

2006 Fistula First Quality Award Winners

The 2006 Fistula First Quality Awards winners were announced during the 2006 Nephrology Conference of The Renal Network held in Chicago, Illinois on March 1-3. Listed here are the 15 winners with details on their programs.

Renal Care Group-Rogers Park Facility

**2277 West Howard Street
Chicago, Illinois 60645
Contact: Ana Narcissa
Phone: 7732627147
Program Participation: 98 patients.**

This program focus is an active Access Team. It is stated that each member of their team understands the Fistula First program objective. Each makes valuable contributions to enhance the quality of life of their patients.

Their stated purpose is: To create a culture that promotes the AV Fistula as the ideal access for all or most of our patients." The team consists of multi-disciplinary personnel including nephrologists, vascular surgeons, the vascular access coordinator, nurses, technicians, social worker, dietitian, secretary, and nurse manager.

Patient care meetings are scheduled regularly and new patients are assessed for access evaluation ASAP. Patient charts are continuously updated and patients are not allowed to "fall through the cracks." Pre-op vein mapping is also scheduled. New accesses are placed in a timely manner. The team follows protocols designed to preserve and monitor new and mature AV fistulae.

It is documented that seven of the "11 Change Concepts" (developed by CMS for the Fistula First Initiative) remain in constant use in this facility initiative.

Renal Care Group, Evanston

**2953 Central Street, 1st Floor
Evanston, Illinois 60201
Contact: Melita Laroco
Phone: 847-869-9436
Program Participation: 61 patients**

This program is based on a multi-disciplinary team approach. The team consists of nephrologists, vascular surgeons, interventional radiologists, nurse clinicians, an access coordinator, nursing staff, and patient care technicians.

This team focused on evidence based practice by implementing 10 of the "11 Change Concepts."

Well documented CQI includes timely referral to a nephrologist, early surgeon referral, access surgeons who use the full range of surgical approaches, AV fistula as the first choice for access, and use of IJ for catheters when necessary.

All dialysis nurses and technicians receive training in cannulation and "master cannulators" are utilized for all new AV fistulae.

Routine access education is presented to staff and patients. The facility staff and access team remain loyal to their aim of promoting safe vascular access for quality patient care.

Davita Children's Dialysis Unit

**2611 North Halstead
Chicago, Illinois 60614
Contact: Joan Fieldhouse
Phone: 773-327-3930
Program Participation: 15 patients**

The multi-disciplinary team of this facility documents activities based on seven of the "11 Change Concepts." The team states their goal is to "Improve fistula placement in an effort to uphold the Fistula First concept and the K-DOQI guidelines."

Depending on a process beginning with monthly QI meetings, this facility set a goal to "increase prevalence of patients with AV fistulas and decrease prevalence of patients with central venous catheters."

A vascular access database was used to identify access issues and direct the team to problem

solving. Vein mapping became a goal of the new ESRD patient.

The team also focused on protecting non-dominant arm in CKD and dialysis patients. Earlier recognition of CKD stages were used to identify patients earlier and provided for many access placements prior to dialysis.

Davita Vincennes Dialysis

**1727 Willow Street
Vincennes, Indiana 47591**

Contact: Mary Teising

Phone: 812-882-0516

Program Participation: 98 patients

By making the Fistula First Initiative a CQI goal, this facility gives credit to the implementation of quality processes. Documented development of 10 of the “11 Change Concepts” has led to a defined process and sustainable improvement in an upward trend towards their goal.

The multi-disciplinary team within this facility invited their medical community to participate in activities that would implement early treatment of the CKD patient. Vein mapping is now required on all patients anticipating vascular access surgery and early referral for vascular access is now standard practice.

Patient education is stressed and communication between the various disciplines has improved.

Master Cannulators were identified and policies put in place for access monitoring. It is also stated “Since the education of the surgeons on AVFs by The Renal Network, Inc. the enthusiasm and interest by the surgeons has increased.”

BMA of Kent

**401 Devon Place, Suite 10
Kent, Ohio 44240**

Contact: Theresa Hart

Phone: 330-677-0880

Program Participation: 60 patients

This facility has a multi-disciplinary team. Monthly CQI meetings are set. This team set a goal of “>40% AV fistulae and <8% catheters.” By implementing 10 of the “11 Change Concepts” this facility was able to improve significantly in both goal areas.

They began with discussions of catheter patients and planned permanent access placement as soon as possible. An access coordinator is responsible for

follow-up on access issues. Due to their nephrologists, each acute dialysis patient has vein mapping prior to being discharged from the hospital and a permanent access placed if possible. An access plan is developed for all early CKD patients.

A monthly “sleeves up” policy is in effect and graft conversions are occurring. The surgeon works as an access team member and chooses fistula placement first, when possible.

A cannulation protocol is utilized to protect the new fistula and all patients receive regular education on the dangers of catheter access. Monthly data review in CQI meetings has led to positive changes in the access status of the patients in this facility.

Ball Memorial Hospital Dialysis

**2705 West North Street
Muncie, Indiana 47303**

Contact: Gloria Stewart, RN, CNN

Phone: 765-741-75-1572

Program Participation: 150 patients

This multi-disciplinary vascular-access team meets monthly to review the facility’s access statistics and K-DOQI related outcomes. All 11 of the “11 Change Concepts” are in use.

Patient specific diagnosis studies are reviewed and problems are identified. The facility’s electronic medical records allow for creation of individualized vascular access database. The staff educator presents classes monthly to pre ESRD patients. The vascular access coordinator meets with each patient to discuss early access placement.

The patient care staff is trained in the buttonhole technique and the staff educator and vascular access coordinator evaluate all staff cannulation skills annually.

All patients with catheter receive specific education in vascular access within 30 days of arrival at the clinic. IR or vascular surgery evaluate all catheter and graft patients for possible fistula creation. Vein mapping must be completed prior to each access placement. The surgeons utilize all techniques designed to create and preserve AV fistulae.

Jasper Dialysis

**721 West 13th Street, Suite 105
Jasper, Indiana 47546**

Contact: Susan J. Hopf

Phone: 812-482-3205

Program Participation: 63 patients

It is the goal of this facility to ensure that “If possible, all new patients will have a fistula placed.” The aim of the vascular access team is to maintain and increase their AV fistula rate. All of the “11 Change Concepts” are in use.

This team states “Education is the key to a successful access program”. Their transonic technician educates patients monthly on access care. There is monthly review of a different access topic with each patient, and materials are sent home for the patient’s caregiver. Every access is evaluated each treatment prior to cannulation.

The patients are referred to the surgeon for Fistula First placement and vein mapping is performed. The goal is to have the fistula placed within one month on dialysis initiation.

Basilic vein transpositions have been a successful form of AV fistula access in this facility. The staff reviews access reports weekly and early access problems are treated. Failing grafts are referred for conversion to fistula. The multi-disciplinary team meets routinely to discuss issues and provide intervention.

Hemodialysis Unit #111J, Veteran’s Affairs Medical Center

**1101 Veterans Drive
Lexington, Kentucky 40502**

Contact: Jill DeBolt, RN

Phone: 859-281-4938

Program Participation: 22 patients

This hospital based acute/chronic unit has achieved goals through a multi-disciplinary approach “with emphasis on coordination with the vascular surgery team and early referral, as well as implementation of a protocol for cannulation of new AV Fistulae.” Using strategies based on nine of the “11 Change Concepts” led to goal achievement.

“Outcomes Feedback” guides all practice. The multi-disciplinary access team reviewed all access data monthly. Using CQI methods, access placement was tracked and changes in practice implemented.

The VA has many procedures in place to provide for early referral of the CKD patient for access placement. Access education is provided to staff at regular intervals. Cannulation training for staff is provided with the option of self-cannulation offered to patients. All catheters are targeted for early removal. Regular monitoring of access is performed and accesses are tracked for problem resolution.

A full range of appropriate surgical approaches is available in this institution.

Davita Olney Dialysis

**117 North Boone Street
Olney, Illinois 62450**

Contact: Stephanie Hampton

Phone: 618-393-4234

Program Participation: 24 patients

This facility identified vascular access management as a QI project. They utilize all of the “11 Change Concepts” in this endeavor.

This multi-disciplinary team began with a letter to the dialysis community explaining the Fistula First Quality Initiative encouraging early referral for CKD patients to the nephrologists and surgeon. The surgeons and nephrologists were educated through The Renal Network, Inc. Learning Sessions.

Communication between facility staff and vascular surgeons is improved and helps facilitate monitoring and correction of access problems. Vein mapping is required on all patients anticipating vascular access. New and unconventional surgical techniques have been used with success.

Patient education and individual counseling on vascular access is stressed at the facility level. All facility staff participate in this education. Master cannulators have been identified and are assigned to cannulate all new accesses. Cannulation training remains ongoing.

Trover Foundation and Dialysis Center

**435 North Kentucky Avenue
Madisonville, Kentucky 42431**

Contact: Annette Bauceem, RN

Phone: 270-824-3400

Program Participation: 74 patients

This multi-disciplinary team set a goal of “maintaining and improving their current fistula rate.” With the Fistula First data collection they were better able to track their vascular access prevalence. The Team Chair is very proactive in early detection and treatment of kidney disease and provides education to PCPs in their area. All of the “11 Change Concepts” are in use.

This team uses vein mapping and early referral patterns to place AV fistulae and prevent catheters. The surgeon performs extensive evaluation and utilizes current techniques for AVF placement. A

standard criterion was developed to track access problems for early intervention.

Regular educational in-services are conducted for the facility staff. Access education is offered to all patients and their families on a monthly basis with one on one patient education when needed.

Monthly Team meetings are documented with all referrals, physician orders, and patient appointments taken care of promptly insuring the best of care for all patients.

Fox Valley Dialysis/Tri-Cities Dialysis

1300 Waterford Drive

Aurora, Illinois

Contact: Angela Schuler

Phone: 630-236-1300

Program Participation: 201 patients

The goal of this multi-disciplinary team is to “exceed the K-DOQI and Fistula First guidelines”. They demonstrate 10 of the “11 Change Concepts”.

Monthly meetings are held to discuss patient access with special attention paid to AVF rates, catheter rates, infection rates, and access failures. There is emphasis made on communicating between disciplines, and educating staff and patients. There is an access database maintained on every patient including dates of all access procedures. Weekly access tracking is performed and interventions occur early.

New AVF cannulation is monitored and all staff are tested on their cannulation skills. Buttonhole cannulation is used extensively in the facility. The education of this access team and facility staff is ongoing.

The assessment of new AVF was stressed with a focus of identifying common complications. Access is discussed at each staff meeting. Ongoing audit of vascular access is performed. New policies outlining the assessment, use, and development of the AV Fistula with documentation are in use.

Dialysis Clinics, Inc.

499 E. McMillan

Cincinnati, OH 45206

Contact: K. Shashi Kant, MD

Phone: 513-588-5471

Program Participation: 115 patients

This multi-disciplinary access team describes their

patient population as medically underserved and states late referral and multiple co-morbid factors as affecting their quality improvement processes. Keeping this in mind, they developed formal quality improvement processes directed at improving AV fistula in their patient population. By following guidelines presented in seven of the “11 Change Concepts” they markedly changed their patient outcomes in the area of vascular access.

A multi-disciplinary team was formed and identified barriers to AVF placement. This team focused on strategies to develop primary and secondary AVF in their patients.

Monthly CQI meetings allowed for tracking of access and access complications leading to intervention. Eligible patients received graft to fistula conversions. Monthly access monitoring and review of access data led to early intervention for flow problems.

Cannulation training was provided for all staff and master cannulators were identified. Buttonhole cannulation technique was initiated in some patients. This facility identified plans to continue with new CQI that will enable them to continue improvement in the area of vascular access.

Medina County Kidney Center

970 E. Washington Street, Suite B3

Medina, Ohio 44256

Contact: Sue Kirk

Phone: 330-722-5565

Program Participation: 80 patients

This multi-disciplinary team set a goal of improving their AV fistula rates while decreasing their catheter rates. Monthly CQI meetings were held where the team reviewed patient access information and developed an access plan for each patient.

A monthly “sleeves-up” protocol is followed and access conversion is being performed with success. The facility staff participated in intensive and ongoing patient education by creating an environment that reflected the goals and benefits of the Fistula First Initiative. The patient education was intensified to include AV fistula information.

Protocols were designed to implement monthly access flow monitoring and early intervention for flow problems. Scheduled cannulation training has begun and master cannulators identified. Vein mapping is a regular procedure for patients identified as “chronic” and surgeons are chosen for their skill and success rates.

RCG Canton

**210 W. Walnut Street
Canton, Illinois 61520
Contact: Evelyn Hackney
Phone: 309-647-0731**

Program Participation: 32 patients

The stated goal of this multi-disciplinary team was to achieve the national Fistula First Initiative prevalent AVF percent and continue improvement. All of the “11 Change Concepts” are in use. Monthly CQI meetings focus on access problems and plans for intervention.

Primary care physicians are included in the nephrology community education leading to early referral of CKD patients for access placement. Two vascular access surgeons were identified for referral due to their dedication to K-DOQI minimal standards for AVF placement. These surgeons perform vein mapping and utilize current techniques, including graft to fistula conversion and vein transposition to create an AV fistula.

An “access pathway” was developed to track all catheter patients and facility staff communicate with the access team to promote speedy catheter removal. All facility staff receive cannulation training and master cannulators are identified and assigned to new AVF. Access monitoring is performed regularly ensure adequate access function. Outcomes feedback from the Fistula First data collected by Network 9/10 is used to guide practice.

Christ Hospital

**2139 Auburn Avenue
Cincinnati, Ohio 45219
Contact: Dian Danino, RN, CNN
Phone: 513-585-2431**

This multi-disciplinary team began with an inspection of their fistula evaluation practices. This led to development of practices that would promote the creation and preservation of AV fistulae in a patient population with multiple complex medical issues.

A vascular access coordinator was appointed. Standing orders were reviewed and changed to reflect the new vascular access goals. A “willing” vascular surgeon performed rounds in the hospital to plan early access placement.

A cannulation protocol was developed and implemented along with a master cannulator program. The buttonhole technique was introduced to several patients with success and vascular access pressure monitoring became regular practice.

This team made use of a vascular access center for access interventions. Ten of the “11 Change Concepts” are actively in use.

This comprehensive process change has led to increased incident and prevalent AV fistulae and catheter removal. This team believes the entire dialysis community benefits when patients have an established vascular access plan.



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