

Terms of Reference

1. Name of Group – BRS Vascular Access Special Interest Group

Aims and Objectives

2. Aims of the group:

To create a Special Interest Group (SIG) to identify, develop and clarify what is best practice in vascular access care, focussing particularly on the care of vascular access once it is in place. The SIG aims to develop materials to identify best practice and materials to support units in implementing this. This will promote more consistency in vascular access care across the UK and supporting units in the implementation of best practice guidance.

3. Present objectives for the group are:

- To link with other organisations involved in vascular access care, to promote collaborative working and avoid duplication – completion date early 2016.
Organisations identified to link with include:
 - RA-BRS Patient Safety
 - Renal Association
 - VASBI Dialysis Access Nurses Forum
 - UK Renal Registry

Project A – Cannulation Work stream

- To complete and launch the buttonhole recommendations
 - 2nd. draft of recommendations on buttonhole technique are complete and out for comments to the group. We aim to then circulate for comments to other organisations – RA-BRS Patient Safety Committee, BRS council and VASBI.
 - Latest launch date planned is UK Kidney Week 2016.
- To develop wider recommendations on cannulation of arterio-venous fistulae, which will incorporate the buttonhole recommendations - completion date early 2017
- To develop VA educational modules for staff and patients in the UK and patient information, to support units in implementing the cannulation recommendations – completion date 2018
 - This is will be an eLearning module on cannulation aimed at healthcare professionals performing cannulation and / or teaching patients how to cannulate, with supporting presentations, competency packages and patient information / educational packages.
 - The content will consider educational packages already available.
- To investigate inconsistencies in vascular access practice, identified through the recommendations, to determine best practice

Project B – Vascular Access Care Work stream

- To create a national survey to:
 - Examine the infrastructure for the provision of VA in the UK and workforce issues around VA provision
 - To identify pertinent complications of vascular access and develop recommendations on management and prevention, alongside RA-BRS Patient Safety
- To work with UK renal registry to explore methods of monitoring vascular access outcomes nationally
 - UK renal registry will start collecting data possibly mid 2016
 - This data has the potential to allow the group to measure the impact of implemented projects

Membership

4. Membership

- 4-5 Vascular Access Nurses
- 2 In-centre Haemodialysis Nurses
- 1 Home Haemodialysis Nurse
- 1 Haemodialysis Clinical Educator
- 1 Consultant Nephrologist / RA VA Guidelines Representative
- 2 Patient Representatives (possibly via BKPA and NKF)
- 1 Representative from RA-BRS Patient Safety

5. The group will have a nominated chair that will serve in post for 3 years. The chair will be nominated by the members of the group. The chair for the next 3 years is Katie (Catherine) Fielding. Following 1 year, a chair elect will be nominated.

6. Membership of the group will be through invitation from the chair, following agreement of the group, based on evidence of previous work in promotion of vascular access care nationally and / or a passion to improve vascular access care. Group membership for individuals can be suggested by existing group members.

Meetings and Reporting

7. The group will meet face-to-face once a year, with a minimum of 2 further teleconferences or face-to-face meetings each year.
8. The main meeting will be held at the BRS conference. Financial support for additional face-to-face meetings may be sought from industry. Minutes of the

meeting will be kept and agreed by all members of the Group who attended the meeting and circulated in advance of each meeting.

9. Members will remain in contact, in between meetings, via email and when required telephone conversations.
10. Sub-groups will be formed to work on specific issues as appropriate, formed from group members.
11. Reports will be sent to BRS council 4 times a year.

Accountability

12. The SIG will be accountable to BRS, to ensure their actions promote best practice, are in the best interests of patients and fulfil the objectives set out in the Terms Of Reference. All non-patient members of the group will be members of a professional body. A report will be provided for each BRS council meeting.

Support Required

13. Funding

- Educational grants will be sought from industry to support meetings and travel to meetings.
- An annual meeting is planned at BRS conference, for which a meeting room will be required

14. Access to the wider renal community and MDT

For the proposed outcomes of the group to have impact, we would appreciate use of the BRS network to:

- Disseminate materials for feedback from BRS council and affiliated groups
- Have endorsement for materials reviewed by BRS council
- To disseminate endorsed materials.

15. Website access

We would like access to the BRS website to use this to promote the materials endorsed by BRS and promote the group, outlining its aims, objectives and membership.