



## Summary of Best Practices: < 55% AV Fistula Project

Change Concept	Facility Best Practice
<p><b>Change Concept #1:</b> <i>Routine CQI review of vascular access</i></p>	<ul style="list-style-type: none"> <li>• Conduct weekly or monthly meetings to review/discuss all patients with CVCs.</li> <li>• Include vascular access review at all monthly QAPI meetings.</li> <li>• Review AVF and catheter rates with Nephrologists.</li> <li>• Patients are given reminder letters and reminder phone calls about their appointments to ensure that they don't forget and go to the appointment.</li> <li>• Maintain a binder of patient's vascular access scheduling plans and the utilization of a day planner to keep track of the patient's appointments.</li> <li>• Social Workers assist with insurance issues so that the problems are resolved in a timely manner.</li> <li>• Social Workers play a key role in providing education, psychosocial and emotional support for patients.</li> <li>• Designation of a Vascular Access Manager ensures that patients with newly placed AVFs follow up with their surgeons for post evaluation.</li> <li>• The IDT meets on a regular basis to discuss, update and find solutions to barriers that arise.</li> <li>• Utilization of tracking tools designed for patient level and facility level data.</li> <li>• All staff are involved and take an active role in educating and following up with patients.</li> </ul>
<p><b>Change Concept #2:</b> <i>Timely referral to nephrologist</i></p>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Change Concept #3:</b> <i>Early referral to surgeon for "AVF Only" evaluation and timely placement</i></p>	<ul style="list-style-type: none"> <li>• Patients with CVCs are referred for vessel mapping prior to surgical consult to ensure that the patient is a candidate for an AVF.</li> <li>• "Request for Vessel Mapping" document was included in the facility's pre-admission checklist.</li> <li>• The inclusion of CPT codes and ICD 9 codes when requesting for authorization for referral and surgery from HMOs expedited the approval process.</li> <li>• Communication with the nephrologist regarding new patients that will be discharged to the hospital. Requesting nephrologist to contact the vascular surgeon for an AVF evaluation/surgical date prior to the patient's discharge.</li> <li>• Communicate with surgeons via email which enables quicker response times. (Should obtain permission from the surgeon to communicate via this method.)</li> <li>• Implementation of the corporate AVF program.</li> </ul>
<p><b>Change Concept #4:</b> <i>Surgeon selection based on best outcomes, willingness, and ability to provide access services</i></p>	<ul style="list-style-type: none"> <li>• Referral to best vascular surgeon.</li> </ul>
<p><b>Change Concept #5:</b> <i>Full Range of appropriate surgical approaches to AVF evaluation and placement</i></p>	

### 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.*

Change Concept	Facility Best Practice
<p><b>Change Concept #6:</b> <i>Secondary AVF placement in patients with AV grafts</i></p>	<ul style="list-style-type: none"> <li>• Implementation of the “sleeves-up” assessment.</li> </ul>
<p><b>Change Concept #7:</b> <i>AVF placement in patients with catheters where indicated</i></p>	<ul style="list-style-type: none"> <li>• Implementation of the corporate catheter reduction program.</li> </ul>
<p><b>Change Concept #8:</b> <i>Cannulation training for AV fistulas</i></p>	<ul style="list-style-type: none"> <li>• Expert cannulators were identified and assigned to cannulate new AVFs.</li> </ul>
<p><b>Change Concept #9:</b> <i>Monitoring &amp; maintenance to ensure adequate access function</i></p>	<ul style="list-style-type: none"> <li>• Newly placed AVFs are monitored to ensure maturation.</li> <li>• Newly placed AVFs are referred back to surgeons for maturation evaluation prior to cannulation.</li> <li>• Accesses are monitored every treatment and referred for transonic monitoring or intervention as needed.</li> <li>• Nephrologists assess newly placed AVFs during rounds to ensure the access is maturing.</li> </ul>
<p><b>Change Concept #10:</b> <i>Education for care givers and patients</i></p>	<ul style="list-style-type: none"> <li>• Patients and families were educated regarding risks and benefits of catheters and AVFs.</li> <li>• Patients and families were educated and involved in the AVF process.</li> <li>• In-services are conducted for the staff regarding assessing and monitoring AVF functionality.</li> </ul>
<p><b>Change Concept #11:</b> <i>Outcomes feedback to guide practice</i></p>	
<p><b>Change Concept #12:</b> <i>Modifying hospital systems to detect CKD and promote AV fistula planning &amp; placement</i></p>	<ul style="list-style-type: none"> <li>• Utilization of a hospital liaison. (This position was created by the dialysis corporation – it can also be implemented by a facility.) The hospital liaison ensures that patients are educated and informed about their disease process, treatment options and outpatient dialysis placement. They assist with initiating the fistula placement process.</li> </ul>
<p><b>Change Concept #13:</b> <i>Support patient efforts to live the best possible quality of life through self-management</i></p>	