

2008 Dr. Richard Breitenfield 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 fistula quality 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. 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.

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.

In 2007, three award designations were introduced. 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 four award recipients last year, two in the Gold category and two in the Silver.

In 2007 this award became The Dr. Richard Breitenfield Quality Award. Dr. Breitenfield was a dedicated nephrologist from Muncie, IN, who was very supportive of Network quality initiatives and was instrumental in putting processes into place that led to outstanding fistula rates in the Ball Memorial Dialysis facilities.

This year there were six applicants for the Dr. Richard Breitenfield Quality Award. 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 superb results. There are three award winners, one Gold and two Silver. The award winners have met the outcome designation they

applied for and were able to extensively describe each process that assisted in their great outcomes.

Gold Award Winner

Renal Dialysis Center – Trover Health System from Madisonville, KY Gold Award - has achieved a prevalent fistula rate of 72% and has maintained $\geq 66\%$ since May 2007. This facility was a silver winner last year.

They utilize a multi-disciplinary team approach and are 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.

Silver Award Winners

Fox Valley Dialysis/Tri-Cities Dialysis from Aurora, IL

Silver Award - a joint award recognizing two sister facilities that are utilizing the same tools to improve fistula placement and survival. Under the guidance of the medical director there is a team devoted to the Fistula First concept and the K/DOQI guidelines. The team consists of nurse managers, dialysis staff, a nurse educator, and surgeons. The Fistula First tools and resources from CMS and NW 9/10 are utilized. The Surgeons, sponsored by the facility, have attended Fistula First Learning Sessions 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. These facilities have implemented the following processes related to their success:

- ❑ Monthly meetings are held to discuss and plan patient accesses.
- ❑ Initiated the “button-hole” technique.
- ❑ Staff education was done focusing on cannulation techniques.
- ❑ “Master Cannulators” were chosen and developed.
- ❑ Focused on individual surgeons.
- ❑ Patient education was done regarding access types and care.
- ❑ Monthly access monitoring and adequacy was incorporated into their quality improvement program.
- ❑ Policies were developed for new AVFs with documentation tools.

Provena St. Mary’s Dialysis from Kankakee, IL

Silver Award - won the silver award last year and has continued to maintain a prevalent fistula rate of 60-65% again this year. They have also improved their incident fistula rates 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.

They feel that by evaluating successes and failure through a true CQI environment they have identified the keys to their ongoing improvements and sustainability. They use a patient centered approach involving the entire renal team and they use CQI as not just data but a process to respond to the data with clearly defined action, evaluation, and communication.

APPLY IN 2009!!

We encourage all facilities that are meeting a sustained fistula rate of 54% or higher to apply for this award next year. The information that you can provide to others is invaluable and it is our intent to recognize the good works and improvements you have achieved.

It is our hope that next year we will be able to recognize many more of our outstanding facilities that have achieved excellence in AV fistula creation, maintenance, and sustainability.

The VAAP is also designing a new award to be introduced this summer that will be dedicated to recognizing an individual that has shown a significant and lasting contribution to improving a facility's vascular access outcomes. Watch for application information regarding this award in your mail and on our website at www.therenalnetwork.org.