Vascular Access Planning Strategies to Reduce LTC Rates

May 3, 2018
Welcome/Opening Remarks
Jeanine Pilgrim, Quality Improvement Director
IPRO ESRD Network Program
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

• Project Overview and Goal
• ERSD QIP
• Quality Improvement Basics
• Quality Improvement Toolkit
• Cather Reduction Toolkit
• Steps to Sustain Improvement
• Health Information Exchange
Quality Improvement Activity Overview
Project Overview

Inclusion Criteria:

• Network facilities with a long-term catheter (LTC) (catheter in use > 90 days) in use rate above 15%.

Goal:

• Reduce LTC rates by at least 2 percentage points at re-measurement in selected facilities.

Secondary Goal:

• Promote the implementation of CDC recommended audit tools.

• Assist at least 20% of selected facilities to join a Health Information Exchange (HIE) to receive information relevant to positive blood cultures during transition of care.
Root Cause Analysis Findings

- RCA Data indicate challenges include:
  - Patient Staff Education
  - New Admissions with Catheters
  - Lack of early referrals
  - Emergency dialysis starts
Why is this Important?
Quality Incentive Program

Loretta Ezell, Quality Improvement Director
ESRD Network of the South Atlantic
ESRD Quality Incentive Program (QIP)

• The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services in outpatient dialysis facilities treating patients with ESRD.

• The first of its kind in Medicare, this program changes the way CMS pays for the treatment of patients with ESRD by linking a portion of payment directly to facilities’ performance on quality of care measures.

• These types of programs are known as “pay-for-performance” or “value-based purchasing” (VBP) programs.
ESRD Quality Incentive Program (QIP)

• The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

• This reduction will apply to all payments for services performed by the facility receiving the reduction during the applicable payment year (PY).

• Payment reductions result when a facility’s overall score on applicable measures does not meet established standards.

ESRD Quality Incentive Program (QIP)

CMS publicly reports facility ESRD QIP scores; on the Dialysis Facility Compare website

Each facility is required to display a **Performance Score Certificate** that lists its Total Performance Score, as well as its performance on each of the quality measures identified for that year.
Total Performance Score

CLINICAL

Measure Topic?
Vascular Access Type
Kt/V Dialysis Adequacy

Individual Measure Scores
Access via AVF
Access via catheter
Hamodialysis
Peritoneal Dialysis
Pediatric Dialysis
Hypercalcemia
NHSN Bloodstream Infection
SRR

Measure Calculations
Generally, each clinical measure scored by either achievement or improvement (whichever results in the higher score for facility); see two exceptions

REPORTING

Individual Measure Scores
ICH CAHPS Survey
Mineral Metabolism
Anemia Management

Measure Calculations
Each reporting measure scored by satisfying requirements according to points system

Total Category Weight

Payment Reduction Percentage

100 pts.

60 pts. (min. TPS)

75%

25%

No Reduction
0.5% Reduction
1.0% Reduction
1.5% Reduction
2.0% Reduction

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories
## Total Performance Score

<table>
<thead>
<tr>
<th>Total Performance Score</th>
<th>Payment Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 to 100</td>
<td>No reduction</td>
</tr>
<tr>
<td>50 to 59</td>
<td>0.5%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>1.0%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>1.5%</td>
</tr>
<tr>
<td>0 to 29</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Vascular Access Type: AVF

**Numerator:** % of patient-months on hemodialysis during the last hemodialysis treatment of the month using an autogenous AV fistula with two needles.

**Denominator:** # Medicare patient-months at facility during the measurement period.

**Denominator Exclusions:**
1. < 18 years old
2. Not on hemodialysis
3. both a fistula and graft reported
4. fistula, graft, and catheter reported
5. missing access type
6. Not on ESRD treatment as defined by a completed 2728 form, a REMIS/CROWNWeb record, or a sufficient amount of dialysis reported on dialysis facility claims
Vascular Access Type: CVC

**Numerator:** # Patient-months in the denominator for patients continuously using a catheter \( \geq 90 \) days prior to the last treatment during the month.

**Denominator:** # Medicare patient-months at facility during the measurement period.

**Denominator Exclusions:**
1. Patients younger than **18 years and 90 days**
2. Not on hemodialysis
3. both a fistula and graft reported
4. fistula, graft, and catheter reported
5. missing access type
6. Not on ESRD treatment as defined by a completed 2728 form, a REMIS/CROWNWeb record, or a sufficient amount of dialysis reported on dialysis facility claims
Questions or Comments?
How do I get started?

Quality Improvement Strategies
The National Forum of ESRD Networks Toolkits

Quality Assessment and Performance Improvement (QAPI)
Developed by the Forum of ESRD Networks’ Medical Advisory Council (MAC)
The Forum MAC has developed a series of QAPI toolkits to assist dialysis facilities in meeting the requirements of the Conditions of Coverage.

Catheter Reduction Toolkit
Developed by the Forum of ESRD Networks’ Medical Advisory Council (MAC)
The Forum MAC has developed a series of QAPI toolkits to assist dialysis facilities in meeting the requirements of the Conditions of Coverage.
Quality Assessment and Performance Improvement

- Evaluate processes
- Determine the barriers to change
- Identify ways to overcome barriers
- Seek out best practices
- Create an environment of collaboration
## Plan, Do, Study, Act

<table>
<thead>
<tr>
<th>QI PROJECT PHASES</th>
<th>ACTIVITIES</th>
<th>KEEP IN MIND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Make a plan for the change, collect baseline data, plan to carry out the cycle (who, what, where, when)</td>
<td>Brainstorming, motivating</td>
</tr>
<tr>
<td>Do</td>
<td>Carry out the plan, document problems and unexpected observations, continue to monitor data</td>
<td>Flowchart, run chart</td>
</tr>
<tr>
<td>Study</td>
<td>Complete the analysis of the data, compare data to predictions, summarize what was learned</td>
<td>Fishbone diagram, Pareto chart, control chart, histogram</td>
</tr>
<tr>
<td>Act</td>
<td>What changes are to be made? Develop ongoing evaluation/monitoring, next cycle?</td>
<td>Flowchart, brainstorming</td>
</tr>
</tbody>
</table>
Step 1 – Planning with Root Cause Analysis

• The 5 Whys – Discovering the Root Cause

• The key to solving a problem is to first truly understand it.

• One way to identify the root cause of a problem is to ask “Why” 5 times.

Why did this happen? Again and again until you reach the root cause.
Step 2 - Do

Access Plan

- Yes
  - Access Plan
  - Contact physician for plan and vein mapping
  - Schedule Vein Mapping
  - F/U weekly until access is in place

- No
  - Permanent access placed?
    - Yes
      - Assess access
    - No
      - Patient Refuses
        - Utilize protocol for new access
        - 6 successful cannulations with 2 needles
        - CVC removed
      - F/U with Physician and patient education
  - Patient presents with CVC

Step 3 – Study with Fishbone or Cause-Effect Diagrams

Allows teams to organize and sort their ideas about problems. Cause-effect diagrams show how different factors can lead to the outcome, or problem, that led to the root cause analysis. Using these diagrams increases communication and teamwork in the RCA team.
## Sample Barriers and Interventions Chart

<table>
<thead>
<tr>
<th>Patient Barriers</th>
<th>Interventions</th>
<th>Who is responsible</th>
</tr>
</thead>
</table>
| Patient does not want alternative access | Identify and address reason  
  o Fear of needles  
  o Financial constraints  
  o Cosmetic  
  o Waiting for transplant  
  o Fear of surgery  
  Educate patient and family  
  Discuss potential risks of catheters  | Nephrologist, RN, Dialysis tech |
| **Nephrologist Barriers** | | |
| Nephrologist not evaluating and/or referring patient | Discuss patient at care management meeting  
  Adopt catheter reduction program with entire medical department  
  Review patient individually with nephrologist  | Care team, RN, Dialysis tech  
  Medical director, administrator  
  Medical director |
| Nephrologist not taking responsibility for patients access management | Discuss patient at care management meeting  
  Review patient individually with nephrologist  | Care team, RN, Dialysis tech  
  Medical director, administrator  |
| **Facility Barriers** | | |
| Lack of systematic catheter reduction program | Develop and institute CQI program  | Medical director, CQI team  |
| Lack of standard processes and forms | Develop and institute CQI program  | Medical director, CQI team  |
| **External Barriers** | | |
| Hospital discharging patients with catheters and no access plan | Work with hospital to include them in the VA CQI program  | Medical director  |
| Non-cooperative surgeons | Include surgeons in CQI process  
  Consider referral to regional center  | Medical director, nephrologist  
  Nephrologist |
Step 4 - Act
Quality Assessment and Performance Improvement Team

- Evaluate processes
  - What changes were needed
  - Type of ongoing Evaluation
- Determine the barriers to change
- Identify ways to overcome barriers
- Seek out best practices
- Create an environment of collaboration
Questions or Comments?
Tools and Resources
Vascular Access Monitoring Resources

PROFESSIONALS

Vascular Access Planning Guide for Professionals

Questions or Concerns about a Permanent Access?
Let's Talk!

PATIENTS

Lifeline for a Lifetime:
Planning for Your Vascular Access
Vascular Access Planning Guide for Professionals
Eight steps in creating an access plan

- Develop an individualized access plan for each patient
- Refer the patient for vessel mapping
- Coordinate an appointment with a surgeon
- Coordinate access surgery and follow up
- Access AVF maturation / AVG readiness
- Apply cannulation protocol
- Arrange for catheter removal
- Monitor the access
Vascular Access Monitoring Resources

It only takes a minute to save your patient's lifeline.

**Go**
- The skin over the access is all one color and looks like the skin around it.
- Bruit - the hum or buzz should sound like a "whoosh," or for some may sound like the beat. The sound should be the same along the access.
- Thrill: a vibration or buzz in the full length of the access.
- Pulse: slight beating like a heartbeat. Fingers placed lightly on the access should move slightly.

**Stop**
- Look
  - There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

**Listen**
- There is no sound, decreased sound or a change in sound. Sound is different from what a normal bruit should sound like.

**Feel**
- Pulsatile: The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

**Look**
- The skin over the access is all one color and looks like the skin around it.
- There is redness, swelling or drainage. There are skin bulges with shiny, bleeding, or peeling skin.

**Listen (Stethoscope Bruit)**
- The hum or bruit should sound like a "whoosh," or for some may sound like the beat. The sound should be the same along the access.
- No sound or decreased sound. Change noted. Sound is different from what a normal bruit should sound like.

**Feel**
- Palpable: The beat is stronger than a normal pulse. Fingers placed lightly on the access will rise and fall with each beat.

**Contact expert clinician if any "stop" signs noted.**

**Arm Elevation**
- The AVF outflow vein partially collapses when the arm is raised above the level of the heart. It may feel "flabby" when palpated.

**Upper Arm AVF**
- The AVF outflow vein partially collapses when the arm is raised above the level of the heart.
- Upper Arm AVF
- The AVF outflow vein does not partially collapse or become "flabby" when being raised above the level of the heart. This finding should be reported to an expert clinician.

**Lower Arm AVF**
- The AVF outflow vein collapses when arm is raised above the level of the heart.
- Lower Arm AVF
- The AVF outflow vein does not collapse after being raised above the level of the heart. This finding should be reported to an expert clinician.

**Dialysis Care Team:**
- Perform access check at each treatment or when patient reports a change.
- Stress importance of daily access checks to patient.
- Contact expert clinician if any "stop" signs noted.

**Were there any abnormal findings during the access check?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document that there were no abnormal findings.</td>
<td>Document findings and refer to expert clinician.</td>
</tr>
</tbody>
</table>

**Augmentation Test (Optional)**

**Expert Clinician:**
- Assess each access monthly or more often if problems are reported.

www.esrdncc.org

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VASCULAR ACCESS for HEMODIALYSIS

**FISTULA**
- Best Choice
- Placement Options:
  - Forearm
  - Upper arm
  - Thigh
- Advantages:
  - Lasts many years
  - Less chance of infection
  - Higher blood flow rates
  - Fewer complications
- Disadvantages:
  - Takes the longest to mature (develop)
  - May fail to mature, due to other health issues

**GRAFT**
- Alternate Choice
- Placement Options:
  - Forearm
  - Chest
  - Upper Arm
  - Straight or Loop
- Advantages:
  - Can be used in two weeks after placement
  - Can be used when a fistula does not work
  - Can be used for patients with special health issues
- Disadvantages:
  - Clotting
  - Infected
  - Swelling
  - Frequent interventions required
  - May affect blood flow to the hand (Steal Syndrome)

**CATHETER**
- Emergency or Temporary Only
- Placement Options:
  - Neck (jugular vein)
  - Groin (femoral vein)
  - Chest (subclavian vein) should be avoided
- Advantages:
  - Can be used in an emergency (must have chest x-ray for placement prior to initial use)
  - Can be used while other access types are maturing
- Disadvantages:
  - Clotting
  - Infection
  - Lower blood flow rates
  - Vessel damage
  - Designed for short-term use only

End-Stage Renal Disease Network of the South Atlantic
Vascular Access Patient Resource Toolkit

Questions or Concerns about a Permanent Access?
Let’s Talk!

Hemodialysis Vascular Access
Hemodialysis cleans your blood through a fistula, graft or catheter. If you have kidney failure, one of these will be your LIFELINE! Talk with your doctor to decide which type of vascular access is best for you.

Fistula
- A tunnel connects an artery to a vein. The vein enriched with blood moves to the access point.
- Fistulas are the gold standard for hemodialysis.

Advantages
- Permanent
- Less risk of infection
- Larger access

Disadvantages
- May not mature
- Not feasible for all patients
- Usually cannot be used for less than 9-12 weeks

Graft
- A graft is a tube made of plastic that connects an artery to a vein, allowing vessels to bypass or move fluid.
- The second best way to gain access to the bloodstream for hemodialysis.

Advantages
- Permanent
- Less risk of infection
- May be used after 2 weeks, in some cases

Disadvantages
- Increased hospitalizations
- Increased risk of bleeding
- Increased risk of venous infections

Catheter
- A catheter or a tube inserted into a vein in the neck or arm to provide vascular access for hemodialysis. It is a temporary access, it is the third choice for getting access to the bloodstream for hemodialysis. For some patients it is the only choice if the fistula or graft will not be able to be used as a permanent access.

Advantages
- Can be used immediately after placement

Disadvantages
- Higher infection rates, which can be very serious or fatal
- Increased hospitalizations
- Close not lasting, usually last less than one year
- May require longer treatment times
- Occasionally pain or discomfort
- Cannot shower without special apparatus
- Risk of developing permanent edema

Fistula or Catheter: The Patient’s Perspective

Lifeline for a Lifetime:
Planning for Your Vascular Access

esrd.ipro.org
Patient Peer Mentorship Training Program

Patients Helping Patients Learn About Kidney Care Choices

What will be covered in this Module?

- Part 1: The Basics of Vascular Access
- Part 2: Introduction to the Vascular Access Resource Toolkit
- Part 3: Using the Toolkit
- Part 4: Tips to Remember
Patient Peer Mentorship Training Program

Module #1: Talking Effectively With Another Patient

Module #2: Mentoring to Support Choices

Module #3: Helping Peers Plan for a Vascular Access
Vascular Access Monitoring Resources

• ESRD National Coordinating Center (NCC) Vascular Access Toolkit

• Professional Vascular Access Management

• Access Monitoring

• Catheter Checks

• Ready, Set, Go: New Fistula or Graft Daily Check


• Lifeline for a Lifetime Patient and Provider Resources

Questions or Comments?
Data Collection and Monthly Reporting
Internal and External Reporting
# Monthly Catheter Tracking Tool

Data should reflect the facility’s ending census on the last day of the month.

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
</tr>
<tr>
<td>1. How many chronic non-transient, incident hemodialysis patients did you have on the last day of the month?</td>
<td>100</td>
</tr>
<tr>
<td>2. Of the patients in question #1 above, how many were using a catheter only for vascular access?</td>
<td>35</td>
</tr>
<tr>
<td>3. Of the patients in question #2 above, how many have been using a catheter for 90 or more days?</td>
<td>25</td>
</tr>
<tr>
<td>4. Of the patients in question #2 above, how many have been referred for mapping and permanent access?</td>
<td>10</td>
</tr>
<tr>
<td>5. Of the patients in question #4 above, how many have been scheduled for AVF / AVG placement?</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total percentage of catheter only</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35.0%</td>
<td>30.3%</td>
<td>32.7%</td>
<td>27.8%</td>
<td>14.0%</td>
<td>35.0%</td>
<td>30.3%</td>
<td>32.7%</td>
<td>27.8%</td>
<td>14.0%</td>
<td>14.0%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of catheter ≥ 90 days</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
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<td></td>
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<td>25.5%</td>
<td>27.8%</td>
<td>25.0%</td>
<td>25.0%</td>
<td>25.5%</td>
<td>25.5%</td>
<td>27.8%</td>
<td>25.0%</td>
<td>25.0%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
Things to Consider

• The Patient is the owner of the access

• Listen to the patients concerns

• Partner patient with a Peer Mentor

• Address concerns of Needle Fear

• Access events provide an opportunity to
  explore other modalities i.e. PD

• A problem AVG/AVF is a catheter waiting to happen
Questions or Comments?
Health Information Exchange Facility Enrollment
What is Health Information Exchange?

• Health Information Exchange allows health care professionals and patients to appropriately access and securely share a patient’s medical information electronically.

• Sharing electronic patient information allows easy access to patients’ vital medical history, no matter where patients are receiving care—specialists’ offices, labs, or emergency rooms.
Statewide Health Information Network

- SHIN-NY connects 98% of hospitals in New York State, over 80,000 medical providers, and represents millions of people who live in or receive care in New York.

- New York State created the Statewide Health Information Network for New York (SHIN-NY). Identified HIE include the following:

<table>
<thead>
<tr>
<th>HIE</th>
<th>Coverage Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealtheLink</td>
<td>Western NY</td>
</tr>
<tr>
<td>Rochester RHIO</td>
<td>Rochester Area</td>
</tr>
<tr>
<td>HeConnections</td>
<td>Central NY</td>
</tr>
<tr>
<td>Hixny</td>
<td>Capital District &amp; Northern NY</td>
</tr>
<tr>
<td>HealthlinkNY</td>
<td>Southern Tier &amp; Hudson Valley</td>
</tr>
<tr>
<td>NYCIG &amp; Healthix</td>
<td>NYC &amp; Long Island</td>
</tr>
<tr>
<td>Bronx RHIO</td>
<td>Bronx</td>
</tr>
</tbody>
</table>
Statewide Health Information Network for New York (SHIN-NY)

- To join the SHIN-NY, healthcare professionals must first connect to a Qualified Entity:

<table>
<thead>
<tr>
<th>Qualified Entity</th>
<th>Contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bronx RHIO</strong></td>
<td>Charles Scaglione, Executive Director</td>
<td><a href="mailto:cscaglio@bronxrhio.org">cscaglio@bronxrhio.org</a></td>
</tr>
<tr>
<td>HealtheConnections</td>
<td>Rob Hack, President and CEO</td>
<td><a href="mailto:rhack@healtheconnections.org">rhack@healtheconnections.org</a></td>
</tr>
<tr>
<td>HEALTHeLINK</td>
<td>Dan Porreca, Executive Director</td>
<td><a href="mailto:dporreca@wnyhealthelink.com">dporreca@wnyhealthelink.com</a></td>
</tr>
<tr>
<td>Healthix</td>
<td>Tom Check, President and CEO</td>
<td><a href="mailto:tcheck@healthix.org">tcheck@healthix.org</a></td>
</tr>
<tr>
<td>HealthlinkNY</td>
<td>Staci Romeo, Interim Executive Director</td>
<td><a href="mailto:sromeo@healthlinkny.com">sromeo@healthlinkny.com</a></td>
</tr>
<tr>
<td>Hixny</td>
<td>Mark McKinney, Chief Executive Officer</td>
<td><a href="mailto:mmckinney@hixny.org">mmckinney@hixny.org</a></td>
</tr>
<tr>
<td><strong>NY Care Information Gateway (NYCIG)</strong></td>
<td>Nick VanDuyne, Executive Director</td>
<td><a href="mailto:nick.vanduyne@nycig.org">nick.vanduyne@nycig.org</a></td>
</tr>
<tr>
<td>Rochester RHIO</td>
<td>Jill Eisenstein, President and CEO</td>
<td><a href="mailto:jeisenstein@grrhio.org">jeisenstein@grrhio.org</a></td>
</tr>
</tbody>
</table>
North Carolina Statewide Health Information Network

• North Carolina Health Information Exchange Authority (NC HIEA) operates the state-designated HIE, NC HealthConnex, a secure, standardized electronic system in which providers can share important patient health information.

• Monthly "How to Connect" call held the last Monday of every month at 12:00/noon for interested providers. [https://hiea.nc.gov/providers/how-connect](https://hiea.nc.gov/providers/how-connect)
How do I connect to NC HealthConnex?

• First, review and sign the Participation Agreement.

• Have EHR products that are ONC certified capable of sending HL7 messages, version 2 and higher.

• Three points of contact within your dialysis organization to collaborate with the NC HIEA and SAS.

• If you have questions regarding this process, please contact Alice Miller via email alice.miller@nc.gov or by phone 919-754-6912
South Carolina Statewide Health Information Network

- SCHIEx- South Carolina Health Information Exchange is an innovative statewide information highway that allows participating health care providers to view a patient’s medical history, including medications, diagnoses and procedures. It is not a data warehouse, but a secure network, where providers use certified technology to share the information they need for better outcomes.
Georgia Statewide Health Information Network

REGIONAL HIEs

- Statewide health information exchange - GaHC
- 19 counties in Northeast Georgia, 4 counties in NC/SC - HeConnection
- Network of rural Georgia hospitals and their physician communities - HealthHIEG
- Middle Georgia/statewide health information exchange
How does this benefit my dialysis unit?

• Easy access to patient information

• Eliminates waiting time to receive fax documents from hospitals or outpatient clinics

• Reduce friction and improve relationship between hospitals and dialysis clinics

• Easy transition of care

• Enroll Today! Network Deadline for facility enrollment is July 2, 2018
Questions or Comments?
Closing Remarks/Next Steps

Jeanine Pilgrim, Quality Improvement Director
IPRO ESRD Network Program
We need your feedback and suggestions! Please complete our Webinar Evaluation to share your thoughts and comments. We welcome and value your input!
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/
Thank You!