Fistula First Breakthrough Initiative Technical Expert Panel Report

Jan Deane, RN, CNN
Laura Gamba, BA, CBA

FFBI's Mission

- Conduct a thorough analysis of the current process for arteriovenious fistula (AVF) placement
- Assess the current weaknesses and barriers of AVF placement
- Examine the patient, physician, dialysis facility and other healthcare entities that impact AVF placement
- Develop and implement a strategic plan that will move the AVF rate to 66%

Getting Started

Establish an RCA Workgroup

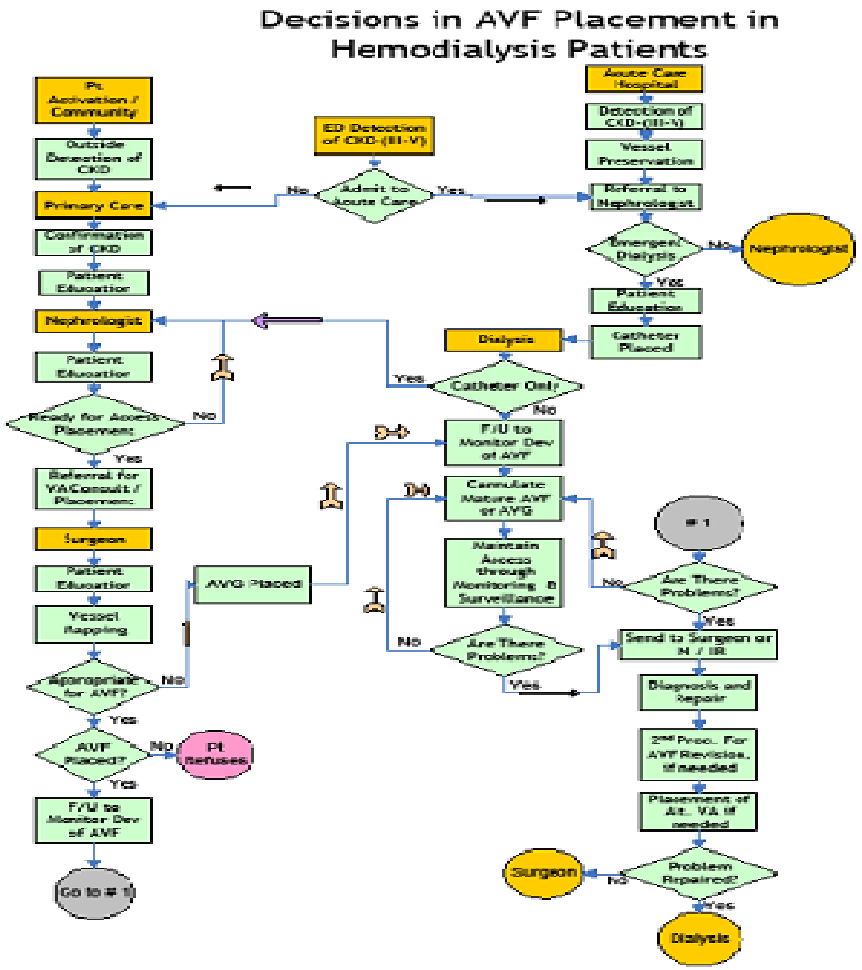
Conduct a RCA of the process for AVF Placement

Conduct a Failure Modes and Effects Analysis (FMEA) to quantify areas of greatest opportunity for improvement

The (RCA) Workgroup

Vascular Surgery	Lawrence Spergel, MD, FACS	Specialized in dialysis access surgery and management since 1975 and has been an integral part of the Fistula First project since its inception in 2003.
Interventional Nephrology	Jerry Jackson, MD	Medical Director of the Nephrology Vascular Lab, works as an interventional nephrologist and continues to practice nephrology).
Dialysis Nurse & Network Quality Improvement Director	Linda Duval, BSN, RN	Quality Improvement Director for ESRD Network 13 and has been actively involved in the Fistula First Initiative since inception in 2003.
Primary Care Physician	Chester Fox MD	Author of "Primary Care Physicians' Knowledge and Practice Patterns in the Treatment of Chronic Kidney Disease: An Upstate New York Practice-based Research Network Study."
Dialysis Nurse & FFBI Project Manager	Valerie Riley, RN, BS	A healthcare professional with expertise in Clinical Operations, Quality Improvement and over 20 years experience in the ESRD industry.

Process Flow Helps Guide FMEA



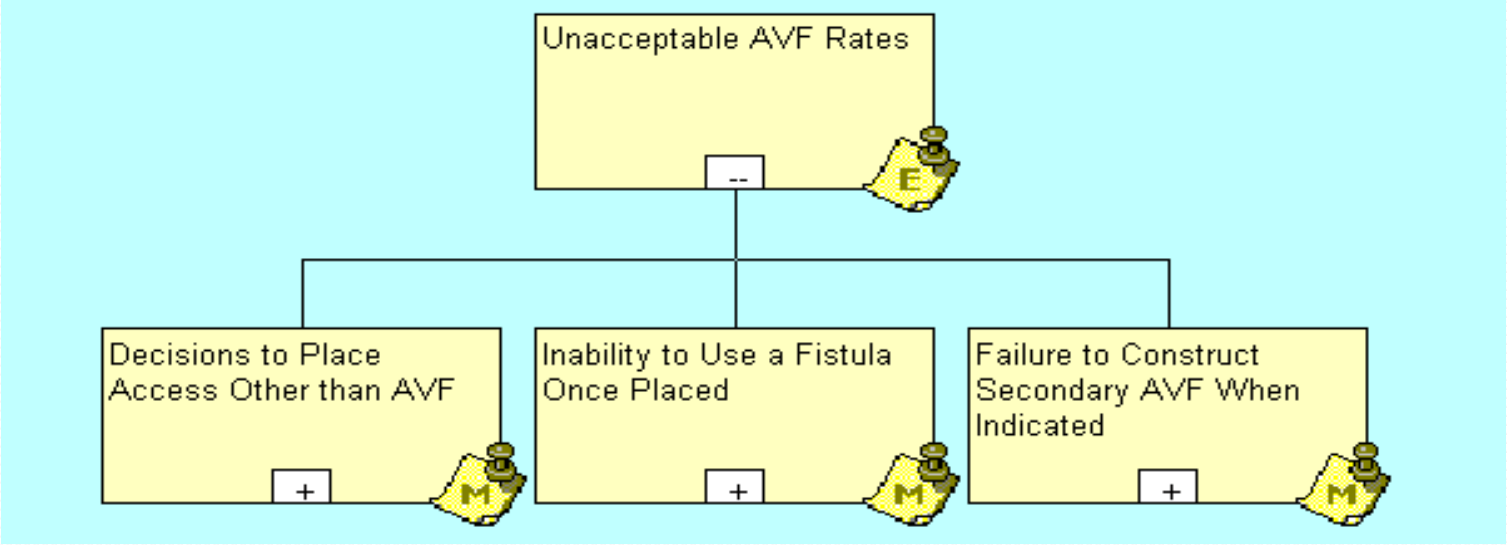
RCA Workgroup

- Drills Down into Opportunity Areas to Identify Root Causes
- Develops a 250 Block Logic Tree Using Failure Mode Analysis (answering the “how could” or “why did this occur” question)

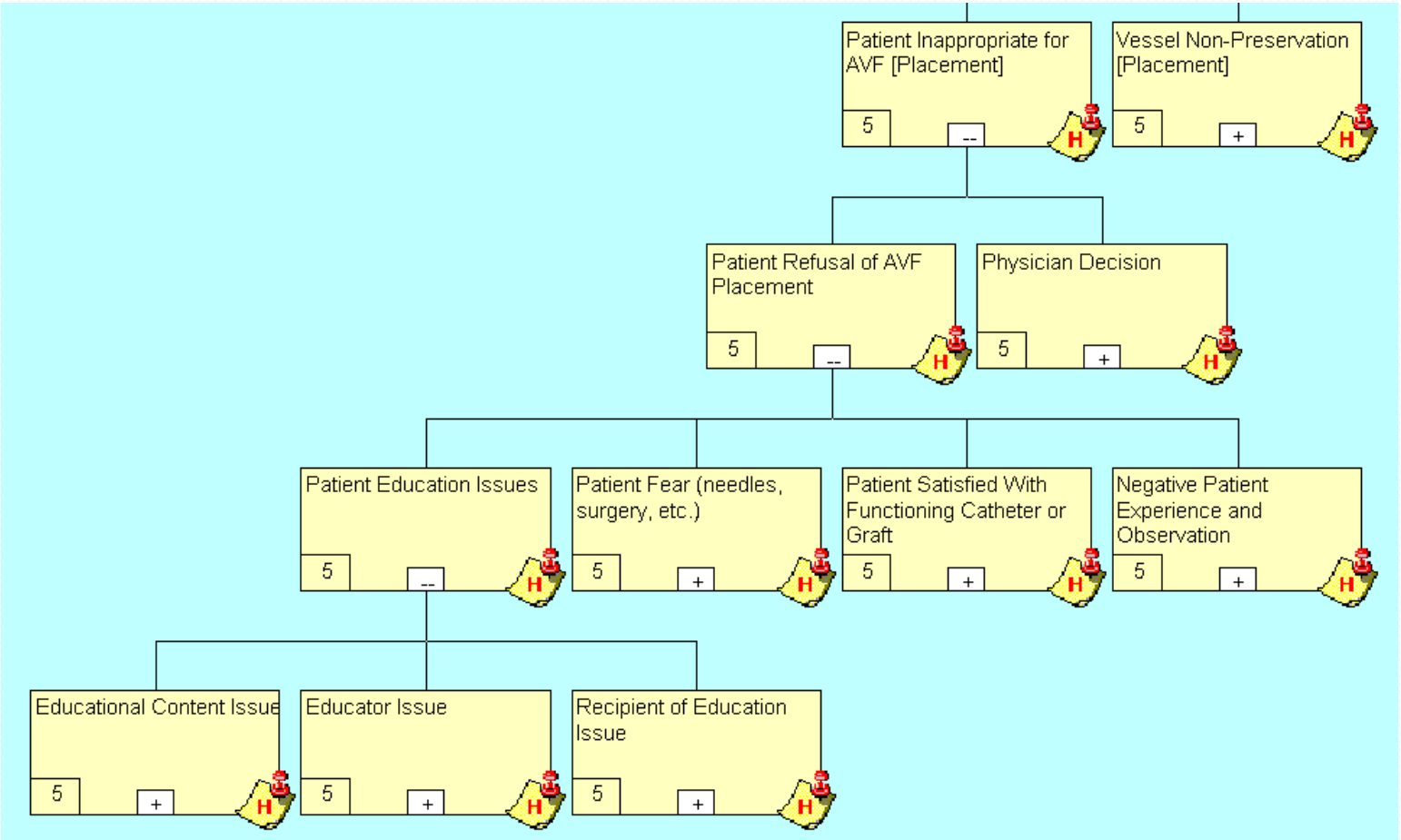
Logic Tree Top Boxes

139 Considered to be root causes based on

- Decision to place other than an AVF
- Inability to use AVF once placed
- Failure to construct secondary AVF



Each Logic Path Drilled Down Based on Cause-and-Effect Relationships



Root Causes Categorized for Strategy Development

Knowledge, perception, and skills

Patients and families

System issues

Passing the Baton

- Establish a Technical Expert Panel (TEP)
- Present findings to (TEP) for review and development of a new FFBI strategic plan

Technical Expert Panel

Shu-Cheng Chen, MS	Director of Information Systems & Software development for United Sates Renal Data Systems
Jan Deane, RN, CNN	Director of Quality Improvement & Consumer Services, Renal Network of the Upper Midwest
Linda Duval, RN, BSN	Quality Improvement Director for ESRD Network 13
Chester Fox, MD	Physician & Author of *Primary Care physicians Knowledge and Practice Patterns in the Treatment of CKD: and UNYNET Study*
Linda Francisco, MD, FACP	Medical Director of DaVita—Wichita Dialysis Center & the Vascular Center of Wichita Nephrology Group
Laura Gamba, BA, CBA	Project Director of the FL QIO CKD Project
Ray Hakim, MD, PhD	Senior Vice President, Clinical & Scientific Affairs for Fresenious Medical Care - NA

TEP Continued

Janet Holland, RN, CNN	Director of Vascular Access Management for Davita, Inc. : El Segundo, CA
Jerry Jackson, MD	Medical Director of the Nephrology Vascular Lab and practicing interventional nephrologist
William Jennings, MD	Professor of Surgery, Mary Louise Todd Chair in Cardio Vascular Research, Vice Chair of Surgery and University of Oklahoma College of Medicine
Jenny Kitsen	Executive Director of the ESRD Network of New England (Network 1)
Richard Knight, MBA	Kidney Transplant Recipient
Victoria Kumar, MD	Medical Director of Home Dialysis, Southern California Permanente Medical Group
Michael Lawless, MD	Radiologist: Tulsa Radiology Associates

TEP Continued

William McClellan, MD, MPH	Professor of Medicine and Epidemiology at Emory University, Atlanta, GA
Andrew Narva, MD, FACP	Director of the National Kidney Disease Education Program within the National Institute of Diabetes and Digestive and Kidney Diseases
Vl Riley, RN, BS	Project Manager FFBI
Lawrence Spergel, MD, FACS	Director of the Dialysis Management Medical Group and a member of the faculty of the University of California in San Francisco, CA
Joe Vassalottie, MD, FASN	Chief Medical Officer, National Kidney Foundation and Clinical Associate Professor of Medicine in the Division of Nephrology at Mount Sinai School of Medicine in New York City
Dean Weiland	Chief Operating Officer for Renal Advantage, Inc.

Strategy Development Based on Root Causes

54 Root Causes	• Knowledge • Perception • Skills
26 Root Causes	• Patients • Families
59 Root Causes	• System Issues

Guidelines for Strategy Development

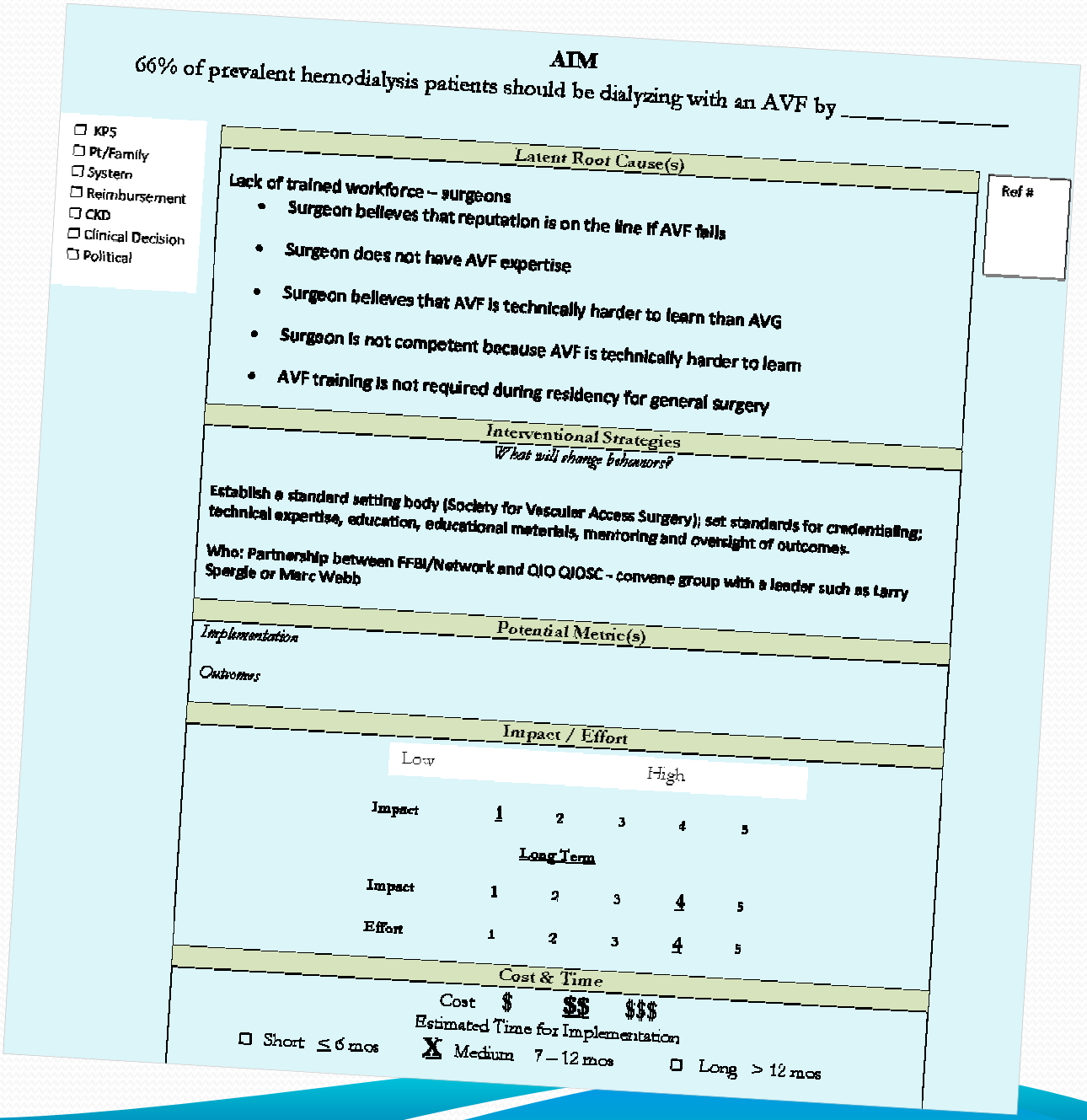
Potential Metrics

Impact & Effort

Cost & Time

Strategy Ownership

Strategy Recommendation 3



AIM

66% of prevalent hemodialysis patients should be dialyzing with an AVF by _____

- ☐ KPS
- ☐ Pt/Family
- ☐ System
- ☐ Reimbursement
- ☐ CKD
- ☐ Clinical Decision
- ☐ Political

Latent Root Cause(s)

Ref #

Lack of trained workforce – surgeons

- Surgeon believes that reputation is on the line if AVF fails
- Surgeon does not have AVF expertise
- Surgeon believes that AVF is technically harder to learn than AVG
- Surgeon is not competent because AVF is technically harder to learn
- AVF training is not required during residency for general surgery

Interventional Strategies
What will change behaviors?

Establish a standard setting body (Society for Vascular Access Surgery): set standards for credentialing; technical expertise, education, educational materials, mentoring and oversight of outcomes.

Who: Partnership between FFBI/Network and QIO QIOSC - convene group with a leader such as Larry Spergle or Marc Webb

Potential Metric(s)

Implementation

Outcomes

Impact / Effort

	Low				High
Impact	1	2	3	4	5
Long Term					
Impact	1	2	3	4	5
Effort	1	2	3	4	5

Cost & Time

Cost $ $$ $$$

Estimated Time for Implementation

☐ Short ≤ 6 mos X Medium 7 – 12 mos ☐ Long > 12 mos

Prioritization of Strategies

- Each workgroup presented its strategies
- 2 additional strategies (buttonhole cannulation & assuring data flow) were considered to be important to the mission and added to the list
- TEP members voted to prioritize strategies

Prioritization of Strategies

1. Lack of nephrologist accountability
2. Patient Education
3. Vessel non-preservation
4. Assuring data flow
5. AVF at hospital discharge
6. Guidelines for interventionalists
7. Promoting secondary AVF at facility level
8. Promoting self management
9. Standards for surgeons
10. Button hole cannulation

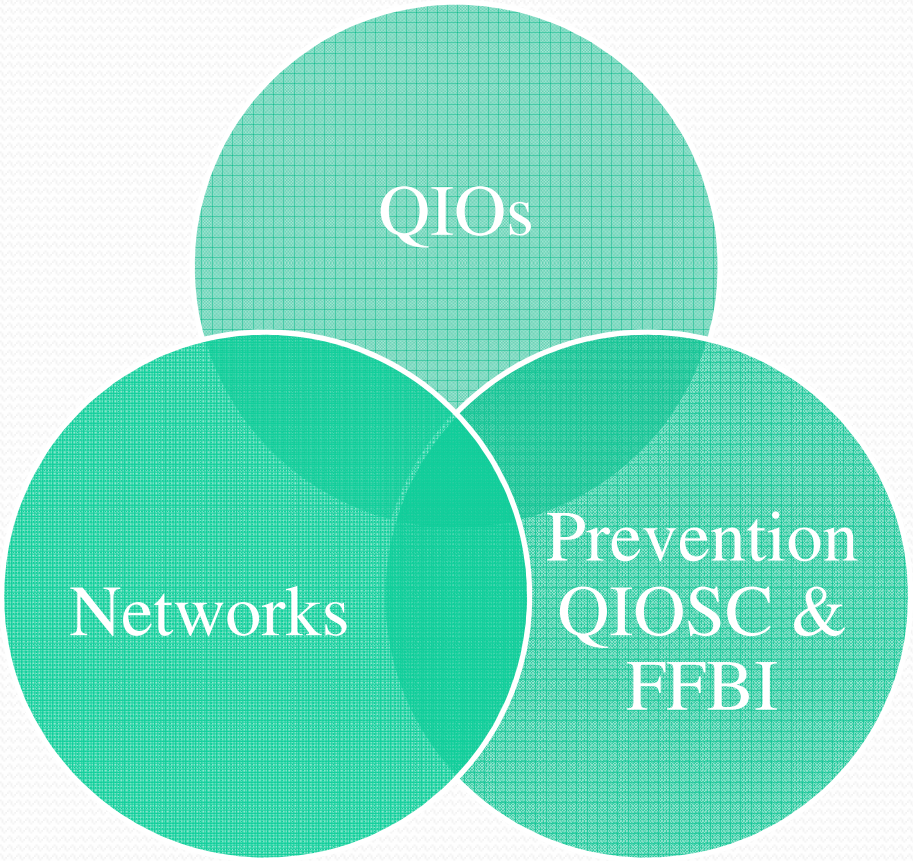
Next Steps

Membership in FFBI

- Join a committee
- Take an active role
  - ☑Leadership
  - ☑ Workgroups

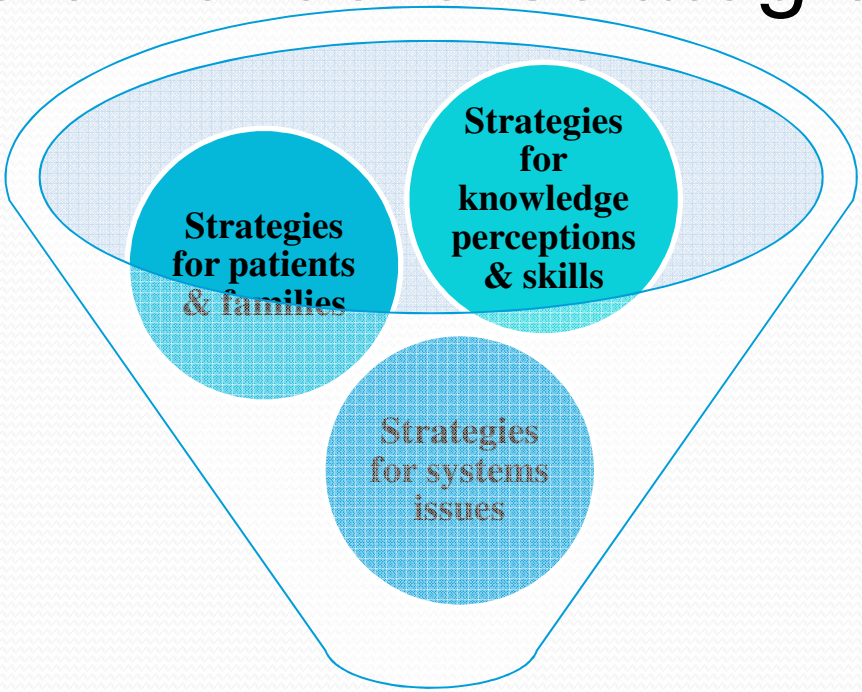
Next Steps

Develop ***symbiotic*** relationships



Next Steps

Implement the Strategies



Fistula Utilization Rate of 66%

The FFBI Team

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Questions?

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