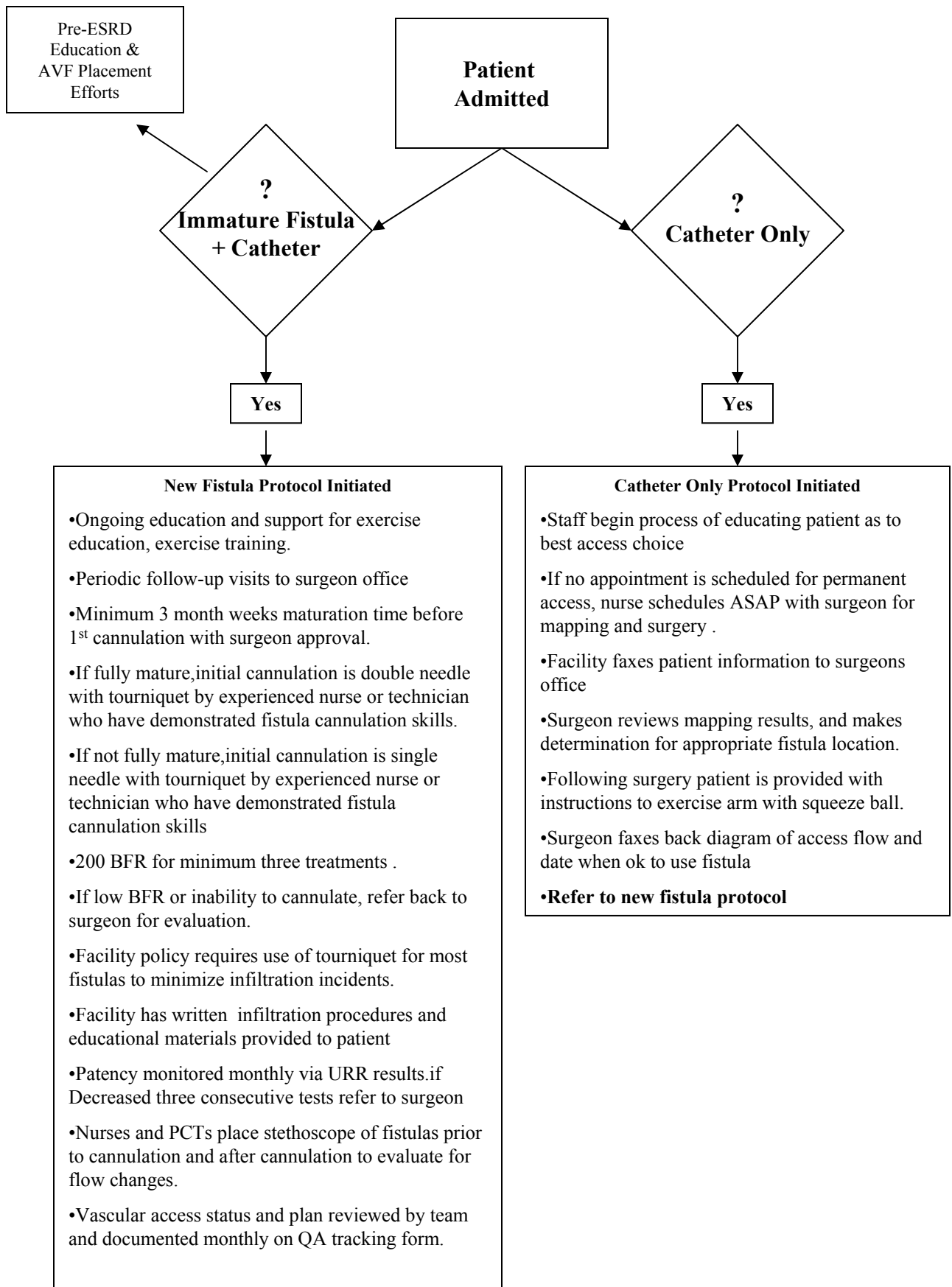


# Example Facility B: Fistula Management Process & Strategies



# Example Facility B: Facility Information

## Facility Specifics

#65 HD Patients / #7 PD patients  
16 stations  
Davita facility  
Urban unit  
7 physicians

Medical Director: Steve Fadem, MD  
Nurse Manager: Fariba Rahieha, RN  
Primary Surgeon: George Letsou, MD

## Vascular Access Information (7/03)

- **40% Fistulas**
- **38% Grafts**
- **13% Catheters**
- **3 fistula maturing**
- **1 graft maturing**
- **2 awaiting graft or fistula placement**
- **2 patients with no AV options**

## Strategies and Processes to Increase Fistula rate

- Medical Director (s) and nurses recognize the importance of fistulas as 1<sup>st</sup> choice for vascular access and have implemented QI activity to meet the K/DOQI fistula targets
- Facility nephrologist are focusing additional attention on pre-ESRD fistula placement
- Nurse manager took it upon herself to identify a surgeon (George Letsou) willing to place fistulas and coordinated with nephrologists to begin making referrals.
- Affiliated surgeon requests mapping on 100% of patients.
- Over 80% of fistulas placed are in the upper arm
- Surgeon has provided in-services for facility staff upon request
- Treatment team holds daily meetings to discuss patients vascular access issues and discuss cannulation strategies
- Documenting patient vascular access status and plans in medical record and in QI provides an ongoing stimulus to team to focus on vascular access.
- Facility maintains a vascular access record for each patient that includes access type, procedures, dates, and physician
- Staff are proponents of fistulas and encourage patients to consider them to avoid hospitalizations, travel expenses and surgery.