



FFBI Newsletter



Fistula First Breakthrough Initiative Updates and Information for ESRD Providers
Developed by Western Pacific Renal Network (WPRN) #17
Contract Number: HHSM-500-2006-NW017C

Introducing the Facility-Specific AVF Reporting Tool

ESRD Network # 17 is proud to introduce the new AVF reporting tool. With the assistance and design of Networks 15/17 Bio-Statistician, we are better able to present each facility with facility-specific, user friendly information regarding prevalent AVF rates.

The new reporting tool is designed to give facilities specific information about their AVF rates and comparative data for the region, state and the Network. This quarterly report will help each facility to visualize what is required to reach prevalent AVF rates of 45% or higher

The comprehensive reporting tool containing benchmark data will be issued on a quarterly basis, however each facility will receive a monthly

update in a condensed version that will be useful for individual Quality Improvement activities.

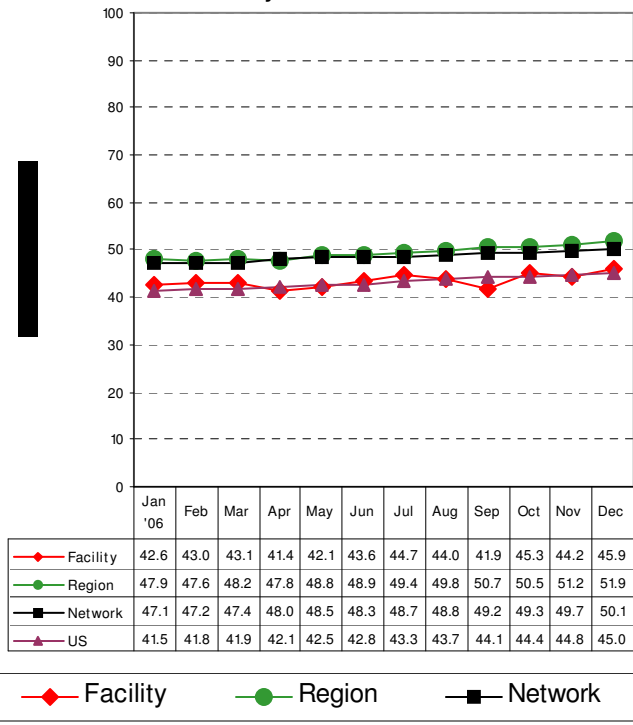
WPRN can better track individual AVF rates using this tool and can monitor the Network's progress on a continuing basis. Using the monthly reporting tool will help to identify any potential problems a facility may be having and allow the Network to offer educational and technical assistance.

WPRN is available to provide educational seminars on improving AVF rates and can provide numerous resources which may overcome potential barriers.

The Network welcomes comments about the reporting tool. Please email comments to:

akregness@nw17.esrd.net

AVFs in Use in Prevalent Patients
Facility, Region, Network and U.S.
January - December 2006



CMS Raises Fistula First Prevalent Rate to 66% by 2009

The Centers for Medicare and Medicaid Services (CMS) assisted the ESRD Networks to launch the **FISTULA FIRST** project during the 2003-2006 Network contract. In 2005 CMS announced that the prevalent AVF rate goal would be increased from the previous 40% to 66% and has challenged the nephrology community to

achieve this goal by the end of June 2009.

The Network's new access reporting tool, will assist facilities to monitor their progress more accurately. Facilities are encouraged to contact WPRN to request technical assistance as needed for this national effort.

Access data for the Large

Dialysis Organizations is downloaded to CMS monthly. Data for the Network's independent providers is collected by the Networks and submitted to CMS. It is extremely important that these aggregate data are reported to the Network in a timely manner, allowing for a complete picture of the Networks progress

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Fistula First Change Concepts to Help Increase FF Rates

Through the National Fistula First Breakthrough Initiative (FFBI), the nephrology community has created “Change Concepts” which have demonstrated the ability to increase AVF rates through the change of systems and individual work processes. The following are some specific activities which facility staff can do to begin to effect AVF use in dialysis patients. These are actions that can be taken immediately:

Know the rates of AV fistula use for the patients treated at your facility.

- Review data provided by Network # 17.
- Develop a log that contains the access type for each patient.
- Develop a process to keep the log current.
- Promptly identify patients who do not have a permanent AV access and refer them to their Nephrologist.

Review the recommended strategies from the Fistula First Change Package and choose those that make the most sense for your practice. In order to achieve sustainable improvement, all members of the team which care for the patient must be involved!

Consider getting started with the following Changes:

- [Change Concept 1 - Routine CQI Review of Vascular Access](#)
- [Change Concept 6 - Secondary AVF Placement in Patients with AV Grafts](#)
- [Change Concept 7 - AVF Placement in Patients with Catheters Where Indicated](#)
- [Change Concept 8 - Cannulation Training for AVFs](#)
- [Change Concept 9 - Monitoring and Maintenance to Ensure Adequate Access Function](#)

Is it time we seriously consider “ButtonHole” access

In an article published in the most recent edition of the ANNA *Nephrology Nursing Journal*, March-April 2007, Volume 34, there was an article describing the “button hole” technique for vascular access titled “A Multi-Center Perspective of the Buttonhole Technique in the Pacific Northwest”. The article was a collaborative effort by the authors who are all well-versed in the practice of the “buttonhole” technique and profiled four facilities in Network #16 that utilize buttonhole exclusively.

The “buttonhole” technique” a process by which dialysis staff cannulate a native AV fistula’s through the same puncture sites every dialysis treatment.

This methodology creates a “track” similar to the track created by a pierced earring. This practice has been utilized in Europe and Japan for over 30 years with much success and increased longevity of AVF’s.

The accepted practice to create the button hole is to have the same dialysis staff member exclusively cannulate the AVF and create the necessary tunnel in the patients fistula for two to three weeks. Although this may present a challenge for staffing schedules, many facilities report it is time well spent as it allows for positive outcomes in AVF longevity and patient satisfaction.

Creating a functional “buttonhole” requires total commitment from staff and acceptance by the patient.

Dialysis professionals, we have been taught for decades to “rotate sites” and this process seems to be contrary to this training. However, the successes which have been demonstrated using the buttonhole technique may far outweigh the challenges.

For more information concerning the practice of “buttonhole”, please contact the Quality Improvement staff at the Network office.

Invitation to share your Fistula First “Best Practices”

Network #17 would like to extend an invitation to our providers to share their success stories with “Fistula First” activities in your facility.

The FF newsletter will be published quarterly and the Network staff would like to feature activities that have helped raise prevalent and incident AVF rates. We are hoping that by sharing these success stories, other facilities in our Network can benefit.

The next edition of the FF newsletter will be published in July 2007. Please submit your articles no later than June 15th, 2007. If you need assistance sharing your story, please contact:

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Network # 17 “FISTULA FIRST” CHAMPIONS 2006

The following dialysis facilities have achieved a prevalent AVF rate of 40% ending December 2006

The Fistula First annual summary report has been completed and the following facilities have met the CMS goal of 40% for 2006. Network #17 is very proud of every facility that has put forth the effort to improve their AVF rate and will continue to provide technical assistance to all of our providers.

74-80% Prevalent Rate

Satellite Dialysis- Sonora

FMC Eureka - Eureka

68-73.8% Prevalent Rate

DaVita South Chico - Chico

Commonwealth Health Ctr. - Saipan

DaVita Chico Dialysis Ctr. - Chico

60-67.6% Prevalent Rate

DaVita Creekside Dialysis Ctr. - Vacaville

Satellite Dialysis Windsor - Windsor

Mee Memorial Hospital - King City

FMC Los Gatos - Los Gatos

FMC Santa Rosa North - Santa Rosa

Satellite Dialysis - Watsonville

Satellite Dialysis - Cupertino

Napa Dialysis Ctr. - Napa

FMC Lanai Comm -Lanai City, HI

DCI Oroville - Oroville

Salinas Valley Dialysis Ctr. - Salinas

DaVita Pleasanton Dialysis -Pleasanton

Satellite Dialysis -Turlock

California Pacific MC - San Francisco

Satellite Dialysis - So. San Jose

FMC Concord - Pleasant Hill

55%-59.5% Prevalent Rate

Oakdale Kidney Ctr. - Oakdale

Parkway Kidney Ctr. - Modesto

RAI Elk Grove - Elk Grove

DCI Madison - Sacramento

Liberty Dial Kahana - Lahaina, HI

FMC Brentwood - Brentwood

Davita Red Bluff - Red Bluff

LBJ Medical Ctr. - Pago Pago, AS

Davita Hayward - Hayward

FMC Antioch - Antioch

DCI Redding - Redding

Rose Garden Dialysis Ctr. - San Jose

Satellite Dialysis - Santa Cruz

Davita Walnut Creek - Walnut Creek

No. Hawaii Dialysis - Kamuela, HI

Burlingame Dialysis Ctr. - Burlingame

Satellite Dialysis Cent Modesto - Modesto

RAI Haight St. - San Francisco

Liberty Dialysis Kona, Kealakekua, HI

RAI Village Lane - Chico

Liberty Dialysis - Kaunakakai, HI

Davita Soledad Dialysis - Soledad

50%-54.8% Prevalent Rate

DaVita Fairfield - Fairfield

Liberty Dialysis Maui - Wailuku, HI

DaVita Redding - Redding

DaVita Benecia - Benecia

Liberty Dial Siemsen - Honolulu, HI

FMC Aloha - Honolulu, HI

DaVita Florin - Sacramento

Evergreen Dialysis - San Jose

DaVita Union City - Union City

Mills Dialysis Ctr. - San Mateo

Davita San Pablo - San Pablo

Satellite Dialysis - Sunnyvale

FMC Windward - Kaneohe, HI

RAI Ocean Ave. - San Francisco

Satellite Dialysis - So. San Francisco

Davita Vacaville Dialysis - Vacaville

FMC Pittsburg - Pittsburg

Satellite Dialysis - San Mateo

FMC Kapolei - Kapolei, HI

Satellite Dialysis - Modesto

So. County Dialysis - Gilroy

FMC Santa Rosa - Santa Rosa

DaVita Concord Dialysis - Concord

RAI Cesar Chavez - San Francisco

Colusa Indian Health Clinic - Colusa

Satellite Dialysis - Greenbrae

Satellite Dialysis - Santa Rosa

San Francisco GH Renal - San Francisco

45%-49.8% Prevalent Rate

DaVita El Cerrito - El Cerrito

DaVita So. Sacramento - Sacramento

RAI East 14th St. - San Leandro

Woodland Dialysis Services - Woodland

DaVita No. Highlands - No. Highlands

DaVita San Francisco - San Francisco

DaVita Sunrise Comm. - Rancho Cordova

FMC Honolulu - Honolulu, HI

DaVita Antioch - Antioch

Monterey Peninsula - Monterey

DaVita Selma - Selma

DaVita Marysville - Marysville

Turlock Dialysis Clinic - Turlock

45%-49.8% Prevalent Rate cont.

FMC Walnut Creek - Walnut Creek

DaVita Los Banos - Los Banos

FMC Fremont - Fremont

FMC Pearlridge - Aiea, HI

Liberty Leeward - Ewa Beach, HI

Liberty Waianae - Waianae, HI

Santa Clara Valley - Santa Clara

DCI University - Sacramento

Satellite Dialysis - Redwood City

DaVita So. Hayward - Hayward

DaVita Alhambra - Sacramento

Liberty Dialysis - Wailuku, HI

Guam Renal Care - Guam

DCI Southgate - Sacramento

DaVita Pear Tree - Ukiah

Davita Lakeport - Lakeport

40%-44.6% Prevalent Rate

DaVita Placerville - Placerville

DaVita Daly City - Daly City

DaVita Manzanita - Carmichael

DaVita Manteca - Manteca

FMC Ardenwood - Newark

DaVita Yuba City - Yuba City

Guam Memorial Hospital - Guam

DaVita Elk Grove - Elk Grove

El Camino Dialysis - Mountain View

FMC Reedley - Reedley

DaVita Atwater - Atwater

FMC Wahiawa - Wahiawa, HI

DaVita Auburn - Auburn

Modesto Kidney Center - Modesto

DaVita Oakland - Oakland

UC Dialysis/Mt. Zion - San Francisco

Community Dialysis Ctr. - Fresno

DaVita-University Dialysis - Sacramento

Satellite Dialysis - Milpitas

CPMC/Davies Campus - San Francisco

FMC Petaluma - Petaluma

DaVita Grass Valley - Grass Valley

DaVita Berkeley - Berkeley

FMC Oakland—Oakland

CONGRATULATIONS!!

