

October 17, 2005

Brenda Dyson
President
American Association of Kidney Patients
3505 E. Frontage Rd., Ste 315
Tampa, FL 33607-1796

RE: Support of AAKP's Request to Congress to Promote Use of AV Fistulas

Dear Ms. Dyson:

Association of Dialysis Advocates (ADA) is in full support of AAKP's position for Congressional support of AV fistula use for vascular access in dialysis treatments. Additionally, we are in support of financial reward to physicians and dialysis facilities that successfully initiate and manage AV fistula use to ensure quality care and improved quality of life for dialysis patients and their families.

ADA is an informal and developing grassroots patient advocacy organization made up of patients, family members, professionals and concerned consumers. We are those patients, and families secondarily, who are immediately affected by the federal ESRD program and treatment services provided by dialysis healthcare providers. Our goals are twofold: (1) increased oversight and enforcement of CMS ESRD Conditions for Coverage, and (2) increased infection control practices in dialysis facilities. Inherent in our support of the federal ESRD program is support for CMS initiatives such as the Fistula First Initiative.

ADA was pleased to observe AAKP's support of ADA's positions regarding dialysis program oversight and infection control practices by inclusion in your comments to proposed language for the ESRD Conditions for Coverage. Our positions were provided upon inquiry from an AAKP representative regarding our concerns as patients and family members. We, therefore, believe that your organization will, once again, be interested in our position related to use of fistulas to accomplish dialysis treatments.

While ADA is in full support of the use of fistulas for dialysis treatments, we strongly caution that construction of fistulas will render ineffective without appropriate training and education provided to those who cannulate fistulas and/or otherwise are responsible for monitoring and surveying to ensure maintenance. We, therefore, respectfully submit our elaborated position on use of AV fistulas with financial reward.

An Effective Fistula Program Must Promote Education and Training to Support Viability

ADA believes that videos under development by CMS will strengthen training and education within the dialysis community. However, we also realize that often dialysis facility supervisors, i.e., charge nurses, clinic managers, etc., often lack experience needed to ensure safe and viable care of fistulas. Furthermore, patient care technicians (PCTs), without certification attesting to knowledge and skills and under supervision of facility supervisors, are those who, for the most part, provide direct treatment, including cannulation, to dialysis patients. Supervisory staff, therefore, must be able to provide ongoing training/education to direct treatment staff, be able to identify inappropriate practices, and assume overall responsibility for viability of AV fistulas.

ADA's position supports ongoing education and training of dialysis facility supervisory staff, as well as PCTs, that will ensure knowledge of cannulation techniques; assessment, evaluation and monitoring of fistulas; identification of potential and actual problems with fistulas and prompt intervention and/or referral; and ability to educate patients/families, in a patient-centered environment, to actively participate in ensuring viability of the AV fistula. Without fully educated and trained staff, the construction and use of fistulas will render ineffective.

ADA, through communication with patient, family members and professionals, is aware that there is a lack of the aforementioned which contributes to negative patient outcomes. Inadequately educated and trained staff have been expected to carry out dialysis treatment procedures without safeguarding viability of accesses. Patients, consequently, have been negatively impacted with recommended or actual placement of catheters, the access about which there is greater opportunity for infections.

A strong education and training component must be included in the use of fistulas to achieve expected positive outcome and improvement in quality of life for dialysis patients.

Adherence to Infection Control Practices Is a Must to Render an Effective Fistula Program

ADA, in review of dialysis facility survey results from 28 states, found a significant number of deficient practices related to infection control, including those related to equipment sanitation and disinfection and water quality. As with the need for adequately educated and trained staff, there is likewise a need for improved use of infection control practices in the dialysis facility setting. AV fistulas may well be the most effective means of accessing the human body for dialysis treatments; however, such is meaningless if staff's performance is such that the fistula becomes infected due to lack of infection control practices.

ADA cannot stress enough that there is a gross lack of infection control practices in dialysis facilities throughout the country. This issue must be addressed immediately. Deficient practices, i.e., basic hand-washing between patients and contact with dialysis equipment or other objects, as well as lack of understanding and appreciation for infectious cross-contamination, are borne out in dialysis facility surveys. It is expected that dialysis patients will continue to require hospitalizations or repeated use of antibiotics, as well as death from infections, unless there are improved infection control practices to safeguard the health of patients and maintenance of fistulas.

ADA believes that in order to have improved infection control practices, several aspects must be in place: (1) increased oversight/enforcement of regulations, as well as community standards, KDOQI guidelines and CDC recommended guidelines for infection control, (2) effective sanctions for deficient practices that lead to negative patient outcomes, and (3) a clear message to dialysis corporations/facilities that there will be zero tolerance for deficient infection control practices. As evidenced by dialysis facility survey results, the aforementioned deficient practices, with negative outcomes, occur in too many dialysis facilities. How can we expect to have a new program, i.e., Fistula First, if we do not have a solid foundation that supports and ensures quality (safe) care through use of infection control practices?

ADA does not accept "excuses" given for the lack of infection control practices, i.e., that adherence to CDC recommended guidelines is not mandated at federal/state/local levels or that

staffing at dialysis facilities is inadequate to adhere to recommended guidelines. Concerned care is quality care. Unconcerned care is dangerous. The #2 cause of death among dialysis patients is “infections”. It is a cause that can be turned around simply by improved use of infection control practices.

ADA fully supports the use of AV fistulas for dialysis treatments and rewards for physicians and facilities successful at employing such. At the same time, though, it is important that there are simultaneous education and training for dialysis staff and mandate for use of infection control practices as recommended by CDC. We believe, as you are probably aware, it crucial that AAKP, the largest dialysis patient organization in this country, take a strong position about the issues, education/training and infection control, contained in this communication. It is for the patients first, and families secondarily, on whose behalf we plea.

For further information and contact regarding this communication, please contact Roberta Mikles, RN BA, at 858-675-1026, dialysisadvocate@aol.com.

Thank you.

Sincerely,

Patricia Tate-Harris
President
Association of Dialysis Advocates

c:

Chuck Grassley (R-IA), Senate Finance Committee Chairman
Max Baucus (D-MT), Senate Finance Committee Ranking Member
Bill Thomas, (R-CA), House Ways & Means Committee Chairman
Charles Rangel (D-NY), House Ways & Means Committee Ranking Member
Nancy Johnson (R-CT), House Ways & Means Health Subcommittee Chair
Pete Stark (D-CA), House Ways & Means Health Subcommittee Ranking Member
Joe Barton (R-TX), House Energy & Commerce Committee Chairman
John Dingell (D-MI), House Energy & Commerce Committee Ranking Member
Nathan Deal (R-GA), House Energy & Commerce Health Subcommittee Chairman
Sherrod Brown (D-OH), House Energy & Commerce Health Subcommittee Ranking Member
Lawrence Spergel, MD, IHI
ADA Advocates