



## *Summary of Best Practices*

(2009-2010 QI Projects: < 50% AVF and Reduction in Long-Term Catheter Rate)

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>• Communication between staff, patients, and doctors (daily when issues arise, during QI meetings, periodically to follow up on patient's status post access event, etc.).</li> <li>• VAC/manager conduct rounds periodically to visually see what is going on at the floor.               <ul style="list-style-type: none"> <li>○ Staff properly providing vascular access care:                   <ul style="list-style-type: none"> <li>▪ Following P&amp;P.</li> <li>▪ Monitoring access properly.</li> <li>▪ Assessing access correctly.</li> <li>▪ Cannulating access properly.</li> </ul> </li> <li>○ Patients following access care instructions:                   <ul style="list-style-type: none"> <li>▪ Washing accesses.</li> <li>▪ Holding sites properly post treatment.</li> <li>▪ Reporting problems with access.</li> </ul> </li> <li>○ Assessing access sites and functionality of accesses.</li> </ul> </li> <li>• Discuss vascular access during monthly QI meetings.               <ul style="list-style-type: none"> <li>○ Discuss/review internal vascular access trending results.</li> <li>○ Share NW reports with staff and during QI meetings – compare facility results to NW average &amp; goal and CMS goal.</li> <li>○ Discuss clotting &amp; infection rates.</li> <li>○ Discuss access problems/events and solutions.</li> <li>○ Review incident patients and conversion patient's vascular access status.</li> </ul> </li> <li>• Have a protocol or P&amp;P in place for vascular access care incorporating:               <ul style="list-style-type: none"> <li>○ Education.</li> <li>○ Referral for evaluation.</li> <li>○ Assessment for conversion (AVG to AVF).</li> <li>○ Access placement.</li> <li>○ Assessing for maturity.</li> <li>○ Follow up care.</li> <li>○ Cannulation.</li> <li>○ Monitoring of functionality.</li> <li>○ Catheter removal.</li> </ul> </li> <li>• Utilize a calendar book for tracking vein mapping, surgical consults, surgeries, follow-ups, etc.</li> </ul>
<p><b>Change Concept #2:</b> <i>Timely referral to Nephrologist.</i></p>	
<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>• Have nephrologists talk to surgeons and vascular access centers about AVF placement and vascular access care/interventions.</li> <li>• Establish a relationship with the surgeon's office and/or the surgeon.</li> <li>• Schedule appointments during the beginning of the month because that's when the distribution of welfare and Social Security checks occur.</li> <li>• Refer pending Medi-Cal patients to county hospitals for vein mapping and placement.</li> </ul>

### 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.*

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<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 surgeons willing to place AVF access if possible, not surgeons who prefer AVG placement.</li> <li>• For facilities located in rural areas, recruit surgeons from other areas to come to your area to provide vascular access care (consultation, evaluation and follow ups). Arrange a regular schedule with a surgeon to come out to your facility or a designated location. (Seek referrals from other surgeons.)</li> <li>• Facility gives the patient the option to select the surgeon they want.</li> </ul>
<p><b>Change Concept #5:</b> <i>Full Range of appropriate surgical approaches to AVF evaluation and placement.</i></p>	<ul style="list-style-type: none"> <li>• Share surgical videos with surgeons or refer them to the Fistula First website for the video.</li> <li>• Use vascular access centers if available or possible for:               <ul style="list-style-type: none"> <li>○ Vein mapping.</li> <li>○ De-clotting.</li> <li>○ Fistulogram/Angiogram.</li> </ul> </li> </ul>
<p><b>Change Concept #6:</b> <i>Secondary AVF placement in patients with AV grafts.</i></p>	<ul style="list-style-type: none"> <li>• Conduct sleeves up assessment to identify AVF conversion patients.</li> <li>• Convert failing AVGs to secondary AVFs.</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>• Implement a catheter reduction program:               <ul style="list-style-type: none"> <li>○ Education.</li> <li>○ Mapping.</li> <li>○ Surgical evaluation.</li> <li>○ AVF placement.</li> <li>○ Maturation follow-up.</li> <li>○ Cannulation.</li> <li>○ Catheter removal.</li> </ul> </li> <li>• Patient acknowledgement when an AVF is used as the patient’s primary access (certificate, some type of celebration - balloons, announcement, etc).</li> <li>• Use best cannulators for first cannulation.</li> </ul>
<p><b>Change Concept #8:</b> <i>Cannulation training for AV fistulas.</i></p>	<ul style="list-style-type: none"> <li>• Utilize the Fistula First Cannulation video as a teaching tool for cannulation.</li> <li>• Implement the buttonhole technique as a cannulation option or alternative.</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>• Use vascular access centers if available or possible for:               <ul style="list-style-type: none"> <li>○ De-clotting.</li> <li>○ Fistulogram/Angiogram.</li> <li>○ Stenosis monitoring.</li> </ul> </li> <li>• At least monthly or more frequently follow up with patients on their vascular access status (appointments, placement and maturation of access).</li> <li>• Conduct stenosis monitoring on a regular basis for early identification of possible access problems.</li> <li>• Have Nephrologists talk to vascular access centers about vascular access care/interventions.</li> </ul>
<p><b>Change Concept #10:</b> <i>Education for care givers and patients.</i></p>	<ul style="list-style-type: none"> <li>• Utilization of available educational resources and tools developed by Fistula First.</li> <li>• Engage Nephrologists and surgeons in Fistula First (vascular access care and placement).</li> <li>• Patient education:               <ul style="list-style-type: none"> <li>○ Vascular access care:                   <ul style="list-style-type: none"> <li>▪ One-on-one with the patient and/or family or both together</li> <li>▪ Posters posted for patients to see in the lobby or unit to initiate conversation regarding AVF access.</li> <li>▪ Resources available for patients to take home to reinforce education.</li> <li>▪ Discuss issues/problems with patient’s access.</li> <li>▪ Encourage and engage nephrologists to educate patients and their families.</li> <li>▪ Encourage patients to ask questions.</li> </ul> </li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Ensure that patient and/or families understand what is being said/taught.</li> <li>○ Share stories with patients or have other patients share their stories about vascular access and dialysis.</li> <li>○ Educate and re-educate patients periodically on vascular access options – specifically AVF (advantages and disadvantages).</li> <li>○ Peer-to-peer education.</li> <li>• Staff education.               <ul style="list-style-type: none"> <li>○ In-service to reinforce/re-educate vascular access care:                   <ul style="list-style-type: none"> <li>▪ Assessment &amp; cannulation.</li> <li>▪ Facility P&amp;Ps on vascular access care.</li> <li>▪ Maturation process.</li> </ul> </li> </ul> </li> </ul>
<p><b>Change Concept #11:</b> <i>Outcomes feedback to guide practice.</i></p>	<ul style="list-style-type: none"> <li>• Create reports to distribute or post at facility               <ul style="list-style-type: none"> <li>○ Nephrologist report – AVF placement and usage rates as well as infection rates.</li> <li>○ Surgeon report – performance and/or functionality rates.</li> </ul> </li> </ul>
<p><b>Change Concept #12:</b> <i>Modifying hospital systems to detect CKD and promote AV fistula planning &amp; placement.</i></p>	
<p><b>Change Concept #13:</b> <i>Support patient efforts to live the best possible quality of life through self-management.</i></p>	<ul style="list-style-type: none"> <li>• Encourage patients to advocate for themselves – ask about AVFs, call insurance companies if insurance approval is an issue, make/go to evaluation and surgical appointments, etc.</li> </ul>