



CREATING A CULTURE OF QUALITY

“I’m an Essential Piece” Project

The project poster will include a brief description including background information and project methodology. Each “essential puzzle piece” of the project will be highlighted (i.e. Network, medical directors, patients, and dialysis staff) and actions for each “piece” will be described. The outcome and evaluation of the project will be summarized with supporting data. The poster will also include samples of project resources that have been distributed to project participants.

Organization Name: Western Pacific Renal Network #17

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Network #17 has always maintained a high standard on the Fistula First Breakthrough Initiative dashboard and had received recognition from CMS for "Outstanding Performance" however, in April of 2011 our AVF prevalent rate began to stall at 61.6%. For two months, little to no movement was demonstrated and the NW staff closely re-examined the QI initiative in place for increasing AVF rates. We reviewed all the processes in place such as; facility visits, frequent cannulation workshops, monthly monitoring of fistulas rates for each facility, actions plans to help facilities raise their AVF rates and acknowledging facility performance. Raising AVF rates would also show a positive effect on facility CVC rates by decreasing them. Although Network #17 was maintaining its AVF goals, it was important to revitalize the FF initiative throughout the NW.

The Network developed a system of positive reinforcement called the "Fistula First Achievement Project" which would reward patients for using AVF as their first choice for dialysis and facilities for promoting and following through with the development AVF for their patients. The official roll-out of the initiative began with a vascular access workshop held in November of 2011. Facilities received FF updates and the tools to go forward. All facilities were sent "I'm an Essential Piece" lapel pin for each patient to acknowledge their decision to have and use an AVF and to perhaps spark conversation between patients not using an AVF.

The NW identified those facilities that needed the most improvement in raising AVF rates and the need to lower their CVC rates. Action plans were presented to those facilities with educational tools, monthly follow-up calls, and a reward for achieving goals. Posters were made for each facility to display their monthly Fistula First rate for both patients and staff to observe. Fistula First "Champions", those who had achieved their goals, were published in the NW Fistula First newsletter as an acknowledgement of their success. Facility "Best Practices" were also shared with the other facilities striving to improve.

With the help of Dr. Larry Spergel, blinded surgeon data was presented to those areas with referral issues and early intervention of non-maturing AVF. Medical Directors were also invited to participate in the surgeon presentations to get a better picture of physicians who were the most successful in access placement. All facilities were encouraged by Dr. Spergel and the NW to appoint and develop the position of vascular access coordinator to promote early referral, intervention and follow-up of AVF placement.

The NW followed their FF rates closely to ensure the success of the project. By April of 2012, the Network saw 1.4% increase in the fistula rates with a prevalent AVF rate of 63%. Of the thirteen facilities that were on an action plan for AVF improvement, seven of the facilities reached their goal with an additional four facilities making significant improvement (greater than 2 percentage points).

The two remaining facilities have received a more intensified action plan. Of the ten facilities placed on action plan to lower their CVC rates, three reduced their rates to below 10%, five facilities reduced rates to 11 to 15%, with the remaining two receiving intensive intervention. The NW reviewed the FF initiative and determined that continuous follow-up and reward for achievements was very effective in reaching the desired outcome. The process will continue and will be reviewed when the next available national FF rates are released.