



Quality
Insights
Renal Network 4

Network 4 Virtual Network Council Meeting

September 15th and September 16th

Call in information:

1-866-951-1151 Access code 539890865#.

Today's Lead Presenters

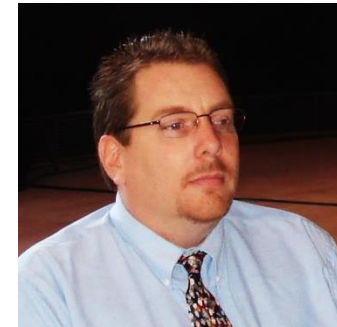
Kou Kha-Moua

Quality Improvement Director



Karen Hricak

Data Manager



Paul Gordon

Patient Services Director



QIRN 4 Staff

Deborah Knight

Patient Services Coordinator



Jeannette Shrift

Quality Improvement Coordinator

QIRN 4 Staff



Michael Eckerle
Assistant Project Manager



Emma Fountain
Data Assistant and Office Manager



Tish Lawson
Executive Director

QIRN4 Annual Meeting

“Team Up for Success”

October 27th

Seven Springs Resort

Champion, PA



This activity has been submitted to Alabama State Nurses Association for approval to award **6.0 contact hours**. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation

Update on Network Projects

Continued Facilitate CMS Triple AIM

*******IMPORTANT REMINDER*******

DO NOT EMAIL PATIENT INFORMATION

If emailing the Network, you can only identify
a patient using their Crown UPI

FAX or USPS mail all PHI to Network

AIM 3: Reduce Costs of ESRD Care by Improving Care

■ Facility Requirements:

- Please complete timely and accurately data entry into CROWNWeb
- Please post 2016 Performance Score Certificate (PSC) by January 1, 2016
 - These should be available for download in December 2015 from the **ESRD QIP 1.0.0** site
- **Each Month – all facilities MUST complete the following:**
 - **Update and maintain personnel report**
 - **Verify PART report**
 - **Review and resolve all outstanding Notifications and Accretions**
 - **Run missing and saved forms reports; then**
 - **Enter all missing forms**

Please contact the Data Department if you need assistance clearing errors.

Karen 610-265-2418 x 2810

AIM 1: Patient, Family and Caregiver Engagement

Better Care for the Individual through Beneficiary and Family Centered Care - by ensuring:

- **Patient, Family and Caregiver (PFC) Engagement**
- **Improved Patient Experience of Care**
- **Patient Appropriate Access to Dialysis Care**
- **Improve Appropriate Vascular Access**
- **Patient Safety: Healthcare Associated Infections (HAI)**

AIM 1: Patient, Family and Caregiver Engagement

Continue to foster PFC engagement at the facility Level with the presence of patient, family and caregiver voice by:

- Including PFCs in your QAPI Program and Governing Body meetings
- Including PFCs in the development of plans of care
- Enlisting Patient Representatives
- Hosting support groups



AIM 1: continued

Continue to foster patient, family member and caregiver engagement in Network activities and CMS meetings.

Subject Matter Experts (SMEs) needed!

- 3 SMEs serve on the National P-LAN
- 2 SMEs attend QIRN4's CMS Network Site evaluation
- 2 SMEs attend monthly CMS meetings with QIRN4
- 2 SMEs serve on the QIRN4 Board of Directors
- 2 SMEs serve on the QIRN4 Medical Review Board
- SMEs participate in all QIRN4 QIA development and administration

Refer your patients to:

<http://www.qirn4.org/Patients-and-Families/Volunteer>

Report on Network Projects

- Facilities were randomly selected for participation in **P-LAN** activities. These activities continue until the end of September:
 - 40% of facilities are participating in an education campaign
 - 10% of facilities are participating in a quality improvement activity
- Expectations for these projects are:
 - Full participation with Network *(per CfC and QIRN4 Facility Agreement)*
 - Timely distribution of educational materials
 - Monthly collection of activity related data
 - Timely submission of activity data to the Network
 - Use of Patient Representatives

AIM 1: Campaign #1

Engaging Patients, Family Members and Caregivers via Facebook

2015 Campaign 1:	AIM:	Metrics:	Results to date:
Increase patient, family member and caregiver engagement via Facebook	Obtain Pledges from patients, family members and caregivers to visit the QIRN4 Facebook page	Baseline: 0% Goal: 10% of patients, family members and caregivers in this project will pledge to visit the QIRN4 Facebook page	% 10.4 of patients, family members and caregivers in this project have pledged to visit the QIRN4 Facebook page

*** QIRN4 posts 2 educational items each week on Facebook & Twitter**

QIRN4 Social Media Pages



Please Like us on Facebook at
<https://www.facebook.com/ESRDNetwork4>



and Follow us on Twitter at
<https://twitter.com/ESRDNetwork4>

AIM 1 : Campaign #2

Who's Who at the Dialysis Center

2015 Campaign 2:	AIM:	Metrics:	Results to date:
Increase patient engagement at the dialysis facility by increasing their knowledge of dialysis staff roles.	Increase patient knowledge of dialysis staff roles by using an education and testing approach	Baseline: 25.2% Goal: 32.68% of patients in this project increase knowledge of the dialysis staff roles	After peaking at 37.5% in July the measure of knowledge of the dialysis staff roles has fallen off to 26.7% in August.

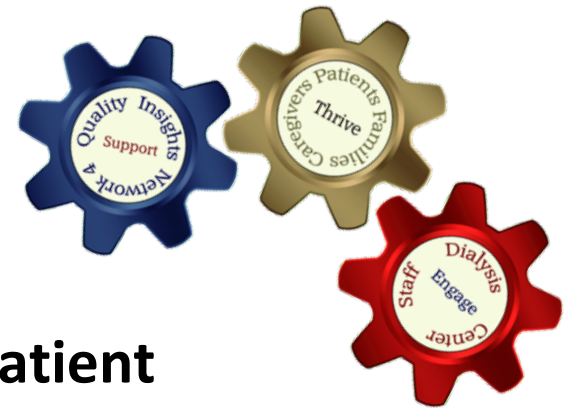
We need your Who's Who data ASAP in order to meet the goal for this campaign.
If you have not submitted your data please do so immediately.

AIM 1: Quality Improvement Activity

Increasing Kidney Transplant Referral Rates

2015 QIA:	AIM:	Metrics:	Results to date:
Increase kidney transplant referral rates	Refer all patients for kidney transplant evaluation	Baseline: 23.2% Goal: 27.04% of patients in this project will agree to a transplant referral	43.2% of patients in this project have agreed to a transplant referral

emBRACE Program



emBRACE Certification:

- ✓ Helps facilities evaluate their current patient engagement activities
- ✓ Educate staff members on principles of patient centered care
- ✓ Identify areas for improvement
- ✓ Share best practices

* There are currently 59 facilities enrolled in emBRACE.

QIRN4 Patient Representative Program

Every facility is highly encouraged to have at least one Patient Representative!



Patient Representatives:

- Share network information in their facilities
- Help the Network to accomplish CMS goals
- Assist facilities with network projects
- Act as positive role models for fellow patients
- May be trained as peer mentors

Information and recruitment forms are available online at

<http://www.qirn4.org/Patients---Families/Patient-Representative-Program.aspx>

2015 Network 4 Needs Assessment

Each fall QIRN4 conducts a Network Needs Assessment: which is targeted to patients and finding out what educational information they are interested in.

2015 Needs Assessment will be conducted in **November of 2015**; and will be used for 2016 Program Planning



AIM 1: Support ICH-CAHPS

- 2015 Measure **requires two surveys**
- **Fall Survey is Underway!**
- Use the Website to report your ICH-CAHPS completion



Report at:

<http://www.qirn4.org/Reporting-Tools>

AIM 1: Patient Appropriate Access to In-Center Dialysis Care

▪ Evaluate and Resolve Grievances

Please remember:

- SAFETY FIRST
- Post Network grievance poster in easily viewed area
- Communicate with Network regarding problems
- Don't ever hesitate to call and call early
- Involuntary discharge should be considered as last resort

AIM 1: Improved Patient Experience of Care

- Conditions of Coverage – V766 and V767
 - Noncompliance is not an acceptable reason for IVD
 - Always notify Network and your State DOH in the event of an IVD
 - Don't ever hesitate to call and please, call early



AIM 1: Patient Appropriate Access to In-Center Dialysis Care

2015 QIRN4 Grievance QIA

QIA:	AIM:	Metrics:	Results to date:
Improve Access to Care for patients in Network 4	All focus facilities will complete interventions aimed at improving communication	IVD Baseline: 37 Grievances for Focus Facilities IVD Goal: 0 Grievances for Focus Facilities	Focus Facilities Grievances have reported zero grievances during the QIA project!

AIM: Reduction in IVD's using Interventions aimed at improving Communication

AIM 1: Improve Appropriate Vascular Access

Report at least 95% of patients vascular access data in CROWNWeb

QIA Reporting of Vascular Access Data in CROWNWeb	AIM: All facilities to report at least 95% of patients vascular access data in CROWNWeb	Metrics: Baseline: 79% Goal: 95% of facilities will report 95% of their patients Vascular Access Data in CW	Results to date: 90% have reported 95% of Vascular Access data CROWNWeb
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AIM 1: Improve Appropriate Vascular Access

QIA AVF use for patients who receive Hemodialysis	AIM: Increase the use of AVF for patients who received Hemodialysis	Metrics: Baseline: 63.3% Goal: 64.24% of patients in Network 4 will dialyze with AVF	Results to date (June CW Closure): 62.95%
QIA Long Term Catheter (> 90 days) use for patients who receive Hemodialysis	AIM: Reduce the use of Long Term Catheter for patients who received Hemodialysis	Metrics: Baseline: 15.76% Goal: 13.7% of patients in Network 4 will dialyze with Long Term Catheter	Results to date: 13.78%

AIM 1 Patient Safety: Healthcare Associated Infections (HAI)

■ All Network Facilities

- Ensure you have joined NHSN (*just once*)
- Ensure you have joined the QIRN 4 Group (*just once*)
- Complete Enrollment Training (annually)

■ MONTHLY Dialysis Event Reporting Requirements

- Add a Reporting Plan
- Numerator
- Denominator



AIM 1: Patient Safety: HAIs (cont'd)

- Review: What is a Dialysis Event ?
 - Positive Blood Culture
 - Pus, Redness or Swelling at Access Site
 - Antibiotic First Starts
- If no events, check box on Summary page, **not** on the Reporting Plan page



AIM 1 Patient Safety: HAIs (cont'd)

- **Monthly NHSN Data Validation**
 - **Scan NHSN data to identify facilities with:**
 - potential errors in denominator data
 - Identify facilities with unusual monthly denominator values for vascular access types
 - Validate accuracy of “no DE events” for ≥ 3 consecutive months
 - Validate accuracy of “no BSIs” for ≥ 3 consecutive months
 - **Call all identified facilities. If you receive a call:**
 - Partner with the QIRN4 staff to review NHSN data to assure accuracy
 - View this as an opportunity for improvement in reporting and patient safety
 - Ask questions

AIM 1 Patient Safety: HAIs (cont'd)

- **NHSN Healthcare Personnel Safety Component for Influenza Vaccine Reporting**
 - **New** ESRD Quality Incentive Program measure (PY 2018)
 - **ALL** facilities, including PD and Home Hemodialysis units, report to NHSN on this measure between 10/1/15 and 5/15/16
 - Failure to report on this measure may lead to a payment reduction for the ESRD QIP

AIM 1 Patient Safety: HAIs (cont'd)

- Email was sent to all facilities on 9/11/15 with detailed instructions
- Contact Jeannette Shrift at jshrift@nw4.esrd.net for assistance or if you did not receive this email

AIM 1 Patient Safety: HAIs (cont'd)

NHSN Clinical Closure for Q2 is
September 30th

AIM 1: HAI Quality Improvement Activity (QIA)

Use of CDC Infection Prevention Tools

QIA	AIM:	Metrics:	Results to date:
Reduction of Blood Stream Infections by use of CDC Infection Prevention Tools in 20% of Network Facilities	Consistent use of the CDC Dialysis Infection Prevention Tools	<p>Baseline: 0 % Facility Reporting</p> <p>Goal: 100 % of facilities will report the minimum number of required audits using the CDC Observations Tools</p>	<p>Result: 100% Facilities Reporting</p> <p>Result: Reporting the minimum requirements</p> <ul style="list-style-type: none">• Hand Hygiene – 93%• Catheter Conn/ Discon - 92%• AVF/AVG Cannulation – 85%

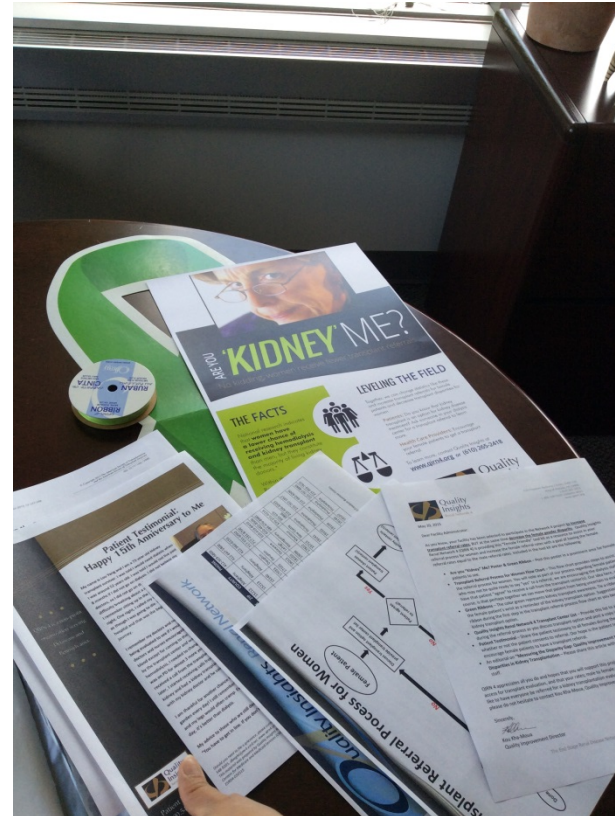
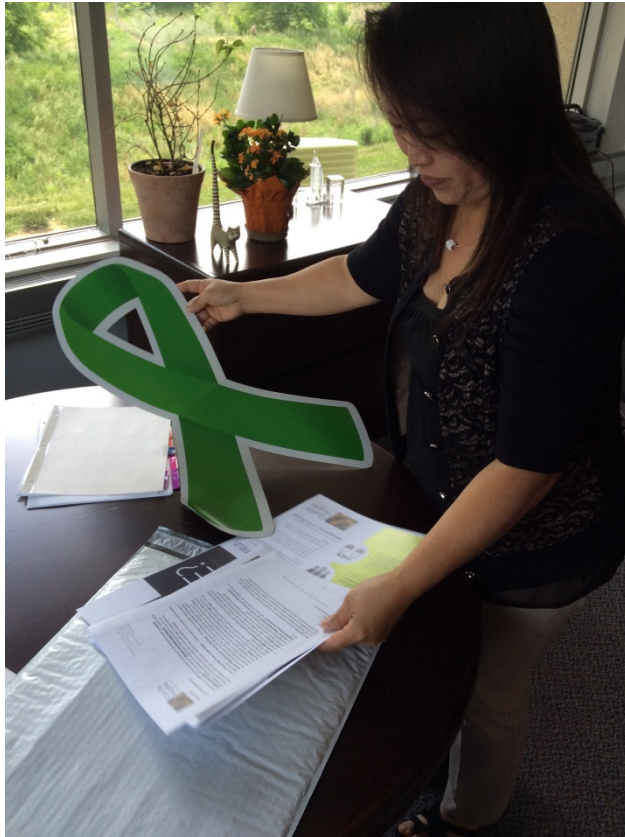
AIM 2: Better Health for the ESRD Population

■ Innovative Project Directed by CMS

Expectations- Participate in our Campaign

- o Ensure distribution of educational to staff and patients
 - » Posters
 - » Flyers
 - » Fortune cookies
- o Timely monthly collection and submission of data to network

Campaign for 2015: Take the First Step



Dialysis Friendly Cookies for Lobby Days



Campaign for 2015: Take the First Step

- Tool Kits sent to all focus facilities



AIM 2: Better Health for the ESRD Population

Improve Transplant Referral While Reducing an Identify Disparity: Women

QIA Kidney Transplant Referral for 5% Network 4 facilities	AIM: Improve Kidney Transplant Referral while reducing the female disparity	Metrics: Baseline: 36.2% Referred 7.6% Disparity Gap Goal: Improve referral rate by 10% and reduce disparity by 1%	Results to date: 43.3% Referred 4% Disparity Gap
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Questions?
Press *2 to unmute

