

CHANGE CONCEPT #1

Routine CQI Review of Vascular Access

*The Florida
ESRD
Network is
Here to
Help!*

- Designate staff member in dialysis facility responsible for vascular access CQI
(*PCTs make excellent choices as Access Manager*)
- Make Fistula First a part of your monthly CQI review
- Include your Medical Director, Nephrologist, Primary Care Physician, Vascular Surgeon, Social Worker, Dietitian, and Patient as part of your Vascular Access CQI Team
- Investigate and track all vascular access placements and failures

Assess your Barriers to Vascular Access CQI—

1. Licensed personnel are too busy.
2. Staff unwilling to help.
3. PCTs not properly trained.
4. Doctors or Surgeons not taking responsibility.
5. Not enough time to track access information.

Interventions to Barriers

1. Assign interested PCT to role of Vascular Access Manager.
2. Assign Co-Assess Managers to share the responsibility (one for M-W-F, one for T-TH-S)
3. Educate entire team on importance of AVF as vascular access, impact on mortality and effect on patient's quality of life.
4. Share facility specific vascular access data and K/DOQI vascular access goals with entire staff.
5. Review vascular access data with Nephrologists and Surgeons.
6. Entire team should document daily all access events in vascular access log or tracking tool (poor flow, clotted, high venous pressure, etc.)