



## Summary of Best Practices

(2009-2011 QI Projects: < 50% AVF, Reduction in Long-Term Catheter Rate and < 55% AV Fistula)

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> <li>○ Review and discuss stenosis monitoring data/trending.</li> </ul> </li> <li>• Review patient's vascular access with the patient's specific Nephrologist.</li> <li>• Have a protocol or P&amp;P in place for vascular access care incorporating but not limited to the elements below:               <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/day planner for tracking vein mapping, surgical consults, surgeries, follow-ups, etc.</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>• Utilization of tracking tools designed for patient level and facility level data.</li> <li>• Conduct weekly/monthly meetings to review/discuss all patients with CVC.</li> <li>• Social Worker assist with insurance issues so that problems are resolved in a timely manner.</li> <li>• All staff are involved and take an active role in following up with patients.</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> <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>• A “Request for Vessel Mapping” document (created by the facility) is 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 from the hospital. Requesting nephrologist to contact the vascular surgeon for and AVF evaluation/surgical date prior to the patient’s discharge.</li> <li>• Communicate with the surgeon via email enables a quicker response time. (Should obtain permission from the surgeon to communicate in this method.)</li> <li>• Implementation of corporate AVF program and policies and procedures.</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 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</i></p>	<ul style="list-style-type: none"> <li>• Conduct sleeves up assessment to identify AVF conversion patients</li> </ul>

<p><i>AV grafts</i></p>	<ul style="list-style-type: none"> <li>• Convert failing AVGs to secondary AVFs</li> <li>• Patients are given reminder letters/memos and reminder phone calls about their appointments to ensure they do not forget to go to their appointments with the surgeon.</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> <li>• Patients are given reminder letters/memos and reminder phone calls about their appointments to ensure they do not forget to go to their appointments with the surgeon.</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> <li>• Review and discuss stenosis monitoring data/trending for each patient as necessary or quarterly.</li> <li>• Newly placed AVFs should be monitored/assessed to ensure maturation – look, listen and feel.</li> <li>• Newly placed AVFs are referred back to the surgeon for maturation evaluation prior to cannulation.</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>• 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</li> </ul> </li> </ul> </li> </ul>

	<p>reinforce education</p> <ul style="list-style-type: none"> <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> <li>▪ Ensure that patient and/or families understand what is being said/taught <ul style="list-style-type: none"> <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> </ul> </li> </ul> <ul style="list-style-type: none"> <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> <li>• Social Workers play a key role in providing education, psychosocial and emotional support for patients.</li> <li>• All staff are involved and take an active role in educating patients.</li> <li>• Patients and families are involved in the AVF process.</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>Utilization of hospital liaison. (This person 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 process.</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>