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**Using the Electronic Medical Record for Improving Chronic Kidney Disease Awareness
and Promote AV Fistulas as the Initial Hemodialysis Access: A Hospital Initiative**

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Problem: Lack of process to recognize patients with Chronic Kidney Disease and/or process to promote early referral for hemodialysis access.

Background and Significance: Improving the quality of care for patients with CKD is a priority for the Centers of Medicaid and Medicare Services (CMS). In 2003 CMS and the End Stage Renal Disease (ESRD) Network teamed together for the National Vascular Access Improvement Initiative (NVAII). This initiative was to increase the use of an AV (Arterial Venous) Fistula as the initial hemodialysis access. In August 2005 NVAII became the Fistula First Breakthrough Initiative (FFBI) due to the initial successes achieved by the NVAII. The FFBI raised the bar for prevalence of AVF to 66% for 2010. Florida part of ESRD Network 7 is one of 10 states selected for participation in the Prevention of Chronic Kidney Disease project. Selection for the project was based on non vascular access placement rates and would require one system level change for improving Chronic Kidney Disease Awareness.

Initiative: To develop a system level change that would identify patients in Stage IV CKD and target those patients for AV Fistulas as the initial hemodialysis access. The electronic medical record was chosen as the tool to provide the system level change. A medical language module (MLM) was built to identify patients with CKD as well as develop prompters for attending physicians for possible fistula placement.

Implication for Practice: An MLM will allow easy visibility to a calculated GFR on all patients >18 years of age admitted to the acute care setting. This will identify patients with stage IV or greater CKD. This will prompt attending physicians to consider nephrology consults, vascular surgery consults (when GFR<30), dietary consults, pharmacy referral for review of medications, nursing alerts to begin CKD education and arm preservation for fistula placement.

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