

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



VASCULAR ACCESS: Arterio-Venous Fistula (AVF)

STANDARD:

- The preferred type of permanent vascular access for patients choosing hemodialysis as their dialysis modality is a primary AV fistula.

FACILITY LEVEL PERFORMANCE:

- *Maximizing Placement of Arterial Venous Fistula (AVF)*. Measure Description: Analysis of percentage of patients on maintenance hemodialysis during the last HD treatment of month using an autogenous AV fistula with two needles.

RATIONALE: (K/DOQI™ Vascular Access Clinical Practice Guidelines)

- Native accesses have the best 4- to 5- year patency rates and require fewer interventions compared to other access types. An increase in the percentage of native AV fistulae is best accomplished by early determination of the patient's preferred dialysis modality while dialysis initiation is still months away, since primary AVF ideally should be allowed to mature 3 to 4 months before use.
- Placement of an AVF should be viewed as an integral part of an overall vascular access plan for each patient, and not as an end in and of itself. Evaluation through vessel mapping and placement of an AVF are only the first steps in providing long-term optimal vascular access. The goal is for the AVF to remain functional through proper cannulation, monitoring, and maintenance.
- In many patients, a previous native or synthetic access produces dilatation of arm veins, permitting construction of a new primary AV access at a site not previously available.
- In the patient receiving PD who is manifesting signs of modality failure, the decision to create a backup fistula should be individualized by periodically reassessing need.
- If an AVF is not useable between four to six weeks after placement, evaluation should be done regarding immediate functionality and referral to surgeon and/or interventionalist accordingly.

EVALUATION:

- The MRB requires the Network staff to evaluate facilities for compliance with established standards. Standard evaluation will be done with the ongoing performance of National Vascular Access Improvement Initiative ("Fistula First") activities, specifically the Dashboard analysis.

REFERENCE: The Centers for Medicare & Medicaid Services (CMS) Phase III ESRD Clinical Performance Measures in effect April 1, 2008.

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Mission Statement: "To assess and improve the quality of care provided to individuals with End Stage Renal Disease."