IPRO ESRD Network of New York
2019 HAI LTC QIA Kickoff Webinar

January 17, 2019
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

• Review 2019 LTC Goal/Measures
• Discuss project interventions and tools
• Review of educational resources
• Outline of Upcoming Timelines
• Closing Remarks/Next Steps
Learning Objectives

• Understand project purpose, goals, interventions, and available educational resources
• Review reporting requirements and important timeline deadline dates
• Reminders on using CROWNWeb for reporting Long-Term Catheter (LTC) rates and importance of measure outcomes in Quality Incentive Program (QIP)
2019 Long-Term Catheter (LTC) QIA Overview

Jeanine Pilgrim, Quality Improvement Director
Reduce Rates of VA LTCs

Purpose:
• Reduce Long-Term Catheter in use rates
• Assisting dialysis facilities in the implementation of the 9 CDC Core Interventions

Facility Selection Criteria:
• LTC rate >15% from 50% of facilities with the highest BSI rates

Measurement Goals:
• LTC – 2 percentage points reduction from data available in October 2019 (July Data)
Quality Improvement Process

Jeanine Pilgrim, Quality Improvement Director
What is Quality Improvement?

Continuous improvement includes a four-step process that helps improve processes, as well as other elements like services and outcomes.
Why is Quality Improvement Important?

Promote informed Consumer choices

Measures healthcare outcomes

Healthcare costs (Value based purchasing)
How does Quality Improvement affect facility outcomes?

Total Performance Score

**Clinical**
- **Measure Topic?**
  - Vascular Access Type
  - K/V Dialysis Adequacy
- **Individual Measure Scores**
  - Access via AVF
  - Access via catheter
  - Hemodialysis
  - 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**
- 100 pts.
  - 60 pts. (min. TPS)

**Payment Reduction Percentage**
- 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.
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 2:** Facilities within 50% Cohort with LTC rates >15%

**CMS Measures for OY3:**

- LTC
  - **Baseline:** July 2018
  - **Re-measure:** July 2019 (Available October 2019)
CMS Required Interventions

• 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 of interventions from January-August performed, if 2 percentage point improvement is not achieved
## Long-Term Catheter (LTC) Educational Focus Areas

<table>
<thead>
<tr>
<th>CDC 9 Core Interventions</th>
<th>LTC Steps to Access Planning</th>
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<tbody>
<tr>
<td>Surveillance and Feedback using NHSN</td>
<td>Establish a LTC Reduction Action Plan</td>
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<tr>
<td>Hand Hygiene Observations</td>
<td>Schedule patients for vessel mapping</td>
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<tr>
<td>Catheter/Vascular Access Care Observations</td>
<td>Coordinate surgeon appointment</td>
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<tr>
<td>Staff Education and Competency</td>
<td>Confirm scheduled access surgeries</td>
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<tr>
<td>Patient Education/Engagement</td>
<td>Assess access maturation of patients</td>
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<tr>
<td>Catheter Reduction</td>
<td>Cannulating mature access</td>
</tr>
<tr>
<td>Chlorhexidine for Skin Antisepsis</td>
<td>Schedule appointment for catheter removal</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>
Facility Activities

Implementing Interventions

- 5-Whys Root Cause Analysis (RCA)
- PDSA Worksheet/Corrective Action Plan (CAP)
- Designation of “Access Ambassador” Coach
- Implement “huddles” prior to 1st treatment start to discuss strategies to reduce LTC use
- CDC 9 Core Interventions (3 interventions per month each quarter)
- Catheter Reduction Toolkit
- Monthly Catheter Tracking Tool
- Facility Performance Report Card
- Ongoing education regarding relationship between catheter use and infection rate
Chat Check-In – Questions/Comments?
LIVE Poll

Have you used CDC Catheter related audit tools and/or checklists to support catheter reduction?

Chat Check-in: What tools do you currently use in your facility to reduce catheter rates?
Overview of Interventions and Resource Tools

Novlet Russel-English,
Quality Improvement Coordinator Nurse
Educational Resources/Tools

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 is created between an artery and a vein. The tunnel stretches over time, allowing needles to be put in it. Fistulas are the gold standard for hemodialysis.

Advantages
- Permanent
- Under the skin
- Lasts longer, up to 20 years
- Provides greater blood flow for better treatment
- Fewer infections & other complications
- Fewer hospitalizations
- Better survival (lower risk of dying than patients with catheters)

Disadvantages
- May not mature/develop
- Not possible for all patients
- Usually cannot be used for at least 5-8 weeks

Graft

A graft is a tube, usually made of plastic, that connects an artery to a vein, allowing needles to be put in it. Grafts are the second-best way to get access to the bloodstream for hemodialysis.

Advantages
- Permanent
- Under the skin
- May be used after 2 weeks, in some cases
- May work in patients with poor veins

Disadvantages
- Increased hospitalizations
- Increased risk of clotting
- Increased risk of infection
- Increased risk of other complications and repair procedures
- Does not last as long as a fistula

Catheter

A catheter is a tube inserted into a vein in the neck or chest to provide vascular access for hemodialysis. The tip rests in your heart. It is usually a temporary access, it is the third choice for getting access to the bloodstream for hemodialysis. For some patients it is the only choice and it will need to be used as a permanent access.

Advantages
- Can be used immediately after placement

Disadvantages
- Increased infection rates, which can be very serious or fatal
- Increased hospitalizations
- Does not last long, usually less than one year
- May require longer treatment times
- Protruding catheter may lead to complications
- Cannot shower without special equipment
- High risk of clotting requiring frequent procedures
- Risk of destroying important vein

Vascular Access Planning Guide for Professionals

LifeLine for a Lifetime:
Planning for Your Vascular Access

esrd.ipro.org
esrdmcc.org
## Vascular Access for Hemodialysis

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

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

### CATHETER
- **Emergency or Temporary Only**
- **Locations**
  - 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)
- **Disadvantages**
  - Clotting
  - Infection
  - Lower blood flow rates
  - Vessel damage
  - Designed for short-term use only
Still Using a Catheter for Your Dialysis Access?

It’s time to consider a fistula or graft!
A dialysis catheter should be used only as a temporary access until you get a permanent fistula or graft.

Experience the benefits of catheter freedom:
- Increased energy and better dialysis treatments
- No more worries about your catheter being pulled/coming out
- Lower risk of clot and infections
- No more plastic tube in your chest
- Showers without an expensive, special cover
- Freedom to go swimming

Develop your vascular access plan: talk to your care team today.

Patients with Catheters

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.

Questions or Concerns about a Permanent Access?

Let’s Talk!

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

www.cdc.gov/cid www.cdc.gov/dialysis/patient
### Catheter Tracking/Monitoring Tools

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

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Year:</th>
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<tbody>
<tr>
<td></td>
<td>Jan</td>
</tr>
<tr>
<td>How many chronic non-transient, in-center hemodialysis patients did you have on the last day of the month?</td>
<td>100</td>
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<tr>
<td>Of the patients in question #1 above, how many were using a catheter only for vascular access?</td>
<td>35</td>
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<tr>
<td>Of the patients in question #2 above, how many have been using a catheter for 90 or more days?</td>
<td>25</td>
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<tr>
<td>Of the patients in question #3 above, how many have been referred for mapping and permanent access?</td>
<td>10</td>
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<tr>
<td>Of the patients in question #4 above, how many have been scheduled for AVF/AVG placement?</td>
<td>2</td>
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<tr>
<td>Total percentage of catheter only</td>
<td>35.0%</td>
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<tr>
<td>Percentage of catheter &gt;= 90 days</td>
<td>25.0%</td>
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![Graph showing the data distribution](image-url)
CDC Catheter Tracking Tools

Audit Tool: Catheter exit site care observations
(Use a ‘✓’ if action performed correctly, a ‘Φ’ if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Skin antiseptic applied appropriately</th>
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Audit Tool: Hemodialysis hand hygiene observations
(Use a ‘✓’ for each hand hygiene opportunity observed. Under ‘opportunity successful’, use a ‘✓’ if successful, and leave blank if not successful)

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LIVE Poll

Does your facility need Spanish-language resources to support patient and/or staff?
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. Does your facility require assistance in reporting LTC rates in CROWNWeb?

4. Has your facility discuss with all new catheter patients an Access Plan?

5. 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
  - Develop *Education Station* and identify Access Ambassador 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
    - March 5th
    - May 7th
    - July 2nd
    - September 3rd
    - 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**
  2019 Facility Contact Collection Form – PAST DUE!

• Complete **RCA/CAP Tool** by **January 31, 2019**

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

• Register to join **CMS National HAI LAN** on March 5, 2019 from 3:00-4:00PM
  (1 FREE CEU) [https://cc.readytalk.com/r/u09fzs9gynq3&eom](https://cc.readytalk.com/r/u09fzs9gynq3&eom)

• 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 7-10 days 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
ESRD Network of New York (Network 2) Staff

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Community Outreach Coordinator
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Sharon Lamb
Data Coordinator
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Thank You!

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http://ipro.org