Role of the Dialysis Provider in Access Placement in Patients with CKD Stages 4-5

The dialysis provider participates actively in the vascular access care team and is a contributing component to the ongoing preparation and maintenance of an adequate dialysis vascular access. The following list includes a series of core goals in which the dialysis organization should actively participate. These goals are the shared responsibility of all providers of healthcare for the end stage renal disease patients and are the primary responsibility of the medical director and governing body of the dialysis facility.

1. The dialysis facility adopts specific goals for permanent vascular access types, preparation and maintenance.

2. The dialysis facility assures all members of interdisciplinary care team demonstrate patient-centered vascular access preparation and maintenance according to their area of expertise.

3. The dialysis facility assures education of patients regarding treatment options and associated vascular access recommendations.

4. The dialysis facility identifies, educates, and supports the vascular access manager, who participates as an active member in the vascular access management team.

5. The dialysis facility identifies, educates and supports expert cannulators assuring monitoring, timely referrals for diagnostics and interventions and in particular cannulation of new vascular accesses.

6. The dialysis facility interdisciplinary care team supports the plan of care conference including patients who are delaying or avoiding permanent vascular access preparation or catheter removal.

7. The dialysis facility reviews the results and participates actively in the Plan-Do-Study-Act Continuous Quality Improvement process for vascular access maintenance and

8. The dialysis facility assures ongoing actions to initiate appropriate monitoring, diagnostics, referral for intervention or placement, of the patients’ dialysis access

9. The dialysis provider helps identify and respond to sentinel vascular access conditions including:

   a. Timely removal of central venous catheter access when a permanent alternative is functional.
   b. Supports the attending nephrologist’s timely referral to a competent vascular access surgeon for patients with a need for a permanent vascular access creation or revision.
c. Identification of timely maturation delays of a permanent vascular access and assures timely referral for diagnostics and interventions.
d. Identification and timely response to poor dialysis adequacy with unresolved access difficulties.
e. Identification of poor function or difficult cannulation of a vascular access including effects of hypotension or fluid status.
f. Identification and timely response to infection or disruption of a permanent vascular access.
g. Examination for impaired circulation, poor maturation or altered collateral anatomy of a vascular access.
h. Identification and response to any other complication of a vascular access leading to potential morbidity and hospitalization of a patient or inability to use the vascular access.
i. Dialysis clinical staff follow all procedures to assure infection-free vascular access cannulation.
j. Dialysis providers will train and utilize expert cannulators for newly created vascular accesses.
k. The Dialysis provider will actively promote a permanent vascular access in all patients with central venous catheters.