

# Vascular Access Type Definitions

## Overview

The vascular access choices in CROWNWeb are not the same as the access choices defined in the Fistula First data collection. CMS changed these definitions to assist in the calculation of the new vascular access Clinical Performance Measures (CPMs).

The vascular access screens in CROWNWeb use a “Progressive Disclosure” approach. Selecting one item enables or disables other items on the screen. CROWNWeb enables only the required fields for the selected vascular access type. Irrelevant fields remain “grayed out” and unavailable.

Review the definitions below carefully. The vascular access choices in CROWNWeb refer to the vascular access your facility is actually currently using for dialysis, not for any other vascular accesses that patient may have present. CROWNWeb will collect information on other vascular accesses that patient has via additional questions which appear on the screen once your facility indicates the vascular access that is in use.

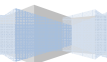
Indicating the correct vascular access choice at the start will decrease confusion and allow CROWNWeb to disclose the correct fields for each patient, helping facilities provide the most accurate data.

## About This Document

The pages that follow contain detailed descriptions of each field and screen elements on the Vascular Access screen in CROWNWeb.

**Notes:** Change requests that have been submitted for any items defined in this document are described in a footnote at the end of the field name.

Names of fields (date entry areas, drop-down menu items) are denoted with SMALL CAPS.



## Vascular Access Screen Elements

The sections that follow provide descriptions of the various fields that facilities may need to enter when working in the Vascular Access screen in CROWNWeb.

### **Date of Reported Dialysis Session**

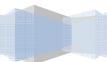
This field refers to the date of the last treatment that your facility provided to the patient during the reporting month. The date must be on or after the date the patient was admitted to the current chronic dialysis facility, and on or before any discharge date.

### **Current Access Type**

This field refers to the type of vascular access used to dialyze the patient for the last treatment your facility provided that patient during the reporting month.

Available choices are:

- AV Fistula Only (with 2 Needles)
- AV Fistula Combined with an AV Graft
- AV Fistula Combined with a Catheter
- AV Graft Only (with 2 Needles)
- AV Graft Combined with a Catheter
- Catheter Only
- Port Access Only
- Other/Unknown



## Access Type Definitions

### AV Fistula Only (with 2 Needles)<sup>1</sup>

Select this vascular access choice if the last treatment for that patient during the reporting month was provided with **both (2)** needles in an AV Fistula.

### AV Fistula Combined with an AV Graft

Select this access type if the last treatment for that patient during the reporting month was provided with **one** needle in an AV Fistula **and one** needle in an AV Graft.

### AV Fistula Combined with a Catheter

Select this access type if the last treatment for that patient during the reporting month was provided with **one** needle in an AV Fistula **and** using **one lumen** of a Central Venous Catheter (CVC).

### AV Graft Only (with 2 Needles)

Select this access type if the last treatment for that patient during the reporting month was provided with **both (2)** needles in an AV Graft.

### AV Graft Combined with a Catheter

Select this access type if the last treatment for that patient during the reporting month was provided with **one** needle in an AV Graft and using **one lumen** of a CVC.

### Catheter Only

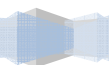
Select this vascular access choice if the last treatment for that patient during the reporting month was provided using **only** a CVC. (**Note:** *An additional field will ask if there is an AV fistula maturing or an AV graft maturing*).

### Port Access Only

Select this vascular access choice if the last treatment for that patient during the reporting month was provided using **only** a Port Access. (**Note:** *An additional field will ask if there is an AV fistula maturing or an AV graft maturing*).

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<sup>1</sup> RQMT\_187 - When AV FISTULA ONLY (WITH 2 NEEDLES) is selected, the AV Graft status should be grayed out.



## **Other/Unknown<sup>2</sup>**

Select this choice if the last treatment for that patient during the reporting month was provided using a vascular access type other than those listed above, or if the access type was unknown.

## **Vascular Access Field Definitions**

The following fields may or may not be enabled depending on the chosen type of vascular access:

### **Date Access Type Changed<sup>3</sup>**

This field refers to the date the current chronic dialysis facility began using this access. The date must not be prior to the date the patient was admitted to the current facility.

### **AV Fistula Usable Date<sup>4</sup>**

This field refers to the date the fistula was first used. It can be prior to the date the patient was first admitted to the current facility, and prior to the Date Regular Chronic Dialysis Began (field #24 on the Initial CMS-2728 Form).

### **AV Fistula Maturing**

This field refers to the patient having a maturing AV Fistula which is not yet ready for use as of the last treatment of the month at that facility (Yes/No).

### **AV Fistula State**

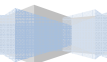
This field refers to the state of the patient's AV Fistula (Not Yet Present/Created/Active/Inactive/Removed). The AV FISTULA STATE entry is required if the patient's CURRENT ACCESS TYPE is AV Graft Only (with 2 Needles), AV Graft Combined with a Catheter, Catheter Only, Port Access Only, or Other/Unknown.

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<sup>2</sup> RQMT\_250 – Request to add “New Access Type” as an option to this list of access types.

<sup>3</sup>RQMT\_194/RQMT\_2/RQMT\_208 – Request change so that accesses created or revised more than 12 months before the date of data entry in CROWNWeb can be entered as “greater than 12 months” as the creation/revision date (194) AND request to use actual true dates in this field (2) AND request to have “Unknown” as an available option in this field (208).

<sup>4</sup> RQMT\_197 – Request rename of this field name to be changed to something else, or for the correct values to be reflected for patients.



## **AV Fistula Creation Date<sup>56</sup>**

This field refers to the date the patient's AV Fistula was created. This date may be prior to the Date Regular Chronic Dialysis Began (field #24 on the Initial CMS-2728 Form). The AV FISTULA CREATION DATE entry is required if the value in AV FISTULA MATURING is Yes.

## **AV Graft Maturing<sup>7</sup>**

This field refers to whether a maturing graft was present prior to ESRD therapy (Yes/No). The AV GRAFT MATURING entry is required if the CURRENT ACCESS TYPE is Catheter Only, Port Access Only, or Other/Unknown.

## **AV Graft State**

This field refers to any an AV Graft that was present prior to the "Date Access Type Changed", as some patients may have an AV Graft along with their AV Fistula. Indicate if an AV Graft is present, and if so, indicate the current state of the graft (Not Yet Present/Created/Active/Inactive/Removed).

## **Physical examination of access performed for AVF/AVG**

This field refers to whether the facility performed a physical examination of the access (Yes/No). Indicate if a physical examination of the access was performed before, during and/or after cannulation for abnormalities such as swelling, prolonged bleeding after needle withdrawal or altered characteristic of pulse or thrill in the outflow vein.

## **Frequency of access physical examination**

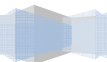
This field refers to how often your facility performed a physical examination of the access (At Each Treatment/Weekly/Monthly/Other). The FREQUENCY OF ACCESS PHYSICAL EXAMINATION is required if the value of PHYSICAL EXAMINATION OF ACCESS PERFORMED FOR AVF/AVG is Yes.

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<sup>5</sup> RQMT\_197 – Request change of this field name to DATE ACCESS TYPE CHANGED.

<sup>6</sup> RQMT\_3 and RQMT\_48 – Request to make this field available but not mandatory if the CURRENT ACCESS TYPE selected is AV Fistula Only (with 2 needles), AV Fistula Combined with an AV Graft, or AV Fistula Combined with an AV Catheter.

<sup>7</sup> RQMT\_110 – The system currently requires the user to enter **Yes** or **No** in the AV GRAFT MATURING field when the user has already indicated that a graft is not yet present. This only occurs when the current access type is Catheter Only.



### **Arterial Pre-Pump pressure performed for AVF/AVG**

This field refers to whether the facility performed a pressure monitoring of the pre-pump pressure. This field is available only if the patient is using an AVF or AVG. Indicate (Yes/No) if arterial pre-pump pressure monitoring was performed on this access.

### **Frequency of arterial pre-pump pressure measurement<sup>8</sup>**

This field refers to how often your facility measured the arterial pre-pump pressure (At Each Treatment/Weekly/Monthly/Other). The FREQUENCY OF ARTERIAL PRE-PUMP PRESSURE MEASUREMENT entry is required if the value of ARTERIAL PRE-PUMP PRESSURE PERFORMED FOR AVF/AVG is Yes.

### **Surveillance of AVG for access dysfunction performed<sup>9</sup>**

This field refers to whether your facility performed routine surveillance of the AV Graft for stenosis (Yes/No). The SURVEILLANCE OF AVG FOR ACCESS DYSFUNCTION PERFORMED entry is required if the patient's CURRENT ACCESS TYPE is AV Fistula Combined with an AV Graft, AV Graft Only (with 2 Needles), or AV Graft Combined with a Catheter.

### **Surveillance of AVG by static venous pressure performed<sup>10</sup>**

This field refers to whether your facility performed surveillance of the patient's AV Graft using static venous pressure (Yes/No).

### **Frequency of static venous pressure measurement**

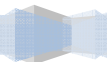
This field refers to how often your facility measured the static venous pressure (At Least Every Two Weeks/Monthly/Quarterly/Other). The FREQUENCY OF STATIC VENOUS PRESSURE MEASUREMENT entry is required if the value of SURVEILLANCE OF AVG BY STATIC VENOUS PRESSURE PERFORMED is Yes.

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<sup>8</sup> RQMT\_65 – Request that the FREQUENCY OF ARTERIAL PRE-PUMP PRESSURE MEASUREMENT options be changed and/or expanded to reflect the actual schedule or intervals when facilities perform these measurements.

<sup>9</sup> RQMT\_188 – Request that the surveillance options are available when users select Fistula as an access type (in addition to Graft).

<sup>10</sup> RQMT\_188 – Request that the surveillance options are available when users select Fistula as an access type (in addition to Graft).



## **Surveillance of AVG with doppler ultrasound performed<sup>11</sup>**

This field refers to whether your facility used duplex Doppler ultrasound to monitor the patient's AV Graft for access dysfunction (Yes/No).

## **Frequency of doppler ultrasound**

This field refers to how often your facility performed a duplex Doppler ultrasound (At Least Every Two Weeks/Monthly/Quarterly/Other). The FREQUENCY OF DOPPLER ULTRASOUND entry is required if the value of the SURVEILLANCE OF AVG WITH DOPPLER ULTRASOUND PERFORMED entry is Yes.

## **Surveillance of AVG with intra-access flow performed<sup>12</sup>**

This field refers to whether your facility performed surveillance of the AV Graft with intra-access flow measurement (Yes/No). SURVEILLANCE OF AVG WITH INTRA-ACCESS FLOW PERFORMED is required if surveillance of the AVG using intra-access flow measurement was performed for access dysfunction.

## **Frequency of intra-access flow measurement<sup>13</sup>**

This field refers to how often intra-access flow was measured (At Least Every Two Weeks/Monthly/Quarterly/Other). The FREQUENCY OF INTRA-ACCESS FLOW MEASUREMENT entry is required if the value of the SURVEILLANCE OF AVG WITH INTRA-ACCESS FLOW PERFORMED entry is Yes.

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<sup>11</sup> RQMT\_188 – Request that the surveillance options are available when users select Fistula as an access type (in addition to Graft).

<sup>12</sup> RQMT\_188 – Request that the surveillance options are available when users select Fistula as an access type (in addition to Graft).

<sup>13</sup> RQMT\_233 – Request to have “At Every Treatment” added to the list of options.

