

Using a Vascular Access Binder for Tracking and Quick Reference

Have you considered keeping a binder dedicated to patients who need a permanent vascular access? You and your team might find a Vascular Access Binder to be an effective and easily implemented communications tool.

The Network, in collaboration with several of our project facilities, has developed three forms for use in a facility's Vascular Access Binder. These forms are designed to support facility staff in continuous improvement and process sustainment for reducing the number of patients with long-term central venous catheters (CVCs). The intent is for this binder, containing all necessary patient information as well as physician/surgeon/ insurance contact information, to be located on the treatment floor.

The binder is intended to facilitate continuous communication between the vascular access manager (VAM) and the dialysis team to ensure:

- Timely patient follow up in expediting the initial surgical consult.
- Follow-up mapping.
- Rescheduling of missed appointments.
- Timely communication with the surgeon for maturing fistulas or grafts and CVC removal.

The three forms for inclusion in the binder are:

- Patient Access Tracker.
 - Lists patients and their physicians and tracks appointments for vascular access placement.
 - Is updated by the VAM upon notification of new admissions.
 - Is used to facilitate communication between team members and to follow up on missed appointments and rescheduling.
- Insurance List with Surgeon.
 - Details insurance companies and facility-associated surgeons whose services are covered by company.
 - Is updated by the team's administrative assistant (AA) or other team member annually, or as new surgeons are added to or removed from the roster.
 - Allows the team to proactively recommend a surgeon for vascular access placement.
- Surgeon List with Insurance.
 - Details facility-associated surgeons and the insurances they accept.
 - Is updated by the team's AA or other team member annually, or as new surgeons are added to or removed from the roster.
 - Allows the team to determine if a particular surgeon's services would be covered by a patient's insurance.

It is recommended that the team's AA keep copies of the Insurance List with Surgeon and the Surgeon List with Insurance at his or her desk for reference purposes in addition to the copies in the Vascular Access Binder. These forms will provide a quick reference for the AA and VAM in identifying which surgeon to consult for each new admission.

Vascular Access Binder materials included in this packet are:

- Binder Cover
- Binder spine (one and two inch)
- Patient Access Tracker form
- Insurance List with Surgeon form
- Surgeon List with Insurance form

The binder cover is customizable.

If you have any questions about these forms or suggestions for improvement, please contact the Network:

HSAG: ESRD Network 7
3000 Bayport Drive, Suite 300
Tampa, FL 33607
813.383.1530
info@nw7.esrd.net



Vascular Access Binder



Vascular Access



Vascular Access



Patient Access Tracker

Patient Name	Admission Date	Access Type on Admission	Date Initial Surgeon Appt. Was Made	Date of Patient Surgeon Appt.	Patient's Insurance Company	Mapping Date	Permanent Access Date
B. White	10/1/16	CVC	10/1/16	10/15/16		10/22/16	10/28/16
Nephrologist	Comments: Pt missed 10/15 appt. R/S for 10/18/2016.						
Smith							
Surgeon							
Oz							
Patient Name	Admission Date	Access Type on Admission	Date Initial Surgeon Appt. Was made	Date of Patient Surgeon Appt.	Patient's Insurance Company	Mapping Date	Permanent Access Date
Nephrologist	Comments:						
Surgeon							
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Nephrologist	Comments:						
Surgeon							
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Nephrologist	Comments:						
Surgeon							

Patient Access Tracker

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Nephrologist	Comments:						
Surgeon							
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Nephrologist	Comments:						
Surgeon							
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Nephrologist	Comments:						
Surgeon							
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Nephrologist	Comments:						
Surgeon							

Insurance List with Surgeon

Insurance Company Name:	Insurance Company Phone #:	Insurance Company Fax:	Insurance Company Contact:
Surgeon's Name:	Surgeon's Office Phone #:	Surgeon's Office Fax #:	Surgeon's Office Manager Name:
Insurance Company Name:	Insurance Company Phone #:	Insurance Company Fax #:	Insurance Company Contact:
Surgeon's Name:	Surgeon's Office Phone #:	Surgeon's Office Fax #:	Surgeon's Office Manager Name:
Insurance Company Name:	Insurance Company Phone #:	Insurance Company Fax #:	Insurance Company Contact:
Surgeon's Name:	Surgeon's Office Phone #:	Surgeon's Office Fax #:	Surgeon's Office Manager Name:

Surgeon List with Insurance

Surgeon's Name:	Surgeon's Office Phone:	Surgeon's Office Fax:	Surgeon's Office Contact:
Insurance Accepted:	Insurance Phone #:	Insurance Fax #:	Insurance Contact:
Surgeon's Name:	Surgeon's Office Phone:	Surgeon's Office Fax:	Surgeon's Office Contact:
Insurance Accepted:	Insurance Phone #:	Insurance Fax #:	Insurance Contact:
Surgeon's Name:	Surgeon's Office Phone:	Surgeon's Office Fax:	Surgeon's Office Contact:
Insurance Accepted:	Insurance Phone #:	Insurance Fax #:	Insurance Contact:

Surgeon List with Insurance

Surgeon's Name:	Surgeon's Office Phone:	Surgeon's Office Fax:	Surgeon's Office Contact:
Insurance Accepted:	Insurance Phone #:	Insurance Fax #:	Insurance Contact:
Surgeon's Name:	Surgeon's Office Phone:	Surgeon's Office Fax:	Surgeon's Office Contact:
Insurance Accepted:	Insurance Phone #:	Insurance Fax #:	Insurance Contact:
Surgeon's Name:	Surgeon's Office Phone:	Surgeon's Office Fax:	Surgeon's Office Contact:
Insurance Accepted:	Insurance Phone #:	Insurance Fax #:	Insurance Contact: