Vascular Access Report 2011

This will be the third Vascular Access Report produced by the NHS Information Centre in partnership with the UK Renal Registry and National Kidney Federation, commissioned by HQIP (Healthcare Quality Improvement Partnership).

The report, which can be downloaded at www.ic.nhs.uk/nkcareports from Wednesday 3rd August, examines the methods and timeliness of vascular access for kidney patients requiring haemodialysis.

The data items collected and data collection method was revised for this report and units were asked to submit a spreadsheet directly to the NHS Information Centre. Consequently 60 out of 63 units participated and data completeness exceeded 90% for mandatory data fields.

The results are based upon 2010 incident patients, commencing dialysis between 1st January and 30th June 2010, and builds upon the previous reports by using data flows from other sources to provide information on hospital episodes and Healthcare Associated Infections (HCAIs).

Audit data was linked to data provided from the Hospital Episodes Statistics (HES) database within the NHS IC, the Patient Episode Database for Wales (PEDW) and the Department of Health Social Services and Public Safety for Northern Ireland (DHSSPSNI) Hospital Statistics to investigate operations, interventions and the duration of time spent in hospital.

Data was also extracted from the Health Protection Agency (HPA) to investigate the bacteraemia and *Clostridium difficile* infection rates amongst haemodialysis patients.

Key Findings

- At first dialysis 39% of patients were using a tunnelled line, 20% a nontunnelled line, 1% an arteriovenous graft (AVG) and 40% an arteriovenous fistula (AVF).
- After 3 months there was little change in the provisions of AVG and AVF but the majority of patients were using a tunnelled line at 42%.
- Late referrals (less than 90 days from seeing a renal physician to dialysis) were less likely to have been referred to a surgeon and less likely to have had definitive access at first dialysis.
- The median bed day utilisation for haemodialysis patients within 3 months of the start of dialysis was 6 days overall – this ranged from 14 days for patients with a non-tunnelled line to 1 day for arteriovenous fistula patients.
- 7 per cent of haemodialysis patients had a bacteraemic episode in the six months following dialysis – this ranged from 6 episodes per 100 patients with an AVF to 13 episodes per 100 patients with a non-tunnelled line.
Vascular Access Unit Level Reports

Vascular Access Unit Level Reports will be available for each participating unit, providing comparison of local, regional and national data.

The Unit Level Reports will provide a breakdown of:
- Demographics of patients at their unit
- Type of access – at first dialysis and at 3 months
- Number of bed days, bloodstream infections and cardiovascular events

Please note that Vascular Access Unit Level Reports will be sent directly to the unit’s contact and due to Information Governance will not be publicly available.

Further Information

An e-seminar, hosted by NHS Kidney Care, will be held on Wednesday 10th August to discuss the report findings – further details and how to register are available on the NHS Kidney Care website at http://www.kidneycare.nhs.uk/_Eseminars.aspx.

Contact Details

If you would like to know more about the National Kidney Care Audit or request paper copies of the Vascular Access Report 2011, please contact The NHS Information Centre on 0845 300 6016, at kidneycare@ic.nhs.uk or visit their website.

The Vascular Access Audit forms part of the National Kidney Care Audit. The National Kidney Care Audit is run by The NHS Information Centre working alongside the UK Renal Registry and commissioned by the Healthcare Quality Improvement Partnership (HQIP).