



PEER MENTORSHIP TRAINING PROGRAM ESRD National Coordinating Center (NCC)

**National Patient/Family Engagement
Learning and Action Network (N-PFE LAN)
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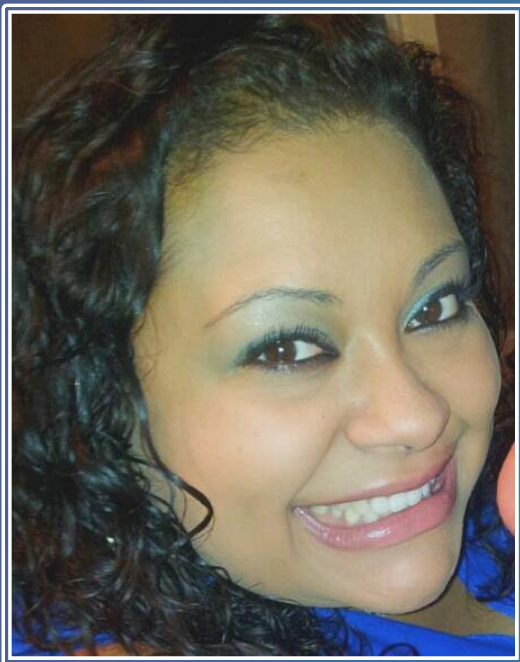
Peer Mentorship Training Program

Patients Helping Patients Learn About Kidney Care Choices





Meet your course instructors



Jeanine Pilgrim
Patient/Family Engagement
Project Manager



Vicky Cash
Assistant Director of
Quality Improvement





MODULE 3B

Helping Peers Plan for a Vascular Access





What will be covered in this Module?

Part 1: The Basics of Vascular Access

**Part 2: Introduction to the Vascular Access
Resource Toolkit**

Part 3: Using the Toolkit

Part 4: Tips to Remember





Getting started

Think back to when you were first told about your diagnosis:

- **Were you overwhelmed?**
- **Did you feel lonely or alone?**
- **Was it hard to absorb things you were being told?**
- **Did you receive too much information in too short a time?**
- **Did you feel that important pieces of information were not provided?**





Helping your peer make important choices

A newly diagnosed kidney patient faces many important questions including:

- **How should I receive treatment?**
- **What type of vascular access should I have?**
- **What can I do to prevent infections?**
- **Is transplant as an option for me?**

Many of these decisions can affect your quality of life and experience of care.





Your role as a mentor

- **Share your personal experiences as a new kidney patient.**
- **Offer educational resources and tools.**
- **Encourage your peer to be engaged and active in his or her care decisions.**
- **Help your peer get in touch with someone at his or her Network for additional support and resources.**





PART 1

The Basics of Vascular Access





What is the purpose of a vascular access?

A vascular access is created or placed to provide special access to the blood supply of a person whose treatment choice is hemodialysis.

Hemodialysis:

- Is a process that requires moving the blood in and out of the body to filter and remove waste products and extra fluids from the body.
- A vascular access is created for that purpose.





Three types of vascular access

#1

Fistula

Your own blood vessels connect an artery to a vein.

#2

Graft

A piece of plastic-like material connects an artery to a vein.

#3

Dialysis Catheter

A plastic tube is inserted through the skin into a large vein and ends in the heart.



What should you know about the different accesses?

Fistulas or grafts are preferred over catheters.

Fistulas or grafts

- Often referred to as a permanent access

Dialysis catheters

- Have a greater possibility of causing problems
- Do not last as long as a fistula or graft
- Often considered a “temporary access”
- Should not be referred to as a “permcath”





Permanent access fistula vs. graft

A fistula is often the preferred access type.

- **Patients should be active members of their healthcare teams as factors are evaluated, for each access type.**





Vascular access planning is your lifeline for a lifetime

A vascular access will be used more than 150 times per year with dialysis.

- **A vascular access plan will help to ensure that the access is healthy and working correctly.**
- **A person on hemodialysis may need more than one access in his or her lifetime.**





Ways a vascular access plan can help

Having a plan helps to promote:

- **Getting the best vascular access possible.**
- **Proper maintenance and monitoring of the access**
- **Identification of future areas for an access.**
- **Maintenance of those areas for future use**





Importance of mentoring to support access planning

According to the United States Renal Data System (USRDS) 2014 data report, 80% of those who start dialysis, start with a dialysis catheter.

- **People who start dialysis with a catheter have a much greater risk of life threatening complications in their first year on hemodialysis.**

Getting a vascular access that is right takes time and planning.

- **The earlier a peer starts the process, the better.**





Importance of mentoring to support access planning

- Many dialysis patients will need a permanent vascular access at some point in their life. Some people may need more than one.
- Your peer may feel a sense of a loss of control when they start dialysis.
- You are helping the peer to become active in planning for a permanent access so that they feel in control.





PART 2

Introduction to the Vascular Access Resource Toolkit





What materials are in our toolkit?

**“Lifeline
for a Lifetime:
Planning for
Your Vascular Access”
Manual**

**“Questions or Concerns
about a Permanent Access” Booklet**

“Hemodialysis Vascular Access” Flyer



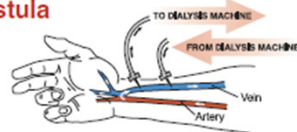
Tool #1: “Hemodialysis Vascular Access” Flyer

Hemodialysis Vascular Access

Hemodialysis cleans your blood through a fistula, graft or catheter. If you have kidney failure, one of these will be your **LIFELINE!** Talk with your doctor to decide which type of vascular access is best for you.



Fistula



A fistula directly connects an artery to a vein. The vein stretches over time, allowing needles to be put in it. **Fistulas are the gold standard for hemodialysis.**

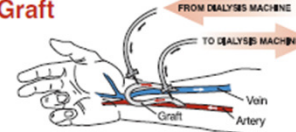
Advantages

- ✓ Permanent
- ✓ Beneath the skin
- ✓ Lasts longest, up to 20 years
- ✓ Provides greater blood flow for better treatment
- ✓ Fewer infections & other complications
- ✓ Fewer hospitalizations
- ✓ Better survival (lower risk of dying than patients with catheters)

Disadvantages

- ✗ May not mature/develop
- ✗ Not possible for all patients
- ✗ Usually cannot be used for at least 6–8 weeks

Graft



A graft is a tube, usually made of plastic, that connects an artery to a vein, allowing needles to be put in it. Grafts are the second best way to get access to the bloodstream for hemodialysis.

Advantages

- ✓ Permanent
- ✓ Beneath the skin
- ✓ May be used after 2 weeks, in some cases
- ✓ May work in patients with poor veins

Disadvantages

- ✗ Increased hospitalizations
- ✗ Increased risk for clotting
- ✗ Increased risk for serious infections
- ✗ Increased risk for other complications and repair procedures
- ✗ Does not last as long as a fistula

Catheter

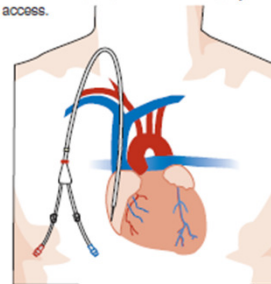
A catheter is a tube inserted into a vein in the neck or chest to provide vascular access for hemodialysis. The tip rests in your heart. It is usually a **temporary** access. It is the third choice for getting access to the bloodstream for hemodialysis. For some patients it is the only choice and it will need to be used as a permanent access.

Advantages

- ✓ Can be used immediately after placement

Disadvantages

- ✗ Higher infection rates, which can be very serious or fatal
- ✗ Increased hospitalizations
- ✗ Does not last long, usually less than one year
- ✗ May require longer treatment times
- ✗ Prolonged use may lead to inadequate dialysis
- ✗ Cannot shower without special appliance
- ✗ High rate of clotting requiring frequent procedures
- ✗ Risk of destroying important vein



Adapted with modifications from a flyer produced by the Vascular Vascular Access Center, 4/10. This material was prepared by the Mid-Atlantic Regional Consortium as part of the Fistula First Breakthrough Initiative Special Project, further updates prepared by the End Stage Renal Disease Network Coordinating Center, 4/11, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HH00M-000-0010-MW002C.



Tool #2: “Questions or Concerns about a Permanent Access” Booklet

**Questions or Concerns about
a Permanent Access?**

Let's Talk!



www.esrdncc.org



Tool #3: “Planning for your Vascular Access” Manual

Lifeline for a Lifetime:

Planning for Your Vascular Access



Look



Listen



Feel



My Visit to the Surgeon

If the visit is on your dialysis day:

- Your dialysis care team will help you work this out.
- You will need to do both.
- You may need to change your dialysis day.
- Your care team will help you make the change.

If the visit is not on your dialysis day:

- You are good to go
- If you have questions, ask the dialysis care team to help you

*Celebrate your success
and make sure you know
how to take care of your
lifeline for a lifetime!*





PART 3

Using the Toolkit





Getting started talking about a permanent access

Ask if the peer has or has had a permanent access.

- **If the peer does not have a permanent access, ask why not.**

Possible reasons:

- **He or she started treatment before being able to plan for an access.**
- **A health condition prevented access surgery.**
- **Your peer was overwhelmed with the diagnosis.**

START



Tool # 1: “Hemodialysis Vascular Access” Flyer

The advantages and disadvantages of each type of access.

Hemodialysis Vascular Access

Hemodialysis cleans your blood through a fistula, graft or catheter. If you have kidney failure, one of these will be your **LIFELINE!** Talk with your doctor to decide which type of vascular access is best for you.

Fistula

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Fistulas are the gold standard for hemodialysis.

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arteriovenous
FISTULA FIRST
AVF - The first choice for hemodialysis

Adapted with modifications from a flyer produced by the Renal Vascular Access Center, AVO. This material was prepared by the Mid-Atlantic Renal Coalition as part of the Fistula First Breakthrough Initiative Special Project. For the updates presented by the First Stage Renal Disease Network Coordinating Center, AVO, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: 10160M-000-2010-NM-0002.

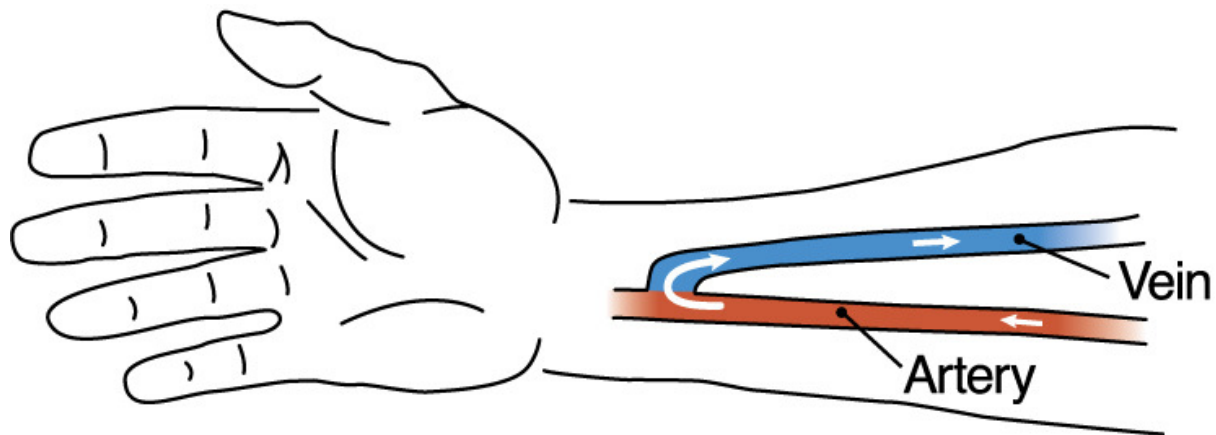




Tool #1: What's covered?

Fistula

- A fistula directly connects an artery to a vein. The vein stretches over time, allowing needles to be put in it.





Tool #1: What's covered?

Fistulas

Advantages

- Permanent
- Lasts longest
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Disadvantages

- May not mature/develop
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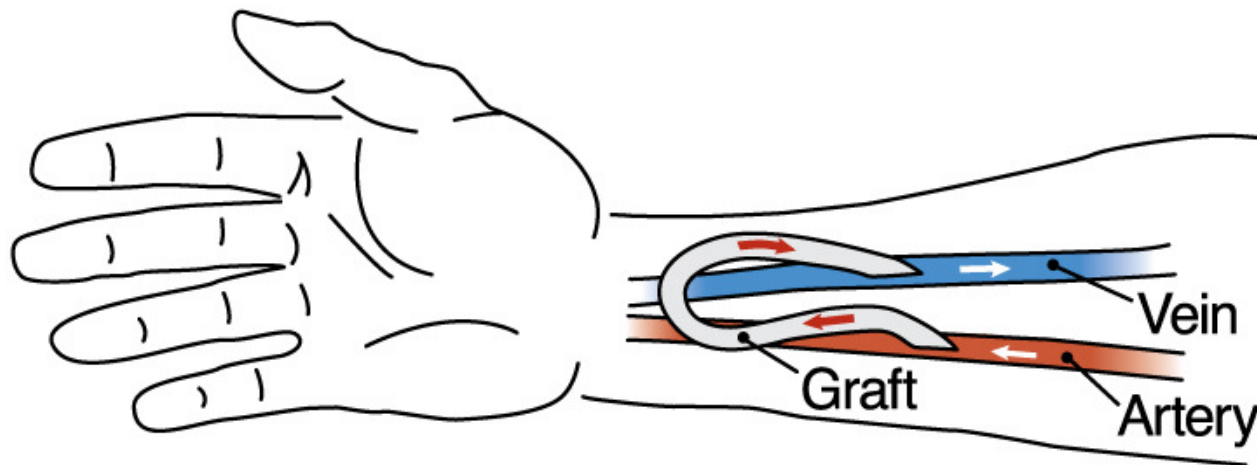




Tool #1: What's covered?

Graft

- A tube, usually made of plastic, that connects an artery to a vein, allowing needles to be put in it.





Tool #1: What's covered?

Graft

Advantages

- Permanent
- May be used after two weeks, in some cases
- May work in patients with poor veins

Disadvantages

Increased likelihood of:

- hospitalizations,
- clotting,
- serious infections
- complications and repair procedures





Tool #1: Assess your peer's needs

Ask open ended questions

- What do you know about planning for a vascular access?
- How much were you told about the different access types?
- What type of information did you receive?
- What other information do you need?





Tool #1: Support your peer's needs

Share information based on the peer's needs.

- **Peer:** Has no information or can't remember
 - ✓ **You:** Share and review the Hemodialysis Vascular Access Flyer
- **Peer:** Received information, but has medical questions
 - ✓ **You:** Connect peer to healthcare team for medical questions



Tool #1: Provide your peer with additional information

- **Peer:** Knows this information, but has concerns about a permanent access.
 - ✓ **You:** Share Conquering Access Concerns, Tool #2, in the Vascular Access Planning Toolkit
- **Peer:** Has information and wants to move to permanent access planning.
 - ✓ **You:** Talk to peer about interest in planning for a permanent vascular access and share the Access Planning Guide, Tool #3, in the toolkit.
- **Peer:** Says he or she needs more time to think it over.
 - ✓ **You:** Leave tool and ask if you can check in at another time.





Vascular access concerns

Concerns about getting a permanent access:

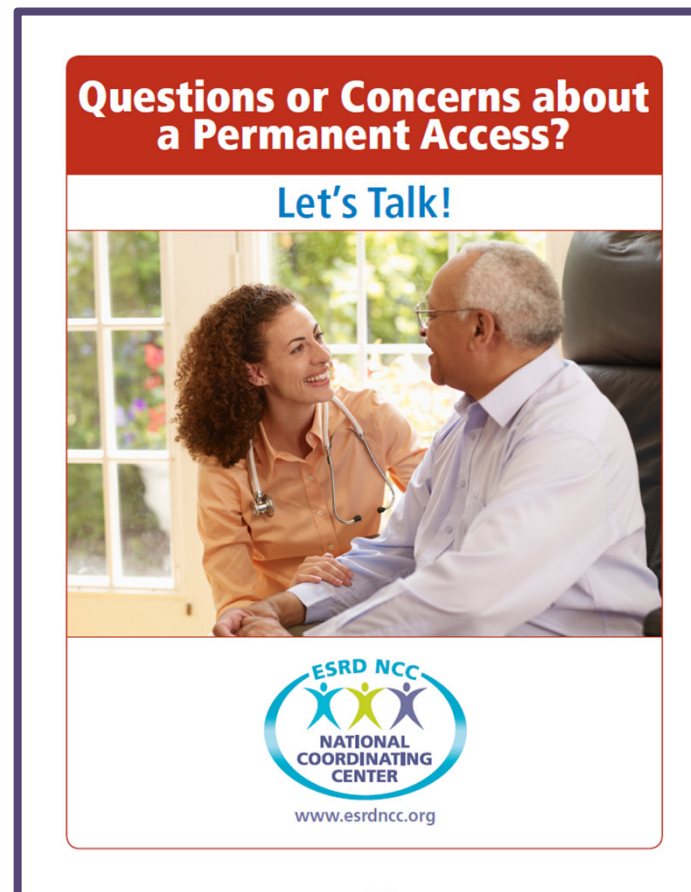
- **Unsure of surgery**
- **Worried about having needles each treatment**
- **Concerned about how an access will look**
- **Nervous about complications**





Tool #2: “Questions or Concerns about a Permanent Access” Booklet

A tool to help your peer identify and work through concerns about permanent access placement.





Tool #2: What's covered?

My peer is concerned about:

- **Surgery:**

- ✓ **You:** Help create questions that he or she can ask the surgeon.

1. Will I get something for pain?
2. Will my access make my arm or leg look different?
3. Will I be able to use my arm or leg?

- **Needles:**

- ✓ **You:** Suggest strategies.

1. Talk to your care team about pain medications or creams to numb.
2. Mention self cannulation as an option.
3. Talk about relaxation and distracting techniques.
4. Review the ways you cope with needles.





Tool #2: What's covered?

My peer is concerned about:

■ **Complications:**

✓ **You:** Discuss questions that he/she can ask the healthcare team.

1. What if I injure my access?
2. What happens when the needles come out?
3. What happens if I start bleeding at home?

■ **Appearances:**

✓ **You:** Review how to accept changes.

1. Some patients consider their access their “badge of honor” or “lifeline”.
2. Some patients cover their access with loose wraps or flowing sleeves.





Tool #2: Assess your peer's needs

- **Does your peer have concerns about getting a permanent access?**
 - ✓ **Share the tool and talk about the different concerns other patients have expressed.**
- **What are your peers concerns?**
 - ✓ **Help your peer identify and express his or her concerns.**
- **What questions will help your peer overcome his or her concerns?**
 - ✓ **Use the tool and your experience to help your peer talk through concerns.**





Tool #2: Support your peer's needs

Talking through concerns is a known way to overcome them.

- Your experience with this situation is invaluable.
- Overcoming concerns is hard:
 - ✓ Remember getting a permanent access can help your peer live the best life on dialysis.





Tool #2: Support your peer's needs

What if my peer is still having trouble overcoming concerns?

- **Remain supportive even if your peer is not willing to consider a permanent access.**
- **Remember a permanent access may not be the best option for everyone.**





Tool #3: “Planning for your Vascular Access” Manual

A step by step overview of the vascular access planning process.

Lifeline for a Lifetime:

Planning for Your Vascular Access



Look



Listen



Feel



My Visit to the Surgeon

If the visit is on your dialysis day:

- Your dialysis care team will help you work this out.
- You will need to do both.
- You may need to change your dialysis day.
- Your care team will help you make the change.

If the visit is not on your dialysis day:

- You are good to go
- If you have questions, ask the dialysis care team to help you

Celebrate your success and make sure you know how to take care of your lifeline for a lifetime!





Tool #3: What's covered?

Contents

Introduction.....	3
Starting Out: Understanding My Treatment Choices.....	3
Step #1: Making an Access Plan	5
Step #2: Finding the Best Place for My Access.....	6
Step #3: Going to See the Surgeon	7
Step #4: Going for Surgery	9
Step #5: Waiting For My Access to Mature or Heal	12
Step #6: Using My Fistula or My Graft.....	13
Step #7: Getting My Catheter Taken Out.....	15
Step #8: Taking Care of My Lifeline for a Lifetime.....	16
Appendix	17





Tool#3 Assess your peer's needs

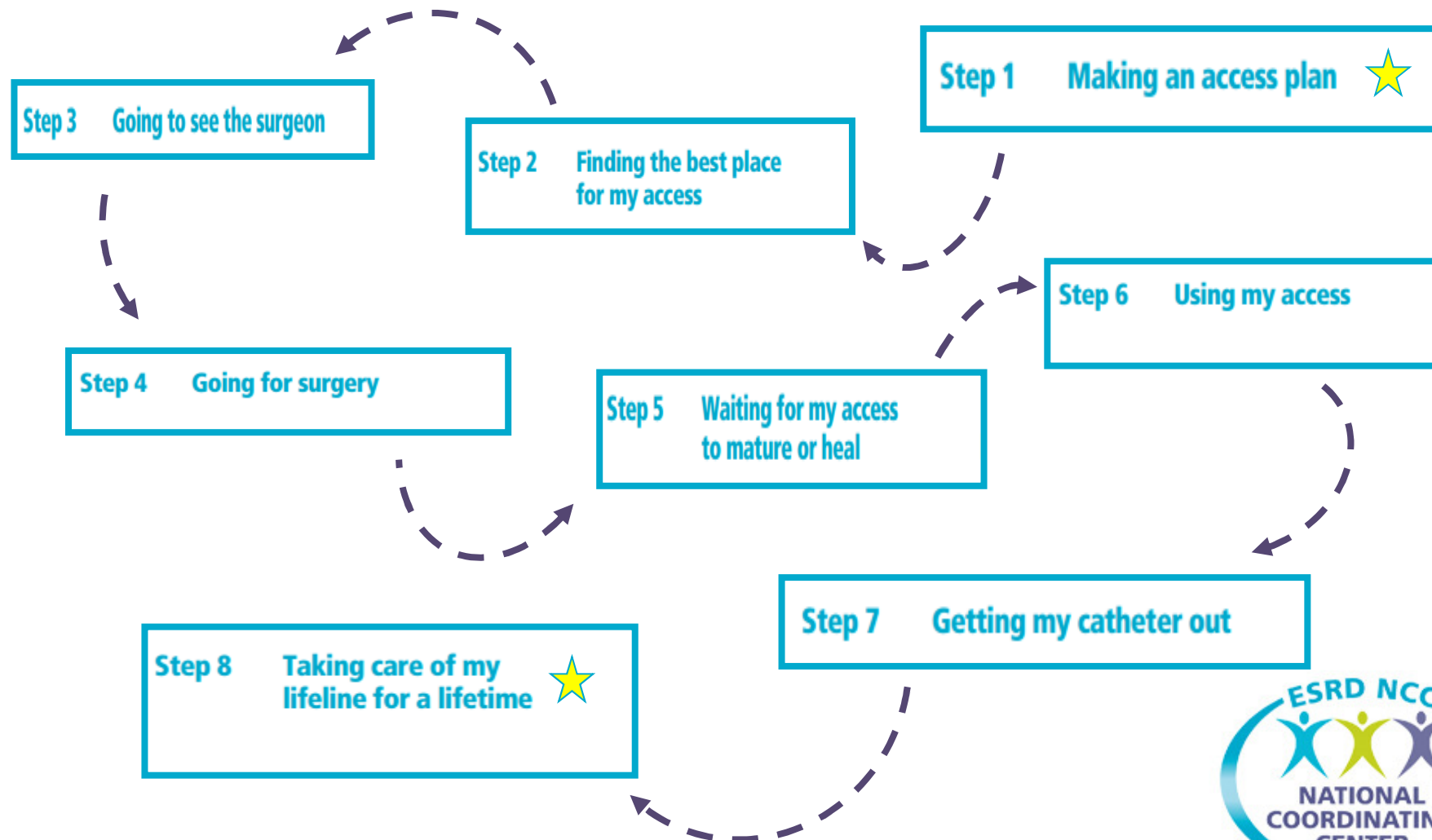
Ask open ended questions

- Does your peer have an access plan?
- Where is your peer in the process?
- What are steps in the plan that your peer has questions about?
- How can you help your peer learn and move through the steps?





Tool#3 Support your peer's needs





Step 1: Making an access plan

Getting a permanent access – the process to achieve catheter freedom.

- **Making the plan with the dialysis care team will help your peer understand what to expect in the process.**
- **Your peer will be able to track each of the steps as he or she works through the plan made especially for them.**
- **If things slow down or don't go as planned, your peer can work with the dialysis care team to find solutions.**

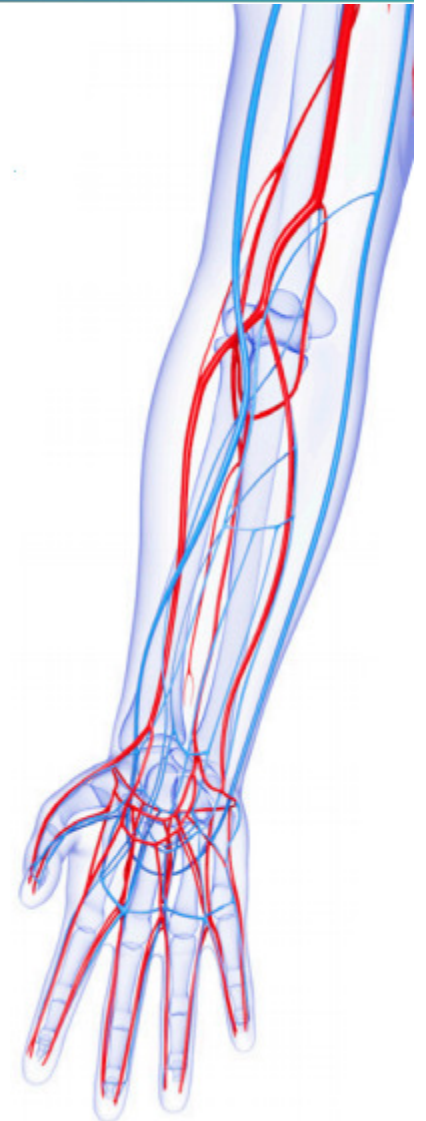




Step 2: Finding the best place for the access

Vessel mapping

- A procedure done before surgery to give the surgeon a clear map of the best place to put the access.
- Often done in the surgeon's office.
- Provides surgeons with a picture of the blood vessels to find where the blood vessels are big enough for a fistula or graft.

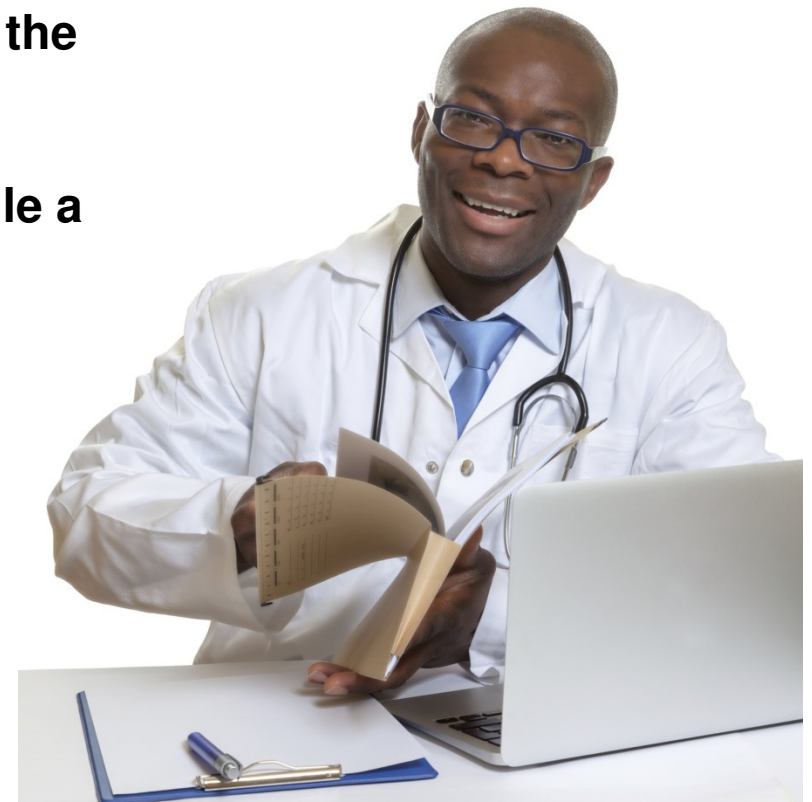




Step 3: Going to see the surgeon

What should your peer know?

- The first appointment helps the surgeon to decide where the fistula or graft should go.
- The surgery will not be performed during the first appointment.
- The dialysis care team can help reschedule a dialysis treatment if it conflicts with a surgeon's appointment.





Step 3: Going to see the surgeon

How can you help your peer ?

- **Help prepare for the surgeon visit**
 - ✓ Review the list of questions provided to help your peer select ones that are important to him or her.
 - ✓ Help your peer identify other questions.
- **Talk about the tips to stay healthy while going through this process.**
- **Help your peer work out scheduling questions.**





Step 4: Going for surgery

How can you help your peer get ready?

- Review the list of information your peer may need to provide to the surgery team.
- Ensure that your peer has considered transportation arrangements to and location/directions for the surgery facility.
- Direct your peer to the healthcare team if he or she has medical questions or concerns about the schedule.





Step 4: Going for surgery

What can you do to help your peer move through the process smoothly?

Areas you can review with your peer:

- Are there any other medical questions for the healthcare team?
- Does your peer have all needed information prepared to take to the surgery team?
- Is transportation arranged and are directions known?
- Can a significant other help the peer remember?
 - Going home instructions
 - Instructions on what happens while waiting for the access to heal.

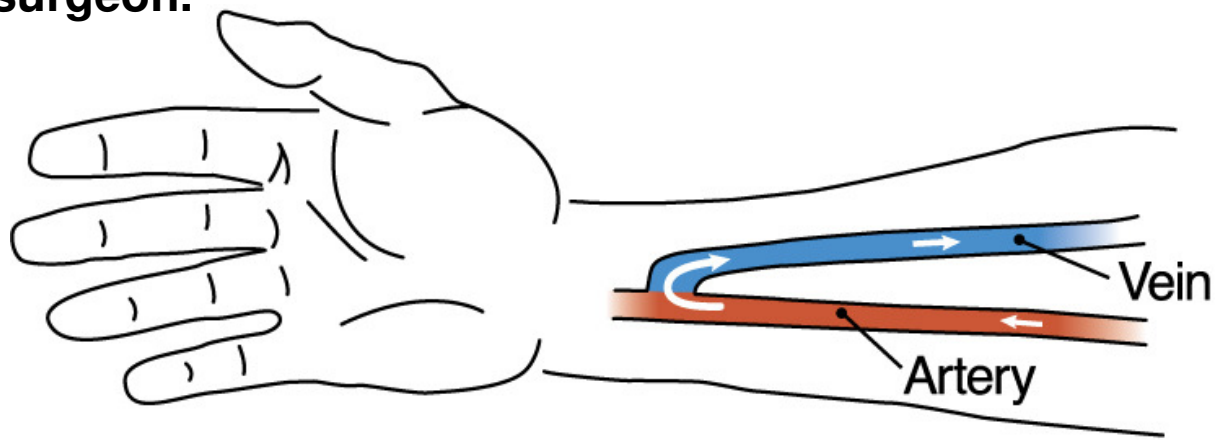




Step 5: Waiting for the access to mature or heal

Fistulas

- Take a few weeks to grow big enough to use.
- This is often called maturing.
- The surgeon should tell your peer how long he or she thinks it will take before the fistula can be used.
 - ✓ If this information isn't provided, encourage your peer to ask the surgeon.

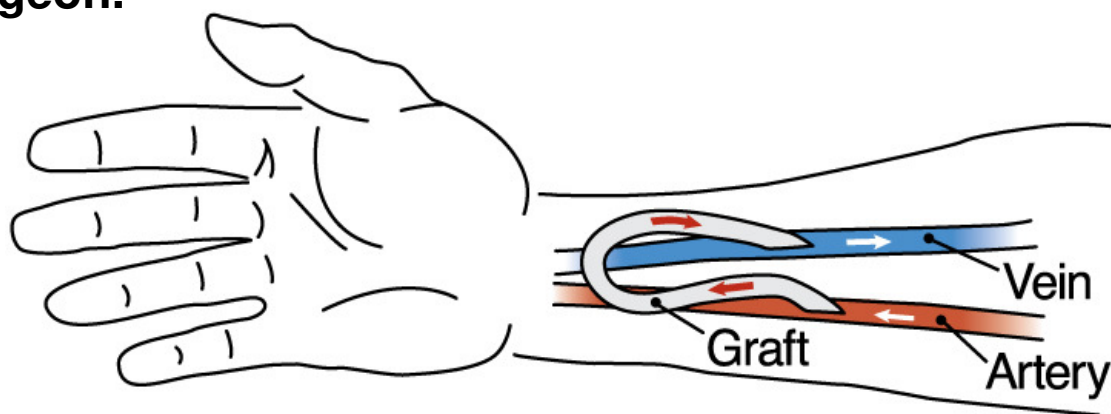




Step 5: Waiting for the access to mature or heal

Grafts

- Need to heal but don't need to grow over time.
- Most grafts can be used in three to four weeks.
- The surgeon should tell your peer how long he or she thinks it will take before the graft can be used.
 - ✓ If this information isn't provided, encourage your peer to ask the surgeon.





Step 5: Waiting for my access to mature or heal

Sometimes the access may not mature or heal as planned.

What should your peer know?

- **Review the advice provided in the Planning Guide.**
- **Ensure that your peer knows this can happen and does not mean the surgeon did a bad job.**
- **Support your peer through this process.**

Best Advice:

- **The sooner your peer reacts to a problem the better the chances for a solution.**





Step 6: Using my access

Getting your peer ready for using the access:

- **Step #1 – Review the daily access check**
- **Step #2 – Is your peer concerned about needles?**
 - ✓ Review the list of questions in the Planning Guide Appendix to help your peer work through those concerns.
- **Step #3 – Does your peer know the plan for using the access?**
 - ✓ Connect your peer to the healthcare team to review the plan.

Look



Listen



Feel



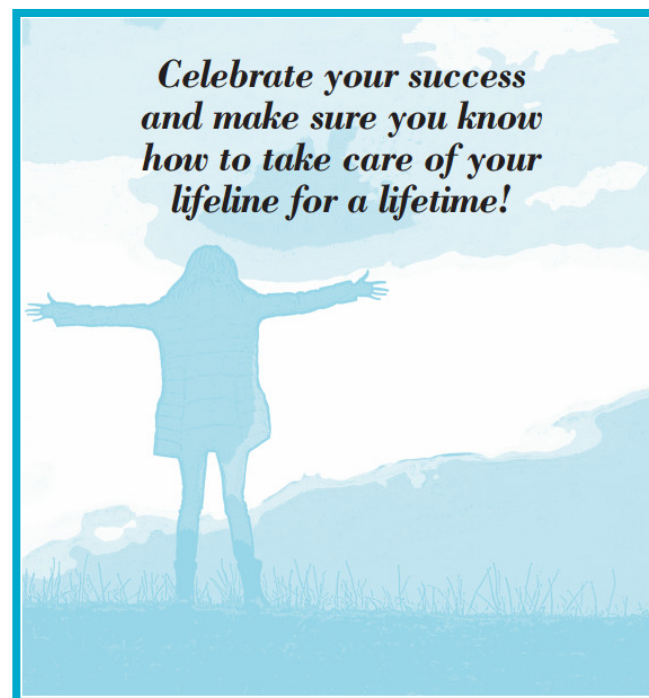


Step 7: Getting my catheter out

Before taking the catheter out, most dialysis care teams will want to use the fistula or graft with two needles for several dialysis treatments.

- Usually three treatments in a row.

Celebrate Catheter Freedom!!!!





Step 8: Taking care of my lifeline for a lifetime

It is important to emphasize with your peer that checking your access daily is an important step in taking care of his or her fistula or graft.

- Doing this daily check will help your peer make sure he or she will have a lifeline that will last a lifetime.





PART 4

Tips to Remember

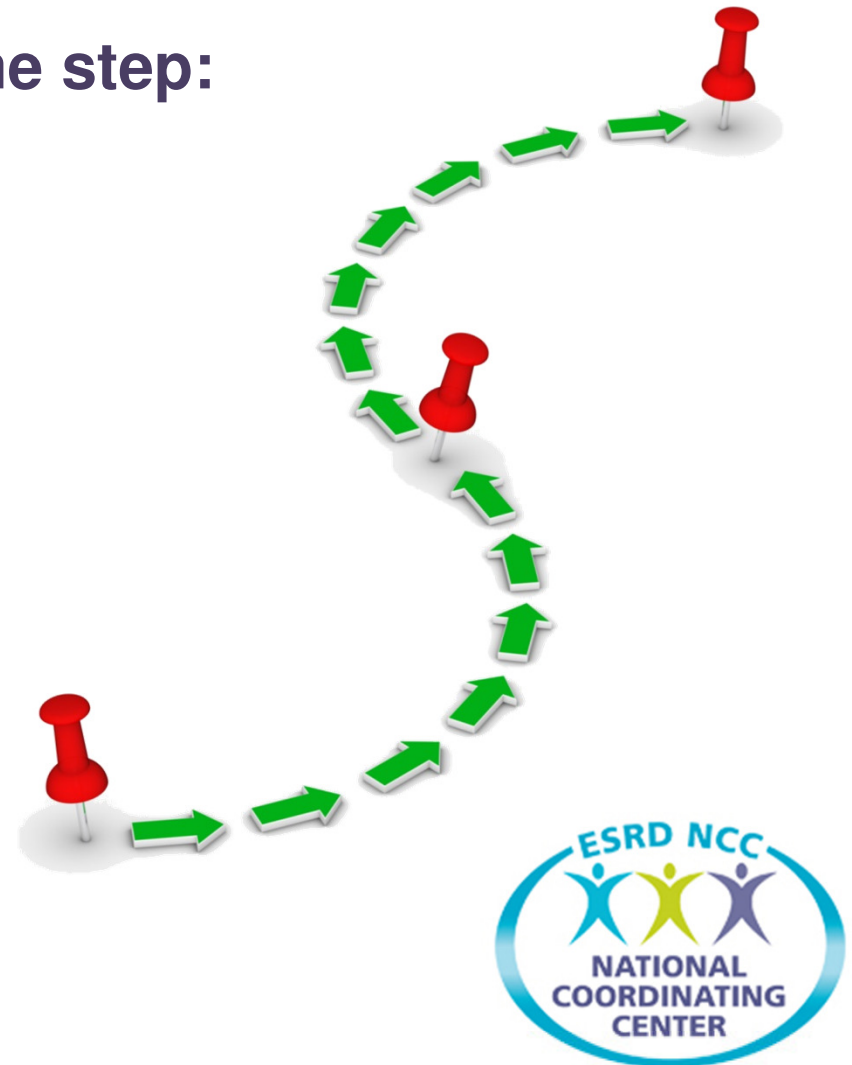




Tell me more about how to make an access plan

Not all peers will be on the same step:

- Those with a catheter only will start at Step 1.
- Those with a fistula or graft and a catheter will start at Step 1 and will proceed to Step 5.
- Those who are using a fistula or graft only will start at Step 1 and then proceed to Step 8.





Patient-Focused Access Plan

- 1 • Making an access plan
- 2 • Finding the best place for an access
- 3 • Going to see a surgeon
- 4 • Going for surgery
- 5 • Waiting for my access to mature and heal
- 6 • Using my access
- 7 • Getting my catheter out
- 8 • Taking care of my *Lifeline for a Lifetime*





Who should have an access plan?

- Ideally, new patients should have an access plan created before they start dialysis.
- All new and established dialysis patients should have an access plan specific to their access status.
- The access plan should be used in all sites of care including the:
 - Dialysis clinic
 - Access center
 - Hospital
 - Outpatient facility
 - Other





Tips for supporting your peer

Once you have completed reviewing the Vascular Access Toolkit with your peer, it is up to your peer to take the necessary actions toward beginning a plan. Remember:

- Encourage your peer to talk to a member of his or her care team about starting a vascular access plan.
- The peer should ask the dialysis care team to help develop and work through the steps of the access plan. No patient can do this alone.
- Your peer may not want to proceed at this point, and that is OK!
- You have succeeded in your role as a mentor by providing him or her with important information.





Tips for supporting your peer

Check in with your peer often to:

- Help connect him or her with the healthcare team.
- Provide encouragement if he or she runs into obstacles.
- Answer questions along the way.
- Reinforce using the toolkit for information.
- Offer support as he or she deals with issues.





Tips for supporting your peer

Always remember there are other options for treatment that your peer can consider.

The best choice is the one that is right for him or her.





Some important additional resources

- **Your ESRD Network has several resources that can help you and your peers learn more about vascular access care.**
- **Several renal organizations also provide educational resources for kidney patients.**





Some important additional resources

- Please see this module's Reference Guide for a list of helpful websites.
- You can also check with your point of contact at your Center for additional resources.





Thank you!

**You have completed training to
mentor your peers on vascular access planning.**

**You are now a ESRD NCC
certified Vascular Access
Peer Mentor!**





Next Steps

Where do I go
from here?





What's Next?

Congratulations on completing your review of the Vascular Access Peer Mentorship Training Program Module!

- **Next, please complete the Module 3 Review Quiz to earn your completion badge.**
- **You are now ready to finish the course and earn your completion certificate.**
- **Share your completion certificate and review your plans with your point of contact. You will then be able to begin mentoring peers.**

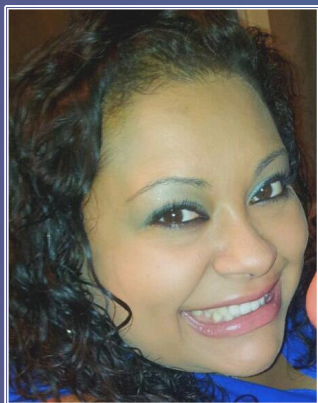




For More Information

Support Line: 516-209-5365

E-mail: ncc@ncc.esrd.net



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**Thank you for taking our training
course and sharing your learning
experience with us!**



REVIEW QUIZ (BOLD = ANSWER)

1. Fistulas or grafts are preferred over catheters.
 - **True**
 - False
2. Catheters are considered permanent vascular accesses?
 - True
 - **False**
3. Having a vascular access plan helps to promote:
 - Getting the best vascular access possible.
 - Proper maintenance and monitoring of the access
 - Identification of future areas for an access.
 - Maintenance of those areas for future use
 - **All of the above**
 - None of the above
4. How many steps are there to creating a vascular access plan?
 - 1
 - 3
 - **8**
 - 12
5. The peer should ask the dialysis care team to help develop and work through the steps of the access plan.
 - **True**
 - False