Welcome!

LTC QIA Kick-off & Continuation Webinar

The webinar will begin momentarily!
This webinar is being recorded.

You will be notified via email when today’s presentation slides and recording are available on our website.
Welcome/Opening Remarks

Loretta Ezell
Quality Improvement Director
ESRD Network of the South Atlantic
Housekeeping Reminders

• All lines have been muted to eliminate background noise

• Please submit ALL questions and comments via chat at any time
  – To ask a private question, use the Chat section in the bottom right corner of your screen sending to All Panelists
  – To ask a general question, use the Chat section in the bottom right corner of your screen to share with all Attendees
  – Preferred method to ask questions, use the Q&A section in the bottom right corner of your screen

• There will be breaks for answering questions

• Be present and engaged in today’s presentation
Meeting Agenda

• HAI QIA LTC Reduction Overview
• LTC Reduction QIA
• LTC Reduction - Project Interventions
• Closing Remarks/Next Steps
HAI QIA
Overview
National HAI Goal

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 LAN, and
- Assist dialysis facilities in the implementation of the CDC Core Interventions
Reduce Rates of BSIs and VA LTCs

**Cohort Criteria:**

- 50% of Facilities in the NW with highest BSI rates
- BSI Cohort: 20% of facilities with the highest BSI rates
- LTC Cohort: >15% of facilities from 50% of facilities with the highest BSI rates

**Cohort Goals:**

- BSI – 20% relative reduction from the selected facilities with the highest excess infections.
- LTC – 2 percentage points reduction in facilities with LTC rates ≥ 15% (July data)
- Assist 20% of facilities in the pool of 50% Network BSI facilities to join a HIE to receive information relative to positive blood culture during transitions of care.
- Support facility enrollment in NHSN, completion of NHSN annual training and quarterly data checks
## Reduce Rates of BSIs and VA LTCs

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Measure</th>
<th># of Facilities</th>
<th>Baseline Rate</th>
<th>Goal</th>
</tr>
</thead>
</table>
| 1 – 50% of Facilities | • Complete NHSN Training  
                          • Use the CDC Core Interventions  
                          • Explore enrolling in an HIE or share how their facility has an effective information transfer system | 379 | 0% | 100% |
| 2 – 20% highest infection rates | Decrease their BSI rate by > than 20% | 151 | 1.012% | 0.8096% |
| 3 – LTC rate > 15% | Decrease LTC rate by > 2 percentage points | 42 | 18.92 | 16.92 |
BSI – 20% relative reduction in BSIs

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>State</th>
<th>Baseline Rate</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH HENERY DIALYSIS CENTER</td>
<td>GA</td>
<td>1.18%</td>
<td>18.65%</td>
</tr>
<tr>
<td>TUCKER DIALYSIS</td>
<td>GA</td>
<td>2.31%</td>
<td>18.24%</td>
</tr>
<tr>
<td>DENTSVILLE KIDNEY CENTER</td>
<td>SC</td>
<td>2.40%</td>
<td>14.03%</td>
</tr>
<tr>
<td>CAROLINA DIALYSIS PITTSBORO</td>
<td>NC</td>
<td>2.21%</td>
<td>12.51%</td>
</tr>
<tr>
<td>DCI EAST ALBANY</td>
<td>GA</td>
<td>0.93%</td>
<td>11.19%</td>
</tr>
<tr>
<td>SOUTH BRUNSWICK DIALYSIS</td>
<td>GA</td>
<td>1.13%</td>
<td>10.18%</td>
</tr>
</tbody>
</table>
BSI Kick-off Meeting

• Your facility will be participating in the interventions provided in the BSI Kick off call in addition to the LTC reduction interventions.

• All facilities were asked to attend the BSI Kick –off on December 17, 2018

• If you did not attend the webinar - please review the recorded presentation [https://network6.esrd.ipro.org/events/](https://network6.esrd.ipro.org/events/)

• You will be required to answer survey questions to receive credit for attending the call
## Long Term Catheter Reduction

### Facility Name | State | Baseline Rate | Improvement
--- | --- | --- | ---
NORTH CARROLLTON DIALYSIS | GA | 15.40% | 72.14%
DIALYSIS CENTER OF MACON, LLC | GA | 19.20% | 69.84%
FRENSENIUS MEDICAL CARE LAKE LANIER | GA | 21.70% | 64.51%
FMC DIALYSIS SERVICES SOUTH RAMSEY | NC | 20.30% | 53.96%
RED SPRINGS DIALYSIS CENTER | NC | 21.850 | 52.11%
ATHENS RENAL CENTER, LLC | GA | 15.30% | 44.31%

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*Excellent Job*
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.
Questions or Comments?
LTC Reduction QIA
Getting to the root!
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
The National Forum of ESRD Networks Toolkits

2010

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 for Coverage.

2011

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.
# 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><strong>Plan</strong></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><strong>Do</strong></td>
<td>Carry out the plan, document problems and unexpected observations, continue to monitor data</td>
<td>Flowchart, run chart</td>
</tr>
<tr>
<td><strong>Study</strong></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><strong>Act</strong></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

No

Contact physician for plan and vein mapping

Schedule Vein Mapping

F/U weekly until access is in place

Permanent access placed?

Yes

Assess access

Utilize protocol for new access

6 successful cannulations with 2 needles

CVC removed

No

Patient Refuses

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.

![Fishbone Diagram Example](image-url)
<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  
  - Fear of needles  
  - Financial constraints  
  - Cosmetic  
  - Waiting for transplant  
  - 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
Step 5 – Submit your RCA & CAP to the ESRD Network

- Utilize the Root Cause Assessment tool to determine the cause or reasons for long-term catheters
- Identify barriers with greatest impact
- Complete the Corrective Action Plan (CAP) to address barriers
- Facility commitment to educate patients and attend BSI QIA LAN calls
LTC Reduction QIA
Interventions – It takes a team!
Patient Health Coach Supports QIA Projects

Patient Health Coaching is an effective patient education method that can be used to:

• Empower patients with knowledge, skills, and tools
• Encourage patients to take an active role
• Share training with fellow staff members
• Bridge the communication gap
• Build trusting relationships

Facilities will identify at least one staff member to be a Patient Health Coach for 2019 LTC Reduction QIA
How Coaches help Patients Get Involved

- Learn about the patients values, interest, and goals
- Help patients understand the benefits of being involved in their care
- Listen to Patient Concerns
- Provide Educational Resources
- Discuss ideas or questions patients may want to pursue with their healthcare team
- Explore opportunities for patients to be become more involved in decisions about their care.
- Help to build communication between patients and care team
- Provide information to help patients make important decisions
Patient Health Coach Training Modules

Coaching to Support Kidney Care Choices
Coaching Fundamentals

August, 2018
Expand skills. Share Knowledge. Empower Patients.

Coaching to Support Patient Choices on Vascular Access
Partnering for Improvement - Patient Facility Representative

What qualities should you look for in a PAC Facility Representative:

In recruiting PAC Facility Representatives, look for patients/caregivers/family members who:
- Interact easily with other patients and staff members
- Are interested and involved in their care
- Are willing to represent their community and share their ideas
- Could fill an advocacy role or enjoy education
- Have access to a phone, email, and if possible the internet

Once you have identified candidates:
- Talk with your candidate about becoming a PAC Facility Representative
- Discuss the different levels of involvement as outlined
- Work with interested patients to complete the agreement form for the Network
- Complete the Network online data survey for all patients who have completed an agreement.
- Fax the patient signed agreements to your Network
- Provide the resources and information given to your facility for the PAC Facility Representative
- Talk with other staff about the PAC Facility Representatives role and support your representatives as they begin to work in the facility
- Keep communication lines open to discuss their progress, needs, and celebrate accomplishments!!!

How the Network Communicates:
Please advise your patients that we will be using several communication tools to contact them throughout the year. Based on the method of contact they provide, they will receive our calls/texts from (866)-971-0170 and emails from info@mv6asd.net. Text is our preferred method if the patient has a cell phone. E-mail is the method we use to send resources directly to the representative, but if no e-mail address is provided, we can send resources to the facility lead to share with the PAC Facility Representatives. To educate representatives, we often host webinars. We understand many patients do not have access to the internet, but patients encourage patients to join via the phone. If you have specific questions for your Network, please contact a patient services representative at 1-800-324-7139

An orientation manual will be provided to PAC Members and Facility Representatives once we have received the PAC Application form. The PAC Manual will provide an overview of their roles and details on how to connect with the ESRD Network.

Identify a Patient Facility Representative whose role is to:

- Take a more active role as part of the healthcare team focusing on key areas that are important to improve the health and safety for patients at their facility.

- Provide a link between patients and facility staff

- Promote positive communication among patients, staff, and the Network.
Facilities will choose one of the three Patient Engagement Activities for 2019:

- **Quality Assurance Performance Improvement (QAPI)**
  - Patient Representative, family/caregiver monthly attendance in facility led QAPI meetings
  - Facility will complete QAPI Professional Training Module

- **Implement a Patient Support Group**
  - Partners with the facility social worker in the creation of support groups at the facility. Consider this group being patient, family/caregiver or staff led
  - Facility will complete Patient Support Group Training Module

- **Peer Mentorship Training**
  - PAC Facility Representative will go through online training
  - Assist Patient Health Coach
  - Speak to peers about treatment options
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
Identifying your Patient Facility Representative

• Facility Recruitment Package
• Patient Enrollment Form
• Facility Patient Enrollment RedCap Survey Redcap Link:
  - Secure Platform, HIPPA compliant and approved to send patient information
• Fax to the Network the hard copy patient enrollment form
Tools and Resources
Vascular Access Monitoring Resources

PROFESSIONALS

Vascular Access Planning Guide for Professionals

PATIENTS

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

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
  - Referral letter templates
- 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
Vascular Access Educational Poster

VASCULAR ACCESS for HEMODIALYSIS

FISTULA

BEST CHOICE

- To Dialysis Machine
- From Dialysis Machine
- Artery
- Vein

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

- From Dialysis Machine
- To Dialysis Machine

PLACEMENT OPTIONS

- Forearm
- Chest
- Upper Arm
- Straight or Loop
- Thigh

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
- Infection
- Swelling
- Frequent interventions required
- May affect blood flow to the hand (Steal Syndrome)

CATHETER

EMERGENCY OR TEMPORARY ONLY

- To Dialysis Machine
- From Dialysis Machine

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

To file a grievance, please contact us:
IPRO End-Stage Renal Disease Network of the South Atlantic
929 Aviation Parkway, Suite 300, Morrisville, NC 27560
Patient Toll-Free: (800) 524-7139 • Main: 919-461-4900 • Fax: 919-388-9637
E-mail: info@esrd.esrd-ipro.org • Web: http://network6.esrd-ipro.org

This material was developed by Southern California Renal Disease Council, Inc. (Network 10) and Northeastern Renal Network (Network 16), and adapted by IPRO End-Stage Network of the South Atlantic while under contract with Centers for Medicare & Medicaid Services. Contact 815-430-6000.
Vascular Access Patient Resource Toolkit
Facilities to complete a Patient Education Station

Patient SMEs like stations that:

- Are Easy to read
- Have visuals
- Have take away handouts

Northwest Greensboro Kidney Center
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?
Tracking your progress and sharing your success!
# Monthly Catheter Tracking Tool

## Facility:

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, in-center 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 #3 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>

## Chart:

- **Total percentage of catheter only**
  - Jan: 35.0%
  - Feb: 30.3%
  - Mar: 22.7%
  - Apr: 27.8%
  - May: 14.0%
  - Jun: 35.0%
  - Jul: 30.3%
  - Aug: 32.7%
  - Sep: 27.8%
  - Oct: 14.0%
  - Nov: 14.0%
  - Dec: 14.0%

- **Percentage of catheter >= 90 days**
  - Jan: 25.0%
  - Feb: 25.3%
  - Mar: 25.5%
  - Apr: 27.8%
  - May: 25.0%
  - Jun: 25.0%
  - Jul: 25.3%
  - Aug: 25.5%
  - Sep: 27.8%
  - Oct: 25.0%
  - Nov: 25.0%
  - Dec: 25.0%
Performance Check-In Calls

• Pair high performers with low performers within same organization
• Open platform to drive meaningful and productive conversations
• Review project goals and objectives
• Share best practices to overcome barriers
• Focus on progress, performance, and expectations
Attend ESRD NCC LAN Calls

LAN calls are designed to:

• Improve information communication across care settings, with emphasis on communication between hospitals and dialysis centers caring for the same ESRD patients.

• Increase awareness of and implementation of CDC Core Interventions.

• Share interventions to improve BSI rates which includes reducing the use of catheters

The Network will share with all facilities LAN call events

<table>
<thead>
<tr>
<th>Bloodstream Infection (BSI) QIA LAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date (1st Tuesdays)</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
</tr>
<tr>
<td>January 8, 2019</td>
</tr>
<tr>
<td>March 5, 2019</td>
</tr>
<tr>
<td>May 7, 2019</td>
</tr>
<tr>
<td>July 2, 2019</td>
</tr>
<tr>
<td>September 3, 2019</td>
</tr>
<tr>
<td>November 5, 2019</td>
</tr>
</tbody>
</table>
Closing Remarks / Next Steps
Facility Role & Responsibilities

- Share Resources With Staff
- Submit Data to Network
- Communicate with Network
- Attend Webinars
- Share Best Practice
- Attend LAN Calls
- Review Toolkit
- Complete & Understand RCA
- Education Station/Board

Facility Role & Responsibility
Next Steps

• Complete the Key Facility Contact Data Collection
• Complete and Submit your LTC RCA
• Choose one of the three Patient Engagement activities – QAPI, Support Group or Peer Mentor
• Identify a minimum of one PAC Facility Representative
• Identify a minimum of one Patient Health Coach
• Attend the ESRD NCC LAN call
We need your feedback and suggestions! Please complete our Webinar Evaluation available when you close WebEx to share your thoughts and comments. We welcome and value your input!
Questions or Comments?
Thank You

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