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
Novlet Russel-English, Quality Improvement Coordinator Nurse
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
• Be present and engaged in our topic presentations
• Please be prepared for sharing and actively participating in the open discussions
WebEx Reminders

• This WebEx will be recorded and slides will be made available on the Network Website https://network2.esrd.ipro.org/events/
• To ask a private question use the Chat section in the bottom right corner of your screen sending to All Panelists
• To ask a question for the answer to be shared with all Attendees or Privately, use the Q&A section in the bottom right corner of your screen
Agenda

• Overview of IPRO ESRD Network Program
• Review 2019 HAI BSI QIA Goal/Measures
• Discuss project interventions and tools
• Review of Root Cause Analysis (RCA) and Monthly Collection Tools
• Provide Facility reporting requirements
• Outline of Upcoming Timelines
• Open Forum Q&A
• Closing Remarks/Next Steps
Learning Objectives

• Overview of IPRO ESRD Network Program role and responsibilities
• Understand project purpose, goals, interventions, and available educational resources
• Learn about the Root Cause Analysis (RCA)/Corrective Action Plan (CAP) and monthly data collection tools
• Review reporting requirements and important timeline deadline dates
• Reminders on using NHSN to report BSIs and CROWNWeb for reporting LTC rates
IPRO ESRD Network
Program Overview
Jeanine Pilgrim, Quality Improvement Director
Island Peer Review Organization (IPRO)

• 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 Beachwood, Ohio.
Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.
IPRO ESRD Network Service Area (2017 Network Annual Reports)

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,669
Facilities: 191
Transplant: 15

Network 6
NC, SC, GA
Patients: 49,148
Facilities: 730
Transplant: 10

Network 9
OH, KY, IN
Patients: 33,556
Facilities: 611
Transplant: 12

Network 2
NY
Patients: 29,851
Facilities: 299
Transplant: 13

Network 9
OH, KY, IN
Patients: 14,669
Facilities: 191
Transplant: 15

IPRO ESRD Program
127,224
ESRD Patients
1,831
Dialysis Facilities
47
Transplant Centers
## NW2 Facility Breakdown

<table>
<thead>
<tr>
<th>Ownership</th>
<th>ESRD Patient Census</th>
<th># of Dialysis Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>FKC</td>
<td>7,013</td>
<td>67</td>
</tr>
<tr>
<td>DaVita</td>
<td>6,548</td>
<td>70</td>
</tr>
<tr>
<td>Dialysis Clinic Inc.</td>
<td>2,791</td>
<td>22</td>
</tr>
<tr>
<td>Independents</td>
<td>13,962</td>
<td>144</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>287</td>
<td>6</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>30,601</strong></td>
<td><strong>309</strong></td>
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</table>
National Level

- **18 ESRD Networks**
  - 50 States and Territories
- **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
CMS National Priorities and ESRD Program Goals

- **Priority 1**: Opioid Crisis
- **Priority 2**: Health Insurance Reform
- **Priority 3**: Drug Pricing
- **Priority 4**: Value-Based Care

**Goal 1**: Empower patients and doctors to make decisions about their healthcare

**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 Network Role/Responsibilities

- Improve quality of care for ESRD patients
- Promote patient engagement/patient experience of care
- Support ESRD data systems and data collection, analysis and monitoring for improvement
- Provide technical assistance to ESRD patients and providers
- Evaluate and resolve patient grievances
- Support emergency preparedness and disaster response
- Assist facilities to enroll in a HAI or another evidenced-based highly effective information transfer system
Chat Check-In – Questions/Comments?
2019 HAI BSI QIA Overview
Jeanine Pilgrim, Quality Improvement Director
Reduce Rates of BSIs and VA LTCs

Purpose:
- Reduce Rates of Blood Stream Infections and Long Term Catheters
- Supporting facility enrollment in NHSN, completion of NHSN annual training and quarterly data checks
- Assisting dialysis facilities in the implementation of the CDC Core Interventions

Facility Selection Criteria:
- 50% of Facilities in the Network, include facilities with highest BSI rates
- LTC rate >15% from 50% of facilities with the highest BSI rates

Measurement Goals:
- BSI – 20% relative reduction from the selected facilities in the cohort
- LTC – 2 percentage points reduction from data available in Oct (July Data)
- Assist at least 20% of facilities in the pool of 50% facilities to join a Health Information Exchange (HIE)
  - For more information visit: https://www.healthit.gov/HIE and https://www.nyehealth.org/shin-ny/what-is-the-shin-ny/
Support CDC National Healthcare Safety Network (NHSN)

- Enrollment of all facilities
- Facilities 12 month reporting to meet QIP requirements
- Establish Network Group
- Data entered accurately and on time
- 90% of facilities complete NHSN Dialysis Event Surveillance training
- Quarterly Data Checks – Mar, Jun, Sept and Dec
Chat Check-In – Questions/Comments?
Planned Project Interventions

Novlet Russel-English,
Quality Improvement Coordinator Nurse
Facility Selection Criteria

**Cohort:** Top 50 % of facilities with highest BSIs based on NHSN Excess Infection Report

- **Tier 1:** Top 20% of facilities with highest BSIs
- **Tier 2:** Facilities within cohort with LTC rates >15%
- **Tier 3:** Facilities with less than or same as expected rate of infection predicted (0/negative rates)

**CMS Measures for OY3:**

- **BSI**
  - **Baseline:** 1\textsuperscript{st} and 2\textsuperscript{nd} Quarter of 2018
  - **Re-measure:** 1\textsuperscript{st} and 2\textsuperscript{nd} Quarter of 2019
- **LTC**
  - **Baseline:** July 2018
  - **Re-measure:** June 2019
Blood Stream Infections (BSIs) National 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.

Facility Goals per Tier

• Facilities in Tier 1 will achieve a 20% or greater relative reduction in their semi-annual pooled mean from baseline rate (Baseline: January-June 2018/Re-measurement: January-June 2019)
• Facilities in Tier 2 will reduce their LTC rates by 2 percentage points (Baseline: July 2018/Re-measurement: July 2019)
• Facilities in Tier 3 will continue to utilize CDC Core interventions for sustainability and best practices
CMS Required Interventions

• CDC recommended 9 core interventions and complete NHSN surveillance training
• Incorporate action steps from CMS NCC National Bi-Monthly HAI LAN
• Discuss infection control and hospitalizations at QAPI meetings
• Share best practices/evidence based
• Patient representative involvement at targeted facilities
• RCA/CAP if successfully implemented all CDC 9 Core interventions and BSI rates did not decrease by 10%
BSI Educational Focus Areas

<table>
<thead>
<tr>
<th><strong>CDC 9 Core Interventions</strong></th>
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<tr>
<td>Surveillance and Feedback using NHSN</td>
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<tr>
<td>Hand Hygiene Observations</td>
</tr>
<tr>
<td>Catheter/Vascular Access Care Observations</td>
</tr>
<tr>
<td>Staff Education and Competency</td>
</tr>
<tr>
<td>Patient Education/Engagement</td>
</tr>
<tr>
<td>Catheter Reduction</td>
</tr>
<tr>
<td>Chlorhexidine for Skin Antiseptic</td>
</tr>
<tr>
<td>Catheter Hub Disinfection</td>
</tr>
<tr>
<td>Antimicrobial Ointment</td>
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Facility Activities

- **Implementing Interventions**
  - 5-Whys Root Cause Analysis (RCA)
  - PDSA Worksheet/Corrective Action Plan (CAP)
  - CDC 9 Core Interventions (3 interventions per month each quarter)
  - Catheter Reduction Toolkit
  - Selection/Designation of an Infection Control Coach
  - Implementation of morning huddles prior to 1st treatment start to reinforce infection control process/core interventions
  - Monthly Data Tracking Collection Tool
  - Facility Performance Report Card

- **Partnering with Stakeholders**
  - Patient SMEs
  - LDO Leadership
  - National LANs
  - CDC Making Dialysis Safer Coalition
Chat Check-In – Questions/Comments?
Overview of Interventions and Resource Tools

Novlet Russel-English,
Quality Improvement Coordinator Nurse
Participate in NCC National Learning and Action Network (LAN)

CMS has established a LAN for each QIA, coordinated by ESRD NCC (1 FREE CEU per webinar)

• 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 required 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 BSI and other dialysis events using CDC’s National Healthcare Safety Network (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. Catherer/vascular access care observations
   - Perform observations of vascular access care and catheter access quarterly. Assess staff adherence to aseptic technique when placing and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency
   - Train staff on infection control topics, including access care and aseptic techniques. Perform competency evaluation for skills such as catheter care and access 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 access management when away from the dialysis unit.

6. Catheter reduction
   - Incorporate efforts (e.g., through patient education, vascular access coordinator training) to identify barriers to permanent vascular access placement.

7. Chlorhexidine for skin antisepsis
   - Use an alcohol-based chlorhexidine (0.5%) solution as the first line skin antisepetic, with dermlock and dressing changes.

8. Catheter hub disinfection
   - Previous catheter hubs with an appropriate antisepetic after cap is removed and before catheter is accessed or disconnected.

9. Antimicrobial ointments
   - Apply antibiotic ointment or povidone-iodine ointment to catheter exit site daily.

**Checklist: Hemodialysis catheter exit site care**

- Wear mask (if required) and remove if not needed
- Perform hand hygiene
- Put on new, clean gloves
- Apply skin antisepsic
- Allow skin antisepsic to dry
- Do not contact exit site (after an application)
- Apply antimicrobial ointment
- Apply dressing aseptically
- Remove gloves
- Perform hand hygiene

**Network-Compiled Resource Toolkit**

**Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol**

This protocol outlines a suggested approach to preparing a catheter hub to decrease the risk of infection. It is based on evidence where available and incorporates theoretical rationale when published evidence is unavailable.

**Definitions:**
- **Catheter** refers to a central venous catheter (CVC) or a central line.
- **Hub** refers to the end of the CVC that connects to the blood lines or cap.
- **Cap** refers to the device that screws on to and occludes hub.
- **Link** refers to the catheter portion that extends from the patient’s body to the hub.
- **Blood lines** refer to the arterial and venous ends of the catheter that connects the patient’s catheter to the dialyzer.

**Catheter Connection and Disconnection Steps:**

**Connection 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 unterminated.
3. Distill the hub with caps removed using an appropriate antiseptic (see note).
4. Apply a clean glove to the hub.
5. Distill the hub with a clean glove (see note). Aseptically disconnect the hub and separate the cap and the hub (see note). Aseptically dispose of the glove and cap separately.
6. Aseptically disconnect the hub from the arterial and venous lines using care to avoid introducing potential contaminants into the blood stream.
7. **Alcoholize** the hub and the arterial and venous lines.
8. Ensure that the catheter is still clamped.
9. Remove gloves and perform hand hygiene.

**Note:** Always handle the catheter hubs aseptically. Once disinfected, do not allow the catheter hubs to touch nonsterile surfaces. Do not allow the catheter hubs to touch the hub and arterial and venous lines directly. Do not allow the catheter hubs to touch nonsterile surfaces. Do not allow the catheter hubs to touch the hub and arterial and venous lines directly. Do not allow the catheter hubs to touch nonsterile surfaces. Do not allow the catheter hubs to touch the hub and arterial and venous lines directly. Do not allow the catheter hubs to touch nonsterile surfaces. Do not allow the catheter hubs to touch the hub and arterial and venous lines directly. Do not allow the catheter hubs to touch nonsterile surfaces.
Patients and Visitors

Ask for Safe Care
Ask for Clean Hands

Put Together the Pieces to Prevent Infections in Dialysis Patients

Engage Patients
Discuss important infection prevention practices like hand hygiene with your patients and their caregivers.

Reduce Catheters
Identify and address barriers to fistula/graft placement and catheter removal.

Perform Hand Hygiene and Change Gloves
Know when it is necessary to perform hand hygiene and change your gloves; put this knowledge into practice.

Catheter Care,
Vaccinate Dialysis
Disinfect the

Patients with Catheters

Clean Hands Count
Speak Up for Clean Hands

6 Tips to Prevent Dialysis Infections

TIP 1
Catheters have a higher risk of infection. Ask your doctor about getting a fistula or graft instead.

TIP 2
Learn how to take care of the catheter at home. Do not get it wet.

TIP 3
Wash your hands often, especially before and after dialysis treatment.

TIP 4
Know the steps your healthcare providers should take when using the catheter for treatment.

TIP 5
Know the signs and symptoms of infection and what to do if you think you might have an infection.

TIP 6
Know what to do if you have any problem with the catheter.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Chat Check-In – Questions/Comments?
Reporting Requirements

Novlet Russel-English,
Quality Improvement Coordinator Nurse
Monthly Collection Tool – Sample Questions

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. Did you 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?
Project Reporting Requirements: Upcoming Timeline

- Key Facility Contact Collection Tool **Overdue – Complete ASAP**
- Root Cause Analysis (RCA) and Corrective Action Plan (CAP) Tool **due January 31, 2019**
- Begin Monthly Reporting Tool – First Tool **due February 10, 2019**
- 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**
Facilities Roles/Responsibilities

- **Educate staff members on QIA requirements**
  - Understand outcomes of RCA and CAP
  - Review and utilize Network-compiled resource toolkit
  - Designate an Infection Control Coach
  - Implement “huddles” prior to treatment start to review interventions
  - 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 (LANs)** scheduled for **January 8th**, March 5th, May 7th, July 2nd, September 3rd, and November 5, 2019
Chat Check-In – Questions/Comments?
Closing Remarks/Next Steps
Jeanine Pilgrim, Quality Improvement Director
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

- Ensure facility has identified project lead and Infection Control Coach
  
- Register to join CMS National HAI LAN on January 8, 2019 from 3:00-4:00PM
  (1 FREE CEU) [https://cc.readytalk.com/r/u09fzs9gynq3&eom](https://cc.readytalk.com/r/u09fzs9gynq3&eom)

- If participating in LTC component of QIA, join LTC QIA kickoff webinar on
  January 17, 2019 from 2:00-3:00PM [CLICK HERE TO REGISTER](https://cc.readytalk.com/r/u09fzs9gynq3&eom)

- Complete RCA/CAP Tool by January 31, 2019

- Complete Monthly Data Collection Tool – First Tool Due February 10, 2019

- Review educational resource toolkit, display mailed resources

- Solicit interested patients for success story collection and Network peer mentorship training program

- Visit [http://network2.esrd.ipro.org/events/](http://network2.esrd.ipro.org/events/) Slides and recordings will be available on our website following the event
2019 Annual Meeting: Registration OPEN

Topics to include:
• ESRD Network Project Overview • Transplant Coalition Activities • Advanced Directives • Managing Expectations • Tips for the ESRD Diet • QAPI Meeting Guidelines • Quality Awards, and MORE!

Thursday, April 4, 2019
8:00 AM - 3:00 PM

Garden City Hotel
45 Seventh Street, Garden City, NY 11530
Breakfast and Lunch Included

Early-Bird Special: $75.00
Regular Registration (After 2/28/2019) $85.00
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Thank You!

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