



## Access Patency Initiative Implementation

The implementation of Vasc-Alert is only one aspect of a broader QIP effort to improve the overall care of arteriovenous (AV) vascular accesses. We call this program the Access Patency Initiative (API). The goal of such a program is simple: reduce thrombotic events. This should result in fewer catheter insertions, longer life accesses, and fewer patients who have lost all their AV access sites. The following outlines a basic structure of how such a program might be implemented within a dialysis center.

Preparation	Phase 1	Phase 2	Phase 3
2-3 weeks	2 to 4 months	6 to 12 months	Ongoing – Steady State
<p>Preparation and training in how to use the Vasc-Alert reports</p> <p>Goal: Get key staff familiar with Vasc-Alert and the general staff aware of its purpose.</p> <p>Designate a vascular access coordinator (VAC).</p> <ul style="list-style-type: none"> <li>○ Knowledgeable of patients</li> <li>○ Concerned with quality</li> </ul> <p>Introduce the program to the medical team serving the dialysis center, i.e. nurses, PCTs, nephrologists, interventionalists, surgeons.</p> <p>Conduct initial Review Call (training) with key medical staff in attendance.</p> <p>Determine baseline metrics:</p> <ul style="list-style-type: none"> <li>○ Thrombosis rate</li> <li>○ Catheter rate for AV access capable patients</li> <li>○ New fistula survival rate</li> <li>○ Number of patients on catheter because they lost all their access sites</li> </ul>	<p>Initial implementation: “Get the gears going”</p> <p>Goal: Get the process going, i.e. pickup reports and make referrals.</p> <p>Focus will be on:</p> <ul style="list-style-type: none"> <li>○ Thrombosis prevention in high risk patients,</li> <li>○ AV access capable patients using catheters,</li> <li>○ New fistula survival.</li> <li>○ Tracking referrals and procedure results in Referral Module</li> </ul> <p>Determine initial metrics:</p> <ul style="list-style-type: none"> <li>○ Vasc-Alert alert rate</li> <li>○ % of patients who achieve prescribed blood flow rate</li> <li>○ Average age of grafts and fistulas</li> </ul> <p>Integrate into patient care review meetings.</p> <ul style="list-style-type: none"> <li>○ Review all ‘patients on-alert’.</li> <li>○ Determine root cause of any thrombotic events.</li> <li>○ Special attention paid to patients who are on their last AV access.</li> </ul> <p>Center management team should be involved in monitoring progress of key metrics over time.</p>	<p>Establish the core elements of an API program. Integrate into operations.</p> <p>Goal: Put in place core elements of an API program. Begin to achieve improvement in key metrics.</p> <p>Define ‘Best Practices’ for the center: protocol, policy and procedures. (This should evolve over time.)</p> <p>Establish knowledge base for each patient’s access. This is a key responsibility of the VAC.</p> <ul style="list-style-type: none"> <li>○ Review procedure results</li> <li>○ Identify patients whose threshold is not ‘average’.</li> <li>○ Determine relative ‘age’ of each access.</li> <li>○ Future site planning and vein mapping.</li> </ul> <p>Staff should report to the VAC any clinical indications that indicate possible access issues.</p> <p>VAC should meet with intervention team to review patients with chronic access issues.</p>	<p>Refine and improve the API program.</p> <p>Work toward a goal of 10% or less of patients experiencing a thrombotic episode.</p> <p>Continue to evolve the API program with a focus on improving the protocol for vascular access care.</p> <p>Focus will be on catching stenosis as early as reasonable: ‘nipping it in the bud’.</p>