

Results of a vascular access quality programme

Paula Cale¹, Susana Dinis¹, Carlos Marchão¹, José Sequeira Andrade¹, João Fazendeiro Matos².

¹Fresenius Medical Care, NephroCare Entroncamento, Entroncamento, Portugal

²Fresenius Medical Care, NephroCare Portugal, Porto, Portugal

Introduction

The loss of vascular access (VA) as a consequence of various complications, is a major problem in haemodialysis. The quality and longevity of VA depend on the identification and early resolution of these complications.

Methods

Single-centre, retrospective and descriptive study. We analysed and compared complications and interventions in 261 patients on haemodiafiltration (HDF) in 2014 and 2016, respectively, before and after the implementation of our VA quality programme. Complications and interventions rates were calculated per 1,000 VA days.



Figure 1 : Design of the VA quality programme

Results

Some patients had more than one VA in both periods. In **2014**, the highest number of complications/patient was observed in the AVG VA type (Qa decrease) with the highest number of interventions/patient (angiographies).

In **2016**, the highest number of complications/patient was observed in the CVC VA type (dysfunctional CVC) and the highest number of interventions/patient were in the AVG VA type (angiographies).

Conclusions

The VA quality programme led to an increased number of interventions, thus preventing complications. These results can be attributed to the daily surveillance and monitoring performed by the vascular access team in order to increase life expectancy of our patients' vascular accesses thus improving their quality of life.

References

- 1.KDOQI (2006).*Updates Clinical Practice and Guidelines Recommendations*.National Kidney Foundation.
- 2.FAZENDEIRO, J. et al (2011) - *Acessos Vasculares*, In: Fresenius Medical Care (2011).*Manual de Hemodiálise para Enfermeiros*. Coimbra: Almedina, 2011. ISBN:9789724044880.
- 3.FAZENDEIRO, J. et al (2011). *Manual de Acessos Vasculares*.Fresenius Medical Care, 2011.

Objectives

- To promote the importance of a VA quality programme;
- To compare our data of VA complications and interventions before and after the implementation of this programme.

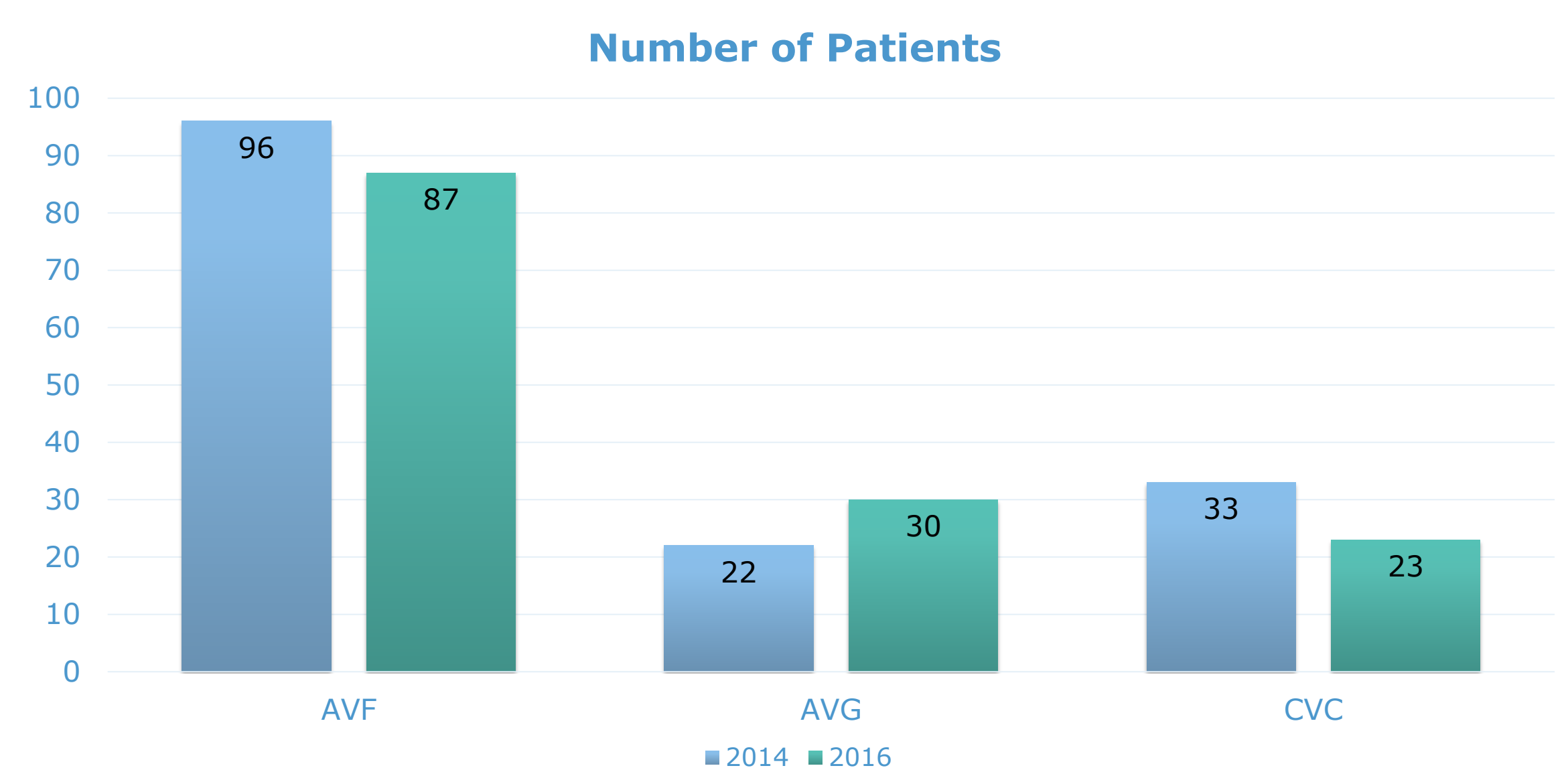


Figure 2 : Number of patients with AVF, AVG and CVC in 2014 and 2016.

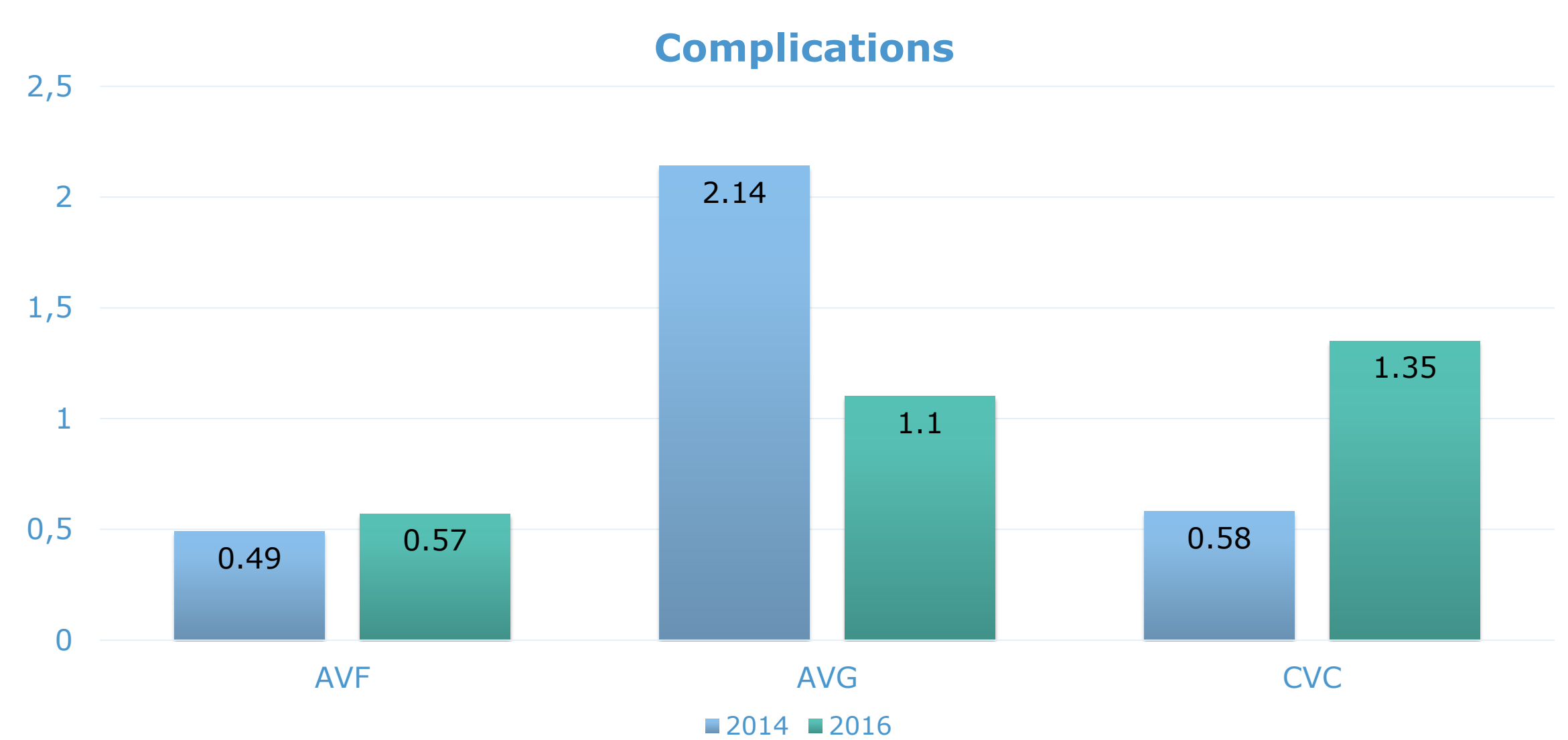


Figure 3 : Complications/patient with AVF, AVG and CVC in 2014 and 2016.

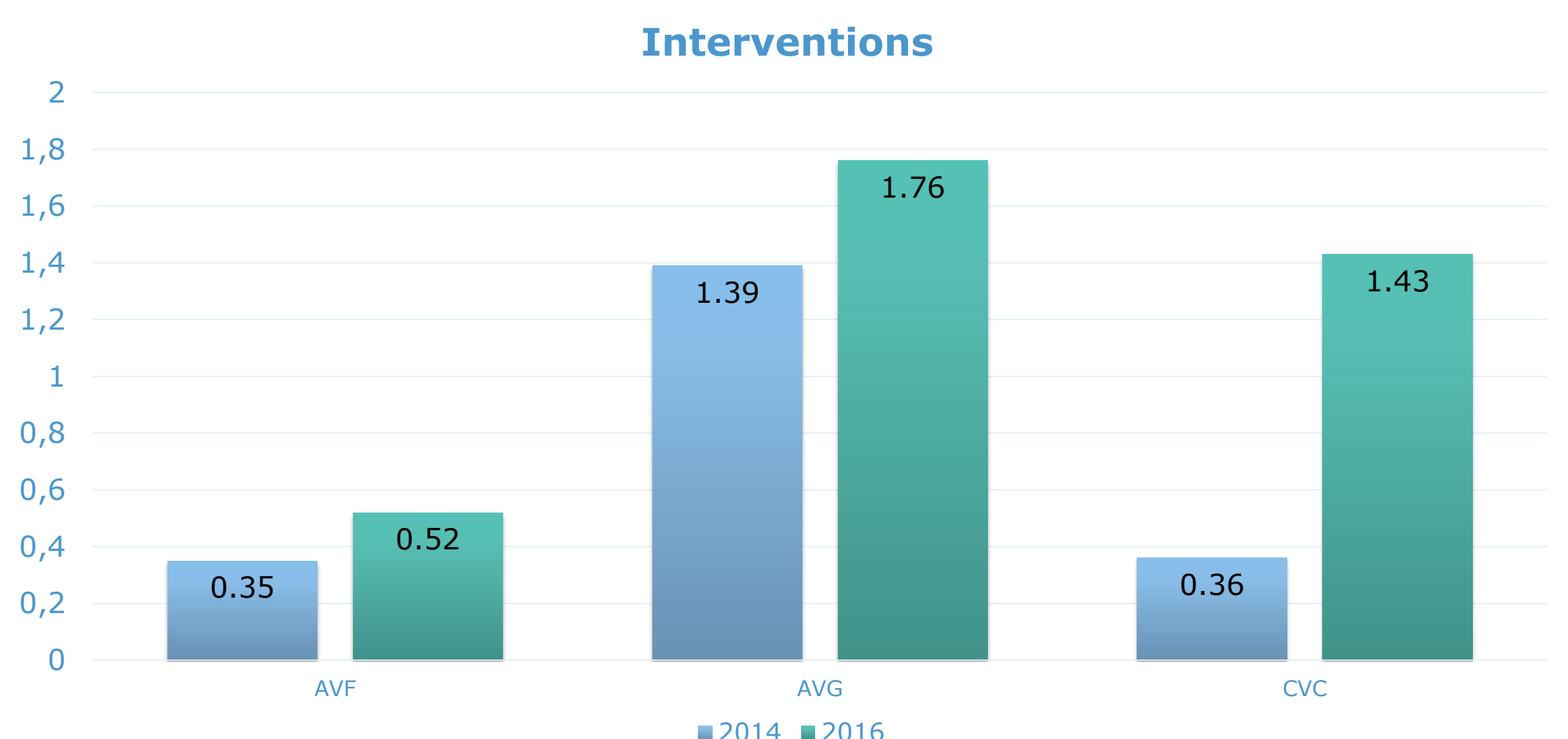


Figure 4 : Interventions/patient with AVF, AVG and CVC in 2014 and 2016.