

2007 Fistula Champion Quality Award Winners

In 2004, The Vascular Access Advisory Panel of The Renal Network, Inc. created the Fistula First Quality Award designed to establish and promote quality initiatives in the area of increasing arterio-venous fistulae in the hemodialysis patient population.

The goal of this award is to demonstrate performance above standards in the area of promoting AV Fistulae and vascular access management related to the Fistula First Initiative.

Using the CMS National Fistula First Eleven Change Concepts and the K-DOQI guidelines an application process was designed and presented to our renal community. The original Fistula First Quality Award was introduced in 2005 and 11 Quality Awards were presented at the 2005 Nephrology Conference. In 2006, 15 Quality Awards were presented.

This is a performance-based award. The applicants present chronologic information with supportive data that demonstrate rapid, sustainable improvement. The applicants validate specific team processes used to realize improvement in the placement and usage of AVF. The outcomes demonstrated must be exportable, meaning that other dialysis facilities and/or medical organizations may benefit from their experiences.

This year the name has been changed to Fistula Champion Quality Award and there were three award designations available. The **Gold Award** is based on prevalent fistula outcomes of $\geq 66\%$. The **Silver Award** is given to those that can describe processes supporting an outcome that realizes 60-65%. And the **Bronze Award** is given for outcomes of 54-59%. There were 12 applicants over the three designations for the Fistula Champion Quality Award. Using “blinded” information, a panel of renal professionals from our Network chose four award recipients, two in the Gold category and two in the Silver.

All of the award applicants have shown outcomes greater than their Network prevalent fistula rate and have put processes into place that help them achieve these superb results. The award winners met the outcome designation they applied for and were able to extensively describe each process that assisted in their great outcomes.

Gold Award Winners

Davita Olney Dialysis from Olney, IL.

Gold Award - has sustained a prevalent fistula rate of 75% to 83% through 2006. This facility sent a letter to primary care physicians in 2004 encouraging early referral and long term access planning.

Communication is key to their success. Vascular accesses are tracked and a monthly list of patients without fistulas is reviewed and discussed at the CQI meetings.

Surgeons attended educational offerings to learn new methods of placing AV fistulas including vein transposition and graft to AVF conversion. Since this education the surgeons have become actively involved and enthusiastic. The nephrologist has communicated standards and expectations to the surgery group and he refers his patients to the surgeons who are most willing to meet his expectations.

Cannulation training is ongoing and master cannulators have been identified. Patient education has been stressed and is reinforced by all staff at the facility.

FMC Skokie from Skokie, IL.

Gold Award - presented to this facility for having a prevalent fistula rate of $\geq 66\%$ for all but 2 months out of 2006. Their catheter rate is around 20% which is well below the Networks' catheter rate. This facility has a team approach. They discuss every patient at their CQI meetings and determine which patients need further access intervention.

This facility educates their patients on the benefits of having an AV fistula vs. a catheter. And the nephrologist actively educates pre ESRD patients about placing a fistula before dialysis starts. If a patient starts before an access is placed the team aggressively makes sure vein mapping is done and a surgery date is set for access placement. This facility's team believes that early referral, early intervention, proper cannulation, training of staff, and patient education are the areas that helped them create and preserve fistulas.

Silver Award Winners

Provena St. Mary's Dialysis from Kankakee, IL.

Silver Award - has maintained a prevalent fistula rate of 60-65% for 2006. They have also improved their incident fistula rates from 22% in 2005 to 41% in 2006 by focusing on CKD education prior to initiation of dialysis.

This facility has focused on one access surgeon who has been receptive to their initiative. There has been ongoing communication reporting on a monthly basis discussing the patients that have catheters and/or maturing fistulas.

They have started a buttonhole and master cannulator program and have instilled a sense of ownership in the success of the program through education of both patients and staff. Patient education and using a patient centered care model for the delivery of care has led to a change in culture...patients changing from not wanting to be “stuck” to not wanting “one of those things in the neck”.

Renal Dialysis Center – Trover Health System from Madisonville, KY.

Silver Award - presented to this facility for achieving a prevalent fistula rate of 63% and decreasing their catheter rate by four percentage points over the past year. They utilize a multi-disciplinary team approach and have added a vascular access coordinator to the team. The team has become very aggressive about tracking catheter patients for removal of catheters.

The medical director and staff are very interested in educating primary care physicians so that timely referral to surgeons along with expectations for AVF placement and vessel mapping are done. They have actively started to educate their CKD patients and place AV fistulas in Stage 4 of CKD. The nephrologists and surgeons also work to get AVF placement done during initial hospitalization if not referred early. The surgeons are supportive and work with the nephrologists and staff to identify failing grafts for secondary fistula placement.

The facility conducts ongoing cannulation in-services for staff and has a protocol outlining that only the most skilled staff will cannulate new AVFs during initial usage.