



FFBI Newsletter



Fistula First Breakthrough Initiative Updates and Information for ESRD Providers
Developed by Western Pacific Renal Network (WPRN) #17
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WPRN Develops a Fistula First Sub-Committee

As with all the new changes at Western Pacific Renal Network, the Medical Review Board made the decision to breakout a special subcommittee just for Fistula First. Because the challenge before the Network is to meet the goal of CMS of 66% by July 1, 2009, the MRB felt that the fistula project required its' own subcommittee. In July of 2007 a professional group of dialysis providers, Nephrologists and Vascular Surgeons came together for the first time to develop the guidelines and strategies to help NW#17 meet the CMS goal by 2009.

Members of the committee represent a diverse cross section across the NW. Participants of the group are:

- Dr. Rashmi Jain, MD - Chair
- Dr. Larry Spergel, MD
- Dr. Perry Schoor, MD
- Sherry Paukert, RN - Napa Valley

- Chris Baran, Reg. Admin - Petaluma
- John Greathouse, Admin - King City
- Lynn Lohner, RN - Santa Rosa
- Noel DeOcampo, RN - QID, NW#17

The committee began its task by reviewing all fistulas rates in NW #17 and then focused on those facilities that appeared to be having difficulty maintaining the minimum prevalent fistula rate. Those facilities with FF rates below the minimum CMS standard of 45% were identified. Facilities were reviewed by acuity levels and surgeon availability as well. An action plan to improve rates and cannulation workshops will be developed over the next year to help those facilities below the standard to excel.

The Committee met at the NW Office in January, 2008 and approved changes to the FF reporting tools sent to facilities quarterly. The summary report will now include actual numbers and percentages of all vas-

cular access types in use over the past year, including bar graphs demonstrating those percentages. The current regions on the report were redefined by county populations which evened the field so the mix of patients and the number of facilities was more equitable.

The next project the Committee is developing is a "Sister Unit" program. Facilities that are below the standard will be paired with a high performing facility in hopes that "best practices" can be shared and fistula rates will improve. The committee hopes to have the program finalized and in place by May or June 2008.

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 ☆ NW # 1 / ☆
 ☆ **Fistula First Rate** ☆
 ☆ **December 2007** ☆
 ☆ **54.2%** ☆
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Fistula First Website Has a Brand New Look!

WPRN would invite all of you to visit the new Fistula First Website and review all of the changes and additions that have been made.

Vickie Peters, ED, NW #18, Chairperson for the Fistula First Breakthrough Initiative and all of the FFBI Committee members collaborated in the redesign of the FF website. The Committees were going for a reliable resource for all facilities to help improve

their fistulas rates, reduce the use of central venous catheters and investigate the possibilities of using the "Buttonhole Technique"

The website contains educational materials for facilities as well as patients and family members and is available in both English and Spanish. All materials can be downloaded and used for instruction.

Suggestions and comments

are always welcomed by visitors to the site as this will keep our website current and up-to-date with the latest innovations in vascular access.

Facilities also have the opportunity to showcase their "Best Practices" on the website and are encouraged to submit the articles

Please visit FF Website at :

www.fistulafirst.org

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Quality Improvement: Why Is It So Important?

In this day of modern technology and advanced gadgetry, the words “*Quality Improvement*” are heard in the workplace every day. It is increasingly evident in the healthcare industry as the main goal of the provider is to deliver the highest quality of care to the patients served. So, why is “Quality Improvement” so important? It is vital to maintain the highest level of care possible and this can only be accomplished by routine surveillance and measurement of the patient care delivered.

Quality is defined as, “The degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge”. Achieving the highest level of quality care and continuously improving its delivery to all patients served, must become an absolute priority for all health care organizations. Promoting quality improvement initiatives can lead to many positive outcomes, which may lead to enhanced overall patient safety and satisfaction.

Why stop at providing the “best” care if you can give “great” care? If achieving 99.9% is good, is missing 0.1% acceptable in the following scenario? Those who received these incorrect services would agree that these are unacceptable and intolerable results.

Health care organizations must provide the best care possible by doing the right thing, in the right way 100% of the time. This may be a difficult goal to achieve, but utilizing Continuous Quality Improvement programs will take you a step closer towards achieving that goal.

These are examples of the many benefits from Continuous Quality Improvement:

- | | |
|--|--|
| -Improved patient outcomes | -Compliance with regulatory requirements |
| -Increased patient and employee satisfaction | -Identification of opportunities for improvement |
| -Enhanced quality of patient services | -Decreasing health care disparity |
| -Decreasing health care cost | |

Application of Quality Improvement process in increasing Fistula prevalence rate is very important. By way of identifying where your facility can improve and utilizing processes done in the past, many steps can be accomplished. Modeling your QI process to sister facilities or facilities considered to have the “*best practices*” and those who have made significant improvements in their Fistula rates may also assist in your practice.

Network #17 Fistula First Quality Improvement Activities

A large part of Network #17 Quality Improvement programs is focused on increasing Fistula prevalence rate. Through the active participation of Fistula First eligible facilities and other stakeholders, our Network’s FF rates have been continuously increasing since the original inception of the program in 2003. Considered the “GOLDEN ACCESS”, an AV Fistula is what each dialysis patient needs. Presenting Fistula as the most viable vascular access option to current and potential dialysis patients is a must. Although it may not be appropriate to all patients, having awareness about Fistulas is a great tool for this patient population to have better informed decisions about vascular access options.

Network #17 will continue to strive to reach the CMS goal of 66% Fistula prevalence rate by the year 2009. Many programs and activities have been initiated in the past year to assist Fistula First eligible facilities reach or exceed this desired goal. Many of those programs will continue this year with many other activities to be initiated by Network #17 and by the FF Subcommittee. Below is a partial list of current and future activities initiated by Network #17 and the Fistula First Subcommittee:

- Provision of Monthly and Quarterly Fistula First Reports to Facility Administrators and Medical Directors.
- Collaboration with Lumetra, the California Quality Improvement Organization, to promote pre-ESRD Fistula placement.
- Symposium for Patient Care Technicians (July 2008) with special focus on Fistula First.
- Dinner Symposium for Nephrologists and Vascular Surgeons (July 2008) to promote FF collaboration.
- Provision of FF quality improvement tools, educational materials, and presentations at facility level.
- Assistance in facility-specific FF quality improvement projects. Focus on low performers.
- Network #17 involvement with national initiatives on Fistula First.

“Get involved, be proactive, promote FISTULA FIRST.”

Network # 17 “FISTULA FIRST” CHAMPIONS 2007

The following dialysis facilities have achieved a prevalent AVF rate of 45% ending December 2007

The Fistula First annual summary report has been completed and the following facilities have maintained the CMS goal of 45% average for the entire year 2007. Network #17 is very proud of every facility that has put forth the effort to improve their AVF rates and will continue to provide technical assistance to all of our providers. Great Job!

75-80% Prevalent Rate

Satellite Dialysis- Sonora
Commonwealth Health Ctr. - Saipan

68-73.9% Prevalent Rate

DaVita Creekside Dialysis Ctr. - Vacaville
FMC Eureka - Eureka
FMC Lanai - Lanai City, HI
DaVita Chico Dialysis Ctr. - Chico
Oakdale Kidney Ctr. - Oakdale
Satellite Dialysis - Watsonville
Mee Memorial Hospital - King City
Satellite Dialysis - Turlock
Satellite Dialysis - Windsor
Salinas Valley Dialysis Ctr. - Salinas

60-67.1% Prevalent Rate

Burlingame Dialysis Ctr. - Burlingame
Red Bluff Dialysis - Red Bluff
FMC Los Gatos - Los Gatos
RAI Elk Grove - Elk Grove
FMC Antioch - Antioch
St. Jude Renal Care - Saipan
DCI Oroville - Oroville
RAI Cesar Chavez - San Francisco
Satellite San Mateo - San Mateo
Mills Dialysis Ctr. - San Mateo
Soledad Dialysis - Soledad
DaVita So. Chico - Chico
DaVita Pleasanton - Pleasanton
Satellite Dialysis - Blossom Hill
DaVita Marysville Dialysis - Marysville
Satellite So. County Dialysis - Gilroy
Satellite Dialysis - Modesto
Satellite Dialysis - Santa Cruz
Liberty Kahana Dialysis - Lahaina, HI
DCI Madison Dialysis - Sacramento
Liberty Molokai - Kaunakakai, HI
DaVita Napa Dialysis Ctr. - Napa
DaVita Concord - Concord
RAI Haight St. - San Francisco
Rose Garden Dialysis Ctr. - San Jose
DaVita Vacaville Dialysis - Vacaville

55%-59.9% Prevalent Rate

Satellite Dialysis - Cupertino
DaVita Walnut Creek - Walnut Creek
California Pacific MC - San Francisco
Woodland Dialysis Services - Woodland

FMC Aloha Dialysis - Honolulu, HI
DCI Redding - Redding
Parkway Kidney Ctr. - Modesto
Benicia Dialysis Ctr. - Benicia
LBJ Medical Ctr. - Pago, Pago, AS
DaVita Fairfield - Fairfield
FMC/BMA Santa Rosa - Santa Rosa
Daly City Dialysis Center - Daly City
FMC/DRS Pittsburg - Pittsburg
Los Banos Dialysis Ctr. - Los Banos
Liberty Maui Dialysis - Wailuku, HI
RAI Village Lane - Chico
Liberty North Hawaii - Kamuela, HI
DaVita Yuba City - Yuba City
DaVita Turlock Dialysis - Turlock
FMC/DRS Concord - Pleasant Hill
FMC Brentwood - Brentwood
Satellite So. San Francisco - San Francisco
FMC Windward Dialysis - Kaneohe, HI
FMC Dialysis of Kapolei - Kapolei, HI
DaVita Redding Dialysis - Redding
DaVita Hayward Dialysis - Hayward
Evergreen Dialysis - San Jose
Plumas Street Dialysis - Yuba City
DaVita Antioch - Antioch
FMC/DRS Walnut Creek - Walnut Creek
DaVita Carquinez - Vallejo
Manteca Dialysis Ctr. - Manteca
Satellite Central Modesto - Modesto
RAI Chadbourne - Fairfield
Satellite Dialysis - Sunnyvale

50%-54.9% Prevalent Rate

DaVita Union City - Union City
Guam Renal Care - Hagatna, Guam
DCI University Dialysis - Sacramento
Liberty Siemsen Dialysis - Honolulu, HI
FMC Santa Rosa North - Santa Rosa
El Cerrito Dialysis - El Cerrito
DaVita Florin Dialysis - Sacramento
DaVita So. Sacramento - Sacramento
Satellite Dialysis - Santa Rosa
Monterey Peninsula Dialysis - Monterey
Liberty Kona Dialysis - Kealakekua, HI
RAI Ocean Avenue - San Francisco
DaVita Elk Grove - Elk Grove
DaVita Sunrise Dialysis - Rancho Cordova

San Pablo Dialysis Ctr. - San Pablo
FMC Honolulu Dialysis—Honolulu, HI
Satellite Dialysis - Milpitas
Liberty Leeward Dialysis - Ewa Beach, HI
FMC Fremont - Fremont
Atwater Dialysis Ctr. - Atwater
FMC Ardenwood/Warm Springs - Newark
DaVita Lakeport - Lakeport
FMC Reedley/Central Valley - Reedley
Satellite Dialysis - Greenbrae
DaVita Alhambra - Sacramento
SF General Hospital Renal - San Francisco
San Francisco Dialysis Ctr. - San Francisco
FMC Pearlridge - Aiea, HI
Modesto Kidney Ctr. - Modesto

45%-49.9% Prevalent Rate

Auburn Dialysis Ctr. - Auburn
Guam Dialysis Ctr. - Tamuning, Guam
Santa Clara Valley Dialysis - San Jose
DaVita University Dialysis - Sacramento
DaVita Placerville - Placerville
DaVita Manzanita - Carmichael
Satellite Dialysis - Redwood City
DaVita So. Hayward - Hayward
North Merced Dialysis Ctr. - Merced
DCI Southgate Dialysis - Sacramento
Berkley Dialysis Ctr. - Berkley
DaVita Fresno - Fresno
Napa Valley Community Dialysis - Napa
FMC Wahiawa Dialysis - Wahiawa, HI
Colusa Indian Heath Ctr. - Colusa
DCI Rancho Dialysis Ctr. - Sacramento
DaVita No. Highlands - No. Highlands
Grass Valley Dialysis - Grass Valley
DaVita Pear Tree - Ukiah
Vallejo Dialysis Ctr. - Vallejo
RAI Harding Blvd. - Roseville
UC Chronic Dialysis Mt. Zion - San Francisco
Satellite Dialysis - San Jose
Sutter Dialysis Ctr. - Sacramento
Community Dialysis Ctr. - Fresno
Guam Memorial Hospital - Barrigada, Guam
CPMC Davies Campus - San Francisco
El Camino Dialysis Ctr. - Mt. View

CONGRATULATIONS!!



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As ESRD Network #17

www.esrdnet17.org

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Upcoming Quality Improvement Events

The Western Pacific Renal Network Quality Improvement department would like to keep our providers well informed of up-coming activities and events. The list below represent those activities that will be coming from the Network Office as well as other activities you might benefit from. If you have an event that you would like listed in the newsletter, please feel free to send your announcements to the Network # 17 Quality Improvement staff (phone: 415-897-2400 or email to akregness@nw17.esrd.net / ndeocampo@nw17.esrd.net).

- June 1st. 2008 - Clinical Performance Measure (CPM) Collection from facilities
- April - July 2008 - Quarterly Facility-Specific Prevalent Fistula Reports
- July 2008 - WPRN Symposium - Watch for coming announcements
- August 2008 - Dialysis Facility Compare (DFC)
- September 2008 - Fistula First Newsletter
- October 2008 - CDC/WPRN Annual Meeting in Oakland
- November 2008 - CPM Validation

Quality Improvement Staff Available by request to present **Fistula First Cannulation Workshops**

Disclaimer

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