IPRO ESRD Network Program
Long Term Catheter Reduction
2016 Quality Improvement Activity

May 5, 2016
Agenda

- Meet the Team
- National and Network Vascular Access Rates
- Goals for 2016
  - QIA Project reporting
- Overcoming Common Barriers
- Reviewing Network Tools
- What are your Vascular Access needs?
- Planning for the year
IPRO ESRD Network Service Areas

Proudly Serving

118,097 ESRD Patients
1,684 Dialysis Facilities
52 Transplant Centers
Meet the Team: Quality Improvement

- **Network 1 (ME,NH,VT,MA,RI,CT)**
  - Kristin Brickel, RN, MSN, MHA, CNN  Quality Improvement Director
  - Heather Camilleri, CCHT, Quality Improvement Coordinator

- **Network 2 (NY)**
  - Carol Lyden, RN, MSN, CNN  Quality Improvement Director
  - John Cocchieri, Data Coordinator

- **Network 6 (GA, NC, SC)**
  - Wambui Kungu, BS, HSM, Quality Improvement Coordinator

- **Network 9 (IN, KY, OH)**
  - Debbie DeWalt, MSN, BSN, RN  Quality Improvement Director
  - Susan Swan-Blohm,
# IPRO ESRD Network Service Areas by Network

<table>
<thead>
<tr>
<th>Network</th>
<th>Prevalent ESRD Patients</th>
<th>Dialysis Facilities</th>
<th>Transplant Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 1</td>
<td>13,492</td>
<td>186</td>
<td>15</td>
</tr>
<tr>
<td>Network 2</td>
<td>28,778</td>
<td>268</td>
<td>13</td>
</tr>
<tr>
<td>Network 6</td>
<td>44,187</td>
<td>660</td>
<td>10</td>
</tr>
<tr>
<td>Network 9</td>
<td>31,640</td>
<td>570</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>118,097</strong></td>
<td><strong>1,684</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

*Data Source: CROWNWeb*
## Aim 1: Better Care for the ESRD Individual

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Access Management</td>
<td>• Reduce catheter rates for prevalent patients</td>
</tr>
<tr>
<td></td>
<td>• Support facility vascular access reporting</td>
</tr>
<tr>
<td></td>
<td>• Spread best practices</td>
</tr>
<tr>
<td></td>
<td>• Provide technical support in the area of vascular</td>
</tr>
<tr>
<td></td>
<td>access</td>
</tr>
</tbody>
</table>

---

**REduce Catheter Use**

**Eliminate Infections ★★ Save Lives ★★**

Visit our website for tools and resources to reduce catheter use and eliminate catheter-related infections.

[http://esrd.ipro.org/vascular-access](http://esrd.ipro.org/vascular-access)
Vascular Access 2016

- Baseline: September 2015
- Goals:
  - LTC decrease in sub-set by 2%

<table>
<thead>
<tr>
<th>Facility</th>
<th>LTC Baseline</th>
<th>LTC Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW 1</td>
<td>14.4%</td>
<td>12.4%</td>
</tr>
<tr>
<td>NW 2</td>
<td>16.29%</td>
<td>14.29%</td>
</tr>
<tr>
<td>NW 6</td>
<td>14.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>NW9</td>
<td>16.14%</td>
<td>14.14%</td>
</tr>
</tbody>
</table>

- Re-measure: September 2016 (data available December 2016)
All Networks QIA: Long Term Catheter Reduction

- **Criteria:** Targeted facilities determined by those >10% LTC in September of 2015
- **Project Period:** Baseline September 2015; Improvement by last day of 3rd quarter of contract year *(September 2016)*
- **Selection and Requirements:**
  - September 2015 data to determine targeted facilities
  - **Goals and Measures:**
    - **Primary Goal/Measure:** Decrease LTC rate by 2% in targeted facilities
      - Summary description of activities reported on CMS monthly report
April 2016

- Facilities notified of participation, including goals for LTC/AVF, Corrective Action Plan (CAP)
- Project agreements

May 2016

- Webinar recording posted on website
- CAP and agreements due from facilities May 6, 2016
- Kidney Chronicles article to be published

June - September 2016

- Network monthly review of vascular access data
- Monthly feedback reports to providers
- http://esrd.ipro.org/vascular-access/qia/
Network Identified Barriers and Solutions

- **No access in Incident Patient**
  - Schedule with vascular surgeon IMMEDIATELY

- **Patient Refusal**
  - Identify and document reason

- **Failed Access/Extended Maturity Rate**
  - Early Intervention
    - Assess and teach the patient to assess
      - Look. Listen. Feel. Daily Access Check ([English](#) | [Spanish](#))
  - Medically Unsuitable
    - Second Referral
Additional Information
CROWNWeb: Are you entering data correctly?

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>NHSN</th>
<th>CROWNWeb</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMEMBER</td>
<td>When reporting in NHSN the focus is on decreasing infections.</td>
<td>When reporting in CROWNWeb, the focus is on improving AV fistula rates and decreasing catheter rates.</td>
</tr>
<tr>
<td>When to report</td>
<td>First 2 business days of the month</td>
<td>The last 2 treatment days of the month</td>
</tr>
<tr>
<td>Who to report</td>
<td>Only patients that are in the unit during the 1st 2 business days of the month.</td>
<td>Report access type for all patients that are on your census during the month.</td>
</tr>
<tr>
<td>If multiple accesses, what to count</td>
<td>Count the access with the highest risk of infection</td>
<td>Count the access in use from 1st day of use:</td>
</tr>
<tr>
<td></td>
<td><strong>Highest risk of infection</strong></td>
<td>Catheter: if 1 OR both port(s) being used</td>
</tr>
<tr>
<td></td>
<td>- Non-tunneled catheter</td>
<td>Graft: if 2 needles are being used in the graft OR if 1 needle in graft and 1 needle in a fistula</td>
</tr>
<tr>
<td></td>
<td>- Tunneled catheter</td>
<td>Fistula: only if 2 needles are being used in the fistula.</td>
</tr>
<tr>
<td></td>
<td>- Other</td>
<td>Lowest risk of infection</td>
</tr>
<tr>
<td></td>
<td>- Graft</td>
<td>- Fistula</td>
</tr>
<tr>
<td>When determining vascular access category consider:</td>
<td>Vascular accesses not presently in use.</td>
<td>Count access in use on last treatment of the month.</td>
</tr>
<tr>
<td></td>
<td>Vascular accesses that are not used for dialysis (e.g. chemotherapy ports).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abandoned vascular accesses (e.g. clotted AV fistulas)</td>
<td></td>
</tr>
</tbody>
</table>

- **CROWNWeb Data Issues**
  - Batch Data
  - Review each record

- **NHSN**
  - Different Criteria
Vascular Access Program Website

ESRD Program Website:  
http://esrd.ipro.org

Resources and Timelines available 24/7
Questions?

- Do you have a success story you would like to share?
- What barriers are you facing that we haven’t covered yet?
IPRO ESRD Network of New England (Network 1)

Danielle Daley, MBA
Executive Director
ddaley@nw1.esrd.net

Jaya Bhargava, PhD, CPHQ
Operations Director
jbhargava@nw1.esrd.net

Kristin Brickel, RN, MSN, MHA, CNN
Quality Improvement Director
kbrickel@nw1.esrd.net

Brittney Jackson, LMSW, MBA
Patient Services Director
bjackson@nw1.esrd.net

Jenna Vonaa
Sr. Program Support Coordinator
jvonaa@nw1.esrd.net

Krystle Gonzalez
Sr. Data Coordinator
kgonzalez@nw1.esrd.net

Heather Camilleri, CCHT
Quality Improvement Coordinator
hcamilleri@nw1.esrd.net

Kayla Abella
Community Outreach Coordinator
kabella@nw1.esrd.net

1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517
Phone: (203) 387-9932  Fax: (203) 389-9902
IPRO ESRD Network of New York (Network 2)

Sue Caponi, MBA, RN, BSN, CPHQ
CEO, ESRD Program
Direct: 516-209-5619
Email: scaponi@nw2.esrd.net

Evan Smith, LMSW, MBA
Patient Services Director
Direct: 516-209-5348
Email: esmith@nw2.esrd.net

Carol Lyden, RN, MSN, CNN
Quality Improvement Director
Direct: 516-209-5302
Email: clyden@nw2.esrd.net

Jaya Bhargava
Assistant Director Information Management
Direct: 203-285-1215
Email: jbhargava@nw2.esrd.net

Laura Wright
Administrative Coordinator
Direct: 516-209-5672
Email: lwright@nw2.esrd.net

Emancia Brown, MSW
Community Outreach Coordinator
Direct: 516-209-5549
Email: ebrown@nw2.esrd.net

Jeanine Pilgrim, BS
Quality Improvement Coordinator
Direct: 516-209-5365
Email: jpilgrim@nw2.esrd.net

John Cocchieri
Quality Improvement Data Coordinator
Direct: 516-209-5515
Email: jcocchieri@nw2.esrd.net

Anna Bennett
Education Coordinator
Direct: 516-209-5474
Email: abennett@nw2.esrd

Sharon Lamb
Data Coordinator
Direct: 516-209-5459
Email: slamb@nw2.esrd.net
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria Cash, MBA, BSN, RN</td>
<td>Executive Director</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:vcash@nw9.esrd.net">vcash@nw9.esrd.net</a></td>
</tr>
<tr>
<td>Wendy Cable, BA, RN</td>
<td>Information System Director</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jbhargava@nw9.esrd.net">jbhargava@nw9.esrd.net</a></td>
</tr>
<tr>
<td>Debbie DeWalt, MSN, BSN, RN</td>
<td>Assistant Director, Quality Improvement</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ddewalt@nw9.esrd.net">ddewalt@nw9.esrd.net</a></td>
</tr>
<tr>
<td>Andrea Bates, MSW</td>
<td>Patient Services Director</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:abates@nw9.esrd.net">abates@nw9.esrd.net</a></td>
</tr>
<tr>
<td>Michelle Kaszowski</td>
<td>Sr. Project Support Coordinator</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:TBD@nw9.esrd.net">TBD@nw9.esrd.net</a></td>
</tr>
<tr>
<td>TBD</td>
<td>Data Coordinator</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:TBD@nw9.esrd.net">TBD@nw9.esrd.net</a></td>
</tr>
<tr>
<td>Sue Swan-Blohm, BS, OCDT</td>
<td>Quality Improvement Coordinator</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:TBD@nw9.esrd.net">TBD@nw9.esrd.net</a></td>
</tr>
<tr>
<td>Nina Pollard, BS, MPH</td>
<td>Community Outreach Coordinator</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:TBD@nw9.esrd.net">TBD@nw9.esrd.net</a></td>
</tr>
</tbody>
</table>
For more information

IPRO ESRD Program
http://esrd.ipro.org

NW 1: quality@nw1.esrd.net
NW 2: vascularaccess@nw2.esrd.net
NW 6: IPRO_Info@esrd.net
NW 9: quality@nw9.esrd.net

CORPORATE HEADQUARTERS
1979 Marcus Avenue
Lake Success, NY 11042-1002
www.ipro.org