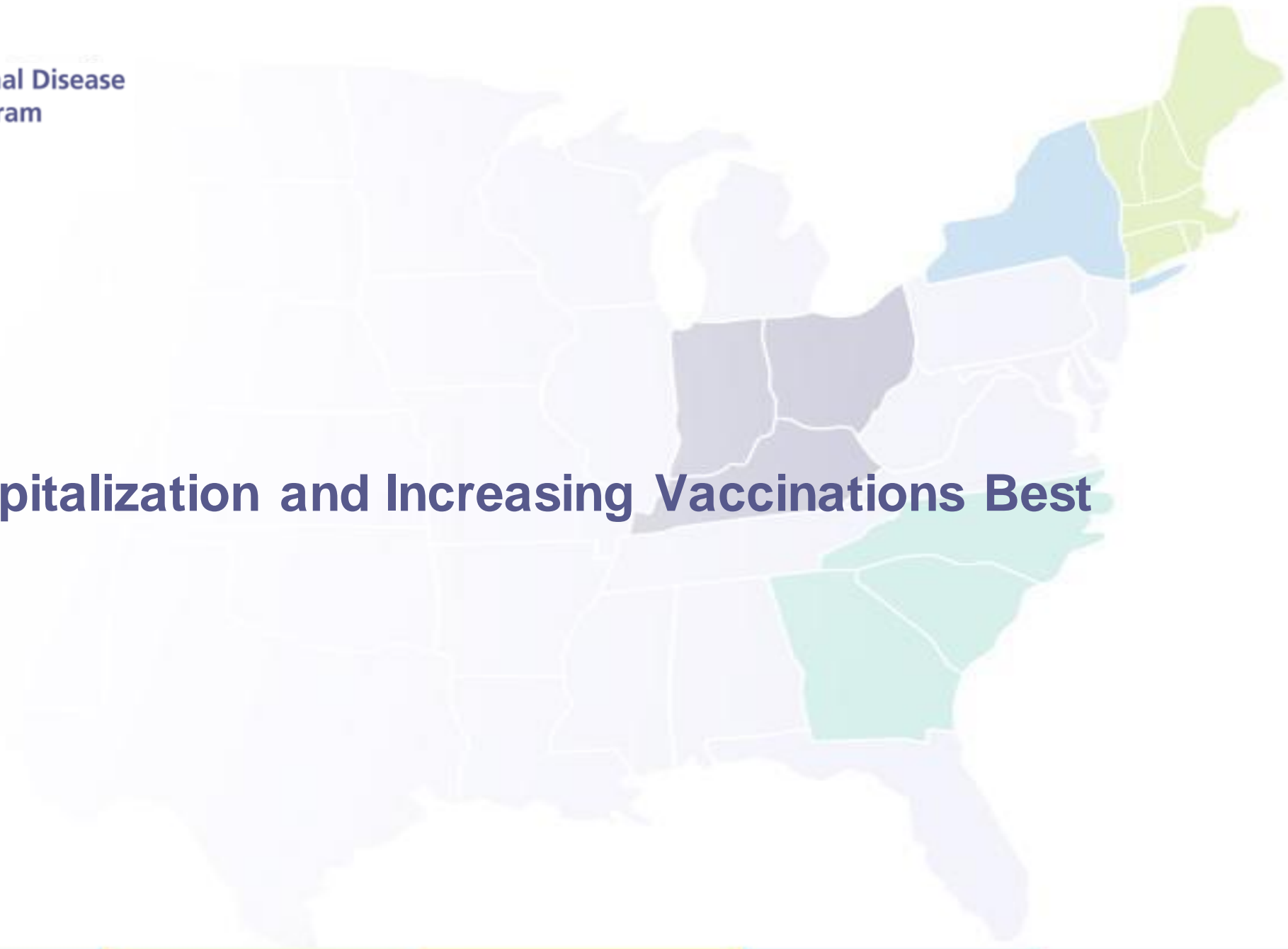




End-Stage Renal Disease
Network Program

Reducing Hospitalization and Increasing Vaccinations Best Practices Call

March 1, 2023



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



Building Trust and Communication to Decrease Hospitalizations, Readmissions and ER Visits

March 1, 2023

Learning From Technical Assistance Calls with Low and High Performers

- More difficulty with communication in rural facilities
 - Hospitals many miles away, as far as 50 miles (that provide dialysis care)
 - Much more difficult to get access when patients aren't treated locally
 - Nephrologist has limited communication with the admitting hospital

Impact of Working with Rural Facilities

NETWORK	TOTAL FACILITIES	Facilities with rural patients	% of Facilities with rural patients	# of total census	# rural patients
1	202	24	12%	14433	256
2	312	54	15%	28101	315
6	799	264	33%	49448	1860
9	648	200	31%	31881	1109

Best Practice Clinic Outcomes

Two Hospitalizations, rate of 1.37

- Below National Average
- Below Network Average

Readmissions ZERO

ER Visits ZERO

Best Practice Speaker

Lorna Vautour, RN

DCI Skowhegan, ME

DCI Skowhegan

The community we serve

- Population of Town ~ 9000
 - Rural Patients
 - Most patients are living independently
 - Hospital in area is DOES NOT provide dialysis services
 - Patients needing inpatient or emergency care must be transferred to Bangor ME
-
- 12 ICHD stations
 - 42 patients
 - Operate M-Sa
 - 80% have a primary care physician that manages non-dialysis issues



How We Do It

The Main Ingredients of our Secret Sauce

TRUST

COMMUNICATION

IMPROVED PATIENT OUTCOMES

FOLLOW UP

ADVOCACY

TRUST

Everything builds off this principle

- It is important to build trust with patients **and their caregivers and families**
 - Building trust with patients and families empowers them to allow you to assist them in making better care decisions
- It is also essential to build trust with other care partners
 - Primary Care Physicians- to trust your concerns when trying to get appointments for non-dialysis care
 - Emergency Services Departments and EMS
 - Hospitals
 - Nursing Home and Skilled Nursing Providers

COMMUNICATION

Who and How we provide bi-directional communication

- With Nursing Homes- Some facilities we were able to implement integrated care-planning
 - Anemia
 - Access Care
 - Medications
- Primary Care Physicians- to stress importance of patient care as outpatients
- Patient and Families- To provide them with information to empower them to make better decisions
- Important to keep communicating to reinforce: teaching, gain knowledge of patient concerns and needs to

FOLLOW UP

- Speak with patients and family members during the hospital stay to get a clear picture of their understanding of the diagnosis and after hospital care
- Spend time post hospitalization with patient and family to coordinate post hospital appointments with dialysis schedule
- Make sure the patient has follow up if possible close to home and does not have to travel the 1 hour to the hospital for after care
- Once post hospital care needs are determined all members of the dialysis staff are updated to maintain continuity of care and plan for patient success

Advocacy

- Patient is asked if they are ready to go home by dialysis manager
 - If yes, that is great! Make sure the patient can provide teach back on their current situation: med changes, wound care etc
 - If yes with limitations, obtain services for patient ahead of time- Meals on Wheels, Home Health Nurse or Aide
 - If NO- empowers patient and family to advocate for post discharge care in the community nursing or skilled facilities
 - Educate post care staff, of the patients dialysis care plans, to prevent readmissions related to medication dosages and schedule failures, dialysis specific labs and the NORMALS

Case Study #1

Patient Demographics:

- 49 y/o White Male
- Resides with wife and son
- Twice has been admitted to facility
- First time independent
 - Transported self to and from dialysis
 - Able to communicate needs
 - Knowledgeable of med and therapies
- Second time
 - Totally dependent on wife and family to relay needs, transport and provide much needed support

After second diagnosis which followed a living donor transplant from father:

Patient had 4 hospitalizations d/t

- subdural hematoma
- abdominal ascites.
- suspected liver disease requiring paracentesis, as outpatient (finally scar tissue developed ending the success of the procedure)

PALLIATIVE Care was set up to reduce any future hospitalizations and provide comfort care

Case Study #2

Patient Demographics:

- 77 year old white male
- Lives alone ~ 30 minutes from dialysis
- Transports self to dialysis
- Partner lives separate, has advanced dementia and patient is sole caregiver
- Patient maintains both residences
- On dialysis 4 years

Patient problem:

- Intolerant to ESA medications and IV Iron therapy
- Worked with PCP to write standing order for blood transfusions as an outpatient when Hgb fell below 9 and/ or patient was symptomatic

Thank You!

Deborah DeWalt, MSN, RN
Quality Improvement Director, IPRO ESRD Network Program
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<http://ipro.org>

Decreasing COVID-19 Hospitalizations and Vaccination Best Practices



Aisha Edmondson
Contract Manager, Quality Improvement



Barriers Related to Vaccination

- Lack of knowledge
- Fear
- Accessibility
- Mistrust in the healthcare system
- Vaccine hesitancy
- COVID-19 Fatigue
- Lack of Infection Control





Breaking Barriers

- Help make their Vaccinations Happen
- Be Patient and Follow Up
- If Hesitancy Persists, Prevention is Key
- Help them understand why it's important
- Educate



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How PFRs Can Help!

- By helping patients receive information through sharing resources and information that will be provided to them
- To act as a member of the quality improvement team
- Can assist with letting your facility project lead know about any concerns or issues they encounter in working with the patients
- Hand out materials and share information provided by the Network
- Develop a bulletin board to educate patients
- Participate in a lobby day





Preventing Spread with Infection Control

Dialysis Audit Tool: Environmental Surface Disinfection

Standard	Frequency	Responsible Party	Documentation	Notes
1. Dialysis Station	1.000	1.000	1.000	
2. Treatment and Medication Preparation Area	1.000	1.000	1.000	
3. Commonly Touched Surfaces	1.000	1.000	1.000	
4. Storage of unused medical supplies	1.000	1.000	1.000	
5. Assessment of Cleaning Contractor	1.000	1.000	1.000	

IPRO End-Stage Renal Disease Network of New England

Dialysis Audit Tool: Hand Hygiene with Hand Sanitizer

Step	Description	Yes/No
1	Identify the discipline.*	
2	Apply a palmful of the product* in the cupped hand, covering all surfaces unless hands are visibly soiled.	
3	Rub hands palm to palm.	
4	Rub right palm on top of left hand with fingers interlaced. Repeat with left palm on top of right hand.	
5	Rub palm to palm with fingers interlaced.	
6	Rub backs of fingers to opposite palms with fingers interlocked.	
7	Clasp the left thumb in the right palm and rub. Do the same for the right thumb.	
8	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.	

ESRD NCC NATIONAL COORDINATING CENTER

Environmental Surface Disinfection Category	Specific Examples	Monitor and record attempts (e.g. during infection prep, whenever patients, after contamination with blood etc.)
1. Dialysis Station	<ul style="list-style-type: none"> Dialysis station used of patient Station of dialysis machine or other unit Special attention to touch screen Keyboard Dialysis container (if used) Dialysis chair Chairside table Blood pressure cuff Thermometer Stethoscope Oxygen concentration table 	
2. Treatment and Medication Preparation Area	<ul style="list-style-type: none"> Countertops Cash used to draw supplies Medication refrigerators Storage in ready storage areas Clipping area Wiping area 	
3. Commonly Touched Surfaces	<ul style="list-style-type: none"> Waiting room chairs Door handles Reception area Staircase Hand sanitizer dispensing point Hand washing stations 	
4. Storage of unused medical supplies through the dialysis station	<ul style="list-style-type: none"> Band-aids Alcohol swabs Gauze Rolls of tape 	
5. Assessment of Cleaning Contractor	<ul style="list-style-type: none"> Educated and certified personnel of appropriate disinfection agents Use of appropriate disinfection agents 	

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.

Welcome to the new IPRO Learn website!
<https://esrd.iprolearn.org/>



Best Practices from the Network Service Area

We always offer all vaccines on admissions, if patients state they received we try to track down their vaccine history

We spend a lot of time establishing relationships with our patients, they trust us

MD strongly encourages vaccination based on ESRD immunocompromised status and potential; risks to patients

We give out handouts and talk to the patients about the benefits. We also communicate with the nursing homes and let them know we will give the vaccines at the clinic and send them the information after they are given.

Patients vaccinations are reviewed on admission and offered at time of admission and during 30 day, 90 day and annual plan of cares.

Vaccination Best Practices Speaker



Jassy Custer, Facility Administrator, CCHT-A
Katrina Taylor Charge Nurse
Fresenius Medical Care of Lebanon

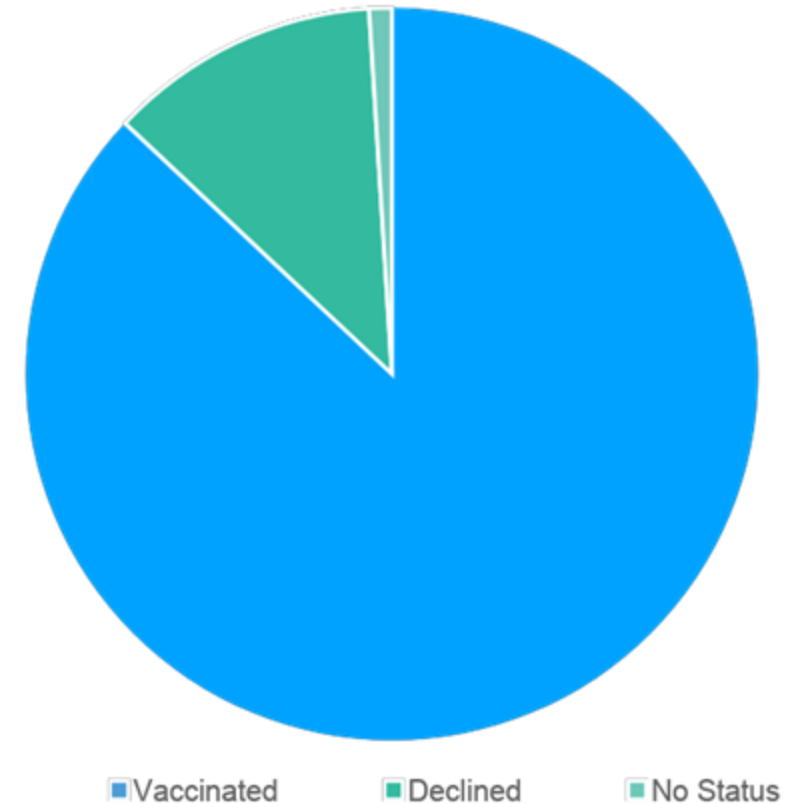


Fresenius Kidney Care Lebanon

Jassy Custer, Facility Administrator, CCHT-A
Katrina Taylor, Charge Nurse

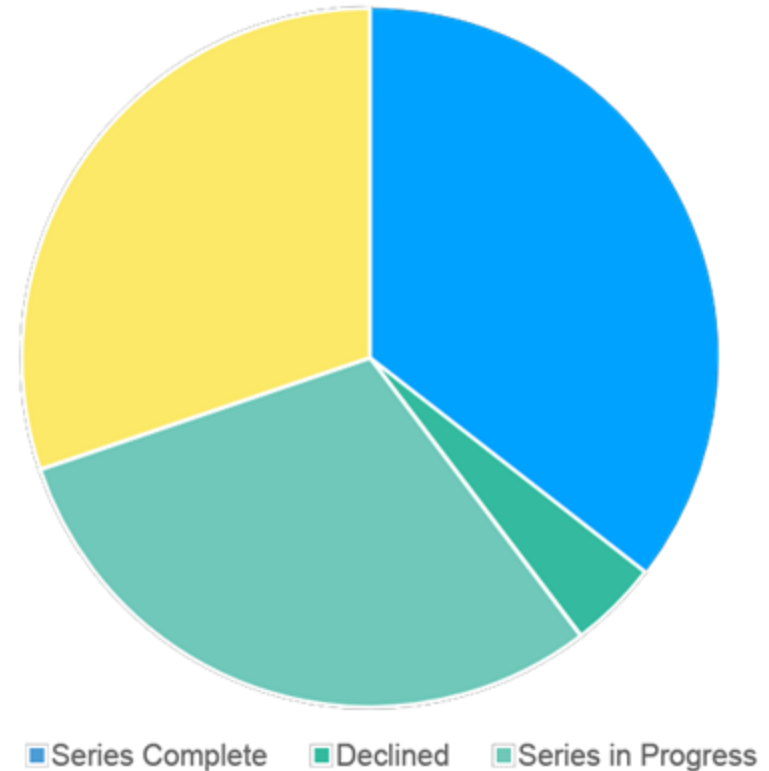
Influenza Vaccination

- 87% of patients were vaccinated for Influenza as of February 2023
- 12% of patients declined the Influenza vaccination
- 15 of patients have an unknown status
 - The 1% accounts for patients who are pending admissions



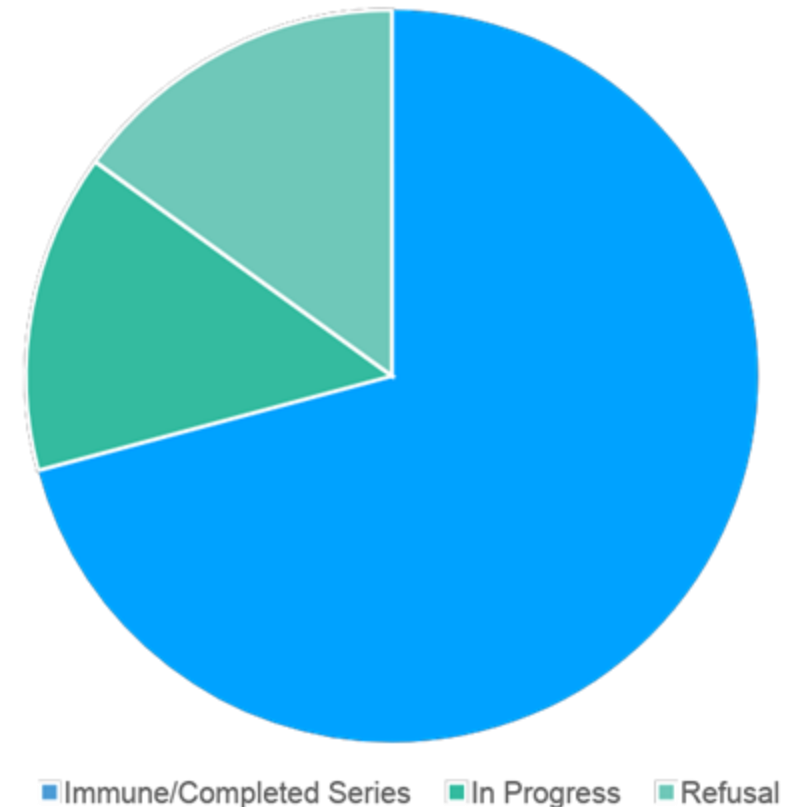
Pneumonia Vaccination

- 67.8% of patients have completed the Pneumonia vaccination series
- 10.1% of patients are candidates and due to be vaccinated
- 7.9% of patients refused vaccination
- 56.6% of patients are in-progress in the vaccination series.




Hepatitis B

- 90.4% of patients have completed the Hepatitis B vaccination series and/or are immune
- 18% of patient's are in progress
- 19.2% of patients refused the vaccine.



Our Process:

- We ask patient's early into the admission process for vaccination consents
 - We have an RN designated as vaccination champion for the Lebanon dialysis clinic
 - When patients decline vaccination, we wait a week or two and follow up with the physician and education reinforcement
 - We employ our patient care technicians to reinforce patient education and the importance of vaccination among the ESRD patient population
- 

Thank you



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