Southeastern
Network 6 Kidney Council

Network 6 Catheter Champions
Best Practices

Progression	Best Practices
23 % → 10 %	▪ New Vascular Access Manager in place ▪ Weekly focused reviews ▪ New patients are educated about permanent accesses with one week of admission
23 % → 12 %	▪ Attempts are made to place AVFs while patient is still a new admit in hospital ▪ Vascular coordinator is immediately informed when a catheter patient is admitted to the facility ▪ Vascular surgery evaluation is scheduled within one week of admission to facility ▪ Patients are educated about the need for permanent AVF and the ill effects of a permcath ▪ Catheter and AVF rates are tracked and trended during monthly QPI meetings
41% → 17%	▪ Early referrals to surgeons while patients are in stage CKD 4 ▪ facility staff refer patients within 2 weeks if admitted with a catheter ▪ collaborative radiologic/surgeon/nephrologist involvement and awareness of goals ▪ Radiologist and surgeons attend CQI meetings to discuss issues, processes, follow-ups ▪ Initiated surgeon comparison outcome data spreadsheet ▪ Established expert sticker team to avoid infiltrations in fragile fistulas ▪ First stick team is responsible for caring for new AVFs and establishing buttonholes ▪ Designated an Access coordinator to educated staff using Fistula First data ▪ Daily use of “Access Board” in treatment area to communicate updates and alerts on all patients ▪ Now promote Buttonholes in all AVF patients ▪ This facility currently has 54 buttonholes in place ▪ Access coordinator uses web based information on Trifold posters for education ▪ Post tests and competency check offs are provided for staff education ▪ Use of Access Care Maps, CVC logs, computer screens with monthly information is maintained by the Access Coordinator ▪ The facility shares buttonhole information with local hospital acute staff using the Fistula First website ▪ Up to date Buttonhole information is faxed to acute dialysis staff at least once a month for each buttonhole patient

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		▪ Catheter and AVF outcome data is mailed to the area surgeons and interventional radiologist periodically ▪ Patients are encouraged to see surgeons outside the area that demonstrate interest and competence in more innovative surgical techniques for AVF/AVG failures
24%	→ 19%	▪ Use of a Vascular Access map and algorithm for all patients to monitor Access status ▪ Patient education sheet on admission; patients are instructed on best access, care of access, infiltrations and care of catheters at home ▪ Facility designated vascular access nurse to monitor all assesses ▪ Physicians to refer patients to vascular surgeons for AVF placement prior to admission to facility ▪ Patients admitted with a catheter are referred to a vascular surgeon within 2 weeks for evaluation ▪ If problems occur AVFs and AVGs are referred for interventions in a timely manner ▪ Review status of accesses at CQI meetings
26%	→ 20%	▪ Provide education for staff regarding the catheter reduction process; share the QAI data with staff members ▪ Initiate an ongoing improvement plan for catheter reduction in the facility ▪ Review access reports monthly ▪ Implement individual patient specific action plans with interventions to reduce the incidents of CVCs ▪ Provide education to the patients and their family members to raise awareness regarding the risks associated with CVCs ▪ Utilize the handout "just the Facts-Vascular Access" available at www.lifeoptions.org/pdfs/teachtools.vafac.pdf ▪ Collaborate with the nephrologists and the facility Medical Director to encourage the placement of a permanent access and timely removal of CVCs ▪ Educate and monitor staff in cannulation best practices ▪ Monitor and document cannulation in the patient record ▪ Establish a CVC Tracking Log for facility review at each QAI meeting
50%	→ 20%	▪ Implemented a cannulation protocol for new AV Fistulas ▪ Integrated 2 week time frame to refer patients to surgeons for AV Fistula evaluation ▪ Allowed appropriate time for clinical coordinator to schedule access referrals and follow-up with scheduled surgical interventions and algorithms

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		▪ Thorough CKD education and awareness throughout hospital and community by way of TRMC's Quality Initiative Program and monthly CKD Education classes
43%	→ 17%	▪ The Center's Vascular Access Manager completed the one stop tool and participated weekly in a call discussing barriers and success stories with other VAM in the region ▪ The use of the CVC root cause and rate tool provided by the network was very useful in identifying pts with CVC greater or less than 90 days. Visually seeing the graph of the pts less than 90 days encouraged and motivated the team, allowing the VAM to see progression ▪ Patients having vessel mapping done while inpatient at Wayne Memorial created an average of 7-10 days of time to be focused on placement. In turn it decreased the patients' transportation problems we sometimes faced with our VA surgeon being out of the county ▪ Vascular Access Manager worked with VA surgeon office with the needs of our patients and the transportation issues faced traveling out if the county with limited resources. Dr. Tommy Chang worked with 3 patients with special needs to insure they only had to make one trip for access placement
38%	→ 30%	▪ We are contacting the vascular surgeon at 4 weeks post op or sooner if the AVF or AVG does not appear to be maturing. ▪ We are utilizing a vascular access appointment note book to keep track of follow up appointments and giving reminder cards and phone calls 1-2 days prior to the appointments ▪ Only our RNs and most experienced PCTs are cannulating new accesses for the first time. ▪ Physicians are being given a report card during QAI meetings that shows all patients admitted for the month, who admitted them and what type of access they had on admission
22%	→ 12%	▪ Used the tracking tools provided by the Network ▪ Utilized our vascular dept staff as well as designating someone in the facility to track vein mapping, patient appointments with surgeons pre and post access placement. ▪ Utilized vascular access information in our PROTON system and the Intranet Able to bucket the information for Medical Director.