

A PROVIDER'S GUIDE TO ENCOURAGING ARTERIOVENOUS FISTULA (AVF) PREVALANCE IN RENAL DIALYSIS PATIENTS

The best vascular access that can be offered patients is a native AVF. Of all the types of vascular access available, fistulas are associated with the lowest failure and complication rates, and provide for superior bloodflow rates which allow for more efficient dialysis.

IPRO ESRD Network of NY, State Survey Agencies, and Providers have formed a partnership to work toward improving the rate of fistula placement. This outline is provided to help you better prepare for future Medicare Surveys. Please review this information with your facility Medical Director and your staff.

Thank you for your partnering with us on these important Fistula First initiatives.

For additional resources, contact:

<http://esrd.ipro.org>
www.fistulafirst.org

Or call IPRO ESRD Network of NY
(516) 209-5578.

Prepared by the Upper Midwest Fistula First Coalition. Edited by IPRO ESRD Network of NY.

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arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

A PROVIDER'S GUIDE

Preparing for the Vascular Access Portion of the Medicare Survey



Improving Healthcare for the Common Good®

Focus on the Fistula Plan

The following are areas that may be reviewed during a Medicare survey.

This information has been assembled to help your staff prepare for the vascular access portion of the Medicare survey.

Pre-survey Activities - Surveyors may:

- Review the facility-specific data report and contact IPRO ESRD Network of NY for current information regarding your facility's vascular access rates.

Entrance Conference - Surveyors may:

- Ask for the patient roster which includes the type of vascular access.
- Review with the facility questions from the off-site specific data report or information from the Network to verify current patient access data.
- Ask facility staff to collect all quality assurance information for review regarding access monitoring, goals, infection rates, etc.

Tour and Direct Observation - Surveyors may observe:

- Staff process of assessing and cannulating vascular access
- Staff process of access assessment.
- Infection control practices.

Sample Selection:

- Sureyors will select at least a 10% sample for record review, which may include patients with catheters, graphs and fistulas.

Patient Interviews - Surveyors may ask patients:

- What have you been told and what is your understanding of your options/risks/benefits of various kinds of vascular access?
- How long have you been on dialysis?
- Why do you have the [observed] access type?
- Has anyone talked with you about your access care?

Staff Interviews - Surveyors may ask:

- The nursing staff how patients are informed of vascular access options.
- The nursing staff what type of training they received and what their credentials are.
- The Medical Director how the facility addresses vascular access.
- The Medical Director to describe cannulation training for staff and patients.
- The Medical Director to describe the access monitoring system.



Review Personnel Records - Surveyors may:

- Look in the staff training history to see if there are specific indications of specialized training in cannulation, assessing sites, maturing fistulas, and the care of new fistulas.
- Look to see evidence of ongoing evaluation of skills.

Clinical Record Review - Surveyors may check for documentation relating to:

- Patients' awareness of options, choices, and education related to risks/benefits of various vascular access types.
- Type of access.
- How long patient has been on dialysis.
- How long patient has had current access.
- Why patient does not have a fistula.
- Diagnostic tests, e.g., venous monitoring, Doppler.
- Hospitalizations and the reason for hospitalization, e.g., infection, septicemia.
- Access assessment on flow sheets/records.

Quality Assurance - Surveyors may look for:

- Vascular Access monitoring systems.
- Trends: tracking percent of each type of access and infection rate.
- Identified goals for vascular access management and action toward those goals.
- How many conversions took place in the last 12 months (e.g., catheter/graft to fistula).
- Systems of consultation with vascular surgeons and how the facility communicates and consults with surgeons.
- Tracking systems that measure quality improvement patient outcomes.
- Indication that facility involves the IPRO ESRD Network of NY for support.