



ESRD National Coordinating Center (NCC)

Fistula First Catheter Last Learning and Action Network

October 22, 2015



Meeting Host

*Vicky Cash,
NCC Assistant Director of Quality Improvement*





Participant Responsibilities

To receive CEs, participants will be required to:

Day of Webinar:

1. Attend the live webinar
2. Complete the webinar evaluation (posted at the end of this presentation)

Following the Webinar:

1. Complete the competency exam based on today's presentation

Direct link: <https://www.onlineexambuilder.com/ffcl-lan-event-post-webinar-exam/exam-41527>

Expect CEs 4-6 weeks after the event. CEs will be distributed via email to the email address you used to register for this session.

Objectives for Today

The participants will be able to:

- 1. List 3 of the 6 components of CMS national quality strategy.**
- 2. Describe the role the Networks and the ESRD NCC play in supporting CMS's national quality strategy.**
- 3. Identify the basic components of catheter safety**
- 4. List the steps of the access planning process**
- 5. Perform the "one minute access check"**
- 6. Teach patients how to do the daily "one minute access check"**



Supporting The CMS National Quality Initiative

CMS Quality Strategy Goals

Optimize health outcomes by leading clinical quality improvement and health system transformation



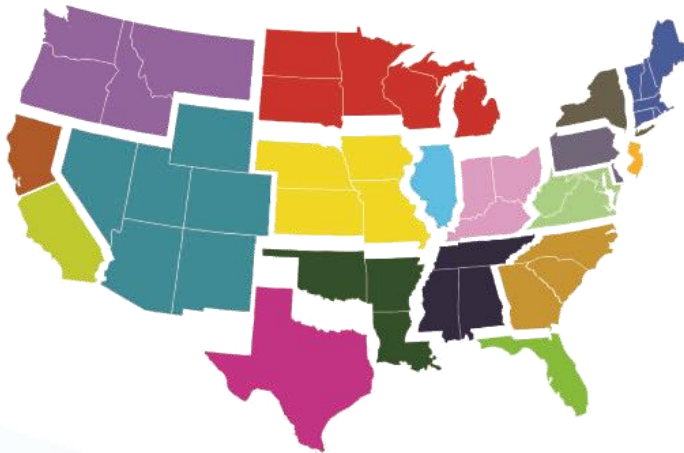
Better Health, Better Care, Lower Cost Through Improvement



ESRD Network Program



The ESRD Network Program includes 18 ESRD Networks under contract with the Centers for Medicare & Medicaid Services (CMS).



 ALASKA	 PUERTO RICO	 U.S. VIRGIN ISLANDS
 HAWAII	 GUAM and MARIANA ISLANDS	 AMERICAN SAMOA

Seeking, Sharing, Spreading



The ESRD Network community collaborates to seek and share knowledge and best practices to promote Quality Improvement activities by spreading tools and resources to improve patients' experience of care

SEEKING

Seek and exchange knowledge through collaboration amongst the ESRD community

SHARING

Share information and learn from one another

SPREADING

Spread and promote the utilization of tools and resources with the ESRD community

ESRD Network Quality Improvement Activities and Educational Campaigns

Raw ESRD
Elements

Worksheets

Role of ESRD NCC



The ESRD National Coordinating Center (NCC) under contract with CMS supports activities of the ESRD Networks and coordinates national initiatives including:

- National Initiatives:
 - Decreasing the use of dialysis catheters and increasing the use of Arteriovenous Fistulas (AVF)/Arteriovenous Grafts (AVGs) – Fistula First Catheter Last
 - Eliminating healthcare associated infections – HAI LAN events
 - Increase patient and family engagement in care - National Patient and Family Engagement LAN.
- Centralized coordination of emergency preparedness and response services - KCER
- Collecting, analyzing and reporting data for the ESRD Networks and Centers for Medicare and Medicaid Services (CMS).



***Lynn Poole, FNP-BC, CNN,
NCC Project Clinical Lead***



arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

Lifeline for a Lifetime

**The Team Approach for
Achieving Catheter Freedom**



The Team Approach

Everything we do **together** to promote the use and maintenance of Arteriovenous Fistula (AVF) and Arteriovenous Grafts (AVG) will limit the exposure to hemodialysis catheters.



What is Fistula First?

- A quality improvement project focused on increasing the number of AV Fistulas in use
- Initiated by CMS in 2003 as the National Vascular Access Improvement Initiative (NVAII)
- Project goals:
 - 40% AVF in use in prevalent population
 - 50% AVF placed in incident population
- Where were we in 2003?
- AVF in use in prevalent population
 - 32.2 %





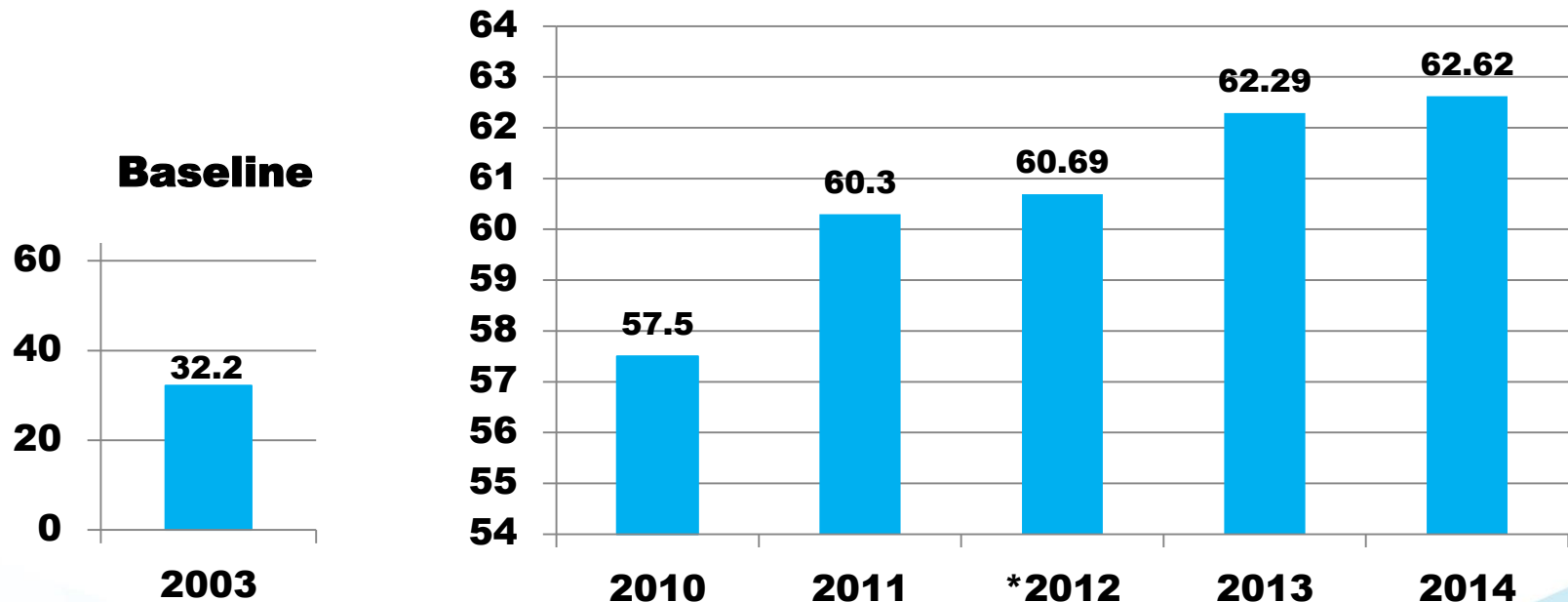
arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

Fistula First Breakthrough Initiative

2005 – Transitioned to Fistula First Breakthrough Initiative (FFBI)

FFBI Goal: 66% AVFs in use in the prevalent HD population

AVF



*5/12 transition to CROWNWeb



Fistula First Catheter Last

2013 CMS established BOLD GOALS:

- AVF in use 68%
- < 10 % Long Term Catheters (> 90 days)

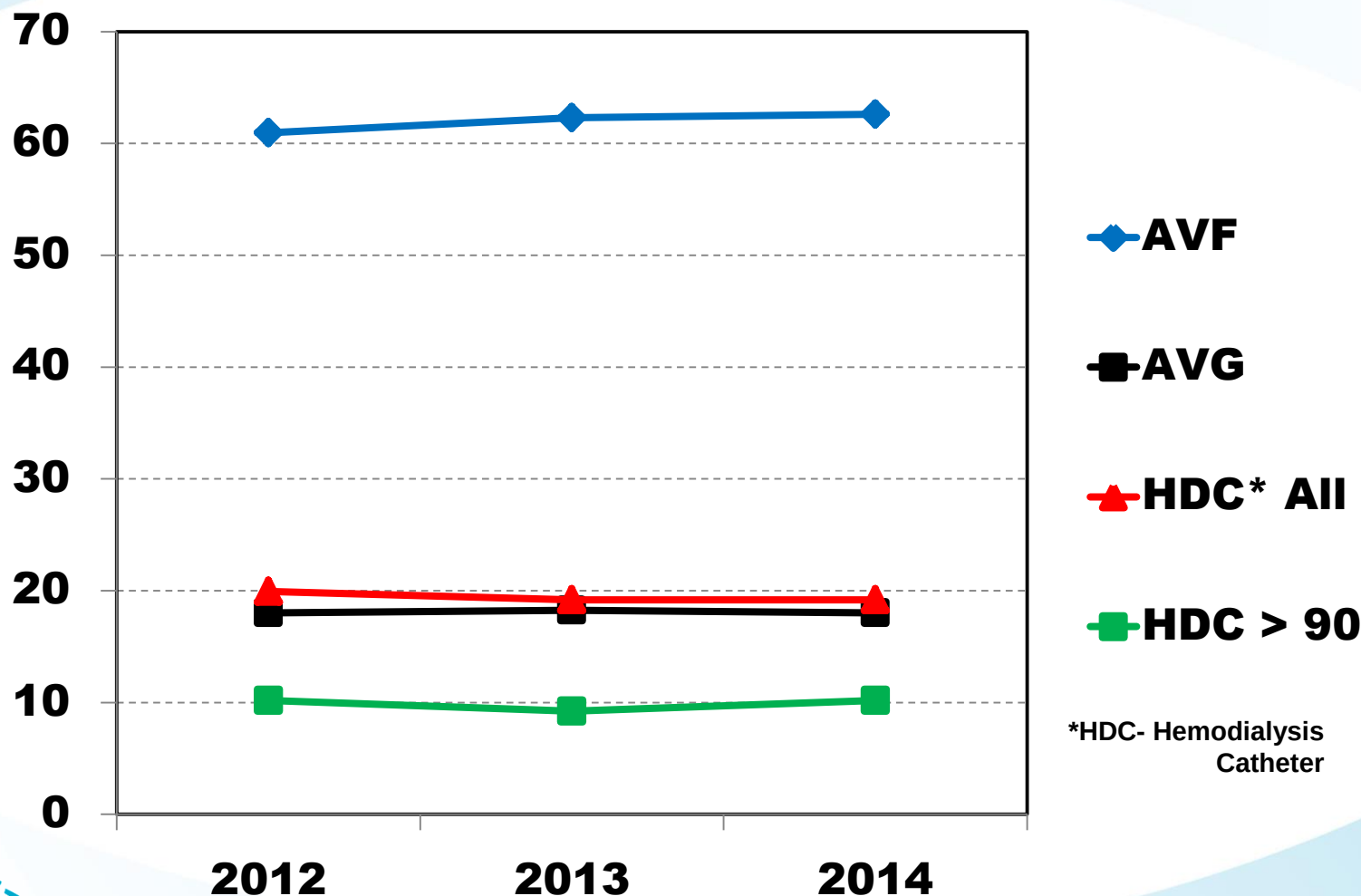
In response, FFBI transitioned to the Fistula First Workgroup Coalition (FFCL) in order to





arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

Fistula First Catheter Last Data



*HDC- Hemodialysis Catheter

FFBI Change Concepts

#1: Routine CQI review

- Dialysis facilities should incorporate vascular access into their continuous quality improvement (CQI) processes

#2: Timely referral to nephrologist

- Reach out to the primary care physician (PCP) community to educate clinicians on appropriate referral criteria

#3: Early referral to surgeon

- Coordinate chronic kidney disease patient care so that patients will be referred early to surgeons specifically for AVF evaluation, including vessel mapping where indicated, allowing sufficient lead-time for AVF maturation

#4: Surgeon Selection

- Choose surgeons who are willing and able to do AVF construction

FFBI Change Concepts

#5: Full range of appropriate surgery

- Surgeons who are skilled in vein transposition techniques are able to create successful AVF in a substantially greater number of patients
- Make sure surgeons understand the logistics of cannulation so that they position the veins suitably and safely for cannulation

#6: Secondary AVF placement

- Evaluate graft patients for placement of a secondary AVF

#7: AVF placement in patients with catheters

- Regardless of prior access, nephrologists and surgeons evaluate all catheter patients as soon as possible for AVF, including mapping

#8: Cannulation training

- Facility uses best cannulators and best teaching tools to teach AVF cannulation to all appropriate dialysis staff

FFBI Change Concepts

#9: Monitoring and maintenance

- The health care team should establish a process for monitoring and maintenance of AVF and AVG to ensure adequate access function

#10: Education of patients and caregivers

- Dialysis patients/caregivers need support and resources, including information about the value of AVFs how to protect their veins, and to advocate for themselves with their health care team

#11: Outcomes feedback

- Review data monthly in facility staff meetings. Present and evaluate data trended over time for rates of AVF, AVG, and catheter use.

#12: Modify hospital systems to detect CKD and promote AVF planning

- Hospitals develop a comprehensive plan of care for patients at risk for or with kidney disease

FFBI Change Concepts



Coalition Teamwork



Catheter Reduction & Avoidance

**Access
Planning**



**Access
Monitoring**

**Catheter
Freedom**

What can we do to increase AVFs and reduce/avoid catheters?

Catheter Safety
A Bridge to Your Lifeline
One Minute Catheter Check



Access Planning and Coordination
Lifeline for a Lifetime
Planning for Your Vascular Access

Access Monitoring
Taking Care of My Lifeline for a Lifetime
The One Minute Access Check

LOOK



OBSERVE

LISTEN



ESCUCHE

FEEL



SIENTA

Case Study

Let's review a case that is typical and will be familiar to many of you:

A 65 year old female with diabetes and hypertension initiated hemodialysis with a hemodialysis catheter (HDC) and no other access in place. When she comes in for her sixth dialysis treatment, she says she does not feel well.

You do your assessment and note that she has a fever, her blood pressure is 90/60 and she is nauseated. Since she has a HDC, you suspect a blood stream infection. After consulting her nephrology practitioner, you obtain blood cultures, initiate intravenous antibiotics, and refer her to the Emergency Department for evaluation.

When you review her dialysis clinic and hospital records, you find no access plan in place to move her toward catheter freedom.

What about our patient?

What do we know from the case study?

- She has a HD catheter
- She has had a blood stream infection
- She has no access plan

What should be the focus of her care?

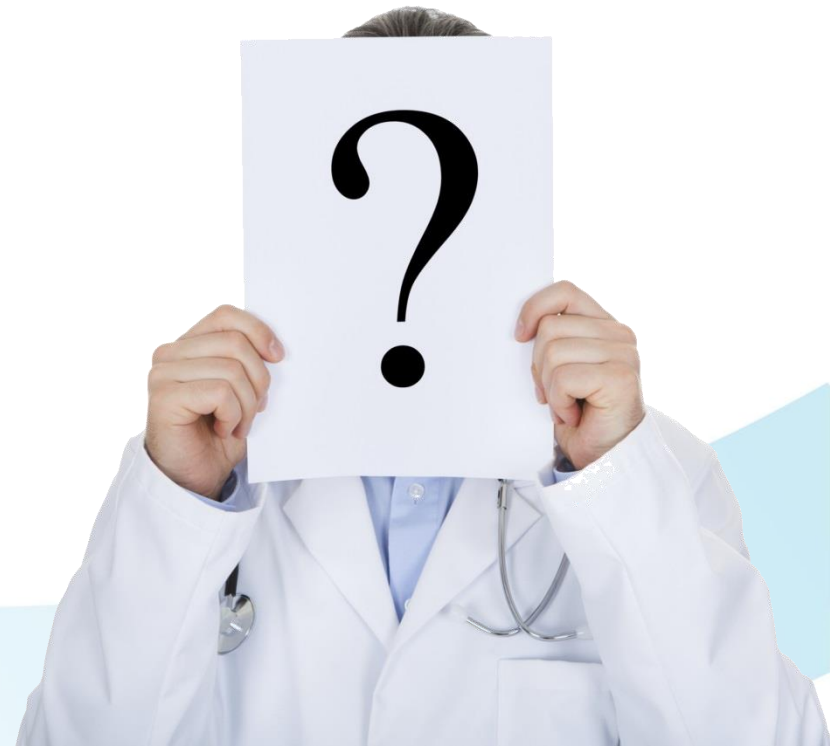
- Catheter safety
- Access Planning to Catheter Freedom
- On-going Access Monitoring

THE PLAN



Does this sound familiar?

In this presentation, we are going to provide you with **tools and resources to help to prevent** this from happening to the patients in your care.



Catheter Safety

A Bridge to Your Lifeline



“One Minute Catheter Check” Overview

What it IS

Checking the catheter and catheter site
A “bridge” to an AVF or AVG

What it's NOT

Checking for catheter performance or care



arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

One Minute Catheter Check Dialysis Care Team



It only takes a minute to check your patient's catheter.

Dialysis Care Team:

- Perform catheter check at each treatment or when patient reports a change.
 - Reinforce importance of daily catheter check to patient.
 - Listen to the patient.

Look



Listen



Feel



Were there any abnormal findings during the catheter check?

No

Document that there were
no abnormal findings.

Yes

Report and document findings per facility
policy and procedure.



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.



Check before you connect.

Look

CATHETER:

- No cracks in the tubing.
- The caps are on the ends of the tubes.
- The cuff is not coming out of the skin.

EXIT SITE:

- No redness, drainage, bleeding, or exposure of the cuff.



Good to go!



CATHETER:

- Any problem with tubing.
- Hubs are exposed or dirty.
- Cuff is coming out of the skin.

EXIT SITE:

- Red, draining, or bleeding.
 - Cuff is exposed.
 - A stitch is still in place. (Check if it can be removed.)
- The skin over the tunnel is red.



Report and document findings per facility Policy and Procedure.

A Bridge to Your Lifeline



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.



Check before you connect.

Listen

Listen to your patient
and be sure to ask
questions.



- Does the patient think they may have a fever?
- Has the patient noticed anything different with their catheter since the last dialysis treatment?
- *If the answer is "No..."*



Good to go!

- Patient reports or has a fever.
- Patient reports something is different with their catheter.
- Patient reports a problem with their catheter.



*Report and document
findings per facility
Policy and Procedure.*

A Bridge to Your Lifeline



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.



Check before you connect.

Feel

Press lightly on the area over the tunnel, away from the exit site.



- No pain upon pressing.
- No drainage coming from the exit site.
- The area over the tunnel feels no warmer than the surrounding area.



Good to go!

- Pain and/or drainage from the exit site when you press lightly on the area over the tunnel.
- The area over the tunnel is warmer than the surrounding area.



Report and document findings per facility Policy and Procedure.

A Bridge to Your Lifeline



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.



It only takes a minute to check your patient's catheter. Check before you connect.



arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis



Look

Look at the CATHETER to make sure:

- There are no cracks in the catheter tubing.
- The caps are on the ends of the catheter tubes.
- The catheter cuff is not coming out of the skin.

Look at the EXIT SITE to make sure there is no:

- Redness
- Drainage
- Bleeding
- Exposure of catheter cuff

Check the skin over tunnel for redness.



- If you think there is a problem with the catheter tubing.
- If the catheter hubs are exposed or dirty.
- If the catheter cuff is coming out of the skin.
- If the exit site is red, draining or bleeding.
- If the cuff is exposed.
- If a stitch is still in place:
Check to see if it can be removed
- The skin over the tunnel is red.

Listen

Listen to the patient and be sure to ask:

- If they think they might have a fever.
- If they have noticed anything different with their catheter since the last dialysis treatment.



- If the patient reports or has a fever.
- If the patient reports something that is different with their catheter.
- If the patient reports a problem with their catheter.

Feel

Press lightly on the area over the tunnel away from the exit site.

There should be no:

- Pain
- Drainage coming from the exit site

The area over the tunnel should not feel warmer than the area around it



If there is:

- Pain and/or drainage from the exit site when you press lightly on the area over the tunnel.
- If the area over the tunnel is warmer than the area around it.

One Minute Catheter Check Patient



It only takes a minute to check your catheter.

Check your catheter every day.

Look



Feel



**Did you notice anything different
when you checked your catheter today?**

No change.

Great!
Keep checking
each day.
At your next
treatment, tell your
Dialysis Care Team
that there was
no change.

Yes, a change.

Call the
contact given
to you by your
Dialysis Care Team.
Share what you found.
They will tell you
what to do next.



A Bridge to Your Lifeline



Look

It is **clean and dry**,
and it **covers the exit site**
(the place where
the catheter comes out
of your skin)



Looking good!

Look at your
catheter dressing
in the mirror.



The dressing **does not**
cover the exit site,
it is **wet or dirty**,
there is **blood or pus**
on the dressing.



*Contact your dialysis
care team if you notice
any "stop" signs!*

A Bridge to Your Lifeline



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.



Feel

Do not remove the catheter dressing!

Feel over the
dressing.

It is **dry** and there is
no pain in the area
under the dressing.



Good to go!



The catheter dressing is **wet**,
you have **pain** in the area
under the dressing,
something feels different,
or you think you have a **fever**.



*Contact your dialysis
care team if you notice
any "stop" signs!*

A Bridge to Your Lifeline



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.



It only takes a minute to check your catheter.

A Bridge to Your Lifeline



Look

Look at your catheter dressing in the mirror.

It is **clean and dry**, and it **covers the exit site** (the place where the catheter comes out of your skin)



The dressing **does not cover the exit site**, it is **wet or dirty**, there is **blood or pus** on the dressing.



Feel

Feel over the catheter dressing. *Do not remove the dressing!*

The dressing is **dry** and there is **no pain** in the area under the dressing.



The dressing is **wet**, you have **pain** in the area under the dressing, **something feels different**, or you think you may have a **fever**.



If you notice any of the red "stop" signs during your daily catheter check, follow these instructions IMMEDIATELY:

Contact: _____

During regular facility hours _____

After hours _____



What about our patient?

Our patient and the dialysis care team are doing the one minute catheter check

- Catheter safety

Now we are going to focus on **Access Planning**

- The pathway to catheter freedom



Access Planning





arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

Lifeline for a Lifetime:

Planning for Your Vascular Access



Why Have a Vascular Access (VA) Plan?

New and established patient:

- Once a patient crosses the threshold into chronic dialysis, all patients need and deserve a VA plan

An access plan should be followed in all sites of care

- Dialysis clinic
- Access Center
- Hospital/outpatient facility
- Other

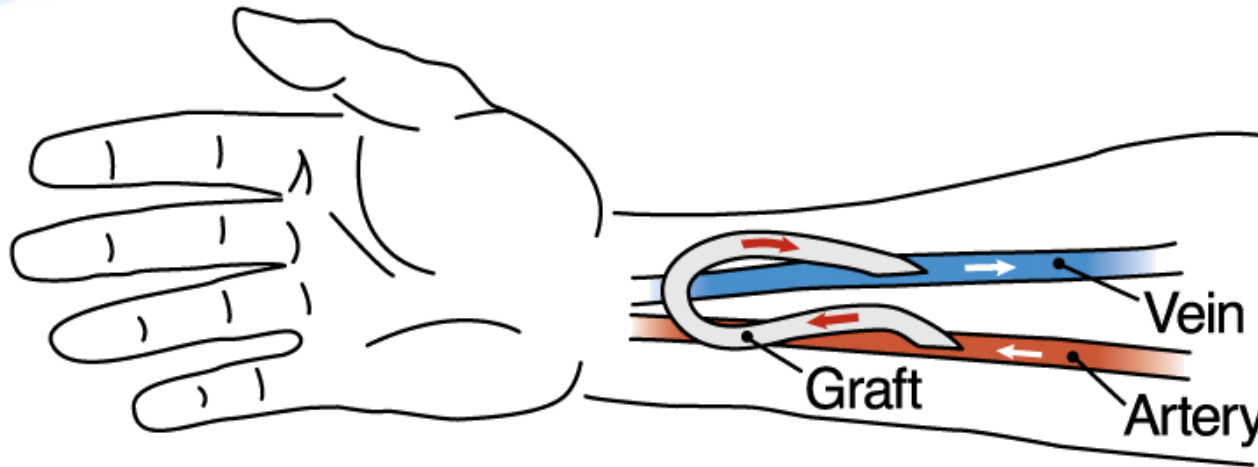


Lifeline for a Lifetime: Planning for a Vascular Access

The patient and dialysis care team should work together to develop and carry out a patient-focused plan that includes the following eight steps:

1. Making my access plan
2. Finding the best place for my access
3. Going to see the surgeon
4. Going for surgery
5. Waiting for my access to mature or heal
6. Using my access
7. Getting my catheter out
8. Taking care of my **lifeline for a lifetime**

Arteriovenous Graft



AVG (synthetic)

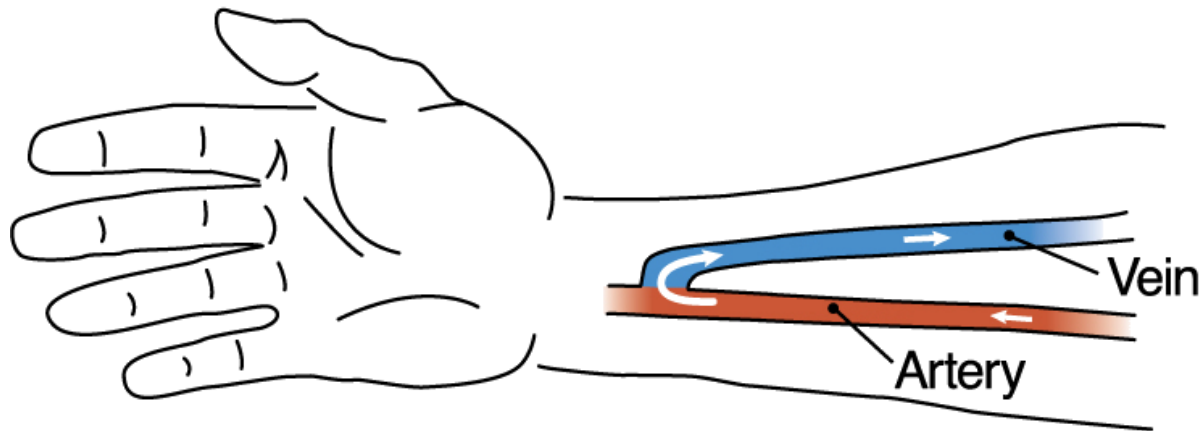
Ready for use in 2-3 weeks

Useful if veins prohibit AVF development

More infections than an AVF, but less than an HDC

Tends to clot more often than AVFs

Arteriovenous Fistula



Surgical connection between an artery and vein

Continuous CIRCUIT

Lowest complication rate

4- 6 weeks maturation time

Best long-term primary patency

Requires the fewest interventions

Patient-Focused Access Plan

#1 → **#2** → **#3** → **#4**

Making an Access Plan

- **Review of what is included in an access plan and identifying what step of the process you are in**

Finding the best place for an access

- **Explanation of how the surgeon will find the best place for your access**

Going to see a surgeon

- **How to prepare and what to expect in your first visit to a surgeon**

Going for surgery

- **This is an important step because you will learn about what will happen when you go for surgery and what to expect after surgery**

Patient-Focused Access Plan

#5 → **#6** → **#7** → **#8**

Waiting for my access to mature and heal

- Your care team will help you understand what this step means and how long it may take for your access to mature and heal

Using my access

- Your care team will help you prepare for when you can begin using your access

Getting my catheter out

- Once you begin using your access without any problems, you will need to have your catheter taken out

Taking care of my Lifeline for a Lifetime

- Working with your care team to learn and understand how to complete a daily one minute access check

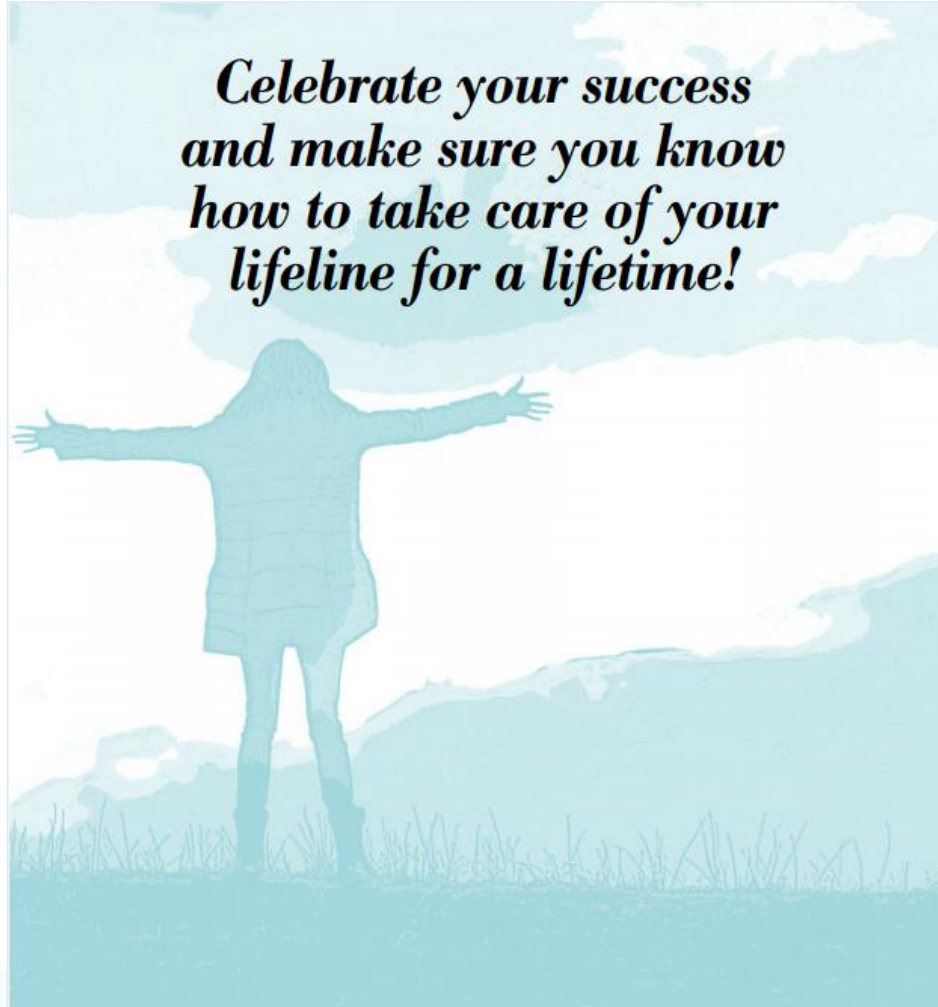
Caring for my Lifeline for a Lifetime

How do I check my access to make sure it is working like it should?

- To make sure your access is working well, you should do your one minute access check every day
- Ask your dialysis care team to teach you how to do this
- If you are already doing your access checks, keep up the good work!

Catheter Freedom

*Celebrate your success
and make sure you know
how to take care of your
lifeline for a lifetime!*



What About Our Patient?

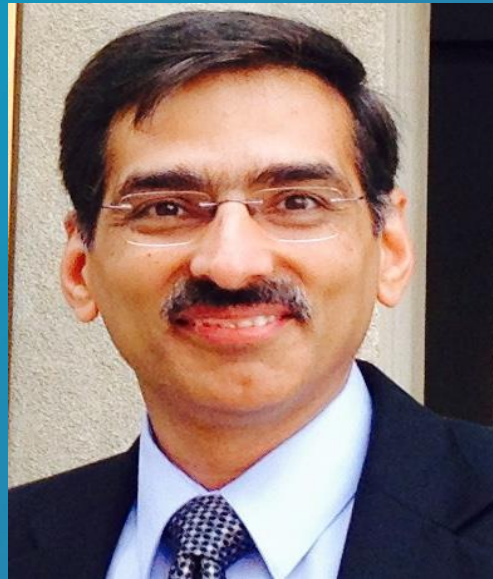
Where is she now?

- She has a working AVF in place
- She is catheter free

Ongoing Access Monitoring

- Identify access problems early and plan interventions
- Avoid placement of a HDC





***Tushar Vachharajani, MD, FACP, FASN
Chief of Nephrology, W. G. (Bill) Hefner VAMC***

Access Monitoring



Caring for my Lifeline for a Lifetime

Access Monitoring

- KDOQI defines monitoring, as “applying physical examination techniques to detect access dysfunction”
- When done correctly, monitoring can identify most access dysfunction

Question

Should all members of the dialysis care team learn how to assess a vascular access?



Question

Does access monitoring work?



Seminars in Dialysis

Physical Examination of the Dialysis Vascular Access



Gerald A. Beathard^{*}

Issue

Article first published online: 1 OCT 2007

DOI: 10.1111/j.1525-139X.1998.tb00353.x



Seminars in Dialysis

**Volume 11, Issue 4, pages
231–236, July 1998**



arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

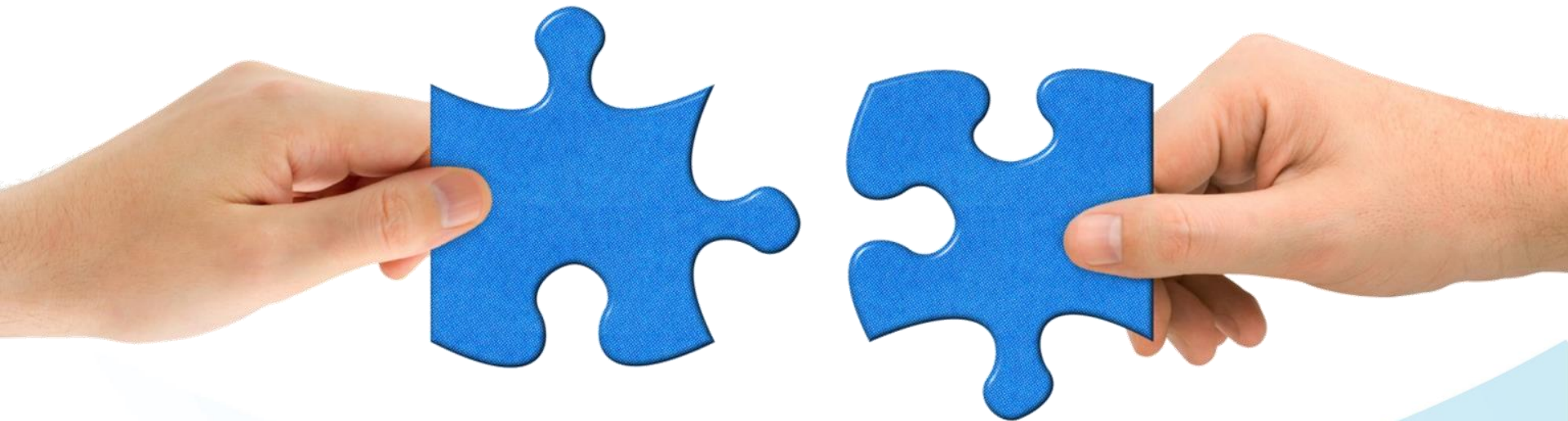
Adequacy of AVF for Size & Flow

- If fistula diameter is 0.4 cm or greater, the chance that it would be adequate for dialysis is 89% versus 44% if size was less
- If fistula blood flow is 500 ml/min or greater, the chance that it would be adequate is 84% versus 43% if it was less
- Combining the two variables, the chance that it would be adequate is 95% versus 33% if neither of the criteria were met
- Experienced dialysis nurses have an 80% accuracy in predicting the ultimate utility of a fistula for dialysis



Challenge

**Developing a simple approach for access monitoring
to be used by patients and the dialysis care team.**



Access Monitoring: Dialysis Care Team

Look



Listen



Feel



**Arm Elevation Test
(AVF Only)**



**Augmentation Test
(Optional)**



Look

The skin over the access is all one color and looks like the skin around it.



There is **redness, swelling or drainage.**

There are **skin bulges with shiny, bleeding, or peeling skin.**



Good to go!



Contact expert clinician if any "stop" signs noted.

Listen (Stethoscope Bruit)

The hum or buzz should sound like a “whoosh,” or for some may sound like a drum beat. The sound should be the same along the access.



No sound or decreased sound.
Change noted.
Sound is **different** from what a normal BRUIT should sound like.



Sounding good!



Contact expert clinician if any “stop” signs noted.



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



Feel

Thrill: a vibration or buzz in the full length of the access.

Pulse: slight beating like a heart-beat. Fingers placed lightly on the access should move slightly.



Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will **rise and fall with each beat.**



Good to go!



Contact expert clinician if any "stop" signs noted.



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



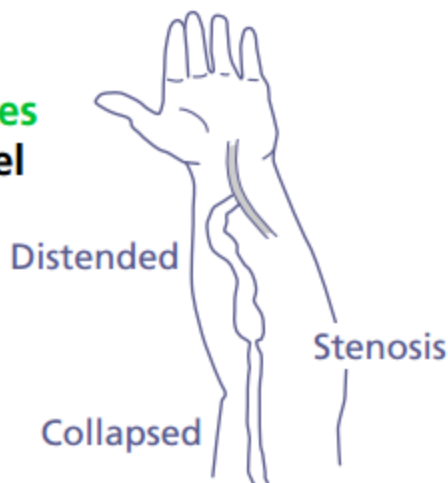
Arm Elevation Test

Upper Arm AVF

The AVF outflow vein **partially collapses** when the arm is raised above the level of the heart. It may feel "flabby" when palpated.

Lower Arm AVF

The AVF outflow vein **collapses** when the arm is raised above the level of the heart.



Upper Arm AVF

The AVF outflow vein **does not partially collapse** or become "flabby" after being raised above the level of the heart.

Lower Arm AVF

The AVF outflow vein **does not collapse** after being raised above the level of the heart.



Good to go!



Contact expert clinician if any "stop" signs noted.

www.esrdncc.org

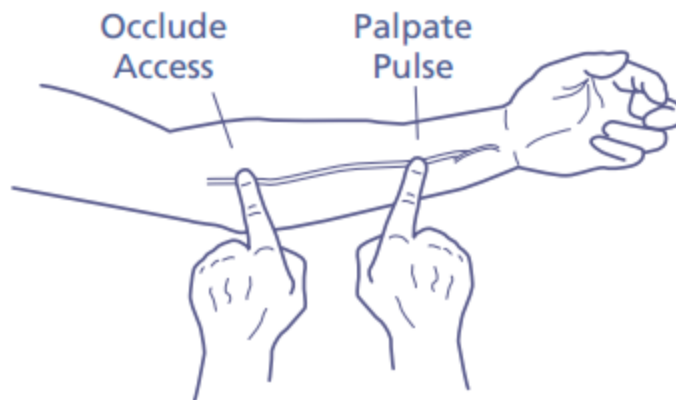


This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



Augmentation Test

Place your fingers on the out-going vein, feel the pulse, press down until no blood is flowing through the access. Keep your finger on the vein and feel for the pulse on the lower part of the access.



Pulse should be **“strong and bounding”** and may cause your finger to **rise and fall** with each beat.

Pulse **does not** become more forceful or **“strong and bounding”**.



Good to go!



Contact expert clinician if any “stop” signs noted.



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.





It only takes a minute to save your patient's lifeline.



The skin over the access
is **all one color** and **looks like**
the skin around it.

Look



There is **redness**,
swelling or **drainage**.
There are **skin bulges** with
shiny, **bleeding**, or **peeling skin**.

Listen



Bruit - the hum or buzz should **sound**
like a "whoosh," or for some may sound
like a **drum beat**. The sound should be
the same along the access.

There is **no sound**, **decreased**
sound or a **change in sound**.
Sound is different from what a
normal Bruit should sound like.

Feel



Thrill: a vibration or buzz in the
full length of the access.

Pulse: slight beating like a heart-
beat. Fingers placed lightly on the
access should move slightly.

Pulsatile: The beat is **stronger than**
a normal pulse. Fingers placed
lightly on the access will **rise and**
fall with each beat.

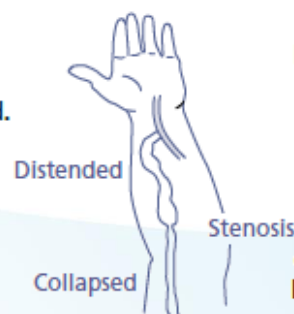
Upper Arm AVF

The AVF outflow vein **partially**
collapses when the arm is raised
above the level of the heart.
It may feel "flabby" when palpated.

Lower Arm AVF

The AVF outflow vein collapses
when arm is raised above
the level of the heart.

Arm Elevation



Upper Arm AVF

The AVF outflow vein **does not**
partially collapse or become "flabby"
after being raised above the level of
the heart. This finding should be
reported to an expert clinician.

Lower Arm AVF

The AVF outflow vein **does not**
collapse after being raised above the
level of the heart. This finding should
be reported to an expert clinician.

Access Monitoring: Patient

Look



Listen



Feel



Look

The skin over your access is all one color and looks like the skin around it.



There is **redness, swelling or drainage**. There are **skin bulges with shiny, bleeding, or peeling skin**.



Looking good!



Contact your dialysis care team if you notice any "stop" signs!



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



Listen

When you place your access next to your ear, you hear a sound. And it **sounds the same as the last time** you checked it.



You place your access next to your ear and hear **no sound**. Or it **sounds different** than it did the last time you checked it.



Sounding good!



Contact your dialysis care team if you notice any "stop" signs!



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
CMS Contract Number: HHSM-500-2013-NW002C



Feel



Thrill: a vibration or buzz in the full length of the access.

Pulse: slight beating like a heartbeat. Fingers placed lightly on the access should move slightly.



Good to go!



Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will **rise and fall with each beat.**



Contact your dialysis care team if you notice any "stop" signs!



www.esrdncc.org

This material was prepared by the End-Stage Renal Disease Network Coordinating Center (NCC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
CMS Contract Number HHSM-500-2013-NW0026





arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis



It only takes a minute to save your lifeline.



Look



The skin over your access
is all one color and looks like
the skin around it.



There is **redness, swelling
or drainage.**
There are **skin bulges with
shiny, bleeding, or peeling skin.**



Listen



When you place your access
next to your ear, you hear a sound.
And it **sounds the same as
the last time** you checked it.



You place your access next to
your ear and hear **no sound.**
Or it sounds different than it did
the last time you checked it.



Feel



Thrill: a vibration or buzz in the
full length of the access.

Pulse: slight beating like a heart-
beat. Fingers placed lightly on the
access should move slightly.



Pulsatile: The beat is **stronger than
a normal pulse.** Fingers placed
lightly on the access will **rise and
fall** with each beat.



*If you notice any of the red "stop" signs during your daily access check,
follow these instructions IMMEDIATELY:*

Contact: _____

During regular facility hours _____

After hours _____



Access Monitoring

- Easy to do
- Engages the patient
- Engages the dialysis care team
- Most importantly it **WORKS!**



Organized Approach

- Remember that more than one abnormality can occur
- Always be systematic
- Check the entire access



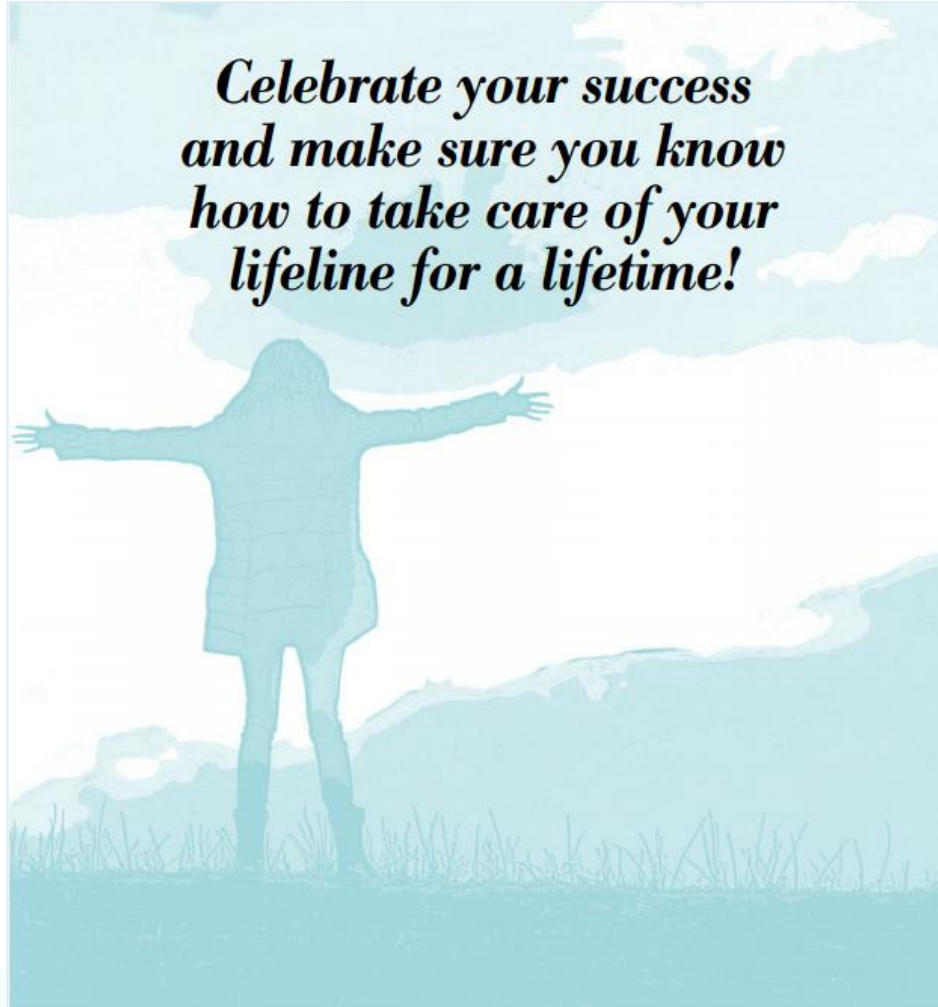
What About the Patient?

- **The One Minute Catheter Check**
 - Catheter safety
- **Access Planning**
 - The pathway to catheter freedom
- **On-going Access Monitoring**
 - Identify access problems early
- **Planned intervention**
 - Avoid placement of a tunneled HD catheter

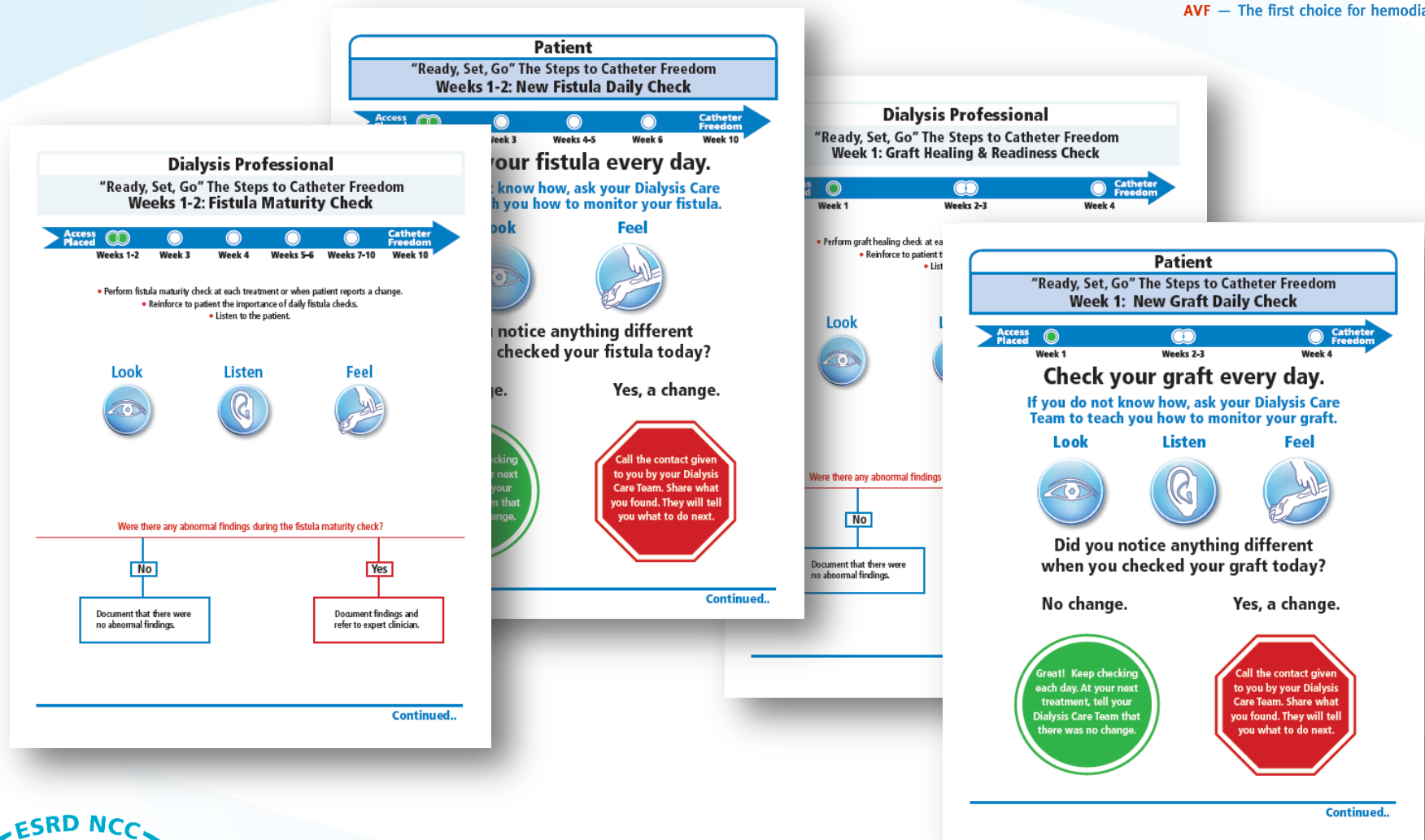


Catheter Freedom Achieved!

*Celebrate your success
and make sure you know
how to take care of your
lifeline for a lifetime!*



Ready, Set, Go!



Professional Planning Manual

Vascular Access Planning Guide for Professionals



Contents

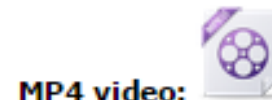
Introduction.....	3
Step 1: Develop Vascular Access Plan.....	6
Step 2: Refer for Vessel Mapping.....	8
Step 3: Coordinate Surgeon Appointment.....	11
Step 4: Access Surgery and Follow-up.....	14
Step 5: Assess Fistula (AVF) Maturation; Graft (AVG) Healing and Readiness.....	16
Step 6: Cannulation	19
Step 7: Arrange for Catheter Removal and Celebrate Catheter Freedom.....	23
Step 8: “One Minute Access Check”	24
Appendix A.....	25
Appendix B.....	30

<http://esrdncc.org/esrd-ncc-resource-downloads>

Welcome to the ESRD NCC Resource Download Center.

- **Step 1:** Use the menu on the right to find the item you want. You can scroll through the choices.
- **Step 2:** Click on the download button next to the item you want to save. You can save it on your computer hard drive, a USB thumb drive or a DVD.
- **Step 3:** Once you have saved the file, double click on it to play or view.

LEGEND:



If you have any questions, please [contact us](#).

Seminars in Dialysis

Position Paper

Fistula First Breakthrough Initiative: Targeting Catheter Last in Fistula First

Joseph A. Vassalotti,*† William C. Jennings,‡ Gerald A. Beathard,§
Marianne Neumann,¶ Susan Caponi,¶ Chester H. Fox,** Lawrence M. Spergel,†† and
the Fistula First Breakthrough Initiative Community Education Committee

*National Kidney Foundation, Inc. New York, New York, †Division of Nephrology, Department of Medicine, Mount Sinai School of Medicine, New York, New York, ‡Department of Surgery, University of Oklahoma, Tulsa, Oklahoma, §Lifeline Vascular Access, Vernon Hills, Illinois, ¶Network Coordinating Center, IPRO ESRD Network 2, Albany, New York, **Department of Family Medicine, University at Buffalo, Buffalo, New York, and ††Dialysis Management Medical Group, San Francisco, California

FFCL Data Dashboard

- **National Vascular Access Data from CROWNWeb**
 - Network
 - State
 - Affiliation (Dialysis Organization)
- **Spread sheet updated quarterly and uploaded to <http://esrdncc.org/for-ffcl-professionals/>**

Fistula First Catheter Last (FFCL) Dashboard

The FFCL Dashboard is produced from data collected from the CROWNWeb application. Once clinical periods are closed, data from these periods are incorporated into the Dashboard. Counts, rates and definitions have been established based on CMS-approved guidelines. The FFCL Dashboard is inclusive of all data elements previously reported through the published FFBI Dashboard and also includes additional data elements and a dynamic new way to view this information. For additional information on definitions and information on how counts and rates are calculated, please review the documentation included below.



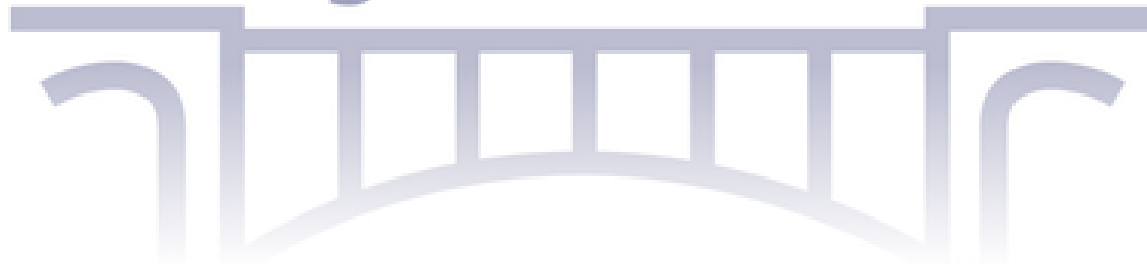
Catheter Check Interactive Tools

<http://esrdncc.org/one-minute-catheter-check/>

Do you have a hemodialysis catheter?

A hemodialysis catheter is a “bridge” to a fistula or graft. Make sure you check your catheter every day. Learn how to do your “one minute catheter check” below.

A Bridge to Your Lifeline



Access Planning Interactive Tools

<http://esrdncc.org/access-planning/>



Kidney failure means that your kidneys can't clean your blood of the waste products and the fluid that builds up in your body. When your kidneys start to fail, it may take a few years for them to stop working. Once they stop working, it is called kidney failure.

If you have kidney failure, you will need dialysis or a kidney transplant to stay alive. A kidney transplant is surgery to place a healthy kidney into a person with kidney failure. Most people need to do dialysis while they are checked to see if they can get a transplant. The amount of time you have to wait for a new kidney is different for every person. It depends on a lot of things. Your practitioner or dialysis care team will help you understand what this means for you.

Access Monitoring Interactive Tools

<http://esrdncc.org/professional-resources-for-access-monitoring/>



Checking your patient's lifeline every time they are in for treatment is a critical step to making sure their access is functioning appropriately and or to detect potential problems. Attached is an interactive tool that will help you learn how to perform a quick access check and what to watch to determine if there is a problem. Please follow the "How to save your patient's lifeline" link to learn more:

It Only Takes a Minute to Save the Lifeline

Using the links below, you can access the steps and tools for "one minute access check". The process map and tools support the five components for the one minute access check that can be performed daily by the patients, the dialysis staff at each dialysis treatment and expert clinicians when problems are identified and also during monthly visits.

For More Information

<http://esrdncc.org/ffcl/>

About FFCL



The work of the **Fistula First Catheter Last Workgroup Coalition** is focused on supporting the renal community, the ESRD Networks, patients, and the CMS in efforts to improve vascular access outcomes.

- » About Fistula First Catheter Last
- » FFCL Dashboard
- » Speakers Bureau

For Patients



For patients on dialysis, your vascular access is your Lifeline for a Lifetime. Resources to help you plan for your access, check it to make sure it's healthy, and more.

- » Lifeline for a Lifetime
- » Planning For Your Vascular Access
- » Monitoring Your Vascular Access
- » Patient Educational Materials

For Professionals



Resources for surgeon training on arteriovenous fistulas (AVFs), cannulation, access planning, access monitoring, and more.

- » Surgeon Training Videos & Presentations
- » Cannulation Videos
- » Vascular Access Atlas
- » Lifeline for a Lifetime for Professionals

Participant Responsibilities

To receive CEs, participants will be required to:

Day of Webinar:

1. Attend the live webinar
2. Complete the webinar evaluation (posted at the end of this presentation)

Following the Webinar:

1. Complete the competency exam based on today's presentation

Direct link: <https://www.onlineexambuilder.com/ffcl-lan-event-post-webinar-exam/exam-41527>

Expect CEs 4-6 weeks after the event. CEs will be distributed via email to the email address you used to register for this session.



arteriovenous
FISTULA FIRST

AVF — The first choice for hemodialysis

FOR MORE INFORMATION

Lynn Poole

(703) 790-1383

lpoole@ncc.esrd.net

Vicky Cash

(440) 724-20154

vcash@ncc.esrd.net

ESRD NATIONAL COORDINATING CENTER (NCC)

1979 Marcus Avenue, Suite # 105, Lake Success, NY 11042-1072

Fax: (516) 326-7805 • E-mail: ncc@ncc.esrd.net

www.esrdncc.org • www.kcercoalition.org



This publication was developed under Contract Number HHSM-500-2013-NW002C, titled "End Stage Renal Disease National Coordinating Center (ESRD NCC)," sponsored by the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-NW002C.