



## Vascular Access QAPI Project Conference Call

Wednesday, November 16, 2011  
2:00-3:00 pm

**PRESENT:**

TOPIC	SUMMARY	ACTION
Roll Call:	Roll call conducted	
Best Practice Sharing: Holy Cross Renal Center	<p>Best practice facility shared their facility's process/activities on how their facility is achieving and AVF rate &gt; 66%. Per the facility they have achieved approximately 20% increase in their AVF rate within the last year.</p> <ul style="list-style-type: none"> <li>• The facility found a vascular access surgeon who takes Emergency Medi-Cal patients. Dr. SB from Century City.               <ul style="list-style-type: none"> <li>○ QIC (Quality Improvement Coordinator) shared that one best practice facility called surgeons in their area listed in the phone book and located a vascular access surgeon that accepted Medi-Cal patients.</li> </ul> </li> <li>• The staff speaks with each patient regarding their vascular access.</li> <li>• If a patient refuses an AVF evaluation/placement they must sign a refusal letter.</li> <li>• They have obtained cooperation from transportation companies, family and/or friends to take the patient to their scheduled appointment(s).               <ul style="list-style-type: none"> <li>○ The facility MapQuest's the driving instructions for the transportation company, family or friend.</li> <li>○ QIM (Quality Improvement Manager) shared that one best practice facility would schedule appointments at the beginning of the month when Social Security checks and other government checks were issued so that the patient can budget transportation into their month's expense if</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.*

	<p>possible.</p> <ul style="list-style-type: none"> <li>• The facility has a collaborative relationship within their vascular access team.</li> </ul> <p>Best practice Clinic Manager was very willing to assist project facilities in any way. She offered the project facilities to come visit her facility and/or call her for any assistance. She asked the group to voice their barriers during the call so that they can brainstorm solutions together.</p>	
<p>Open discussion:</p>	<ul style="list-style-type: none"> <li>• Facility 1: Voiced barriers her facility is encountering. <ul style="list-style-type: none"> <li>○ The facility has a lot of PD back-up patients. When these patients go to HD they are scheduled for an AVF evaluation.</li> <li>○ Recently opened up a 4<sup>th</sup> shift and admitting a lot of catheter patients.</li> <li>○ Facility has a lot of diabetics whose accesses do not mature within 90 days. <ul style="list-style-type: none"> <li>▪ The facility was suggested to send the patient for vascular access follow up in 4 weeks after AVF placement to ensure the access is maturing properly and if not the surgeon and revise the access as necessary.</li> </ul> </li> </ul> </li> <li>• Facility 2: <ul style="list-style-type: none"> <li>○ Catheter patients are being followed up once a month to educate and discuss concerns.</li> <li>○ Per the facility, they have increased 2% since the beginning of this project.</li> </ul> </li> <li>• QIM shared that the Network has learned and spoken with a surgical group that conducts surgical rounds at their affiliated dialysis units. The surgical group has a Nurse Practitioner (NP) and/or a surgeon visit each affiliated dialysis unit and speaks with each patient about their vascular access. This gives the patient a chance to ask questions, voice concerns, etc to the vascular surgeon. The vascular surgeon or NP educates the patients and reinforces what the facility has taught or discussed with the patients.</li> <li>• The QIM informed the group that he will assist them in communicating the importance of a permanent vascular access, specifically an AVF, with their affiliated vascular surgeons who are not engaged by writing them a letter. He encouraged the project facilities to email him their name and contact information.</li> </ul>	

<p>Group Progress:</p>	<p>The QIM reported that the project facilities have improved 2 percentage points since the beginning of this project.</p> <ul style="list-style-type: none"> <li>• Baseline – 55.8% (June 2011) Current Rate – 57.8% (September 2011)</li> <li>• 7 project facilities have improved to &gt; 60% AVF rate.</li> </ul> <p>Network Progress:</p> <table border="1" data-bbox="346 456 1486 532"> <thead> <tr> <th></th> <th>AVF</th> <th>AVG</th> <th>Catheter &gt; 90 Days</th> </tr> </thead> <tbody> <tr> <td>Network 18</td> <td>63.5%</td> <td>17.5%</td> <td>6.0%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• &gt; 60% AVF rate – <b>69.3% (208 facilities)</b></li> <li>• &lt; 60% AVF rate – 30.7% (92 facilities)</li> </ul> <p>QIM commented that AVF rates &gt; 60% or more are achievable. Each facility has to find their way in obtaining that, whether it is as simple as finding a new management process (i.e. utilizing a tracking/scheduling system) to finding a surgeon that will meet the needs of the patient and the facility.</p>		AVF	AVG	Catheter > 90 Days	Network 18	63.5%	17.5%	6.0%	
	AVF	AVG	Catheter > 90 Days							
Network 18	63.5%	17.5%	6.0%							
<p>Next Call:</p>	<p>Wednesday, January 25, 2012 The Network will fax an agenda prior to the meeting.</p>									

Recorded By: Lisle Mukai, QIC\_\_\_\_\_ Date: December 12, 2011\_\_