

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



VASCULAR ACCESS: Catheters

STANDARD:

- Chronic maintenance hemodialysis patients should not be maintained on catheters as their permanent chronic dialysis access unless all other forms of access (AVF, AVG) are not clinically feasible (e.g., lack of suitable vessels, multiple failed attempts at access) or patient informed choice.

FACILITY LEVEL PERFORMANCE:

- *Minimizing Use of Catheters as Chronic Dialysis Access.* Measure Description: Analysis of percentage of patients on maintenance hemodialysis during the last HD treatment of reporting period with a chronic catheter continuously for 90 days or longer prior to the last hemodialysis session.

RATIONALE:

- The use of cuffed dialysis catheters for long-term access is associated with a dramatic increase in access complications. Cuffed catheters are associated with lower blood flow rates compared to AV access. As a result, catheters used long-term without appropriate adjustments in treatment duration can compromise dialysis adequacy. Systemic and local infections occur more frequently with cuffed catheters than with AV accesses. Chronic catheter access is associated with a risk of central venous stenosis. Development of central vein stenosis can preclude the establishment of a permanent vascular access for hemodialysis.
- The initial success, ease-of-use, and painless access to the patient's blood offered with a dialysis catheter may foster reluctance in the patient to consider other more permanent access options, despite the greater risk of infection and inadequate dialysis associated with chronic permanent catheter access use. Patients should be educated on these issues and strongly encouraged to allow creation of an AV fistula for permanent access where appropriate.

EVALUATION:

- The MRB requires the Network staff to evaluate facilities for compliance with established standards. Standard evaluation will be done with performance of National Vascular Access Improvement Initiative ("Fistula First").

REFERENCE: The Centers for Medicare & Medicaid Services (CMS) Phase III ESRD Clinical Performance Measures in effect April 1, 2008.

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Mission Statement: "To assess and improve the quality of care provided to individuals with End Stage Renal Disease."