What is the Role of the Medical Director in Vascular Access (VA) Management?

- **Process development**
  - Leads monthly vascular access meeting and review with interdisciplinary team

- **Protocol oversight**
  - Ensure policies reflect current standards of care & best practice

- **Ensure quality education and competency of staff**

- **Communication with other clinicians (nephrologist, NP, PA)**

- **Ensuring unit has VA Management Program in place:**
  - Vascular Access Coordinator responsible for monthly progress reporting
  - Tracking process
  - Patient education
What do the Conditions for Coverage say about Medical Director Responsibilities?

- Ensures quality patient care and outcomes (V 710)
  - Follows Vascular Access Guidelines per Measures Assessment Tool (MAT)
  - [https://www.cms.gov/GuidanceforLawsandRegulations/05_Dialysis.asp](https://www.cms.gov/GuidanceforLawsandRegulations/05_Dialysis.asp)

- Has active involvement in oversight of facility patient care delivery and outcomes (V711)
  - Attends and contributes during his/her own patients’ interdisciplinary meetings
  - Participates in performance improvement plans
    - Reviews quality indicators related to improved patient health outcomes (V712)
  - Manages staff education
    - Ensures that staff receive appropriate education and training to competently perform their job responsibilities (V 713)
What are the Barriers to the Medical Director Role in VA Management?

- Patient right of refusal to comply with VA recommendations
  - “Informed Non-Consent” refers to the clinician’s responsibility to explain the harm of long-term CVC use
    

- Competing responsibilities

- Weak communication with surgeons and interventionalists

- Necessity to enhance ongoing staff training regarding evaluation and cannulation of AV fistulas and grafts

- Clinicians that do not promote AV fistulas
How Do You Address the Clinicians Without “Ownership” in Your Unit?

- Utilize written agreement to establish clinician VA responsibilities upon application for privileges (Nephrology Clinician Agreement)
- Invite clinician(s) to monthly vascular access meetings
  - Collaborative learning sessions discussing:
    - Best Demonstrated Practices
    - Different topic/speaker each month
    - Minutes distributed for those who cannot attend
- Share comparative data with other clinician(s) and units
- Share outcomes data for clinician’s patients
How to Establish a Working Relationship with Access Surgeons and Interventionalists

- Include engaged surgeons and interventionalists in development of unit protocols
  - Access evaluation and management
  - Staff education
- Involve surgeons and interventionalists in unit quality improvement activities
- Share broad outcomes data
  - Maturation rates, failure rates, additional required interventions
  - Past and current incident and prevalent AVF rates
  - Hospitalization rates
  - Infection rates
Useful Resources for Building Relationships with Access Surgeons and Interventionalists

- Resources available to enhance surgical outcomes
  - Fistula First Website - www.fistulafirst.org
  - Surgical training videos
  - Surgical mentors
  - Regional conferences on surgical technique

- Resources for establishing hospital programs for early surgical referral and follow-up
  - http://www.annanurse.org
Available Tools for VA Management

- FFBI Website - [www.fistulafirst.org](http://www.fistulafirst.org)
  - Change concepts and associated tools
  - Surgical training videos
  - Vascular access atlas
  - Staff training videos

- ESRD Forum MAC Catheter Reduction Toolkit
  [http://esrdnetworks.org/mac-toolkits](http://esrdnetworks.org/mac-toolkits)
  - Access management spreadsheet
  - Catheter Only timeline worksheet
  - QAPI tools
  - Referral letter template
  - Refusal letter template