



Newsletter

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

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“CHAMPIONS CORNER”

In this issue, we would like to acknowledge the freestanding Vascular Access Centers in Southern California. We have received a lot of positive feedback from the dialysis facilities utilizing these centers and would like to say a special “Thanks” to everybody who works there for their diligent efforts to improve vascular access outcomes:

- Christopher Herzig, MD
Pueblo Radiology - Ventura
- David Namazy, MD & Terry Behrend, MD
San Diego Vascular Access Center and Balboa Medical Group
- Taher Khalil, MD, Yogesh Patel, MD & Paul Huynh, DO
Riverside Vascular Access Center

If you have a nephrologist, vascular surgeon, radiologist/interventionist or other team members you'd like to highlight, please contact Lana or Vickie at the Network office!

NEW WEBSITE IS HERE!

The new national Fistula First website where all facilities (and patients) can access information on the Fistula First project is now up and running! Courtesy of the Institute for Healthcare Improvement (IHI), this website is located at: [www.qualityhealthcare.org/IHI/Topics/ESRD/Vascular Access](http://www.qualityhealthcare.org/IHI/Topics/ESRD/Vascular%20Access). This website has resource information, and is developing some question/answer sections where professionals can communicate with experts. Our Network website has also been updated with a Fistula First tab, and includes a brief project description plus our “tool kit” of project resources, including sample forms, sample job descriptions and procedures, reference articles and other items of interest that are free and downloadable.

SUCCESS STORIES: “WHAT WORKS”

This ongoing column will continue to spotlight some strategies or “change elements” facilities have

successfully tried or implemented to improve their AVF rates within their vascular access programs. Some recent examples include:

- One nurse manager in Network 18 found that she could “encourage” her catheter patients to re-evaluate their vascular access by removing them from their chosen early shifts and placing them on later shifts with more RN staffing. The licensed nurse staffing shortage is real, and catheters take up more RN time than fistulas. Once patients realized that their catheters were a liability time-wise, and that they might lose their preferred shifts, they began asking for a new access. Of course, the staff took that opportunity to push for an AVF as the best access choice!

- Dietitian's involvement! Vascular Access Coordinator from one of the local facilities shared with us that their dietitian is picking up vascular access malfunctions based on Kt/V. When the kinetic volume is greater than the standard, the dietitian suspects vascular access malfunction and communicates this information with the VA Coordinator. Once again, teamwork is essential in vascular access management.

- Vascular Access Monthly Logs. We've heard from several pilot facility Nurse Managers that they like using VA monthly logs for their internal QI purposes. The log is a great tool for the vascular access history and tracking because it has a place for every possible combination of vascular accesses. If you would like to have a copy of this form, please contact the Network.

Again, please contact Vickie J. Peters or Lana Kacherova at the Network 18 office if you have any questions, concerns, success stories or other information that will help us spread knowledge about vascular access management and strategies to place fistulas in hemodialysis patients.