

# ESRD Network of Texas, Inc. Criteria and Standard for Vascular Access Quality Assessment and Performance Improvement

2009

As required in the Federal regulations<sup>i</sup>, each certified dialysis facility must perform ongoing Quality Assessment and Performance Improvement.

**494.110 Condition: Quality assessment and performance improvement** The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team.

(1) The program must include, but not be limited to, an ongoing program that achieves measurable improvement in health outcomes...

(2) The dialysis facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. The program must include, but not be limited to, the following: **(v) Vascular access**

**Standard I:** Each facility incorporates ongoing review, at least monthly, of the following outcomes related to its vascular access program with concomitant quality improvement interventions:

- a. Number and percent of total patients for achievement of the following desired outcomes based upon KDOQI Guidelines:
  - i.  $\geq 66\%$  of patients with AVF
  - ii.  $< 10\%$  of patients with catheter only for  $\geq 90$  days
- b. Evaluation of all newly placed AVFs for delayed function defined as one or more of the following:
  - i. Delayed maturation
  - ii. Difficult needle placement
  - iii. Unable to use within 3 months
  - iv. Limb ischemia
- c. Profile non-AVF patients by number and percent of total patients:
  - i. Cuffed catheters
    1. Facility-specific rationale for current rate for catheter only  $\geq 90$  days
    2. Incidence of catheter-related bacteremia

ii. AVG and AVF:

1. Rationale for current AVG prevalence rate
  2. Thrombosis rate *per DOQI 06 update*
    - a) Graft thrombosis: fewer than 0.5 thrombotic episodes/patient-year at risk
    - b) Fistula thrombosis: fewer than 0.25 episodes/patient-year at risk
  3. Annualized rate of surgical or radiologic interventions
  4. Frequency and results of routine stenosis monitoring
  5. Review of monthly AVG “Sleeves Up” QAPI monitoring checklist to include number of AVG patients with:
    - a) “Sleeves Up” assessment completed
    - b) Number and percent of patients with dysfunctional AVG receiving secondary or new AVF
  6. Incidence of vascular access related infection
- d. Maintain surgeon specific profiles for vascular access placement practices and outcomes for all access types - AVF, AVG and catheter.

**Standard II:** The dialysis facility must continuously monitor its performance; take actions that result in performance improvements, and track performance to ensure that improvements are sustained over time. To monitor its’ performance the VA data listed in Standard 1a should be:

- a. Reported on a monthly basis
- b. Graphically displayed
- c. Trended for a minimum of two quarters

**Standard III:** The dialysis facility must set priorities for performance improvement, considering prevalence and severity of identified problems and giving priority to improvement activities that affect clinical outcomes or patient safety. The facility must immediately correct any identified problems that threaten the health and safety of patients.

In the opinion of the MRB, the presence of a catheter in a patient who is: a) a suitable candidate for a permanent access or b) has a viable permanent access, is a threat to that patient’s safety and the successful replacement of the catheter with a **permanent vascular access** must be a priority for the QAPI team.