

**Urgent Unplanned Care: Dysfunctional Access (DA):- Acute DA and Chronic DA
PATHWAY 3**

Clock Starts at first notification of access dysfunction
Patient flagged by nursing team as having significant access problem

Acute assessment
In hours: On-call Nephrology/Vascular Access surgery consultant review during day hours.
Out of hours: liaise Dialysis/ VA unit – Patient reviewed by on call middle grade < 8 hours of first referral and For review by on call consultant in 24h of first referral

Referral for assessment
One Stop Consultant
Vascular Access Assessment

Acute Problem <1/7
Definition Acute: thrombosis/bleed/

Non-Acute <1/52
Definition non acute: Pain, venous pressure, needling, aneurysm

Surgical Intervention – Revision / New access
Interventional Radiology procedure
Abandon / CVC insertion

Post procedure HD assessment

Agreed patient treatment or intervention to take place within 48 hours of decision to treat

Acute: complete prescribed surgical or radiological intervention in 48 hours to re-establish vascular access
Non acute: Complete surgical/radiological intervention in 7 days

Metric 1: Acute presentations completed within 48 hours (%)
 Metric 2: % acute patients admitted to inpatient bed
 Metric 3: % patients requiring surgery, % patients requiring radiological intervention
 Metric 4: Non acute referrals seen within 7 days
 Metric 5: Non acute referrals completing treatment within 7 days

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Post procedure HD assessment

Post procedure HD assessment

Commented [RH1]: Red flag on routine vascular Doppler – do all labs report the same way? King’s do a traffic light. Red is impending and needs action in my view as an acute

Commented [RH2]: Significant drop in flow by transonic? Do we want them to go through a scan first. One stop is key I think as the implication is they get a scan if needed that day.

Commented [RH3]:

Vascular Access Nurse Review <2/52	Post intervention Review by specialist Vascular Access Nurse / establish new baseline <2/52 Metric 5: ? patients reviewed by VAN <2/52	Patient baseline recorded Key interventions for ongoing patient education and training logged in the care plan
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12 months post surgery	Audit outcomes at 12 months post op	% AVF requiring Revision % AVF Abandoned % HD with index AVF at 1 year % CVC at 1 year % CVC removal at 2/52 post AVF maturity
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Commented [RH4]: ?not relevant metrics
Do we need to look at a 3 or 6 month mark for fistula being used, % requiring alternative access

First Draft