

CHANGE CONCEPT #2

Timely Referral to Nephrologist



- Primary care physicians utilize K/DOQI pre-ESRD/CKD referral criteria, sending patients to nephrologist prior to Stage 4.
- Establish meaningful referral criteria for physicians not performing GFR or creatinine clearance testing (ie. serum creatinine criteria or GFR conversion formula).
- Nephrologist documents AVF plan for all patients expected to require renal replacement therapy, regardless of therapy considered.
- Designated nephrologist's staff member educates patient and family on AVF benefits, including encouraging patients to wear Medic-Alert bracelets emphasizing the need for vein preservation.

Assess your Barriers to Timely Referrals —

1. Primary care physicians do not refer patients prior to ESRD.
2. Too many physicians refer to this facility to be able to establish criteria with all of them.
3. Staff members do not have the time to talk with the primary care physicians.
4. Doctors or surgeons not taking responsibility.
5. Nephrologists continue to admit patients with central venous catheters as their only vascular access.

Interventions to Barriers

1. Determine which primary care physicians refer the majority of patients to your nephrologists and facility.
2. Have the facility administrator, clinical coordinator or vascular access manager schedule a visit with the primary care physician's office manager to review the pre-ESRD referral criteria and the importance of AVF placement. Ask the office manager to share this information with the physician and the office team.
3. In collaboration with your nephrologist, establish referral criteria for physicians not performing GFR or creatinine clearance testing, such as serum creatinine levels or a GFR conversion formula. (Refer to www.kidney.org/professionals/kdoqi/gfr_page.cfm)
4. Send a copy of the pre-ESRD referral criteria to all primary care physicians involved, your local hospital administrators and emergency departments.
5. Share a copy of this referral criteria with all nephrologists involved and educate them on the importance of AVF as vascular access, impact on mortality and effect on patient's quality of life.

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