



WHAT HOSPITAL PROFESSIONALS CAN DO TO MAXIMIZE AV FISTULAS AS PRIMARY ACCESS

Acutely ill renal patients present unique and challenging issues – for example vascular access care and preservation. The formation, maintenance, and care of a vascular access involves the coordination of skills of multiple healthcare professionals. Emergency room physicians, hospitalists, intensivists, case management personnel, and acute dialysis nurses all have specific skills and interrelated responsibilities related to insuring the highest quality of vascular access care for the patient.

Meeting these challenges head-on with an organized and efficient care strategy gives hospitals an edge in providing top-notch renal care, appropriate procedure coding for optimal reimbursement, and competitive hospital marketing opportunities.

The following bullet points illustrate the recommendations of the Fistula First Hospital Systems Change Concept Workgroup for promoting quality care by using best practices.

- Become familiar with and help implement the Fistula First Change Concepts.
- Implement protocols that prompt referral to nephrology for patients who present with complicated CKD Stage 3* (GFR 30-59) and all CKD Stage 4 (GFR 15-29).
- Implement protocols that prompt referral and vascular access surgery for patients who present with advanced CKD Stage 4 (GFR<20) and do not have an AV fistula.
- Work collaboratively with nephrologists, surgeons, and interventionalists to implement a triage process that directs patients, who present to the emergency room without appropriate vascular access, to the professionals that will initiate AV fistula placement or make a non-mature AV fistula usable.
- Develop pathways to schedule vessel mapping, AV fistula surgery, and fistulography for patients without mature AV fistulas with the ultimate goal of establishing a useable native AV fistula in all ESRD patients within 6 weeks of discharge from the hospital.
- Provide patient education on modality choice and vascular access selection with an emphasis on AV fistula selection for those patients choosing hemodialysis.
- Provide resource linkage and referrals for transportation, vascular center options, etc.
- Become familiar with vessel preservation concepts which include:
 - Avoiding the use of the subclavian vein in patients with impaired renal function.
 - Avoiding PICC lines or veinipunctures in the antecubital vein or cephalic vein of the arms in patients with impaired renal function.

* Complicated CKD Stage 3 patients include patients with poorly controlled hypertension, heavy proteinuria, young age at onset of CKD, rapid progression of renal failure and autoimmune disease.