ESRD Network of the South Atlantic 2020 Transplant QIA Kick-off Webinar

January 22nd, 2020
Welcome

Alexandra Cruz
Transplant Quality Improvement Coordinator
Housekeeping Items

• All participants in this call are *Fresenius Kidney Care* staff members
• This WebEx will be recorded and slides have been available to you
• All lines have been muted to eliminate background noise

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
Meeting Objectives

At the completion of this presentation, the participant will be able to:

- Understand the role of the ESRD Network in driving Quality Improvement Initiatives
- Identify CMS Focus Areas
- Summarize the dialysis facility responsibilities regarding CMS quality improvement
- List the requirements of the Transplant Quality Improvement Activity (QIA)
- Understand the role and purpose of the Peer Mentor in facility quality improvement initiatives
- Discuss project interventions and tools with Interdisciplinary Team
- Plan next steps
Attendance

- Attendance will be taken with the provided CCN upon registration

- If you cover more than one facility please enter all CCN’s in the provided line as 112233, 445566 (separated by a comma)

- If you did not registered OR are only present as a call-in user, please email the Network to assure you get credit for your attendance (NW6QI@iproesrdnetwork.freshdesk.com)

- For facilities watching the recorded call, you will be asked to attest watching this recording during a future survey
IPRO ESRD Network
Program Overview
ESRD Network Structure

• Centers for Medicare & Medicaid Services (CMS)
  – Contracted ESRD Network Statement of Work (SOW)
• 18 ESRD Networks
  – 50 States and Territories
• ESRD National Coordinating Center
  – Bi-Monthly Learning and Action Network (LAN) Calls
  – CROWNWeb Quality Improvement Data
• Quality Improvement Activities
  – ALL Medicare Certified Outpatient Dialysis Centers
IPRO ESRD Network 2019 Service Areas
(2018 Network Annual Reports)

Network 2
NY
Patients: 30,337
Facilities: 305
Transplant: 13

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,856
Facilities: 199
Transplant: 15

Network 6
NC, SC, GA
Patients: 50,539
Facilities: 760
Transplant: 10

Network 9
OH, KT, IN
Patients: 33,890
Facilities: 639
Transplant: 14

IPRO ESRD Program
129,662
ESRD Patients
1,903
Dialysis Facilities
52
Transplant Centers
# IPRO ESRD Network 6 Service Area by Facility Ownership (October 2019)

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Patients</th>
<th>Facilities</th>
</tr>
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<tbody>
<tr>
<td>FKC</td>
<td>21,921</td>
<td>294</td>
</tr>
<tr>
<td>DaVita</td>
<td>17,658</td>
<td>286</td>
</tr>
<tr>
<td>US Renal Care</td>
<td>2,484</td>
<td>49</td>
</tr>
<tr>
<td>DCI</td>
<td>2,324</td>
<td>39</td>
</tr>
<tr>
<td>American Renal</td>
<td>2,331</td>
<td>32</td>
</tr>
<tr>
<td>Wake Forest</td>
<td>1,908</td>
<td>19</td>
</tr>
<tr>
<td>Independents</td>
<td>2,474</td>
<td>47</td>
</tr>
<tr>
<td>VA</td>
<td>99</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>51,199</strong></td>
<td><strong>772</strong></td>
</tr>
</tbody>
</table>

- **FKC**: 236 Facilities, 18,953 Patients, 4 Transplant Ctrs
- **DaVita**: 159 Facilities, 10,395 Patients, 1 Transplant Ctrs
- **US Renal Care**: 374 Facilities, 21,851 Patients, 4 Transplant Ctrs
- **DCI**: 159 Facilities, 10,395 Patients, 1 Transplant Ctrs
- **Independent**: 374 Facilities, 21,851 Patients, 4 Transplant Ctrs
- **VA**: 99 Facilities, 3 Patients, 3 Transplant Ctrs
CMS ESRD Program Focus Areas

• Patient and Family Engagement
  – Incorporate the patient’s voice and perspective in all areas of quality improvement at the ESRD Network and facility level
  – Establishing patient support or new patient adjustment groups and incorporating patient, family and caregiver participation into the QAPI and governing body of the facility
  – Patient, family member and caregiver involvement in the development of the individualized plan of care/or plan of care meetings

• Decrease rates of Blood Stream Infections (BSIs)
• Reduce rates of Long-Term Catheters (LTC)
• Increase rates of Patients on a Transplant Waiting List
• Increase rates of Patients Dialyzing at Home
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
• Promote best practices
• Assist with emergency preparedness and disaster response
• Establish partnerships to improve ESRD care
Dialysis Facility Responsibilities

• Participate in Network Quality Improvement Activities (QIAs)
  – Attend webinars (Network & NCC LAN Calls)
  – Complete required documentation (surveys, attestations, etc.)

• Inform patients of available Network resources
  – Grievance resolution
  – Educational materials
  – Provide QIA resources to patients and family/caregiver
  – Patient Advisory Committee

• Maintain accurate/ timely data (NHSN/ CROWNWeb)

• Notify the Network of major events

• Respond to inquiries and requests for information
  – Annual Critical Asset Survey
  – Data request
What’s New This Year in Quality Improvement?
Transplant QIA Project Branding

• New Transplant QIA Logo
• All Transplant QIA emails and surveys will be color coded in green to distinguish between projects
• Peer Mentorship emblem for patient engagement activities
Improving Survey Experience

Introducing REDCap:

- “Save & Return Later” feature
- Sends confirmation email of completion
- Allows user to save and print completed survey in PDF
- Automatic reminders only if not completed
- HIPPA compliant
- Only Project Lead receives unique link
Transplant Project Outlines

- Activities and supporting resources for the entire project cycle
- Important due dates
- To facilitate better facility planning
- To assist in keeping up with requirements
- Versions available for project lead and Mentor
- Blue text are links to resources, surveys or call registrations
Freshdesk Platform

Network QIA Leads:

- Alexandra Cruz – Transplant
- Michelle Lewis – Home Dialysis
- Loretta Ezell – BSI & LTC

http://help.esrd.ipro.org/support/home
Questions or Comments?

You can use the Chat/Q&A Feature
Send your message to “All Panelist”
Improving Transplant Coordination

2020 Transplant QIA
Goals and Measures
Medicare/ Medicaid Conditions for Coverage (CfC) for End-Stage Renal Disease Facilities

Conditions for Coverage (CfC) are:

• Medicare regulations for the care of End Stage Renal Disease patients in dialysis facilities

• Standards for the dialysis facility’s Federal survey and certification

• V-Tags are specific standards, conditions and guidance in the CfC that dialysis facilities should adhere by
Medicare/ Medicaid Conditions for Coverage (CfC) for End-Stage Renal Disease Facilities

V-Tags addressing treatment modality:

V561:
- Track patients’ transplant referrals and their wait-list status

V458/V554:
- Provide documented evidence of transplant education

V561:
- Communicate with transplant centers about patient status yearly or as status changes
Increase Rates of Patients in the Transplant Wait-list

Purpose:

• To promote early referral to transplant, and assist patient and providers to improve referral patterns by addressing barriers identified as the patient moves through the steps.

• Establish and sustain a Peer Mentoring Program to involve mentors in transplant initiatives to provide education and support to other patients identified as mentees.

National Goal:

• By 2025, 80% of new ESRD Patients will either be receiving dialysis at home or received a transplant

Criteria:

• **Network Service Area** – Tiered approach

• **Baseline:** October 2019/ Re-Measurement: October 2020

Timeline:

• January 1, 2020 thru September 30, 2020
CMS 5 Steps Leading To Transplant Wait-list

Step 1 – Patient **interest** in transplant

Step 2 – **Referral** to the transplant center

Step 3 – **First visit** to the transplant center

Step 4 – Transplant center **work-up**

Step 5 – **On waiting list or evaluate potential living donor**

*(Newly added patients to the UNOS wait-list from January 1st through September 30th of 2020 are the patients that count towards goal)*

If your unit has an In-Center and Home Dialysis Program attached and registered **under the same CCN**, the total census of both modalities are included in the project and counts towards goal*.
Step Data Attestation

• Monthly attestation of step practice for both Transplant and Home Dialysis (Treatment Options)

• Yes/No question to the practice of all pertinent steps

• If you do not perform any step, you will be asked additional questions to understand why

• The Network will provide technical assistance to facilities who do not show improvement for 2 consecutive months

• Every month you will report on your practice for the month before (e.g.: in February you will report for January)

• Attestation will be done in REDCap and link will be sent to the Project Lead for Transplant and/or Home Dialysis QIA (you only need to complete once)
Peer Mentor Role
Peer Mentor Benefits

A Peer-to-Peer Mentoring Program for In-Center Hemodialysis: A Patient-Centered Quality Improvement Program

Jennifer St. Clair Russell
Sheree Sutherland
Edwin D. Haff

Maria Thomson
Klemens B. Meyer
Janet R. Lynch

Both psychological and empirical evidence (Heider, 2009; Hasker, Vigan, Maliki, & Pelle, 2018; Kneis et al., 2012; Nazari, Herring, & Blaker, 1992; Long, Jatke, Richardson, Lowenstein, & Vophy, 2012; Rangel & Carbonan, 2004; Samuels et al., 2013; Terrie et al., 2010) suggest that peer assisting programs can increase self-management and improve outcomes in chronic disease; however, little research has examined the use of peer mentoring for this purpose among patients receiving in-center hemodialysis. This appears to be a gap, and because patients on in-center hemodialysis face significant disease management and self-care burden, an opportunity for quality improvement (Carr, Sines, Schuur, & Cheverton, 2011; DeHaan et al., 2007; Hakim & Collins, 2014, Legako, 2003; Matteson & Russell, 2010; Ozbay, Hunt, Barton, & Zager, 2012; Richard, 2008; Nair, 2010, 2012).

Patient self-efficacy

Social support on behavioral changes

Disease self-management information and emotional support

Foster mutual reciprocity

Improve health-related quality of life (HRQoL), healthy behaviors and chronic disease control

Reduces hospitalizations and related costs

https://www.researchgate.net/publication/322101402_A_Peer-to-Peer_Mentoring_Program_for_In-Center_Hemodialysis_A_Patient-Centered_Quality_Improvement_Program
Peer Mentor Role

Facilities will identify at least one patient per shift to be a Peer Mentor

- Follow the Peer Mentor Requirement Document for the recruitment of this role

- **Train** Peer Mentors using the FKC – Peer Mentorship Program available at the Social Worker’s SharePoint
  - Discuss with your leadership about combining training efforts for multiple nearby facilities in your region

- Pair Mentors with up to two (2) Mentees at a time
  - Support patients with paring and suggested topics of meeting
CMS Mentor Requirements
(Mentee Requirements Available)

https://redcap.ipro.org/surveys/?s=KFE4DJW79F
Peer Mentor Welcome Package

- Name Tag
- Business Cards
- Ask Me Pin
Peer Mentor Supporting Material

Peer Mentor Outline
(You will agree on dates with the patient to meet your due dates)

Network Hosted Peer Mentors Kick-Off Call
Thursday, February 27th at 5pm

Please print this flyer and provide to your Mentors!
Peer Mentor Intervention Requirements

• Maintain at least 1 Trained Peer Mentor from March through September 2020
  – Recruitment of 1 Mentor per shift in case patients are discharged from facility or need to step down from role

• Minimum of 2 Mentor – Mentee Interactions per month
  – Ideally weekly
  – Minimum Bi-Weekly
Monthly Mentor-Mentee Interaction Log

• Collect the FKC- Mentor Log Sheet Monthly
• You will report to the ESRD Network
  – # of assigned patient mentors
  – # of mentees
  – # of patients that have completed the mentor training
  – # of mentor-mentee interactions

Mentor Log Sheet

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Type of Contact (Phone, In Person)</th>
<th>General Content (Support, Education, Etc.)</th>
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You will submit information electronically as a summary of each Mentor Log Sheet
If your facility is in an additional QIA project (Home Dialysis, LTC or BSI)

- You do NOT have to recruit a patient as Mentor and a different for Patient Facility Representative (PFR) – *but you can*

- The Peer Mentor can assist your facility in other patient engagement activities as requested by your project leads

- When submitting a patient, only complete the Peer Mentorship Electronic Application Form and select the additional project this patient will be working with

If your facility is participating in the Blood Stream Infection (BSI), Long Term Catheter (LTC) or Home Dialysis QIA Projects with the ESRD Network, your Peer Mentor recruitment could count as your Patient Facility Representative (PFR) requirement.

Please select the option that best describe your facility:

* must provide value

- My Peer Mentor is only for the Transplant QIA
- My Peer Mentor will function as the PFR for BSI QIA
- My Peer Mentor will function as the PFR for Home Dialysis QIA
- My Peer Mentor will function as the PFR for LTC QIA
Questions or Comments?

You can use the Chat/Q&A Feature
Send your message to “All Panelist”
Interventions, Education Tools and Resources
2020 General Interventions

**Provider Education**
- Transplant NCC LAN Calls (2)
  *Offer 1 CEU*
- IPRO ESRD Program LAN Call (2)
- Transplant Network Webinars (3 of 4)
- ESRD NW Forum Transplant Toolkit

**Surveys**
- Key Contacts
- Knowledge and Practice Assessment
- Bi-monthly LAN Call Takeaways
- Monthly step data attestation
- Monthly Peer Mentorship Summary Log *(combined)*
- Post-Assessment Survey

ESRD Forum - Transplant Toolkit
NCC LAN Call Supporting Call (1 CEU)
*(Hyperlinks available in project outline – January)*
Interventions Focus Map

Step 1 – Interest

Step 2 – Referral

Step 3 – First visit to the transplant center

Step 4 – Transplant center work-up

Step 5 – On waiting list or evaluate potential living donor
Transplant Interest

Get to know me

Use the **Treatment Options Interest Form** to assess patient interest about kidney transplant

- Get to know what is important for them
- What are your patients goals?

Available in English & Spanish
Referral to Transplant Center

• Use the **Referral Guide** to refer to an appropriate transplant center and promote multi-listing based on DSA

• Use the **Flowchart** to re-refer previously denied patients for transplant (medical and non-clinical reasons)
Make sure I understand
Invite my family and/or caregiver

Host a lobby day or create an education station/bulletin board to participate of the Patient Education Contest
Instructions sent by alexis.leechford@ipro.us
Connect me to others

• Initiate a **Support Groups**
  – Peer Mentor hosts a **Bingo Game**

• Invite family/caregiver to:
  – Support Groups
  – Plan of Care Meetings
  – QAPI Meetings
Allow me to be part of the healthcare team

- Invite the mentor to **QAPI** for input in quality improvement efforts that affect transplant waitlist measures at your facility *(at least 10 minute interaction in-person or via phone)*
Patient added to transplant wait-list or waiting for living donor evaluation

• Celebrate waitlisted and transplanted patients!
Additional Patient Resources
Optional Use

• **Word Search** for patient education

• **Appointment Checklist** and supporting glossary to prepare patient upon their appointment to the TPC
Transplant Referral EXcange (TREX)

- **FKC** facilities will initiate the use of electronic *tracking* and *referring* to participating transplant centers

- Training scheduled based on your leadership/organization
Leadership Performance Calls

- Open discussion among providers 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
Progress Report

“Take Off With Transplant”

- Keeps goals at the center
- Review and discuss during QAPI
- Provides structure for quality improvement strategies
- Aligns facility objectives with CMS goals and priorities
- Recommended: Initiative a project binder
Questions or Comments?

You can use the Chat/Q&A Feature
Send your message to “All Panelist”
Upcoming and Next Steps
Patient Education Contest

• Focus Area Topics:
  — Transplant as a Treatment Option
  — Home Modality Treatment Options
  — Blood Stream Infection (BSI) Reduction
  — Vascular Access Planning

• Take a multi-disciplinary approach by including facility leadership, floor staff, and patient representatives in your planning.

• Set a Goal and measure your success!

• Dates: January 1st – March 31st

Winners will be announced at the Network Annual Meeting in May!

FMC- East Northampton County Dialysis
New Communication Methods

• New Network Staff Email Addresses!
  — Changed to firstname.lastname@ipro.us Example: Alexandra.Cruz@ipro.us

• New Customer Service Platform!
  — Submit a ticket using the link http://help.esrd.ipro.org/support/tickets/new or writing an email to NW6QI@iproesrdnetwork.freshdesk.com

• Surveys will come from no-reply+redcap@ipro.us to Project Lead
  — Add this address to your contacts!
Communication & Expectations

- Important e-mail subject lines
  - ACTION REQUIRED
  - REMINDER
  - DUE TODAY/TOMORROW
  - REMINDER LATE ACTIVITY
  - PAST DUE

- Once activities are past due, communication escalate to your leadership

- State Surveyor Agency and CMS are aware of non-participating facilities and are subject to be requested an Corrective and Action Plan
Important Dates and Next Steps

- Complete the Key Contact Survey – **Was Due on 1/17/20**
- Complete Knowledge & Practice Assessment – **DUE 1/29/20**
- Identify at least one Peer Mentor per shift
  - Patient information will be collected in the **HIPAA compliant REDCap Tool** – **DUE 1/31/20**
- Assess all adequate patients using the Treatment Options Interest Form – **DUE 1/31/20**
- Educate all facility staff of your involvement in the Transplant QIA Project – **DUE 1/31/20**
- Start coordinating training efforts for Peer mentors – **DUE in February**
- Start planning your Patient Education Theme! – **Picture DUE in March**

Be on the lookout for the QIA Calendar in February!
Questions or Comments?

You raise the hand next to your name if you would like your line unmuted OR you can use the Chat/Q&A Feature to “All Panelist”
Thank You!

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