2016 ESRD Network of New York Annual Meeting

April 20, 2016
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Patient Services Director

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Director, Quality Improvement
ESRD Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.
IPRO

- Not-for-profit organization founded in 1984
- Holds federal, state, local government, and private-sector contracts
- Provides healthcare assessment and improvement services
- IPRO is headquartered in Lake Success, New York and also has offices in Albany, New York; Hamden, Connecticut; Camp Hill, Pennsylvania; Morrisville, North Carolina; Princeton, New Jersey; San Francisco, California; and Beachwood, Ohio.
IPRO (including Lumetra, an IPRO Affiliate) has over 100 active government contracts and over 20 private clients, totaling over $85 million in revenue.
IPRO ESRD Contracts

Current ESRD contracts held by IPRO

- IPRO ESRD Network of New York (Network 2)
  - New York State

- IPRO ESRD Network of New England (Network 1)
  - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- IPRO ESRD Network of the Ohio River Valley (Network 9)
  - Indiana, Kentucky, and Ohio

- IPRO ESRD Network of the South Atlantic (Network 6)
  - Georgia, North Carolina, South Carolina
IPRO ESRD Network 2016 Service Areas
# IPRO ESRD Network 2016 Service Areas

<table>
<thead>
<tr>
<th>State</th>
<th>Prevalent ESRD Patients</th>
<th>Dialysis Facilities</th>
<th>Transplant Facilities</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>
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Data Source: Individual Network Annual Reports for 2014
ESRD Network of New York

- NW 2: New York State
  - 5th Largest ESRD Network
- ESRD Population: >28,000 pts.
- Facilities: 271 including 6 VA
  - Independent 148
  - SDO 13
  - DaVita 51
  - Fresenius 40
  - DCI 13
- Transplant Units: 13
- Downstate: 160 facilities
- Upstate: 111 facilities

Data Source: CROWNweb as of 4/15/2016
ESRD Network of New York

- 7,683 Incident Patients (up 1.05% from 2014)
- 28,778 Prevalent Patients (up 1.03%)
- 1,857 Home Patients (up 1.07%)
- 1,280 Transplants (up 1.06%)
- 4,791 Dialysis Deaths (up 1.03%)
NW 2 Board/Committees

- ESRD Divisional Board of Directors
- Medical Review Board
- Patient Advisory Committee
- Grievance Committee
- Network Council
ESRD Statement of Work and the CMS Three Part Aim

- **AIM 1**: Better Care for the Individual through Patient and Family Centered Care
- **AIM 2**: Better Health for the ESRD Population
- **AIM 3**: Reduce Costs of ESRD Care through Improving Care
# 2016 Quality Improvement Activities

<table>
<thead>
<tr>
<th>SOW</th>
<th>IPRO ESRD Networks</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM 1</td>
<td></td>
</tr>
<tr>
<td>Pt Experience of Care</td>
<td>Grievance</td>
</tr>
<tr>
<td>Pt Experience of Care</td>
<td>ICH CAHPS</td>
</tr>
<tr>
<td>Vascular Access</td>
<td>Long-Term Catheter</td>
</tr>
<tr>
<td>HAI</td>
<td>BSI/Sepsis</td>
</tr>
<tr>
<td>HAI</td>
<td>Vaccinations</td>
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<tr>
<td>AIM 2</td>
<td></td>
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<tr>
<td>PHFPP</td>
<td>Transplant Coordination</td>
</tr>
<tr>
<td>AIM 3</td>
<td></td>
</tr>
<tr>
<td>ESRD QIP</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>NHSN</td>
<td>NHSN Reporting</td>
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</table>
Grievance QIA

• **Goals:** Rank facility level grievances using a 5 point scale. Decrease the facility’s average score by a relative 20%
  - Baseline: April
  - Re-Measure: May - September
• **Facility Selection:** minimum of 10 facilities with grievances filed during 2015
• **Project started:** January
• **Interventions:** ACT NOW program developed to address patient concerns before they escalate to a grievance
ICH CAHPS QIA

• Goals: Relative Improvement of 5% of Network Selected measure (Question #39 ICH CAHPS)
  • Baseline- Spring 2015 ICH CAHPS data
  • Re-Measure- April – September (re-testing of patient using Q. # 39)

• Facility Selection: 20 lowest performing facilities on the selected measure

• Project started: April 1st

• Interventions: peritoneal dialysis materials: Staff education poster & patient crossword puzzle
Vaccinations

- Goals: Primary Goal/Measure: Increase 2% point over baseline BY; ↑ goals each year for Pneumococcal pneumonia and Hepatitis B
  - Baseline: calendar year 2015, then prior year for each subsequent year (CMS provided)
  - Re-Measure: April - September
- Facility Selection: At least 10% of low-performing facilities (Maximum of 25) Rolling project with facilities moving out of the target group once achieving 60% vaccination rates for both measures
- Project started: April
- Interventions: Root Cause Analysis required during April, materials will be developed based upon RCA
LTC Reduction

- **Goal:** To decrease LTC rate by 2% in targeted facilities
- **Baseline:** September 2015

<table>
<thead>
<tr>
<th>Network 2</th>
<th>Baseline</th>
<th>Goal</th>
<th># of Facilities in Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC Rate</td>
<td>16.29%</td>
<td>14.29%</td>
<td>139</td>
</tr>
</tbody>
</table>

- **Re- Measure:** September 2016
- **Facility Selection:** LTC rate >10% at baseline and census > 25
- **Projected started:** January 2016
- **Interventions:** Submission of CAP, Monthly reports, monthly resources / tools for staff/patients, emails/conference calls as needed
BSI Reduction

- **Goals:** 5% relative improvement of BSI from baseline to re-measure
  
<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Goal</th>
<th># of Facilities in Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSI</td>
<td>1.36%</td>
<td>1.29%</td>
<td>55</td>
</tr>
</tbody>
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- **Facility Selection:** 20% of NW facilities, > 6 BSI during baseline
- **Project started:** December 2015
- **Interventions:** RCA, CDC recommended interventions; sharing best practices, SME, technical assistance; HAI LAN
Transplant Coordination

- **Goals:** 5 percentage point increase in referrals in targeted facilities; 1% decrease in disparity gap
- **Baseline:** 2nd & 3rd quarter 2015 (April – September)

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<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Re-measure</th>
<th># of facilities in project</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of referrals</td>
<td>9.8%</td>
<td>14.8%</td>
<td>12</td>
</tr>
<tr>
<td>Disparity gap</td>
<td>5.09%</td>
<td>4.09%</td>
<td></td>
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</tbody>
</table>

- **Re-Measure:** September 2016
- **Facility Selection:** 5% of ESRD patient population; <25% referrals at baseline
- **Project started:** April 2016
- **Interventions:** monthly self reporting, educational resources/tools for patients and staff, site visits, technical assistance
Hypercalcemia

- Goals: Improvement of 25% relative improvement in each targeted facility for 3 consecutive months
  - Baseline: November 2014 – October 2015; Re-Measure: monthly
- Network goal: graduate 8 facilities by Oct 2017
- Facility Selection: 10 facilities that lost points in 2014 performance year and in bottom 15 facilities in 2015
- Project started: February 2016
- Interventions: RCA, PDSA, monthly monitoring and updates of PDSA, conference calls, technical assistance
- Facility graduate out of project when goal is met and is replaced with another facility.
NHSN Data Quality

Goal: Improve communication with hospitals; to increase from baseline the percentage of BSI’s reported in NHSN from the hospitals

\[
\text{Percentage} = \frac{\# \text{BSI in denominator (identified in the hosp)}}{\text{All BSIs reported in NHSN}} \times 100
\]

Facility selection: 20 dialysis facilities that do not have access to MR, 5 hospitals that received pt from the facilities

Project started: 3 cohorts (start 2016, 2018, 2019)

2016 planning year, 2017 Implementation year; 2018-2020 monitoring period

Intervention: TBD
Learning and Action Networks (LAN)

- **Focus:** All teach, all learn
- **Members:** Patients, provider staff, stakeholders
- **Network LANs**
  - Healthcare Acquired Infections
  - Meetings quarterly February, May, August and November 2nd Wednesdays @ 9 AM

Interested in becoming a member? Let the Network staff know. All are welcome
Educational Presentations 2015

Vascular Access Programs:
- Quarterly Webinars 2nd Tuesday in the month listed below
  - Project Kickoff – February 2016
  - Project Updates – May 10 @ 1 PM – Team Approach to Reducing LTC
  - August, and November - Topic TBD

Monthly webinar series - last Thursday of the month
- April 26 @ 1 PM – Vaccinations Project
- June 28 @ 1 PM – Quality Incentive Program
- May and July - December – Topics TBD
Other Network Responsibilities

• **CROWNWeb –**
  - Maintain accuracy of data base; Facilities need to update personal and addresses.

• **Emergency Preparedness –**
  - Must notify Networks and report in NYPorts when the facility is closed or schedule is altered
The Network on the Internet

esrd.ipro.org/

24/7 Resources and Information:
Administration, Committees and LANs
Patient Advisory Committee (PAC)
Data Management
CROWNWeb Resources
Publications and Educational Programs
Newsletter Archive
ESRD Quality Incentive Program (QIP)
Dialysis Reports
Dialysis Facility Compare
Quality Improvement: Support, Projects and Initiatives
Facebook

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For more information

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