



## Fistula First Mentoring Project Conference Call

November 2, 2011  
2:00 p.m.– 3:00 p.m.

TOPIC	SUMMARY	ACTION
1. Roll Call	Roll call conducted.	
2. Best Practice Sharing	<p>Facilities shared activities they incorporated into their QAPI plans.</p> <ul style="list-style-type: none"> <li>• NW 18: Shared best practices they had learned from a facility with an AVF rate of &gt;70%.               <ul style="list-style-type: none"> <li>○ Wrote letters to surgeons explaining the Fistula First initiative and why it was important for ESRD patients to have an AV fistula.</li> <li>○ Facility emailed each of their nephrologists encouraging them to pursue AVF placement in all CKD patients to prevent the need for a CVC.</li> <li>○ The facility asked the nephrologists to speak to the surgeons regarding the Fistula First initiative as a follow up to the letter that was sent by the facility.</li> <li>○ Hemodialysis order sheet included a box for referral for vein mapping and AVF placement.</li> <li>○ The facility compiles a list of patients each month by nephrologist who need an AVF placed. This list is emailed to all the nephrologists.</li> <li>○ The facility maintains communication with the nephrologists regarding patients who need an AVF placed.</li> <li>○ All staff educates the patients – telling them of the pros/cons (including how it will affect their everyday life – i.e. not being able to show with a catheter access.)</li> </ul> </li> <li>• Facility A – Project Facility:               <ul style="list-style-type: none"> <li>○ Developed a plan for CVC reduction that they will implement.</li> <li>○ Developed a plan to follow up on maturing AVFs.</li> <li>○ Will conduct sleeves-up assessment on AVG patients.</li> </ul> </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.*

	<ul style="list-style-type: none"> <li>○ Will communicate more frequently with interdisciplinary team regarding vascular accesses of all patients.</li> <li>○ Communicated with surgeon and sent him a letter.</li> <li>● Facility B – Mentoring Facility:             <ul style="list-style-type: none"> <li>○ AVF placement is ordered for all candidate patients. If it is not possible to place an AVF the surgeon calls the facility prior to placing an access.                 <ul style="list-style-type: none"> <li>▪ Order form states, “AVF only &amp; Stop and contact facility if not possible.”</li> </ul> </li> <li>○ AVG placement must be OK’d by the nephrologist.</li> </ul> </li> <li>● Facility C – Mentoring Facility:             <ul style="list-style-type: none"> <li>○ Appointment for evaluation immediately made if one has not already been set.</li> <li>○ Staff asks patients “When are you getting.....” rather than “Are you getting....” an AVF placed.</li> <li>○ Insurance is immediately checked so that necessary documents can be sent/filed, etc. and the process can begin quickly.</li> </ul> </li> </ul>	
<p>3. Open Discussions</p>	<ul style="list-style-type: none"> <li>● NW informed the group that five (5) facilities have not yet submitted their QAPI plan which was due on November 7, 2011. NW stated that these facilities need to submit their QAPI plans immediately.</li> <li>● NW discussed communication between project facilities and mentoring facilities – which facilities have made contact with their project facilities/mentoring facilities and which facilities have not.</li> <li>● Some project facilities shared what they have learned from their mentoring facility.             <ul style="list-style-type: none"> <li>○ Sharing of surgeons.</li> <li>○ One project facility visited their mentoring facility and discussed their vascular access program.</li> <li>○ A mentoring facility encouraged communication with the surgeon and explaining the facility’s expectations regarding vascular access as well as sharing the facility’s vascular access data with the surgeon.</li> <li>○ Some project facilities have already scheduled to meet with their mentoring facilities.</li> <li>○ A mentoring facility stressed the importance of having a Vascular Access Coordinator/Manager.</li> </ul> </li> <li>● Project facility D shared her facility’s issues/problems with the group.</li> </ul>	

	<p>a) She stated that patients with HMOs have an approximate 30 day wait for approval for a vascular access.</p> <p>b) Surgeons in her area are not very good, they prefer to place AVGs.</p> <p>c) Facility has acute patients in which they need to see the patient's progress before access placement can begin.</p> <p>In response to these issues, Facility E replied:</p> <ul style="list-style-type: none"> <li>▪ They are able to obtain approvals within a week for HMO patients. They contact the physician to obtain all necessary documents so that they can send them in to the HMO and start the process quickly.</li> <li>▪ NW informed the facility to email QI Manager the name and contact information for their surgeon so that he can send him a letter.</li> </ul> <ul style="list-style-type: none"> <li>• NW encouraged facilities to search out vascular access centers for vein mapping.</li> <li>• NW informed the facilities about Vascular Access Clubs. These clubs give the surgeons, radiologists and nephrologists a forum to discuss issues and updates regarding AVFs and other vascular accesses.</li> </ul>										
<p>4. Group Progress</p>	<table border="1" data-bbox="478 808 1488 943"> <thead> <tr> <th></th> <th>May 2011 Baseline</th> <th>August 2011</th> </tr> </thead> <tbody> <tr> <td>Project Facilities</td> <td>47.2</td> <td>50.0</td> </tr> <tr> <td>Network</td> <td>62.1</td> <td>63.2</td> </tr> </tbody> </table> <p>As of August 2011 data, 67.9% of Network facilities are achieving AVF rates of 60% or greater. 32.1% were &lt; 60%.</p>		May 2011 Baseline	August 2011	Project Facilities	47.2	50.0	Network	62.1	63.2	
	May 2011 Baseline	August 2011									
Project Facilities	47.2	50.0									
Network	62.1	63.2									
<p>5. Next Call</p>	<p>Wednesday, January 18, 2012</p>										

Recorded By: L. Mukai

Date: 11-23-11