






Network 6 Adequacy Champions Best Practices

Progression	Best Practices
63%  86%	<ul style="list-style-type: none"> ▪ Staff in-services with team to discuss proper priming of circuit, proper heparin administration, proper cannulation technique and vascular access surveillance ▪ Medical Director educates patients regarding the risks of signing off early ▪ Attention/monitoring of physician prescription changes ▪ Team training on lab orders, lab draws and lab processing ▪ Consistent monitoring and follow up of patients' lab results with timely intervention ▪ Team training to ensure accurate lab data entry
67%  88%	<ul style="list-style-type: none"> ▪ Collaborate with the physician group for all new patients to start with a 4 hour treatment time ▪ Referral to surgeon after second occurrence of poorly functioning CVCs ▪ PCTs attended cannulation training offered by Network 6 to maintain use and care of existing AVF accesses ▪ First Stick team in place with a decreased number of infiltrations observed
64%  97%	<ul style="list-style-type: none"> ▪ Dialyze all patients with a CVC for 4 hours and refer for access placement within week one ▪ Review lab results and implement changes during next treatment per MD order ▪ Use Stop Flo method for adequacy collection (specimen) ▪ During rinse back monitor for clotted fibers and adjust heparin as needed ▪ Maintain maximum blood flow throughout the treatment ▪ Utilize lab draw reminders
67%  90%	<ul style="list-style-type: none"> ▪ Educate patients on running complete time of treatment ▪ Educate all staff on rinsing patients properly to clear blood lines every treatment ▪ Encourage patients to have fistulagrams for better blood flow ▪ Monitor labs closely monthly especially Hgb and Hct to keep within normal limits ▪ It is OK to use the word "death" when educating patients about adequacy
63%  84%	<ul style="list-style-type: none"> ▪ Conduct a staff meeting or in-service on adequacy for staff ▪ Adequacy and Access managers monitor adequacy monthly and PRN

Network 6 Adequacy Champions Best Practices

69% ⇒ 88%

- Patient and staff education on importance of compliance with hemodialysis time and prescription
 - Nurse manager discusses non-compliance issues every month at QAPI meetings
 - Timely referrals to surgeons for AVF placement
 - Hemodialysis time increased PRN by 15-30 minutes
 - Confirm patient's prescribed KT/v and assess the delivered KT/v. If delivered KT/v is less than prescribed then evaluate:
 - Dry weight
 - Check the BFR to ensure its appropriateness for access type and needle size
 - Check the appropriateness of the dialyzer size and change as necessary
 - Assess dialysate flow
 - Assess treatment time
 - Collaborate with MD for changes to treatment regime as necessary
 - Evaluate heparinization for 5 minute delay and adequacy
 - Evaluate access flow direction and assess for recirculation
 - Send patient for access evaluation placement within 2-4 weeks of admission
 - Assess for residual urine and determine residual renal function
 - Conduct random blood draw audits to ensure compliance with blood draw protocols
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