

**Fresenius Medical Care**

**Early Referral to  
Vascular Surgeon**

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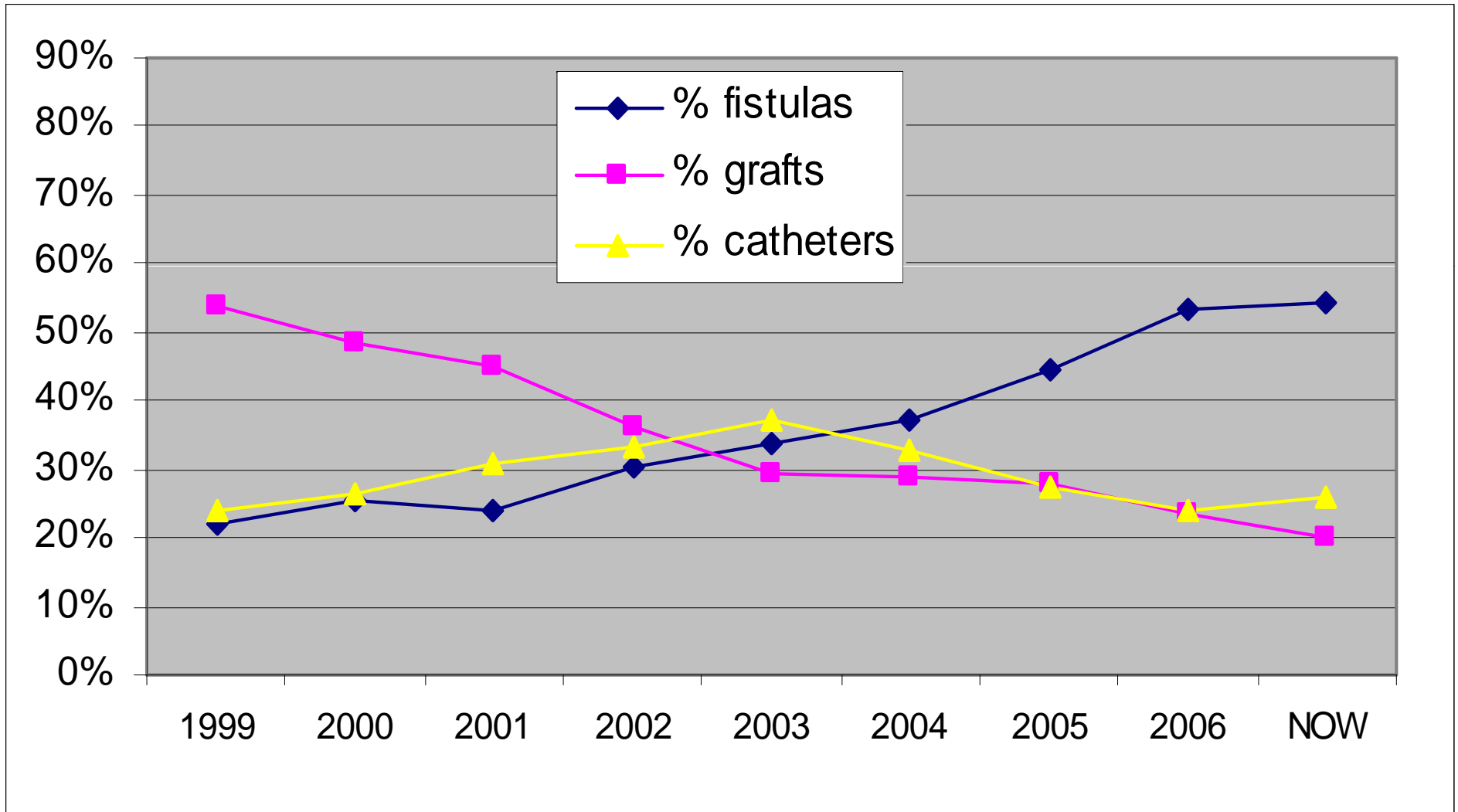
# Akron Vascular Access Management Team

- Team consists of nephrologists, surgeons, clinic managers, interventional radiologists, vascular access coordinator, acute dialysis staff, admission coordinator, dialysis nurses & technicians
- Regular meetings
- Lots of brainstorming
- Collect & analyze data

# Identified Problems

- Still too many patients starting with catheters
- Issues from starting dialysis with catheters
  - Infections
  - Vascular damage
  - Increased morbidity and mortality
  - Patients start refusing
- Need new strategies for early access placements
- Process needed to begin prior to pt starting outpatient dialysis
- Nephrologists not sending patient in early enough

*Surgeons -Fistula rate up & graft down*  
*Nephrologists- Catheters no improvement*



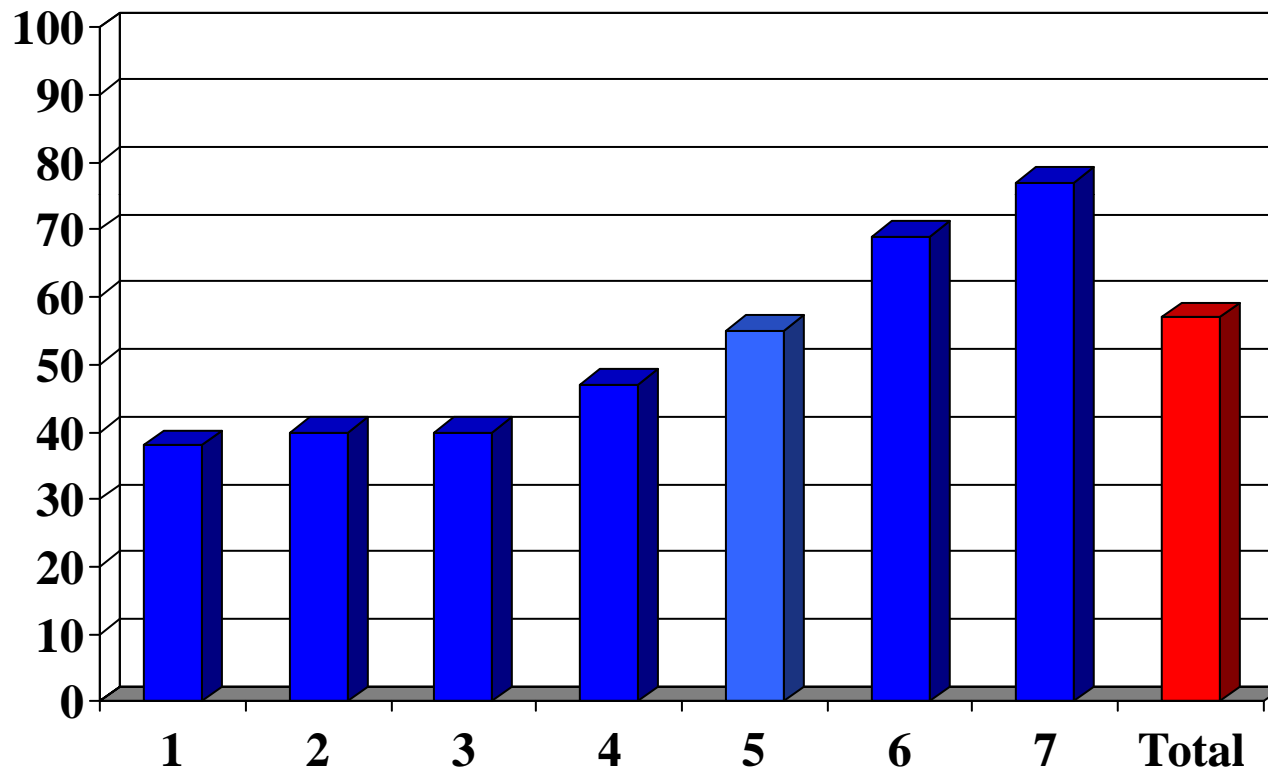
# Nephrologists Data

Looked at new patients starting at  
outpatient clinic

- What access pt started with
- Nephrologist who started patient
- If pt was office or hospital start
- If office pt how long followed in office
- If vein mapping done
- If surgeon consult
- Who is the surgeon

# DATA ANALYSIS

## % New Starts followed in office starting with AV Access



# Facility Access Management Referral Process

## *New starts from Office*

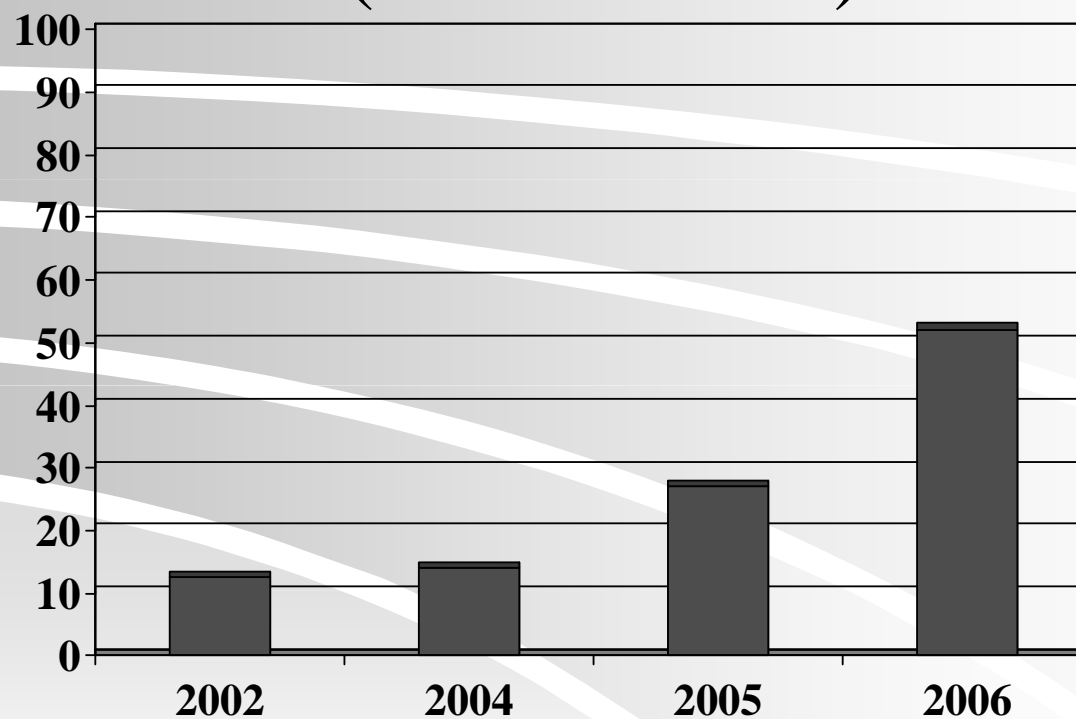
- Call made from Nephrology office to Admissions- question what vascular access pt has, if pt has catheter has vein mapping been done & appointment made with surgeon.
- Information forwarded to clinic and reviewed by clinical manager.
- If CVC present- call made to VAC if vein mapping or appt for surgeon needs to be made. \*Make appointments right away.
- If CVC with maturing AVF/G- is follow up appt scheduled with surgeon?
- If AVF or AVG present- get OP report or tracking form for date of placement, direction of flow, OK to use and/or other pertinent info to watch for.

# Facility Access Management Referral Process

## *New starts from Hospital*

- Call made from Hospital (acute unit or case manager) to Admissions- probably has catheter- vein mapping done, surgeon consulted, access surgery done? \*Request all to have had vein mapping done.
- Information forwarded to clinic and reviewed by clinical manager.
- If no vein mapping done- call made to acutes -try to have done before leaving hospital. If not possible, schedule as outpt ASAP.
- If surgeon consult was not done- get appt ASAP.

# % Patients starting first chronic center treatment with AV access (No catheter)



# Keys to Success

- Make appointment for surgeon ASAP
- Vein mapping to be done prior to appt w/surgeon
- Good communication with nephrologist and vascular surgeons
- Frequent vascular access task force
- Monthly QAI review of new starts & why catheter? Trying to get medical director involved
- Presenting individualized statistics to nephrologists and surgeons
- Review of patient with catheters qmonth
- Sending literature/recent studies to nephrologists & surgeons

# Thinking outside the Box

- In center PD program as bridge to fistula maturation.
- Keeps CVC out of patients
- Emergent starts have PD catheter placed
- Cycle during day or night at facility with staff assistance 3/week. GFR >6
- When fistula mature pt decides whether to continue with PD or start Hemodialysis