Appendix G: Vascular Access Survey Form

The Renal Association

Renal Association Vascular Access Survey 2005

Renal Unit: . . . .

Contact Name of person filling in form . . . .

Please return to UK Renal Registry, Southmead Hospital, Southmead Rd, Bristol BS10 5NB

Part 1 Prevalent data

Census date Thursday 31st March 2005 (Please count based on most recent modality of treatment)

Name of unit (Main or satellite)	Type of unit M / S	Total PD patients	Total HD patients	HD (native AVF)	HD (Gortex graft or similar)	HD (Tunnelled line)	HD (Temporary access)	HD (other access)

Completion notes for Part 1 Fill out Name of unit and Type (Main or Satellite). Put actual numbers of patients in each column based on the last modality and access type before or on the census date.

Section 1A – Morbidity data

1. How many Staph Aureus septicaemias have occurred in HD patients from your prevalent population last year (2004) (include MSSA and MRSA):

   If available, how many of these were related to MRSA septicaemias in 2004

   (This data should be available from hospital infection control).

2. On the 31st March 2005, at 9 am, how many patients from the chronic haemodialysis program were deemed to be in patients under either a renal consultant or access surgeon?

   Do not count in patients in other hospitals or under other firms.

   How many of these were due to vascular access complications or issues? (include line sepsis, fistula problems such as bleeding or occlusion)

Part 2 Incident data

Detail **all** patients commencing RRT for presumed CRF during April 2005.
Include pre-emptive transplanted patients. transplant failures with restart of dialysis, **exclude** acute renal failure.

Renal Unit: . . . .

ID	Gender	DoB	Ethnicity	Date of 1st contact with Renal Team	Referred for access prior to 1st RRT (Y/N/Unknown)	Date of referral (if known)	Active on transplant list at 1st RRT (Y/N)	Access and modality at time of 1st RRT	Date of 1st RRT	Diagnosis (EDTA code)

Notes for completion:

ID: Hospital number
Gender: Male/female
DoB: Date of Birth

Ethnicity:

W	White
B	Afro Caribbean
A	South Asian
C	Chinese / East Asian
O	Other
UK	Unknown

Date of First RRT: Date of first renal replacement therapy for *this* episode of ERF (ie if transplant failure it is access at the time of reinstitution of HD or PD).

Date of 1st contact: Date when first seen by dialysing nephrologist (either OP or IP).

Access and modality at first treatment:

Treatment and access	Code
Peritoneal dialysis (CAPD or CCPD)	PD
HD with AVF	AVF
HD with graft	Graft
HD with tunnelled line	Tunnel
HD with non tunnelled (temporary) line	TempL
Transplant	Tx

Referred for access: Yes/No as to whether referred prior to 1st RRT for vascular access.

Date of referral: Date of above referral if known.

EDTA codes: Primary renal diagnosis (if known).

Part 3 Follow up data 6 months (patients commencing RRT in April 2005)

Renal Unit: . . . .

Please return to UK Renal Registry, Southmead Hospital, Southmead Rd, Bristol BS10 5NB

ID	Gender M/F	DoB	Date at 6 months from 1st RRT	Access and modality at 6 months	Date of death	Date of transplant	Date of referral for outstanding vascular access (if known)	Diagnosis revised (EDTA code)	On transplant list? (code)

Example 6 month data sheet

Access and modality	Code
Peritoneal dialysis (CAPD or CCPD)	PD
HD with AVF	AVF
HD with graft	Graft
HD with tunnelled line	Tunnel
HD with temporary line	TempL
Transplant	Tx
Recovered independent renal function	Recovered
Died	Dead
Unknown	UK

Notes for completion:

First four columns will be pre-filled based on the previous incident data. Data will be filled in using the 6 month date as the census date.

On transplant list (includes suspended): Yes / WKUP (working up) / No (suitable) / Unfit (permanently unfit) / Unknown.

The EDTA code will be re-entered by the unit (the diagnosis may have been 'refined').

Part 4 Organisational outline (NKRF data set)

(Please return with part 2)
Please indicate whether your answers throughout this section represent opinion **(O)** or data **(D)** by appending a letter after the reply.

1. How many surgical vascular access procedures were performed in April 2005? ☐

   i. How many medical staff provide Vascular Access for your patients?

	Consultants	Non consultant grade
Total Number	☐	☐
Vascular trained	☐	☐
Transplant trained	☐	☐

Note people may be counted twice ie vascular and transplant trained.

   ii. Please select Local vascular access service provided ☐

   Patients travel to another centre for access placement ☐

iii. Who puts in tunnelled central venous catheters?

	Nephrologist	Surgeon	Radiologist	Anaesthetists	Nurses	Others
Relative %						

iv. Total number of temporary (untunnelled) catheters placed in April 2005. ☐

v. Is your radiology department able to provide an adequate service for vascular access? (tick one).

Always ☐ Usually ☐ Infrequently ☐ Rarely or never ☐

2. How many theatre sessions are available per week for vascular access surgery? (in April 2005). ☐

How many of these are dedicated to vascular access? ☐

What do you see as the main problems with VA services in your unit?
Please rate the following options 1–5 with 1 being the most important problem:

- ☐ Lack of surgeons
- ☐ Lack of surgical interest
- ☐ Lack of operating theatre time or resource (including support staff)
- ☐ Lack of beds
- ☐ Other (please state)

3. How many surgical vascular access procedures were cancelled in April 2005? ☐

4. Recent guidelines recommend the use of duplex mapping. Does your unit routinely map veins pre and/or post operatively?

Yes, pre and post operatively ☐

Yes, pre operatively only ☐

Yes, post operatively only ☐

No ☐

Other options (specify as free text)

5. Vascular access co-ordination.

   Does your unit have a non-medical staff member(s) involved in the organization or management of vascular access (eg coordinator, nurse specialist, administrator)?

   Yes ☐ No ☐

   If YES What proportion of time is spent in this role? ☐ % FTE

   What band or grade are they? ______________

   How are they funded? ____

   What professional group are they from (eg nurse, admin etc) ______________

   Tick which tasks they perform and provide free text of additional tasks

Make referrals	☐	Organise and prioritise lists	☐	Provide education	☐
Insert Lines	☐	Monitor existing access	☐	Other (specify)	☐

Vascular access issues

6. Is vascular access a separately identified part of your commissioning process?

   Yes ☐ No ☐

7. Please feel free to comment on the organization of vascular access in your unit, highlighting any issues of concern, or areas of good practice: