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

73,087 ESRD Patients
1,024 Dialysis Facilities
42 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 9 (IN, KY, OH)
  - Debbie DeWalt, MSN, BSN, RN  Quality Improvement Director
## 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>27,955</td>
<td>268</td>
<td>13</td>
</tr>
<tr>
<td>Network 9</td>
<td>31,640</td>
<td>570</td>
<td>14</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>73,087</strong></td>
<td><strong>1,024</strong></td>
<td><strong>42</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>
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</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 access</td>
</tr>
</tbody>
</table>
Vascular Access 2016

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

<table>
<thead>
<tr>
<th>Northwest</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>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 (available 12/10/15)
- **Goals and Measures:**
  - **Primary Goal/Measure:** Decrease LTC rate by 2% in targeted facilities
    - Summary description of activities reported on CMS monthly report
QIA Reporting

- **January 2016**
  - Facilities notified of participation, including goals for LTC/AVF, Corrective Action Plan (CAP)
  - Project agreements

- **February 2016**
  - WebEx about project February 9, 2016
  - CAP and agreements due from facilities February 1, 2016
  - Kidney Chronicles article to be published

- **March 2016**
  - PAC Speaks Newsletter to be published

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>
</tbody>
</table>
| Who to report                  | Only patients that are in the unit during the 1st 2 business days of the month.  
  - Count transient patients  
  - Don’t count hospitalized patients  
  - Don’t count patients that have skipped treatments | Report access type for all patients that are on your census during the month. |
| If multiple accesses, what to count | Count the access with the highest risk of infection                  | Count the access in use from 1st day of use:  
  Catheter: if 1 OR both port(s) being used  
  Graft: if 2 needles are being used in the graft OR if 1 needle in graft and 1 needle in a fistula  
  Fistula: only if 2 needles are being used in the fistula. |
  **Highest risk of infection** |  - Non-tunneled catheter  
  - Tunneled catheter  
  - Other  
  - Graft  
  - Fistula |                                                   |
|                                | **Lowest risk of infection**                                         | Count access in use on last treatment of the month.                      |
| When determining vascular access category consider: |  - Vascular accesses not presently in use.  
  - Vascular accesses that are not used for dialysis (e.g. chemotherapy ports).  
  - Abandoned vascular accesses (e.g. clotted AV fistulas) |                                                                 |

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

### NHSN
- Different Criteria
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?
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For more information

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

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