

# FistulaFirst

## The A-V Fistula First Breakthrough Initiative (FFBI)

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### “FistulaFirst” GOAL

Goal is to *maximize* autogenous AVF construction & success rate to achieve AVF use in 66% of Prevalent patients.....

**while reducing Catheter use !**

**NOTE:** The goal is not to expect an AVF in all patients, but that all patients to receive hemodialysis will have the opportunity to be evaluated for an AVF—and have an AVF unless not feasible or medically contra-indicated

### FistulaFirst

#### 11 key Change Concepts\*

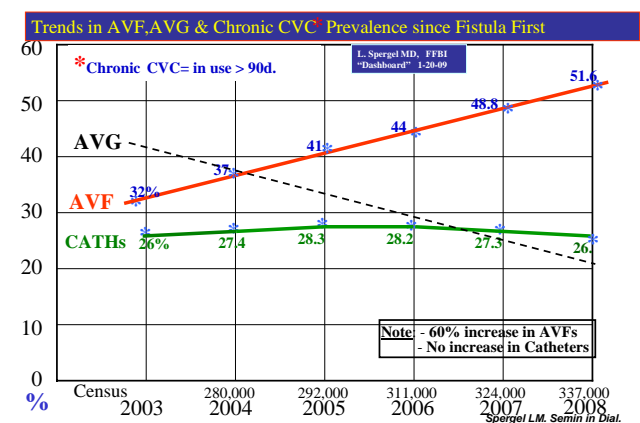
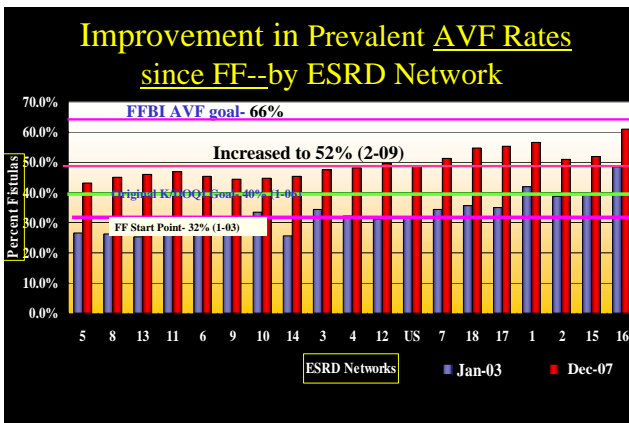
1. Routine CQI review of vascular access
2. Timely referral to nephrologist
3. Early referral to surgeon for “AVF only”
4. Surgeon selection
5. Full range of appropriate surgical approaches
6. Secondary AVFs in AVG patients
7. AVF evaluation/placement in catheter patients
8. Cannulation training
9. Monitoring and Maintenance
10. Continuing education
11. Outcomes feedback

\*A Change Concept is an approach to change proven to be successful, which is intended to stimulate specific strategies relevant to implementation of that Change Concept.

### We’ve come a long way!



- WE HAVE NOT ONLY PROVIDED NEW BENCHMARKS AND TARGETS FOR A NEW STANDARD OF CARE FOR OUR ESRD PATIENTS & VASCULAR ACCESS...BUT
- HAVE ALSO PROVIDED THE TOOLS AND RESOURCES TO REACH THOSE NEW STANDARDS OF CARE BENCHMARKS



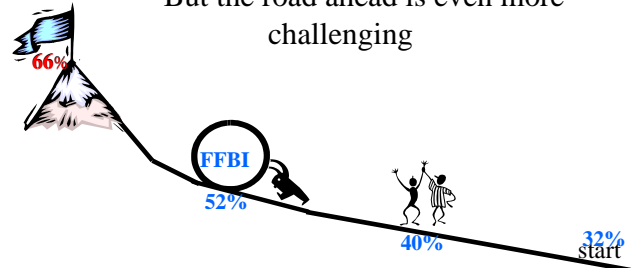
AV Fistula First:

## Accomplishments



We've come a long way!

But the road ahead is even more challenging



## FistulaFirst

### Common Misconceptions

1. “Fistula First” is intended to mean that everyone on hemodialysis should have an AVF
2. Increasing AVFs will cause an increase in catheters

### Why do AVFs often get a bad rap (“Fistula Worst”)?

- 1/3 fail to mature, require intervention, and can be difficult
- the more complex constructions have additional risk factors for failure

#### However:

- the subset of AVFs that fail to mature is in the minority, most of which can be salvaged
- 1/3 to 1/2 of less complex AVFs never require intervention during their useful life

AV Fistula First: Future Focus

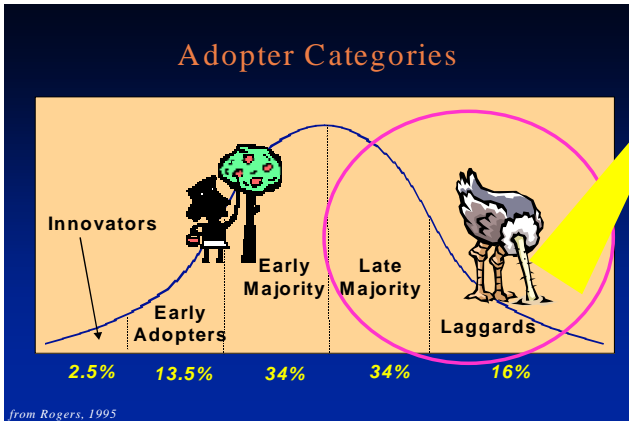
## Next Steps

Need to address our attention to some critical areas

AV Fistula First: Future Focus

## Next Steps I

- Laggards
- CKD
- Hospitals (QIO's)



**AV Fistula First: Future Focus**

## Next Steps I

- **CKD**
  - Need to Integrate FF with QIO activities in the CKD arena
  - Address the major barrier of lack of M-care coverage for the un-insured who is pre-ESRD, esp. stage 4 CKD

**AV Fistula First: Future Focus**

## Next Steps I

- **Hospitals (QIO's)**
  - Engage hospitals, specifically Utilization Review & Discharge Planning staff, to I.D. and make contact for pre-ESRD pt.'s, esp. stage 4 CKD

**AV Fistula First**

## Next Steps II

### CLINICAL FOCUS

Revisit Change Package and Focus on Change Concepts not adequately implemented in the ESRD community- and which are associated with rapid change

**FistulaFirst**

### CLINICAL FOCUS for 2009

1. Routine COI review of	6. <b>Secondary AVFs in AVG patients</b>
<b>Additional Focus on Implementing Change Concepts #6, #7, and #9</b>	7. <b>AVF evaluation/placement in catheter patients</b>
4. Surgeon selection	8. Cannulation training
5. Full range of appropriate surgical approaches	9. <b>Monitoring &amp; Maintenance</b>
	10. Continuing education
	11. Outcomes feedback

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### 11 key Change Concepts\*

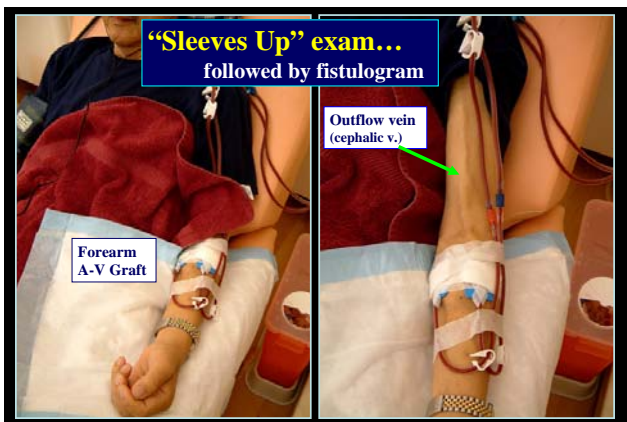
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**CC #6: Secondary AVFs in AVG patients**  
**Expanded Definition**

**Any AVF constructed following an AVG:**

- Conversion of an existing AVG outflow vein to a direct AVF where feasible
- or**
- Exam & Vessel Mapping for alternate options when outflow vein is not suitable



**FistulaFirst**

**11 key Change Concepts\***

- |  |   |
|--|---|
| 1. Routine CQI review of vascular access         | 6. Secondary AVFs in AVG patients                       |
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|  | 11. Outcomes feedback                                   |

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**CATHETERS**

**Higher Catheter Use is Associated with Increased Infection, Morbidity, Mortality & Hospitalization**

<sup>1</sup> Dialysis Outcomes and Practice Patterns Study (DOPPS): 2 yrs./ 7 Countries / 10,000 pts.

<sup>2</sup> Pastan et al: Vascular access and increased risk of death among hemodialysis patients.

**Reducing Catheter Use – Strategies**  
**Initial Focus**

- Surgical Evaluation, Vessel Mapping (& Placement) of Permanent Access during initial, acute Hospitalization
- Protocol for Catheter Removal (FF website)
- Early recognition & intervention for non-maturing AVFs (post-op exam @ 4 wks) -- (use FFBI protocol)

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**AVF dysfunction / failure-to-mature (FTM) > 30% of new AVFs fail to mature (FTM)**

• Can markedly reduce early failure rate and interventions in AVFs by:

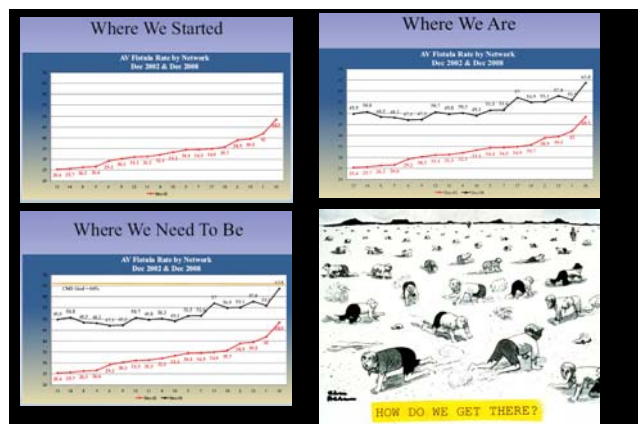
- early referral & CKD program
- improved patient & vessel selection/standardized vessel mapping protocol
- early recognition of FTM AVF by evaluation (Monitoring & Surveillance) at 4 wks. & timely intervention=high salvage rate (CC# 9)

## "NO FISTULA LEFT BEHIND"

CLINICS NEED TO TRACK NEW AVFs.....

and

TAKE ACTION (Evaluate, Refer, Intervene) on AVFs that 1) are not adequately maturing at 4-6 wks.- and 2) those that have reached 3 mos. and still cannot be used for 2-needle dialysis at the RxQb.



For questions related to the **FistulaFirst** initiative, please contact your local ESRD Network at:

<http://www.esrdnetworks.org/>

AND

visit the **FistulaFirst** Website:

[FistulaFirst.org](http://FistulaFirst.org)