



## The Florida ESRD Network

### *Educational Series # 4* *Vascular Access Monitoring / Surveillance* *Plan of Care & Quality Improvement*

This is the **fourth** and final educational series targeted to address vascular access monitoring/surveillance.

It is important to track access monitoring/surveillance results and interventions or revisions performed for each access on each patient. Access characteristics and monitoring/surveillance data should be analyzed at least monthly to evaluate for access dysfunction.

Documentation should be evident in the medical record pertaining to periodic vascular access monitoring and surveillance performed. The facility's vascular access team should conduct a review of individual patient's vascular access data to identify adverse trends and determine if intervention is required. Based on the assessment of the access monitoring/surveillance trends, interventions should be scheduled timely. After intervention, monitoring and surveillance should continue to ensure that patency has been restored and provide a proactive approach to identify future access dysfunctions.

Patient education regarding how to assess the access is strongly recommended. Teaching patients on how to feel for the thrill, recognize signs and symptoms of infection, and reporting to the dialysis facility staff and/or physician of any symptoms such as swelling and prolonged bleeding may provide an indicator of impending access problems.

The patient's plan of care developed by the multidisciplinary team should include the access problem identified, planned interventions, timelines for meeting specific targets, and how access reassessment will be performed to evaluate effectiveness. Incorporation of additional clinical indicators that have a direct correlation to the vascular access function that are not meeting goal, such as adequacy, should also be addressed in the plan of care and include if improvement was achieved after access interventions.

As part of the facility's quality improvement (QI) meetings, aggregate access monitoring and surveillance data in conjunction with interventions should be reviewed to identify commonalities and address facility-wide goals and improvement plans. Documentation of this review should be evident in QI meeting minutes.

Managing access related issues are often a challenge. Continuous quality improvement (CQI) affords a powerful tool to help reduce the number of vascular access problems and provide the best outcome.

**Additional information can be located in the K/DOQI Guidelines at**  
<http://www.kidney.org/PROFESSIONALS/kdoqi/guidelines.cfm>

The Florida ESRD Network (Network 7) is providing this fax blast as a technical assistance activity for the Florida renal community.

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