



# Newsletter

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ESRD Network 18 • Southern California Renal Disease Council, Inc.

## NETWORK 18 FISTULA FIRST UPDATES:

According to the latest Dashboard (April 2007 data), ESRD Network 18 has an AVF rate of 50.1%! We would like to thank all facilities for the hard work and commitment they have shown in improving the quality of vascular access care given to all ESRD patients. The Network continues to support all facilities through participation and collaboration with renal organizations throughout Southern California. Recent activities include:

- National data collection for Buttonhole Technique: We have just completed the data collection process for this project. The scan assesses the use of the buttonhole technique and complication(s) (if any) facilities have encountered using this technique. The data will be analyzed at the national level and results will be made available when completed.
- The Stenosis Monitoring Environmental Scan was faxed to all facilities in Network 18 on June 18, 2007. Please complete and return the scan to the Network office by Monday, July 2, 2007. The CMS and Network 18 goal is 100% monitoring of hemodialysis patients with AV Grafts and AV Fistulas. According to the results of the 2006 Clinical Performance Measures (CPM) Study, only 72% of Network 18 facilities conduct stenosis monitoring. Recommended monitoring and surveillance methods are listed in the K/DOQI Guidelines. The Network will summarize the results of the scan and identify areas for improvement and offer technical assistance and/or educational opportunities for those in need.
- The Network continues to monitor all facilities with AVF rates <40% and will follow up with those facilities as necessary. The number of <40% AVF rate facilities decreased from 86 facilities in May 2006 to 46 facilities in April 2007. We appreciate

all the effort everyone has made to improve their vascular access outcomes and improve patient care. Should you have any questions or concerns about your facility's vascular access program, please feel free to call Lana or Lisle at the Network.

- As part of the Network's Incident Patient Strategy, we will be mailing out the Nephrologist Incident Data Reports within the next month. This is a summary of vascular access types in each Nephrologist's incident hemodialysis patients during a six month period between October 2006 and March 2007. Information obtained for this report is from the CMS-2728 Medical Evidence Form, identified by UPIN number.

**To ensure accuracy of these reports, please make certain that the vascular access data submitted on the 2728 forms are correctly reported and coincide with your vascular access monthly reports – do not leave any questions blank. If you are unsure of the access type at the initiation of dialysis, ASK YOUR VASCULAR ACCESS COORDINATOR.**

- The CMS cannulation videos are still in process and will be distributed to all facilities when available. LDO facilities will be able to obtain the videos within their corporations and the Network will distribute the videos to Independent facilities. This new CD/DVD program includes information on patient and site assessment, preparation, cannulation techniques ("rope-ladder" & "buttonhole"), self-cannulation, and complications. The CD/DVD also includes optional sample tools: algorithms, forms, and policies/procedures you can adapt and use in your facility. The program was developed through the Quality Measurement and Information (QM & I) and the Practitioner Education Task Forces of the Fistula First Breakthrough Coalition. More information will be available in the near future.

- **SAVE THE DATE!** The Kaiser Permanente/ Network 18 Symposium “Challenges in Dialysis Access 2007” is scheduled for Saturday, September 8, 2007 at the Long Beach Westin Hotel. This will be a one day conference focused on K/DOQI and Fistula First, Evaluation/Examination of Vascular Access, Clinical Management, Surgical and IR Techniques, and Access Complications. This conference is open to all Surgeons, Interventionalists, Nephrologists and Nurses. Start informing your surgeons and physicians about this event today! More information will be available in the near future.

### “CHAMPIONS CORNER”

Top facilities with the highest AVF rates in Network 18 as of April 2007 are:

- **FMC** – Irwindale 85.1%
- **Independent** – Montebello Dialysis Center, LLC 74.7 %
- **DaVita** – Westminster South Dialysis 70.4%
- **Renal Advantage, Inc.** – Fletcher Parkway-El Cajon 69.2%

Network 18’s Vascular Access rates as of April 2007:

- AVF = 50.1%
- AVG = 25.2%
- Catheter > 90 days = 8.2%
- Catheter < 90 days = 16.5%

### SUCCESS STORIES: “WHAT WORKS”

Below is a list of “Successful Fistula First Strategies Shared by Network 18 Facilities”. These are strategies shared by facilities that have helped them succeed with their vascular access program and may possibly benefit your facility.

#### 1. Routine CQI Review of Vascular Access:

- Discuss vascular access monthly with all nephrologists.

#### 2. Timely Referral to Nephrologist:

- Encourage nephrologists to speak with their primary care colleagues about CKD care.

#### 3. Early Referral to Surgeon for “AVF Only” Evaluation and Timely Placement:

- Prior to discharge from the hospital, have an AVF placed or an evaluation scheduled.
- Vessel mapping done on all patients.
- Develop a relationship with the Nephrologist’s office so that they will inform the facility of patients who may start dialysis within a 3-6 months time frame. The facility can then become proactive about getting an AVF evaluation and placement done for that patient.
- Develop a relationship with the surgeon’s office so that the surgeon’s staff can help the facility in setting timely appointments and reporting the status of the patient’s evaluation and/or access placement.

#### 4. Surgeon Selection Based On Best Outcomes, Willingness, & Ability to Provide Access Services:

- Track your surgeons and how successful they are with AVF placement and function. Give this comparative data to your nephrologists so they can refer patients to appropriate surgeons.
- For remote facilities, refer patients to surgeons or access centers outside your area and provide transportation.
- Call facilities around your area and request surgeon referrals.

#### 5. Full Range of Appropriate Surgical Approaches to AVF Evaluation & Placement:

- Send the surgical video “Creating AV Fistulae in All Eligible Hemodialysis Patients” to surgeons that the facility feels may benefit from the video.
- Inform surgeons of educational conferences, meetings, teleconferences/web conferences.

## 6. Secondary AVF Placement in Patients With AV Grafts:

- If a graft patient has three consecutive increased venous pressures, refer for an AVF evaluation/ placement.
- Use the “Sleeves Up” technique, which assess the patient’s vasculature above the AV graft.
- Proper documentation of problems with the AV graft will support vessel mapping and AVF placement (if a candidate) with all services reimbursed.

## 7. AVF Placement in Patients With Catheters Where Indicated:

- Administrative Assistant/Unit Secretary schedule patient evaluation and placement appointments and diligently follows up on their vascular access status.
- With Medi-Cal or Emergency Medi-Cal patients, write a note detailing vascular access problems associated with the patient’s access and specifically request an AVF placement when you send the patient to a surgeon or a surgical center.

## 8. Cannulation Training for AV Fistulas:

- Facility started a buttonhole cannulation program; they have several patients who now cannulate themselves.
- Assemble a cannulation team.

## 9. Monitoring & Maintenance to Ensure Adequate Access Function:

- Diligent monitoring of AVF function to ensure maturation.
- Assess newly placed AVF after four weeks, if no development has occurred, send patient to the surgeon for follow-up/revision.
- Stenosis monitoring of all AVGs with AVF referral upon detection of a problem.

## 10. Education For Care Givers & Patients:

- Incident patients were educated after the denial stage.
- Engaged nephrologists were supportive and made Fistula First their priority thus educating the patients.
- Aggressive and frequent patient education upon admission.
- Facility has a picture of a chest x-ray showing where the end of a catheter tip is placed with the question, “Do you really want this in your heart?” (Scare tactic)
- Find patient education materials on the Network 18 website: ([www.esrdnetwork18.org](http://www.esrdnetwork18.org))

## 11. Outcomes Feedback to Guide Practice:

- Share reports from the Network with all nephrologists and surgeons to keep them engaged in the Fistula First program so that they will continue to meet the facility’s expectations and goals.

## Other Strategies:

- Facility wrote letters to their nephrologists and surgeons explaining the Fistula First program, CMS/Network 18 goals, and the facility’s expectations.
- Have nephrologists communicate with the surgeons.
- Promote relationships between the nephrologists and the surgeons.

Success in improving your facility’s AVF rates is a team effort. We welcome your input and feedback. Please feel free to call Lana Kacherova or Lisle Mukai at the Network office at (323) 962-2020 or e-mail them at [skacherova@nw18.esrd.net](mailto:skacherova@nw18.esrd.net) or [lmukai@nw18.esrd.net](mailto:lmukai@nw18.esrd.net) – it helps all facilities in Network 18!