

2017 Vascular Access (VA) Quality Improvement Activity (QIA) Root Cause Analysis Tool

Facility Name:					
Medicare CCN:			Person Completing:		
	Yes	No	Comments		
Does the facility have a Vascular Access Manager (VAM) and/or VA Team?					
Does the facility provide staff education on the long-term risks of catheters vs. fistulas?					
What does your central venous catheter (CVC) patient tracking process look like?					
Are you able to educate patients and schedule them with a surgeon within two weeks of admittance?					
Is your Medical Director or referring Nephrologist providing chronic kidney disease (CKD) education?					
Do you have an Educator on staff?					
Does the Medical Director have a relationship or communicate with local hospital surgeons?					
Do you have a "champion" surgeon and/or relationship with a local surgeon?					
Do you have a local vascular access center and do they collaborate with local surgeons?					



	Yes	No	Comments
Are you addressing patient refusals?			
Do you encourage peer mentoring in your facility to address patient fears and concerns?			
Are you discussing long term catheter (LTC) rates at Quality Assurance and performance Improvement (QAPI) meetings?			
Are you sharing your Network Monthly Report at QAPI meetings and collaborating with the Medical Director?			
Do you have more than one CROWNWeb user in the facility?			
RCA Plan:			

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