

Fistula First Quality Improvement Plan Development

Several Network 11 dialysis facilities have shown significant improvement in their AVF rates through the completion of an effective quality improvement plan. These plans were successful because they included each component of the quality improvement process and also incorporated ongoing participation from the facility, nephrologist, and vascular access surgeon. Please use the following strategies as you develop a quality improvement plan for your facility:

- **Goal:** Define the desired outcome area currently not being met.
Example: AVF prevalence \geq 50%; 5% improvement in AVF rates over next 12 months.
- **Problem Statement:** Define the problem that has prevented goal from being met, remembering that your facility could have multiple problem statements for one outcome area. Example: High occurrence of catheter placements.
- **Multidisciplinary Team:** Determine the team members necessary to improve the outcome identified in the problem statement.
Example: Medical Director, Nurse Manager, Renal Social Worker, Renal Dietitian, Attending Nephrologists, Vascular Access Surgeon, Vascular Access Coordinator, Dialysis Nurses, Patient Care Technicians
- **Root Causes:** Determine the underlying causes that have led to the problem.
Example: Patient or physician preference; Limited time prior to onset of dialysis
- **Action Plan Implementation Steps:** Determine what steps need to be taken to address the problem and its root causes. For each step, determine what team member(s) are primarily responsible for completing the task, what date the task should begin, and an estimated date for completing the task.
Example: Step 1. Evaluate all catheter patients for AVF, regardless of previous access. (Steps 2., 3., 4., etc.)
Responsible team member: Jane Johnson, Vascular Access Coordinator
Start Date: June 1, 2006
Estimated Completed Date: July 1, 2006 and monthly thereafter
- **Evaluation:** Determine a timeframe and structure for how each action plan step will be evaluated. During task evaluation, tasks may need to be revised or changed to facilitate further improvement. Example: Bring list of current catheter patients to CQI meeting monthly for team to review; report any changes in AVF improvement to CQI team.

For more assistance on developing a quality improvement plan for your facility, consider using the following resources located at www.esrdnet11.org/quality/fistula_first.asp.

Fistula First Change Concepts CQI Action Plan Root Cause Analysis Tool Network 11 CQI Action Plan Form

Please also contact Chris or Jan at the Network 11 office for further assistance.



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