Reducing Hospitalization and Increasing Vaccinations  Best Practices Call

September 21, 2022
Today’s Agenda

- Meeting Reminders
- Hospitalization Interventions
- Guest Speaker 1
- Vaccination Interventions
- Guest Speaker 2
- Closing Remarks
Meeting Reminders

• Please mute your line when not speaking to avoid background noise

• Be present and engaged

• Participants are encouraged to utilize chat to ask questions and make comments using “EVERYONE”

• All meeting materials are available via IPRO Learn or the Network Program Website
Objectives

At the completion of the program, the participant will be able to:

• State the CMS goals for hospitalization and COVID 19 hospitalization reduction
• List the CMS goals for COVID 19, Influenza and Pneumococcal vaccination
• Educate your team on tools and resources to assist in preventative infection control measures
• List the reasons bi-directional communication between care providers is important to ensure quality of care for the patient.
• Build a facility plan to increase the uptake in vaccinations
Reducing Hospitalization, Readmissions and ER Visits - CMS Goals and Network Interventions

Deb DeWalt, MSN, RN
Director of Quality Improvement
## Goals for this project are:

<table>
<thead>
<tr>
<th>QIA</th>
<th>GOAL</th>
<th>Data source</th>
<th>May 2022- April 2023</th>
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<tbody>
<tr>
<td>National Hospitalizations</td>
<td>20% Decrease</td>
<td>Medicare Claims Data</td>
<td>5% Decrease</td>
</tr>
<tr>
<td>30 Day Unplanned readmissions-following an admission</td>
<td>20% Decrease</td>
<td>Medicare Claims Data</td>
<td>5% Decrease</td>
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### Primary Diagnosis Codes (not all inclusive)

- VA infections
- BSIs
- CHF
- Fluid Overload
- Sepsis
- Hyperkalemia
- Clotted Access
- Anemia
- Hypokalemia
- Hyperglycemia
- Chest Pain
Advisory Committee/Community of Practice

- Provides Data (Basecamp private platform)
- Analyze Data
  - Identify best practices and low performing
  - Identify regional/local challenges
  - Provide recommendations
  - Support CC's PDSA Cycles
  - Recruit CC Members

- Improve practices
  - Achieve quality of care

- Community of Practice
  - Support vision and recommendations
  - Provide guidance to low performing facilities
  - Help providers overcome barriers
  - Perform PDSA Cycles

- Community Coalitions

- Patients
IPRO Learn Has Moved
LOGIN Remains the same

https://esrd.iprolearn.org/

A Change Package To Reduce Hospitalizations
Key Change Ideas for Dialysis Facilities to Drive Local Action
Released 2022
The Use of Telehealth to Reduce Hospitalizations and ER Visits Related to Vascular Access Complications

Dr Vicki Teodorescu, MD, MBA, RVT
Associate Professor of Surgery
Division of Vascular Surgery and Endovascular Surgery
Emory University School of Medicine
Emory University

It was found that too often we work in Silos related to Access Care:
- InCenter Hemodialysis Unit
- Vascular Access Surgeon
- Dialysis Staff
- Patients

Goal: Create a process that would:
- Provide for great communication related to accesses
- Teach that access care is a big deal
- Monitor and document access development and complications so each party can be involved,
- Ultimately decrease Hospitalizations and ER Visits by using better on site assessment techniques

Process developed was the use of telemedicine to assess accesses
Development of Process
Small test of Change: PDSA
How we began (PLAN)

• Use at four Emory Outpatient dialysis facilities
• 8 Emory Hospitals in System
• Total patient census: 700
• Need to have portable handheld ultrasound
• Training in ultrasound use with front line staff
• Master cannulator to rotate through all dialysis facilities in area to assist with assessment
• Use of Ipad to connect with vascular surgeon for visualization

Outcome: Improve bi-directional communication with no lag time r/t accesses
Operationalizing the Plan

What we do/ DO

Assessment
• First assessment in office (face to face) at two weeks
• Second assessment at the ICHD facility with the use telemedicine at four weeks
• Used at time of primary cannulation
• On demand if any change in look, listen and feel assessment reported by frontline staff

Communication
• Bi-directional telemedicine visits
  • Scheduled or on demand
  • Use of IPad (ICHD) and surgeon IPad
  • Eliminates the need for the patient to communicate what the surgeon said to ICHD
  • ICHD, patient and surgeon has input to visit
Portable Ultrasound

Portable Computer with Probe attached
Initiating the Ultrasound
Starting US at 2, 4 and 6 cm from anastomosis
Measurement and Depth of Fistula

Measurement are taken of the diameter and depth at every 2 cm interval.
Blood Flow Studies

As the previous slides show the depth and flow of this access were good:
- Patient had persistent increased venous pressures despite the US results
- Patient was referred to vascular lab for Outpatient Fistulagram to assess central veins
- This was done chairside getting input from dialysis center regarding dialysis schedule and patient related to preferred day/ time
- **OUTCOME:** Patient was scheduled the day of US for follow-up chairside
Does this work?

Study

- **Quantitative** evaluation of pre-telmedicine use and post-telmedicine use of hospital and ER to “see” access visits is still being tracked
- **Qualitative** evaluation shows *improved patient satisfaction*:
  - Less outpatient appointments
  - Has developed a dedicated access team
  - No extra transportation needed
  - *Improved health literacy*, can hear the outcome of the assessment broken down in terms that patient understands
- ICHD facilities report improved patient outcomes as the dialysis facility can communicate in real time with visualization when a complication is detected
Continue or Change?

Bleeding Risk of Access Grading Scale (BRAG)

What is the final ACTion

- Continue to monitor and collect quantitative data
- Want to take a proactive approach to access assessment
- Rapid Cycle Improvement to improve process
  - Store jpg files of accesses and update in database q 3-6 months
- Grading of access by ICHD staff, nephrologists and vascular surgeons
  - done within the same week to determine if assessments match
  - BRAG scale: 0 no problems with 5 being nonfunctional (the worst, shows ulceration and aneurysms) access to prevent exsanguination
  - very useful in assessment of ulcerations and aneurysms
Questions? Comments?
Decreasing COVID-19 Hospitalizations and Vaccination Best Practices

Aisha Edmondson
Contract Manager, Quality Improvement
Increasing vaccinations rates, Decreasing COVID-19 Hospitalizations

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Objective</th>
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<tr>
<td><strong>COVID-19</strong></td>
<td>Initial vaccination series</td>
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<tr>
<td><strong>COVID-19</strong></td>
<td>Hospitalization in ESRD population</td>
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<tr>
<td><strong>Influenza</strong></td>
<td>Annual</td>
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<td>Annual</td>
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<td><strong>Pneumonia</strong></td>
<td>PCV13</td>
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<td></td>
<td>PPSV23</td>
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<td>PPSV Booster</td>
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Increasing Vaccination Rates

Up to Date Vaccination New Definition as of June 27th, 2022

Reducing spread with Infection Control

Welcome to the new IPRO Learn website!
https://esrd.iprolearn.org/
New Things To Know to Promote Vaccination!

• Do you have patients who refused the first primary series of COVID vaccines?

Why not offer the New COVID vaccine Novavax, it was created using a protein subunit vaccine technology, a well-known and established platform for creating effective vaccines, used for diseases such as seasonal flu. This platform can stimulate an immune response without exposure to the actual virus.

• Are COVID cases on the rise in your clinic?

Omicron sub variants BA.4 and BA.5 are behind an increase in COVID-19 infections and hospitalizations. The updated COVID-19 bivalent vaccines are formulated to better protect against the most recently circulating COVID-19 variant. They can help restore protection that has waned since previous vaccination and were designed to provide broader protection against newer variants, search for newly authorized bivalent booster options to find a location near you

• Are folks unsure when to get Influenza or an additional COVID bivalent vaccine?

You can get a flu vaccine at the same time you get a COVID-19 vaccine, including a COVID-19 booster shot.

September and October are the best times to be vaccinated against viruses like the flu and COVID.

Let’s work to get everyone up to date by November!
Vaccination Best Practices Speaker

Renata Crozier, RN
Charge Nurse II
Framingham Dialysis
Fresenius Medical Care Framingham Dialysis

Census- (123)

Vaccination Rates

COVID-19 (95%)
  Total patients vaccinated (117)
  Additional doses (104)
  Declinations (3)
Influenza (98%)
  Pneumococcal PCV13 (97%)
  PPSV23 (97%)
  PPSV23 +65 (95%)
What We Do To Drive Success

• As a team promote vaccines throughout the facility
• Prepare for vaccination with continuous education
• Organize group vaccination days
What we do as a Team, Promoting Vaccination throughout the Unit

• We have created a process as a team to establish how we plan to communicate, educate and bring awareness to vaccinations within the facility
• Our physician is included as part of our process and helps the facility create a pro-vaccination culture
• Hang posters throughout the unit in places like the lobby, sinks, and scales so patients aren’t caught off guard when we are presenting them with the vaccination information
• Talk to patients ahead of time about upcoming vaccine clinics, a few weeks ahead we have all appropriate consent.
• Ask all patients when they are willing to receive them, answer any questions they may have ahead of time
Preparing for Vaccinations

Continuous Education

• Keep track of the census of patients who have agreed to receive the vaccine.

• If they say no, we inquire as to “why”, using a team approach, as an example if the nurse can’t get them to agree, the social worker will attempt to educate, if the social worker can’t get the buy-in the physician will them educate the patient.

• The facility will continue to educate the patient to increase the exposure to knowledge which then helps create a sense of trust from the patients.
How We Do It!

• We set 2 days aside to prepare for a massive vaccination day

• Ensure everything is in place for administering the vaccines

• If there are patients who have previously declined to receive vaccines in clinic but have received them elsewhere, we ask where they have received them, call office, clinic or location to verify receipt to ensure we capture information in our system for our records.
Questions? Comments?
Thank You!

Please complete the post-webinar survey!