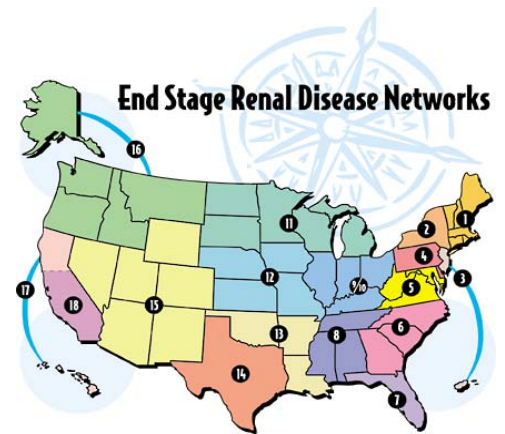


Southern California Renal Disease Council, Inc.

ESRD Network 18



FISTULA FIRST INITIATIVE



Fistula First is a nationwide quality improvement initiative launched by the Centers for Medicare & Medicaid (CMS) in 2003. The goal of this project is to increase the rate of use of arteriovenous fistulas (AVF) in the hemodialysis patient population. Fistula First has been endorsed by the patient and provider community and majority of the renal professional organizations. ESRD Networks have taken the leadership role since the start of the project in 2003. The Networks are non-profit organizations contracted with CMS for oversight of quality of care in the dialysis facilities and transplant centers. Southern California Renal Disease Council, Inc., ESRD Network 18, covers the Southern California area representing 290 dialysis facilities and 17 transplant centers with population of more than 27,000 ESRD patients.

Fistulas are considered the “gold standard” for establishing vascular access. If cared for properly, they can last for a long time, allowing patients to experience better quality of life and fewer trips to the hospitals. The oldest functioning AV Fistula in Southern California is 35 years old (created in April of 1971).

- Current AVF use in United States: 43.2%.
(Fistula First Data – July 2006)

ESRD Network 17 AVF rate – 47.7% (July 2006 - Northern California)

ESRD Network 18 AVF rate – 47.3% (July 2006 – Southern California)

- AVF use in Japan and European countries:
67-93%. (DOPPS-Phase I)
- Fistula First goal: AVF rate of 66% by July 2009.

Fistula First Facts:

(Source: CMS Press Release, March 17, 2005)

- Currently more than 300,000 Medicare beneficiaries with ESRD receive hemodialysis, and this number is expected to double by 2010
- Vascular access type is the primary risk factor for access infection, with AVF having the lowest risk.
- Fistulas costs less to place and maintain than other types of vascular access and are associated with less rework and complications requiring hospitalization

Mission Statement

To provide leadership and assistance to renal dialysis and transplant facilities in a manner that supports continuous improvement in patient care, outcomes, safety and satisfaction.

- Patients dialyzed with access other than AVF have a 20 to 70 percent greater risk of death during the first year after access placement
- 25-50 percent of all hemodialysis patient hospital admissions are related to vascular access, at a cost of over \$1 billion annually

Barriers to Success:

- Destruction of vessels before dialysis begins. For example, indiscriminate use of venipunctures and angiocatheters, result in damaged vessels, limiting the ability to create fistulas. This practice results in the increased use of synthetic grafts and catheters when AV fistulas cannot be created.
- Lack of timely referrals from the primary care physician to the nephrologists

Recommendations for Success:

- Begin blood access planning early in the course of treatment for chronic kidney disease (CKD), including thoughtful consideration for the future health planning of all patients to preserve veins
- Timely referral from the primary care physician to the nephrologists for CKD patients
- Become familiar with the CKD guidelines established by the National Kidney Foundation. Guidelines and a GFR calculator can be found at www.kidney.org/professionals/kdoqi
- Early referrals from the nephrologists to the vascular surgeon – to allow adequate time for the creation, healing, and maturation of the AV fistula before it is needed for dialysis
- All disciplines must act as a team in the care of the CKD patient

Resources:

- Educational DVDs created for vascular surgeons, which provide a comprehensive review of established surgical and endovascular techniques for constructing and maintaining the autogenous dialysis vascular access will be distributed to all QIOs by CMS in the coming weeks. More copies could be obtained through ESRD Network 18.
- Project partners include Center for Medicare and Medicaid Services (CMS), the 18 ESRD Networks, the Institute for Health Care Improvement, dialysis providers, nephrologists, vascular access surgeons, interventional radiologists, and interventional nephrologists, State Survey Agencies, QIOs, patient and professional organizations, and others.
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Special thanks to the ESRD Networks 1 & 8 for sharing their resources helpful in preparation of this fact sheet!