ESRD National Coordinating Center (NCC)

Fistula First Catheter Last Learning and Action Network

October 22, 2015
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

1. Make care safer by reducing harm caused in the delivery of care.
2. Strengthen Person & Family engagement as partners in their care.
3. Promote effective communication and coordination of care.
5. Work with communities to promote best practices of healthy living.
6. Foster Learning Organizations

Better Health, Better Care, Lower Cost Through Improvement
The ESRD Network Program includes 18 ESRD Networks under contract with the Centers for Medicare & Medicaid Services (CMS).
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.
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).
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.
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 %
2005 – Transitioned to Fistula First Breakthrough Initiative (FFBI)
FFBI Goal: 66% AVFs in use in the prevalent HD population

AVF

Baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>AVF</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>32.2</td>
</tr>
<tr>
<td>2010</td>
<td>57.5</td>
</tr>
<tr>
<td>2011</td>
<td>60.3</td>
</tr>
<tr>
<td>*2012</td>
<td>60.69</td>
</tr>
<tr>
<td>2013</td>
<td>62.29</td>
</tr>
<tr>
<td>2014</td>
<td>62.62</td>
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</tbody>
</table>

*5/12 transition to CROWNWeb
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
Fistula First Catheter Last Data

AVF

AVG

HDC* All

HDC > 90

*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

#13: Support patient efforts to have the best possible quality of life through self-management

Patient self-management support will increase patients’ skills and confidence in managing their health problems, including goal setting, regular assessment of progress and problems, and problem-solving support.
Coalition Teamwork

FFCL Access Monitoring Workgroup

FFCL Access Planning and Coordination Workgroup

Fistula First Catheter Last Workgroup Coalition
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
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 bloodstream 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
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
Catheter Safety

“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
One Minute Catheter Check
Dialysis Care Team
It only takes a minute to check your patient’s catheter. Check before you connect.

**A Bridge to Your Lifeline**

### 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.

### 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.

### 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.
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.

**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.

**GO**

Good to go!

**STOP**

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

**GO**
Good to go!

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

A Bridge to Your Lifeline

Report and document findings per facility Policy and Procedure.
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.

- 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.

GO
Good to go!

A Bridge to Your Lifeline

STOP
Report and document findings per facility Policy and Procedure.

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arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis
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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document that there were no abnormal findings.</td>
<td>Report and document findings per facility policy and procedure.</td>
</tr>
</tbody>
</table>
One Minute Catheter Check
Patient
Check your catheter every day.

Look

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

Feel

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

www.esrdncc.org
Look at your catheter dressing in the mirror.

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

- **STOP**
  - 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
Feel over the dressing.

**Go**

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

**STOP**

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

**A Bridge to Your Lifeline**

Good to go!

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

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arteriovenous FISTULA FIRST | AVF — The first choice for hemodialysis
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 __________________________________________________________

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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
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
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**
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

Photo courtesy of:
- KBK at English Wikipedia

1 – Perera et al, Ann Vasc Surg, 2004
2 - Huber et al, J Vasc Surg, 2006
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

Photo courtesy of:
- KBK at English Wikipedia

1 – Perera et al, Ann Vasc Surg, 2004
2 - Huber et al, J Vasc Surg, 2006
Patient-Focused Access Plan

#1 Making an Access Plan
- Review of what is included in an access plan and identifying what step of the process you are in

#2 Finding the best place for an access
- Explanation of how the surgeon will find the best place for your access

#3 Going to see a surgeon
- How to prepare and what to expect in your first visit to a surgeon

#4 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** 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

**#6** Using my access
- Your care team will help you prepare for when you can begin using your access

**#7** Getting my catheter out
- Once you begin using your access without any problems, you will need to have your catheter taken out

**#8** 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
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!
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
Access Monitoring
Access Monitoring

- KDOQI defines monitoring, as “applying physical examination techniques to detect access dysfunction”

- When done correctly, monitoring can identify most access dysfunction
Should all members of the dialysis care team learn how to assess a vascular access?

YES
Question

Does access monitoring work?
Physical Examination of the Dialysis Vascular Access

Gerald A. Beathard

Article first published online: 1 OCT 2007
DOI: 10.1111/j.1525-139X.1998.tb00353.x

Seminars in Dialysis
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.
It only takes a minute to save your patient’s lifeline.

**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.

**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.

**Arm Elevation**
- 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.

**Stenosis**
- Distended
- Collapsed
- Stenosis

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arteriovenous FISTULA FIRST
AVF — The first choice for hemodialysis
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.

GO

Good to go!

STOP

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.

GO
Sounding good!

STOP
Contact expert clinician if any “stop” signs noted.
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.

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

GO

Good to go!

STOP

Contact expert clinician if any “stop” signs noted.
**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.

**GO**
Good to go!

**STOP**
Contact expert clinician if any “stop” signs noted.
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.

Occlude Access
Palpate Pulse

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

GO
Good to go!

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

STOP
Contact expert clinician if any “stop” signs noted.
It only takes a minute to save your patient’s lifeline.

**Dialysis Care Team:**

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

**Look**

**Listen**

**Feel**

**Arm Elevation Test (AVF Only)**

**Augmentation Test (Optional)**

Were there any abnormal findings during the access check?

<table>
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<tr>
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<td>Document that there were no abnormal findings.</td>
<td>Document findings and refer to expert clinician.</td>
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</table>

**Expert Clinician:**

Assess each access monthly or more often if problems are reported.

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This material was prepared by the End Stage Renal Disease (ESRD) National Coordinating Center (NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services under CMS contract: HHSM-500-2013-NW002C; and was adapted by the contractor under CMS contract #: HHSM-500-2016-00007C. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government.

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Access Monitoring: Patient

Look  Listen  Feel
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.

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

Looking good!
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.

GO

Sounding good!

STOP

Contact your dialysis care team if you notice any “stop” signs!
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.

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

**GO**

Good to go!

**STOP**

Contact your dialysis care team if you notice any “stop” signs!
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
Professional Planning Manual

Vascular Access Planning Guide for Professionals

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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
National Vascular Access Data from CROWNWeb
- Network
- State
- Affiliation (Dialysis Organization)

Spread sheet updated quarterly and uploaded to
www.esrdncc.org/FFCLDashboard
One-Minute Catheter Check

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

**GO**

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.

**STOP**

- 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.
Access Planning & Monitoring Interactive Tools

www.esrdncc.org/lifelineforalifetime

Lifeline for a Lifetime
For More Information

http://esrdncc.org/ffcl/

Fistula First Catheter Last

The work of the Fistula First Catheter Last (FFCL) Workgroup Coalition is focused on supporting the renal community, the End Stage Renal Disease (ESRD) Networks, patients, and the Centers for Medicare & Medicaid Services (CMS) in efforts to improve vascular access outcomes.

In 2003, CMS established the National Access Improvement Initiative (NAII), which included vascular access experts and renal stakeholders who were committed to the development and implementation of sustainable system changes to support arteriovenous fistula (AVF) placement in suitable hemodialysis patients.

In 2005, the NAII became the Fistula First Breakthrough Initiative (FFBI) Coalition. Together, the members of the FFBI Coalition developed a toolkit intended to support the work of ESRD Networks and renal community in improving vascular access for hemodialysis patients. All documents created and/or modified as part of the FFBI Coalition are branded as Fistula First (FF), and can be customized for your own facilities and/or practice.

In 2015, the FFBI Coalition transitioned to the FFCL Workgroup Coalition, which included an enhanced focus on reducing of central venous catheter (CVC), in addition to continuing to support the development of tools and resources to help dialysis facilities and clinicians increase AVF rates in hemodialysis patients.

Mission, Vision, and Goals

Principles for Change