



Quality
Insights



2016 Annual Network 4 Activity Report

Network Council Meeting, January 10th and 11th 2017

Welcome Facilities and Patients

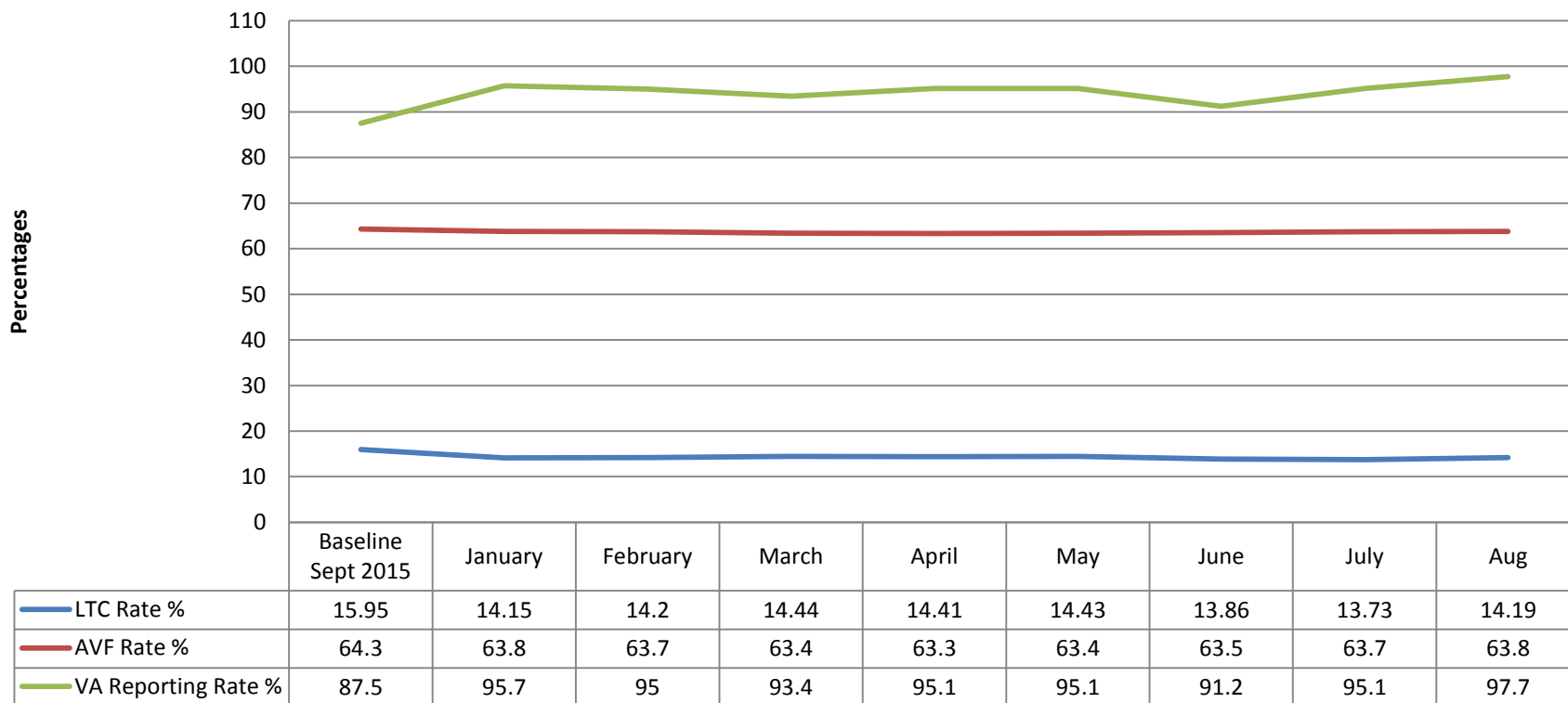
- Network 4 requires all facilities to have representation at the Network Council Meetings
- Network 4 SME's invited
 - CMS requires at least two patients to attend Most Network 4 Meetings
 - BOD
 - MRB
 - Network Council
- Today's Agenda
 - 2016 QIA Results
 - 2017 Patient Engagement

Review the 2016 Project List & Metrics

QIA		Goal
AIM 1	Long Term Catheters	2 percentage point (p.p) reduction
	ICH CAHPS	20% improvement on selected component
	BSI Reduction	5% reduction in Pooled Mean BSI rate
	Vaccination: HBV & Pneumonia	2% improvement in rate over baseline
	Grievance	20% Decrease from baseline
AIM 2	Home Dialysis Referrals	Increase Referrals by 5%
		Reduce % disparity by 1 percentage point
AIM 3	QIP- Hypercalcemia	8/10 facilities initiate PDSA (Achieve 25% RI from baseline or exceed QIP penalty threshold)
	NHSN Data Quality	2016 was a Planning Year – to start interventions in 2017

Long Term Catheters

2016 Network 4 Vascular Access Results

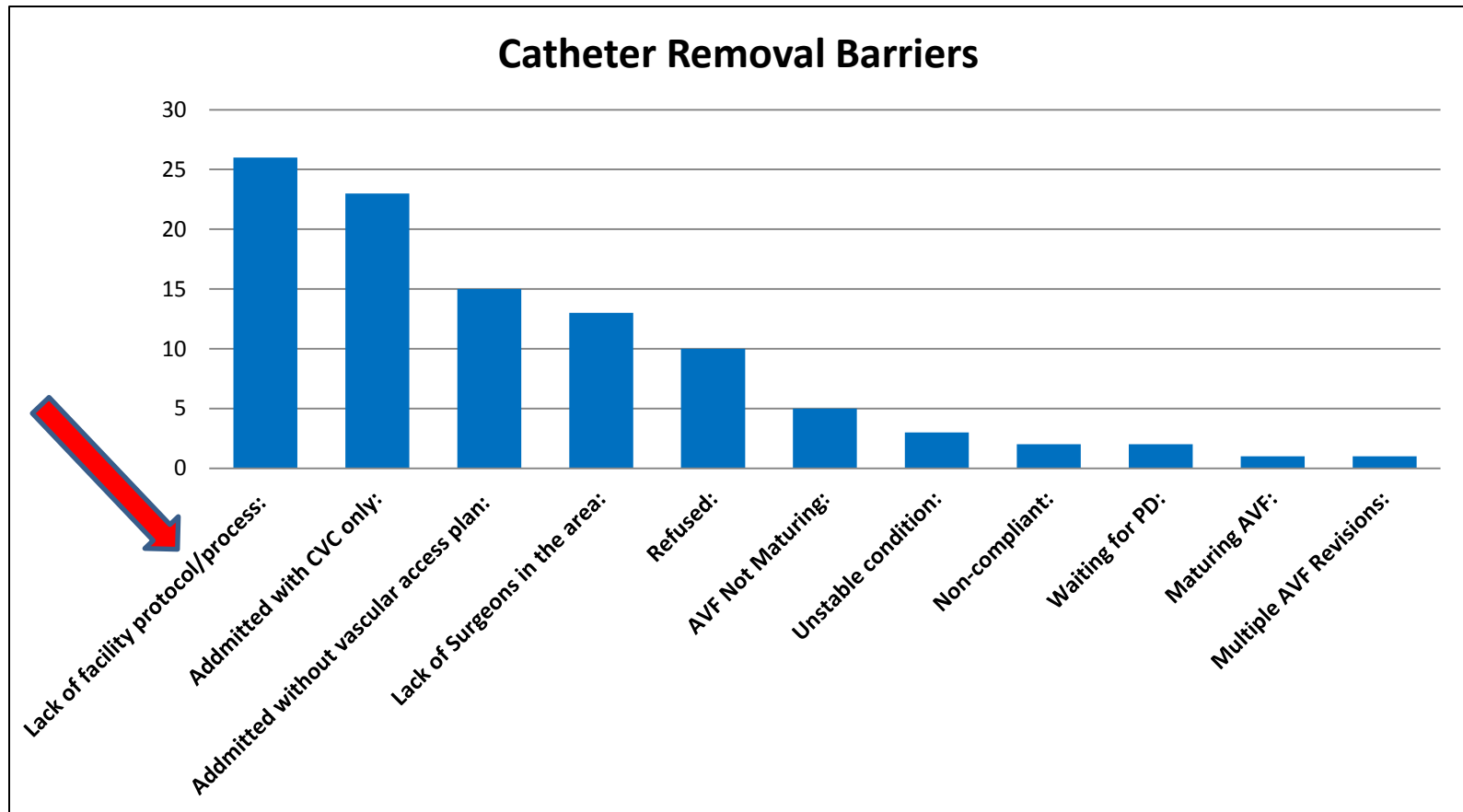


LTC Rate – only targeted (>10% LTC Rate in September 2015) facilities

AVF Rate – all facilities in Network

Reporting Rate – all facilities in Network

LTC Reduction Project - Cited Barriers



Polling Question # 1

- Does your facility have a defined process or protocol for the removal of Long Term Catheters when a new patient arrives at your facility with a Dialysis Catheter in place?
 - Yes; We have a process or protocol clearly defined
 - No; We do not have a process or protocol clearly defined

Polling Question # 2

For those who replied Yes, you do have a process clearly defined for the removal of Long Term Catheters:

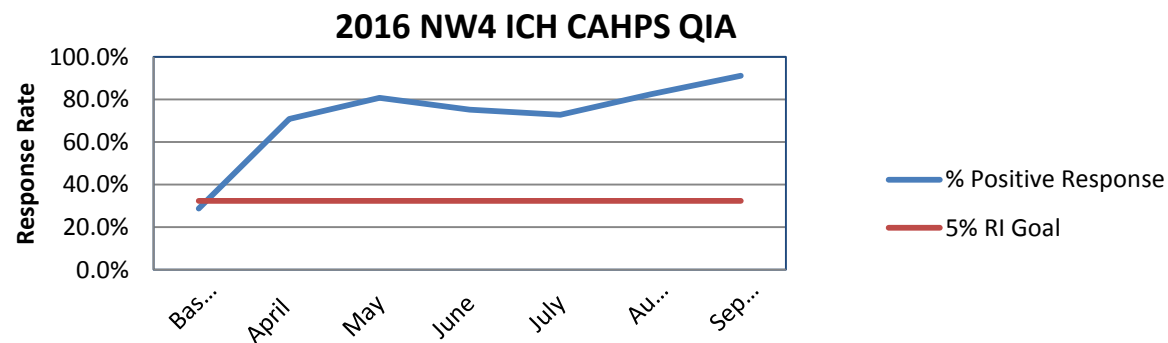
- It is very easy determine where the patient is on the removal time line.
 - True: we can easily determine where the patient is at in the LTC removal time line
 - False: it is very hard to determine where the patient is at in the time line for removal

ICH-CAHPS

- Goal: Improve the patients response to the most negatively scored question on the 2015 ICH CAHPS Spring Survey; Question #39

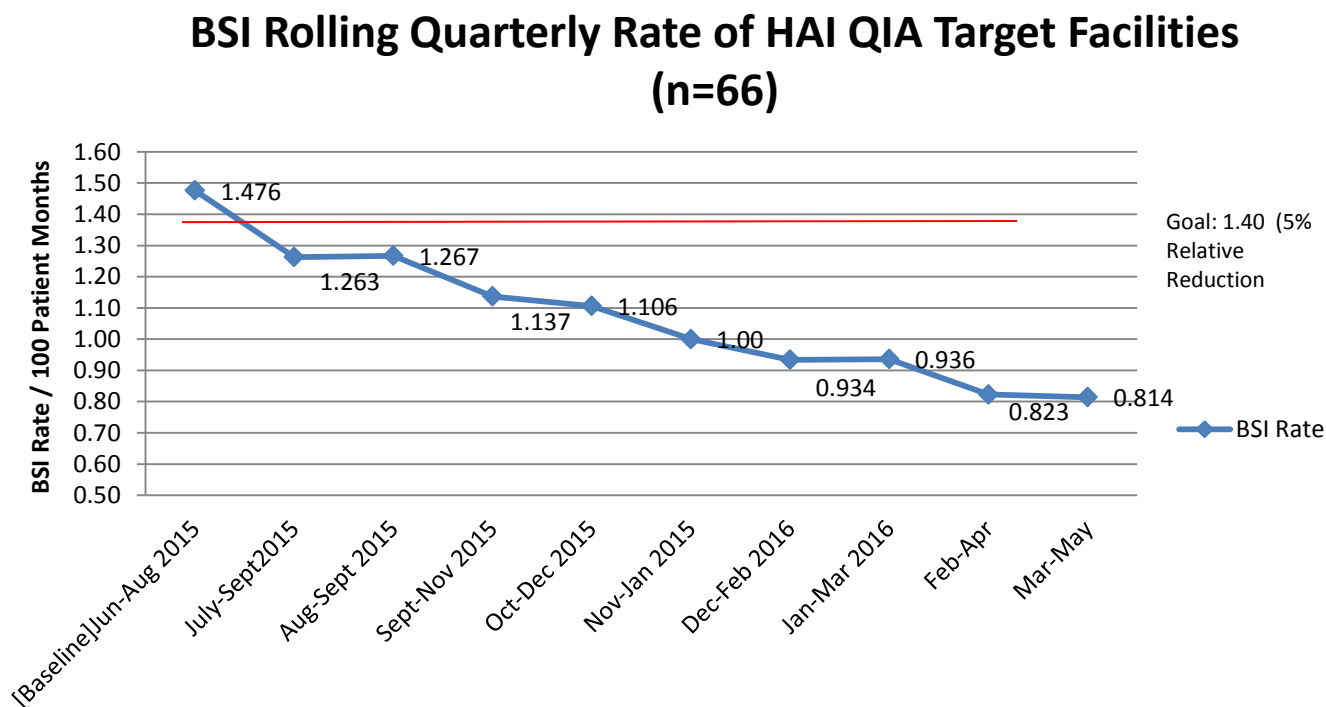
“Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?”

- 21 facilities chosen to participate based on ICH CAHPS Scores
- Interventions done at the facility
 - Root Cause of why patients may have responded negatively to this question
 - Monthly PDSA cycle work sheets to document activities and progress
 - Implement system changes to improve process for educating patients about treatment options and PD

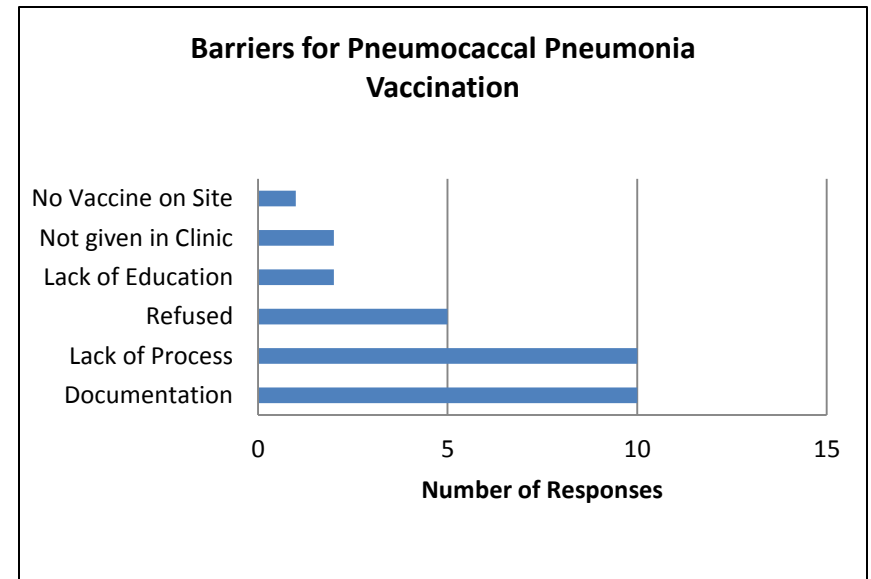
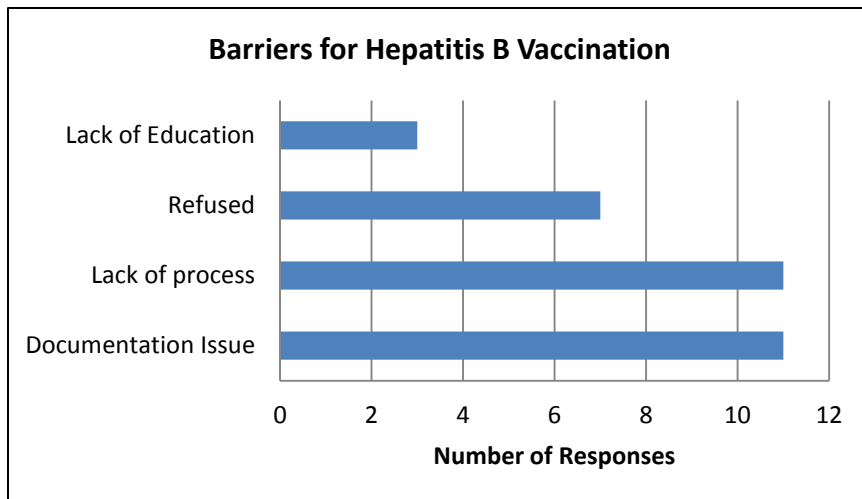
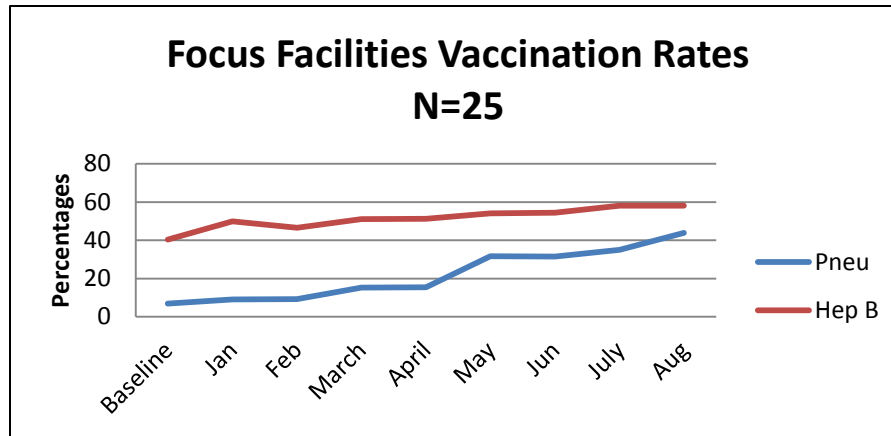


BSI Reduction

HAI QIA BSI Reduction QIA: Demonstrate a 5% or greater relative reduction in the pooled mean BSI rate



Vaccination



Polling Question # 3

- We have a clear and defined process for administering Hepatitis B vaccinations for our patients
 - Yes we have a process that makes it easy to remember who needs a Hepatitis B Vaccination
 - No, we do not have a process; it relies on memory

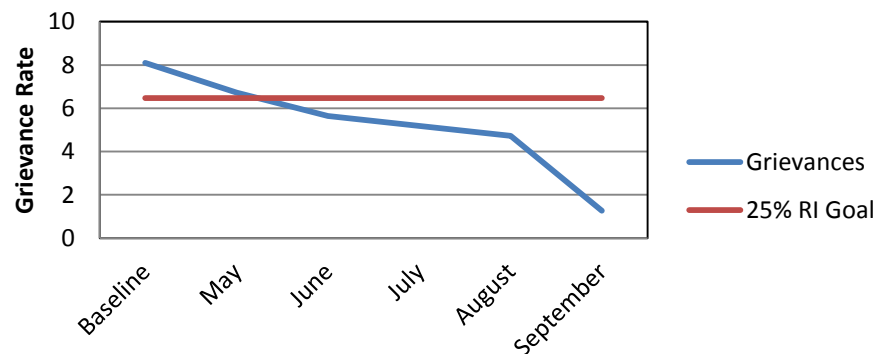
Polling Question # 4

- We have a clear and defined process for administering Pneumonia vaccinations for our patients
 - Yes we have a process that makes it easy to remember who needs a Pneumonia Vaccination
 - No, we do not have a process; it relies on memory

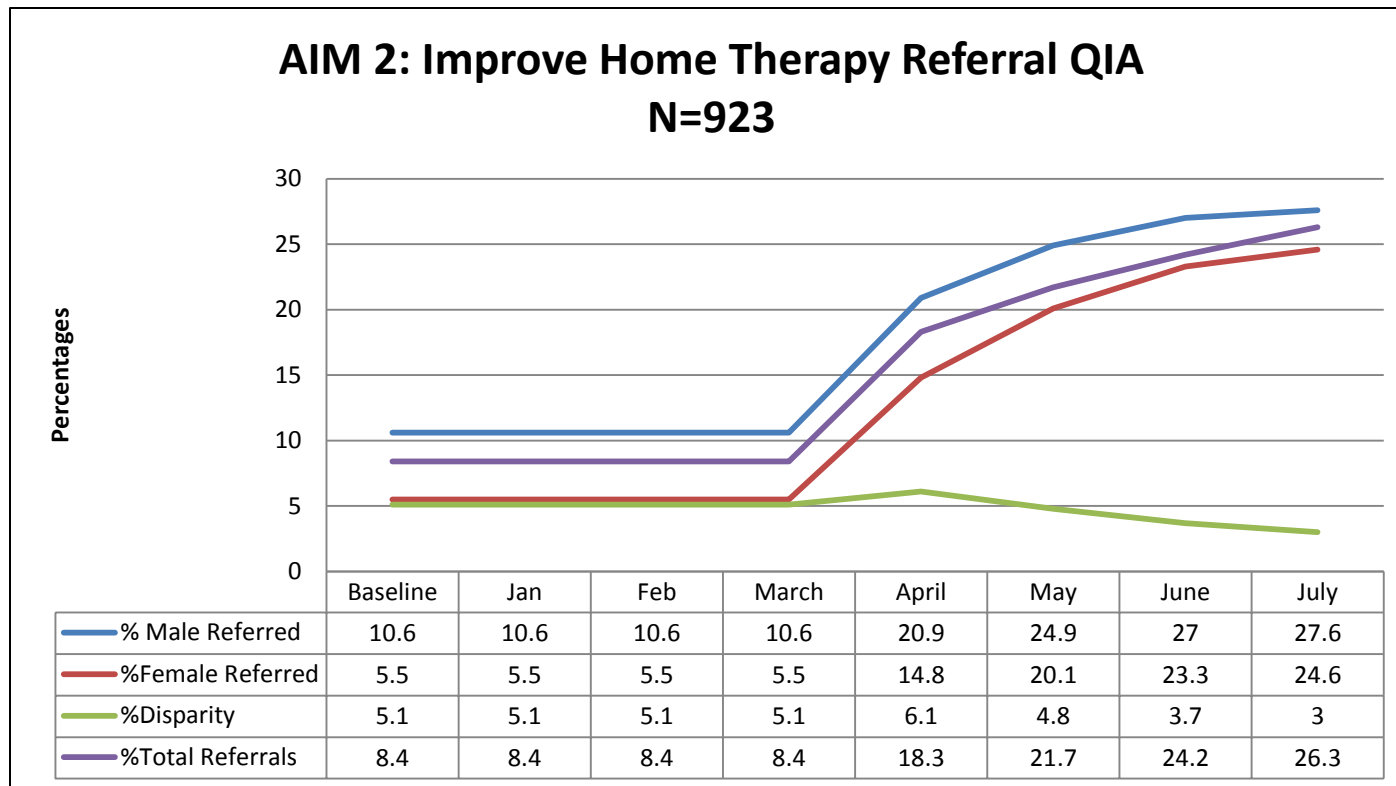
Grievances

- Goal: Improve the facilities' ability to respond to internal grievances leading to better experience of care for patients
- 12 facilities chosen to participate based on number of provider or patient contacts made to the Network in 2015
- Interventions done at the facility
 - Root Cause of the most common facility level grievances
 - Complete monthly PDSA cycle work sheets to document activities and progress
 - Implement system changes to improve issues patients complain about
 - Activities to improve Communication and Professionalism by staff

2016 NW4 Grievance QIA



Aim 2 Home Dialysis Referrals



Goals: Total Referral Rate of 13.4% from baseline of 8.4% and a 1% point disparity reduction from the baseline of 5.1%

Note: There are 19 focus facilities in the project with approximately 923 patients

Hypercalcemia

Goal: Improve Hypercalcemia in the Lowest Performing Network Facilities; thus reducing risk for a payment reduction

- 14 facilities chosen to participate based on PY2015 QIP Hypercalcemia performance
- Interventions done at the facility
 - Root Cause of why patients may experience Hypercalcemia in each focus facility
 - Monthly reporting of PDSA cycle activities
 - Implement system changes to improve process for detecting, educating and treating Hypercalcemia
- Network 4 Results
 - 12 of 14 facilities achieved Graduation status in September of 2016
 - Remaining two facilities expected to graduate once data given to network.
- 2017: Kt/v
 - 8 Facilities will be selected with most opportunity for improvement on their Kt/V QIP scores

NHSN Data Quality

- Communication of Positive Blood Cultures
- 2016 was the planning year
- 2017 will be the implementation year
 - More to follow on this project

2017 Projects

- All Facilities chosen based on Metrics from 2016
 - Baseline measurements from CROWNWeb, NHSN, QIP or ICH CAHPS data
- Facilities will be notified of their involvement by the end of January 2017
 - Each facility is HIGHLY encouraged to include their patient representative in the planning of interventions and collection of data
- Attempt to assign no more than two projects per dialysis facility
 - Communicate any issues to Project Team Leader

2017 Project List

QIA		Goal
AIM 1	Long Term Catheters	2 percentage point (p.p) reduction
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	Grievance	20% Decrease from baseline
AIM 2	Improve Transplant Referral	Increase Referrals by 5%
		Reduce % disparity by 1 p.p
AIM 3	QIP- Kt/V	8/10 facilities initiate PDSA (Achieve 25% RI from baseline or exceed QIP penalty threshold)
	NHSN Data Quality	2016 was a Planning Year



2017 Patient Engagement Plan

Soring to new heights



Objectives

- At the end of this presentation each participant will be able to:
 - Define patient and family engagement
 - List 2 ways patient and family engagement can improve healthcare outcomes for dialysis patients
 - Identify two Network 4 documents to be given to prospective Patient Representatives
 - List 2 ways a Patient Representatives can contribute to the activities at your dialysis facility

What is Patient and Family Engagement?

Nothing about me **WITHOUT** me!

“It means that we who offer health care **stop acting like hosts to patients and families, and start acting like guests in their lives.**”

- Don Berwick, former CMS administrator

- “Engagement, broadly defined, is an **active partnership** among individuals, families, health care clinicians, staff, and leaders to improve the health of individuals and communities, and to improve the delivery of health care.”

- *Health Affairs*, 32(2) 2013



- *“Involve patients and families in decisions regarding health and health care, tailored to fit their preferences”.*
 - Patients and families should be given the opportunity to be fully engaged participants at all levels, including individual care decisions, health system learning and improvement activities, and community-based interventions to promote health.



- Patient engagement represents “actions individuals must take to obtain the greatest benefit from the health care services available to them.”



- An "engaged patient" is one who is fully involved in, and enthusiastic about their health, and thus will act in a way that promotes optimal health in the chronic treatment setting



What is Patient and Family Engagement from a Patient's perspective

“Patient Engagement is a patient being completely involved with their team, with the physician, the dietitian, social worker and tech when you're in-center and being completely involved with everything that goes on as far as the dialysis treatment.”

“Patient Engagement is being able to ask questions about things you're not familiar with like calcification.”

“Patient Engagement is not being afraid to ask questions. I'm learning that the only dumb question you have is the one you don't ask. Don't be afraid to ask and ask again until you understand.”

- 2013 PE LAN Patient Subject Matter Experts

Why is Patient Engagement Important?

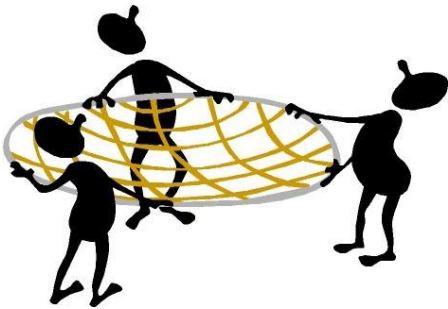


Why is Patient Engagement So Important?

- Allows patients to be part of the process and part of the solutions to their health care needs
- Allows patients to own their care and their care plan
- Provides patients control of their health and health care plan
- Puts patients and families at the center of care
- It results in working "with" patients and families, rather than just doing "to" or "for" them

Most importantly:

- “patients and families can play a critical role in preventing medical errors and reducing harm.”
 - (2014) report from the NPSF Lucian Leape Institute at the National Patient Safety Foundation



Why Patient AND Family Centered Care and not just Patient-Centered Care?

- Individuals, who are most dependent on health care, are most dependent on families...
 - The very young;
 - The very old; and
 - Those with chronic conditions.
- **Families** can be allies for quality and safety; they often are the constant support across settings and assist with transitions of care
- **Families** can participate in the development of a care plan and support adherence to the plan

Where should Engagement occur?

- At every clinical encounter
 - Patient and family engagement should occur during direct care, care planning, and decision-making
 - PCT's
 - Nurses
 - Social Workers
 - Dietitians
 - Physicians
- At the dialysis organizational level
 - Patient and family engagement should occur in all quality improvement and health care redesign.

To Achieve Patient and Family Engagement :

We MUST:



- Assume ***patients*** are the ***experts*** on their own experience and they have information ***you need to hear and act on.***
- Know that **families** are **primary partners** in a patient's experience and health.

How patient and family engagement can improve healthcare outcomes for dialysis patients?



How can Patient and Family Engagement Improve Healthcare?

- Compelling Evidence:
 - Improves quality, safety and outcomes of care
 - Ensures that patients receive care that fits their preferences
- Reduces:
 - Use of diagnostics and health care services
 - Health care costs
- Increases:
 - **Buy-in** to prescribed treatment
 - Patient experience of care and **satisfaction** scores
 - Staff and clinicians' satisfaction and **retention**



How will Patient Engagement Help our Patient?

- Provide a reason to get up each morning
 - Improves feelings of worth
 - Provides **Hope**
 - Improves depression
 - Improves adherence to the healthcare plan
 - Helps patients attain the highest level of health possible
- Allows patients to not just survive but thrive
- Helps to embody the notion: “Dialysis Means Life”

2017 Patient Representative Logo

- Patient Inspired
- All patient representatives will receive their Patient Representative pin.



Most Important take away from today!!!

Share this information with your fellow staff

- As stated; Increased Patient Engagement results in:
 - Positive Work Place Environment
 - Improved staff moral and satisfaction
 - Better retention of staff members
- Overall: Greatly improves experience of care for the patient
 - Better ICH CAHPS Scores
- ***Don't forget your PCT's***
 - Patient Representatives report that some PCT's are not always as encouraging as the rest of the dialysis staff
 - “Patient Care Techs may not be as ‘tuned into’ patient engagement due to the technical aspect of their job – or maybe no one teaches them about it?”
 - Solution: Develop learning packages for the PCT's to develop their:
 - Knowledge of Patient Engagement
 - Active Listening Skills
 - Motivation Interviewing Skills

How will you get started:



- What will Patient Engagement look like for 2017

2017 Network Patient & Family Engagement

- We have Partnered with Patients SME's to redefine the Network 4 Patient Representative Program
 - Revise the Network model for Patient Engagement
 - Developed a Network 4 Path to Patient Engagement
 - Committed to providing more guidance and training for patient representatives
 - Provide more opportunities for partnership with CMS at a National level

Defined Patient Representative Program

Facility Activities at a High Level

- Who can be a Patient Representative?
 - Dialysis Patients
 - Kidney Transplant Patients
 - Family Members
 - Caregivers
- Trip Aim for the Role of the Patient Representative:
 - Provide support and mentoring to fellow patients
 - Serve as liaisons between any of the following:
 - The dialysis patients and the dialysis staff
 - The dialysis facility and Network Staff
 - The dialysis patients and CMS
 - Provides a patient voice in the day-to-day activities of the dialysis unit

Patient Representative Program

Dialysis Facility Level – Conceptually

- The program seeks to engage and integrate the Patient Representatives into key committees to insure a patients voice is represented:
 - Quality Committee
 - Safety and Falls Committee's
 - Readmission within 30 days Committee
 - Strategic Planning Process
- Goal: Bring patient concerns and questions to the facility administration during Quality and Governing Body meetings to bring full awareness of the problem and concern and to assure targeted problem solving
- Results: Allows patients voice to be considered in improvement activities and special projects

Polling Questions # 5 and # 6

- Do you have a patient representative in your facility?
 - Yes
 - No

If you answered **yes** to above:

- Do you bring your patient into your facility meetings OR ask their feedback on the agenda items prior to the meeting
 - Yes
 - No

Patient Representative Program

Dialysis Facility Level – Specifics Activities

- Share Network 4 related items
 - Introducing themselves to all patients as a their Network 4 Patient Representative
 - Pass out the Network 4 Patient Newsletter
 - Inform patients about Network 4 activities, publications, QIRN 4 patient rights and responsibilities, Network 4 grievance procedures
 - **Share as needed the toll free Network 4 patient phone number 1-800-548-9205**
- Participate in Dialysis Facility activities such as:
 - Welcomes and mentors new patients
 - Hand out facility newsletters and announcements
 - Provide support and listening
 - Participate in the facility committee meetings
 - Gets involved in special projects
 - Consulted on facility enhancements
 - Become involved with updating and creation of facility policies
 - Assist with the developed educational tools for patients and families

“Who is my patient representative?”

- Some Patient Representatives shared:
 - “at my facility every one knows who I am. They have a picture of me up on the bulletin board. I also have a short bio of myself. It is well received.”
 - “No one at my facility even knows I am there for them”.
 - “One day my social worker asked me to be a representative and just like that, I was the Pt. Rep. But no one knows I am the rep but me and the social worker. What can I do to get the word out?”
- Please consider to “spotlight” your representative
- Coming in 2017: Network 4 Patient Representative Appreciation Day

HIPPA: First Requested Project PAC



- PAC and Pt. Rep have expressed frustration in lack of awareness/reasons for a “missing” person from treatment.
 - “It causes great angst as they don’t know if the patient is sick, in the hospital, dead....etc”.
 - “Some facilities are afraid to share information due to HIPPA”
- **Solution:**
 - Adopted a form used in NW12; currently in review for NW4 use
 - February: Start testing a form that allows patients to give permission to have information shared
- Once tested this form will be distributed to all Network 4 facilities for use!

Patient Representatives Education Request

- Care Planning Process
 - “They just ask me to sign a paper. I don’t know what it is all about, I don’t want to sign it. They think I am being a PIA, but I am not going to sign it if I don’t know what it is. I just said forget it”
 - “My facility sits with me. The nurse, social worker and dietitian explain it to me. I understand it”
 - “I never get to really say anything about what my plan of care is, they just tell me and ask me to sign”
- February Education Topic
 - Volunteers for presenting this process to the Patient Reps?
 - February 7th and 8th at 2PM

Word on Selection of your Patient Representatives

- This can at times be challenging
 - Consult the Network Staff as needed
- Patients need to be heard (engagement)
 - Feeling valued often changes behaviors
 - All patients have a voice
 - All voices are important
- Consider elections to serve
 - Decide Number of Patient Partners needed (one per shift)
 - Decide Term Limits

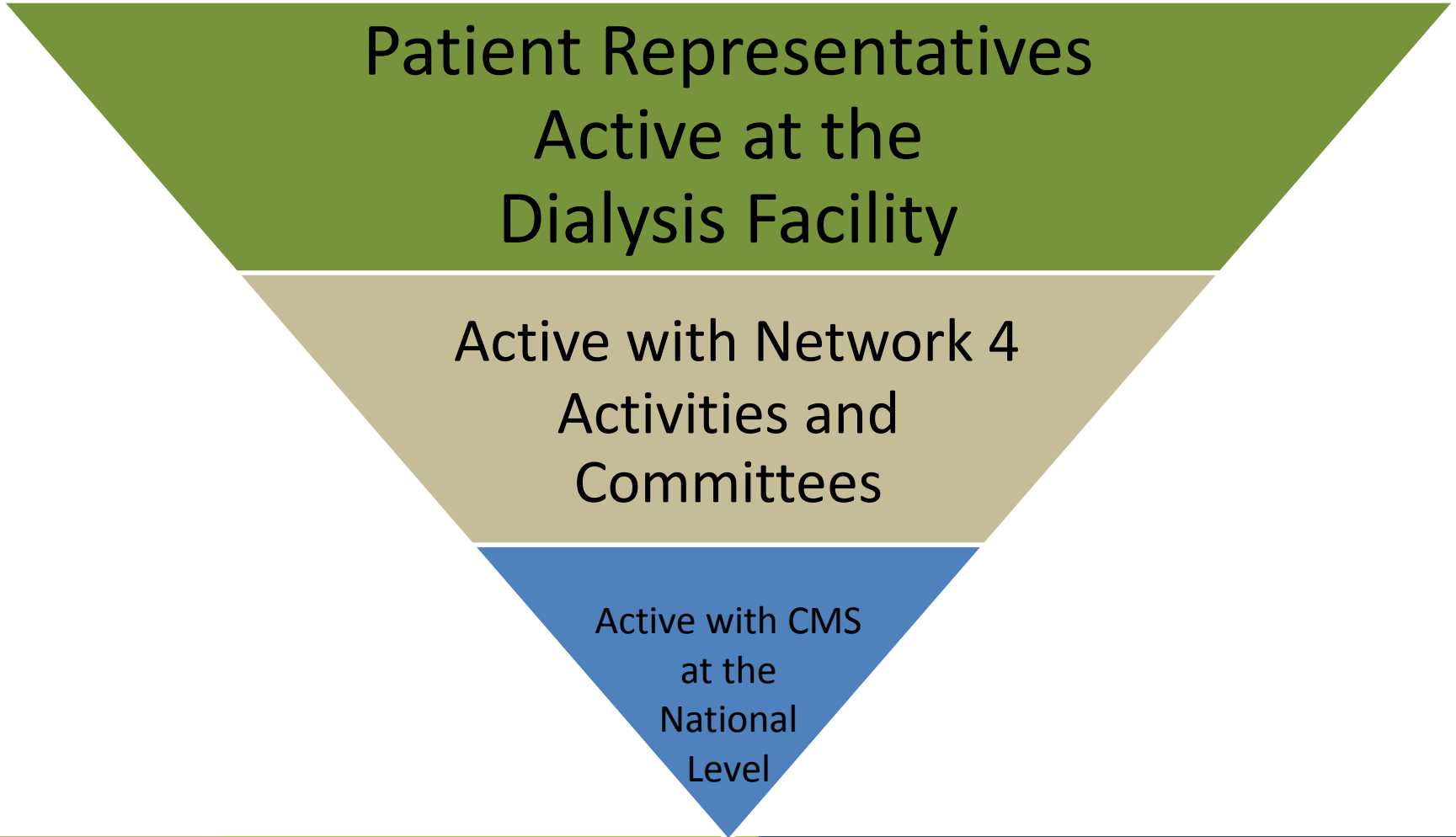
Polling Question # 7 and # 8

- For those who do not have a Patient Representative:
 - We have not tried to fill this role
 - No patient demonstrates the characteristics we are looking for
 - We have tried but no dialysis patient is interested
- We have tried to recruit one of our transplant patients, family members OR care givers for this role
 - Yes
 - No

We are listening

- 2016 Patient Representative Survey Conducted
 - Sent to both Providers and Patient Representative
- What we heard
 - “Are you kidding? Patients in a Quality Meeting?”
 - No we are not kidding
 - Neither is CMS
 - “More Patient Representative training needed”
- During Patient Representative meetings
 - *“I want to be the best patient representative I can be, but I don’t know how to get started and what to do”*

Overview of 2017 Network 4 Patient Representatives Path to Engagement



Patient Representatives
Active at the
Dialysis Facility

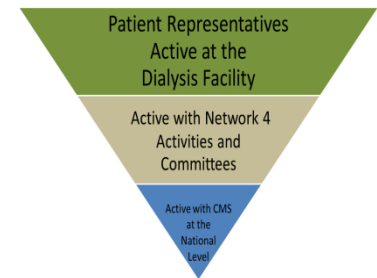
Active with Network 4
Activities and
Committees

Active with CMS
at the
National
Level

Specific Patient Representative Training and Support

Path to Engagement

- **Patient Representatives Path: Dialysis Facility**
 - Updated 2017 Patient Representative Handbook and associated Forms
 - Monthly Patient Engagement Meetings for short education and networking
 - Patient Representative ONLY Facebook page for support and sharing of ideas
 - New: Initial Patient Representative Receives Patient Representative Handbook and is Training by Network Staff
 - Participates in Quality Training; Then Attends Quality Meetings
 - Participate in Peer Mentoring Training; Then Participates in Peer Mentoring
 - Participates in Support Group Training; Then Leads Support Group
 - Participates in Executive Leadership Training; Then Attends Leadership Meetings
- **Patients Representative Path: Network 4**
 - Recognized as a Patient Subject Matter Expert (SME)
 - Member of the Patient Advisory Committee (PAC)
 - QIA Training ; Then Participates as a QIA Advisors
 - Joins CMS Network 4 COR Call
 - Active Member, on the Network 4 Boards (BOD, MRB or NC)
- **Patient Representative Path : CMS and National Level**
 - Participates in NCC NPFE LAN
 - Participates in National Work Groups
 - Participates in National CMS Meetings – both on the phone and in person



Please Engage your Patients Representative Today!!

- 2017 Network 4 Goal for all facilities:
 - All facilities will have at least **ONE** Patient Representative by 12/31/17
 - One Patient Representative for each shift is golden
- Network 4 Commitment
 - Provide education support and guidance to
 - Patient Representatives
 - Dialysis facilities
- Initial Next Steps by Network 4: by 2/1/17
 - Distribute the New 2017 Patient Representative Handbook
 - Distribute New 2017 Patient Representative Forms for your current reps and fax to the network office
 - Distribute Network 4 Sample agenda for Quality Meetings to incorporate Patient Representative voice in your facility activities

Next Network Council Meeting

- Reminder: Representation from each facility required
- Topic: Patient and Family Engagement
- Dates
 - April 11, 2017
 - April 12, 2017
 - Both days at 2 p.m.
- Webex information to be sent prior to the meeting for registration
- Please indicate your facility CCN
 - Not just DaVita or FMC

