



## The Florida ESRD Network

### *Best Demonstrated Practices Improving Permanent Access Rates and Catheter Reduction*

The following are some best-demonstrated practices implemented by dialysis providers pertaining to improving permanent access placement and reducing catheters. A more focused approach to facility vascular access management has demonstrated significant improvement in permanent vascular access rates.

- Developing an individual vascular access plan for each patient with catheter only and reviewing the plan weekly.
- Incorporating the vascular access surgeon in the facility's vascular access management program.
- Facility vascular access managers involved in scheduling patient appointments and follow-ups.
- Weekly meeting with facility core team to review vascular access program.
- Coordinating with nephrologists and surgeons to schedule access evaluation/placement during first hospital admission.
- Presenting to surgeons facility specific data pertaining to failed accesses.
- Showing vascular access videos to patients and family members to increase awareness of the importance of permanent vascular access placement.
- Patients talking with catheter patients to emphasize catheter complications and benefits of a permanent access as the better choice.
- Placement of permanent access while patient in hospital for initiation of dialysis.
- Scheduling surgeons and office staff to visit the dialysis facility to observe first hand the hemodialysis procedure and discuss vascular access issues.
- Involving the surgeon in discussion regarding non-maturing accesses.
- Scheduling of patients' follow up appointments with the surgeon's office in advance while access is maturing.
- Obtaining all vascular access evaluation and operative reports from hospital/surgeon office for placement in patient medical record.
- Staff education to "Sleeves Up" approach for patients with lower arm AV grafts.
- Involving all staff including social workers to conduct conversations with patients that refuse permanent access or refuse access cannulation to identify root cause(s) for refusal.
- Schedule mapping for access placement evaluation on the first day of admission to the facility.
- Facility staff, nephrologists, and surgeon mutually developing a facility protocol to address permanent vascular access placement for new patients admitted with catheter only.
- Include vascular access as a topic in QI meetings with documentation in meeting minutes.

The Florida ESRD Network (Network 7) is providing this fax blast as a technical assistance activity for the Florida renal community.

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