



Review Date:

Facility Name: _____ Provider#: _____

QUARTERLY VASCULAR ACCESS REVIEW

Using your facility-specific reports (from the Network or internal) please note your facility's vascular access data in the appropriate access type listed below to assess improvement in vascular access outcomes within the quarter. Areas/elements to consider if your facility's vascular access rate had not improved or decreased during the quarter are listed below in a format you can use as a tool to assess your vascular access issues. Please take the time to review your facility's vascular access program to ensure improved outcomes.

AV FISTULA (MINIMUM AVF GOAL = 50%)	MONTH: _____	MONTH: _____	IMPROVEMENT	GOAL
YOUR FACILITY				CMS: 66% NW: 57.8% NW STRETCH: 58.0%
NETWORK 18				

CATHETER (> 90 DAYS)	MONTH: _____	MONTH: _____	IMPROVEMENT	GOAL
YOUR FACILITY				CMS/NW: < 10%
NETWORK 18				

AV GRAFT	MONTH: _____	MONTH: _____	IMPROVEMENT	GOAL
YOUR FACILITY				CMS/NW: < 24%
NETWORK 18				

If your facility has decreased in the percentage of AVFs or has not improved – please consider the questions below. **This is a tool designed to assist your facility in conducting a root cause analysis by determining possible reasons for declining AVF rates or non-improvement in AVF rates.**

AREAS/ELEMENTS TO CONSIDER:	YES	NO	IF "NO" – REASON(S)	RATIONALE
MANAGEMENT				
Does your facility have stable management?				Stable management is a necessity to ensure that all functions of the facility run smoothly. (Conditions for Coverage [CfC]: 494.180)
Was there a recent management change or Vascular Access Coordinator (VAC) change?				Management changes can potentially affect a facility's performance if processes, procedures, and protocols are not implemented during this transitional time period.
Does your facility's vascular access				Having written processes,

<p>program have written protocols, policies & procedures or a work process that is implemented by the staff, acting manager, etc.?</p>				<p>protocols, or policies & procedures would be beneficial during the times of management conversion. This would allow any staff member or acting manager, acting VAC, etc to continue implementing your vascular access program. This would ensure that your facility continues maintain and/or improve your vascular access outcomes.</p>
<p>Are there more than one individual who can access vascular access documents such as monthly access reports, event logs, referral/status logs, etc. at the facility?</p>				<p>Vascular access data stored in a computer should be accessible to more than one individual. This prevents inaccessibility to information relevant to the vascular access program because of management change. This is particularly important for Independent facilities who submit vascular access monthly reports to the Network.</p>
<p>VASCULAR ACCESS PROGRAM</p>				
<p>Does your facility have a vascular access program?</p>				<p>CfC 494.110 require that facility's have a QAPI program. One of the quality indicators under this requirement is vascular access.</p>
<p>Is vascular access discussed at each QAPI meeting with the interdisciplinary team?</p>				<p>Implementation of Change Concept #1: Routine QAPI review of vascular access and Change Concept #11: Outcomes feedback to guide practice is recommended to monitor/track progress and improve vascular access care.</p>
<p>Are vascular access reports (internal and from the Network) shared at QAPI meeting as well as with the staff and nephrologist?</p>				<p>Vascular access reports should be shared with the whole staff (nephrologist, PCTs, staff RNs, SW, etc) so that they can be engaged in the vascular access program and promote vascular access planning and care. These reports should also be shared with affiliated surgeons.</p>
<p>Is a root cause analysis conducted to determine the cause of your facility's decreasing rates or lack of improvement?</p>				<p>In order to determine causes for your declining rates or lack of improvement, the facility should conduct a root cause analysis. Root cause analysis is designed to analyze the elements affecting a particular outcome to determine a root cause. A root cause analysis should be done when a problem is detected.</p>
<p>Is a QAPI conducted to achieve improved outcomes based on the findings of your root cause analysis?</p>				<p>Per the Interpretive Guidelines (IG) (V633), the intent of a QAPI in addressing vascular access is first, to improve the rate of use and preservation of fistulas; second, to decrease the inappropriate use of</p>

				catheters; and finally to improve the care provided for all types of vascular access. A QAPI is developed based on findings from the root cause analysis.
Does your facility implement the Fistula First Change Concepts?				The Fistula First Change Concept elements are based on best practices for increasing AV fistula use and improving hemodialysis patient outcomes. There are currently 13 Change Concepts. Resources for all Change Concepts can be found on the Fistula First website at www.fistulafirst.org .
Does your facility conduct stenosis monitoring as required by the Conditions for Coverage using methods recommended by KDOQI?				Stenosis monitoring is required under CfC 494.90. An on-going vascular access monitoring and surveillance program will allow for early detection of AVF or AVG failure and allow facilities to refer patients for timely intervention when indications of stenosis are present. <i>(KDOQI recommendations can be found in the KDOQI Clinical Practice Guidelines & Clinical Practice Recommendations 2006 Updates – Guideline 4)</i>
Are newly admitted patients referred for AVF evaluation and placement?				To ensure maturation of the newly created AVF, it is recommended by Fistula First to send the patient for follow-up evaluation 4 weeks after placement. This will allow the surgeon or vascular access center to detect any problems with the development of the AVF and intervene early to ensure proper maturation of the access.
Does your facility have and implement a catheter reduction plan?				A catheter reduction program should be incorporated in the facility’s vascular access program. A written policy & procedure, protocol or process should be implemented to reduce the use of catheters and reduce the incidence of infections related to catheter use.
Does your facility evaluate graft patients for a secondary AVF placement?				Per Fistula First, although the patient’s primary access may currently be a graft, all graft patients should be evaluated and considered (where feasible) for an AVF as their next permanent access (secondary AVF). A secondary AVF plan should be documented in the patient’s chart and discussed with the patient, family, staff, nephrologist and surgeon in anticipation of AVF construction on the earliest

			evidence of graft failure.
Does your facility conduct the “Sleeves-Up” assessment?			The purpose of the Sleeves-Up assessment is to identify a suitable outflow vein for conversion from an AV graft to an AV fistula, in anticipation of a secondary AVF construction by the surgeon.
Does your facility refer to surgeons with best outcomes and ability to provide access services?			For best access outcomes and vascular access care, facilities should refer to surgeons with good known outcomes. Facilities should communicate with their surrounding dialysis units for surgeon referrals.
Are patient-specific interventions determined for problems/issues encountered and the patient’s plan of care updated?			A well functioning vascular access enables the patient to receive efficient/adequate dialysis treatments. Per the IG, portions of the plan of care must be updated if the target goals for each area are not achieved or sustained.
Does your facility feel that vascular access is not a priority since you have achieved or exceeded the Network or CMS goal?			Although the facility may have achieved and exceeded Network and CMS goals, the facility must continue implementing their vascular access programs and ensure maintenance of vascular access outcomes as stated in the CFC 494.110.
PATIENT EDUCATION			
Does your facility educate and continue to educate patients on vascular access care? <ul style="list-style-type: none"> • How often? • By what means do you educate the patient? 			Many patients are reluctant to have AVFs placed for many reasons and majority of those reasons stem from lack of education. Education can be hindered by a patient’s denial or refusal to accept his/her condition. After a patient has passed the denial period of his/her diagnosis, they may be more open to learning and become involved in their care. Being persistent in educating these patients and educating them in a manner that they can relate to or will engage them is key (handouts, one-on-one education, patient-to-patient education, seminars/workshops, etc.). Patient education should be an on-going process it does not stop when the patient receives the ideal AV fistula.
Are there posters posted in patient areas or flyers/booklets available for patients to pick up at their leisure to read?			At one point or time patients spend some time in a dialysis center lobby/waiting room. Posters are ideal for waiting patients to glance and read while they wait. Flyers, booklets or other handouts are also ideal for patients who would like to take information home and read it

				at their leisure. Having these documents available may also prompt discussions with patients.
STAFF EDUCATION				
Does your facility in-service the staff on vascular access care and maintenance?				As required by the CfC 494.180, all employees have an opportunity for continuing education and related development activities. These include internal training. Vascular access care is one topic that should be addressed for continuing education. This will allow facility staff to educate the patients and reiterate what they have been taught by a VAC, nephrologist, or another staff member.
Does your staff assess each vascular access every treatment using the Look, Listen, and Feel assessment?				The Look, Listen and Feel assessment will allow the staff to detect any vascular access problems early and address these issues in a timely manner to prevent access failure.
Does your staff report all possible problems/issues with a patient's vascular access to the RN, Vascular Access Coordinator, or Nephrologist?				All access issues should be reported to the RN, VAC and/or the nephrologist so that timely intervention can be implemented.