Implementation of a vascular access quality programme improves vascular access care

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BACKGROUND
In the Netherlands an access quality improvement plan (QIP) was introduced. A vascular access QIP was established in 24 centres (46% of all Dutch facilities) by vascular access coordinators (VAC) with the aim to decrease vascular access-related complications by preemptive intervention of malfunctioning accesses.

STUDY
- A structural multidisciplinary vascular access meeting was instituted.
- A protocol for enhancement of fistula creation and access surveillance programme was implemented in these centres that treated 2300 patients.
- Physicians, nurses, and rounds were instructed to discuss complications and evaluate vascular access interventions.
- Evaluated at the start and end of the study period were the number and type of vascular access, permanent catheters, thrombosis rates and number of interventions were.

RESULTS
- After the surveillance programme, the number of autogenous arterio-venous fistulas (AVFs) had increased significantly from 69 to 77% (P < 0.01).
- The use of temporary subclavian vein catheters declined (34% vs 11%) (P < 0.01), with a substantially higher percentage of jugular vein catheters (from 23 to 35%).
- Interventional treatment of malfunctioning accesses by percutaneous transluminal angioplasty (PTA) (from 0.39 to 0.50 patient/year; P < 0.001) and surgical revisions (from 0.06 to 0.12 per patient/year; P < 0.001) also increased.

RESULTS
Data demonstrate that a vascular access Quality Improvement Plan resulted in placement of more autogenous AVFs, increased number of PTAs and surgical interventions. These findings suggest that a vascular access care Quality Improvement Plan is worthwhile to improve dialysis patients’ care and access morbidity.

REFERENCE: