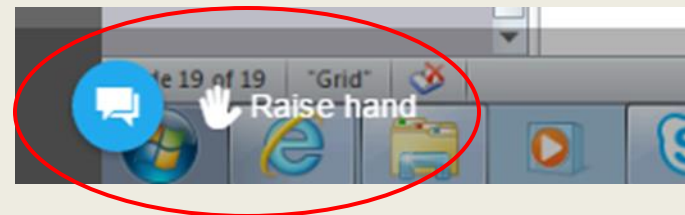
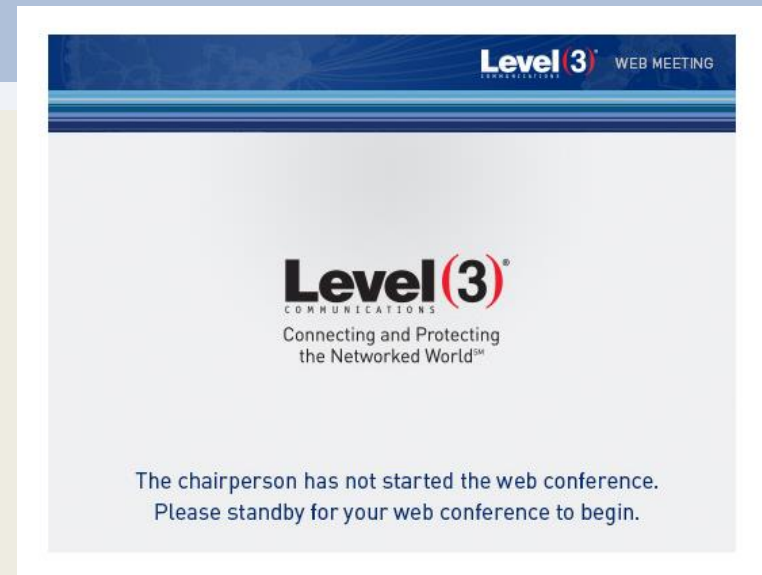


PARTICIPANT: ONCE YOU'VE LOGGED IN

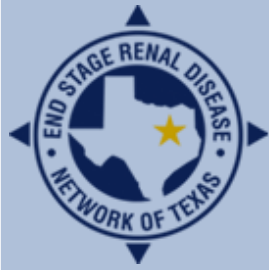
- If the webinar hasn't began yet you will see this screen.
 - If it has you will see the first slide or the presenter's slide deck.
- There is a Chat panel in the bottom left hand corner of your screen. Click the talk boxes to post a comment/question. Click the "raise hand" button for pressing comments/questions.



HOUSEKEEPING

- Call in on your phone:
 - 1-800-747-5150
 - Access Code 2576876
- You will be on mute until the end of the webinar/recording. You can post comments to the chat window and questions will be answered at the end of the webinar.
- This meeting will be recorded





END STAGE RENAL DISEASE
NETWORK OF TEXAS

CULTURE EXCHANGE
AIM 3:NHSN DATA
QUALITY

Aparna Biradar, MPH
QUALITY IMPROVEMENT ANALYST



Introductory
Webinar

December 8,
2016

NETWORK 14 TEAM

- Aparna Biradar, BDS, MPH, QI Analyst *
- Kelly Shipley, BS, RHIA, QI Director
- Lydia Omogah, BAAS, QI Specialist
- Dany Anchia, RN, QI Coordinator
- Glenda Harbert, RN, CNN, CPHQ, Executive Director
- Javoszia Sterling, BA, Outreach Coordinator

The Network will work closely with organization leadership to ensure strong participation and collaboration. Should facilities remain noncompliant despite these efforts, the Network will include facilities with two or more delinquent project activities on the project watch list and report them to the COR/CMS.

**Project Lead*

GOALS OF THIS WEBINAR



- Statement of Work
- Project Goals
- Focus Facility Selection
- PBC reporting in NHSN (per Dialysis Event protocol)*
- Interventions
 - Root Cause Analysis (RCA)
 - Plan-Do-Study-Act (PDSA)
 - Attend the Community Coalition Meetings
- Timeline
- Next Steps
- Empower the Focus Facilities to promote seamless transitions of care across health care settings

YOU HAVE THE OPPORTUNITY TO MAKE A DIFFERENCE!

****PBC reporting: All positive blood cultures reported to NHSN are reconciled in the calculation of BSI rate**



END STAGE RENAL DISEASE
NETWORK OF TEXAS

STATEMENT OF WORK (SOW)



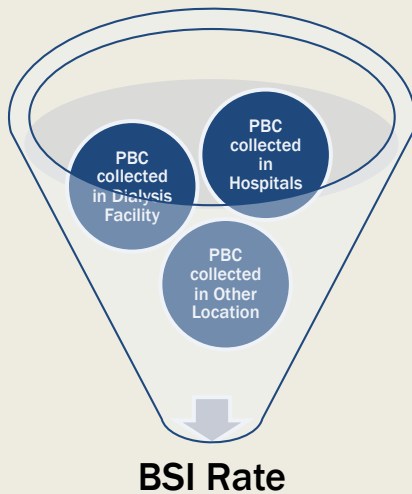
“The Network shall plan and perform QIAs to increase facility reporting of BSIs among dialysis patients that are identified within one calendar day following a hospital admission”

- Network selects ≥ 20 dialysis facilities for QIAs that lack access to hospital electronic medical records (EMRs) or are known to have challenges retrieving hospital medical record information for their patients
- Identify at least five hospitals that receive patients from these QIA facilities
- Network shall complete individual facility RCA and planned PDSA cycle
 - Perform Root Cause Analysis with Each Facility
 - Plan PDSA Cycle with Each Facility
 - Support facilities' implementation of the PDSA plan
- Baseline Data: Jan 2016 - Jun 2016
- Re-measure: Jan 2017 -Jun 2017
- Monitor the facilities bi-annually until 2020



PBC REPORTING DEFINITION

- *Reporting of Positive Blood Culture in NHSN:*
 - *All positive blood cultures from specimens collected as an outpatient or within one calendar day after hospital admission*
 - *All positive blood cultures regardless of whether or not a true infection is suspected or whether the infection is thought to be related to Hemodialysis*
- PBC and BSI
- PBC that occur on the 1st and 2nd day of hospital admission



$$\text{BSI Rate} = \text{All PBC} / \text{Access Count}$$

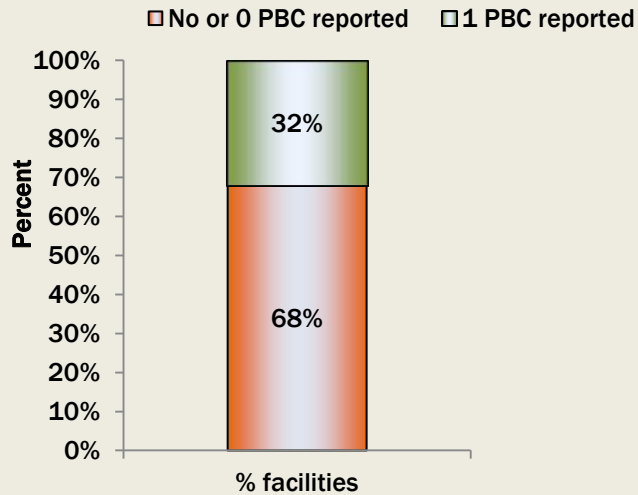
For Culture Exchange:
Numerator = PBC collected in Hospital
Denominator = All PBC



PBC COLLECTED IN HOSPITAL

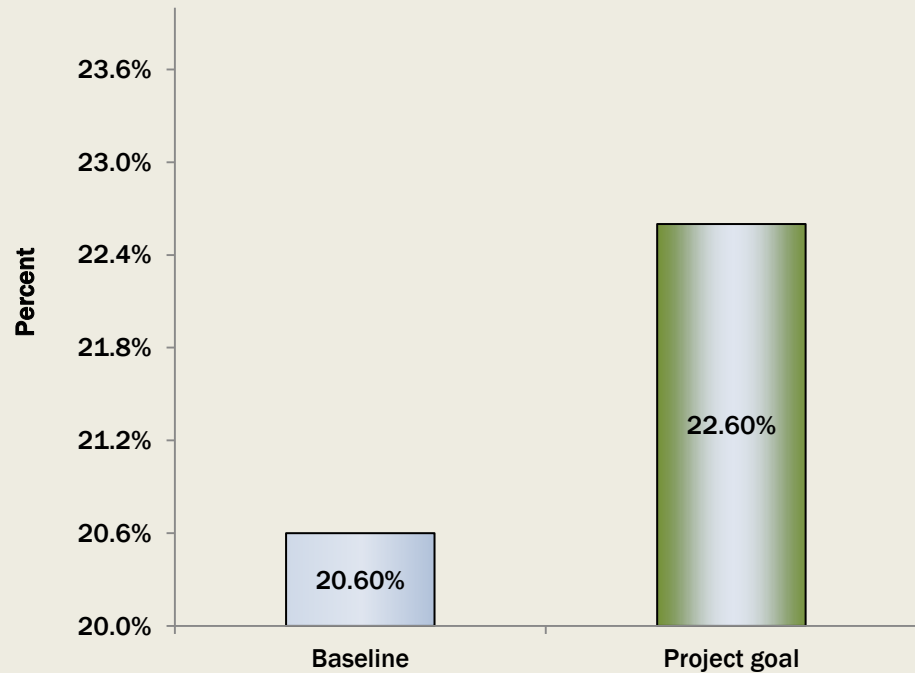
% Facilities Reporting PBC identified in Hospitals

Baseline Data Source: NHSN, Frequency of Dialysis Events data
Time Period: Jan to Jun 2016



PBC Reporting Rate at Baseline and Goal by June 2017

Baseline Data Source: NHSN, Frequency of Dialysis Events data
Time Period: Jan to Jun 2016



PROJECT REQUIREMENTS



■ Overall Requirements

- 2% increase of BSI* reporting in NHSN from baseline (Jan to Jun 2016) by June 2017

■ Facility Requirements

- Complete facility RCA and planned PDSA cycle to improve communication of key information between hospitals and dialysis facilities
- Complete and accurate reporting of data, especially *BSIs in NHSN
- Increase reporting by 2% from facility baseline

*BSIs identified on the 1st and 2nd day of hospital admission



END STAGE RENAL DISEASE
NETWORK OF TEXAS

FOCUS FACILITY SELECTION



Data Source

■ Environment Scan:

- No established process
- No access to hospital EMR
- Hospital System

■ NHSN data:

- Frequency of Dialysis Events Report
- Dialysis Practices Survey Report
- BSI Rate

- 22 Focus facilities will work with up to five hospitals at a minimum

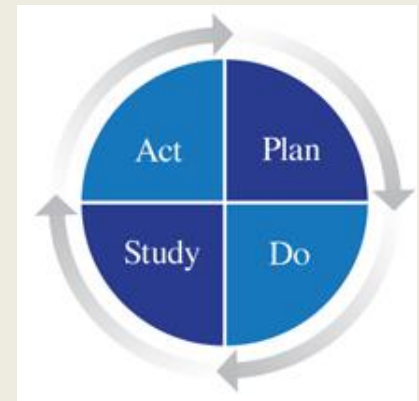


INTERVENTIONS



- Orientation webinar
- Pre-assessment outcomes and Root Cause Analysis (RCA)
- Attend the Community Coalition meetings
- PDSA planning session with each facility
- Rapid Cycle Improvement (RCI)
- Monitoring Phase (begins after 2017) until 2020
- Sustainability plans for facilities completing the PDSA cycle

RCA



INTERVENTIONS: RCA

WHAT IS RCA?



- RCA is a method of problem solving used to identify the root causes of a problem
- When is RCA used
 - Problem identification and definition
 - Analysis of a problem to determine the possible causes
- Tool for RCA: Cause and Effect Diagram/"fishbone chart" or Ishikawa
 - Diagram showing a large number of possible causes of a problem
 - A well brainstormed Cause and Effect chart will take the shape of a fishbone; hence the alternate name "fishbone chart" or Ishikawa
 - Allows people to understand in more detail the relationship of one process to another
 - Provides ideas for data collection and potential solutions
 - Starting point for improvement projects



CAUSE AND EFFECT CATEGORIES



Dialysis

- Factors under the control of dialysis staff
- Examples:
 - Staffing issues
 - Staff not aware of DE protocol

Patient

- Factors under the control of patient
- Example:
 - patient does not communicate due to language barrier

Low reporting of BSI in NHSN

NHSN

- Factors related to NHSN system itself
- Example:
 - SAMS registration process is time consuming and hence delayed accessibility to NHSN

Hospital

- Examples:
 - No access to Hospital EMR
 - Lack / limited knowledge of hospital EMR

Organizational

- Dialysis facility policy and procedures
- Example:
 - No protocol in place for retrieving information from hospital



INTERVENTIONS: RCA



- RCA will be complete via Survey Monkey
 - **Multiple choice, select all that apply**

- Root Cause Categories

- **Print RCA** before submitting survey by right-clicking on the survey and selecting “print”

- Keep a copy of your RCA handy with all other project documents
 - Information collected during RCA will be utilized to tailor the interventions by applying the PDSA cycle

- RCA Template

TIMELINE



ESRD Network of Texas, Inc. 2016 Culture Exchange Project Timeline

	Thursday, Dec 01	Friday, Dec 02	Saturday, Dec 03	Sunday, Dec 04	Monday, Dec 05	Tuesday, Dec 06	Wednesday, Dec 07
Intervention 1: RCA							
	Thursday, Dec 08	Friday, Dec 09	Saturday, Dec 10	Sunday, Dec 11	Monday, Dec 12	Tuesday, Dec 13	Wednesday, Dec 14
	Intro Webinar 1 and RCA link out to facilities						
	Thursday, Dec 15	Friday, Dec 16	Saturday, Dec 17	Sunday, Dec 18	Monday, Dec 19	Tuesday, Dec 20	Wednesday, Dec 21
	Webinar 1 Attestation Form				DUE: Root Cause Analysis(RCA)		
	Thursday, Dec 22	Friday, Dec 23	Saturday, Dec 24	Sunday, Dec 25	Monday, Dec 26	Tuesday, Dec 27	Wednesday, Dec 28
Intervention 2: PDSA	Thursday, Dec 29	Friday, Dec 30	Saturday, Dec 31	Sunday, Jan 01	Monday, Jan 02	Tuesday, Jan 03	Wednesday, Jan 04
							Plan PDSA Cycle with each facility
	Thursday, Jan 05	Friday, Jan 06	Saturday, Jan 07	Sunday, Jan 08	Monday, Jan 09	Tuesday, Jan 10	Wednesday, Jan 11
	Plan PDSA Cycle with each facility	Plan PDSA Cycle with each facility			Plan PDSA Cycle with each facility	Plan PDSA Cycle with each facility	
	Thursday, Jan 12	Friday, Jan 13	Saturday, Jan 14	Sunday, Jan 15	Monday, Jan 16	Tuesday, Jan 17	Wednesday, Jan 18
Thursday, Jan 19	Friday, Jan 20	Saturday, Jan 21	Sunday, Jan 22	Monday, Jan 23	Tuesday, Jan 24	Wednesday, Jan 25	



NEXT STEPS



- Complete the RCA by **Dec 19**
 - In addition to the RCA, in the same survey link, facilities will be asked to select a date and time of when they can plan PDSA with the Network project lead
- Plan the PDSA Cycle
 - PDSA planning cycle begins 1st week of January 2017
- Attend community Coalition meetings
- Monthly monitoring
 - Monthly data via NHSN
 - Patient log (hospitalized, missed treatments)
 - Evaluate Q1 2017 findings
 - Implement RCI if facility/facilities are not on track
 - Patient engagement piece will roll out in March 2017
- Re - measure based on Jan 2017- June 2017
- Monitor facilities every quarter until 2020



KEY QUESTIONS FROM THE NETWORK

- Are there current internal NHSN data accuracy projects?
- Are you currently collaborating with any hospitals on any QI projects?
- How can we collaborate?
- Are there any major expected changes that would impact your participation in this project?
- Any other questions or requests?

NETWORK RESOURCES

- Project Materials and Resources (Look for the Culture Exchange logo)
 - <http://www.esrdnetwork.org>

The screenshot shows the website's navigation menu on the left with options: HOME, OUR NETWORK, CALENDAR, PATIENTS & FAMILIES, PROFESSIONALS, PROVIDER DIRECTORY, DISASTER PLANNING, ESRD LINKS, CONTACT US, and MEMBERS. The main content area is titled "GETTING STARTED" and features four tiles: "Our Network" (with a map of Texas), "Patients & Family" (with a photo of a woman and child), "Professionals" (with a photo of three healthcare workers), and "Disaster Planning" (with a photo of a storm). Below these are two larger sections: "Our Mission and Vision" (with a photo of a woman holding a child) and "Quality Improvement Activities (QIA)" (with a photo of two healthcare workers). Each of these two sections has a "READ MORE" link at the bottom right.



- For
- Timeline
 - Webinar Info
 - Slides
 - Tools
- Click here**





WEBINAR EVALUATION & QUESTIONS

- Complete the webinar evaluation via survey monkey link providing your name, facility name, and 6-digit CMS certified facility number(CCN#). This will serve as record of your attendance (a project requirement) at today's webinar.

■ Questions

- Culture Exchange Project

- *Aparna Biradar, abiradar@nw14.esrd.net, 469-916-3807

*Project lead

TO-DO LIST

1. Complete the webinar attestation form by **December 15, 2016**.
Link to the form: <https://www.surveymonkey.com/r/LGHRSY9>

1. Complete the online RCA via Survey Monkey by **December 19, 2016**. Link to the RCA:
<https://www.surveymonkey.com/r/LB2W3GK>

2. One on one calls will happen in 1st week of January, 2017
 - One on one PDSA planning will be done according to selections made in RCA link

PLEASE NOTE: You will receive an email from the project lead after the webinar with information of due dates and links, next steps and information regarding CMS Watch List.