



GUIDELINES FOR NETWORK 18'S FISTULA FIRST MENTORING PROJECT

During this Network-driven Quality Assessment and Performance Improvement Project (QAPI), project facilities will work with their assigned mentoring Fistula First facility in their area/county to improve their vascular access outcomes – specifically improving their AV fistula rates. The mentoring facilities will assist project facilities in all aspects of vascular care from admission to successful usage of an AV fistula access by assisting project facilities with developing a Quality Assessment and Performance Improvement Plan, guiding the project facility in implementing that plan, sharing best practices, brainstorming ideas/solutions for issues experienced, sharing tools and resources, assisting with communication and connection with other renal resources such as successful surgeons, diagnostics (vessel mapping, stenosis monitoring, etc), insurance issues, etc.

Below are guidelines that both project facilities and mentoring facilities can utilize on how to conduct this project.

1. Project facilities and mentoring facilities must participate in all project conference calls, WebEx's and activities.
2. The project facility should have a vascular access team (if they do not already have one). The team should comprise of at least a Medical Director/Nephrologist, Vascular Access Coordinator, RN/PCT, Social Worker, and surgeon if possible.
3. The project facility and mentoring facility must establish a regular line of communication (conference calls, meetings, email, etc.). Communication between the two facilities should be on a regular basis (i.e. monthly). And, all team members from both facilities should be able to communicate with each other's vascular access team, including Medical Director/Nephrologist to Medical Director/Nephrologist.
4. The project facility with the assistance and guidance of the mentoring facility should:
 - a. Conduct a root-cause analysis (RCA), to determine cause of poor AVF rate, stagnant AVF rate, or declining AVF rate.
 - b. Develop a QAPI plan to address the issues identified from the project facility's RCA.
5. The mentoring facility shares their best practices with the project facility.
 - a. Sharing interventions, processes, and activities that have been successful.
 - b. Sharing tools and resources (including education resources for patients and staff) that are useful for the vascular access team.
 - c. Sharing insights on good surgeons, use of vascular access centers, use of interventional radiologists, stenosis monitoring methods, how to communicate with surgeons and/or other care partners, etc.
 - d. Availability to brainstorm solutions to issues/problems the project facility is experiencing. Or provide ideas and strategies to assist the project facility improve outcomes.
 - e. Sharing teaching techniques regarding patients, staff, or other medical personnel (i.e. surgeons, other physicians and interventional radiologists, etc.).
6. Project facilities must be diligent in implementing their plan and revising it as necessary, establishing communication and developing a relationship with their assigned mentoring facility, developing and establishing relationships with other care partners (surgeons, vascular access centers, other dialysis facilities, hospitals, etc.).

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.