Overcoming Roadblocks to Catheter Reduction*
ROOT CAUSE ANALYSIS

Barriers to Catheter Reduction (by Category)	Possible Strategies to Overcome the Barriers	Comment
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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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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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 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.