

**National Vascular Access Improvement Initiative (NVAII)  
Network 9/10 Plan  
(Draft 7/31/2003)**

**BACKGROUND**

In 2003 the ESRD Networks and CMS, along with clinicians, dialysis providers, and patients, developed a three-year plan called the NVAII. This plan will implement strategies for the improvement of patient vascular access outcomes to reach the CPM and K/DOQI guidelines for AVF use of 50% incidence and 40% prevalence. The NVAII aims to build on prior work and to take advantage of system-level diagnosis and strategies for improvement. Collaboration between Networks, providers, physicians, vascular surgeons, and health professionals will be key to spread the “change” ideas for improving AV fistulas.

**GOALS**

1. The Network 9/10 will make significant progress toward attaining CPM and K/DOQI goals for AVF use (50% incidence and 40% prevalence) by June 2006
2. Reduce to zero the number of patients with catheters or grafts who have been appropriately assessed for possible AVF placement.

**OBJECTIVES**

1. To increase prevalence rate of AVF, i.e. increase \_\_ per year- current rate 2%
2. To increase the incidence rate of new ESRD patient AVF, i.e. increase \_\_\_ per year
3. Educate providers, physicians, and vascular access surgeons on documentation of AVF assessment pre hemodialysis access placement
4. Educate providers, physicians, and vascular access surgeons on the AVF improvement strategy

**PLAN**

1. Establish a Vascular Access Advisory Panel (VAAP) to oversee the project and report to the MRB
2. Conduct regional Learning Sessions educational workshops
3. Conduct Awareness/Educational Campaign
4. Maintain vascular access feedback reports to facility vascular access personnel and physicians
5. Establish and maintain communication with facility vascular access personnel and physicians

## ACTIONS

1. Invite key individuals to participate on Vascular Access Advisory Panel (VAAP) and confirm membership
2. Maintain and improve communication with vascular access stakeholders  
Facility: medical director, administrator, vascular access coordinators, and physician  
Patients, Vascular Access Surgeon, Interventional Radiologists  
This would include, and not be limited to, constructing a database of vascular access surgeons and coordinators
3. Identify the facilities for levels of participation
4. Develop the project timeline
5. Define indicators for the project

Vascular access rates: (Network, State, Region, Facility, Practitioner)

a. Assessment for AVF placement prior to placement of catheter or graft  
Percentage of patients with assessment of AVF placement prior to catheter of graft placement

Denominator: number of HD patients in identified facilities that had a new or revised access in the time period

Numerator: number of patients in denominator with written documentation of assessment for AVF placement prior to placement of catheter or graft

b. Incident rate of AVFs per year

Percentage of incident patients with AVF

Denominator: number of active HD patients in December with a FDOD between January 1 and August 31 of current year

Numerator: number of patients in the denominator with an AVF in use in December

c. Prevalent rate of AVFs per year

Percentage of incident patients with AVF

Denominator: number of active HD patients in December of current year

Numerator: number of patients in the denominator with an AVF in use in December

Project indicator rates;

a. Project participation, i.e. facility spread

Percentage of connections between facilities – participants at Learning Session

Denominator: Number of facilities in region

Numerator: Number of facilities linked to participants in denominator (Participants: physicians, vascular access surgeons, interventional radiologists, and key health professionals)

b. “Awareness/Education Campaigns” distribution:

Denominator: Number of hemodialysis programs in region

Numerator: number of facilities in denominator receiving mailing

6. Prepare the Internet communication
  - Update network 9/10 websites
  - Populate the email service

**TIMELINE: 2003-2004**

1. July

- Invite physicians to join the Vascular Access Advisory Panel / “VAAP”
- Plan dates for conference with VAAP
- Send general announcement letter to Nephrology Community
- Prepare website and list serve
- Identify criteria for facility participation levels
- Create calendar of confirmed meeting dates
- Design and implement “Awareness/Education Campaign #1”

2. August

- Design program for learning sessions
- Prepare materials for MRB/BOT meeting
- Prepare materials for VAAP
- Send 1<sup>st</sup> meeting announcement to Network 9/10 facilities
- Confirm facilities for participation levels
- Design and implement “Awareness/Educational Campaign #2”  
Website “postcard”
- Operationalize website, list serve

3. September

- VAAP conference call @ EOM
- Invite the participating facilities
- Send 2<sup>nd</sup> meeting announcement to Network 9/10 facilities
- Design and implement “Awareness/Educational Campaign #3”, learning kit piece
- Register Cincinnati area facilities for Learning Session #1

4. October

- Cincinnati: Learning Session #1 – October 28, 2003
- Send 3<sup>rd</sup> meeting announcement to Network 9/10 facilities
- Design and implement Awareness/Educational Campaign #4
- Register Chicago area facilities for Learning Session #2

5. November

- Chicago: Learning Session #2 – November 5, 2003
- Design and implement Awareness/Education Campaign#5
- Send 4<sup>th</sup> meeting announcement to Network 9/10

6. December
  - Register Indianapolis area facilities for Learning Session #3
  - Design and implement “Awareness/Education Campaign #6”
  - Prepare structured project indicators for February 2004 conference call
7. January 2004
  - Indianapolis: Learning Session #3 – January 28, 2004
  - Design and implement “Awareness/Education Campaign #7”
  - Send 5<sup>th</sup> meeting announcement to Network 9/10
8. February
  - Schedule and announce conference call with VAAP
  - Design and implement “Awareness/Education Campaign #8”
  - Register Columbus area facilities for Learning Session #4
  - Send 6<sup>th</sup> meeting announcement to Network 9/10
  - Complete December 2003 data collection
9. March
  - Columbus, Ohio: Learning Session #4 – March 9 or 10, 2004
  - MRB/VAAP meeting (December 2003 data)
  - Plan goals and activities for year #2 (2004-2005)
  - Design and implement “Awareness/Education Campaign#9”
  - Register Springfield, Illinois area facilities for Learning Session #5
10. April
  - Springfield, Illinois: Learning Session #5 – April 21, 2004
  - Design and implement “Awareness/Educational Campaign #10”
11. May
  - Design and implement “Awareness/Educational Campaign #11”
12. June
  - 2004 Annual Nephrology Conference Meeting – Chicago, Illinois report on year 1 and update year 2
  - Design and implement “Awareness/Educational Campaign #12”

## **REPORTING**

Project status will be reported at the BOT and MRB meetings as well as in quarterly CMS reports and other CMS documents as required. Facilities will receive vascular access reports from available data sources. Physicians will receive their specific vascular access feedback reports through available data process. The MRB will review project indicators to justify changes to the plan and other QA activities, which support the need for educational material and the application of interventions.