End-Stage Renal Disease Network Program

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:

QIA	GOAL	Data source	May 2022- April 2023
National Hospitalizations	20% Decrease	Medicare Claims Data	5% Decrease
30 Day Unplanned readmissions- following an admission	20% Decrease	Medicare Claims Data	5% Decrease
National ED Visits	20% Decrease	Medicare Claims Data	5% Decrease

Primary Diagnosis Codes (not all inclusive)

VA infections	Sepsis	Anemia
BSIs	Hyperkalemia	Hypokalemia
CHF	Clotted Access	Hyperglycemia
Fluid Overload	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

Community Coalitions

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

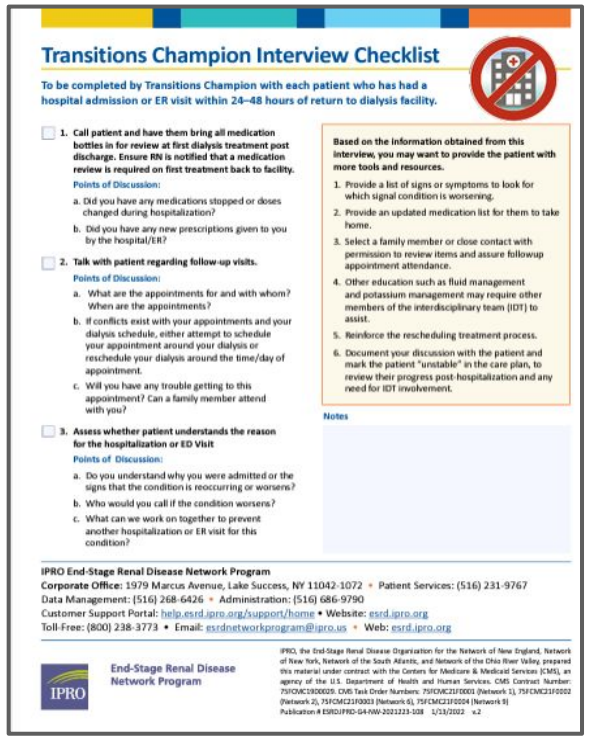
Community of Practice

Improve practices
Achieve quality of care

IPRO Learn Has Moved

LOGIN Remains the same

https://esrd.iprolearn.org/



Transitions Champion Interview Checklist

To be completed by Transitions Champion with each patient who has had a hospital admission or ER visit within 24–48 hours of return to dialysis facility.

1. Call patient and have them bring all medication bottles in for review at first dialysis treatment post discharge. Ensure RN is notified that a medication review is required on first treatment back to facility.
   Points of Discussion:
   a. Did you have any medications stopped or doses changed during hospitalization?
   b. Did you have any new prescriptions given to you by the hospital/ER?
2. Talk with patient regarding follow-up visits.
   Points of Discussion:
   a. What are the appointments for and with whom? When are the appointments?
   b. If conflicts exist with your appointments and your dialysis schedule, either attempt to schedule your appointment around your dialysis or reschedule your dialysis around the time/day of appointment.
   c. Will you have any trouble getting to this appointment? Can a family member attend with you?
3. Assess whether patient understands the reason for the hospitalization or ED Visit
   Points of Discussion:
   a. Do you understand why you were admitted or the signs that the condition is reoccurring or worsens?
   b. Who would you call if the condition worsens?
   c. What can we work on together to prevent another hospitalization or ER visit for this condition?

Based on the information obtained from this interview, you may want to provide the patient with more tools and resources.

1. Provide a list of signs or symptoms to look for which signal condition is worsening.
2. Provide an updated medication list for them to take home.
3. Select a family member or close contact with permission to review items and assure followup appointment attendance.
4. Other education such as fluid management and potassium management may require other members of the interdisciplinary team (IDT) to assist.
5. Reinforce the rescheduling treatment process.
6. Document your discussion with the patient and mark the patient "unstable" in the care plan, to review their progress post-hospitalization and any need for IDT involvement.

Notes

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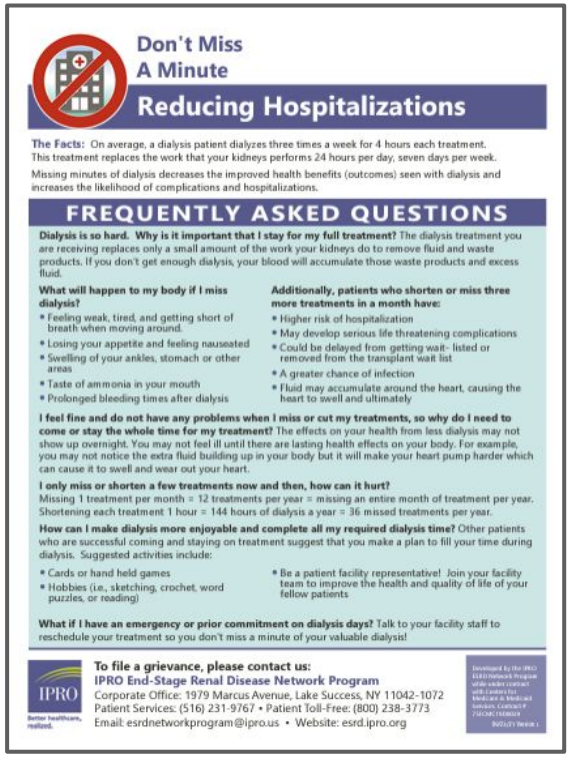

Don't Miss A Minute

Reducing Hospitalizations

The Facts: On average, a dialysis patient dialyzes three times a week for 4 hours each treatment. This treatment replaces the work that your kidneys performs 24 hours per day, seven days per week.

Missing minutes of dialysis decreases the improved health benefits (outcomes) seen with dialysis and increases the likelihood of complications and hospitalizations.

FREQUENTLY ASKED QUESTIONS

Dialysis is so hard. Why is it important that I stay for my full treatment? The dialysis treatment you are receiving replaces only a small amount of the work your kidneys do to remove fluid and waste products. If you don't get enough dialysis, your blood will accumulate those waste products and excess fluid.

What will happen to my body if I miss dialysis?
- Feeling weak, tired, and getting short of breath when moving around.
- Losing your appetite and feeling nauseated
- Swelling of your ankles, stomach or other areas
- Taste of ammonia in your mouth
- Prolonged bleeding times after dialysis

Additionally, patients who shorten or miss three more treatments in a month have:
- Higher risk of hospitalization
- May develop serious life threatening complications
- Could be delayed from getting wait- listed or removed from the transplant wait list
- A greater chance of infection
- Fluid may accumulate around the heart, causing the heart to swell and ultimately

I feel fine and do not have any problems when I miss or cut my treatments, so why do I need to come or stay the whole time for my treatment? The effects on your health from less dialysis may not show up overnight. You may not feel ill until there are lasting health effects on your body. For example, you may not notice the extra fluid building up in your body but it will make your heart pump harder which can cause it to swell and wear out your heart.

I only miss or shorten a few treatments now and then, how can it hurt?
Missing 1 treatment per month = 12 treatments per year = missing an entire month of treatment per year.
Shortening each treatment 1 hour = 144 hours of dialysis a year = 36 missed treatments per year.

How can I make dialysis more enjoyable and complete all my required dialysis time? Other patients who are successful coming and staying on treatment suggest that you make a plan to fill your time during dialysis. Suggested activities include:
- Cards or hand held games
- Hobbies (i.e., sketching, crochet, word puzzles, or reading)
- Be a patient facility representative! Join your facility team to improve the health and quality of life of your fellow patients

What if I have an emergency or prior commitment on dialysis days? Talk to your facility staff to reschedule your treatment so you don't miss a minute of your valuable dialysis!

To file a grievance, please contact us:
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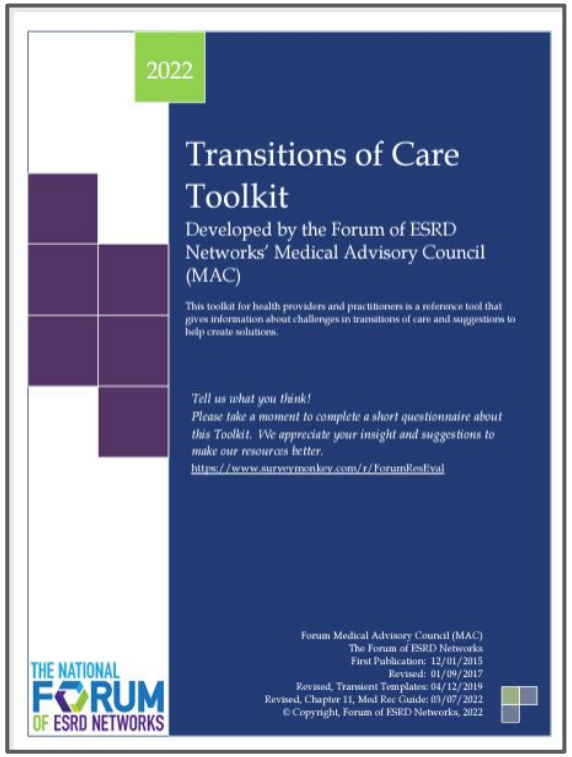

2022

Transitions of Care Toolkit

Developed by the Forum of ESRD Networks' Medical Advisory Council (MAC)

This toolkit for health providers and practitioners is a reference tool that gives information about challenges in transitions of care and suggestions to help create solutions.

Tell us what you think!
Please take a moment to complete a short questionnaire about this Toolkit. We appreciate your insight and suggestions to make our resources better.
https://www.surveymonkey.com/r/ForumResEval

THE NATIONAL FORUM OF ESRD NETWORKS

Forum Medical Advisory Council (MAC)
The Forum of ESRD Networks
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Revised, Transient Templates: 04/12/2019
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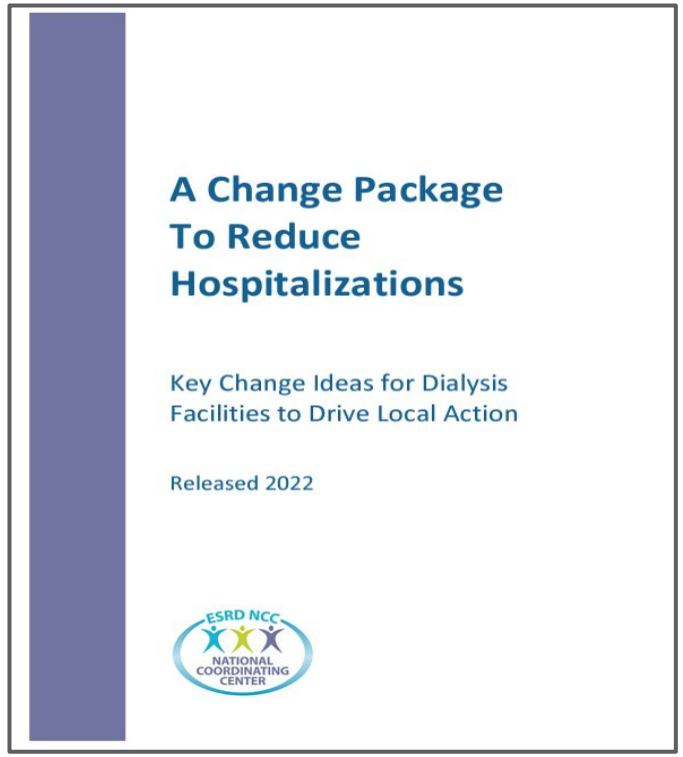


A Change Package To Reduce Hospitalizations

Key Change Ideas for Dialysis Facilities to Drive Local Action

Released 2022

ESRD NCC NATIONAL COORDINATING CENTER

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

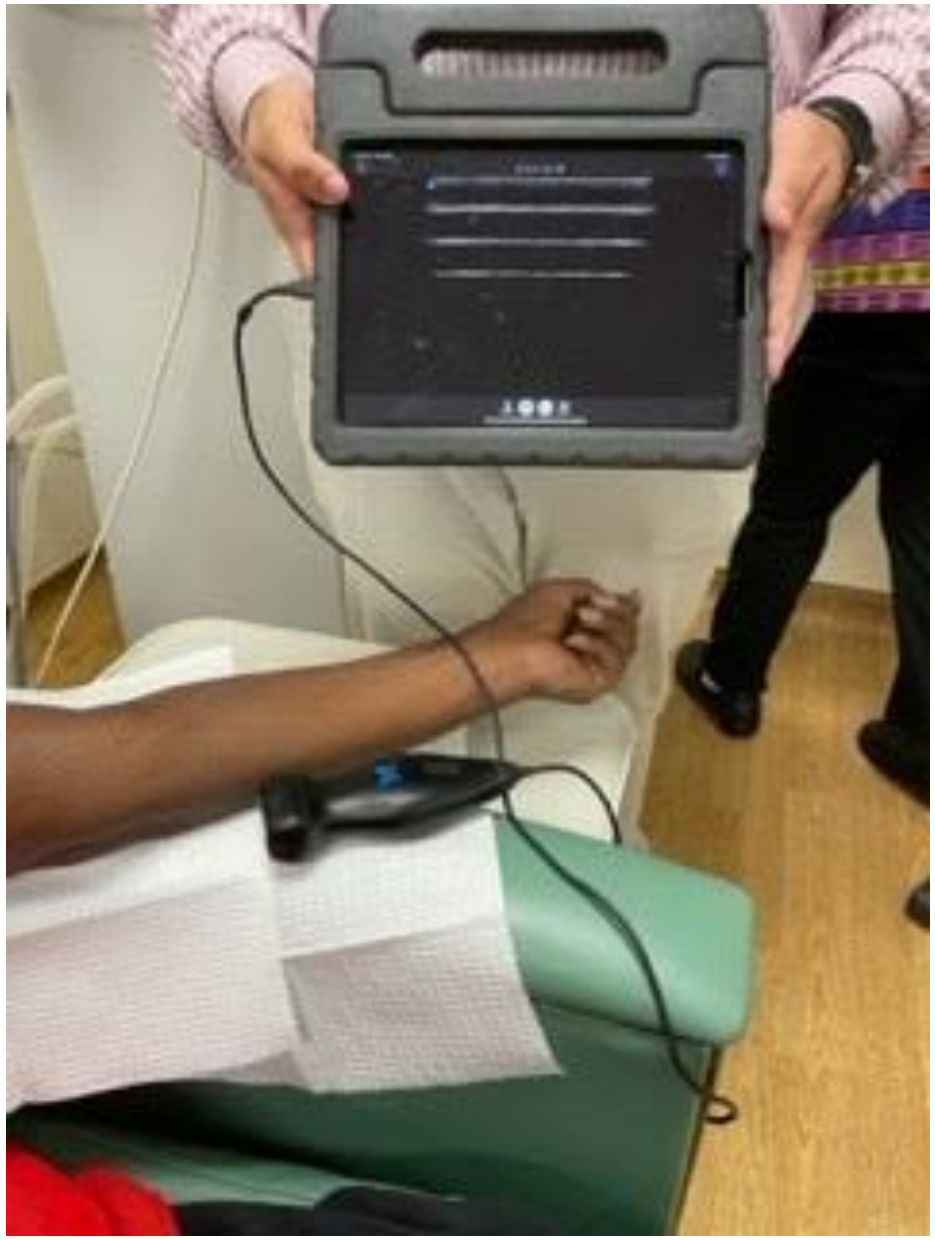
- First assessment in office (face to face) at two weeks
- Second assessment at the ICHD facility with the use telemedicine at four weeks
- Used at time of primary cannulation
- On demand if any change in look, listen and feel assessment reported by frontline staff

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- telemedicine use and post - telemedicine use of hospital and ER to “see” access visits is still being tracked
- **Qualitative** evaluation shows *improved patient satisfaction*:
  - Less out patient 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?

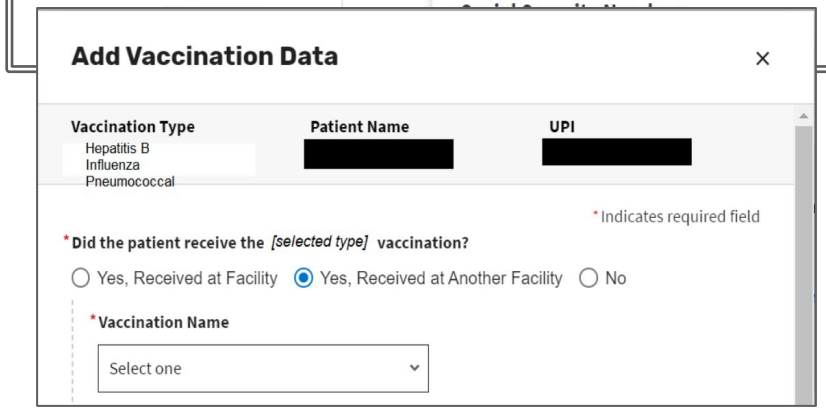
Decreasing COVID-19 Hospitalizations and Vaccination Best Practices

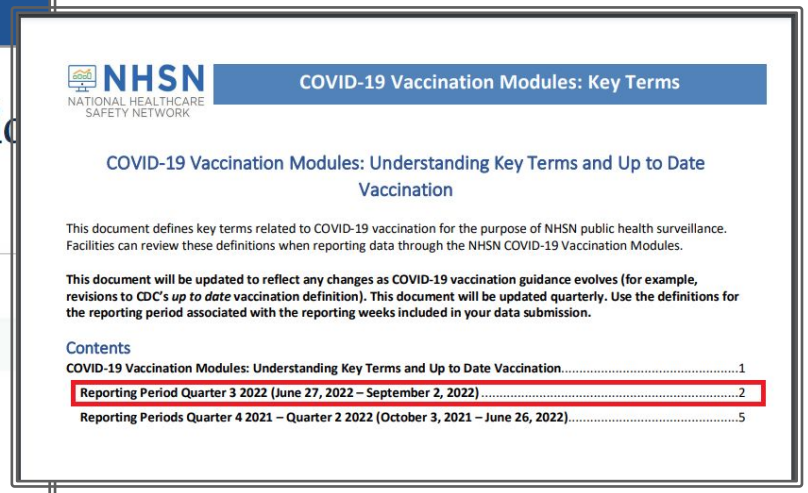
Aisha Edmondson
Contract Manager, Quality Improvement

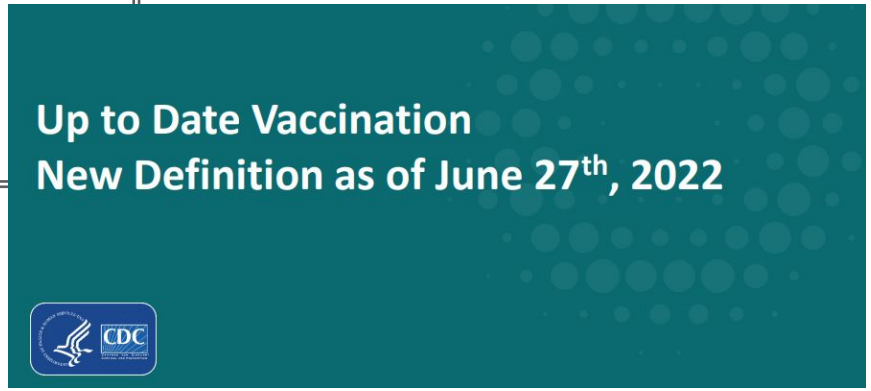
Increasing vaccinations rates, Decreasing COVID-19 Hospitalizations

COVID-19	Initial vaccination series	80% patients & 100% staff vaccination
COVID-19	Hospitalization in ESRD population	Achieve a 25% decrease from previous year
Influenza	Annual	90% patients
Influenza	Annual	90% dialysis staff
Pneumonia	PCV13 PPSV23 PPSV Booster	10% increase of patients receiving from baseline 90% patients over 65 receiving 20% increase (from baseline) in patients receiving booster

Increasing Vaccination Rates

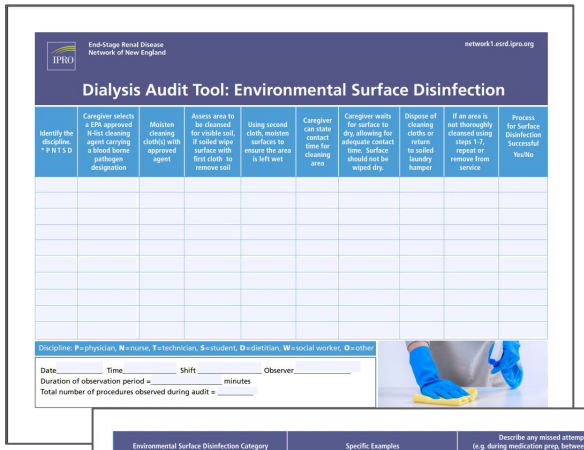






https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf

Reducing spread with Infection Control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Dialysis Audit Tool: Environmental Surface Disinfection

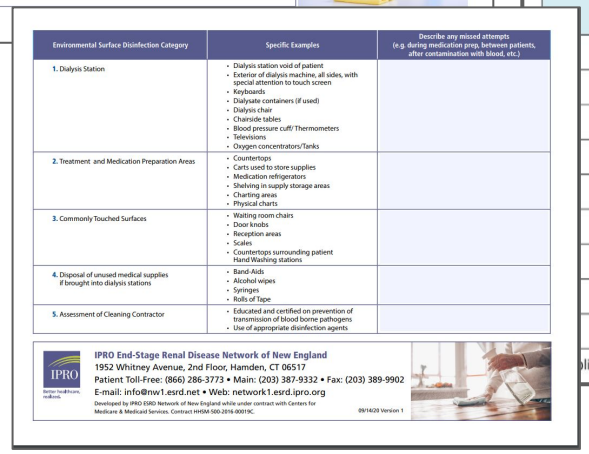
Identify the discipline. *P N T S D	Caregiver selects a EPA approved N-list cleaning agent carrying a blood borne pathogen designation	Moisten cleaning cloth(s) with approved agent	Assess area to be cleansed for visible soil, if soiled wipe surface with first cloth to remove soil	Using second cloth, moisten surfaces to ensure the area is left wet	Caregiver can state contact time for cleaning area	Caregiver waits for surface to dry, allowing for adequate contact time. Surface should not be wiped dry.	Dispose of cleaning cloths or return to soiled laundry hamper	If an area is not thoroughly cleansed using steps 1-7, repeat or remove from service	Process for Surface Disinfection Successful Yes/No

Discipline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Date_____ Time_____ Shift_____ Observer_____

Duration of observation period =_____ minutes

Total number of procedures observed during audit = _____



Environmental Surface Disinfection Category	Specific Examples	Describe any missed attempts (e.g. during medication prep, between patients, after contamination with blood, etc.)
1. Dialysis Station	• Dialysis station void of patient • Exterior of dialysis machine, all sides, with special attention to touch screen • Keyboards • Dialysate containers (if used) • Dialysis chair • Chairside tables • Blood pressure cuff/ Thermometers • Televisions • Oxygen concentrators/Tanks	
2. Treatment and Medication Preparation Areas	• Countertops • Carts used to store supplies • Medication refrigerators • Shelving in supply storage areas • Charting areas • Physical charts	
3. Commonly Touched Surfaces	• Waiting room chairs • Door knobs • Reception areas • Scales • Countertops surrounding patient Hand Washing stations	
4. Disposal of unused medical supplies if brought into dialysis stations	• Band-Aids • Alcohol wipes • Syringes • Rolls of Tape	
5. Assessment of Cleaning Contractor	• Educated and certified on prevention of transmission of blood borne pathogens • Use of appropriate disinfection agents	

IPRO End-Stage Renal Disease Network of New England

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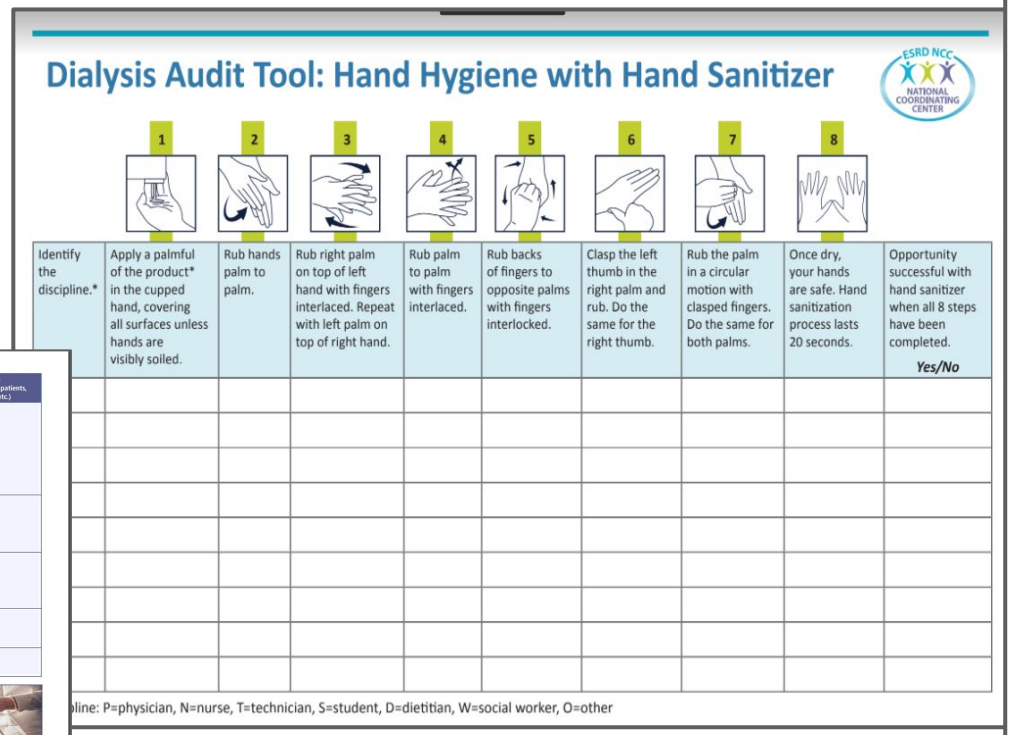
Dialysis Audit Tool: Hand Hygiene with Hand Sanitizer

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Identify the discipline.*	Apply a palmful of the product* in the cupped hand, covering all surfaces unless hands are visibly soiled.	Rub hands palm to palm.	Rub right palm on top of left hand with fingers interlaced. Repeat with left palm on top of right hand.	Rub palm to palm with fingers interlaced.	Rub backs of fingers to opposite palms with fingers interlocked.	Clasp the left thumb in the right palm and rub. Do the same for the right thumb.	Rub the palm in a circular motion with clasped fingers. Do the same for both palms.	Once dry, your hands are safe. Hand sanitization process lasts 20 seconds.	Opportunity successful with hand sanitizer when all 8 steps have been completed. Yes/No

pline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Welcome to the new IPRO Learn website!

https://esrd.iprolearn.org/

IPRO End-Stage Renal Disease Network Program

INFECTION PREVENTION Stop the Spread

Back to Basics for Infection Prevention

Hand Sanitizer / Hand Wash Audit Provider& Patient Resource Guide

Hand Hygiene Basics

It is in these challenging times that we are reminded why hand hygiene is imperative in the prevention of disease transmission. As a result, Network 6 has launched a "Back to Basics" campaign. These are resources to share with your staff and patients. Suggestions for opportunities to share these materials would be in your team huddles or staff meetings, posting the poster in prominent areas in the facility-waiting room, and at scales and handwashing stations.

Back to Basics Resources

Back to Basics resources include a toolkit of printable resources, audits and educational video which are aimed at assisting facilities effectively monitor hand hygiene in their facilities and include patients in the efforts to improve infection prevention.

How do I use these Resources?

The resource titles are ***clickable, and provide access to the website and printable resources***.

Review and become familiar with the resources.

Engage and educate your staffing team on the resources and their purpose:

- Post the WHO poster in a location visible and accessible to staff and patients.
- Print and share audits with staff and patients.
- Print and share the PAC Speaks Newsletter with staff and patients.
- Observe staff performing hand hygiene and check off steps followed

Engage and educate patients on the resources and their purpose:

- Engage patients on the importance of hand hygiene. The NCC Test Your Hand Hygiene Knowledge is an interactive way for patients to get involved.
- Print the Hand Hygiene Audit / Questions and Answers and review how to use the audit with your patients.
- Encourage patients to ask questions and voice concerns as they arise.
- Partnering and actively engaging patients in their care empowers patients, improves involvement in their care and the likelihood of improved outcomes.

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?

Omnicron 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!

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