IPRO ESRD Network of New York
2020 QIA Overview
Welcome/Opening Remarks
Jeanine Pilgrim, Network Director
Agenda

• Overview of Quality Improvement Activities
• Review Project:
  – Goals/Measures
  – Facility Reporting Requirements
  – Resources, Interventions and Tools
  – Network Timelines
Learning Objectives

• Overview of 2020 IPRO ESRD Network QIAs
• Understand QIA purposes, goals, and interventions.
• Review educational materials, reporting requirements and important timeline/deadline dates
• Learn about available resources and tools
QI Program Overview
## NW2 Dialysis Facility Ownership

<table>
<thead>
<tr>
<th>Ownership</th>
<th>ESRD Patient Census</th>
<th># of Dialysis Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>9,922</td>
<td>102</td>
</tr>
<tr>
<td>FKC</td>
<td>7,630</td>
<td>72</td>
</tr>
<tr>
<td>DaVita</td>
<td>7,063</td>
<td>85</td>
</tr>
<tr>
<td>Dialysis Clinic Inc.</td>
<td>1,717</td>
<td>16</td>
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<tr>
<td>American Renal Associates</td>
<td>524</td>
<td>10</td>
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<tr>
<td>Atlantic Dialysis</td>
<td>2,149</td>
<td>13</td>
</tr>
<tr>
<td>US Renal Care</td>
<td>917</td>
<td>9</td>
</tr>
<tr>
<td>Rogosin</td>
<td>1,449</td>
<td>9</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>302</td>
<td>6</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>31,673</strong></td>
<td><strong>322</strong></td>
</tr>
</tbody>
</table>

Hospital Based Facilities: 31  
SNF Facilities: 45
Statewide QIAs (All Dialysis Facilities)

- **Reduce Long-Term Catheters (LTC)**
  - Measure: CROWNWeb Data

- **Increase Rates of Patients on a Transplant Waiting List**
  - Measure: New Patients on UNOS Wait List

- **Increase Rates of Patients Dialyzing at Home**
  - Measure: CROWNWeb Dialysis Setting “Home”
  - Measure: Referral CCN (if no home program in facility)
Targeted QIAs (Performance Selection)

- **Blood Stream Infections (BSI) Reduction**
  - Measure: NHSN Data

- **Population Health Focus Pilot QIA (PHFPQ)**
  - Focus on Peer Mentorship
  - Measure: Facility Reported
QIA Commonalities

• 5-year Target
  • Guide national health promotion and management to improve the health of all people in the United States living with ESRD

• Disparity Assessments/Awareness (Social Determinants of Health)
  • Race, Ethnicity, Gender, Location, Age

• CMS Quality Improvement Attributes
  • Innovation, Rapid Cycle Improvement, Boundariliness and Unconditional Teamwork, Customer-Focus, Sustainability, and Patient Engagement

• Focus on patient engagement and feedback
  • Including patient voice in all aspects of project
  • Incorporating patients into facility QAPI meetings

• Participation in National LANs specific to QIA
  • Invite/Attend ALL NW Facilities every other month
  • Share with QIA facilities interventions identified at the meetings
  • Report in COR report implementation of interventions at QIA facilities
Benchmarking and Final Re-Measure

• **Baseline Measure: October 2019 Rates** (BSI June 2019)
• **Performance Period: January 1, 2020 – September 30, 2020**
  • Launch and Measure Activities/Interventions
  • Discuss progress in QAPI Monthly
  • Monthly Performance Report Cards from Network
  • Attend Bi-Monthly National LAN Calls
• **Final Re-measure: September 30, 2020**
QIA Intervention Activities
Required QIA Activities/Interventions

- Perform Root Cause Analysis (RCA)
- Attend Bi-Monthly National LAN Calls
  - (January, March, May, July, September)
- Launch National LAN Activity/Intervention
  - (February, April, June, August)
- Submit Feedback to Network (as requested)
- Engage Staff/Patients/Family/Stakeholders
- Evaluate/Tailor for Disparities
- Integrate QIA Activities into monthly QAPI
- Improve Relationships with Stakeholders
  - Transplant Center Staff
  - Home Therapies Program Staff
  - Access Centers/Vascular Surgeons
  - Hospitals (Care Transitions)
Root Cause Analysis (RCA)

• All facilities REQUIRED to perform RCA for each QIA
• RCA MUST:
  • Be actionable and developed by the IDT
    – *best practice to include the patient voice*
  • Identify the top 2 MODIFIABLE Barriers to each QIA focus
    – *Why are our patients NOT pursuing Transplant?*
    – *Why are our patients NOT using Home Therapies?*
    – *Why is our Long-Term Catheters rate higher than 0%?*
    – *Why is our BSI rate higher than 0%?*

ONCE the top MODIFIABLE barrier in each topic is identified in RCA, start your activities/interventions to reach goal in the QIA topic.
FREE CE TUESDAYS! Bi Monthly National LAN Calls

- **BSI**: 1st Tuesday
- **Home Modality**: 2nd Tuesday
- **Transplant**: 3rd Tuesday

Recordings (with CE) available 10 days after the event
Launch LAN Inspired QIA Interventions

A quality improvement **intervention is a change process** in health care services, for the purpose of **increasing the likelihood of optimal clinical quality of care** measured by **positive health outcomes** for individuals and populations.

**INTERVENTIONS** can be MATCHED to processes/activities/materials that you or your organization is already utilizing.

What makes it an intervention is the Plan, Do, Study, Act (PDSA) Process.
Plan, Do, Study, Act (PDSA) Cycle

Every other month, launch a LAN Intervention to:

- Reduce Long-Term Catheter Use
- Increase Rates of Patients on a Transplant Waiting List
- Increase Rates of Patients Dialyzing at Home

How to Launch an Intervention:

PLAN: How do we utilize, How will we measure, What do we expect?
DO: Use the Intervention/Activity; Measure outcomes/utilization
STUDY: Did it work? Did it do what we expected?
ACT: Adapt, Adopt or Abandon
2020 Transplant (TX)
QIA Overview
Anna Bennett, Quality Improvement Coordinator/Emergency Manager
Increase Transplant Waitlist Rates

Transplant National Goal:
• By 2023 increase the % of ESRD Patients on the transplant waitlist to 30% from the 2016 national average of 18.5%

Purpose:
• Promote early referral to transplant
• Improve referral patterns by addressing barriers to the steps of waitlist

Criteria:
• Work with facilities with the lowest natural trend of patients on the UNOS Waitlist

Baseline: October 2019 UNOS Data
CMS Measures: Steps to Transplant Waitlist

1. Screen patients/Update Patient Status
2. Discuss Transplant Options/Refer patients/Review referral status
3. Review Patients in Evaluation/Workup process
4. Review active/inactive listing status/Living donor process

To be tracked and reported to Network (Yes/No Affirmation)
Network-Compiled Transplant Resource Toolkit

- Transplant Center Referral Guide
- Conditions of Coverage Excerpt
- External Organization Article Sampling
- Patient Education Materials
- Staff Education Resources
- Peer Mentoring Training Program
- Patient Story Sampling
2020 Home Therapies (HT)
QIA Overview
Promote Home Therapies Utilization

Home Therapies National Goal:
• By 2023, increase the % of ESRD patients dialyzing at home to 16% from the 2016 national average of 12%

Purpose:
• Promote referral to home dialysis modalities,
• Identify and mitigate the barriers to timely referral, and
• Determine the steps to improve referral patterns

Criteria:
• All Facilities in the Network Service Area to participate in QIA activities
• Network provide technical assistance to facilities with the lowest number of patients utilizing home therapies

Baseline: October 2019 CROWNWeb Data
CMS Measures: Steps to Home Dialysis

1. Screen patients/Update Patient Status
2. Modality Education
3. Suitability/Nephrologist Referral
4. Access Placement (PD Catheter/AVF/AVG)
5. Modality Training and Utilization

To be tracked and reported to Network (Yes/No Affirmation)
Network-Compiled Home Therapies Resource Toolkit

- Treatment Options Poster
- Patient Education Materials
  - Flyers
  - Brochures
  - Puzzles
- Staff Education Resources
- Peer Mentoring Training Program
2020 Long Term Catheter (LTC) QIA Overview
Reduce Long-Term Catheter (LTC) Rates

**LTC National Goal:**
- Reduce LTC Rates to <10%

**Purpose:**
- Promote AVF/AVG
- Identify and mitigate the barriers to timely catheter removal.

**Criteria:**
- All Facilities in the Network Service Area to participate in QIA activities
- Network provide technical assistance to facilities with the highest LTC rates.

**Baseline:** October 2019 CROWNWeb Data
### LTC Steps to Access Planning

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<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td>Establish a LTC reduction action plan</td>
</tr>
<tr>
<td>Schedule patients for vessel mapping</td>
</tr>
<tr>
<td>Coordinate surgeon appointment</td>
</tr>
<tr>
<td>Confirm scheduled access surgeries</td>
</tr>
<tr>
<td>Assess access maturation of patients</td>
</tr>
<tr>
<td>Cannulating mature accesses</td>
</tr>
<tr>
<td>Schedule appointment for catheter removal</td>
</tr>
<tr>
<td>Facilities to monitor patients with access for infection control</td>
</tr>
<tr>
<td>Evaluate success of LTC reduction action plan</td>
</tr>
</tbody>
</table>

**Infection Prevention: Catheter Countdown**

- **Number of Catheters Removed This Month**
- **Current Number of Catheters This Month**

To learn more about dialysis safety, visit [https://www.cdc.gov/dialysis/patient/index.html](https://www.cdc.gov/dialysis/patient/index.html)
2020 Blood Stream Infection (BSI) QIA Overview
Reduce Bloodstream Infection (BSI) Rates

BSI National Goal:
- Reduce BSI Rates to <0.65%

Purpose:
- Promote Best Practices in Infection Reeducation
- Improve Transition of Care (Dialysis Facility/Hospital/SNF)

Criteria:
- Facilities with BSI Rates > 0% from 7/2018-7/2019
- Network provide technical assistance to facilities with the highest BSI rates.

Baseline: July 2019 NHSN Data
Infection Control Coaches
Infection Prevention Pledges
Incorporate CDC Core Interventions
Education Station
Lobby Days

### CDC Approach to BSI Prevention in Dialysis Facilities

**1. Surveillance and feedback using NHSN**
- Conduct monthly surveillance for BSIs 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. Catheter/vascular access care observations**
- Perform observations of vascular access care and catheter access quarterly. Assess staff adherence to aseptic technique when connecting 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 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 access management when away from the dialysis unit.

**6. Catheter reduction**
- Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

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

**8. Catheter hub disinfection**
- Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

**9. Antimicrobial ointment**
- Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.
** If closed needleless connector device is used, disinfect device per manufacturer’s instructions.
*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC’s Dialysis Safety website (http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#video). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit [http://www.cdc.gov/dialysis](http://www.cdc.gov/dialysis).
All QIA Supportive Resources
Network Intervention Supporting Materials

Resource Toolkit
- Flyers
- Brochures
- Posters
- Puzzles

Education Station
- Guidelines
- Resource Materials

Lobby Day
- Guidelines
- Resource Materials

QIA Champion Training
- Peer Mentor and/or
- Staff Health Coach Training Programs
Closing Remarks/Next Steps

Jeanine Pilgrim, Network Director
Order FREE Printed Resources

End-Stage Renal Disease Network of New York

ESRD NW2 QIA Resource Toolkit Publication Materials Order Form

**Please allow for 30 days to receive your ordered materials.**

* Mailing Information

1) Request Date: [ ] [ ] [ ] Today [M-D-Y]

2) Full Name [ ] must provide value

3) Facility Name [ ] must provide value

4) CCN: SSSXXX [ ] must provide value

5) Address [ ] must provide value

6) City/Town, State, Zip Code [ ] must provide value

7) Email Address [ ] must provide value

Network Website
https://network2.esrd.ipro.org

Quick & Easy Online Resource
Network Order Form:
https://redcap.ipro.org/surveys/?s=8YAHELW49R
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

• Complete outstanding Network reporting and feedback forms
• Communicate with Network on challenges, barriers, and best practices
• Engage your patients/family members/care partners, PAC Representatives, Patient Champions or Mentors in QIA activities
• Engage ALL STAFF in quality improvement education efforts
• Design QIA focus area Education Stations – order Network resources
• Identify key players and partners at your local stakeholders i.e. Transplant Centers, Home Programs, Access Centers, Hospitals etc.
• Attend National Bi-Monthly QIA LAN Meetings hosted by CMS and NCC
2020 Annual Meeting: SAVE the DATE

ESRD Network of New York 2020 Annual Meeting

National Priorities: Next Chapter in Kidney Care

Topics to include:
- Treatment Options: Overcoming Barriers • Dialysis Lifestyle Adjustments
- End-of-Life Caregiver Panel • Mental Health First Aid • Quality Awards …and MORE!

Tuesday, May 5, 2020
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 2/29/2020) $85.00