Oct. 30, 2018
11 a.m. PST

Presenter

Barbara Breckler-Dommert
Quality Improvement Director
BBreckler@nw16.esrd.net
PROJECT EXPECTATIONS

- Reducing BSI Project
- Home Project
- Transplant Project
- Population Health Project
- Hospitalization Project
- Vocational Rehabilitation
REDUCING BLOOD STREAM INFECTION
### BSI by Network

#### eMR/HIE Access

<table>
<thead>
<tr>
<th></th>
<th>Successful</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW16</td>
<td>83</td>
<td>62%</td>
</tr>
<tr>
<td>NW18</td>
<td>86</td>
<td>82%</td>
</tr>
</tbody>
</table>

#### BSI Rate

<table>
<thead>
<tr>
<th></th>
<th>Participants</th>
<th>Baseline</th>
<th>Remeasurement</th>
<th>Change</th>
<th>Met Goal</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW16</td>
<td>101</td>
<td>0.8</td>
<td>0.48</td>
<td>-40.00%</td>
<td>70</td>
<td>69%</td>
</tr>
<tr>
<td>NW18</td>
<td>169</td>
<td>0.76</td>
<td>0.47</td>
<td>-38.16%</td>
<td>134</td>
<td>79%</td>
</tr>
</tbody>
</table>

#### CVC Rate

<table>
<thead>
<tr>
<th></th>
<th>Participants</th>
<th>Baseline</th>
<th>Remeasurement</th>
<th>Change</th>
<th>Met Goal</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW16</td>
<td>9</td>
<td>19%</td>
<td>14%</td>
<td>-26%</td>
<td>5</td>
<td>56%</td>
</tr>
<tr>
<td>NW18</td>
<td>21</td>
<td>21%</td>
<td>20%</td>
<td>-5%</td>
<td>11</td>
<td>52%</td>
</tr>
</tbody>
</table>
## BSI - BY COMPANY

<table>
<thead>
<tr>
<th>eMR/HIE Access</th>
<th>Successful NW16</th>
<th>Successful NW18</th>
<th>Overall Success Rate</th>
<th>NW16 Success Rate</th>
<th>NW18 Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVA</td>
<td>28</td>
<td>39</td>
<td>51%</td>
<td>80%</td>
<td>44%</td>
</tr>
<tr>
<td>FMC</td>
<td>22</td>
<td>22</td>
<td>62%</td>
<td>69%</td>
<td>61%</td>
</tr>
<tr>
<td>NKC</td>
<td>13</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>OPKC</td>
<td>4</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>USRC</td>
<td>0</td>
<td>11</td>
<td>63%</td>
<td>0%</td>
<td>73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BSI Rates</th>
<th>Participants NW16</th>
<th>Participants NW18</th>
<th>Remeasurement NW16</th>
<th>Pass Rate NW16</th>
<th>Pass Rate NW18</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVA</td>
<td>35</td>
<td>88</td>
<td>-27%</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>FMC</td>
<td>32</td>
<td>36</td>
<td>-57%</td>
<td>78%</td>
<td>83%</td>
</tr>
<tr>
<td>USRC</td>
<td>13</td>
<td>15</td>
<td>7%</td>
<td>46%</td>
<td>87%</td>
</tr>
<tr>
<td>NKC</td>
<td>4</td>
<td>N/A</td>
<td>-46%</td>
<td>N/A</td>
<td>75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CVC Rate</th>
<th>Participants NW18</th>
<th>Baseline NW18</th>
<th>Remeasurement NW18</th>
<th>Participants NW16</th>
<th>Baseline NW16</th>
<th>Remeasurement NW16</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVA</td>
<td>3</td>
<td>18%</td>
<td>17%</td>
<td>9</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>FMC</td>
<td>3</td>
<td>20%</td>
<td>15%</td>
<td>4</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>USRC</td>
<td>8</td>
<td>25%</td>
<td>25%</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NKC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>OPKC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
BSI PROJECT BEST PRACTICES

Clinic:
Continuous Improvement, Education, Teamwork, Accountability, Patient Engagement, Report Metrics to MD in QAPI

Network:
Monthly follow up with NHSN data, tracking project compliance
# TRANSPLANT - BY NETWORK

<table>
<thead>
<tr>
<th>Network 16</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual patients added to the waitlist during the month.</td>
<td>14</td>
<td>19</td>
<td>11</td>
<td>14</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>39</td>
<td>10</td>
</tr>
<tr>
<td>Individual patients transplanted.</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Network 18</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual patients added to the waitlist during the month.</td>
<td>23</td>
<td>29</td>
<td>53</td>
<td>47</td>
<td>37</td>
<td>36</td>
<td>45</td>
<td>76</td>
<td>31</td>
</tr>
<tr>
<td>Individual patients transplanted.</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>
TRANSPANT-NETWORK 16

- Davita: 2.79% (61 Pts Waitlisted out of 2,189)
- FMC: 2.19% (41 Pts Waitlisted out of 1,870)
- Other: 1.39% (9 Pts Waitlisted out of 648)

Network 16 Patients Discharged for "Transplant":
- Davita: 210
- FMC: 128
- Other: 35
TRANSPANT- NETWORK 18

2.72%  
176 Pts Waitlisted  
out of 6,468

2.47%  
98 Pts Waitlisted  
out of 3,964

2.58%  
67 Pts Waitlisted  
out of 2,599

Network 18  
Patients Discharged  
for "Transplant"

Davita  
243  
FMC  
184  
Other  
107

Davita  
FMC  
Other

2.30%  
2.35%  
2.40%  
2.45%  
2.50%  
2.55%  
2.60%  
2.65%  
2.70%  
2.75%
• Key takeaways
  • RCAs indicated direct patient care staff are not comfortable with transplant education, facility staff are not aware of all patients’ progress toward transplant and lack an understanding in how they are responsible for supporting the transplant process.
TRANSPANT BEST PRACTICES

• Education for all direct patient care staff
• Transplant binder
• Transplant ineligibility documentation – include reason
• Explore reason for not interested in transplant
• Patient Transplant Mentor
• Track patient progress through the waitlist process. Check in regularly with the patient and provide encouragement.
HOME DIALYSIS
HOME DIALYSIS BY NETWORK

• Goal was to increase home rates by 10 percentage points.

• Network 16 added 5.34 percent

• Network 18 added 2.53 percent

• Note: Some starts did not count in official data because the training start date was entered after the NCC data pull.
HOME –NETWORK 16

Total Referred to Home Training (Jan-Sept 2018)/Baseline Prevalence

- DaVita: 4.45%
- Dialysis Clinic, Inc.: 14.04%
- Fresenius Medical Care: 4.52%
- Other: 7.02%
HOME- NETWORK 18

Total Referred to Home Training (Jan-Sept 2018)/Baseline Prevalence

- DaVita: 2.46%
- Fresenius Medical Care: 2.96%
- Other: 1.11%
NW16 FACILITIES ACHIEVED GOAL

Goal: Increase 10 percentage points from baseline rate from January to September 2018.

19% of facilities (67 total) met their goal

- **DaVita**: 18 facilities met goal, 1 did not.
- **Dialysis Clinic, Inc.**: 2 met goal, 1 did not.
- **Fresenius Medical Care**: 6 met goal, 21 did not.
- **Other**: 4 met goal, 15 did not.

**Average Goal**: 10.43%
NW18 FACILITIES ACHIEVED GOAL

Goal: Increase 10 percentage points from baseline rate from January to September 2018.

8% of facilities (116 total) met their goal

<table>
<thead>
<tr>
<th>Facility</th>
<th>Met Goal</th>
<th>Did not Meet Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>DaVita</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>Fresenius Medical</td>
<td>5</td>
<td>52</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Average Goal: 10.35%
HOME BEST PRACTICES

- In-center Staff Education (myth busting)
- Lobby Days: Let patients see and talk to home dialysis patients
- Letting patients discuss what is important in their lives and then matching the modality to their lives
**VR PILOT PROJECT – NETWORK 16**

<table>
<thead>
<tr>
<th>Progress to Goals</th>
<th>Baseline</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: 5% Increase in Referrals</td>
<td>0.22%</td>
<td>6.86%</td>
<td>10.10%</td>
<td>15.90%</td>
<td>15.91%</td>
<td>28.30%</td>
<td>29.20%</td>
<td>31.40%</td>
<td>33.30%</td>
<td>33.93%</td>
</tr>
<tr>
<td>Goal: 2% Increase in Receiving EN/VR Services</td>
<td>0%</td>
<td>0.98%</td>
<td>1.52%</td>
<td>1.71%</td>
<td>1.70%</td>
<td>4.60%</td>
<td>4.20%</td>
<td>3.60%</td>
<td>3.70%</td>
<td>2.38%</td>
</tr>
</tbody>
</table>

Exceeded CMS project goals

The decline in “Receiving Services” from July to September is attributed to the patients receiving a kidney transplant.
VR BY COMPANY

• DaVita
  – Referred 42.04%
  – Current 4.55%

• FMC
  – Referred 25%
  – Current 0%
VR

• Key takeaways
  • RCA indicated staff had not built relationships with VR, staff not comfortable educating on VR and patients fear losing benefits
  
  • VR Toolkit addressed these barriers and more
VR BEST PRACTICES- Staff

- Resource/Best Practices Checklist
- Tips for Partnering with VR
- Fact Sheets for Rehab Counselors
- Handout for Practitioners
- VR Referral Tracking Tool
- Patient VR Interest Form (individualized care planning/RCA)
- Post-Referral Patient Experience Survey
VR BEST PRACTICES - Patients

- Guide to Working with Your Local VR Office or EN
- VR for People on Dialysis Living in Rural Areas
- Transplant Candidates and Those with New Transplants: Now is the Time to Check our VR
- VR Success Stories
- Posters
VR AND TRANSPLANT

- After transplant loss of Social Security benefits
- VR active patients can keep their check and Medicare beyond three years post-transplant when working with VR or other like-program (Section 301)
REDUCING HOSPITALIZATION

Network 18 Only
Reducing HOSPITALIZATIONS

Reducing by 2 percentage points

ESRD Networks' Average Hospitalization Rates 2018
REDUCING HOSPITALIZATIONS BEST PRACTICES

• EMR/HIE access: Knowing what, when and why

• Identification of patient as ESRD-early

• Post Hospitalization Assessment

• We should not expect our patients to be hospitalized
2019 PROJECT YEAR

• BSI: 50% of facilities, 15% or greater LTC
• Home: 30% of Network Facilities
• Transplant: 30% of Network Facilities
• Pilot Project: 10%
  – Network 16 Vocational Rehabilitation
  – Network 18 Hospitalization or Vocational Rehabilitation
The facility administrator is the main contact for all Network correspondence.
KEY INFORMATION

Network 16:
www.nwrn.org → Providers & Professionals → New Facility Information → Facility Personnel Update Form

Network 18:
esrdnetwork18.org → About → Reports & Forms → Facility Personnel Update
KEY INFORMATION- Environmental Scan

• Network-wide Environmental Scan (sent to FA)

• Coming out in middle of November

• Information is used to develop Network Interventions

• Please complete promptly
KEY INFORMATION- Patient Environmental Scan

• New this Year- site that patients can enter use to answer questions

• Coming out in middle of December

• Information is used to develop Network Interventions

• Please provide information to your patients
KEY INFORMATION

• December: Notification of Facility Selection

• Dec. 14: Network Council Call
  – Network 16 10:00- 11:00 am PT
  – Network 18 12:30 – 1:30 pm PT
Questions?

Presenter

Barbara Breckler-Dommert
Quality Improvement Director
BBreckler@nw16.esrd.net