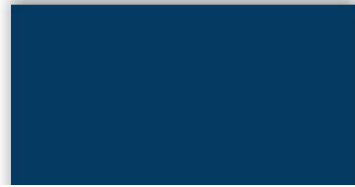




Home Dialysis Quality Improvement Activity

Network 4 Focus Facilities

Kick-Off Presentation



OBJECTIVE

- Background Information
- Home Dialysis Quality Improvement Activity (QIA)
- Improvement Methodology
- Facility Next Steps
- Resources Toolkit



Background Information



Background

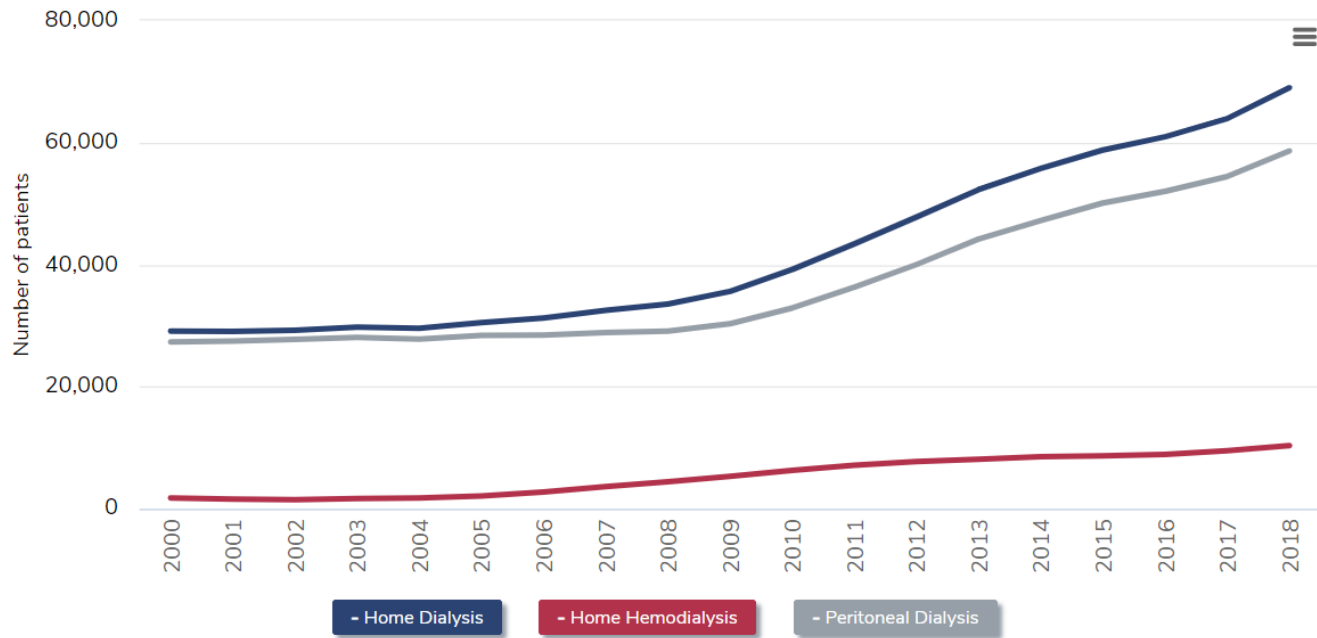
The Centers for Medicare & Medicaid Services (CMS) has set a 5-year goal to improve the health of all people in the United States living with End Stage Renal Disease (ESRD)

- **Home Dialysis** – By the year 2023, increase the number of ESRD patients dialyzing at home to **16%** from the 2016 national average of **12%**
- **Transplant** – By the year 2023, increase the percentage of ESRD patients on the transplant waitlist to **30%** from the 2016 national average of **18.5%**.
- **Executive Order on Advancing American Kidney Health**
By 2025 – Support all the goals and initiatives detailed in the Executive Order especially the goal to improve kidney health by having 80% of new ESRD patients either receiving dialysis at home or receiving a transplant.

<https://aspe.hhs.gov/pdf-report/advancing-american-kidney-health>



Number of prevalent ESRD patients performing home dialysis, 2000-2018



Data source: USRDS ESRD database. ESRD prevalence was identified on December 31 of each year.



Home Dialysis Quality Improvement Activity (QIA)



2021 Quality Improvement Activities

- Goal 1 – Improve Behavior Health Outcomes
- **Goal 2 – Improve Patient Safety and Reduce Harm**
 - Decrease hemodialysis catheter infection rate in patients receiving home dialysis at nursing homes
 - Decrease peritonitis in patients receiving home dialysis at nursing homes
- **Goal 3 – Improve Care in High Cost/Complex Chronic Conditions**
 - Home Dialysis
 - Transplant
 - Vaccination - COVID-19, Influenza, and Pneumococcal
- Goal 4 – Reduce Hospital Admissions, Readmissions, and Outpatient Emergency Visits
- **Goal 5 – Improve Nursing Home Care in Low-Performing Providers**
 - Decrease rate of patients receiving dialysis at nursing homes being given a blood transfusion
- **Patient Engagement**



Five Year CMS Goals

Home Dialysis QIA (Goal 3)

- 60% increase in the number of **incident** ESRD patients starting dialysis using a home modality
- 30% increase in the number of **prevalent** ESRD patients moving to a home modality



Home Dialysis QIA

- Total Number of Focus Facilities: 110
- Project Time Frame:
 - June 1, 2021 through April 30, 2022
- Facility Goal:
 - Incident Patients: increase by at least 1 from what you did in 2020 (i.e. 2020 Baseline=10 to 2021 Goal=11)
 - Prevalent Patients: increase by at least 1 from what you did in 2020
 - QAPI – include patients in QAPI meetings
 - Life Plan – assist patients with completing a life plan
 - Peer Mentor – identify patients to serve as mentors and mentees
- Baseline: Home Dialysis data from EQRS
- Baseline: QAPI, Life Plan, Peer Mentor are self-reported



Home Dialysis QIA

CMS Goal 2: Only for facilities located in a rural zip code

- In addition to the **Facility Goals on Slide 9**, another goal is to:
 - Increase the number of patients utilizing telemedicine
- Project lead will provide additional notice if your facility is in a rural zip code



Home Dialysis QIA

CMS Goal 5: Only for facilities providing dialysis in the nursing homes

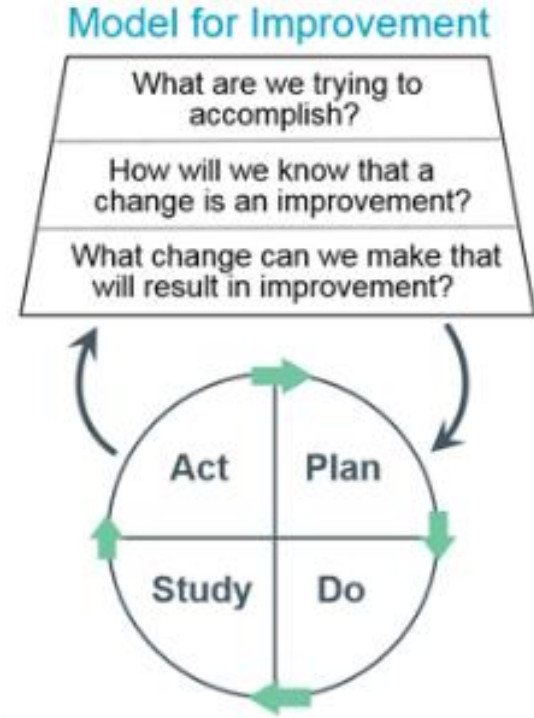
- In addition to the Facility Goals on Slide 9, other goals are to:
 - Decrease hemodialysis catheter infections
 - Decrease peritonitis
 - Decrease number of patients being given a blood transfusion



Improvement Methodology

Improvement Methodology

- Institute for Healthcare Improvement (IHI) methodology for improvement
- Standard for healthcare industry



Quality Improvement Videos

Quality Improvement in Healthcare

[Quality Improvement in Healthcare \(11 Minutes\)](#)

Root Cause Analysis – Process to Identify Areas for Quality Improvement

[What is a Fishbone Diagram? \(3 Minutes\)](#)

[Root Cause Analysis: 5 Whys \(5 Minutes\)](#)

PDSA Cycles – Process to Achieve Quality Improvement

[Plan-Do-Study-Act \(PDSA\) Cycle \(6 Minutes\)](#)



Initial Root Cause Analysis (RCA)

- Remember as you complete your initial RCA (*Note: Do not need to submit to the Network*)
 - Every Process is completely designed for the results it gets
- Get your team together
 - People familiar with the process
 - People who touch the process
 - Include your patient representative
- Use tools to help you discover your root causes!
 - Fishbone Diagram
 - Ask “5 Whys”



Facility Next Steps

Focus Facility Next Step

- **Step 1:** Complete a one-time online *Enrollment Acknowledgement Form*
- **Step 2:** Implement a monthly mitigation plan to address an identified barrier(s)
- **Step 3:** Complete online monthly reporting forms for the barrier and mitigation strategies in Step 2
- **Step 4:** Complete an online RCA



Step 1

Complete a one-time online *Enrollment Acknowledgement Form*

- Focus facility must complete a one-time online Enrollment Acknowledgement Form
- **Due by October 29, 2021**
- Use the link below to submit Step 1

[Home Dialysis Enrollment Acknowledge Form](#)



Step 2

Implement a monthly mitigation plan to address identified barrier(s)

- Focus facility must implement a **monthly** mitigation plan to address an identified barrier(s)
- See Network Resource Toolkit (slide 28) for intervention ideas
- May use provider resources
- Report barrier and mitigation strategies in Step 3



Focus Facility Next Step

Patient engagement interventions that **MUST** be included in Step 2:

- Include patients in QAPI meetings and/or incorporate the patient's voice
- Assist patients in completing a Life Plan which can be used to develop a plan of care
- Recruit peer mentors and mentees
- Monthly reporting: please note, this is a separate report
- Additional information for your review as needed:
 - QAPI: <https://www.youtube.com/watch?v=91QM2c5nJwE>
 - Peer Mentoring: <https://youtu.be/8Llex1EUshw>
 - Life Plan: <https://youtu.be/1IIPCURk3RE> (English) or <https://youtu.be/L0irbHg6lm4> (Spanish)



Focus Facility Next Steps

Other interventions during Step 2, may include:

- Awareness of social determinants of health (SDOH) for access to transplant
 - Recommendation: complete the SDOH course, 1 Free CEU
- Continue to perform depression screening according to your facility protocol

[Social Determinants Module](#)



Step 3

Complete monthly reporting for the barrier and mitigation strategies in Step 2

- Focus facility must complete a monthly online **Status Check Form** for the barrier and mitigation strategies completed in Step 2
- Focus facility must complete **a separate monthly online report** for patient engagement activities (QAPI, Life Plan, Peer Mentoring, etc.)
(Use “other” located under Plan of Care to report for Life Plan activities)



Focus Facility Next Step

Complete monthly reporting for the barrier and mitigation strategies in Step 2

- Due on the last business day (Mon-Fri) of each month
- Use the links below to report:

[Monthly Status Check Form Reporting Link](#)

[QAPI, Life Plan, Peer Mentoring Reporting Link](#)



Focus Facility Next Step

Step 4: Complete an online RCA

- Any facility not sustaining improvement will be required to complete an online root cause analysis (RCA)
- Project lead will provide reporting link as needed



Other Items

QAPI, Life Plan, Peer Mentoring Requirements

- Initial Assessment – Completed in July
- Mid-Assessment – December
- Final Assessment – March

Project lead will email the link



Other Items

As needed:

- Network project lead will contact facility to provide technical assistance throughout the project period
- Network project lead will provide other resources (i.e. webinars, campaigns, literatures, etc.)



Resource Toolkit

Home Dialysis Intervention Toolkit

[Home Dialysis Toolkit Resources](#)

Toolkit

- Quality Improvement Videos
- Home Dialysis Education Poster
- Patient Testimony
- Patient Advocate Program
- Brochure: Why Should I Choose Home Dialysis
- Home Dialysis Change Package
- 5-Diamond Patient Safety Program Home Therapy Module
- My Life, My Dialysis Choice
- NCC Peer Mentor Program
- Social Determinants of Health Module



PATIENT VOICES: MY HOME DIALYSIS EXPERIENCE

Resource Highlight: Education Poster Board

Click on the speaker icon (🔊) to hear each testimony.



DID YOU KNOW?



More than 90% of kidney professionals would choose home therapy as the initial treatment option if they were a dialysis patient.*

*Source: Shiller, B., Holton, A., Davis, S. (2015). Nephrology News Issues. CIB 36-46.



My Life, My Dialysis Choice is a tool to help you choose the right treatment so you can feel your best and live the way you want to live.



Quality
Insights

Renal Networks 3, 4 and 5



Quality
Insights

Renal Network 4

Resource Highlight

Network 4 Patient Advocate Program

- Goal is to build a pipeline of patients helping patients.
- Partner with Network 4 patient advocates to host education virtual lobby days and/or one-to-one patient mentoring

Let's meet the Network 4 Patient Advocates



Diana Headlee-Bell



Timmy Nelson

[Peer-to-Peer Brochure](#)

Resource Highlight

National Coordinating Center (NCC) Peer Mentor Program

- Do you have patients interested in becoming a patient peer mentor?
- Structured program on training patients to become peer mentors in the facility
- Contact dknight@qualityinsights.org for more information

What Do I Need to Do to Become a Peer Mentor?

- Must have been on dialysis for one year or more with at least 6 months of your treatment done in-center.
- Complete application and meet additional criteria to become a peer mentor.
- Willing to complete four Peer Mentoring courses.
- Attend a Peer Mentoring Program Orientation.
- Ability to set aside time to meet with peer by phone or Zoom at least once a week.



Resource Highlight

Home Dialysis Change Package

- Support dialysis facilities and Networks in increasing the number of patients referred to transplant centers, evaluated for kidney transplantation, and placed on transplant waitlists
- Actionable change ideas



Resource Highlight



Did You Know?

More than 90% of kidney professionals would choose home therapy as the initial treatment option if they were a dialysis patient.

Source: Schiller, B., Neizer, A., Doss, S. (2010). Nephrology News Issues. (24) 36-44.

Peritoneal Dialysis (PD)

Why it may work for you:

- Needles are not used and your blood does not leave your body.
- PD allows more independence and control of treatment and life choices.
- Your own body, not a dialyzer, cleans your blood.
- You don't have to travel to a center to receive treatment. It could be performed at your home, school, or work.
- Many patients say they have more energy after these treatments compared to how they feel after in-center dialysis.
- Dialysis staff members are available to answer questions on the phone.
- You decide how to fit your exchanges into your day or night schedule.
- PD may make it easier to return to work or school.
- You may have less diet restrictions than with in-center dialysis.
- PD allows you to travel. Supplies can be shipped to you anywhere in the United States.

Home Hemodialysis (HHD)

Why it may work for you:

- HHD uses your existing arterial fistula or graft site.
- HHD allows more independence and control of treatment and life choices.
- HHD permits more frequent or longer treatments than can be provided with in-center dialysis. This can lead to more waste products being removed and better lab results.
- You don't have to travel to a center to receive treatment.
- Many patients say they have more energy after treatments compared to how they feel after in-center dialysis.
- Dialysis staff members are available to answer questions on the phone.
- HHD may make it easier to return to work or school.
- HHD allows you to travel. Supplies can be shipped to you anywhere in the United States, and the machine can go on an airplane.

Why Should I Choose Home Dialysis?



Thank You!

Questions?

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