

FACILITY:	CONTACT:	TEAM MEMBERS: Medical Director Nurse manager Vascular access coordinator Facility nurses Patient care technician Dietitian Social worker Surgeons Nephrologists
GOAL: (Example) Increase AVF rate to XXX% by XXX		
PROBLEM STATEMENT: AVF rate < 66% is not in accordance with KDOQI or CMS recommendations.		
ROOT CAUSE(S): (examples only) Lack of focus on vascular access outcomes. Lack of procedure to ensure each patient is evaluated for AVF in timely manner. Lack of experienced surgeons that can successfully create viable AVFs. Lack of experience cannulators that can successfully cannulate AVFs without causing irreparable damage. Patient refusal to have internal access (catheter preference). Lack of insurance / resources to afford timely AVF creation.		

ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, DISPOSITION, ETC.)
1. Designate staff member in dialysis facility responsible for vascular access. 2. Assemble multi-disciplinary vascular access CQI team in facility or hospital. (Should minimally include RN responsible for vascular access and Medical Director; ideally should include all key disciplines including SW, dietitian, PCT, surgeon, MDs) 3. Investigate and track all non-AVF access placements, and AVF failures monthly. Review monthly at CQI meeting. 4. Identify barriers to meeting goals. (attached) 5. Re-assess/revise					