We sought to evaluate the change in admission and procedural outcomes before and after the establishment of a vascular surgeon-led comprehensive renal vascular access clinic (RVAC)” Thomas et al (2016).

Abstract:

BACKGROUND: Management of vascular access for haemodialysis is a leading cause of morbidity and hospitalization in patients with end-stage renal disease. We sought to evaluate the change in admission and procedural outcomes before and after the establishment of a vascular surgeon-led comprehensive renal vascular access clinic (RVAC).

METHOD: A retrospective clinical study was conducted after an RVAC was established in January 2013, with retrospective database created for the 24-month period prior to and after.

RESULTS: The number of inpatient encounters for haemodialysis vascular access care fell over identical time periods before (n = 193) and after (n = 164) the RVAC was established. This reduction was associated with a significant decrease in length of stay (from 10.71 to 3.14 days; P = 0.0056) and thrombosed access procedures (from 32 to 16; P = 0.048). The
proportion of emergency procedures fell (from 54.5 to 25.4%; \( P = 0.002 \)) with a trend towards less arteriovenous fistula formations in the latter group (from 75 to 49; \( P = 0.099 \)). There was also a trend towards fewer procedures in the latter group (from 195 to 151; \( P = 0.22 \)). A case-mix costing analysis showed an estimated reduction in mean admission cost from \$25\,883.15 to \$9332.81\) for those 2-year periods, equating to a saving of \$3.46 million\) associated with the introduction of the clinic.

CONCLUSION: The establishment of an RVAC has led to a variety of objective performance outcome improvements, including a decrease in hospital admission, length of stay, revision and emergency surgeries, with associated cost saving. It reflects positive outcomes observed in other surgical specialties’ clinics.

Reference:


Thank you to our partners for supporting IVTEAM