

The Renal Network, Inc. Fistula First Work Plan 2006 – 2009

In 2004, the CMS Fistula First Breakthrough Coalition announced the establishment of a nationwide goal for prevalent fistula use of 66%. The ESRD Network Statement of Work for the period beginning July 1, 2006 and ending June 30, 2009 includes a requirement for Networks to facilitate the increase of the percentage of prevalent fistulae used. The goal for Network 9 is to increase the percent of prevalent fistulae used by at least 4% each year until a rate of 50% is achieved and then increase by at least 2% until 66% is reached. The goal for Network 10 is to increase the percent of prevalent fistulae used by at least 3% each year until a rate of 50% is achieved and then increase by at least 2% until 66% is reached. In The Renal Network, Inc., the Vascular Access Advisory Committee (VAAP) with input and approval by the Medical Review Board, directs the activities of the Fistula First Program. The following plan outlines the activities that will be implemented to achieve the desired goals.

I. Education

A. Core Curriculum Committee to provide education on Chronic Kidney Disease, Dialysis, and Vascular Access creation and maintenance to students in preparation for care of the CKD patient

1. Develop a needs assessment form
 - a. Identify medical education programs and program directors.
 - b. Send Needs Assessment to program directors of medical education centers.
 - c. Use defined needs to develop specific educational tools for the creation of a “tool kit” for intern, resident, and nephrology fellow education programs.
2. Design a “tool kit” with dialysis and surgical information
 - a. Develop a Journal Club reference list that can be used by educators highlighting CKD.
 - b. Quarterly conference call to review and update tool kit.
3. Collaborate with RPA and ASN
 - a. Request input and sponsorship
4. Approach the American College of Surgeons and the Vascular Access Society for potential collaboration to develop changes in the training requirements of vascular surgeons that will positively impact the CKD patient.

B. Cannulation Task Force

1. Design “tool kit” for implementation of an “Expert Cannulator Access Preservation Program”
2. Develop education tools to “train the trainer”.
3. Provide expert support for the Cannulation Workshop developed by the Indiana Vascular Access Advisory Panel (Indy VAAP).
 - a. Host the Cannulation Workshop in Indianapolis for area dialysis facility staff
 - b. Ongoing workshops - recruit local (in area where workshop is presented) staff educators and physicians to be part of the workshop team

C. Fistula First Focus: Newsletter

1. First Edition: January 2006 and then semi-annually
 - a. Features:
 - i. International Pediatric Fistula First Initiative (IPFFI) update column (Dr. Deepa Chand)
 - ii. Fistula First Quality Award Winner mentoring column (feature one Quality Award winner each publication)
 - iii. Success stories (submitted by facilities)
 - iv. Motivational quotes from successful facilities
 - v. Network data, with teaching explanation-How does this apply to you?
 - vi. Upcoming Fistula First events
 - vii. CKD Updates
 - b. Distribution Plan:
 - i. Semi-annual release - July or August 2006 and Ongoing.
 - ii. 4 copies to each facility.
 - iii. Website posting.

D. Resume Regional Learning Sessions

1. Use Fistula First Quality Award winners as area sponsors and presenters.
 - a. Physician focus on Team Building and “How to” as defined in the Quality Award winning documents.
 - b. Identify Learning Session cities by bringing quality award winners and areas of need together.
 - c. Help foster mentoring opportunities using quality award winners to assist facilities interested in access improvement.

E. Quarterly Staff Education

1. Present *staff to patient* communication tool
 - a. Develop a communication tool that will present information regarding “Changing Your Access Language” using the returned PLC patient survey entitled “AV Fistula Barriers”. Present quarterly “Congratulations” letters for $\geq 50\%$? fistula rate facilities (VAAP to define new goals for fistula and catheter rates)
 - b. Query: Secret of Your Success?
2. Develop website contact list of successful facility program Access Coordinators.
3. Develop quarterly letter for high catheter rate ($\geq 30\%$?) facilities (VAAP to define new goals for fistula and catheter rates)

II. VAAP Chronic Kidney Disease Initiatives

A. Prevent the use of PICC Lines in any patient with CKD stage 2 or greater

1. Design a policy for health care institutions including information on:
 - a. Serum Creatinine
 - b. Risks and benefits of avoiding PICC lines
 - c. Suggestions for alternate antibiotics
 - d. Vein preservation awareness
 - e. Stage 3-5 CKD information
2. Compose a PICC line position paper that will define a creatinine limit, alternative therapies, warnings, and suggestions for education including the statement “In the Stage 3-5 CKD patient, NO PICC lines will be placed without a nephrology consult”.
 - a. Develop a contact list of quality committees in health care institutions.
 - b. Distribute “PICC Line Position Paper” to quality committees.

B. Promote GFR standardization on all lab reports when serum creatinine is Reported

1. Write a position paper to initiate this process (MRB representatives).
 - a. Align PICC line goals with the GFR lab standardization.
 - b. Develop a referral guide with ALERTS pertaining to the GFR levels at Stages 1-5 CKD.

C. CKD Tool Kit for PCPs

1. "Link" the RPA tool kit thru TRN, Inc. website
2. Develop a primary care physician contact list
 - a. Collaborate with NKF's to develop PCP list.
 - b. Mail request to nephrologists for PCP contacts
 - c. Place PCP contact list in SIMS/Applications.
3. Develop a tri-fold containing the ICD9 codes for each of the 5 stages of CKD
 - a. Tri-fold will contain a patient friendly explanation of CKD stages
 - b. Send CKD tri-fold with TRN, Inc. and RPA website information to PCPs.

D. Facility Survey Fact Sheet "Did You Know" (yearly mailing)

1. Use as teaching tool.
 - a. Incident patients at fiscal year end – state and network.
 - b. Prevalent patients at fiscal year end – state and network.
 - c. Transplants performed over time.
 - d. Fistula and catheter data.
 - e. Anticipated patient growth trends and how it relates to fistula improvement.

III. Fistula First Collaborations

A. Partnering with LDOs and non-LDOs

1. Invite Regional LDO contacts/Corporate Officers to develop committee of Regional LDO Quality Directors.
2. Invite non-LDO representatives from hospital based and independent facilities to create a consortium.
3. Host bi-yearly Web-ex sessions.
 - a. Present current CMS FF data
 - b. Explain FF requirements
 - c. Supply educational resources and tools
4. Appoint QI sub-committee (non-LDO and LDO administrators) to design -
 - a. Internal data driven initiatives.
 - b. Surgeon participation initiatives
 - c. PCP referral database for communication

B. Partner with NKF's to Design Access Education Program for Patients

1. Design "tool kit" for patient education to be used in chronic hemodialysis facilities.
 - a. Combination of tools available from the NKF's and TRN, Inc.
2. Design CKD Access Patient Education "tool kit" for PCPs and Vascular Surgeons
 - a. Combination of tools available from the NKF's and TRN, Inc.

IV. Vascular Surgeon Leadership

A. Recruit HSA area leaders in Vascular Access Surgery to form a committee to brainstorm ideas to promote FF in the surgical community

1. Support bi-annual conference calls
2. Act as liaison between surgical and nephrology community
 - a. Provide tools and resources
 - b. Disseminate information between the group
3. Send letter to nephrologists to request updated surgeon contact
 - a. Design form for return information
4. Develop a secure website for vascular surgeon recommendation.
 - a. Surgeon "report cards"

B. Vascular Surgeon Newsletter, "YOUR NETWORK ACCESS"

1. Develop Vascular Surgeon Newsletter (one page, front and back).
 - a. Using Network data present maps and other fistula and catheter data as available highlighting HSAs.
 - b. Feature article from Dr. Spergel or www.FistulaFirst.org.
 - c. Feature article from VAAP representative (Dr. Leventhal).
 - d. Feature tools and/or resources to increase communication within dialysis community.
 - e. Announcements re: Learning Sessions and FF CME offerings
 - f. CKD initiative information.

V. Catheter Reduction

A. Target facilities with $\geq 30\%$ prevalent catheters and $\leq 30\%$ prevalent fistulas for intervention (or use new VAAP goals)

1. Invite target facility nephrologists and facility administrator to discuss data.

- a. Plan a work session for participants (by Web-ex) using Quality Award winning models.
- b. Provide specific tools and resources to initiate facility program.
- c. Request to CMS for collection of patient specific data.
- d. Continue to send letters highlighting specific fistula and catheter
- e. combinations using newly developed VAAP fistula and catheter goals.

B. Sponsor Mentorship programs

1. Develop regional committees from Quality Award winners using nephrologists, vascular surgeons, access coordinators, and staff educators to act as regional educators.
2. Sponsor bi-annual conference calls, hosted by committee to discuss challenges and brainstorm ideas for success.

VI. Fistula First Quality Award

A. Redesign application to meet new goals of the FF initiative and VAAP

1. Improved description of the requirements to apply for the award.
 - a. Data submission
 - b. Goal achievement and trending toward a goal
 - c. Exportable processes description
 - d. VAAP to develop more stringent expectations and increased goal outcomes.

VII. WEBSITE

A. Develop a Quality Improvement Initiative for quarterly website review

1. Representative from QI, Pt. Services, Data, and Administration will review the Website quarterly.
2. Add new pages to stimulate a larger audience.
 - a. Pediatric
 - b. Feature IPFFI
 - c. Surgical
 - d. CKD Coalition
 - e. Current Collaboratives

B. Include an HSA Dashboard within the FF area of the Website