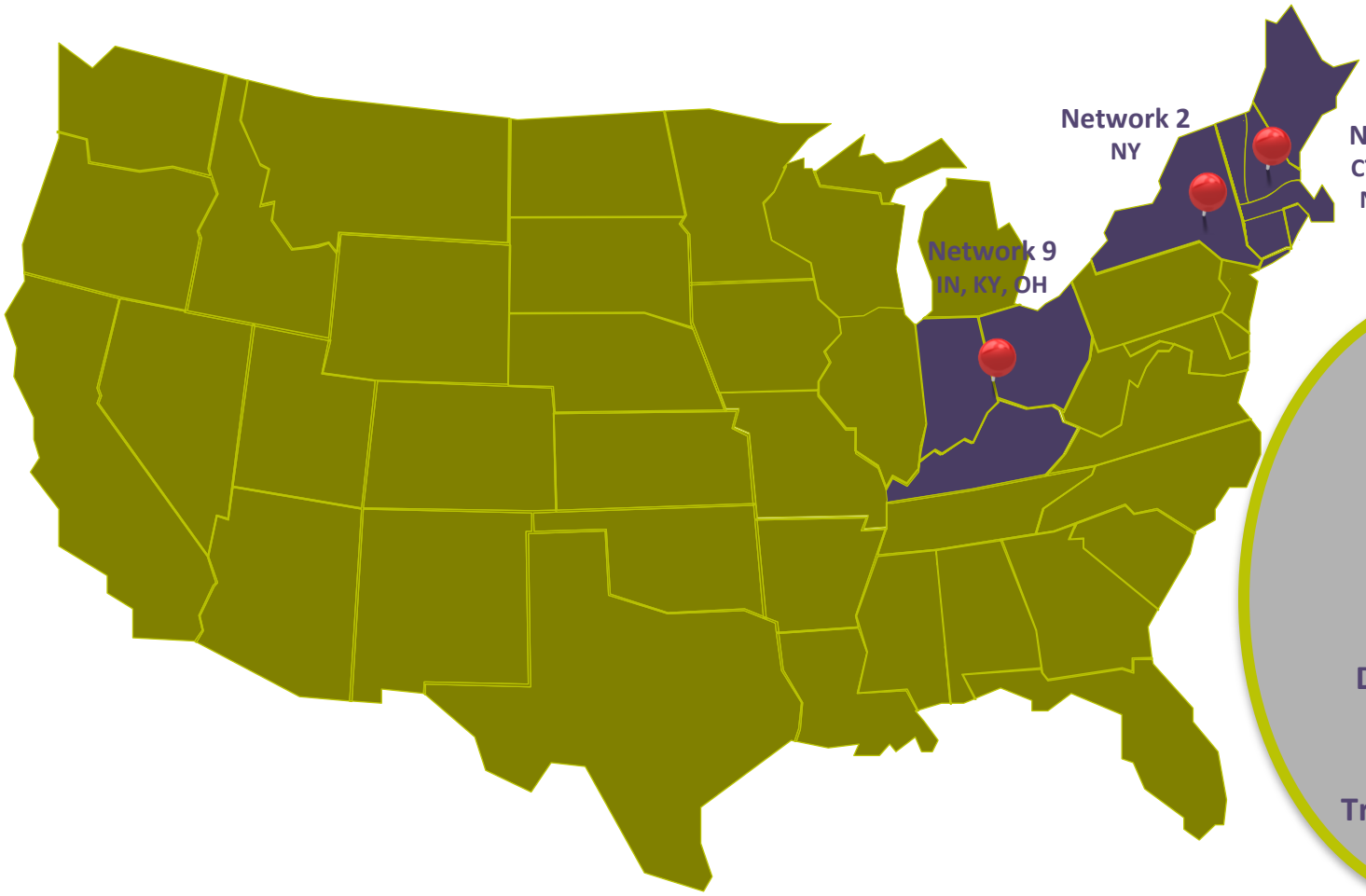
IPRO ESRD Network Program
Long Term Catheter Reduction
2016 Quality Improvement Activity

February 9, 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

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

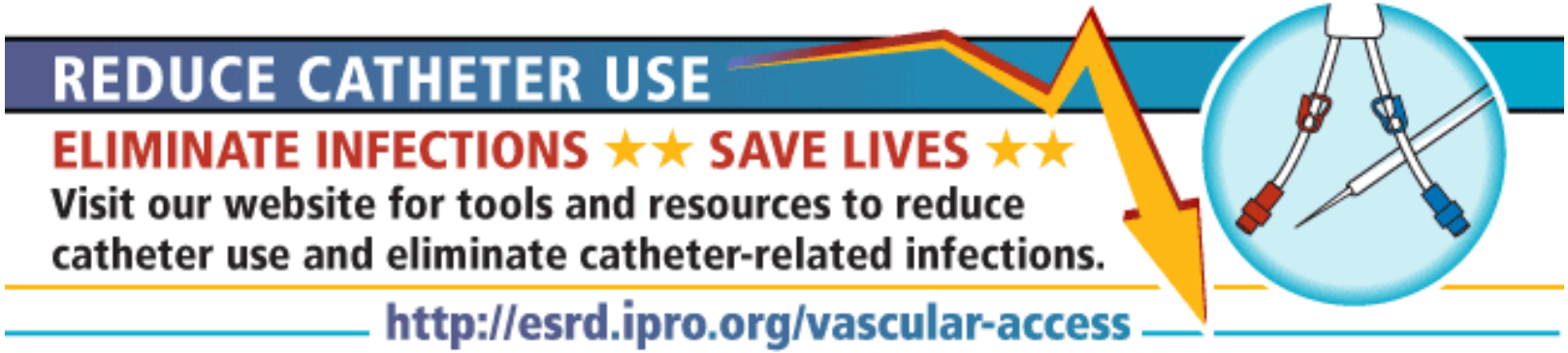
IPRO ESRD Network Service Areas by Network

Network	Prevalent ESRD Patients	Dialysis Facilities	Transplant Centers
Network 1	13,492	186	15
Network 2	27,955	268	13
Network 9	31,640	570	14
Totals	**73,087**	**1,024**	**42**

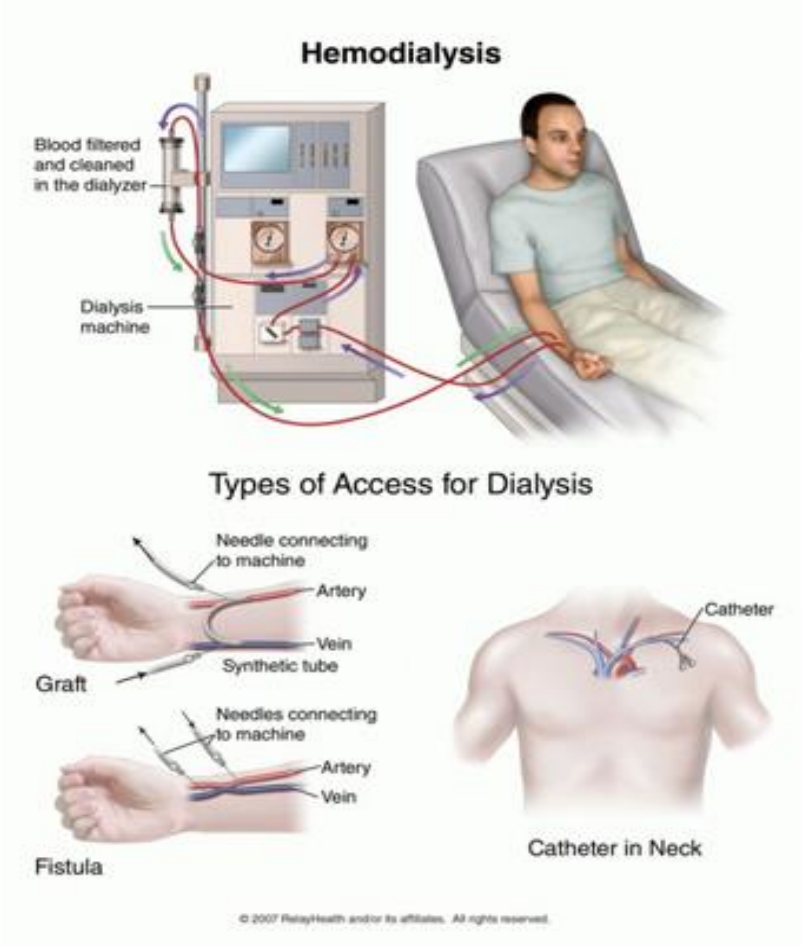
Data Source: CROWNWeb

Aim 1: Better Care for the ESRD Individual

Domain	Sub-domain
Vascular Access Management	• Reduce catheter rates for prevalent patients • Support facility vascular access reporting • Spread best practices • Provide technical support in the area of vascular access



Vascular Access 2016



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

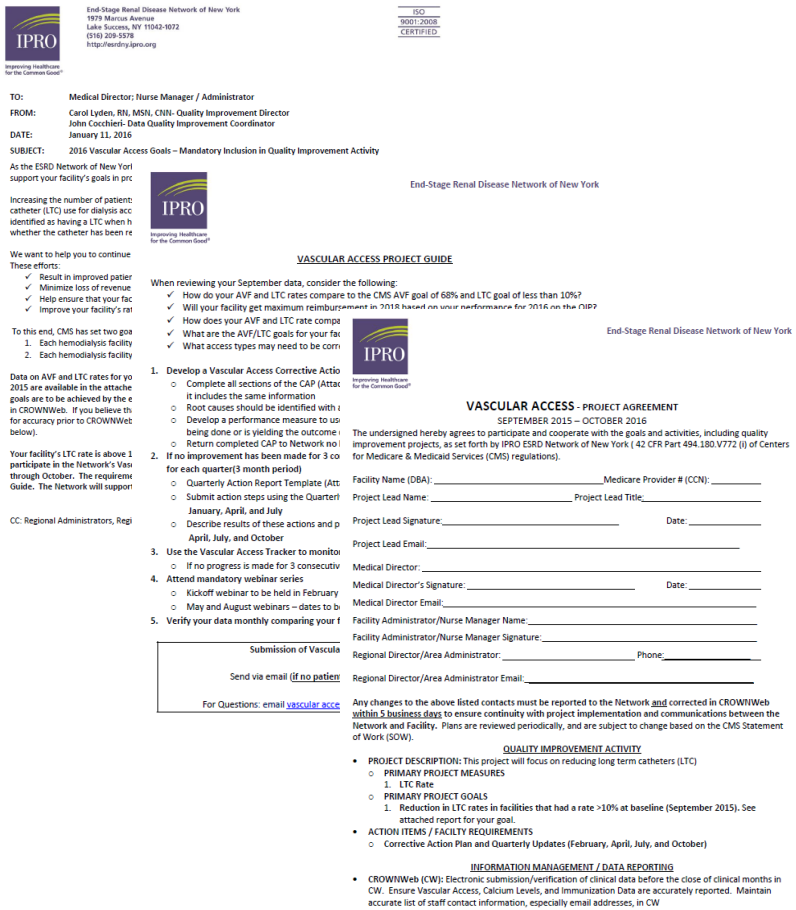
	LTC Baseline	LTC Goal
NW 1	**14.4%**	**12.4%**
NW 2	**16.29%**	**14.29%**
NW9	**16.14%**	**14.14%**

- 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



End-Stage Renal Disease Network of New York
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 209-5578
http://esrdny.ipro.org

ISO 9001:2008 CERTIFIED

TO: Medical Director; Nurse Manager / Administrator

FROM: Carol Lyden, RN, MSN, CNN- Quality Improvement Director
John Cocchieri- Data Quality Improvement Coordinator

DATE: January 11, 2016

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

As the ESRD Network of New Yorl
support your facility's goals in prc

Increasing the number of patient
catheter (LTC) use for dialysis acc
identified as having a LTC when h
whether the catheter has been re

We want to help you to continue
These efforts:
- ✓ Result in improved patier
- ✓ Minimize loss of revenue
- ✓ Help ensure that your fac
- ✓ Improve your facility's rat

To this end, CMS has set two goa
1. Each hemodialysis facility
2. Each hemodialysis facility

Data on AVF and LTC rates for yo
2015 are available in the attache
goals are to be achieved by the e
in CROWNWeb. If you believe th
for accuracy prior to CROWNWeb
below).

Your facility's LTC rate is above 1
participate in the Network's Vasc
through October. The requireme
Guide. The Network will support

CC: Regional Administrators, Regi

End-Stage Renal Disease Network of New York

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 compa
- ✓ What are the AVF/LTC goals for your fac
- ✓ What access types may need to be corr

1. **Develop a Vascular Access Corrective Actio**
   - Complete all sections of the CAP (Attac it includes the same information
   - Root causes should be identified with
   - Develop a performance measure to us being done or is yielding the outcome
   - Return completed CAP to Network no
2. **If no improvement has been made for 3 co for each quarter(3 month period)**
   - Quarterly Action Report Template (Att
   - Submit action steps using the Quarter **January, April, and July**
   - Describe results of these actions and p **April, July, and October**
3. **Use the Vascular Access Tracker to monito**
   - If no progress is made for 3 consecutiv
4. **Attend mandatory webinar series**
   - Kickoff webinar to be held in February
   - May and August webinars – dates to b
5. **Verify your data monthly comparing your**

Submission of Vascula

Send via email (if no patien

For Questions: email vascular acce

End-Stage Renal Disease Network of New York

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 York (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).** See attached report for your goal.
- **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

- **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

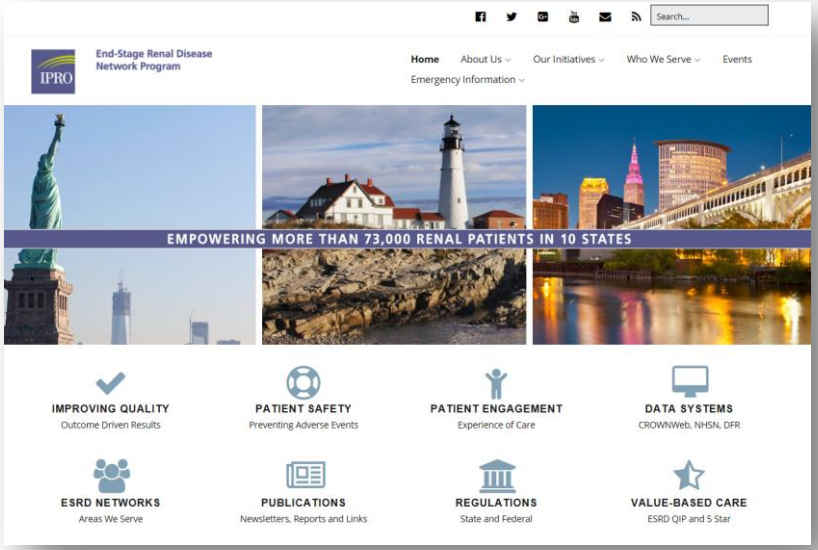
CROWNWeb: Are you entering data correctly?

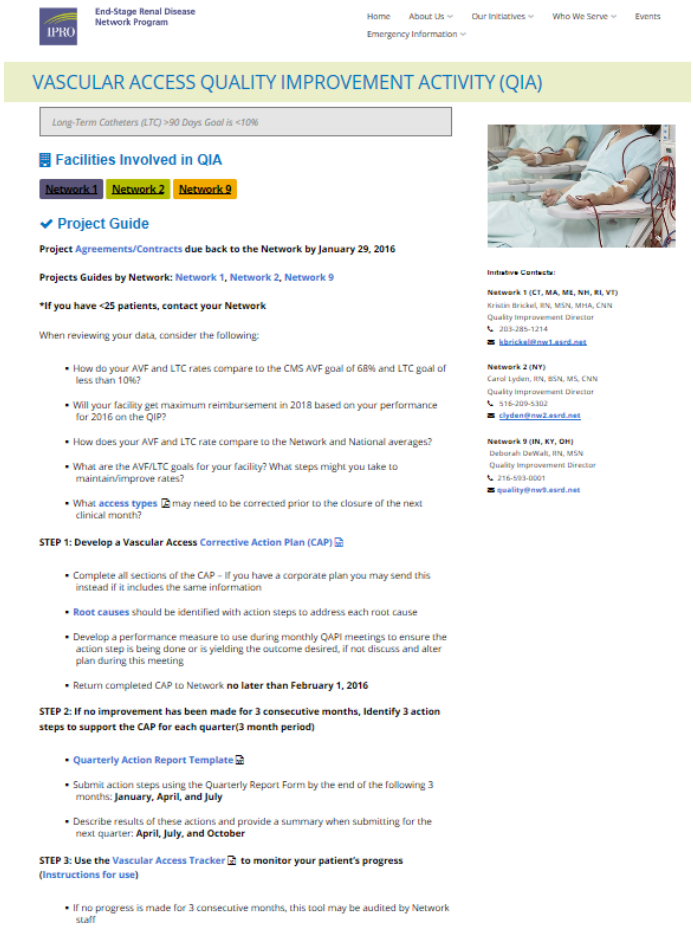
TOPIC	NHSN	CROWNWeb
REMEMBER	When reporting in NHSN the focus is on decreasing infections.	When reporting in CROWNWeb, the focus is on improving AV fistula rates and decreasing catheter rates.
When to report	First 2 business days of the month	The last 2 treatment days of the month
Who to report	Only 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 **Highest risk of infection** • Non-tunneled catheter • Tunneled catheter • Other • Graft • Fistula **Lowest 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.
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)	Count access in use on last treatment of the month.

- **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?

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For more information

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IPRO
Improving Healthcare for the Common Good

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