End-Stage Renal Disease Network of New England
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Improving Healthcare for the Common Good®

TO: **Medical Director; Nurse Manager / Administrator**

FROM: **Kristin Brickel, RN, MSN, MHA, CNN- Quality Improvement Director**
Heather Camilleri, CCHT- Quality Improvement Coordinator

DATE: **January 13, 2016**

SUBJECT: **2016 Vascular Access Goals – Mandatory Inclusion in Quality Improvement Activity**

As the ESRD Network of New England, we are tasked by the Centers for Medicare & Medicaid Services (CMS) to support your facility's goals in providing safe, effective, efficient, patient-centered, timely, and equitable care.

Increasing the number of patients receiving dialysis via arteriovenous fistulas (AVF) and reducing long-term catheter (LTC) use for dialysis access is key to providing optimum care for your patients. A dialysis patient is identified as having a LTC when he or she has been dialyzed with a catheter for 90 days or longer, regardless of whether the catheter has been replaced.

We want to help you to continue to deliver excellent care to your patients and to meet these important goals. These efforts:

- ✓ Result in improved patient care;
- ✓ Minimize loss of revenue due to hospitalizations related to catheter complications;
- ✓ Help ensure that your facility receives maximum reimbursement through the Quality Incentive Program;
- ✓ Improve your facility's rating on the Dialysis Facility Compare website.

To this end, CMS has set two quality goals for dialysis facilities:

1. Each hemodialysis facility's LTC rate should be less than or equal to 10%. (Network QIA Focus)
2. Each hemodialysis facility's AVF rate should be equal to or greater than 68%

Data on AVF and LTC rates for your facility, the state, and dialysis facilities nationwide, as of September 30, 2015 are available in the attached report. Facility goals for each of these measures are also included in this report. These goals are to be achieved by the end of September 2016. Data in these reports is no longer available for editing in CROWNWeb. If you believe that the rates listed in the attached are incorrect, please verify your data for accuracy prior to CROWNWeb clinical month closure dates throughout 2016 (steps for review are included below).

Your facility's LTC rate is above 10% as of September 2015. As a result, your facility is required to participate in the Network's Vascular Access Quality Improvement Project. This activity runs from January through October. The requirements for this project are detailed in the attached Vascular Access Project Guide. The Network will support your efforts and follow your progress throughout the project period.

CC: Regional Administrators, Regional Quality Contacts

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HOW TO VERIFY VASCULAR ACCESS DATA IN CROWNWEB

The Network will help you monitor the vascular access data in CROWNWeb. Please make sure that the vascular access data is accurate in CROWNWeb on a monthly basis. To verify if your facility is missing vascular access data for any patients, go to

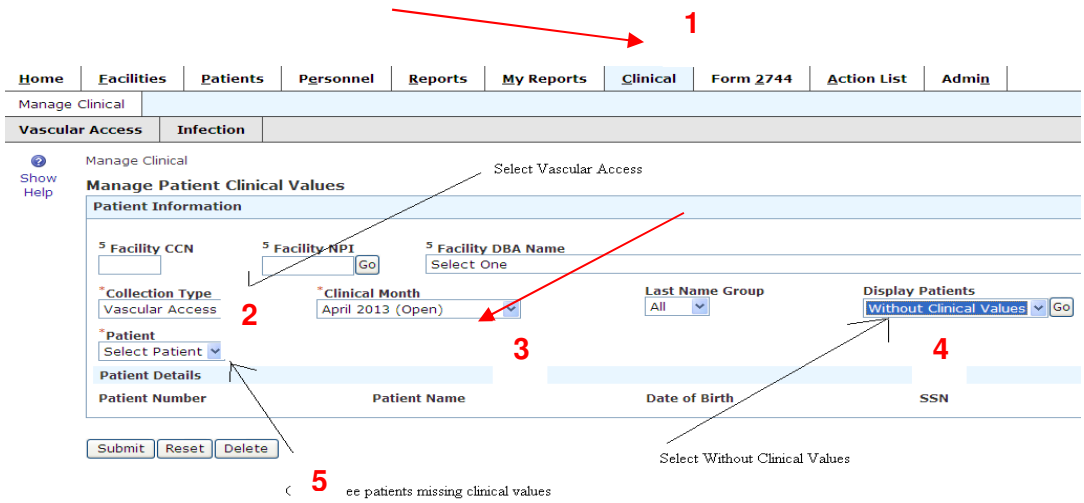
1. Clinical tab in CROWNWeb and
2. Select collection type as “Vascular access”, "Hemodialysis" or "Peritoneal Dialysis"
3. Select the month,
4. Select “without clinical values” under display patients. Then click “Go”.
5. Click under patient to see patients with missing clinical values.

If vascular access data is missing in CROWNWeb, then

· Add missing data in CROWNWeb, if you are manually entering data,

· Contact your batch submitting organization representative, if you are submitting data via batch

Also, compare vascular access data in CROWNWeb to vascular access data in your facility computer system. You can also run “vascular access in use” report in CROWNWeb.



VASCULAR ACCESS PROJECT GUIDE

When reviewing your September data, consider the following:

- ✓ How do your AVF and LTC rates compare to the CMS AVF goal of 68% and LTC goal of less than 10%?
- ✓ Will your facility get maximum reimbursement in 2018 based on your performance for 2016 on the QIP?
- ✓ How does your AVF and LTC rate compare to the Network and National averages?
- ✓ What are the AVF/LTC goals for your facility? What steps might you take to maintain/improve rates?
- ✓ What access types may need to be corrected prior to the closure of the next clinical month on 1/31/16?

1. **Develop a Vascular Access Corrective Action Plan (CAP)**
   - Complete all sections of the CAP (Attached) – If you have a corporate plan you may send this instead if it includes the same information
   - Root causes should be identified with action steps to address each root cause
   - Develop a performance measure to use during monthly QAPI meetings to ensure the action step is being done or is yielding the outcome desired, if not discuss and alter plan during this meeting
   - Return completed CAP to Network **no later than February 1, 2016**
2. **If no improvement has been made for 3 consecutive months, Identify 3 action steps to support the CAP for each quarter(3 month period)**
   - **Quarterly Action Report Template** (Attached)
   - Submit action steps using the Quarterly Report Form by the end of the following 3 months: **January, April, and July**
   - Describe results of these actions and provide a summary when submitting for the next quarter: **April, July, and October**
3. **Use the Vascular Access Tracker to monitor your patient's progress**
   - If no progress is made for 3 consecutive months, this tool may be audited by Network staff
4. **Attend mandatory webinar series**
   - Kickoff webinar to be held in February 2016
   - May and August webinars – dates to be determined
5. **Verify your data monthly comparing your facility system and CROWNWeb**

Submission of Vascular Access Corrective Action Plan and Action Steps

Due February 1, 2016

Send to IPRO ESRD Network via email **(if no patient specific information)** quality@nw1.esrd.net

Fax – 203-389-9902

For Questions: email quality@nw1.esrd.net or phone Kristin Brickel at 203-285-1214

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VASCULAR ACCESS - PROJECT AGREEMENT

Dear Provider,

The Network shall achieve Centers for Medicare and Medicaid Services (CMS) goals through the development and implementation of quality improvement activities, such as the activity noted below. As directed by the Network governing bodies, 2016 performance goals have been set that every dialysis facility is expected to achieve.

Please carefully review the notification letter and attached objectives for the **Vascular Access Quality Improvement Activity.** After review, please complete the necessary fields, have the Project Lead, Facility Administrator/Nurse manager, and the Medical Director sign, and **return to the Network** office via email at quality@nw1.esrd.net or by fax at (203) 389-9902 **by January 29, 2016.**

****Please note, regardless of assigned Project Lead, Medical Director and Facility Administrator/Nurse Manager are responsible for ensuring completion of project objectives.**

In anticipation to your timely response, I thank you for your ongoing support and cooperation with the Network. If you have any questions or additional information is needed regarding these goals, please contact Kristin Brickel, Quality Improvement Director at kbrickel@nw1.esrd.net.

Sincerely,

Danielle Daley, MBA
Executive Director

Kristin Brickel, RN, MSN, MHA, CNN
Quality Improvement Director

CC: MEDICAL DIRECTOR, FACILITY ADMINISTRATOR/NURSE MANAGER, REGIONAL CONTACT

VASCULAR ACCESS - PROJECT AGREEMENT

SEPTEMBER 2015 – OCTOBER 2016

The undersigned hereby agrees to participate and cooperate with the goals and activities, including quality improvement projects, as set forth by IPRO ESRD Network of New England (42 CFR Part 494.180.V772 (i) of Centers for Medicare & Medicaid Services (CMS) regulations).

Facility Name (DBA): _____ Medicare Provider # (CCN): _____

Project Lead Name: _____ Project Lead Title: _____

Project Lead Signature: _____ Date: _____

Project Lead Email: _____

Medical Director: _____

Medical Director's Signature: _____ Date: _____

Medical Director Email: _____

Facility Administrator/Nurse Manager Name: _____

Facility Administrator/Nurse Manager Signature: _____

Regional Director/Area Administrator: _____ Phone: _____

Regional Director/Area Administrator Email: _____

Any changes to the above listed contacts must be reported to the Network and corrected in CROWNWeb within 5 business days to ensure continuity with project implementation and communications between the Network and Facility. Plans are reviewed periodically, and are subject to change based on the CMS Statement of Work (SOW).

QUALITY IMPROVEMENT ACTIVITY

- **PROJECT DESCRIPTION:** This project will focus on reducing long term catheters (LTC)
  - **PRIMARY PROJECT MEASURES**
    1. **LTC Rate**
  - **PRIMARY PROJECT GOALS**
    1. **Reduction in LTC rates in facilities that had a rate >10% at baseline (September 2015).**
- **ACTION ITEMS / FACILTY REQUIREMENTS**
  - **Corrective Action Plan and Quarterly Updates (February, April, July, and October)**

INFORMATION MANAGEMENT / DATA REPORTING

CROWNWeb (CW): Electronic submission/verification of clinical data before the close of clinical months in CW. Ensure Vascular Access, Calcium Levels, and Immunization Data are accurately reported. Maintain accurate list of staff contact information, especially email addresses, in CW.