LONG TERM CATHETER REDUCTION IN THE RENAL CENTER

Francis Nuguid, RN, BSN, CDN

BACKGROUND

• To reduce the risks and complications of long-term catheters in hemodialysis, the Center for Medicare and Medicaid Services (CMS) has established goals for hemodialysis units.
  • Units should have 10% or less of the total unit census utilizing long-term catheters (LTC) or;
  • A reduction of 2% of total long-term catheters from the initiation of the project with a time-bound goal.
• Patient and system factors may impact conversion from long-term catheters to AV fistulas.
• Lack of knowledge of the risks of infection with long-term catheter use:
  • Fear of needles.
  • Fear of pain and surgical complications.
  • Insurance limitations.
• Local context – LTC rates in the first two quarters of 2019 exceeded the 10% goal set by CMS.

METHODS

• Design: Evidence-based quality improvement
• Participants: Chronic Dialysis patients with LTCs
Procedure:
• Identify patients who are candidates for conversion to permanent access.
• Educate patients on the risks, advantages and disadvantages of using a catheter for hemodialysis.
• If patient agrees with conversion:
  • Work with Nephrologists for a referral to a vascular surgeon for access.
  • Obtain assistance of social worker with insurance matters.
  • Assist patient with scheduling and follow up to facilitate compliance with their schedules.

RESULTS

• Long term catheter rates were reduced from 13% in July 2019 to 11% in December 2019.
• Rates increased from 13% in January 2020 to 16% in July 2020. Driven by:
  • Transfers and new admissions.
  • Suspension of elective surgeries related to COVID-19.
  • Patient mortality.

IMPLICATIONS FOR PRACTICE

• LTC rates must be monitored on an ongoing basis because of the addition of new patients to the center.
• Providing education and securing referrals while the patient is in acute care provides an opportunity to decrease the number of patients with long-term catheters and reduce the time to conversion to AV fistulas.

CONCLUSION

• Effective patient education, team coordination, early referral and access to resources can increase the number of patients who obtain a permanent dialysis access.

REFERENCES

Available upon request: Francis.Nuguid@stjoe.org