HYPERCALCEMIA

ORIENTATION WEBINAR

FEBRUARY 14, 2017
2:00 PM CT
Glenda Harbert, RN, CNN, CPHQ, Executive Director

Kelly Shipley, RHIA, QI Director

Dany Anchia, RN, QI Coordinator

Aparna Biradar, MPH, QI Analyst

Javoszia Sterling, BA, Outreach Coordinator

Lydia Omogah, QI Specialist*

*denotes project lead
Focus Facility selection
Goals of HYPERCALCEMIA QIA
Project timeline
Project components
Sustainability
CMS Watch List
Wrap up

*Please utilize the chat window for questions*
SELECTION PROCESS

Baseline Data: Q1/Q2 2016 (January – June)
Network 14 Average: 0.90%
National Average: 0.80%
Focus Facility Average: 7.18% (4.44% - 10.90%)

All eligible ESRD Network 14 facilities (N=588)
Top facilities by worst hypercalcemia rates (N=15)
Total number of focus facilities (N=10)
## Finalized PY 2019 Performance Values

<table>
<thead>
<tr>
<th>Measure</th>
<th>Achievement Threshold (15th percentile)</th>
<th>Benchmark (90th percentile)</th>
<th>Performance Standard (50th percentile)</th>
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<tbody>
<tr>
<td>VAT Measure Topic</td>
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<tr>
<td>• AVF</td>
<td>53.66%</td>
<td>79.62%</td>
<td>65.93%</td>
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<tr>
<td>• Catheter *</td>
<td>17.20%</td>
<td>2.95%</td>
<td>9.19%</td>
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<tr>
<td>Kt/V Dialysis Adequacy</td>
<td>86.99%</td>
<td>97.74%</td>
<td>93.08%</td>
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<tr>
<td>Hypercalcemia*</td>
<td>4.24%</td>
<td>0.32%</td>
<td>1.85%</td>
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<tr>
<td>NHSN BSI*</td>
<td>1.738</td>
<td>0</td>
<td>0.797</td>
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<tr>
<td>SRR*</td>
<td>1.289</td>
<td>0.624</td>
<td>0.998</td>
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<tr>
<td>STrR*</td>
<td>1.488</td>
<td>0.421</td>
<td>0.901</td>
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Focus Facility Average: 7.18% (4.44% - 10.90%)
PROJECT COMPONENTS

Sustainability Plan

Root Cause Analysis (RCA)

Patient Engagement

Plan-Do-Study-Act (PDSA) Cycle

Monthly Data Collection Tool

Taking Care
## PROJECT TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<td>Analysis of baseline data</td>
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<td>Selection of focus facilities</td>
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<td>30-Jan</td>
<td>8-Feb</td>
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<td>Notification of focus facilities</td>
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<td>14-Feb</td>
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<td>Orientation Webinar</td>
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<td>17-Feb</td>
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<td>Submission of Webinar Attestation</td>
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<td>21-Feb</td>
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<td>Submission of Root Cause Analysis (RCA)</td>
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<td>PDSA Plan Development</td>
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<td>PDSA Cycle Begins</td>
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<td>1-Mar</td>
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<td>Monthly feedback on interventions</td>
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<td>31-Mar</td>
<td>30-Apr</td>
<td>31-May</td>
<td>30-Jun</td>
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<td>Hypercalcemia Webinar</td>
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<td>Complete Network QIA Sustainability Plan</td>
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<td>30-Sep</td>
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<td>Sustainability Plan Evaluation</td>
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PROJECT COMPONENTS

- Root Cause Analysis (RCA)
- Plan-Do-Study-Act (PDSA) Cycle
- Monthly Data Collection Tool
- Patient Engagement
- Sustainability Plan
1. Select the root causes for each patient (one per page)
   - If not listed, specify additional root cause(s) in other option box

2. Does the patient have a PTH > 600

3. Is the patient taking a calcimimetic?
1. Use this patient key while completing the online RCA

2. List the patient for #1 that corresponds to patient #1 in the RCA

3. Fax form to NW, do not email.

Please fax this form to Lydia Omogah, QI Specialist with Network 14, at 972-331-3659. 
DO NOT EMAIL PATIENT INFORMATION TO THE NETWORK.
PROJECT COMPONENTS

Root Cause Analysis (RCA)

Plan-Do-Study-Act (PDSA) Cycle
1. **Plan** - Plan the details of the test and make predictions about outcomes
2. **Do** - Conduct the test and collect data
3. **Study** - Compare the predictions to the results of the tests
4. **Act** - Take action based on the new knowledge
PROJECT COMPONENTS

- Root Cause Analysis (RCA)
- Plan-Do-Study-Act (PDSA) Cycle
- Monthly Data Collection Tool
- Patient Engagement
- Sustainability Plan
1. Complete each month, first one is due 3/31/17
2. Enter the assumed continuing cause(s) for hypercalcemia
3. Enter the lab values
4. Confirm entry in CW
5. Email form to NW
**Monthly Feedback Survey**

1. **Complete monthly, due by last day of the month, first one is due 3/31/17**

2. **Opportunity to list any successes, barriers, or challenges**
PROJECT COMPONENTS

- Root Cause Analysis (RCA)
- Plan-Do-Study-Act (PDSA) Cycle
- Monthly Data Collection Tool
- Patient Engagement
- Sustainability Plan
Every dialysis in Texas should have a FPR who will act as a link between patients and the facility staff.

- Recommend 1 FPR for every shift
- Consider diversity and predominant and secondary languages spoken by patients
- Use Network FPR Toolkit to orient staff and patients to FPR role

Responsibilities

- Assist facility
  - Gather information and ideas from patients
  - Distribute information to patients
  - Share ideas from patients with facility staff
  - Co-design strategies to improve the delivery of care and patient information
  - Support Patient and Family Engagement activities, including QI activities
  - Promote Patient and Family Centered Care
FACILITY PATIENT REPRESENTATIVE (FPR)

http://esrdnetwork.org/patients-families/patient-representatives/
PATIENT ENGAGEMENT

Patient Experience Week
(4/24/17 – 4/28/17)

1. **Review motivational interviewing strategies with your Facility Patient Representative (FPR)**

2. **Determine best method to communicate hypercalcemia education with patients**

3. **Implement that strategy with a patient with hypercalcemia**

4. **Communicate those results to the NW**

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**Motivational Interviewing Strategies and Techniques: Rationales and Examples**

**ASKING PERMISSION**

Rationale: Communicates respect for clients. Also, clients are more likely to discuss changing when asked, than when being lectured or being told to change.

Examples of Asking Permission
- “Do you mind if we talk about [insert behavior]?”
- “Can we talk a bit about your [insert behavior]?”
- “I noticed on your medical history that you have hypertension, do mind if we talk about how different lifestyles affect hypertension?” (Specific lifestyle concerns such as diet, exercise, and alcohol use can be substituted for the word “lifestyles” in this sentence.)

**ELICITING/EVOKING CHANGE TALK**

Rationale: Change talk tends to be associated with successful outcomes. This strategy elicits reasons for changing from clients by having them give voice to the need or reasons for changing. Rather than the therapist lecturing or telling clients the importance of and reasons why they should change, change talk consists of responses evoked from clients. Clients’ responses usually contain reasons for change that are personally important for them. Change talk, like several Motivational Interviewing (MI) strategies, can be used to address discrepancies between clients’ words and actions (e.g., saying that they want to become abstinent, but continuing to use) in a manner that is nonconfrontational. One way of doing this is shown later in this table under the Columbo approach. Importantly, change talk tends to be associated with successful outcomes.

Questions to Elicit/Evoke Change Talk
- “What would you like to see different about your current situation?”
- “What makes you think you need to change?”
- “What will happen if you don’t change?”
- “What will be different if you complete your probation/referral to this program?”
- “What would be the good things about changing your [insert risky/problem behavior]”?
- “What would your life be like 3 years from now if you changed your [insert risky/problem behavior]?”
- “Why do you think others are concerned about your [insert risky/problem behavior]?”

Elicit/Evoke Change Talk For Clients Having Difficulty Changing: Focus is on being supportive as the client wants to change but is struggling.
- “How can I help you get past some of the difficulties you are experiencing?”
- “If you were to decide to change, what would you have to do to make this happen?”

Elicit/Evoke Change Talk by Proving Extreme: For use when there is little expressed desire for change. Have the client describe a possible extreme consequence.
- “Suppose you don’t change, what is the WORST thing that might happen?”
- “What is the BEST thing you could imagine that could result from changing?”
SUSTAINABILITY

- Sustain the improvements made during the project after the project has ended
  - Start early, at the beginning of the project with the end goal in mind
  - Use SUSTAIN mnemonic to remember the seven steps of sustainability
  - Complete and submit a Sustainability Plan for each project to Network toward end of project
- Role of organizational culture and leadership in successful sustainability activities

Facilities failing to submit required documents for projects will receive:
- One written or emailed notice
- One notification via phone

If no response received from facility, the facility will be placed on the CMS Watch List, which will include:
- Report of non-compliance to corporate leaders (if applicable)
- Report of non-compliance with DSHS on monthly calls
- Report of non-compliance to CMS
Location of project materials:
http://www.esrdnetwork.org/hypercalcemia

Lydia Omogah
Quality Improvement Specialist
469-916-3802
lomogah@nw14.esrd.net
NEXT STEPS

- Complete the Pre-Project Survey due 2/10/17
  - [https://www.surveymonkey.com/r/J872DCD](https://www.surveymonkey.com/r/J872DCD)

- Complete the Webinar Attestation Form due 2/17/17
  - [https://www.surveymonkey.com/r/B8W8XGZ](https://www.surveymonkey.com/r/B8W8XGZ)
  - Counts as your attendance to this webinar

- Complete the Root Cause Analysis Tool due 2/21/17
  - [https://www.surveymonkey.com/r/qiprca](https://www.surveymonkey.com/r/qiprca)
  - Submit the patient key used in conjunction with the RCA by fax

- Develop your Plan-Do-Study-Act (PDSA) due 2/24/17
  - Schedule day/time with project lead to discuss