Goal - 4% Increase

The Renal Network, Inc.

QIP Participants
February WebEx

March 2010 Vascular Access
Goal For NW 9/10

Are You There?

How To Get There!

Monthly Goal

Try improve your AV Fistula rate by .33 %
each month which is 1%
each quarter and 4% in a year.

How To Get There!

Utilize Best Practices

Understand And Use The Quality Improvement Process

Incorporate Tried and True Tools

Understand The Reporting Process

Vascular Access Best Practices

- AVF Language

- Partnering With Surgeon Office

- Partnering With Network

- Facility Tracking Model

- Maturation

- Cannulation

Best Practices The Renal Network Staff Has Seen During Site Visits

Best Practices That Have Been Reported To The Network Staff

Best Practices That Have Been Reported By Other Networks And Work Groups

- Be aware of the vascular access language in your facility
- Provide regular staff education on the message you want to send to patients
- Routinely monitor what is being said about AVFs in your facility and monitor the beliefs of your staff
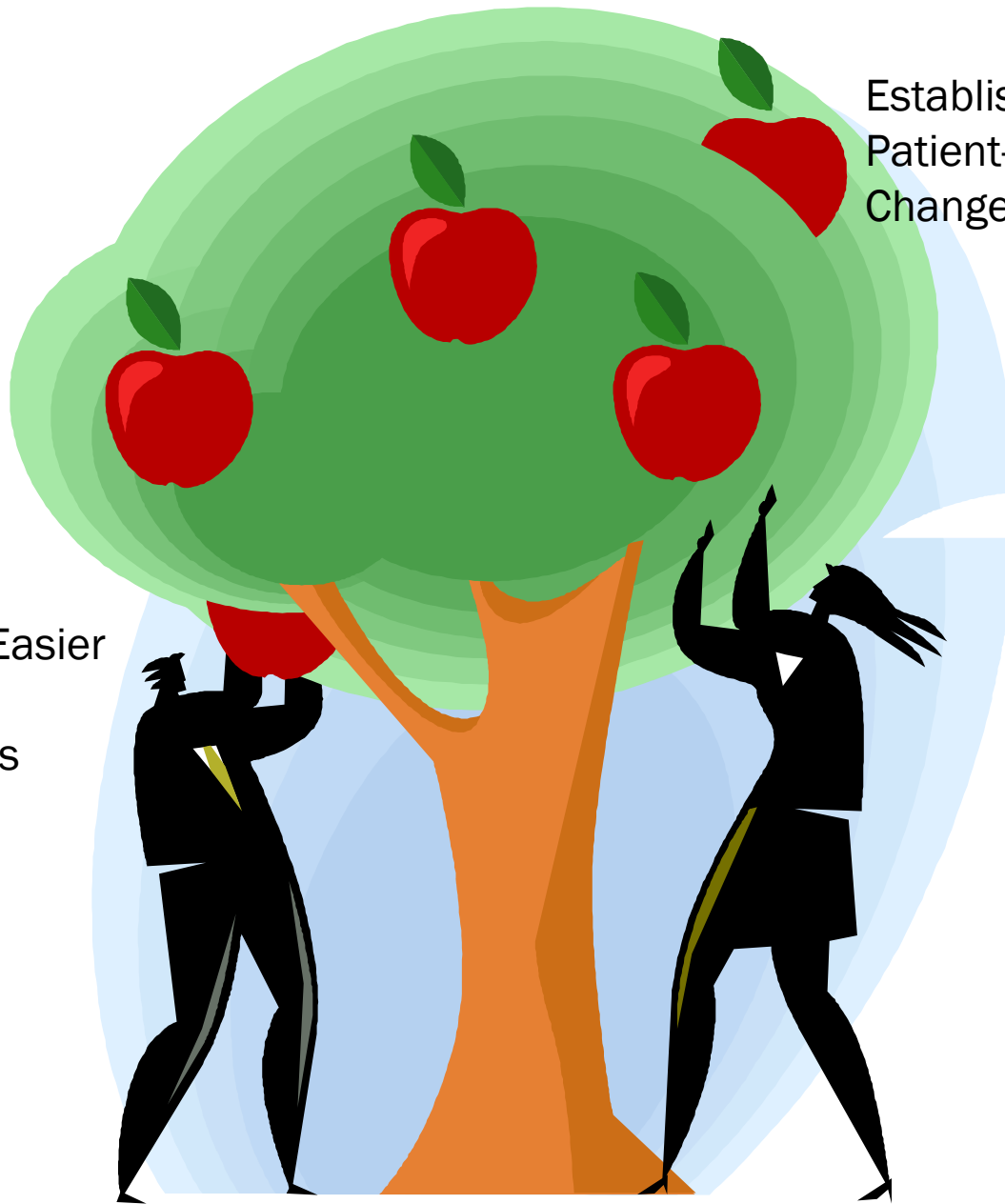
AVF Language

The Message Should Be :

"I see you have a temporary access. Let's get you scheduled for a permanent access."

"AVFs are the Gold Standard in dialysis access."

"To obtain the best quality of life on dialysis the AVF is the best access choice"

Partnering With Surgeon Office

- Ask surgeon office staff to let you know when one of your patients cancels an appointment.
- Educate surgeon office staff on importance of decreasing wait time for initial appointment and intervention appointments
- Invite surgeon and surgeon staff to your facility

Partnering with the surgeon office staff allows you to stay on top of where your patients are in the process and increasing the knowledge of the "appointment makers" may help speed up the process.

- Don't reinvent the wheel

- If you need a tool or process idea we probably already have it. If we don't we'll find it or make it

- Give us your good ideas- we know you have them

TRN AS A Partner

We are in this together. We have the same goals and we all want what is best for the patients.

You are busy and have a lot on your plate. It is our job to provide ideas and resources.

Facility Catheter Tracking Model

Patient Name	Start Date	Current Access	Other Accesses	Surgeon	Pt. < 3 months	Appt. for evaluation	Date Access Placed	Evaluation for Cannulation

This method of tracking catheter patients was discovered during a site visit.

Each Nephrologist with patients in the facility has a big white board hanging in their charting area.

It is easy for the Nephrologist to see at a glance the status of all their catheter patients.

Another facility sends monthly letters to their nephrologists with patient vascular access status

Maturation

Network 13 AVF Functionality Tool

Network 4 AVF Maturation Algorithm

http://www.network13.org/resources.asp

Tool Last Updated:
1/20/2010

ESRD NETWORK 13
4200 Perimeter Center Drive, Ste 102
Oklahoma City, OK 73112-2314
(865) 942-4000
www.network13.org

Project Baseline	N
# of HD Patients	
# of Patients w/ AVF Placed	
# of Patients w/ AVF In-Use	
# of Pts in Project	
50% Projected Usage	
85% Projected Usage	

Reporting Date: 01/31/10

	N	%
Monthly Access Report		
# of Hemodiaysis Patients	0	
# of Patients w/ AVF	0	
# of Patients Utilizing AVF	0	
# of Patients Not Utilizing AVF	0	
Number of Patients with AVF in-Place But NOT in-Use (Project Subset at Baseline)		
Patient Status Reported	0	% Reported
Active Project Patients	0	
Transfer Out	0	
Changed to PD	0	
Transplanted	0	
Death	0	
AVF Failure Determined	0	
:) AVF Utilized w/ 2 Needles	0	
Missing/Extra Response	0	
% is based on what is reported		
Number of Patients with Placed AVF's With Vessel Mapping Done Prior to Placement	0	
Active Patient Projected Use of AVF	0	% Reported
Number of Patients in Timeframe Prior To or At Projected AVF Use Date (42 days / 6 weeks)	0	
Number of Patients in Timeframe After Projected AVF Use Date (Beyond 42 days / 6 weeks)	0	
USE (or Not) of AVF for Hemodialysis by Date of Reporting	0	
:) Hemodialysis provided using AVF with TWO Needles (Catheter REMOVED)	0	
Hemodialysis provided using AVF with TWO Needles (Catheter still Present)	0	
Hemodialysis provided using AVF with ONE Needle and Catheter	0	
Hemodialysis NOT Provided using AVF, awaiting further intervention	0	
Hemodialysis NOT provided using AVF, due to AVF Failure	0	
Hemodialysis NOT provided using AVF, cannulation complication	0	

Location of Access						Project Subset
	Wrist	Forearm	Upper Arm	Leg	Reported	
N	0	0	0	0	0	
%						
Left	0	0	0	0	0	
Right	0	0	0	0	0	
Missing/Extra Response, Location					0	
Missing/Extra Response, Extremity					0	

Fistula Maturation Protocol

ESRD Network 4, Inc.

4

: Working for you
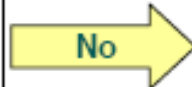
Fistula Creation
Side: Right Left
Site/Type:_____
Surgeon:_____
Date:_____

↓

Examine at 4 weeks
Date:_____

1. Is fistula adequate size for cannulation (>6 mm)?
2. Is fistula superficial (<6 mm deep)
3. Does fistula have a good continuous "thrill" & bruit without excessively pulsatile quality?

No →

Refer to Interventionalist or Surgeon for evaluation and possible ultrasound examination or fistulogram.
Potential problems include:
1. Inadequate inflow
2. Venous outflow stenosis
3. "Deep" fistula requiring transposition.
4. Accessory veins limiting flow

↓

Yes

↓

Attempt Needle Cannulation at 8 weeks
Date:_____

1. Begin single 17 gauge cannulation
2. Advance to 16 gauge and then 2 needles as able
3. Measure access flow after successful 2 needle cannulation (if available)

Cannulation Protocol available At www.fistulafirst.org

←

Re-examine 4 weeks after intervention, or per recommendations of interventionalist.
Date:_____
Attempt fistula cannulation

↓

Two weeks of continuous successful fistula cannulation?
Date:_____

No →

Refer to Interventionalist or Surgeon for evaluation

→

After evaluation and/or intervention, attempt cannulation protocol.
If still not successful, patient should be referred back for re-evaluation every four weeks. Log dates here for interventional evaluation.
Date_____
Date_____
Date_____
Date_____

↓

Yes

↓

Schedule catheter removal

←

Successful cannulation?

←

Cannulation Is Important To Maturation And Maintenance Of Fistulae

NEW

The Renal Network, Inc. now has a cannulation resource page on our website under the QI tab.

Cannulation Skill Levels Policy

Purpose: To assess cannulation skills of staff
1. Staff will be evaluated for cannulations skill level after orientation is complete and at yearly evaluation.
2. Evaluation of skill level will be determined by unit manager and vascular access nurse, and by satisfactory completion of an "Access Quiz".
3. 3 Cannulation Skill Levels are available.

A. Trainee
1. Staff member under observation of a preceptor.
2. Trainee will cannulate only well-developed, mature AVF.
3. Preceptor will evaluate the assessment, cannulations, and troubleshooting skills of the trainee.
4. Preceptor will educate the trainee on current policy and give assistance as needed.
5. After orientation is completed, the trainee may be evaluated for movement to the skilled level.
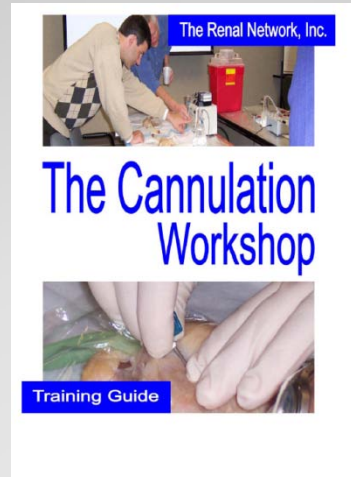
B. Skilled
1. Staff members who independently, consistently, and successfully assess, cannulate, and perform basic troubleshooting of needles for mature AVF.
2. Completes an "Access Quiz" with a final score of 80% correct.

C. Master
1. Staff member who constantly exceeds skilled level.
2. Independently, consistently, and successfully assesses, cannulates, and performs troubleshooting of needles for AVF that are considered difficult to cannulate.
3. Peers seek out this individual for assessment of AVF of all stages for development, for initial cannulations, and for AVF that are considered to be difficult to cannulate.
4. Completes an "Access Quiz" with a final score of 90% correct.

Provided by Renaissance Management Co., LLC 1 of 1

Listen For the Bruit
Go to www.fistulafirst.org
What's New?
Change Concept #9

The Renal Network, Inc.
The Cannulation Workshop
Training Guide

http://www.therenalnetwork.org/qi/tools_AVFassessment&cannulation.php

Midwest Dialysis Centers

Grading of Vascular Access

Patient Name _____
Date   _____
Evaluated By _____

How often evaluated: <6 months old   evaluate semiannually
                                  > 1 year old   evaluate annually
Need to reevaluate after each access event (example: revision, placement, etc.)

Indicator	Range	Score	Pt Specific Information Cannulations Tips
Access Type	Fistula = 2 Graft = 1 Established Buttonhole = 1		
Site	Chest =3 Thigh = 2 Upper Arm=2 Forearm = 1		
Maturity AVF	8 – 16 wks = 10 4 -6 months = 5 6 -12 months = 4 1-2 yrs = 3 > 2 yrs = 2		
Maturity Graft	2-4 weeks = 10 1-2 months = 5 2-8 months = 4 8 – 1 ½ years = 3 > 1 ½ years = 1		
Complications	History of recent infiltrations =3 Recent access interventions = 2 No Problem = 0		
Needle Size	14 G = 1 15 G = 1 16 G = 2 17 G = 3 Blunt Needle any Gauge = 1		

Midwest Dialysis Centers
Patient Vascular Access Cannulation Levels

Patient Name _____   Date _____   Level 1 2 3

Level :3   STOP!!!
Only Assigned staff are able to cannulate these Patients. (Exceptions may need to be made as Necessary per access manager or charge nurse)

Level :2   Proceed with Caution
Majority of staff are able to cannulate these Patients.

Level 1:   Go
All Staff are able to cannulate

The Quality Improvement Process

It does not work if it is only a story on a piece of paper!

•Not patient specific

•Must address facility processes

•Actions must be taken

•Someone must take responsibility

•Assignments must be made

•It is important to set time lines with regular follow up

Plan
•Brainstorm
•Discuss Barriers
•Select an actionable root cause

Do
•Make planned changes and collect data on all aspects of the change

Check
•Assess outcomes and determine if the change was successful

Act
•If change was successful continue with the plan. If not return to Plan and discuss why the plan didn't work then revise.

FAST-PDCA CQI Project Worksheet	Program Title: Date Project started: Clinic/Program: Project Owner: Contact #:

FOCUS: (Improvement Opportunity and Goal)

ANALYZE: (Identify 1 or 2 key causes)

SELECT: (Select the changes to be made)

TEST: Start the PDCA cycle.

PLAN: (Write an Action Plan for change.)
1.

DO: (Initiate the Action Plan. Collect outcome data.)
1. .

CHECK: (Was the Action Plan a success?)

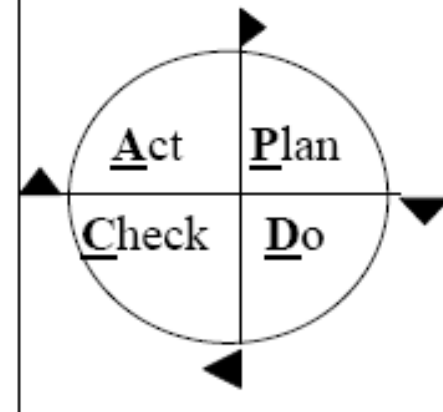**ACT:** (Implement improvements or back to Select.)

Focus on a Specific Aim

↓

Analyze Basic Data

↓

Select Potential Changes

↓

Test the proposed Changes

Act | Plan

Check | Do

FAST-PDCA Overview

FOCUS: Select the improvement opportunity. Decide on the goal of the project. Write a goal/opportunity statement.

ANALYZE: Build knowledge about the process. Select and gather data. Determine key causes. Select only one or two key causes to work on.

SELECT: Generate possible changes. Select changes to be made.

TEST: Begin the PDCA cycle.

PLAN: Write an Action Plan for implementation of the change on a small scale.

DO: Make the planned changes. Collect data on the effects of the changes.

CHECK: Study the results/outcomes. Determine if the improvement has been successful.

ACT: If changes resulted in improvements, return to **Plan** to implement changes on a larger scale. If changes resulted in no improvements, return to **Select** and generate other changes to be made.

FAST-PDCA Example

FOCUS: URRs
60% of URRs ≥70% in June
Goal: 75% of URRs ≥70% by Sept

ANALYZE: Dialyzers clotting avg 2 per week, 40% catheters, pts off early, tx times not adequate, reuse avg 5.
Key Cause: Dialyzer clotting

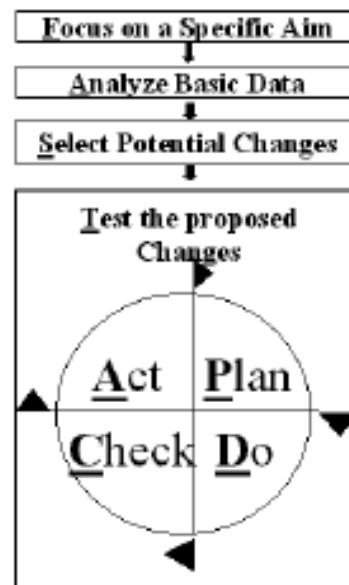**SELECT**: Initiate new heparin protocol

TEST: Start PDCA Cycle

PLAN: 1). Develop heparin protocol w/ clinical team in July (Julie)
2). Inservice pts & staff in late July (Jason)
3). Implement protocol on MWF patients in 2 clinics x1 month (Jeff, Jane- charge nurses in 2 clinics)

DO: 1) Protocol implemented in August.
2) Tracked # of clotted dialyzers & URRs

CHECK: The test clinic patients had 80% of URRs ≥70% in August, compared to 65% of URRs ≥70% for the non-test patients.

ACT: 1) Brainstorm with staff & identify any problems with protocol and adjust.
2) Inservice patients and remaining staff
3) Implement heparin protocol market-wide.
4) Select another key cause to work on to further improve URRs.

PROJECT: Improve URRs
Date Project started: June/2000
Region/Market/Clinic: Plains Market
Project Owner: Jeanine Jackson, LPN
Contact #: 111-1111-1111

Focus on a Specific Aim
↓
Analyze Basic Data
↓
Select Potential Changes
↓

Test the proposed Changes

| Act | Plan |
| Check | Do |

ACTION PLAN FORM

PROBLEM STATEMENT: (FOCUS)

GOAL: (FOCUS)

KEY CAUSE: (ANALYZE)

MEMBERS:

PROJECT OWNER:

ACTION STEP	PERSON RESPONSIBLE	TARGET DATE	FOLLOW UP/Date Completed (status, etc.)

QUALITY IMPROVEMENT PLAN

FACILITY NAME:		PROVIDER NUMBER:	

DATE COMPLETED:		TEAM MEMBERS	
CONTACT:		Facility	

PROBLEM STATEMENT:			1.	
			2.	
GOAL:			3.	
			4.	

ROOT CAUSE(S):			5.	
1.			6.	
2.			7.	
3.			8.	

BARRIER(S):			External	
1.			1.	
2.			2.	
3.			3.	

TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
1.					
2.					

QUALITY IMPROVEMENT PLAN

FACILITY NAME:				PROVIDER NUMBER:	

TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
3.					
4.					
5.					
6.					
7.					

COMMENTS:

Vascular Access Management Tools

__Quality Assessment and Performance Improvement minutes-TRN

__Tools used to identify root cause/barriers to improved outcomes-TRN

__Access tracking tool-FF

__Infection tracking tool-FF-TRN

__Examples of how data is reviewed and used-TRN-FF

__Forms used for access planning and/or referral-FF

__Incident patient access management algorithms-FF

__Converting catheter only to fistula algorithms-FF

__Maturing access algorithm-ESRD Network 4

__Cannulation training protocols-FF

__Master Cannulator protocols-FF

__New Access cannulation policies-FF

__Vascular access surveillance policies and algorithms-FF

__Strategies for converting failing grafts to fistula (sleeves-up)-FF

__Staff education and in services-FF-TRN

__Patient education materials-FF-TRN

TOOLS

If you have these tools/ processes in place you should be on the road to success

Links to all of these tools can be found at www.therenalnetwork.org Click on QI tab then click on QI Training Program

Networking for Solutions "Tools for Vascular Access Management QAPI Success"

CMS Fistula First Definitions

- AVF used regardless of any other access present, functioning or not
- If a patient is using 2 types of access simultaneously select the access that is being used as the arterial side
- A patient that is not transient and is receiving hemodialysis (home or in center) as of the last treatment day of the calendar month

Reporting Vascular Access

This will only affect independent facilities because corporations report through data download

We monitor fistula used not fistula placed

CELEBRATE YOUR SUCCESS