

A provider's guide to encouraging arteriovenous fistula (AVF) prevalence in renal dialysis patients

The best vascular access that can be offered patients is a native arteriovenous fistula (AVF). Of all the types of vascular access available, fistulas are associated with the lowest failure and complication rates, and provide for superior bloodflow rates which allow for more efficient dialysis.

Network 11, State Survey Agencies, and Providers have formed a partnership to work toward improving the rate of fistula placement. This outline is provided to help you better prepare for the future expectations of your facility. Please review this with your facility Medical Director and your staff to better prepare your staff for future Medicare surveys.

Thank you for your partnership on these very important Fistula First initiatives

For additional resources, contact:

**www.fistulafirst.org
www.esrdnet11.org/quality/fistula_first.asp**

or Renal Network 11 at:

**(651) 644-9877
info@nw11.esrd.net**



**Prepared by the Upper Midwest
Fistula First Coalition**



A Provider's Guide

**Preparing for the
Vascular Access
Portion of your
Medicare Survey**

Focus on the Fistula Plan

The following are areas that may be reviewed during a Medicare survey. This has been assembled to help your facility prepare for a Medicare survey with a focus on vascular access.

Pre-survey Activities:

- Surveyors may review the facility specific data report and contact the Renal Network 11 for current information regarding your facility's vascular access rates.

Entrance Conference:

- Surveyors may ask for the patient roster which includes the type of vascular access.
- Surveyors may review with the facility questions from the off-site specific data report or information from the Network to verify current patient access data.
- Surveyors may ask the facility to collect all quality assurance information for review regarding access monitoring, goals, infection rates, etc.

Tour and Direct Observation:

- Surveyors may observe the staff process of assessing and cannulating vascular access.
- Surveyors may observe the staff process of access assessment.

Sample Selection:

- Surveyors will select at least a 10% sample for record review, which may include patients with catheters, grafts, and fistulas.

Patient Interviews—Surveyors may ask patients:

- What have they been told and what is their understanding of their options/risks/benefits of various kinds of vascular access?
- How long have they been on dialysis?
- Why they have the access type observed?
- Has anyone talked with them about their access care?

Staff Interviews—Surveyors may ask:

- The nursing staff how patients are informed of vascular access options.
- The Medical Director how the facility addresses vascular access.
- The Medical Director to describe cannulation training for staff and patients.
- The Medical Director to describe the access monitoring system.

Clinical Record Review:

- Surveyors may check for documentation of patients' awareness of options, choices and education related to risks/benefits of various vascular access types.

Review Personnel Records:

- Surveyors may look in the staff training history to see if there are specific indications of specialized training in cannulation, assessing sites, maturing fistulas, and the care of new fistulas.
- Surveyors may look to see evidence of ongoing evaluation of skills.

Quality Assurance—Surveyors may:

- Look for Vascular Access monitoring systems.
- Look for trends: tracking percent of each type of access and infection rate.
- Look for identified goals for vascular access management and action toward those goals.
- Look to identify how many conversions took place in the last 12 months (i.e. catheter/graft to fistula).
- Look to identify systems of consultation with vascular surgeons and how the facility communicates and consults with surgeons.