



Quality
Insights

Renal Network 4



Vascular Access Initiative

2017 Quality Improvement Activity

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Quality Improvement Coordinator

Before we begin . . .

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Do not forget to **complete the short survey** at the end of the presentation

Polling Question #1

CMS Vascular Access Goal

- AVF Goal >68%
- LTC Goal <10%
- Mandate targeted interventions for facilities with LTC>10%

Prevalent Patient Count & Rate by BSO Affiliation

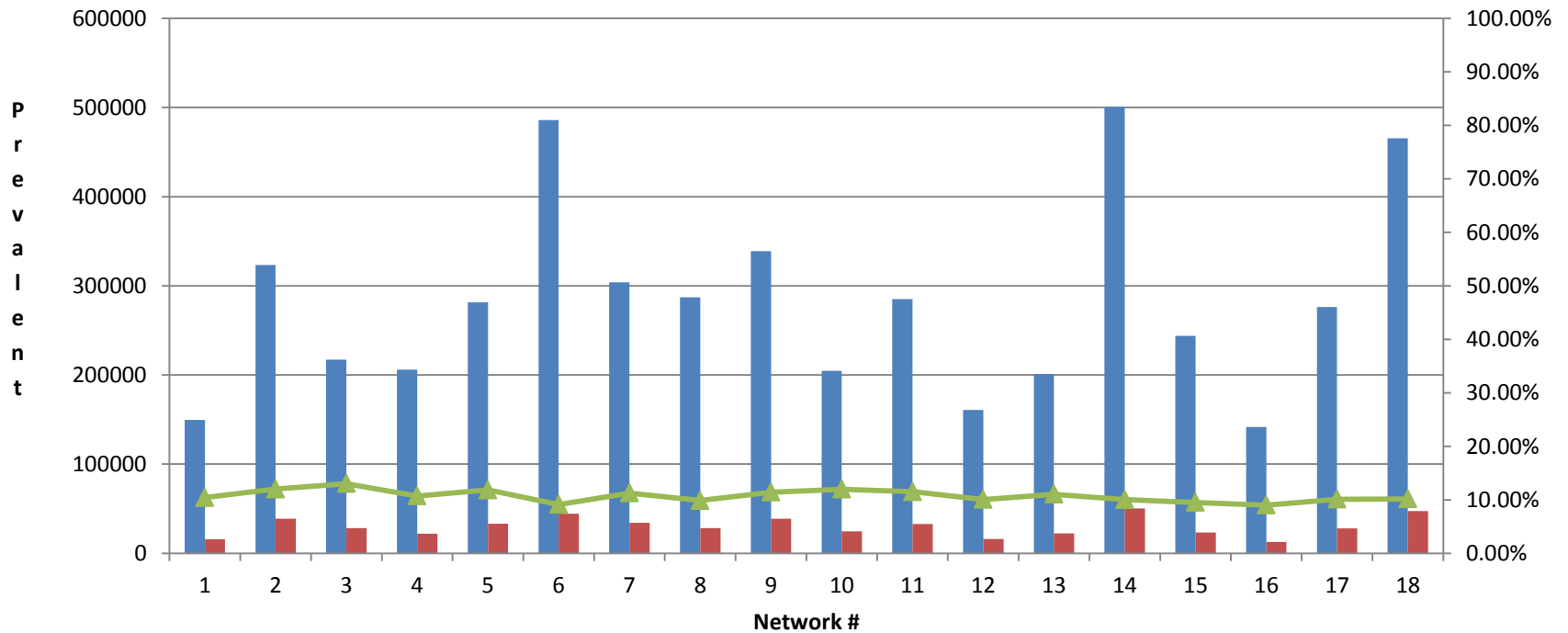
	DVA	DCI	FMC	Indep	NRAA	Network 4
Any Access Count	6,438	1,073	7,041	821	1,625	16,998
AVF Only Count	4,291	692	4,463	515	942	10,903
AVF Only Rate	66.65%	64.49%	63.39%	62.73%	57.97%	64.14%
CVC \geq 90 Days Count	550	145	757	122	257	1,831
CVC \geq 90 Days Rate	8.54%	13.51%	10.75%	14.86%	15.82%	10.77%
AVG Only Count	1,136	143	1,203	110	290	2,882
AVG Only Rate	17.65%	13.33%	17.09%	13.40%	17.85%	16.95%

Data source: CROWN Web September 2016 FFCL Dashboard

CVC ≥ 90 DAYS TREND

- Any Access Count
- Catheter Greater Than or Equal to 90 Count
- Catheter Greater Than or Equal to 90 Rate

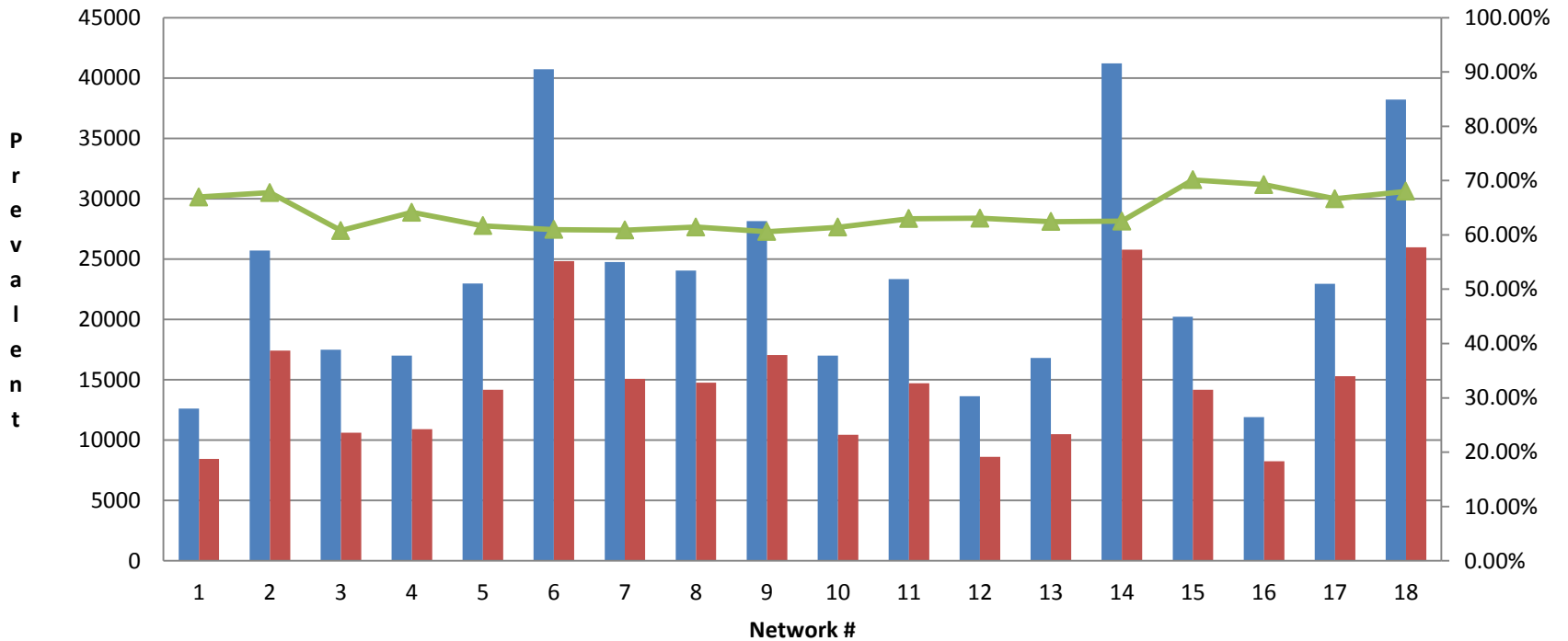
FFCL-Network Compare-Catheter Greater Than or Equal to 90



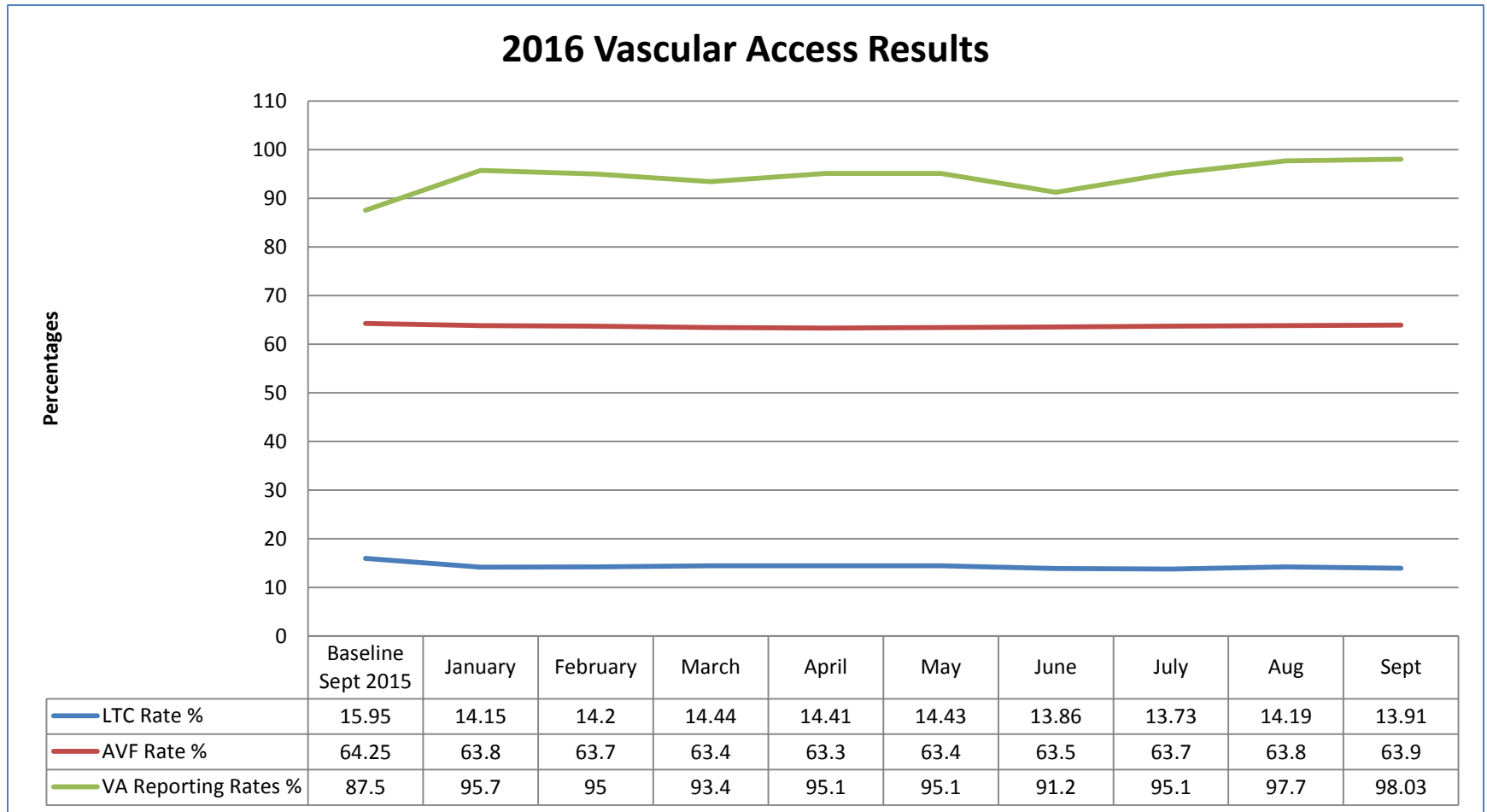
AVF ONLY TREND

- Any Access Count
- Overall AVF Count
- Overall AVF Rate

FFCL-Network Compare-AVF Only



2016 Vascular Access Results



LTC Baseline 15.95%

Goal: 13.95%

Sept: 13.91%

2016 Vascular Access Focus Facilities Results

Providers	Improvement	Number of Facilities
1	50%	10
2	70%	10
3	43%	14
4	64%	11
5	80%	10

Baseline Facilities:

137 Facilities with LTC > 10%

- 55 facilities were in a focus group
- 82 facilities Network monitor

2017 VASCULAR ACCESS QIA

150 Baseline Facilities with LTC >10%:

2017 BASELINE: 15.89%		2017 GOAL: 13.89%	
Providers		Number of Facilities with Baseline LTC >10%	
A		37/109 (33.9%)	
B		16/25 (64.0%)	
C		19/38 (50.0%)	
D		65/117 (55.5%)	
E		13/16 (91.2%)	

150 Facilities:

- 69 facilities in a focus group (selected by providers and Network)
- 81 facilities Network will monitor rates and require action plan if rates move in the wrong directions

Polling Question #2

2017 Vascular Access QIA

- Start Date: on going
- Measurement Date: September 30, 2017
- Desire Goal is to have LTC <10%
- Facilities are set with interim goals:
 - 10 – 14.99% LTC Rate = 2 percentage point reduction
 - 15 – 19.99% LTC Rate = 3 percentage point reduction
 - >=20% LTC Rate = 5 percentage point reduction

Key Components of a Catheter Reduction Program

The key components of this catheter reduction program include a standard process to provide:

- Systematic identification of catheter patients
- Education of catheter patients about advantages, options and process of obtaining an alternative access
- Evaluation of catheter patients for alternative access and/or PD therapy
 - Vessel mapping
 - Surgical evaluation
- Obtaining alternative access placement

Key Components of a Catheter Reduction Program

The key components of this catheter reduction program include a standard process to provide cont'd:

- Evaluation of maturing accesses
- Prompt referral for imaging and/or correction of identified problems for non-maturing access
 - Image AVF if not maturing after 4 weeks
 - Image AVG if not usable after 4 weeks
- Prompt removal of catheter when alternative access is usable

Source: Catheter Reduction Toolkit-developed by the Forum of ESRD Networks Medical Advisory Council

Polling Question #3

Focus Facilities are Expected to:

- Evaluate your catheter reduction process. Is there a formal/written policy/procedure? **(one time questionnaire, due by COB February 17, 2017)**
- Form Vascular Access Improvement Workgroup – include a patient representative
- Complete a RCA and identify and address barriers utilizing the PDSA cycles
- Submit monthly LTC rates and PDSA cycles to the Network **(due by the last business day of the month)**
- Analyze monthly vascular access reporting data and compare facilities reporting data to CROWNWeb data for discrepancy

Focus Facilities are Expected to:

- Work one-on-one with corporate leaderships and/or QIRN 4 for individual coaching and mentoring
- Attend scheduled calls to discuss barriers and share best practices
- Attend scheduled educational webinars

Polling Question #4

QIRN 4 is Committed to:

- Provide Resources
 - Monthly Reporting Tool (**DUE by the last business day of the month**)
 - PDSA Cycle Reporting Tool (**Due by the last business day of the month**)
 - PDSA and Catheter Reduction Resources
 - Final CROWNWeb monthly rates
 - Facility Summary Report (available after CROWNWeb Clinical Data closure period)
 - Share Information on QIRN 4 Website and Newsletter
 - Share Educational Opportunities
 - Annual Update on Chronic Kidney Disease Seminar
 - Tuesday, April 25, 2017
 - Breakout session– Hands-on opportunities
 - » Fistula Maturation and Cannulation Readiness
 - » Hands-on Cannulation Skills
 - » Vascular Access Assessment
 - Share of Best Practices
- Be available for your questions

Sustainability

- Facilities need to sustain continuous improvement
- Facility with LTC rates <10% at the end of the measurement period (September 2017) will NOT be in the LTC quality improvement project for 2018

Monthly Reporting Tool

Facility Name: Facility Name CCN: 999999

Target Goals **AVF Only** $\geq 68\%$ Directions: Provider enters the total types/number of accesses in use for the last treatment
September 2017: **CVC ≥ 90 days** **12.81%** of the month then The Total Any Access Count and % columns will automatically populate

	Total Any Access Count	Number of AVF in use	AVF in use %	Number of AVF + AVG in use	Number of AVF + CVC in Use	Number of AVG in Use	AVG in Use %	Number of AVG + CVC in use	Number of CVC < 90 Days in Use	Number of CVC ≥ 90 Days in Use	CVC ≥ 90 Days %
Baseline	135	72	53.33%	0	0	41	30.37%	0	2	20	14.81%
Oct	133	72	54.14%	1	4	35	26.32%	1	2	18	13.53%
Nov	139	72	51.80%	0	3	40	28.78%	0	3	21	15.11%
Dec	144	74	51.39%	3	3	40	27.78%	0	3	21	14.58%
Jan	136	69	50.74%	0	5	39	28.68%	0	5	18	13.24%
Feb	0										
Mar	0										
Apr	0										
May	0										
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Sep	0										



Final CW Monthly Rates

Facility Name:		Facility Name									CCN:	999999
Target Goals		AVF Only		≥68%		Directions: Network will provide after clinical closure period						
September 2017:		CVC ≥ 90 days		12.81%								
	Total Any Access Count	Number of AVF in use	AVF in use %	Number of AVF + AVG in use	Number of AVF + CVC in Use	Number of AVG in Use	AVG in Use %	Number of AVG + CVC in use	Number of CVC < 90 Days in Use	Number of CVC ≥90 Days in Use	CVC ≥ 90 Days %	
Baseline	135	72	53.33%	0	0	41	30.37%	0	2	20	14.81%	
Oct	140	74	52.86%	0	0	42	30.00%	0	3	21	15.00%	
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PDSA CYCLE FORM

PLAN DO STUDY ACT (PDSA)

Months	For each month, list the top barrier/reason for high catheter rates:	PLAN: Describe your monthly plan to improve the identified barriers	DO: Describe the intervention(s) you DID this month to reach your improvement?	STUDY		ACT: What are you going to do for your next PDSA Cycle? Accept (continues with the same plan; Adapt (change the plan for next month; or Abort (we need to start all over with a new plan). If Adapt or Abort , document your changes/new plans in column C for the next month.	Other comments:
				YES, achieved the goal! What did you observe? What were your success for this month about the effectiveness of your intervention(s)?	NO, did NOT achieve the goal. What did you observe? What were your barriers for this month about the effectiveness of your intervention(s)?		
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PDSA Cycle Example

PLAN DO STUDY ACT (PDSA)

Months	For each month, list the top barrier/reason for high catheter rates:	PLAN: Describe your monthly plan to improve the identified barriers	DO: Describe the intervention(s) you DID this month to reach your improvement?	STUDY		ACT: What are you going to do for your next PDSA Cycle? <u>Accept</u> (continues with the same plan; <u>Adapt</u> (change the plan for next month; or <u>Abort</u> (we need to start all over with a new plan). If <u>Adapt</u> or <u>Abort</u> , document your changes/new plans in column C for the next month.	Other comments:
				YES, achieved the goal! What did you observe? What were your success for this month about the effectiveness of your intervention(s)?	NO, did NOT achieve the goal. What did you observe? What were your barriers for this month about the effectiveness of your intervention(s)?		
February	Patients are missing vascular appointments	Implement written reminders	Assigned AA to pass out written reminders		AA did not pass written reminders to all patients. AA did not have a way of tracking which patient needs a reminder	Adapt	
March	Patients are missing vascular appointments	Implement written reminders with a tracking tool	AA developed tracking tool for handing out patients' reminders for vascular access appointments	The checklist helped. AA did not have to rely on remembering who needs a written reminder and who does not		Accept	We liked using the checklist because staff can easily cover when the AA is not here
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RESOURCES

A	
	Quality Improvement Videos
	Introduction to Quality Improvement from the IHI (11:08 Minutes)
	Root Cause Analysis – Process to Identify Areas for Quality Improvement
	Why Use of the Fishbone Diagram? (7:25 Minutes)
	How to Use a Fishbone Diagram (3:08 Minutes)
	5 Whys Tool: To Identify Change Ideas (4:44 Minutes)
	PDSA Cycles – Process to achieve Quality Improvement
	Review Overview of PDSA Cycle (6:21 Minutes)
	PDSA Cycle Part 1 from the IHI (4:44 Minutes)
	PDSA Cycle Part 2 from the IHI (3:37 Minutes)
	How long should a PDSA cycle last from the IHI? (1:37 Minutes)
	Overview of the Use of PDSA Cycle in Improvement (6:21 Minutes)
	Catheter Reduction Resources
	Catheter Reduction Toolkit
	Fistula First Catheter Last FFCL
	Lifeline for a Lifetime Planning for Your Vascular Access
	Lifeline for a Lifetime Planning for Your Vascular Access (Spanish)
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Facility Summary Report

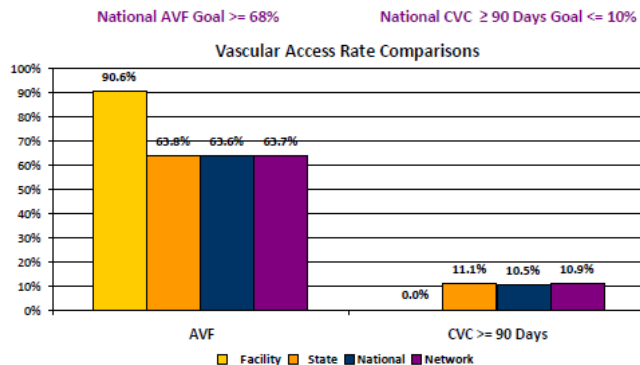


Facility Summary Report (VA-7)

Reporting Period: Oct/2016

610 Freedom Business Center, Suite 102
King of Prussia, PA 19406
1-610-265-2418
www.qirn4.org

Provider Number (CCN)	Facility Name	Network	State	BSO



Facility Ranking: AVF: State: 4/280 Network: 4/305 National: 94/6408 CVC \geq 90 Days: State: 1/280 Network: 1/305 National: 1/6408

Oct/2016 Facility Vascular Access Rates

	Baseline Sep 2016	Oct/2016 Count	Current Rate	Goal Sep 2017	Goal Met
AVF:	90.6%	29	90.6%	\geq 68%	-
AVG:	6.3%	2	6.3%	-	-
CVC \geq 90 Days:	3.1%	0	0.0%	3.1%	Goal Met

What does the facility need to improve to reach the 2016 goals?

Number of patients reported in your facility: Oct/2016 32
 Number of patients with AV Fistulas in use: Oct/2016 29
 Number of patients with CVC \geq 90 Days: Oct/2016 0

Based on your patient count for Oct/2016

To meet your September 2016 CVC \geq 90 Days Goal, you need this many of your current patients converted to dialyze by AVF or AVG: 0

Facility Summary Report p. 2



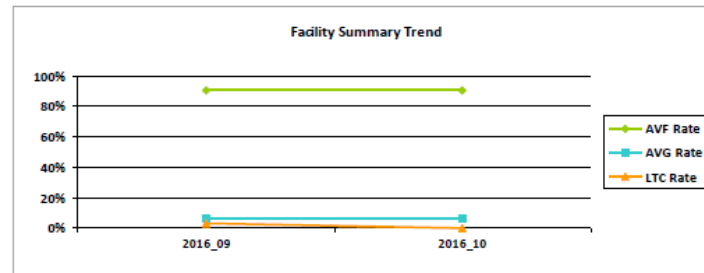
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Facility Summary Report (VA-7)

Reporting Period: Oct/2016

610 Freedom Business Center, Suite 102
King of Prussia, PA 19406
1-610-265-2418
www.qirn4.org

Provider Number (CCN)	Facility Name	Network	State	BSO
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Reporting Period	Prevalent Patient Count	Reported Patient Count	Missing Patient	Any Access Count	Overall AVF Count	Overall AVF Rate	LTC Count	LTC Rate
2016_09	32	32	0	32	29	90.63%	1	3.13%
2016_10	32	32	0	32	29	90.63%	0	0.00%

Vascular Access Resources

A New Tool to Help Save Your Patients' Lifelines

The "Lifeline for a Lifetime" One-Minute Access Check toolkit:

- Uses sounds and graphics illustrating the simple steps to check an access,
- Shows the difference between a healthy access and one that needs attention,
- Can help instruct patients to check their access by themselves, and
- Provides printable tools to help you reinforce teaching and assist those without internet access.

Now available on the Web... Check out this lifeline-saving tool at: www.esrdncc.org/index/professionals-lifeline-for-a-lifetime

Questions



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Fax: (610) 783-0374

Your feedback is valuable . . .

Please take a few minutes to complete the evaluation

