Long Term Catheter Reduction 2017

Derek Taylor RN
Quality Improvement Coordinator
Project Details

• Joint Network 16 and 18
  – 203 combined facilities

• The baseline for the 2017 project is your CROWNWeb Long Term Catheter rate from September 2016. If your rate in September was above 10% then that is why you are on the project.
Success

• To be successful in this project, you need to reduce your Long Term Catheter rate by 2% or
• reduce your overall Long Term Catheter Rate to below 10% if your baseline rate is below 12%.

• Baseline month for graduation for this project is expected to be August or September, however this is a year long project.
Project Requirements:

- Complete a Root Cause Analysis (RCA) of your Long Term Catheter Rate and develop Corrective and Preventative Action Plan (CAPA) based on your analysis. **30 facilities will be using a specific RCA provided by the Network**.

- Plan to include your patients in this process!!

- If you have completed your RCA and have reduced your LTC by 2% or more you do not need to complete a new one.
Core Facilities Defined

• Two types of facilities on the 2017 Project- **Core** and **Non-core**
• Responsibilities differ - **Core** facilities have additional monthly reporting to do, calls and other responsibilities.
• **Non-core** are still on the project need to work on reducing their catheter rate- still will have some webinars and be sent mailings/emails
Core Facilities Defined (Con’t)

• Non-core facilities need to actively be working on catheter > 90 days.

• If Non-core rate is increasing or there are issues with attending webinars etc, then Non-core will be converted to core....
Tools/Resources

• The National Forum of ESRD Networks toolkit contains: PDSA worksheet, QAPI tool, tracking tools, referral letters, refusal form (maybe better as a tool)

• http://esrdnetworks.org/resources/toolkits/mac-toolkits-1/catheter-reduction-toolkit
Toolkit (Con’t)

Catheter Reduction Toolkit
Developed by the Forum of ESRD Networks’ Medical Advisory Council (MAC)

The Forum MAC has developed a series of QAPI toolkits to assist dialysis facilities in meeting the requirements of the Conditions of Coverage.
# Toolkit (Con’t)

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Toolkit (Con’t)

4- **ACT**
- Adopt the change or
- Abandon it or
- Run through the cycle again, possibly under different environmental conditions

3- Study the results
What did we learn?

Begin a new PDSA Cycle!

<table>
<thead>
<tr>
<th>QI PROJECT PHASES</th>
<th>ACTIVITIES</th>
<th>KEEP IN MIND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Make a plan for the change, collect baseline data, plan to carry out the cycle (who, what, where, when)</td>
<td>Brainstorming, motivating</td>
</tr>
<tr>
<td>Do</td>
<td>Carry out the plan, document problems and unexpected observations, continue to monitor data</td>
<td>Flowchart, run chart</td>
</tr>
<tr>
<td>Study</td>
<td>Complete the analysis of the data, compare data to predictions, summarize what was learned</td>
<td>Fishbone diagram, Pareto chart, control chart, histogram</td>
</tr>
<tr>
<td>Act</td>
<td>What changes are to be made? Develop ongoing evaluation/monitoring, next cycle?</td>
<td>Flowchart, brainstorming</td>
</tr>
</tbody>
</table>
Project Requirements Reporting:

- **For Core Facilities Only:** By the fifth of each month starting in February, enter your data in the form on our website (Instruction to follow)

- **IMPORTANT:** Do not email PHI or PII (patient names, SSN, DOB, etc.)
• Under no circumstances is PHI/PII to be emailed to the Network or entered into any form.

• This includes patient name, SSN, age, gender, address, phone, email and many more

• Please review all correspondence before sending- there have been examples of PHI showing up on additional pages of emails
PHI/PII

• If unsure what might be considered PHI please review the following link:

Insurance Issue

• To help those struggling with MediCal/MediCaid and getting accesses placed we have a voluntary tracking sheet in place.

• Only patient identifier should be their UPI number
Fill in form and email to us
If done in 2016 - please update
with the year 2017 in the title

Reminder- NO PHI except information as requested below!!!!!
Social Worker Hints

- Have the social worker monitor the insurance type for patients that need an access and know what group the patient is in—MediCal etc— it might be switching

- In dual eligible patients Medicare is usually the primary insurance

- Find when/if the switch happens—be proactive

- Get 2728 completed ASAP
Mach Form- Reporting

• We will use the Machform to standardize the data that is sent both in format and content

• Machform will help eliminate PHI/PII transmittal

• Will allow for meaningful evaluation of data – plan is to give facility trending at end of project
Mach Form- Reporting

• First month (February 5th) reporting will be your RCA and action plan (core facilities)

• Consecutive month reporting – explanation to follow

• (Everyone) If you haven’t signed your project acknowledgement form, do so today!!
Where to Report NW18

Centers for Medicare & Medicaid Services (CMS) Aims

Network 18 is tasked by CMS to promote positive change relative to the CMS Aims as outlined in the National Quality Strategy (NQS) and CMS priorities. The Aims are defined as follows:

- **AIM 1:** Better Care for the Individual through Beneficiary and Family Centered Care

Patient Engagement

Network 18 is committed to enhancing the patient's voice in the activities of the Network and the renal community as a whole. Towards this end, the Network is engaged at two levels of patient care:

1. Engagement at the dialysis facility level to foster patient and family involvement; and
2. Development and implementation of a
Where to Report NW16
Mach Form

HealthInsight
ESRD ALLIANCE
NETWORK 16 | NETWORK 18

Long Term Catheter Tracking

ECN - Network and Facility Name *

Reporting Month *
February 2016 (January Data)

Facility Contact *
First Last

Select the current month, to report data for the previous month.
(For Example: February would submit January Data)
Mach Form

HealthInsight
ESRD ALLIANCE
NETWORK 16 | NETWORK 18

Long Term Catheter Tracking

CCN - Network and Facility Name *

Select the current month, to report data for the previous month. (For Example: February would submit January Data)

Reporting Month *
February 2016 (January Data)

Facility Contact *
First  Last
Denominator = Census

- Census is your **total** patient count on the **last day of the month** - subtracting acute and transient patients.

- **Example:** Census on last day of month: 100
  - Acute patients: 2
  - Transient patients: 1
  - Final census: 97
Numerator = Access Counts

• Catheter ≥ greater than/equal to 90 days on last day of the month - again you subtract out any acute and transient patients

• If the patient has both a catheter and another access such as fistula or a graft- you only count the catheter if it is being used for dialysis during the last treatment of the month.
Numerator = Access Counts

- *Example 1*: Patient has fistula/graft and a catheter and is using two 17 gauge needles to dialyze – then subtract patient from numerator

- *Example 2*: Patient has fistula/graft and a catheter and is using one 17 gauge needle and one limb of the catheter to dialyze – then keep patient in the numerator until using two needles solely for dialysis
WARNING: DO NOT ENTER PHI/PII ON THIS FORM. No PHI/PII in the fields below. Examples of PHI include patient name or initials, birthdate, SSN, etc.

Enter RCI (Rapid Cycle Improvement) *

Enter Patient Involvement *

Enter CAPA (Corrective and Preventative Action) Progress *

REMINDER: No PHI/PII in any fields. Please review your data and check this box to verify that no PHI/PII is included.
Rapid Cycle Improvement

The PDSA Cycle for Learning and Improvement

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective, questions and predictions (why)
- Plan to carry out the cycle (who, what, where, when)

Study
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

Do
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data
Mach Form

Enter Patient Involvement

Enter CAPA (Corrective and Preventative Action) Progress
Patient Engagement

• Every facility must elect a patient representative.

• This representative can be used/ be helpful in a variety of ways.
  – Speak to other patients about the value of getting a fistula
  – Review posters/literature before posting
  – Give the patient perspective on overcoming barriers to access placement
Patient Engagement

• Don’t forget - Discussions with patient and social worker regarding insurance coverage and to ensure vascular appointments aren’t cancelled or missed
Mach Form

REMINDER: No PHI/PII in any fields.
Please review your data and check this box to verify that no PHI/PII is included

Check here to verify *

☐ I agree that no PHI/PII is included in this form

☐ I'm not a robot

Submit
Expectations

Core facilities:

• Submit your MACH Form by the 5th of each month
• Be sure to identify contact or “point” person in the Machform who can be contacted to answer questions about your submitted data
• Don’t forget to include RCI and CAPA Progress
• Include how you will involve your patient(s) in decreasing catheter counts/ patient involvement
• (everyone) Keep plugging away. Getting that catheter removed may save your patients life!!
How Can I Be Excluded from this Network QIA Next Year?

- September 2017 is the expected baseline for the 2017 LTC QIA

- Have your LTC rate in CrownWeb be at or below 10%
Resources

- https://nwrn.org/
- http://www.esrdnetwork18.org/
- http://www.bardpv.com/portfolio/vectra/
Questions?

Derek Taylor
dtaylor@nw16.esrd.net
206.923.0714
HealthInsight

HealthInsight is a private, non-profit, community-based organization dedicated to improving health and health care, operating in nine western states: California, Alaska, Idaho, Montana, Oregon, Washington, Nevada, New Mexico and Utah. The HealthInsight ESRD Alliance was formed in 2015 to bring together the strengths of all partners to further integrate quality efforts across the care continuum for patients at risk for kidney disease, those with chronic kidney disease, those on dialysis or receiving kidney transplant care.