IPRO ESRD Network of New York
HAI BSI/LTC QIA
2018 Kickoff Webinar

February 6, 2018
Welcome/Opening Remarks
Jeanine Pilgrim, Quality Improvement Director
Meet the NW2 Quality Improvement Team
Improving Quality of Care for ESRD Patients

Jeanine Pilgrim, Quality Improvement Director
Anna Bennett, Quality Improvement Coordinator and Emergency Manager
Nike Akinjero, Quality Improvement Coordinator
John Cocchieri, Quality Improvement Support Coordinator
Housekeeping Reminders

- All phone lines muted upon entry to eliminate background noise/distractions
- Be mindful of muting your phone when not speaking
- Please don’t place the call on hold, instead disconnect your line and rejoin the call when able
- We’ll be monitoring our WebEx chat board throughout the webinar for questions or comments
- Be present and engaged in our topic presentations
- Please be prepared for sharing and actively participating in the open discussion
Agenda

• Overview of IPRO ESRD Network Program
• Review 2018 HAI BSI/LTC QIA Goal/Measures
• Discuss project interventions and tools
• Demonstration on Root Cause Analysis (RCA) and Monthly Collection Tool
• Provide Facility reporting requirements
• Outline of Upcoming Timelines
• Open Forum Q&A
• Closing Remarks/Next Steps
Learning Objectives

• Hear about the history of IPRO ESRD Network Program and Network role/responsibilities
• Understand project purpose, goals, interventions, and available educational resources
• Learn how to complete a Root Cause Analysis (RCA)/Corrective Action Plan (CAP) using online surveys and monthly data collection tool
• Review reporting requirements and important timeline deadline dates
IPRO ESRD Network Program Overview
Island Peer Review Organization

• Founded in 1984, IPRO, a national independent, not-for-profit organization, holds contracts with federal, state and local government agencies as well as private-sector clients nationwide.

• Provides a full spectrum of healthcare assessment and improvement services that enhance healthcare quality to achieve better patient outcomes and foster more efficient use of resources.

• Headquartered in Lake Success, NY and also has offices in Albany, NY, Hamden, CT, Camp Hill, PA, Morrisville, NC, Princeton, NJ, San Francisco, CA and now, Beachwood, Ohio.
IPRO ESRD Network 2017 Service Area (2016 Network Annual Reports)

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,417
Facilities: 194
Transplant: 13

Network 2
NY
Patients: 29,607
Facilities: 286
Transplant: 13

Network 3
OH, KT, IN
Patients: 33,417
Facilities: 599
Transplant: 14

Network 4
IN, KY, OH

Network 5
GA, NC, SC
Patients: 47,856
Facilities: 707
Transplant: 10

IPRO ESRD Program
125,297
ESRD Patients
1,786
Dialysis Facilities
52
Transplant Centers
### IPRO ESRD Network 2 Service Area by Facility Ownership

<table>
<thead>
<tr>
<th>Ownership</th>
<th>ESRD Patient Census</th>
<th># of Dialysis Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>FKC</td>
<td>6106</td>
<td>57</td>
</tr>
<tr>
<td>DaVita</td>
<td>6575</td>
<td>61</td>
</tr>
<tr>
<td>Dialysis Clinic Inc.</td>
<td>1508</td>
<td>14</td>
</tr>
<tr>
<td>Independents</td>
<td>20269</td>
<td>149</td>
</tr>
<tr>
<td>Other</td>
<td>449</td>
<td>10</td>
</tr>
</tbody>
</table>

- **FKC**: 6106 patients, 57 facilities
- **DaVita**: 6575 patients, 61 facilities
- **Dialysis Clinic Inc.**: 1508 patients, 14 facilities
- **Independents**: 20269 patients, 149 facilities
- **Other**: 449 patients, 10 facilities
On a National Level

- Centers for Medicare & Medicaid Services (CMS)
  - Contracted ESRD Network Statement of Work (SOW)
- ESRD National Coordinating Center
  - Bi-Monthly Learning and Action Network (LAN) Calls
  - Collaboration with Large Dialysis Organizations (LDO) Data
- 18 ESRD Networks
  - 50 States and Territories
- Quality Improvement Activities
  - ALL Medicare Certified Outpatient Dialysis Centers
ESRD Network Role/Responsibilities

- Improve quality of care for ESRD patients
- Encourage patient engagement
- Support ESRD data systems and data collection
- Provide technical assistance to ESRD patients and providers
- Evaluate and resolve patient grievances
- Support emergency preparedness and disaster response
CMS National Priorities and ESRD Program Goals

HHS Priorities are interpreted for purposes of this SOW as:

• **Priority 1**: Reform, Strengthen, and Modernize the Nation’s Health Care System
• **Priority 2**: Protect the Health of Americans Where They Live, Learn, Work, and Play
• **Priority 3**: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan
• **Priority 4**: Foster Sound, Sustained Advances in the Sciences
• **Priority 5**: Promote Effective and Efficient Management and Stewardship

CMS Goals are interpreted for purposes of the SOW as:

• **Goal 1**: Empower patients and doctors to make decisions about their health care
• **Goal 2**: Usher in a new era of state flexibility and local leadership
• **Goal 3**: Support innovative approaches to improve quality, accessibility, and affordability
• **Goal 4**: Improve the CMS customer experience
ESRD 2018 Statement of Work Requirements

- Decrease to 4 QIAs/Increased number of facilities in each QIA
- 2023 AIM Goals Established
- Emphasis on Patient Engagement
- Use of interventions aimed at reducing disparities.
- Focus on innovative approaches and rapid cycle improvement that incorporates boundariliness, unconditional teamwork, are customer-focused and sustainable
- Collaborative meetings with FKC and DaVita to strategize on facility selection, intervention design, and data collection
- National Learning and Action Networks (LANs) for each project
Chat Check-In – Questions/Comments?
2018 QIA Overview
HAI BSI/LTC
National HAI – 5-year Goal

By 2023, reduce the national rate of blood stream infections in dialysis patients by 50% of the blood stream infections that occurred in 2016.

Purpose

Reduce the rate of blood stream infections by
- Supporting NHSN,
- Participating in the ESRD NCC HAI LAN, and
- Assisting dialysis facilities in the implementation of the CDC Core Interventions
QIA – Reduce Rates of BSIs and LTCs

Selection Criteria:
• 50 % of Facilities in the NW, include facilities with highest BSI rates
• BSI cohort – 20% of facilities with the highest BSI rates
• LTC rate >15% from 50% of facilities with the highest BSI rates

Measures for OY 2:
• BSI
  - Baseline: 1st and 2nd Quarter of 2017
  - Re-measure: 1st and 2nd Quarter of 2018
• LTC
  - Baseline: June 2017
  - Re-measure: June 2018
• Facilities replaced if no longer in the 20% of highest BSIs or maintains a BSI rate of 0 for 6 months or more

Goal:
• BSI – 20% relative reduction from the 20% highest BSIs in the cohort
• LTC – 2 percentage points reduction from data available in Oct (July data)
Support NHSN

- Enrollment of NW facilities
- Facilities 12 month reporting to meet QIP requirements
- Establish NW Group
- Data entered accurately and on time
- 90% of facilities complete NHSN Dialysis Event Surveillance training and report on COR report percent of facilities completing each month
- Quarterly data checks – Mar, Jun, Sept and Dec
- Assist 20% of BSI QIA cohort to join Health Information Exchange (HIE) to receive positive blood cultures
Chat Check-In – Questions/Comments?
Planned Project Interventions
CMS Required Interventions

- CDC recommended interventions and surveillance
- Incorporate action steps from HAI LAN
- Discuss infection control at QAPI meetings
- Share best practices/evidence based
- SMEs involvement at targeted facilities
- RCA if successfully implemented all CDC Core interventions and BSI rate did not decrease by 10% during the QIA
- CMS recommends the NW learn about *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination*
Network Planned Interventions

- **Development of Interventions**
  - 5-Whys Root Cause Analysis (RCA)
  - PDSA Worksheet/Corrective Action Plan (CAP)
  - CDC Core Interventions
  - Catheter Reduction Toolkit
  - Monthly Data Tracking Collection Tool
  - Facility Performance Report Card
  - Peer Mentorship Program – New Infection Prevention Module

- **Partnering with Stakeholders**
  - Patient SMEs
  - LDO Leadership
  - National LANs
  - CDC Making Dialysis Safer Coalition
# Educational Focus Areas

<table>
<thead>
<tr>
<th>BSI Focus Areas</th>
<th>LTC Focus Areas</th>
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<tbody>
<tr>
<td>Surveillance and Feedback using NHSN</td>
<td>Establish a LTC Reduction Action Plan</td>
</tr>
<tr>
<td>Hand Hygiene Observations</td>
<td>Schedule patients for vessel mapping</td>
</tr>
<tr>
<td>Catheter/Vascular Access Care Observations</td>
<td>Coordinate surgeon appointment</td>
</tr>
<tr>
<td>Staff Education and Competency</td>
<td>Confirm scheduled access surgeries</td>
</tr>
<tr>
<td>Patient Education/Engagement</td>
<td>Assess AVF maturation of patients</td>
</tr>
<tr>
<td>Catheter Reduction</td>
<td>Train patients on cannulation protocol</td>
</tr>
<tr>
<td>Chlorhexidine for Skin Antisepsis</td>
<td>Assess patients in facility that had their CVC removed</td>
</tr>
<tr>
<td>Catheter Hub Disinfection</td>
<td>Facilities to monitor patients with access for infection control</td>
</tr>
<tr>
<td>Antimicrobial Ointment</td>
<td>Evaluate success of LTC Reduction Action Plan</td>
</tr>
</tbody>
</table>
Overview of Interventions and Resource Tools
How Patient Subject Matter Experts (SME) Support QIA Projects

• Emphasis engaging patients to be involved in the development of QIA interventions
• Focus on encouraging facilities to include patients in their QIAs
• SMEs are asked to:
  • Consider becoming a Peer Mentor
  • Joining the Network Patient Advisory Committee
  • Sharing their ESRD journey success story with others
  • Attend meetings led by Network project needs
  • Attend NCC led LANs based on their chosen project of interest
  • Participate in national meetings and technical expert panels
Peer Mentorship: A proven approach on kidney care health outcomes

- Structured patient-centered training curriculum
- Network-hosted webinars and provided welcome kits for facilities
- Available in multiple formats, including both audio and visual components
- Supplemental resource toolkits developed with patients, for patients
- Patient developed role-playing scenarios to support patients practice mentoring
Technician Training for Patient Coach Program

- Hemodialysis Technicians CEU Accredited program
- Effective communication strategies
- Coaching techniques
- Promoting active patient involvement in care
- Discussing transplant and Home Dialysis as modality options
- Helping patients plan for a vascular access
- Reducing Blood Stream Infections
Participate in NCC National Learning and Action Networks (QIA Specific)

CMS has established a LAN for each QIA, coordinated by ESRD NCC

- Create a diverse forum (patients, organizations, and stakeholders) for addressing problematic issues
- Utilize measurable and clear goals with proven effective practices to drive decision making
- Set the pace and tone for goal related activities and to create an open sharing of practice and data
- Initiate change methodology which rapidly tests small quality improvement changes specific to the area of work.
- All Facilities are invited to participate in LAN events
Network-Compiled Resource Toolkit

CDC Approach to BSI Prevention in Dialysis Facilities

1. Surveillance and feedback using NHSN
   Conduct monthly surveillance for BSIs and other dialysis events using NHSN. Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations
   Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations
   Perform observations of vascular access care and catheter accessing quarterly. Assist staff adherence to aseptic technique when connecting and disconnecting catheters and for dressing changes. Share results with clinical staff.

4. Staff education and competency
   Train staff in infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement
   Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for management when away from the dialysis unit.

6. Catheter reduction
   Incorporate efforts (e.g., through patient education, vascular access coordinator identifying and addressing barriers to permanent vascular access placement an.

7. Chlorhexidine for skin antisepsis
   Use an alcohol-based chlorhexidine (4%) solution as the first line skin antiseptic insertion and during dressing changes.

8. Catheter hub disinfection
   Scrub catheter hubs with an appropriate antiseptic after cap is removed and before catheter is accessed or disconnected.

9. Antimicrobial ciment
   Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites daily.

Additional comments/observations:

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit http://www.cdc.gov/dialysis

Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol

This protocol outlines a suggested approach to preparing catheter hubs prior to accessing the catheter for hemodialysis. The protocol is based on an evidence-based approach incorporating best practice guidelines. Do not use aseptic technique when prepare the catheter.

**Definitions:**
- Catheter refers to a central venous catheter (CVC) or a control line.
- Hub refers to the end of the catheter that connects to the blood lines or cap.
- Cap refers to a device that sits on the end and occludes the hub.
- Blood lines refer to the arterial and venous ends of the antegrade or control line that connect the patient's catheter to the dialysis machine.

**Auditor Tool:** Hemodialysis hand hygiene observations

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Procedure observed</th>
<th>Connects</th>
<th>Disconnects</th>
<th>Expiration</th>
<th>Mask worn property (if required)</th>
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**Catheter Connection and Disconnection Steps:**
1. Perform hand hygiene and don new clean gloves.
2. Clamp the catheter (Note: Always clamp the catheter before removing the cap). Never leave an uncapped catheter unattended.
3. Clamp the hub to the dialysis.
4. Always handle the catheter hubs aseptically. Once disconnect, do not allow the catheter hubs to touch nonsterile surfaces.
5. Attach sterile wings, uncapping the catheter, withdraw blood, and flush per facility protocol.
6. For any other issues, this may occur in parallel.
7. Connect the ends of the blood lines to the catheter properly.
8. Remove gloves and perform hand hygiene.

**Additional Comments/Observations:**

- **National Center for Emerging and Zoonotic Infectious Diseases**
- **Division of Healthcare Quality Promotion**

[Image of National Center for Emerging and Zoonotic Infectious Diseases Division of Healthcare Quality Promotion]

Making dialysis safer for patients
Chat Check-In – Questions/Comments?
Tool Demonstration
Live Demonstration: Root Cause Analysis (RCA) and Corrective Action Plan (CAP) Tool

2018 NW2 HAI BSI/LTC Reduction Quality Improvement Activity (QIA)
5-Whys: Root Cause Analysis (RCA) Tool

Please complete the following dialysis facility information. (Only One Survey per Facility CCN)

Facility Inclusion Criteria:

1. Network facilities that had the highest BSI rates Healthcare-Associated Infections (HAIs) Bloodstream Infections (BSIs) in the first and second quarters of 2017.

2. Network facilities that had a long-term catheter (LTC) (catheter in use > 90 days) in use rate greater than 15%.

*Please note that not all facilities were selected for the BSI component if your rates were not in the highest 50% of Network facilities. The same applies to LTC rates where facilities with LTC less than 15% were excluded from the LTC component.
Monthly Collection Tool Instructions

1. Which of the following 9 CDC Core Interventions has your facility completed this month?
   - Surveillance and feedback using NHSN
   - Hand hygiene observations
   - Catheter/vascular access care observations
   - Staff education and competency
   - Patient education/engagement
   - Catheter reduction
   - Chlorhexidine for skin antisepsis
   - Catheter hub disinfection
   - Antimicrobial ointment

2. What were your successes this month? What were your biggest challenges?

3. Has your facility completed the annual NHSN training?

4. Is your facility part of a Health Information Exchange (HIE)?

5. Would you like to join the NCC National LAN?

6. Do you have a best practice or successful strategies you’d like to share with the community through a facility spotlight presentation?

7. Are you interested in joining the Network’s peer mentorship training program?
Chat Check-In – Questions/Comments?
Reporting Requirements
Project Reporting Requirements: Upcoming Timeline

- Key Facility Contact Collection Tool **Overdue – Complete ASAP**
- Begin Monthly Reporting Tool – First Tool **due February 14, 2018**
- Root Cause Analysis (RCA) and Corrective Action Plan (CAP) Tool **due February 28, 2018**
- Monthly reporting on implementation of CDC core interventions **due the 10th of each month**
- Submission of competency assessment of Network **monthly** educational article/resource
- Interventions with required submission to the Network **as requested**
- Assessment on educational resources distributed to facilities **as requested**
Facility Role/Responsibilities

- **Educate staff members on QIA requirements**
  - Understand outcomes of RCA, CAP, and disparity assessment
  - Review and utilize Network-compiled resource toolkit
  - Develop *Education Station* and identify Peer Mentor program candidate(s)
  - Share monthly educational resources from the Network with staff members
  - Submit completed assessments to the Network upon request

- **Communicate with the Network regularly**
  - Submit monthly tracking tool and respond to information requests
  - Participate in conference calls with Networks as requested

- **Mandatory attendance at Webinars**
  - Share best practice models and lessons learned with peers
  - Participate in National Learning and Action Network (LAN)
Closing Remarks/Next Steps
We need your feedback and suggestions!
Please complete our Webinar Evaluation to share your thoughts and comments.
We welcome and value your input!
Next Steps/Actions

• Submit webinar evaluation survey to share your feedback
• Ensure facility has identified project lead and back-up lead
• **Complete Monthly Data Collection Tool – First Tool Due February 14**
  
• **Complete RCA/CAP Survey Tool by February 28**
• Review educational resource toolkit, display mailed resources
• Solicit interested patients for success story collection and peer mentorship training program
• Join CMS National HAI LAN
• Visit [http://network2.esrd.ipro.org/events/](http://network2.esrd.ipro.org/events/) for the new monthly Network QIA deadline calendar
Stay in Touch!

• Subscribe to receiving Provider Insider, Emergency Messaging, Kidney Chronicles, and PAC Speaks
  - https://tinyurl.com/ESRDNW2-6
• Facebook
  - https://www.facebook.com/IPROESRDProgram
• Website
  - http://network2.esrd.ipro.org/
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