

# Vascular access link nurses initiative: An extra-ordinary campaign by ordinary nurses

Fraser Health Authority, British Columbia, Canada

Project lead: Neil Penalosa, RN, RGN (UK), BSN (Ph), C(Neph)C

Contributors: G. Caindec, RN, C(Neph)C; E. dela Cruz, RN, C(Neph)C; B. Varghese, RN, BSN, C(Neph)C; J. Sivasdas, RN, BSN; M. Vergara, RN, Neph cert.; V. Villarín, C(Neph)C

## Abstract

Every nurse has their unique motives & career plans. Some are content with the day to day life in the renal unit & consequently have become stagnant with practice, being an "eternal novice" in the renal world.

Our team started the idea of getting together to share their experiences & findings. Thus, coming up with a unified understanding in the care & management of AV Fistula & of AV Graft.

Amidst all challenges, our team has managed to promote such initiative with compassion, commitment, & camaraderie.

Subsequently, its motivations & plans of action were consolidated, for the greater benefit of the patients & for their own professional practice.

## Mission

Our group promotes universal understanding of vascular access knowledge and upholds excellence in care for in-centre patients with grafts and fistulas.

In line with our goal to offer more personalized services, the vascular access link nurses will embrace best practice, minimize burdens to patients and their families and enhance the morale of the nursing team.

The group identifies current issues, examines and evaluates peer interventions, reviews and re-validates plans and actions, through weekly presentations with the partnership of the vascular access nurse.

Overall, our group endeavours to maximize hands on experiences to minimize the inadvertent injury to vascular access, which may result in the reduction of foreseeable costs to the health care authority through appropriate and timely interventions and through collaborative patient and staff education.

## Vision

Well nurtured nursing skills and well sustained dialysis access.



## Pre-grouping

## Post-grouping

## Challenges

## Future Developments

### Knowledge & Skills

1. Hesitations: What should I expect to find out?
2. Lacks confidence even with basic assessment.
3. Likely to neither identify nor avert complication/s.
4. Only palpates but, does not use the stethoscope.
5. Uses previous cannulation site scabs for reference.
6. Relies on what the patient dictates.



### Outlook/ Attitude

1. Bothered with pre-conceived ideas of challenging or "problematic" access.
2. Hesitates in discussions with peers & with patients.
3. Feels inferior/ apprehensive, from inadequate knowledge/ skills;
4. Vascular access was thought to be a "dull" subject.

### Knowledge & Skills

1. Enhanced understanding on AVF/G care & management.
2. With ultrasound:
  - a. Determines the patency, depth, direction, & the diameter of the access.
  - b. Identifies significant structures (*stenosis, bifurcation, aneurysm, valves, thrombus, stents, accessory/collateral vessels, & calcification*).
3. Associates sight (ultrasound), sound (Doppler), terminologies & procedures with vascular issues.
4. Observations are correlated with photo-illustrations (depth, diameter, direction of the AVF/G & size of the aneurysm).
5. Generates more prospects/ options in cannulation.
6. Plans effectively & proficiently execute interventions with minimal complications (*miscannulations, infiltration, hematoma, etc.*).
7. Provides assurance & access care guidance to patient, more sensitively & appropriately.
8. Associates Transonic readings with actual & probable issues.
9. Facilitates precise cannulation with **ESSAX technique\*\***
10. More effective documentation:
  - a. Familiarity to terminologies in vascular access & radiology.
  - b. Use of 'site specific' terminologies to identify an access type;
  - c. Generate personalized/ issue-specific care plans.

### Outlook/ Attitude

1. Reduced anxiety/ more sense of security.
  - a. Recognizes availability of link RNs on shifts;
  - b. Confidently initiates suitable actions/ referrals.
2. Greater motivation/ involvement:
  - a. More cognizant of the influences that prolong the life of the AVF/G.
  - b. Increased collaborative activities (group discussions & networking).
  - c. Continuous delivery of learning opportunities through weekly presentations/ discussion of cases & sharing of experiences.
  - d. Co-chaired the weekly meetings.

### Time constraints

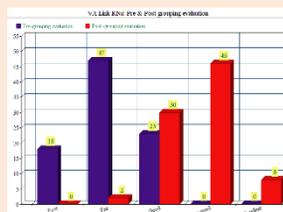
1. Having collaborative education, practice opportunities with mock mapping/ ultrasound-guided cannulation;
2. Having the 'extra workload' incorporated with routine tasks & other expectations (learning new HD modality, new policies, etc.)
3. Workload demands.
  - a. Patients requiring more care.
  - b. Pressures in meeting-up with cut off time/ with transport needs (Handydart).

### Schedule/ Staffing issues

1. Off unit service;
2. No coverage due to shortage;
3. Shift variance.

### Personal limitations

1. Inconsistent momentum of motivation (crest & trough) with the suggested learning activities:
  - a. Renal Vascular access status;
  - b. Personal account of experiences.



### Pre & post grouping evaluation

### Prospects

1. More opportunities in collaborative discussions of ideas, in practice development, & in leadership.
2. Pro-active involvement of other front-line RNs.
3. Integration of technologies (ultrasound & Doppler) in practice.
4. Guaranteed time for training & education.
5. Development of strategies that facilitate sustenance of unceasing passion in vascular care.

### Link-RNs Testimonies

"With the level of competence, I have in vascular access care, I am now able to optimize my interventions."

"Finds challenging access sites exciting, rather than intimidating."

"More interested with vascular access matters."

"A lot more confident in addressing the issues."

"I now appreciate the importance of vascular access care."

"Sharing of experiences is an awesome way of learning."

"My skills help validate significant findings prior to making a referral to an MD."

"I was motivated to carry-on with the link role after having seen the relief on the patients face."

### Non-link RNs Feedback

"The pictures/ illustration offer confidence as guide."

"The presence of a link RN in the unit is such a blessing."

"The information shared by link nurses promotes better understanding of access issues."

\* For inquiries & for sample forms, Email: [Neil.Penalosa@fraserhealth.ca](mailto:Neil.Penalosa@fraserhealth.ca)

\*\* Enhanced Sliding Short Axis technique