
**Abstract**

Long-term central venous catheter (CVC) use among patients on hemodialysis increases the risk of infection, morbidity, and mortality. This article describes the use of Kotter’s process of change to establish a multidisciplinary vascular access team to facilitate the replacement of CVCs with long-term accesses. Through the implementation of vascular access teams and the execution of Kotter’s eight-step process for leading change, hemodialysis clinics will have the tools needed to reduce CVC utilization rates and improve patient healthcare outcomes.