

# Vascular Access Management for the Multidiscipline Dialysis Team

John D'Avella, MD

Chair of the Network Medical Review  
Board

22<sup>st</sup> Annual Educational Meeting  
ESRD Network of New England

October 14, 2010



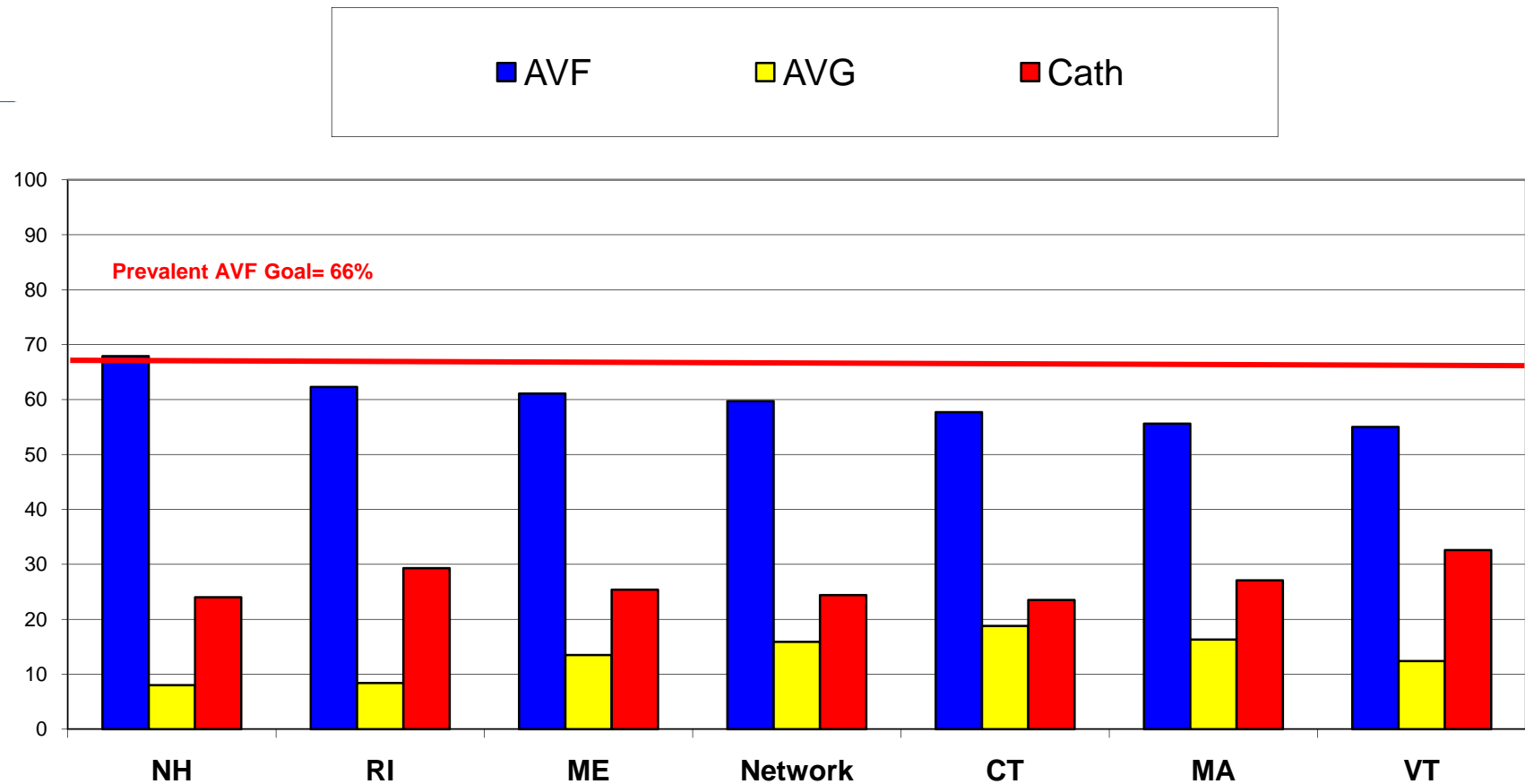
# AV Fistula Goals For New England

- CMS set a goal of 58.2% AVF rate for your Network to be reached by 3/2010
- New England surpassed the goal by reaching a 58.8% rate
- The new goal for **3/2011=60.2%**
- Working together we can meet or surpass this new goal



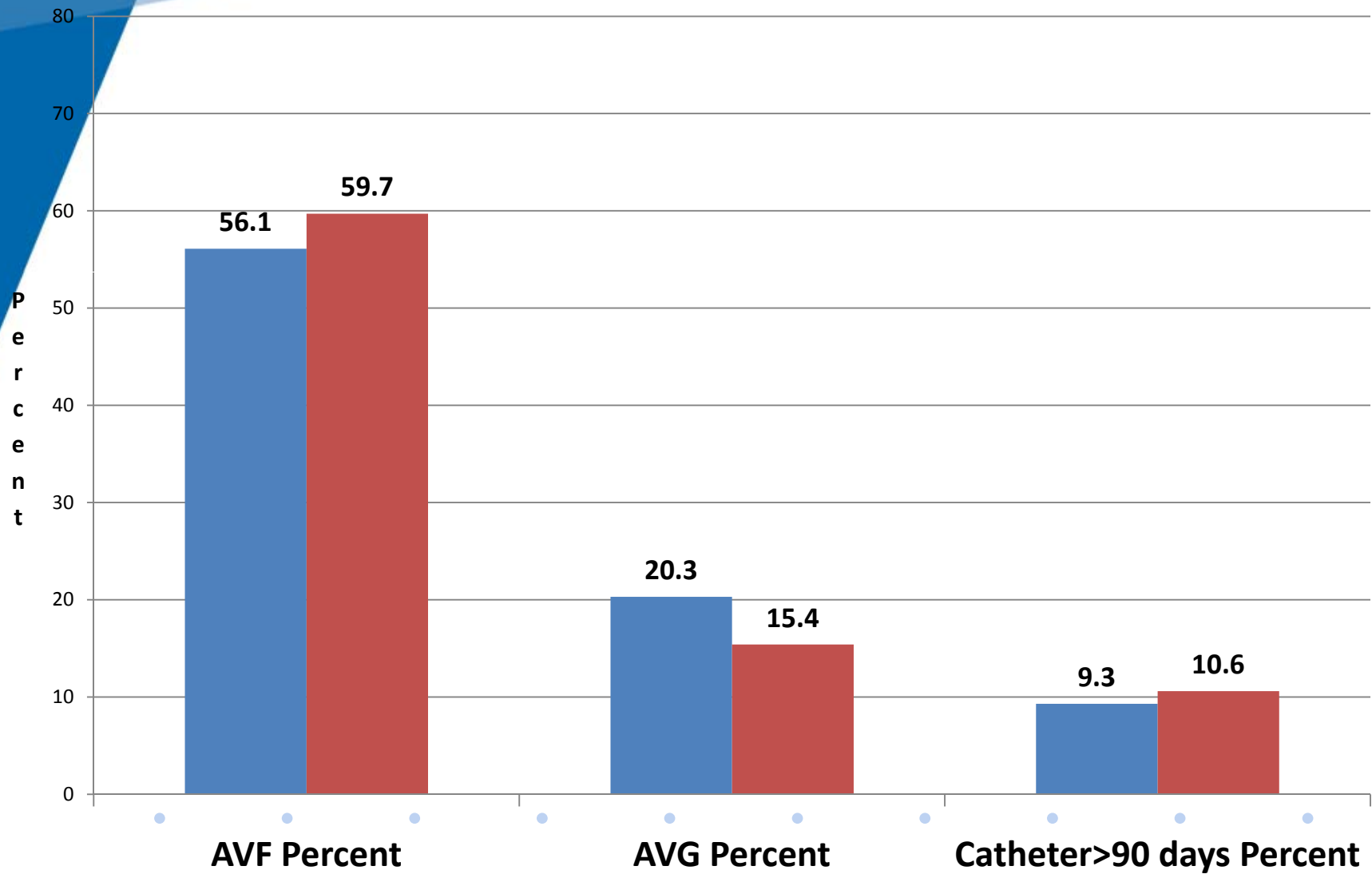
# Prevalent Vascular Access by State & Network July 2010

New Hampshire ranks the highest with a 67.9% AVF rate



# National & Network Vascular Data July 2010

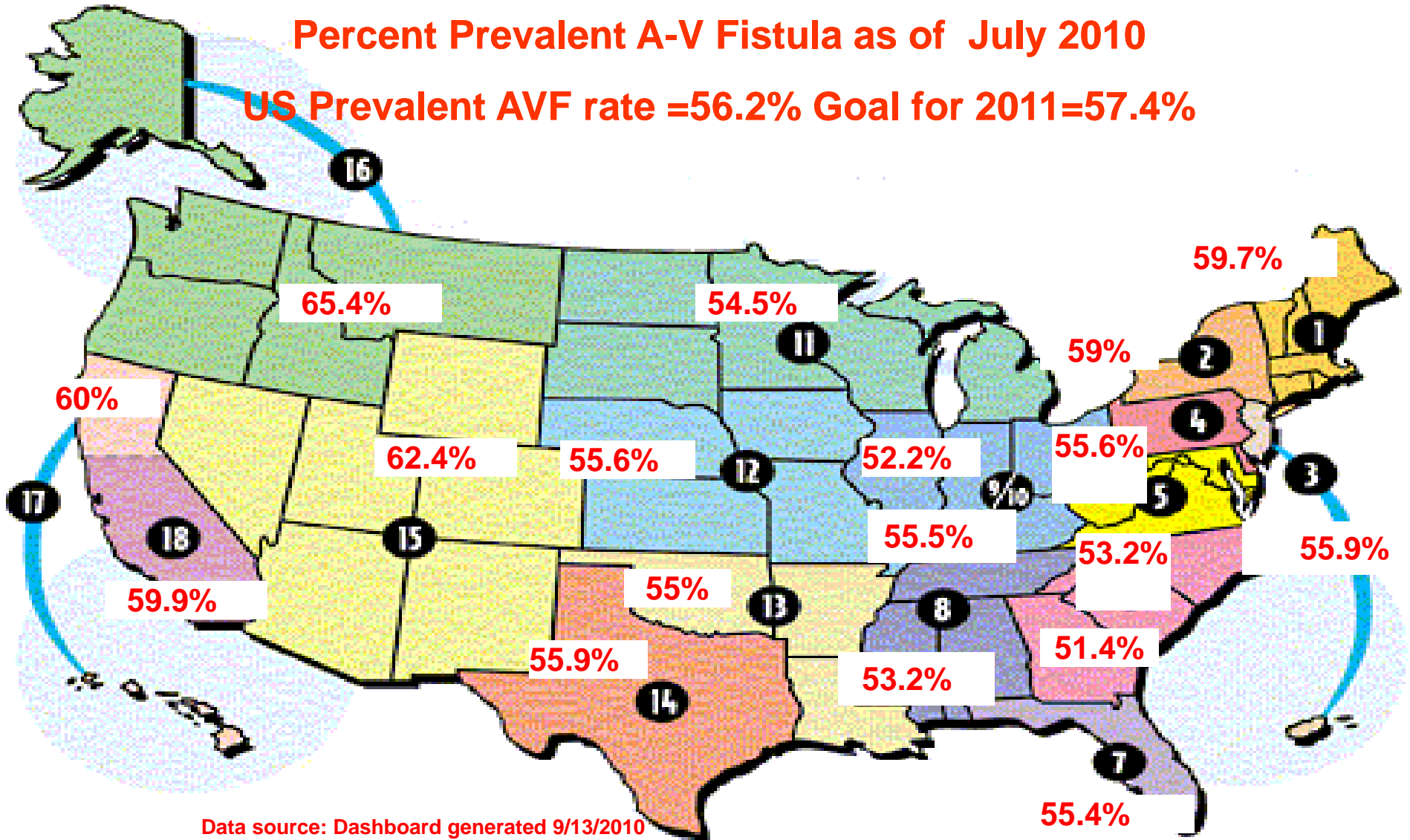
■ National ■ Network of NE



# Nationally Western States Continue to Lead the Way

Percent Prevalent A-V Fistula as of July 2010

US Prevalent AVF rate =56.2% Goal for 2011=57.4%



Data source: Dashboard generated 9/13/2010



# How To Increase AV Fistulas Rates?



# Medical Director's Role

- Take lead in developing a culture of continuous quality improvement
- Improvement cannot occur unless problems are defined with accurate data collection
- Have all Nephrologists track & plan for all catheter patients until AVF placed or all options exhausted
- Develop surgeon specific outcomes data and share with QI team & surgeons-refer to the champions!

# Medical Director/ Dialysis Clinic's Role

- Each dialysis clinic must have an empowered vascular access coordinator
- Create access team with expert cannulators
- Develop protocols for evaluating maturing AVF
- If no development apparent at 4 weeks refer for fistulagram & surgeon evaluation
- Consider buttonhole program to preserve AVF
- Facilitate good communications between IR & surgeons to accomplish goals in timely fashion

# Medical Directors/Nephrologists Responsibilities

- Educate PCP & Endocrinologists to refer all CKD stage 3 patients to nephrologists for co- management
- Educate potential HD patient and family on the benefits of the AV fistula
- Educate ER & house staff officers to preserve veins & avoid PICC lines in CKD/ESRD pts.
- Refer appropriate CKD stage 4 for vessel mapping & surgical evaluation for AVF
- Nephrologists must refer to surgeons who are proficient in AVF creation
- Hospitalized new onset CKD stage 6 should have vessel mapping and an AVF placed prior to discharge

# Collect Data to Define Problem & Develop an Improvement Plan

## **Track & document the following:**

1. The time from admission to completion of vessel mapping
2. The time it took to obtain a surgical evaluation
3. The time it took to have AVF surgery
4. Time it took for AVF to mature
5. Time it took for needed intervention

**The more efficient the process the less time for the patient to get attached to the catheter and**

**develop an infection** • • • • •

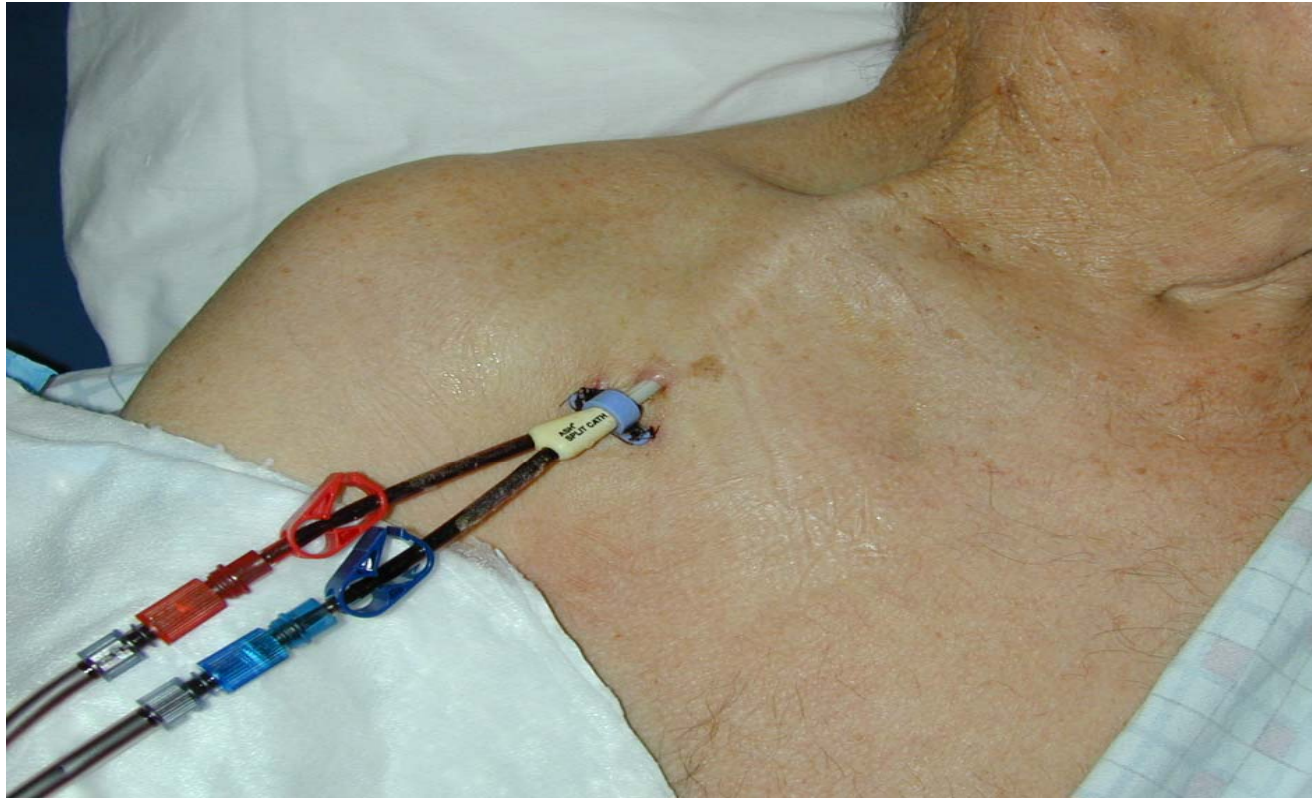
## Too many Catheters

In July 2010 the Network of New England's

- Prevalent Catheter Rate was 24.4%
- The Incident Catheter rate was 53%
- The 90 day catheter rate was 10.6% ( this is higher than the national rate of 9.3% & KDOQI suggest <10%)



# Need to Minimize Catheter Use



# Incident Catheters

- Each nephrologists must have a written plan for replacing catheter with a permanent access
- Educate patient that catheter should be temporary and there are risks associated
- Within two weeks of admission have vessel mapping completed and surgical evaluation for permanent access placement (data point)
- Schedule vascular access surgery within 4 wks of admission (data point)
- Educate about CAPD as an option if not a candidate for AVF or AVG • • • • •

# Prevalent Catheters >90 days

- Assure that vessel mapping has been done to evaluate if patient is permanent access candidate
- Re evaluate patients that were once deemed medically unstable for vascular surgery
- Re educate patients regarding risks associated with catheters
- Have SW work with patients that refuse to go for AVF evaluation, alleviate fears, overcome transportation issues, arrange family meeting



## Need Help? Call the Network

- QI managers can assist in QAPI development
- Network will provide comparative vascular data
- Request patient education video on benefits of AVF
- Call for tools for patient and staff education on vascular access & cannulation skills
- Request technical assistance • • • •

Everyone has a role in creating success .....it will take a team effort to reach the goal of 66% for Prevalent AV Fistulas set by CMS





# Centers of Excellence



## Success Acknowledged

The Network wants to commend dialysis clinics that have demonstrated Continuous Quality Improvement between August 2009 & July 2010  
Each year there are more clinics than the prior year: this year 48 providers are centers of excellence

- **Champion** facilities are clinics that have had a 70% AVF rate or greater all year
- **Exceptional** performers have maintained AVF rates of 66% or greater for all 12 months
- **Outstanding** facilities have maintained an AVF rate of 60% or greater for 12 months



## 7 Champion Facilities ≥ 70% Consistent AVF Rate 8/09 to 7/10

- FMC Dover # 302501
- FMC Manchester # 302502
- DCI Boston # 222508
- FMC Biddeford # 202503
- VA Medical Center-Providence #41002F
- ARA Dialysis Center of Providence # 412510
- ARA Dialysis Center of East Providence # 412512



# 16 Exceptional Performers

## ≥ 66% Consistent AVF Rate 8/09 to 7/10

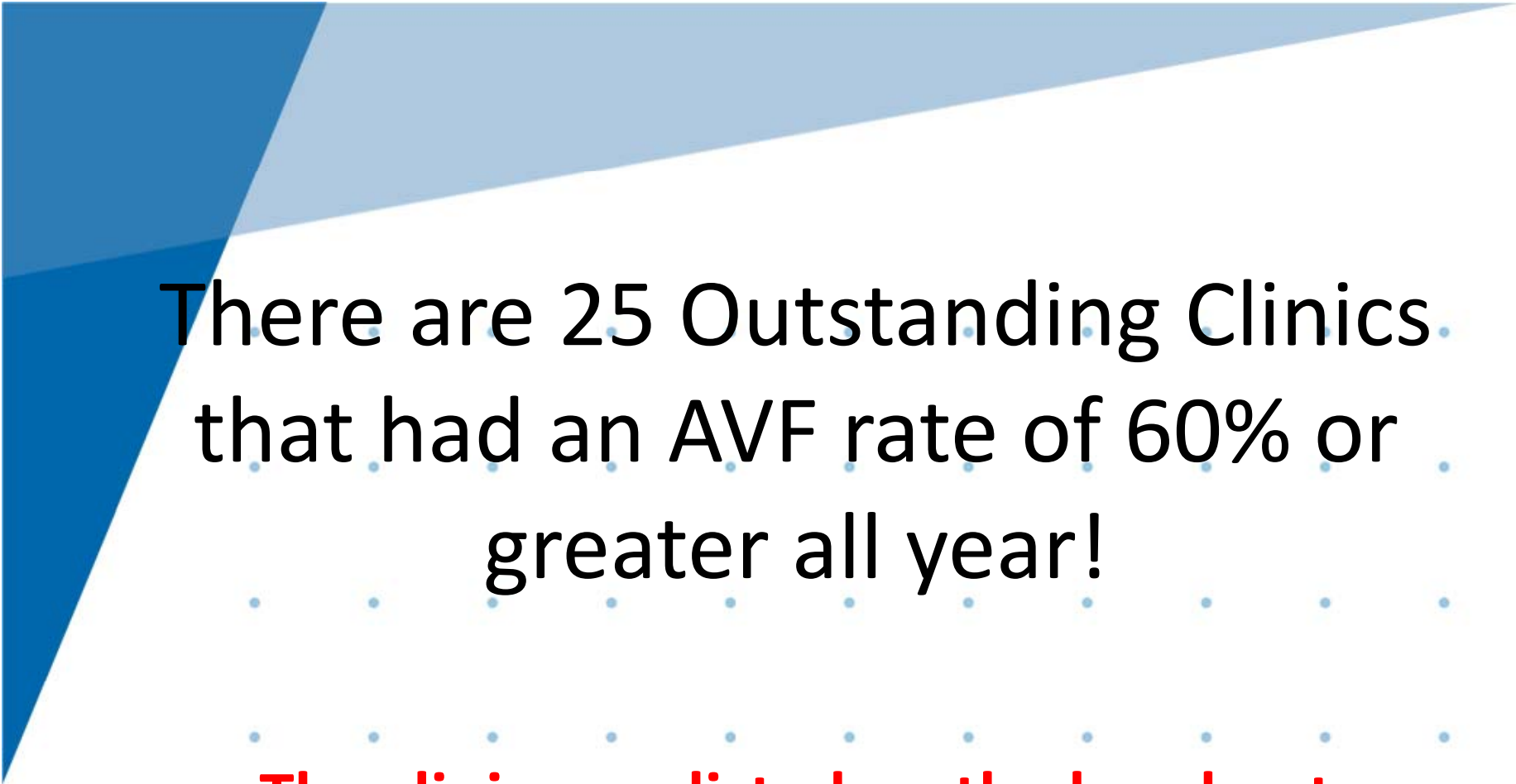
- Danbury Hospital Dialysis Clinic # 070033
- DaVita Shelton # 072510
- DaVita New London # 072515
- DaVita Black Rock # 072535
- VA Medical Center-Boston #22010F
- FMC Framingham # 222504
- VA Medical Center-Togus # 20003F
- FMC-Bath # 202505



# Exceptional Performers Continued

- ARA Dialysis of West Warwick # 412504
- ARA Dialysis Center of Tiverton # 412508
- FMC NH Kidney Center # 302500
- FMC Damariscotta # 202507
- DCI Walden Pond # 222559
- ARA Dialysis Fall River # 222566
- FMC Marlboro #222570





There are 25 Outstanding Clinics  
that had an AVF rate of 60% or  
greater all year!

**The clinics are listed on the hand out**

Congratulations  
to all the recipients.

Let's make the  
awards list  
even longer  
next year!



# Fistula First Information and Tools

- Visit the National Fistula First Project Website at: [http:// www.fistulafirst.org](http://www.fistulafirst.org)



- Visit the Network Website at: <http://www.networkofnewengland.org>

- Call the Network of New England for CQI/QAPI assistance at: [203-387-9332](tel:203-387-9332)

