



62051

ESRD Network of Texas, Inc. (NW #14)
Conversion of AVG to Secondary AVF
Vascular Access QIP Evaluation Scan

Please complete and fax to 972-996-0396
DO NOT SUBMIT EVALUATION SCAN TO ANY OTHER FAX NUMBER!!!!

Facility Name :

CMS Certification Number (CCN)/Medicare Provider Number: → [Use your 6 digit # 45XXXX or 67XXXX]

Important Note: Computer software will not read hand written comments. Submitt comments to awieler@nw14.esrd.net OR bknotek@nw14.esrd.net.

1. Did the tools/resources you received for this Toolkit provide you with new information on practices and processes for conversion of AVG to secondary AVF? Yes No

2. Did you make any changes in your practices or processes as a result of your facility's utilization of the Toolkit? Yes No

3. Were the tools and resources provided self-explanatory and easy to implement? Yes No

If No, did you contact NW 14 for technical assistance? Yes No

If you did not contact the NW 14 for technical assistance, were you aware that this type of service was available to you by the Network? Yes No

4. Did implementation of the Toolkit Resources facilitate enhanced communication & collaboration among vascular access team members (surgeons, nephrologists, and your facility) to achieve the facility goals? Yes No

5. Please rate the usefulness of the following Network #14 Fistula First Resources by how useful each tool/resource was to you in developing and implementing processes/practices for converting AVGs to secondary AVFs:

1 = Very Useful 2 = Somewhat Useful 3 = No Useful

- Change Package - Change Concept #6
- Access Manager Sleeves Up Checklist
- Secondary AVFs in Patients with AVGs - "Sleeves Up"
- Graft to AVF Conversion Checklist
- Secondary AVFs in Patients with AVGs - Rationale
- Other