

# Network News

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## Fistula First: A National Challenge

From Judy A Stevenson, Director, Continuous Quality Improvement

## QI CORNER

NVAII is the acronym for the National Vascular Access Improvement Initiative, which is a 3-year, nationwide campaign to increase the use of A-V fistulas.

This project was recently launched by the Centers for Medicare & Medicaid Services along with the 18 Networks and the Institute of Healthcare Improvement (IHI).

The purpose of the project is to improve quality in the area of vascular access, specifically by increasing the proportion of patients who dialyze via an Arterial Venous Fistula (AVF).

This project has most recently been coined “Fistula First”.



### Introducing:

- A National Vascular Improvement Initiative
- A Nationwide campaign to increase the use of A-V Fistulas
- FistulaFirst

**NVAII Mission** – CMS, the ESRD Networks, the renal community, and the IHI will work together to increase the likelihood that every eligible patient will receive the most optimal form of vascular access (in the majority of cases an AVF), and that vascular access complications will be avoided through appropriate access monitoring and intervention.

**NVAII Goal** – The United States renal care system, as a whole, will make significant progress toward attaining CPM and K-DOQI goals for AVF use (50% of incidence patients; 40% of prevalence patients) by June 2006. The Network 4 fistula rate for the 2<sup>nd</sup> quarter of 2003 was 33.9%.

*(Continued on page 2)*



**FISTULAFIRST**  
National Vascular Access  
Improvement Initiative

## ESRD Network 4 Has A New Team Member



Dean Morris, MSSA, LSW  
Joins Network Staff

Hello,

My name is Dean Morris and I am the new Patient Services Coordinator at the Network 4 office. I am a Master level prepared Social Worker with 12 years experience providing clinical interventions in health care. I'm a graduate of Case Western Reserve University in Cleveland, Ohio and began my social work career there in a metropolitan level-one trauma center and acute care hospital.

I have a broad background offering case management for patients and families in urban, suburban and rural settings. My most recent position was in the management of the Volunteer program and Customer Service at a small community hospital in Latrobe, Pennsylvania. Latrobe is also my hometown and the neighborhood where "Mr. Rodgers", Arnold Palmer and Rolling Rock Beer all began.

## Fistula First: Concepts for Change

*(Continued from page 1)*

**The Project Process** – Eleven change concepts that have proven to be successful in other settings will be offered to encourage development of specific changes within a particular setting.

The eleven change concepts are as follows:

1. **Routine CQI review of vascular access**
2. **Timely referral to nephrologists**
3. **Early referral to surgeon for "AVF only" evaluation and timely placement**
4. **Surgeon selection based on best outcomes, willingness, and ability to provide access services**
5. **Full range of appropriate surgical approaches to AVF evaluation and replacement**
6. **Secondary AVF placement in patients with AV grafts**
7. **AVF placement in patients with catheters where indicated**
8. **Cannulation training for AV fistulas**
9. **Monitoring and maintenance to ensure adequate access function**
10. **Education for care givers and patients**
11. **Outcomes feedback to guide practice**

Fistula

First:

The purpose  
of the  
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vascular  
access...

*(Continued on page 3)*

## Fistula First: Action Plan

*(Continued from page 2)*

The data for all units operating under one of the six large dialysis organizations will be submitted by these corporations. Independent facilities will be approached to provide the same data.

### Phase I:

(January – June 2004)

- You will receive a Change Concept manual with tools and resources.
- You will be asked to review the access management protocol in your unit to identify a change concept(s) to implement.
- You will begin to receive facility specific access reports that profile your unit.

### Future Plans:

- We plan to have regional workshops for cannulation training and issues
- We plan to have educational sessions for surgeons



**Working together  
for change**

Please visit our website linked at: [www.esrdnetworks.org](http://www.esrdnetworks.org) for monthly profiles of each change concept and interesting journal articles on the topics.

## Data Department Update from Rhonda Lockett, Data Director

Twenty-two units in Network 4 have participated in a data pilot project. They tested a new standard data collection form for documenting updated events for each patient who dialyze at their unit. Standardization makes data quick to collect, simple to enter and easy to analyze. The instructions for the proposed form explain the additions, losses, and neutral events for patient information. New business rules were established to better define the selection of events.

The pilot program period ran from October to December 2003. Six other states also participated at the same time. The initial response to this new standard data collection form has been very positive because of the reduced paperwork and simplified reporting of the events. The new data collection form will meet the needs of facilities and Networks across the country. This new form is expected to become an approved data collection tool for all the Networks and required for use by the Centers for Medicare and Medicaid Services.

Network  
Pilots  
New  
Patient  
Activity  
Reporting  
Form

## Net-working for you

**In quality-of-care issues, the Network can assist in the resolution of a grievance by acting as a third party between a patient and a facility or professional provider. If you need help or information please write or call the Network office.**



...How may we  
help you?

ESRD Network 4, Inc.

4

: Working for you

**ESRD Network 4, Inc.**

40 24th Street, Suite 410  
The Crane Building  
Pittsburgh, PA 15222

Http://www.esrdnetworks.org/  
networks/net4/net4.htm

Phone: 412-325-2251  
Fax: 412-325-1811  
Email: info@nw4.esrd.net

For Patient Use Only  
Call Toll Free:  
1-800-548-9205

SAVE THE DATE:  
May 27, 2004

Network Coordinating Council Meeting  
Holiday Inn Pittsburgh International Airport  
8256 University Blvd.  
Moon Township, PA 15108  
Topic: FISTULA FIRST

**LAN Report: A CROWN / VISION Update from Shane B. Perry, LAN Director**

*Consolidated Renal Operations in a Web-enabled Network/  
Vital Information System to Improve Outcomes in Nephrology*

ESRD Network 4, Inc. receives an average of 55 pieces of electronic data per month from our participating VISION units using QualityNet Exchange. Currently, there are five Dialysis Corporation of America units located in Carlisle, Chambersburg, Lemoyne, Mechanicsburg and Wellsboro, Pennsylvania, working within VISION. One user from the Lemoyne unit, Greta Ingraham, MSW, has volunteered for the National VISION User Group. This group will ensure that the VISION application meets the needs of the user community. Greta's input to this task force will become invaluable; in fact, CMS visited her unit to get an idea of how the VISION application will typically be used.



Special thanks to all those other units who have expressed an interest in working with VISION ... there were a lot of you. At this time, we are waiting for the next release of the software, which promises to be more robust, before we increase our number of participating units. Don't worry though, we haven't forgotten about you ... and if you are interesting in VISION, please contact me at the Network office. I'd be happy to talk with you about it and sign you up.

There is now a central web site created for the Networks regarding VISION:  
[http://www.simsproject.com/vision\\_main.asp](http://www.simsproject.com/vision_main.asp)