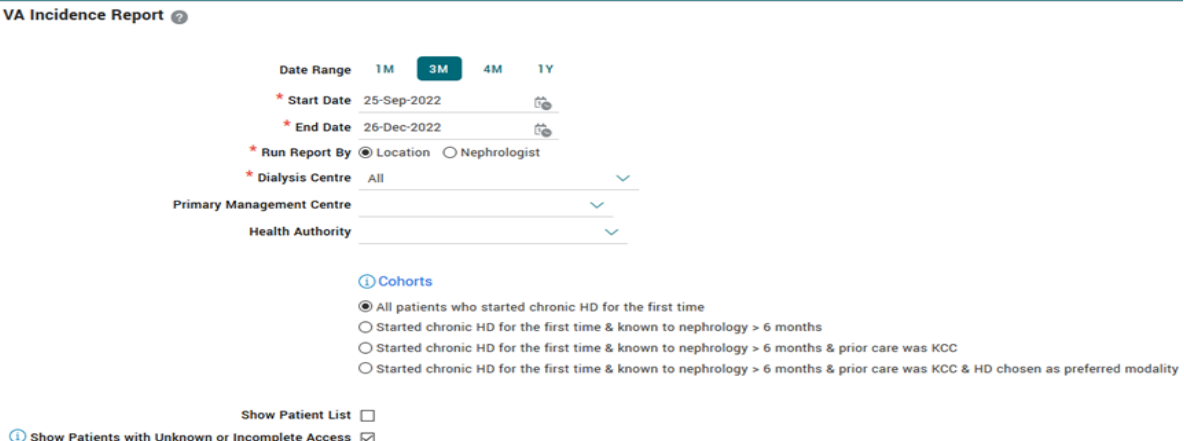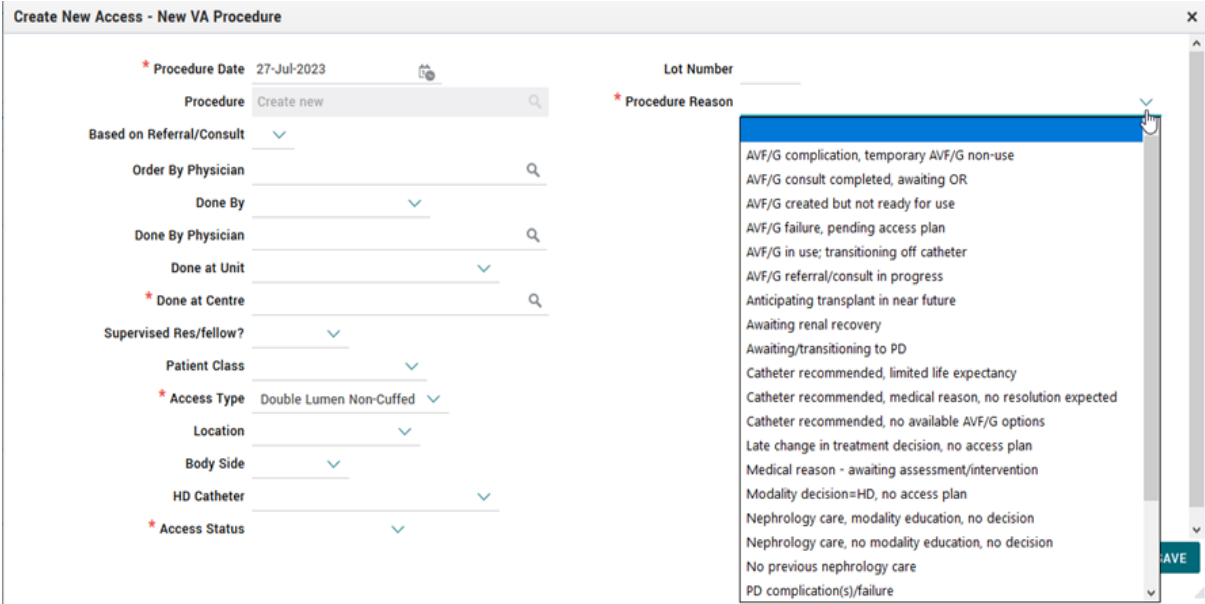# Vascular Access: Suggested Data Cleaning Procedure

Updated February 9, 2024

This information can be updated anytime but must be current for every patient **by <mark>Oct 31 and Apr 30 each year</mark>.** The Vascular Access (VA) and Hemodialysis (HD) semi-annual Indicator Reports will be based on data entered as of Oct 31 and Apr 30.

	Report	Step	Action
1	VA Incidence	1.1: Run report	Select: • Date Range = Period of interest (End date must be >28 days from the current date to capture patients on HD for ≥28 days). • Run Report By = "Location" • Dialysis Centre = Centre of interest • Cohort = "All patients who start chronic HD[1] for the first time" • **<mark>"Show patients with Unknown or Incomplete Access"</mark>** **VA Incidence Report** ⓘ Date Range — 1M **3M** 4M 1Y * Start Date — 25-Sep-2022 * End Date — 26-Dec-2022 * Run Report By — ⦿ Location ◯ Nephrologist * Dialysis Centre — All Primary Management Centre — Health Authority — ⓘ Cohorts ⦿ All patients who started chronic HD for the first time ◯ Started chronic HD for the first time & known to nephrology > 6 months ◯ Started chronic HD for the first time & known to nephrology > 6 months & prior care was KCC ◯ Started chronic HD for the first time & known to nephrology > 6 months & prior care was KCC & HD chosen as preferred modality Show Patient List ☐ ⓘ Show Patients with Unknown or Incomplete Access ☑ **Data Correction** **St. Paul's Hospital - Patients with Unknown Access** 	pt#	Patient Name	Chronic HD Start Date	Access Create Date	Access First Used Date	Location	Body Side
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1	BROOKS, BARON	05-Jan-2022				| **St. Paul's Hospital - Patients with Incomplete Access** | pt#	Patient Name	Chronic HD Start Date	Access Create Date	Access First Used Date	Location	Body Side
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1	JAMES, GORDON	01-Sep-2022	31-Aug-2022		Upper Arm	Left
2	JOHNSON, CAMERON	21-Feb-2021		15-Feb-2021			

[1] Chronic HD = Provincial Renal (PR) patients with chronic renal failure who have been on HD for at least 28 continuous days.

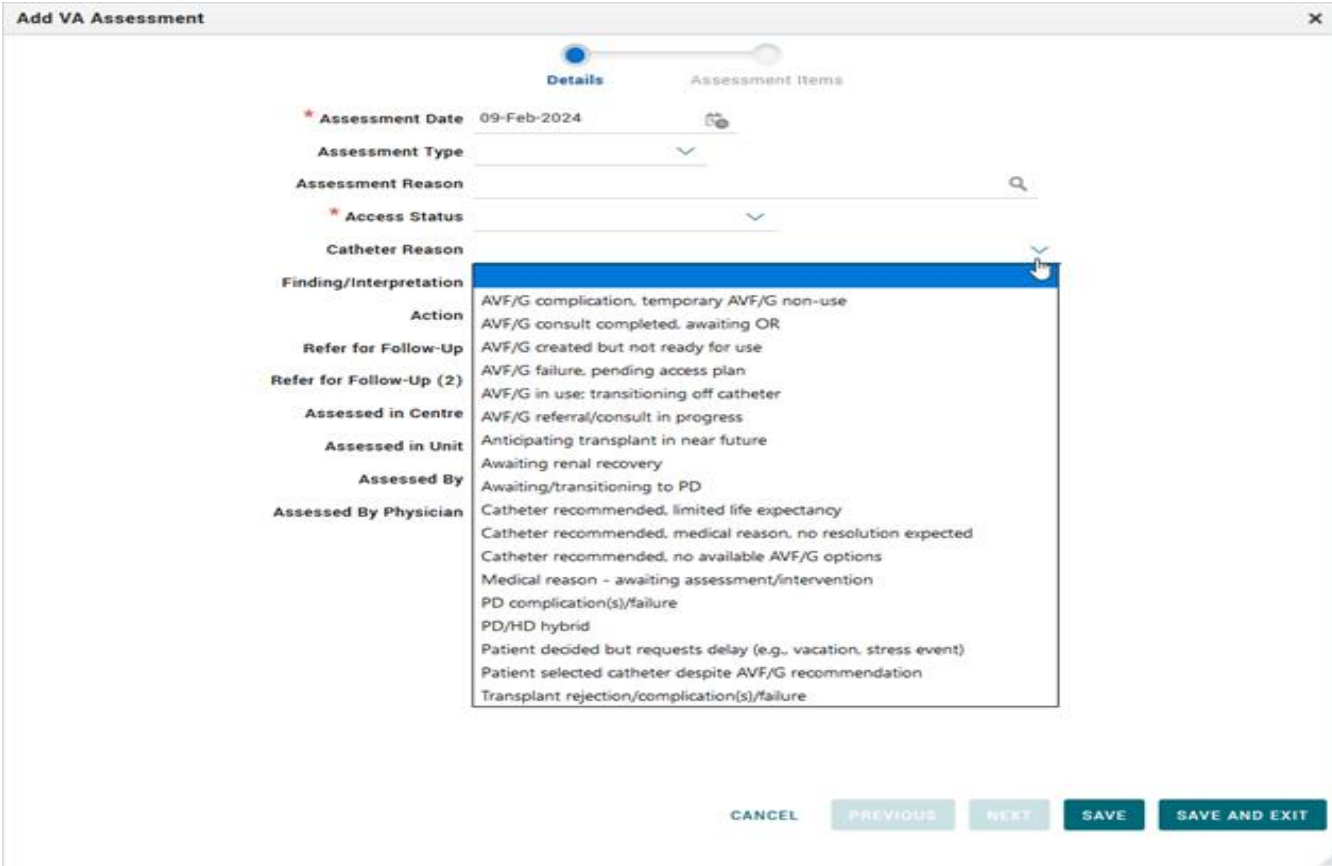| Report	Step	Action
VA Incidence cont'd	1.2: Fix errors	"**Unknown access**" = No active[2] access was identified on the first **CHRONIC** HD run date (Note: Section refers to 1st run on **CHRONIC** HD). Fix: 1. If no access has been inputted into PROMIS: Go to the Procedure record and enter a "New Access" – "VA Procedure." Identify the date the access was created. 2. If the access was created in PROMIS but the creation date was >1 day from the first **CHRONIC** HD run, go to the Assessment record and add a new assessment identifying the active access in use on the first **CHRONIC** HD run date. "**Incomplete access**" = Active[2] access that was in use on the first **CHRONIC** HD run and the first **CHRONIC** HD run date differ by >1 day. Fix: 1. Go to the Procedure record and check that the date of the "New Access" procedure is correct (i.e., the date the access was created). If not, fix the date. 2. If the creation date was >1 day from the first **CHRONIC** HD run, go to the Assessment record and add a new assessment identifying the active access in use on the first **CHRONIC** HD run date. **Procedure record:**

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[2] Active = First Use / First Use – Not Fully Functional / First Functionally Mature Use / In Use / In Use (not functionally mature yet) / In Use – dysfunctional.
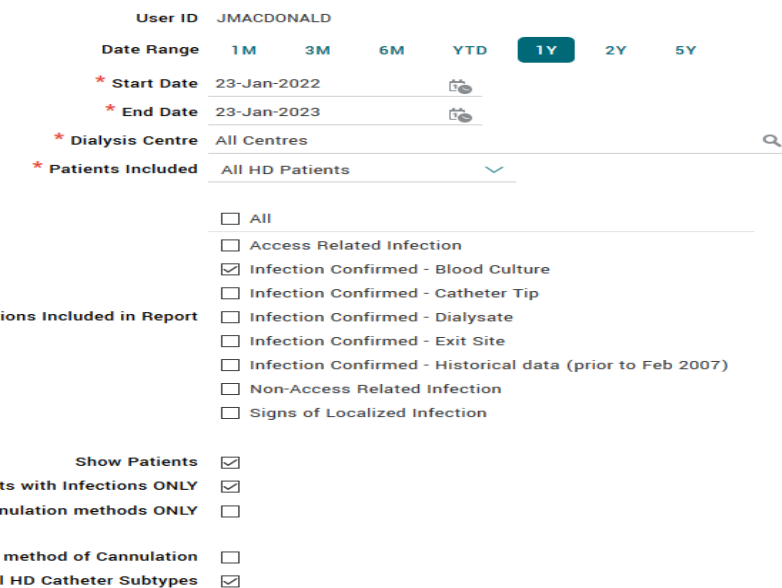
Report	Step	Action
		Assessment record: **Add VA Assessment** Details Assessment Items * Assessment Date 29-Aug-2023 Assessment Type Assessment Reason * Access Status Catheter Reason Finding/Interpretation Action Refer for Follow-Up Refer for Follow-Up (2) Assessed in Centre Assessed in Unit Assessed By Assessed By Physician AVF/G complication, temporary AVF/G non-use AVF/G consult completed, awaiting OR AVF/G created but not ready for use AVF/G failure, pending access plan AVF/G in use; transitioning off catheter AVF/G referral/consult in progress Anticipating transplant in near future Awaiting renal recovery Awaiting/transitioning to PD Catheter recommended, limited life expectancy Catheter recommended, medical reason, no resolution expected Catheter recommended, no available AVF/G options Medical reason - awaiting assessment/intervention PD complication(s)/failure PD/HD hybrid Patient decided but requests delay (e.g., vacation, stress event) Patient selected catheter despite AVF/G recommendation Transplant rejection/complication(s)/failure
	1.3: Rerun report	Repeat steps 1.1 & 1.2 until no patients show up with unknown or incomplete accesses

	Report	Step	Action
2	VA Prevalence	2.1: Run report	Select: • As of Date = current date • Run Report By = "Location" • Dialysis Centre = centre of interest • **"Show Patients with Unknown Access"** **VA Prevalence Report** ❓ * As of Date: 23-Jan-2023 * Run Report By: ◉ Location ○ Nephrologist * Dialysis Centre: All Centres Dialysis Location: All Locations ⌄ Primary Management Centre: Dialyzing Time: ⌄ Show Patient List: ☐ ⓘ Show Patients with Unknown Access: ☑ Show Patients with Cannulation methods ONLY: ☐ Group Fistula/Graft by method of Cannulation: ☐ <table><tr><td>Access Type:</td><td></td><td># Patients</td></tr><tr><td>Unknown Access</td><td>8.33 %</td><td>10</td></tr></table> <table><tr><td>Pt#</td><td>Patient</td><td>Access Type</td><td>Location</td><td>Body Side</td><td>Created</td></tr><tr><td>3</td><td>████████</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>Unknown Access</td><td></td><td></td><td></td></tr><tr><td>6</td><td>████████</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>Unknown Access</td><td></td><td></td><td></td></tr><tr><td>10</td><td>████████</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>Unknown Access</td><td></td><td></td><td></td></tr></table>

		2.2: Fix errors	**"Unknown access" =**
			1. No active[3] access is identified in the access record
			   • Fix: Add an access to the patient's record (create New Access" – "VA Procedure"; OR
			2. Active[3] access has not been updated within 6 months of the "as of date"
			   • Fix: Edit the Procedure or Assessment record.

	2	2.3: Rerun report	Repeat steps 2.1 & 2.2 until there are no patients with unknown or outdated access statuses

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[3] Active = First Use / First Use – Not Fully Functional / First Functionally Mature Use / In Use / In Use (not functionally mature yet) / In Use – dysfunctional.

	Report	Step	Action
3	HD Catheter Reason Prevalence	3.1: Run report	Select: • Run Report By = "Location" • Dialysis Centre = centre of interest • Dialyzing Time = select <6mos or >6 mos (Provincial VA Indicator Reports utilize cohort on HD > 6mos so best to focus on that group when doing semi-annual data cleaning) • "Show Patients with Expired Catheter Reason Only"

HD Catheter Reason Prevalence Report ⑦

User Id	JMACDONALD
* As Of Date	23-Jan-2023
* Run Report By	⦿ Location ○ Nephrologist
* Dialysis Centre	
Dialysis Location	
Primary Management Centre	
Dialyzing Time	Any
Catheter Reason	All
Show All Patients	☐
Show Patients with Expired Catheter Reason Only	☑

Ⓟ PROMIS

HD Catheter Reason Prevalence Report

Total # of patients	66
Patients with Expired Catheter Reason	27

Patients with Expired Catheter Reason
Expired Catheter Reason = A reason entered 6 months or more before the report date

Health Authority: Vancouver Coastal Health Authority

Dialysis Centre: St. Paul's Hospital

Pt #	Patient Name	Catheter Reason Date	Age of Catheter Reason as of 06-Sep-2022	Primary Nephrologist
1	CLARKE, ELISA	28-Jan-2022	221 Days	PARKER, DOMINIQUE
2	DHALIWAL, IAN	08-Feb-2022	210 Days	CARTER, ANNE-MARIE
3	GRANT, ROB	08-Feb-2022	210 Days	NG, CHARLES ALEXANDER
4	JONES, SAID	28-Jan-2022	221 Days	MCKENZIE, RAMIN
5	LI, HARCHARAN	15-Feb-2022	203 Days	NEUFELD, ALEXANDER
6	PETERS, GURINDER	08-Feb-2022	210 Days	MACKENZIE, AHMED
7	SIMPSON, GAVIN	31-Jan-2022	218 Days	KERR, AMELIA
8	HARRIS, CASSANDRA	10-Dec-2021	270 Days	PARKER, DOMINIQUE
9	HARRIS, RAJENDRA	01-Dec-2021	279 Days	SANDHU, STEFAN
10	MARTIN, BALDEV	08-Feb-2022	210 Days	MACKENZIE, AHMED
11	GRAHAM, FREDRICK	28-Jan-2022	221 Days	PARKER, DOMINIQUE
12	ROBERTSON, LUKAS	03-Feb-2022	215 Days	CARTER, ANNE-MARIE
13	SIMPSON, PREBEN	27-Jan-2022	222 Days	MCKENZIE, RAMIN

	Report	Step	Action
	HD Catheter Reason Prevalence cont'd	3.2 Fix errors	<mark>Expired catheter</mark> = "Catheter Reason" has not been updated within the past 6 months • Fix: Create an Assessment record and select the most appropriate reason for current use of catheter. Note: Assessment records must be updated every 6 mos for all patients with catheters (regardless of the reason). The reason will auto populate (and can be edited) if a long-term reason was selected at the time of initial insertion or in the most recent assessment. Long-term reasons are (1) patient selected catheter despite AVF/G recommendation; (2) limited life expectancy, catheter recommended; (3) medical reason, no resolution expected; and (4) no available AV options.
		3.3	Repeat steps 3.1 & 3.2 until there are no patients with expired catheter reasons

	Report	Step	Action
4	VA Infection	4.1 Run report	Select: • Date Range = period of interest • Dialysis Centre = centre of interest • Patients Included = "All HD Patients" • Complications Included in Report = "Infection Confirmed – Blood Culture" • <mark>"Show Patients with Infections Only"</mark> **VA Infection Rates Report** ⑦ User ID: JMACDONALD Date Range: 1M 3M 6M YTD **1Y** 2Y 5Y * Start Date: 23-Jan-2022 * End Date: 23-Jan-2023 * Dialysis Centre: All Centres * Patients Included: All HD Patients * Complications Included in Report: ☐ All ☐ Access Related Infection ☑ Infection Confirmed - Blood Culture ☐ Infection Confirmed - Catheter Tip ☐ Infection Confirmed - Dialysate ☐ Infection Confirmed - Exit Site ☐ Infection Confirmed - Historical data (prior to Feb 2007) ☐ Non-Access Related Infection ☐ Signs of Localized Infection Show Patients ☑ Show Patients with Infections ONLY ☑ Show Patients with Cannulation methods ONLY ☐ Group Fistula/Graft by method of Cannulation ☐ Consolidate All HD Catheter Subtypes ☑
		4.2 Compare to secondary source	Compare list of patients with secondary sources (if available) to identify potentially missing patients. Secondary sources might include: Blood & Catheter Tip Culture report in PROMIS, reports from HA lab on positive blood cultures, antibiotic report, etc.
		4.3 Confirm PROMIS entries	Confirm that all VA infections showing in PROMIS were indeed VA infections (vs UTI). Adjust entries in PROMIS as needed (using the assessment section of the VA module) Identify patients not showing up on the list who were known to have VA infections (e.g., using secondary sources). Update PROMIS as needed (using the assessment section of the VA module).