

# **2016 ESRD Network of New York Annual Meeting**

**April 20, 2016**  
**Susan Caponi, MBA, RN, BSN, CPHQ**  
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**Evan Smith, LMSW, MBA**  
**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.**

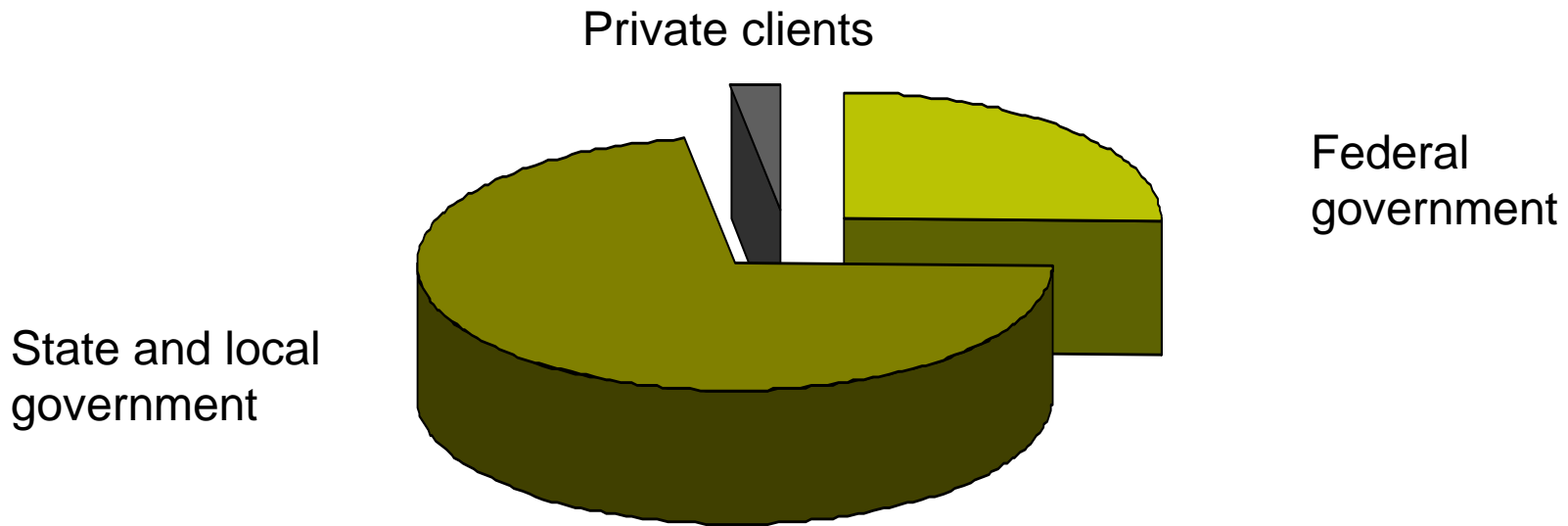


# **I PRO**

- **Not-for-profit organization founded in 1984**
- **Holds federal, state, local government, and private-sector contracts**
- **Provides healthcare assessment and improvement services**
- **I PRO 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 Revenue Sources FY 2015



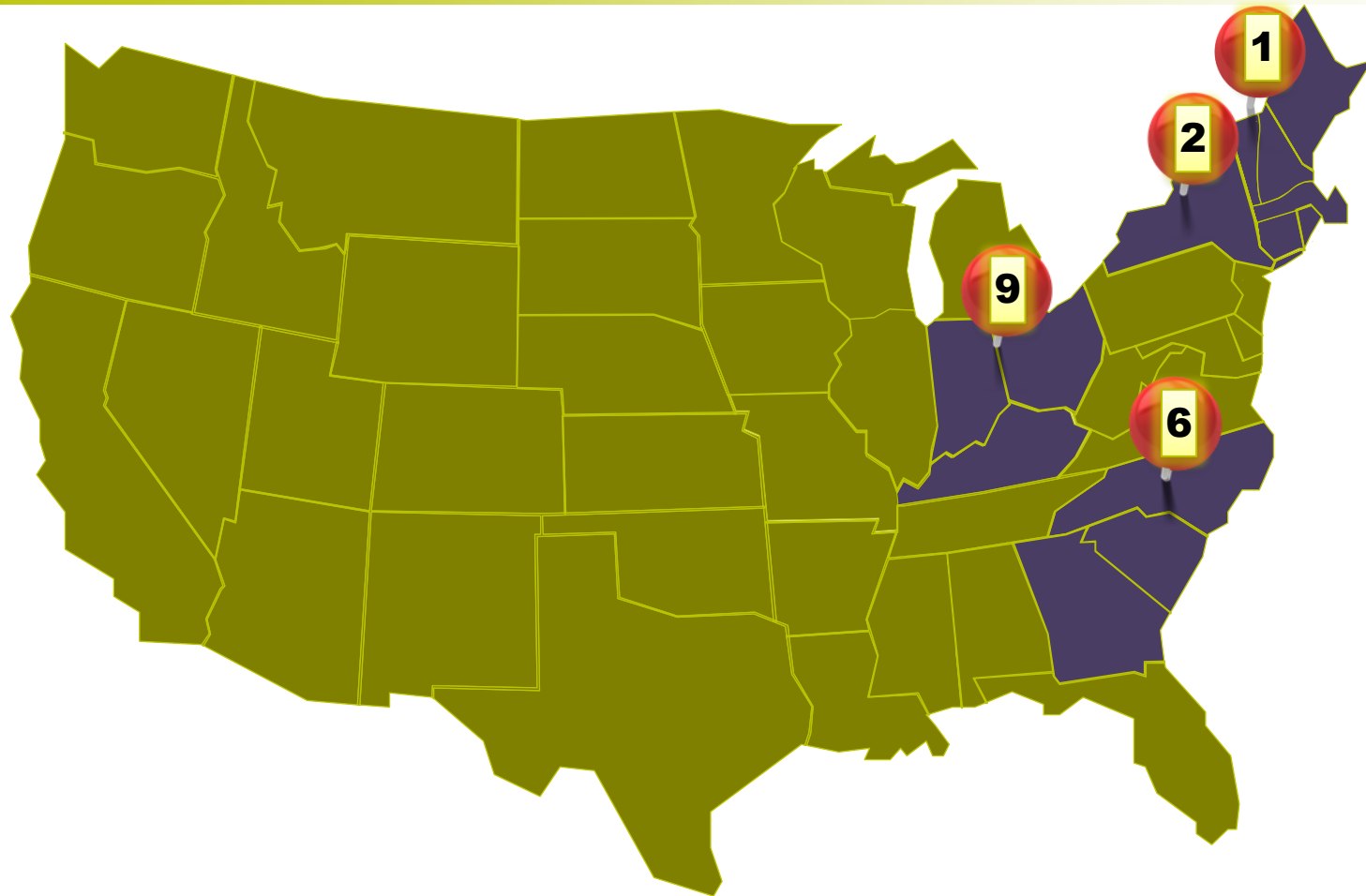
**IPRO (including Lumetra, an IPRO Affiliate) has over 100 active government contracts and over 20 private clients, totaling over \$85 million in revenue**

# 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

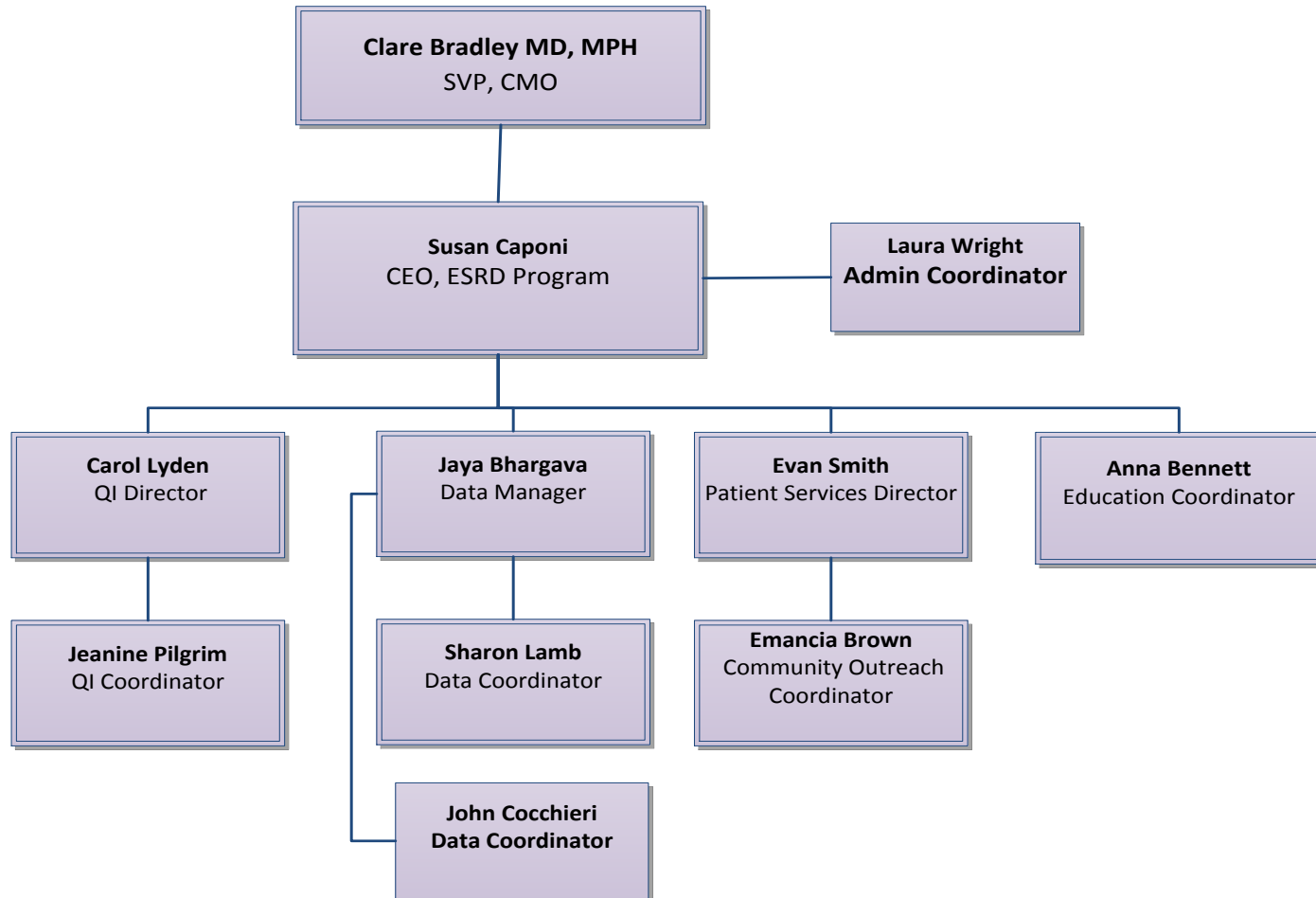


# IPRO ESRD Network 2016 Service Areas

State	Prevalent ESRD Patients	Dialysis Facilities	Transplant Facilities
Network 1	13,492	186	15
Network 2	28,778	268	13
Network 6	44,187	660	10
Network 9	31,640	570	14
Total	118,097	1,684	52

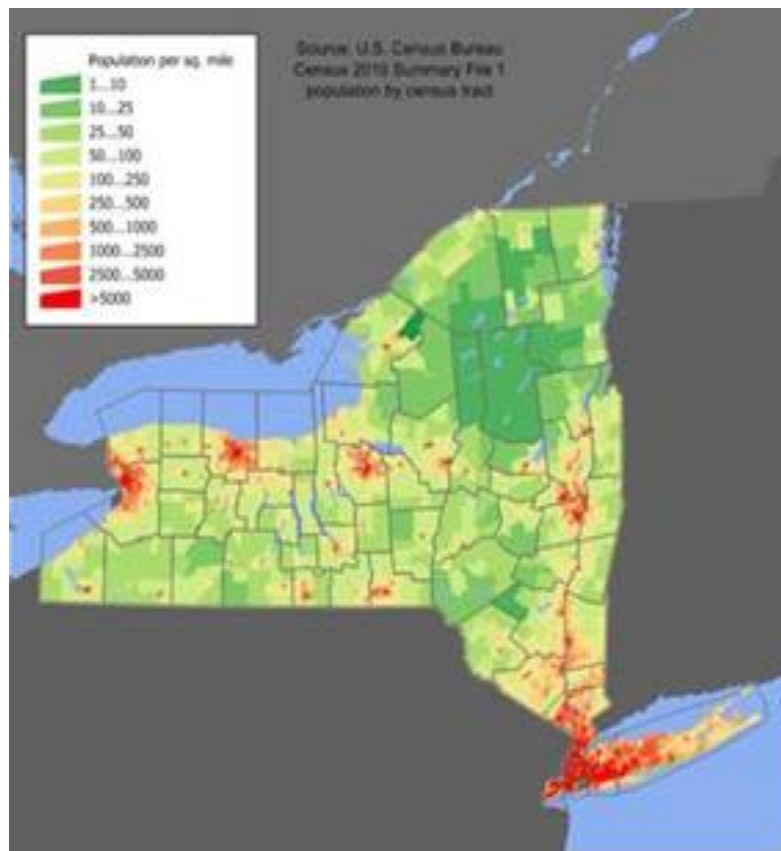
*Data Source: Individual Network Annual Reports for 2014*

# IPRO ESRD Network of New York Organizational Chart





# ESRD Network of New York



- **NW 2: New York State**
  - **5<sup>th</sup> 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**

# Program Overview



# 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

SOW		IPRO ESRD Networks
AIM 1	Pt Experience of Care	Grievance
	Pt Experience of Care	ICH CAHPS
	Vascular Access	Long-Term Catheter
	HAI	BSI/Sepsis
	HAI	Vaccinations
AIM 2	PHFPP	Transplant Coordination
AIM 3	ESRD QIP	Hypercalcemia
	NHSN	NHSN Reporting

# 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 1<sup>st</sup>**
- **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**

	Network 2		
	Baseline	Goal	# of Facilities in Project
LTC Rate	16.29%	14.29%	139

- **Re- Measure: September 2016**
- **Facility Selection: LTC rate >10% at baseline and census  $\geq$  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**

- **Baseline – January – June, 2015**

	Baseline	Goal	# of Facilities in Project
<b>BSI</b>	<b>1.36%</b>	<b>1.29%</b>	<b>55</b>

- **Re-Measure – January – June 2016**
- **Facility Selection: 20% of NW facilities,  $\geq$  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 : 2<sup>nd</sup> & 3<sup>rd</sup> quarter 2015 (April – September)**

	<b>Baseline</b>	<b>Re- measure</b>	<b># of facilities in project</b>
<b>% of referrals</b>	<b>9.8%</b>	<b>14.8%</b>	<b>12</b>
<b>Disparity gap</b>	<b>5.09%</b>	<b>4.09%</b>	

- **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**

**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)

Learning and Action Network Model



#### What does the QIO do?

QIOs lead LANs through webinars, calls, forums, list serves, mentorship programs, learning sessions, and improvement collaboratives. They take what LANs learn about improving care and put it into practice.

#### What can LANs accomplish?

- Bring participants together
- Build the will to improve
- Advocate to put patients first
- Learn from patients' perspectives
- Support evidence-based interventions
- Make and test multiple small changes
- Use performance data to improve
- Share best practices
- Celebrate success
- Spread improvement

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

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

# Educational Presentations 2015

## Vascular Access Programs:

- Quarterly Webinars 2<sup>nd</sup> 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

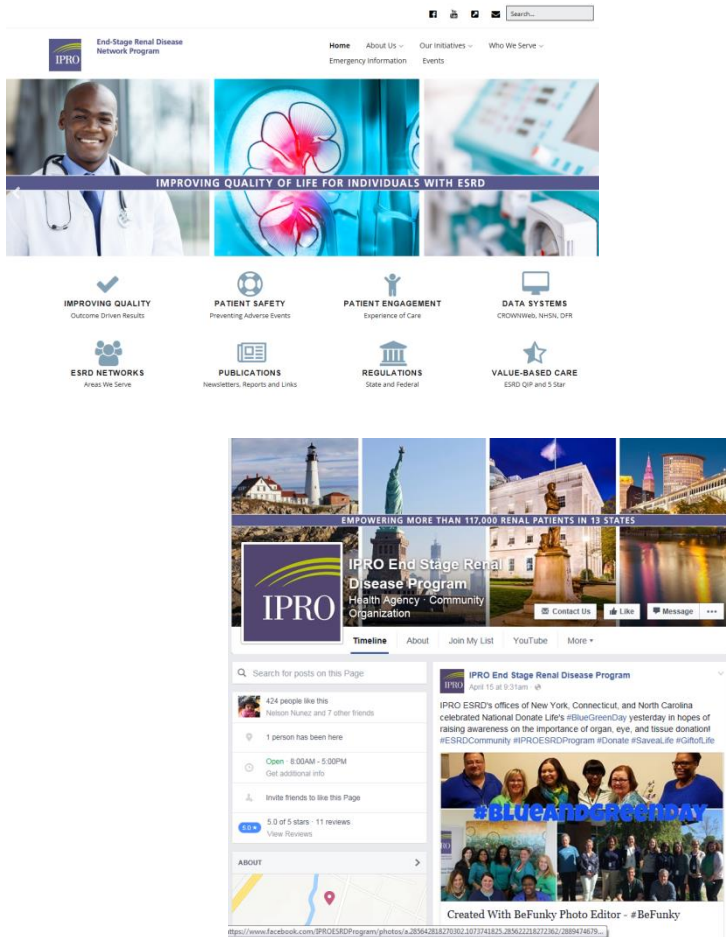
- April 26 @ 1 PM – Vaccinations Project
- June 28 @ 1 PM – Quality Incentive Program
- May and July - December – Topics TBD



# 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/](https://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

## Follow us!

EMPOWERING MORE THAN 117,000 RENAL PATIENTS IN 13 STATES

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