


## Network 6 Catheter Champions Best Practices

Progression		Best Practices
23 %	⇒	10 %
<ul style="list-style-type: none"> <li>▪ New Vascular Access Manager in place</li> <li>▪ Weekly focused reviews</li> <li>▪ New patients are educated about permanent accesses with one week of admission</li> </ul>		
23 %	⇒	12 %
<ul style="list-style-type: none"> <li>▪ Attempts are made to place AVFs while patient is still a new admit in hospital</li> <li>▪ Vascular coordinator is immediately informed when a catheter patient is admitted to the facility</li> <li>▪ Vascular surgery evaluation is scheduled within one week of admission to facility</li> <li>▪ Patients are educated about the need for permanent AVF and the ill effects of a permcath</li> <li>▪ Catheter and AVF rates are tracked and trended during monthly QPI meetings</li> </ul>		
41%	⇒	17%
<ul style="list-style-type: none"> <li>▪ Early referrals to surgeons while patients are in stage CKD 4</li> <li>▪ Facility staff refer patients within 2 weeks if admitted with a catheter</li> <li>▪ Collaborative radiologic/surgeon/nephrologist involvement and awareness of goals</li> <li>▪ Radiologist and surgeons attend CQI meetings to discuss issues, processes, follow-ups</li> <li>▪ Initiated surgeon comparison outcome data spreadsheet</li> <li>▪ Established expert sticker team to avoid infiltrations in fragile fistulas</li> <li>▪ First stick team is responsible for caring for new AVFs and establishing buttonholes</li> <li>▪ Designated an Access coordinator to educate staff using Fistula First data</li> <li>▪ Daily use of “Access Board” in treatment area to communicate updates and alerts on all patients</li> <li>▪ Now promote Buttonholes in all AVF patients               <ul style="list-style-type: none"> <li>▪ This facility currently has 54 buttonholes in place</li> </ul> </li> <li>▪ Access coordinator uses web based information on Trifold posters for education</li> <li>▪ Post tests and competency check offs are provided for staff education</li> <li>▪ Use of Access Care Maps, CVC logs, computer screens with monthly information is maintained by the Access Coordinator</li> </ul>		

## Network 6 Catheter Champions Best Practices

24%  19%

- 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
  - 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
  - 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 accesses
  - 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 with AVFs and AVGs, the patients are referred for interventions in a timely manner
  - Review status of accesses at CQI meetings
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