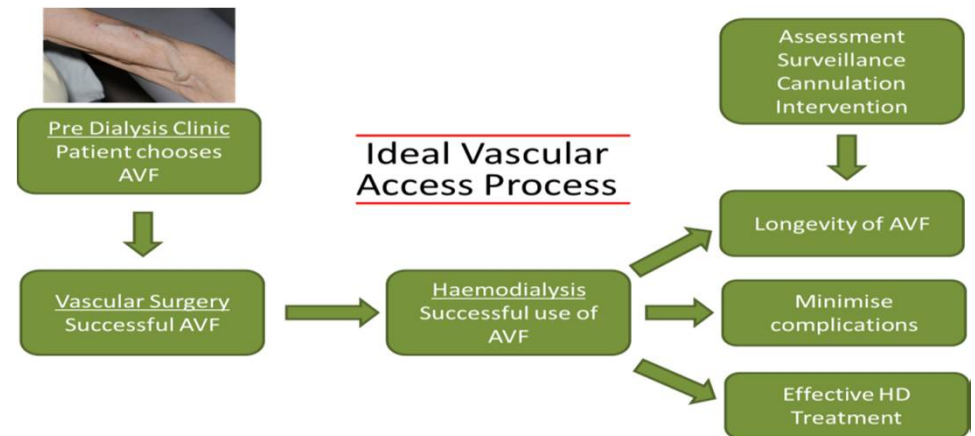
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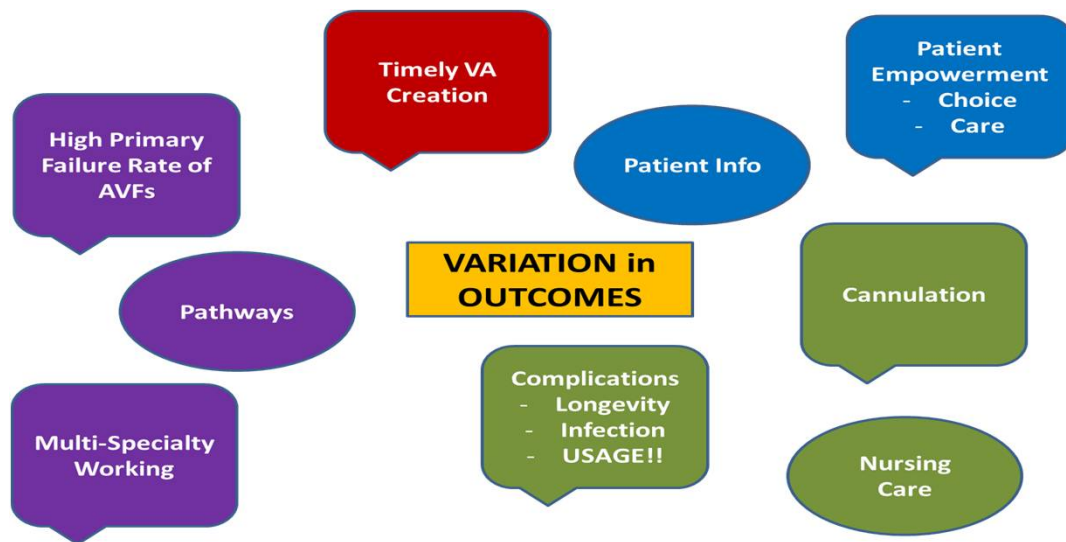
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AVF/G is gold standard for VA

- 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

Core Structure

Leadership MAGIC Regional Network



Needling Champion

Haemodialysis Nurse

VA Appraisal Lead

Nephrologist / Surgeon

Measurement



Monthly clinical outcomes
Run Charts

Evaluate MAGIC

Materials

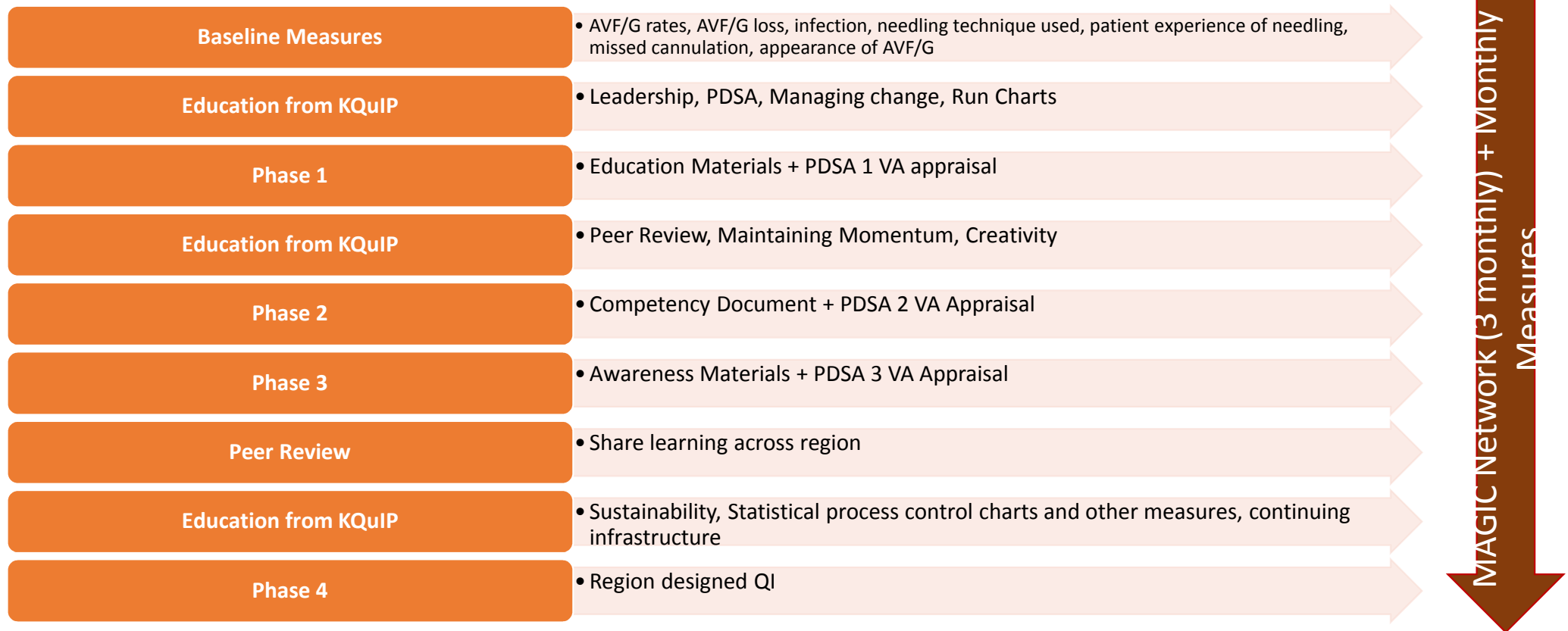


Slidesets + lesson plans
Elearning
Competency document

Awareness materials for
patients

VA Scorecard Appraisal
with PDSA cycles

Phased Approach





Website - www.thinkkidneys.nhs.uk/kquip/magic/

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

Twitter - twitter.com/HaemodialysisVA

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

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