### Overcoming Roadblocks to Catheter Reduction*

#### ROOT CAUSE ANALYSIS

<table>
<thead>
<tr>
<th>Barriers to Catheter Reduction (by Category)</th>
<th>Possible Strategies to Overcome the Barriers</th>
<th>Comment</th>
</tr>
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| **MEDICAL:** At present, the patient is not medically suitable for a permanent access. | • Refer the patient to the best surgeon in the area for evaluation.  
• Get a second surgical opinion, if necessary.  
• Identify what can be done to improve the patient’s medical condition. | Some patients have no other option for a vascular access. Be sure the documentation in the medical record supports this. CMS recognizes that approximately 10% of all ESRD patients may need catheters as primary accesses. |
| **MEDICAL:** A temporary catheter is in place while the patient’s permanent access is revised or de-clotted, but it is expected to be used again. | • As soon as possible use the permanent access.  
• Provide the patient with education as to why the catheter is only a temporary measure.  
• Use CQI to track the days the catheter is in place. | Emphasize to the patient that the catheter is temporary. This patient may need a referral to the surgeon for graft to fistula evaluation. |
| **PATIENT:** The patient was referred to a surgeon for a permanent access evaluation, but failed to keep the appointment. | • Ascertain why the patient canceled the appointment.  
• Address any issues that may have caused the cancellation of the appointment.  
• Reschedule the appointment ASAP.  
• Provide the patient with education as to why the catheter is only a temporary measure.  
• Provide the patient with information about the Fistula First initiative.  
• Use CQI to track the days the catheter is in place.  
• Consider having the medical director meet with the patient to discuss the importance of having the permanent access evaluation. | There can be many reasons that the appointment was not kept. Explore them all. |

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*Adapted from Western Pacific Renal Network, LLC. Vascular Access: Overcoming Roadblocks*
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| **PATIENT:** The patient is a good candidate for a permanent access, but refuses to have a permanent access placed. | • Ascertain why the patient is opposed to having a permanent access.  
• Address any issues that the patient may have; these might include fear of needles, fear of surgery, concerns about body image.  
• Schedule an appointment with the surgeon ASAP, if possible.  
• Provide the patient with information about the Fistula First initiative.  
• Provide the patient with educational guidance and materials that support the use of catheters as a temporary measure only.  
• Use CQI to track the days the catheter is in place.  
• The medical director may need to discuss this with the patient. | The patient has the right to refuse any treatment. Be sure he/she has received education and that the facility has documented this thoroughly. |
| **PATIENT:** The patient has had a catheter in place for a long time (> 90 days). He/she spends a lot of time in the hospital, so “tracking” the catheter is difficult. | • Use CQI to track the days the catheter is in place.  
• Assign a specific staff member to track this catheter. | Be vigilant about tracking this type of patient. This catheter could be causing some of the hospitalizations. |
| **PATIENT:** The patient doesn’t seem to understand how dangerous a catheter can be. | • Provide the patient with information about the Fistula First initiative.  
• Provide the patient with educational guidance and materials that support the use of catheters as a temporary measure only.  
• Assign a specific staff member to track this catheter.  
• Use CQI to track the days the catheter is in place. | Try having different people explain the material to the patient. Use literacy-appropriate materials with pictures. This patient may need extra time with the staff to understand the materials. |

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End-Stage Renal Disease Network of New York
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| **PROCESS:** Surgery for a permanent access has been scheduled for the patient within 30 days. | • Once the permanent access is in place, conduct routine assessments to ensure the access is maturing.  
• Coordinate catheter removal with the physician as the new access heals.  
• Use CQI to track the days the catheter is in place.  
• Assign a specific staff member to track this catheter. | It is great that the permanent access is planned! |
| **PROCESS:** The patient has started PD Training and peritoneal dialysis is imminent. | • Coordinate removal of the catheter with the PD staff nurse.  
• Use CQI to track the days the catheter is in place.  
• Assign a specific staff member to track this catheter. | It is great that the patient will begin peritoneal dialysis soon! |
| **PROCESS:** A new permanent access is maturing (the access has not yet been used routinely for dialysis). | • Once the permanent access is in place, conduct routine assessments to ensure access is maturing.  
• If the access is not maturing, refer the patient for a surgical/interventional radiology consultation.  
• Coordinate catheter removal with the physician once the access is used.  
• Use CQI to track the days the catheter is in place.  
• Assign a specific staff member to track this catheter. | It is great that the new permanent access is maturing! |
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| **PATIENT/PROCESS:** The patient had no pre-ESRD care and presented at the dialysis clinic with a catheter in place. | • Provide the patient with information about the Fistula First initiative.  
• Develop an access plan.  
• Schedule patient for surgical consult and vessel mapping as soon as possible.  
• Provide the patient with education as to why the catheter is only a temporary measure.  
• Assign a specific staff member to track this catheter.  
• Use CQI to track the days the catheter is in place. | Early referral to the nephrologist can reduce the usage of catheters. |
| **SURGEON:** The surgeon puts grafts in all the time. | • Improve communication with the surgeon.  
• Ask the surgeon to contact the nephrologist before placing any grafts. | [www.fistulafirst.org](http://www.fistulafirst.org) has resources to use when requesting patient evaluations by surgeons. |
| **NEPHROLOGIST:** The facility's medical director doesn't seem to have a very good relationship with the surgeon. | • Improve facility communication with the surgeon.  
• Invite him/her to lecture at a staff meeting on vascular access.  
• Invite him/her to CQI meetings to discuss vascular access issues. | It benefits everyone to have good working relationships. |
| **FACILITY:** The staff on the unit are well intended, but because they are so busy they have difficulty tracking how long catheters are in place. | • Use CQI to track the days the catheter is in place.  
• Assign a specific staff member to track this catheter. | Someone must take the initiative to track catheter use. It does not have to be a licensed staff member. |