

2008

Southeastern Kidney Council ESRD Network 6 Fistula First Validation Quality Improvement Project Final Report

This information is the final report for the 2008-09 Fistula First Validation Quality Improvement Project. The contents of this report are to be utilized to educate staff on the importance of maintenance and documentation of all vascular access types. Additional copies are available on our website at www.esrdnetwork6.org



BACKGROUND:

The data generated for the Fistula First project establishes benchmarks that are used to set goals, define outcomes, identify best practice and determine which dialysis facilities are in need of improvement. Because this information is used so extensively, it is imperative that the data be valid. Network 6 has observed data and process anomalies that may indicate data inconsistencies that deserve further investigation. For example:

- Network 6 is a member of the Fistula First National Vascular Access Data Validation Group that met once in February 2008 to evaluate the process that CSC uses to collect LDO data. The group identified concerns with the process that could impact validity.
- According to the Fistula First Dashboard LDO facilities have been consistently lower than Non LDO facilities in prevalent AVF usage despite the fact that LDOs have corporate Quality Improvement resources and the Network has provided the same consistent technical assistance to both. Since we are unable to account for these variations, we want to ensure it is not a reporting issue.

Various Medical Directors have contacted members of the Medical Review Board and Network 6 staff regarding discrepancies between actual AVF usage and reported AVF usage. Many stated that current systems within their corporation might not be accurate. Upon review of this data and conversations with various Medical Directors of LDO facilities within ESRD Network 6 regarding possible data discrepancies between actual and reported AV Fistulas, the MRB felt that a data review would be critical to ensure the accuracy and validity of the reported data therefore capturing all AVF usage within Network 6.

PROJECT DESCRIPTION:

Network facility staff will review Fistula First data from selected facilities to ensure the accuracy and validity of the reported date so that all prevalent AV fistulas are reported.

GOAL:

95% match between the Fistula First Dashboard batch load and collected facility information.

MEASURE:

Numerator: # of batch-loaded AV access records where the batch data and the abstracted data match

Denominator: Total # of records validated

INTERVENTION:

Phase 1: 9 facilities were chosen based on affiliation, geographic location and patient census. This pilot tested the validation process. The Facility Administrator and Nursing Supervisor were

sent a certified letter and facility roster as of March 30, 2008 voluntarily requesting the following information for each patient:

- Last treatment sheet for the month of March 2008
- Standing orders that include vascular access information
- Additional documentation related to vascular access (i.e. Vascular Access Coordinator logs, ongoing assessment logs)

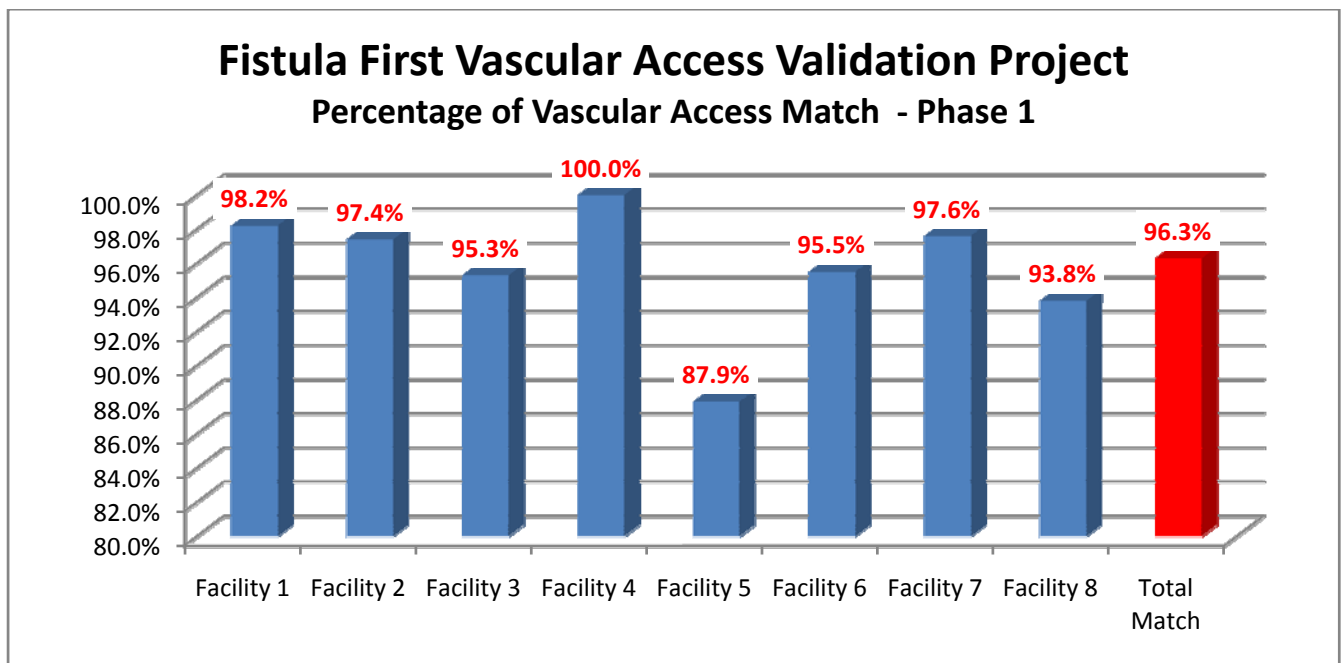
This information was collected by Network staff and aggregated. Network staff requested the batch loaded patient level information for this time period from CSC. The aggregated collected information was compared to the information that is batch loaded to CSC.

Phase 2: Site visits were performed on 5 of reporting facilities to perform a visual comparison of reported data to actual patient access.

CONCLUSION:

Phase 1

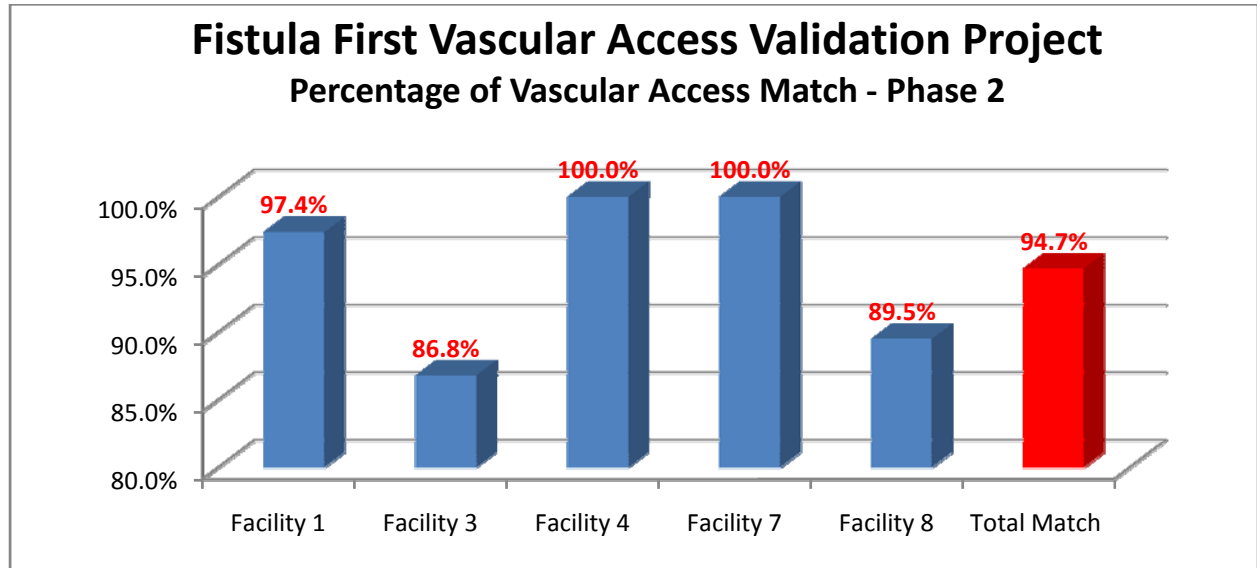
The table below is information collected by the facility personnel related to access. The Total match was at 96.3%.



Phase 2

Site visits were performed on 5 of the 8 (62.5%) reporting facilities to verify information collected. Network staff presented at the facility and visually compared patient accesses to the information stored on site for the patients. The results are as follows:

Based on collected information there was an overall match of 94.7%.



The written QI Project goal was a match of $\geq 95\%$ match. Therefore the goal was met and expanded data sample will not be requested. However, based on the information collected, Network 6 staff concludes that this was a small sample (1.7%) and that if these data discrepancies exist across Network 6 it can make an impact on the overall Network Fistula First rate. Network staff note that various facilities are not updating their current data to reflect the patients current functioning access and will send educational information to each facility on the importance of this updated information and begin with development of a facility QAPI to assist with data driven validation.