

Fistula First Quality Award

Applications are now being accepted for The 2006 Fistula First Quality Award from The Renal Network. This award is designed to recognize leaders throughout the Network area, those who are making advances in processes to increase fistula use among our patients and who are anxious to share their knowledge with others.

In 2005, eight organizations were presented with the Fistula First Quality Award, based on their comprehensive processes of care to place and maintain fistulae.

Listed here are the eight winning programs, with details on their programs.

These eight organizations will serve as mentors to dialysis programs interested in adopting new methods to place fistulae. For more information on mentoring opportunities, or to apply for the 2006 Fistula First Quality Award, contact Pat Hendricks (phendricks@nw10.esrd.net) or Raynel Kinney (rkinney@nw10.esrd.net) at the Network office, (317)257-8265.

FMC-Akron Area

Akron Canton Kidney Center
1575 Corporate Woods Parkway, Suite 100
Uniontown, Ohio 44685

This facility began by creating a formal multi-disciplinary vascular access team, which included nephrology, vascular surgery, interventional radiology, and nursing, with the nephrologist as leader. All information was shared at semi-annual meetings in the local renal community.

- Monthly access team meetings were held.
- A vascular access database was created.
- A tracking form was developed to communicate all interventions.
- A vascular access coordinator was hired to coordinate all vascular access related issues.
- Vascular access was an integral part of their quality improvement program.
- Formal surveillance and treatment procedures were developed.
- A database was created for each patient to track the vascular access

data. Findings are presented twice yearly to their renal community.

- Surgeon specific data and radiologic data were tracked and presented to the surgeons at conference with emphasis placed on areas to improve outcomes.

University of Chicago Hospitals

Dialysis Program
5841 S. Maryland Avenue, Rm L-026, MC0950
Chicago, Illinois 60637
773-834-1575

With the aim of improving communication among disciplines, providing a full range of surgical approaches, monitoring and maintenance of existing AVFs, early CKD interventions, and using outcomes to guide practice, this team positively impacted their dialysis patient population in the area of access care and preservation.

- A vascular access team was created including nephrologists, interventional radiologists, surgeons, renal fellows, and key members of the clinical dialysis staff.
- Monthly meetings were initiated with the

intent to facilitate discussion between caregivers about specific access cases, facilitate referrals, provide education and overall heighten awareness of the importance of access in the care of the ESRD patient.

- Access numbers were tracked and reviewed on a monthly basis. A database for tracking accesses and education of staff was created.
- A protocol to address access issues was developed. A goal was identified to increase the number of prevalent patients with AVF while decreasing the number of central venous catheter patients.

RCG-Northwestern

RCG Northwestern
710 Fairbanks, 4th Floor #200
Chicago, Illinois 60611
312-274-0202

This program utilizes a multidisciplinary approach including an access team. This involves monthly meetings of nephrologists, interventional radiologists, surgeons, the access surgeon assistant, and an access coordinator.

- Patient education was completed by the access coordinator and nephrologist prior to the initiation of dialysis.
- Early referral (or within 30 days of admission to clinic) to evaluate the patient for the permanent access was an established goal.
- All staff performed routine, daily physical exam of access.
- Staff education was done to maintain and update their knowledge of practice.
- An Access Coordinator responsible for coordinating, implementing, and overseeing the vascular access program was hired.
- Monthly, the CQI team reviewed

venograms, fistulagrams, and planned interventions.

- Surgical practice focused on integrating and revising problematic fistula maturation and use.

Fox Valley-Tri Cities Dialysis

Fox Valley Dialysis
1300 Waterford Drive Aurora, IL 60504
630-236-1300

Under the guidance of the medical director, a team devoted to the Fistula First concept and the K-DOQI guidelines, gained improvement in fistula placement and survival. The team consisted of nurse managers, dialysis staff, a nurse educator, and surgeons. The Fistula First tools and resources from CMS and NW 9/10 were utilized. The surgeons, sponsored by the facility, attended the Fistula First Learning Session in Chicago, Illinois. An emphasis was placed on educating all staff and members of the access care team regarding cannulation, graft to fistula conversion, and monitoring studies. An outline was designed, and followed, stating the goals for their project.

- Monthly meetings were held to discuss and plan patient access .
- Staff trained on the “button-hole” technique for AVF cannulation.
- Staff education was done focusing on cannulation techniques.
- Surgeons are performing venous mapping prior to surgical intervention.
- “Master Cannulators” were chosen and developed.
- Patient education was done regarding access types and care.
- Monthly access monitoring and adequacy was incorporated into their quality improvement program.
- Policies were developed with documentation tools for new AVFs.

Cincinnati Veterans Administration Medical Center

Hemodialysis Unit, 8 East
3200 Vine Street
Cincinnati, Ohio 45220
513-475-6356

This team dedicated themselves to meeting and exceeding the K-DOQI and Fistula First guidelines. A vascular access coordinator was created and a team was created consisting of nephrologists, surgeons, a vascular access coordinator, and nursing staff.

- Regular transonics and blood flow monitoring were done.
- Consistent standards of care were written and followed.
- AV fistulas were placed in patients prior to initiation of hemodialysis.
- Consistent CKD program tracking was done.
- Continuing staff education on vascular access principles and practice was completed.
- Evidence based practice incorporating the “11 Change Concepts” was implemented.
- Individual surgeon access rates were monitored.

Renal Intervention Center & RCG of Central Illinois

Nephrology Associates
515 N. E. Glen Oak Avenue, Suite 108
Peoria Heights, Illinois 61603

This group consists of 11 dialysis facilities. The medical director serves as liaison between physician practice and dialysis units to facilitate communication, protocol development, and implementation. One physician group performs the vast majority of dialysis access surgery and endovascular proce-

dures. Team members have implemented a comprehensive program to educate staff and patients thus increasing native AV Fistula use in the dialysis patient population. A centrally located center provides dialysis access surgery and endovascular procedures.

- Dialysis facility managers review patient access on a monthly basis.
- Dialysis staff monitor fistulas for maturation, cannulation readiness, and provide ongoing patient education.
- CQI efforts are reviewed within the access team.
- The medical director reviews the collection and review of quality data.
- The vascular access coordinator serves as a liaison between nephrology, surgery, the intervention center, and the dialysis facility to coordinate access care procedures and acts as “expert.”
- Cannulation training is on going.
- All peritoneal dialysis patients have an AV Fistula placed.
- Early patient referral for access and surgeon specific data is in use and reviewed quarterly.
- Surgeons utilize a full range of operative techniques for access placement and preservation including graft to fistula conversion.
- All accesses are tracked and monitored regularly.
- Monthly fistula and catheter data are reviewed monthly and shared with each team member and facility.

RCG-Prairie/Loop/Garfield

RCG-Prairie Facility
1712 S. Prairie, 2nd Floor
Chicago, Illinois 60616
312-345-0110

The program designated a single

nephrologist as program director. A dialysis nurse was chosen as “access cannulation expert,” and a single surgeon was chosen to perform most access surgeries, forming a team. All agreed with the principle of Fistula First, and preceded to activate a plan to reduce the access thrombosis rate.

- Pre-op vein mapping was done on all patients.
- Vein mapping identified transposition of deep veins.
- Utilized new surgical techniques.
- Early intervention was a goal to prevent catheter placement or reduce catheter time.
- Peritoneal dialysis was considered rather than graft placement when AV fistulas failed.
- Data was compiled for analysis and tracking.
- Cannulation training for staff was ongoing.
- Expert cannulators were designated.
- Monthly access assessment was done through recirculation studies and transonics with data tracking and follow-up.

Olney Dialysis Center

Good Samaritan Hospital-Olney Satellite Unit
117 N. Boone Street
Olney, Illinois 62450

A vascular access management program was designed utilizing a multi-disciplinary team including nephrology, surgery, interventional radiology, vascular access coordinator, nephrology clinical coordinator, and director of nephrology.

The facility staff was included in the project. Access improvement was identified as a CQI project and analyzed at monthly meetings.

- A letter was sent to the medical community explaining the National Vascular Access Improvement Initiative (now known as Fistula First).
- Vein mapping is required on all patients anticipating vascular access.
- Early referral to the nephrologist and surgeon has become a standard practice for CKD patients.
- Surgeons were educated through The Renal Network, Inc. at regional learning sessions.
- Patient education stressing permanent access was completed.
- “Master Cannulators” were identified and utilized.
- New and unconventional surgical methods have been used, including vein transpositions.
- Monitoring of accesses has led to early correction of access complications.



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