

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #1**

FACILITY:					TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Dietitian Social worker Surgeons Nephrologists
CONTACT:					
PROBLEM STATEMENT: Vascular access not consistent part of CQI review					
ROOT CAUSE(S): Lack of communication between interdisciplinary team Lack of structure for vascular access CQI team					
ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> Designate staff member in dialysis facility responsible for vascular access. Assemble multi-disciplinary vascular access CQI team in facility or hospital. (Should minimally include RN responsible for vascular access and Medical Director; ideally should include all key disciplines including SW, dietitian, PCT, surgeon, MDs) Investigate and track all non-AVF access placements, and AVF failures monthly. Review monthly at CQI meeting. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #2**

FACILITY:					TEAM MEMBERS: Clinic nurse Dietitian Social worker Primary care provider Physician extender (NP, PA) Nephrologist
CONTACT:					
PROBLEM STATEMENT: Patients not referred timely to nephrologist for pre-ESRD care					
ROOT CAUSE(S): Lack of education for primary care physicians and clinicians Limited patient access to CKD care Limited multi-disciplinary approach to pre-ESRD care					
ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Encourage primary care physicians to utilize ESRD/CKD referral criteria to ensure timely referral of patients to nephrologists. 2. Establish meaningful criteria for PCPs who may not perform GFR or creatinine clearance testing. 3. Support nephrologist to document AVF plan for all patients expected to require renal replacement therapy. 4. Designate nephrology staff to educate patient and family to protect vessels, using bracelet as reminder. 5. Consider using a physician extender (NP, PA) to provide vascular access education, referral, and support in CKD clinic. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #3**

FACILITY:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Surgeons Nephrologists
CONTACT:	
PROBLEM STATEMENT: Patient not referred to surgeon timely for 'AVF only' evaluation and placement	
ROOT CAUSE(S): Limited patient pre-ESRD care Lack of structured referral system Lack of nephrologist-surgeon partnership	

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Support nephrologist/nurse to perform appropriate eval. and exam prior to surgeon referral before dialysis or within 90 days of HD start. 2. Support nephrologist to refer patient for vessel mapping prior to surgeon referral before dialysis or within 90 days of HD start. 3. Support nephrologist to refer to surgeon for 'AVF only' no later than Stage IV ,GFR<30 4. Support nephrologist to define AVF expectations to surgeon, including vessel mapping. 5. If pre-dialysis AVF placement does not occur, support nephrologist to order AVF evaluation and placement at initial hospitalization for HD start. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #4**

FACILITY:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Surgeons Nephrologists
CONTACT:	
PROBLEM STATEMENT: Surgeon referral and selection not based on best AVF outcomes	
ROOT CAUSE(S): Limited surgeon referral sources Limited surgeon education and/or experience with AVF procedures Surgeon referral based upon facility preferences	

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Support nephrologists to communicate expectations to surgeons performing vascular access. 2. Support nephrologist to refer to surgeons willing and able to meet the standards and expectations. 3. Evaluate surgeon selection on frequency, quality, and patency of access placement. 4. Conduct data collection ongoing at dialysis facility on surgeon procedures performed and results. Report data monthly at CQI meeting. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #5**

FACILITY:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Surgeons Nephrologists
CONTACT:	
PROBLEM STATEMENT: Surgical approaches offered by surgeon are limited; Patients not considered candidate for AVF	
ROOT CAUSE(S): Limited education/experience of surgeon Limited surgeon referral source Limited resources/locations for surgeon to expand techniques offered	

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Provide education to surgeon through CD/DVD and/or mentorship available from network. i.e. expanded surgical procedures and patient criteria eligible for AVF. 2. Support surgeon to perform vein mapping if patient not considered AVF candidate. 3. Partner nephrologist, facility vascular access coordinator, and surgeon to evaluate current AVG patients for secondary AVF. 4. Send facility comparative surgeon data to surgeons not performing expanded techniques. (i.e. vein transposition) 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #6**

FACILITY:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurse Patient care technician Surgeon Nephrologist
CONTACT:	
PROBLEM STATEMENT: Facility has high occurrence of arteriovenous graft (AVG)	
ROOT CAUSE(S): High AVG placement for prevalent and/or incident patients Surgeon preference for placing AVG	

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Support nephrologist and vascular access coordinator to evaluate every AVG patient for possible secondary AVF placement. 2. Educate dialysis staff and vascular access coordinator to examine outflow vein of all AVG patients during dialysis treatments at least monthly. Identify patients who may be suitable for elective secondary AVF conversion in upper arm and notify nephrologist of patient list. 3. Support nephrologist to refer eligible patients to surgeon before AVG failure. 4. Document vascular access plan of care for all patients currently using a graft for dialysis. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #7**

FACILITY:					TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Dietitian Social worker Surgeons
CONTACT:					
PROBLEM STATEMENT: Facility has high occurrence of catheters					
ROOT CAUSE(S): High catheter placement for prevalent and/or incident patients Surgeon preference for placing AVG Limited time prior to dialysis for nephrologist and/or surgeon referral Patient preference					
ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Evaluate all catheter patients for AVF, regardless of previous access. Include vein mapping in evaluation. 2. Implement protocol to track all catheter patients for removal of catheter. 3. Investigate and track all catheter or port access placements monthly and report to CQI team. 4. Document vascular access plan of care for all patients currently using a catheter or port for dialysis. 5. Educate & follow up with catheter patients monthly to support placement of permanent vascular access. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #8**

FACILITY:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Dietitian Social worker Surgeons
CONTACT:	
PROBLEM STATEMENT: Facility has limited experience and/or good outcomes with AVF cannulation	
ROOT CAUSE(S): Staff have limited dialysis and/or cannulation experience Staff have limited exposure to AVG or AVF cannulation needs (High occurrence of AVG or catheters) Limited or sub-optimal surgical technique	

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Evaluate all catheter patients for AVF, regardless of previous access. Include vein mapping in evaluation. 2. Implement protocol to track all catheter patients for removal of catheter. 3. Investigate and track all catheter or port access placements monthly and report to CQI team. 4. Document vascular access plan of care for all patients currently using a catheter or port for dialysis. 5. Educate & follow up with catheter patients monthly to support placement of permanent vascular access. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #9**

FACILITY:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Surgeons
CONTACT:	
PROBLEM STATEMENT: Inadequate monitoring and surveillance to ensure adequate vascular access function	
ROOT CAUSE(S): Limited staff experience and/or knowledge with vascular access monitoring technique Lack of protocols in place for monitoring and surveillance of vascular access Limited staff time to perform vascular access monitoring Lack of multi-disciplinary approach to vascular access surveillance and monitoring	

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Support nephrologist AND surgeon to conduct post-operative exam of AVF at 4 weeks to detect early signs of failure and refer for interventions as needed. 2. Adopt standard procedures for monitoring, surveillance, and timely referral if indicated in the dialysis facility. 3. Support nephrologists and surgeons to adopt standard criteria to determine the appropriate extent of intervention on existing access before placing new access. 4. Develop vascular access plan of care for every patient integrating facility, nephrologist, and surgeon. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #10**

FACILITY:					TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Dietitian Social worker Surgeons Nurse extender CKD clinic nurses
CONTACT:					
PROBLEM STATEMENT: Poor vascular access outcome due to lack of caregiver/patient knowledge on caring for access					
ROOT CAUSE(S): Limited pre-ESRD education Limited patient education program in CKD clinic and/or dialysis facility Limited resources for patients and caregivers					
ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> In-service facility staff regularly on vascular access and patient talking points. Provide education to all caregivers pre-dialysis and after HD start, integrating the nephrologist and surgeon into education sessions. Educate patients to improve the quality of their vascular access outcome through knowledge of prepping sites, applying pressure at sites, use of clamps, assisting staff to select sites, etc. 					

**FISTULA FIRST CHANGE CONCEPTS
CQI ACTION PLAN—CHANGE CONCEPT #11**

FACILITY:					TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Dietitian Social worker Surgeons
CONTACT:					
PROBLEM STATEMENT: Facility outcomes not used to guide future practice with vascular access					
ROOT CAUSE(S): Lack of structure to review outcomes and make system change Lack of system to collect vascular access data Limited analysis of data collected					
ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
<ol style="list-style-type: none"> 1. Review quarterly vascular access data received from network and report at CQI meetings. 2. Collect and review surgeon vascular access placements, quality and quantity, and report at CQI meetings. 3. Report data at staff meetings routinely. 4. From analysis of data in CQI, document next steps to making changes in facility. 					