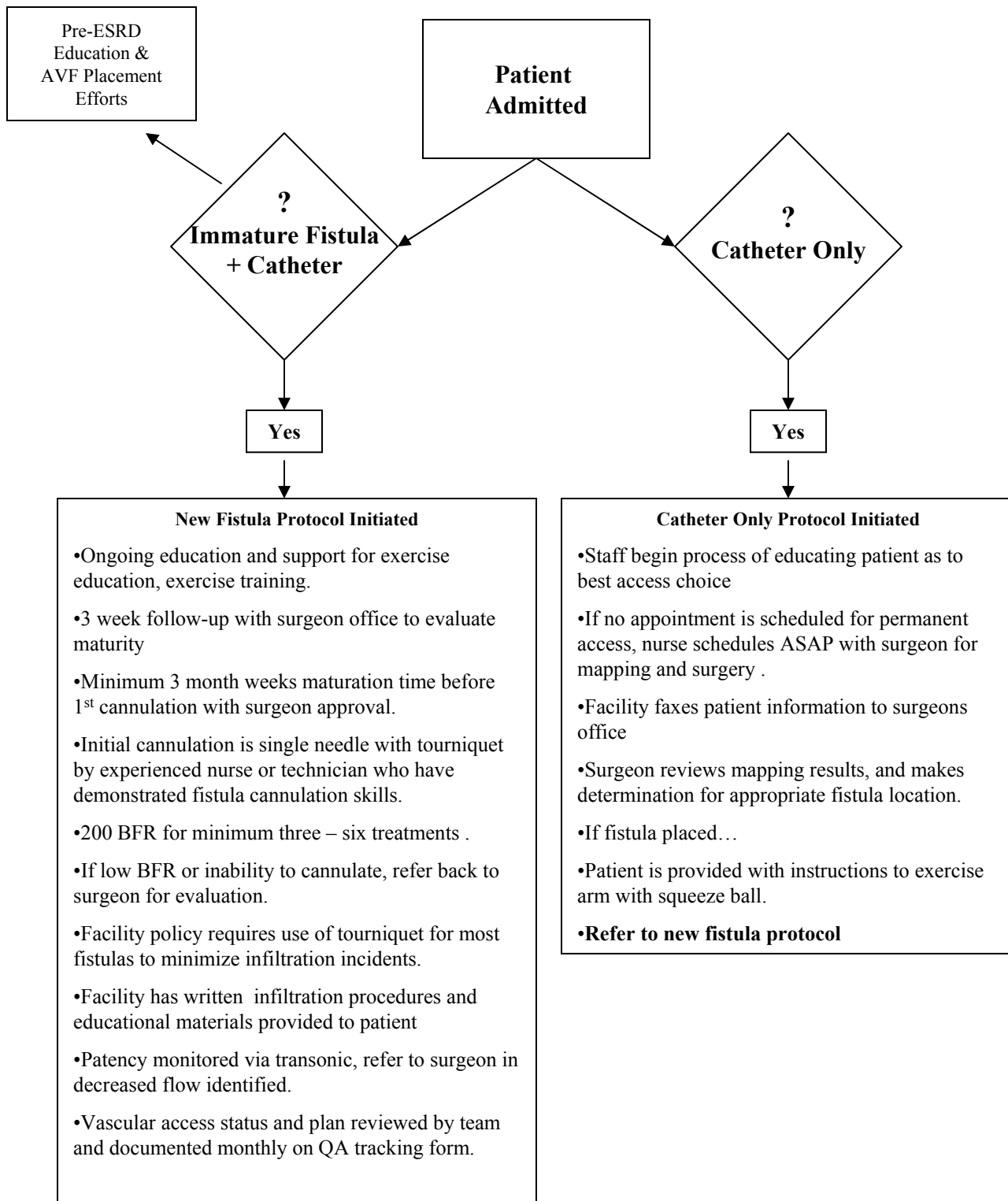


Example Facility C: Fistula Management Process & Strategies



Example Facility C: Facility Information

Facility Specifics

#107 HD Patients / #13 PD patients
18 stations
RCG facility
Urban unit
2 physicians

Medical Director: Manuel Lopez, MD
Nurse Manager: Jaime Loya, RN
Primary Surgeon: Edward Gomez, MD

Vascular Access Information (7/03)

- **50% Fistulas**
- **26% Grafts**
- **24% Catheters**
 - *6 fistula maturing*
 - *0 graft maturing*
 - *6 awaiting graft or fistula placement*
 - *6 patients with no AV options*
 - *3 patient refuse ACF placement*

Strategies and Processes to Increase Fistula rate

- Medical Director (s) and nurses recognize the importance of fistulas as 1st choice for vascular access and have implemented QI activity to meet the K/DOQI fistula targets
- Facility nephrologist focusing a great deal of effort on CKD patients and the placement of pre-ESRD fistula placement
- Facility uses one primary surgeon for VA group
- Affiliated surgeon requests mapping on 100% of patients.
- Over 80% of patients are admitted with a fistula in place
- During last 2 years on 2 grafts placed
- Surgeon has provided in-services for facility staff upon request and makes facility patient visits to evaluate access
- 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
- Patient have recognized the preferred access and surgeon