

Vascular Access Journal

Provider Name: The Mid-Atlantic Dialysis Unit

Provider Number: 123456

Baseline September 2011
Change Concepts that have been implemented prior to September 2011: #1, #8
Actions taken this far to improve vascular access rates: June 2011 we hired a vascular access manager, she is tracking all non-AVF access on MWF. We have also identified an "Expert" cannulation team to cannulate new fistulas.
October 2011
Change Concepts implemented this month: #1, #8, #3, #5
Actions taken this month (indicate only new changes): Our Medical Director called two of the surgeons we refer to and asked that they only put AVFs in our patients, and if a patient is not a candidate for an AVF that they provide written, medical documentation. Our Medical Director also asked these surgeons to attend the surgeon training session offered by MARC. We identified a PCT as the vascular access manager for the TRS shift, he is tracking all non-AVF accesses, and the two "vascular access managers" will begin to meet monthly to share best practices. Cannulation team held a cannulation training to train other staff members on sticking new fistulas, added a new member to the "Expert" team!
November 2011
Change Concepts implemented this month: #1, #8, #3, #5, #10,
Actions taken this month (indicate only new changes): Downloaded the patient flyer on the FFBI website, started giving to all new patients and current patients with a catheter or graft. The vascular access manager is following up with these patients once a week and discussing the benefits of AVFs over CVCs and AVGs. One patient that has had a CVC for 5 months agreed to be evaluated for a permanent access.
December 2011
Change Concepts implemented this month: #1, #8, #3, #5, #10
Actions taken this month (indicate only new changes): Continue to utilize our vascular access managers and "Expert" Cannulation team, doing Great! One of our surgeons attended the training offered by MARC.

Not Enough Information

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January 2012
Change Concepts implemented this month: #1, #8, #3, #5, #10, #11, #4
Actions taken this month (indicate only new changes): The access managers are now providing updates during our QI meetings each month; they use the feedback reports provided by MARC to lead our discussions. One of our surgeons is not providing medical documentation if a patient is not suitable for an AVF so we are no longer referring to him.
February 2012
Change Concepts implemented this month: #1, #8, #3, #5, #10, #11, #4
Actions taken this month (indicate only new changes): Our rates are improving, everything is working! Not Enough Information
March 2012
Change Concepts implemented this month: #1, #8, #3, #5, #10, #11, #4, #9
Actions taken this month (indicate only new changes): The surgeon that attended the training session is now utilizing ultrasound in the OR and almost all of our patients are coming back with AVFs. We have put surveillance and monitoring procedures in place so that if these new AVFs aren't maturing we can refer them for intervention.