GOALS OF THIS WEBINAR

- Introduce Focus Facilities to the project and to the Network team
- Review Network Watch List
- Explain the process of Focus Facility selection
- Interventions: Reports, tools, resources, etc.
- Review project timeline and requirements
- Review Facility Patient Representative (FPR)
- Address Sustainability
- Complete Attestation & Polling Questions

YOU HAVE THE OPPORTUNITY TO MAKE A DIFFERENCE!
NETWORK STAFF

Mary Albin, Executive Director

Betrice Williams, Outreach Coordinator

QIAs

Dany Anchia, RN, CDN
Clinical Quality Manager*

Javoszia Sterling, QI Analyst

Lydia Omogah, Senior Project Analyst

*denotes project lead
ESRD Network 14 LTC rate: 10%

Focus Facilities in this project: 20.09%

Target rate: 17.09% (3 percentage point improvement) by end of July and sustain
2018 LTC FACILITIES

Top 50% BSI Facilities (n=264)

Selected 54 with higher LTC rates above >15% based on Top 50% facilities with BSI’s

54 facilities with LTC rates >10% at baseline (September 2016)

23 Facilities Rollover from 2017
LTC RATES

FFCL-Network Compare-Catheter Greater Than or Equal to 90
NCC FFCL Dashboard - Prevalent Network Rate Compare
January through August 2016

Ranked 7/18

Average rate among all Networks 10.61%
Phase 1
- Webinar 1 – Wednesday March 14
- Intervention: Monthly LTC Report via Survey Monkey
- Regional Meetings
- FPR Recruitment/Patient Champion

**Deadlines (Refer to Timeline)**
- March 21: Webinar Attestation
- March 30: Complete LTC Report via Survey Monkey

Phase 2
- Intervention: Root Cause Analysis, CDC Core interventions & Improvement Plan (IP) as needed
- ESRD NCC HAI LAN Calls

**Deadlines:**
- April 6: RCA
- IP (As needed)

Phase 3 – Ongoing Interventions & Resources
- Data Validation (CW Reports)
- Involve FPRs/Pts as appropriate
- CDC Core Interventions
- Regional Meetings

Phase 4 – Verify and Sustain Improvements
- TBD Webinar – End of project
- Intervention: Sustainability Plan

**Deadlines**
- Sep 28: Complete Sustainability Plan
- July: Meet project goal (3%) then sustain through August & Sep

➢ Site Visits will be conducted anytime during the project.
Patient Engagement Activities will be promoted through the recognition and involvement of patients on nationally recognized awareness days. Your Facility’s Patient Representative (FPR) is encouraged to share the respective activities and information with patients. Feedback on the specific monthly activities will be collected at the end of each month through a survey.

- **World Kidney Day** (March 8, 2018)
- **Patient Safety Awareness Week** (March 11-17, 2018)
- **Patient Experience Week** (April 23-27, 2018)
- **Sepsis Awareness Month** (September 2018)
- **International Infection Prevention Week** (October 14-20)
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<th>Task</th>
<th>January</th>
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<td>Network Received Data from NCC</td>
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<td>Webinar (Attestation Due 7 days later)</td>
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<td>3/14</td>
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<td>Wrap-up</td>
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<td>Network: Notify Facilities via email</td>
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<td>Facilities to notify leadership/corporate</td>
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<tr>
<td>Monthly LTC Report (Via Survey Monkey) &amp; Review During QAPI Monthly</td>
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<td>3/30</td>
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<td>Root Cause Analysis &amp; Improvement Plan</td>
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<td>Review/Implement CDC Core Interventions (6-9)</td>
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<td>Participate in ESRD NCC HAI LAN calls</td>
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<td>Monthly Data Validation (At end of each month)</td>
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<td>Maintain FPR/Pt Engagement through project</td>
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<td>Patient Engagement Education (i.e., NW Calendar)</td>
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<td>Network to Join/Attend Regional Meetings</td>
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<td>Meet Goal of 3% LTC Rate Reduction</td>
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<td>7/31</td>
<td>Sustain</td>
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<td>Project Close</td>
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<td>DIF Performance Measures</td>
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<td>10/31</td>
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<td>Sustainability Plans Due to Network</td>
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<td>9/28</td>
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<td>Site Visits as needed throughout project</td>
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<td>Can be scheduled as needed</td>
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</table>
5. What are Patient-Related Factors that you think are attributable to high LTC utilization? Make sure patient feedback is obtained. This is an opportunity to work with your FPRs or Patient Champion.

- comorbidity/comorbidities
- unable to tolerate increased cardiac output induced by a fistula/graft due to cardiac conditions
- severe peripheral vascular disease precludes fistula/graft placement
- all possible graft/fistula access sites exhausted as documented by vessel mapping (i.e., multiple failed AVFs)
- catheter infection precludes AVF or AVG surgery at this time
- directed donor transplant workup in progress
- peritoneal dialysis planned
- patient refuses AVF or AVG
FACILITY PATIENT REPRESENTATIVE (FPR) AND/OR PATIENT CHAMPION

- Every dialysis unit 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
  - Utilize FPR/Champion pt (who used to be a CVC) as a liaison

- FPR Responsibilities
  - Listed on website
  - Assist facility
    - Patient Champion
    - 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://www.esrdnetwork.org/patients-families/patient-representatives
## LTC MONTHLY REPORT

### Target Goals July 2017:

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>AVF Only</th>
<th>CVC &gt;= 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Any Access Count</td>
<td>&gt;=50%</td>
<td>13.00%</td>
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<tr>
<td>Number of AVF in use</td>
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<td>Number of AVF + AVG in use</td>
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<tr>
<td>Number of AVF + CVC in use</td>
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<tr>
<td>Number of AVG + CVC in use</td>
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<tr>
<td>Number of CVC &lt; 90 in Use</td>
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<tr>
<td>Number of CVC &gt;= 90 in Use</td>
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<tr>
<td>% of CVC &gt;= 90</td>
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</table>

Fill in the blank cells with the information gathered in each column for your facility at the closure of every month and send to data@nhrd.net. (NO PATIENT SPECIFIC INFO)

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Baseline</th>
<th>SAMPLE</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>
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</table>

The graph on the left will update itself as you enter data and will allow you to see trends and follow your facility progress.

### Interim Goals

<table>
<thead>
<tr>
<th>CVC &gt;= 90 Goals</th>
<th>Baseline</th>
<th>Mar 2017</th>
<th>May 17</th>
<th>Jul 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of CVC &gt;= 90</td>
<td>15.00%</td>
<td>14.00%</td>
<td>13.00%</td>
<td>12.00%</td>
</tr>
</tbody>
</table>

**Goal:** To reduce LTC by at least 3% points by end of July 2017
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 (Print)
  - Complete and submit a Sustainability Plan to the Network toward the end of project (By Sep 28)
  - Role of organizational culture and leadership: successful sustainability activities

REMEMBER: Start planning early!
Sustainability is about ensuring that the improvements you have made will last. In order for these enhancements to be lasting, we must establish a plan for sustainability. We all want these changes and improvements to become part of the culture in your facility.

To successfully complete this sustainability plan, please take a moment to consider all of the processes you have put into place during the Quality Improvement Activity your facility participated in.

- What can be done to ensure the most successful interventions will become part of the culture in your facility?
- How will you ensure that these steps will continuously support your current processes?
- Will this require that you modify training in your facility?
- How will you track these interventions to ensure improvements in performance measures are sustained?
- If you have a corporate partner, what is their role in supporting this sustainability plan?

**STEP 1:** Complete this survey within 10 business days of receipt.

**STEP 2:** Before submitting this survey, Save and print a copy of this Sustainability Plan to keep at the facility. Right click on your mouse, select the Print option. Then click on the Submit Sustainability Plan button.

**STEP 3:** Obtain the signature and approval on the printed Sustainability Plan of one of the following: Regional Manager, Director of Operations, or other Corporate Leader.

**STEP 4:** Send your signed Sustainability Plan to the Network by fax: (972) 331-3659.

**STEP 5:** Complete this process for EACH QIA your facility participated in ONLY at the time it is requested by the QIA project lead.
NEXT STEPS

- Complete Attestation and Polling by 3/14
- Notify Leadership/Corporate about project by 3/16
- Notify Network of any Regional/Monthly VA Meetings/Calls
- Root Cause Analysis via Survey Monkey
- Develop/Update LTC improvement plans – QAPI
- Monthly Reports via Survey Monkey (NW will send with Instructions)
- Involve FPRs/Champion Patients in project
- Patient Engagement Activities
- Update contacts as needed throughout project (30% turnover is an issue)
- Periodic data validation/correction (Monthly suggested)
- Participate in ESRD NCC LAN Calls as they are announced
- Review and evaluate Sustainability Plan and start planning ahead (Have a goal in mind)
- Meet goal of 3% decrease in LTC rates by July 31, 2018 and sustain
Introduce Focus Facilities to the project and to the Network team
Review Network Watch List
Explain the process of Focus Facility selection
Interventions: Reports, tools, resources, etc.
Review project timeline and requirements
Review Facility Patient Representative (FPR)
Address Sustainability
Complete Attestation & Polling Questions

YOU HAVE THE OPPORTUNITY TO MAKE A DIFFERENCE!
NETWORK RESOURCES

- Project Materials and Resources (look for the LTC logo)
  - http://www.esrdnetwork.org

For:
- Timeline
- Webinars
- Resources
- Tools
  Click here
Resources will be posted on our website at least every month and throughout the project as an additional form or technical support for facilities in and outside this project.
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 Network Watch List, which will include:
- Report of non-compliance to corporate leaders
- Report of non-compliance to DSHS as needed
- Report of non-compliance to CMS
Questions

- Long Term Catheter and Vascular Access Project
  *Dany Anchia, danchia@nw14.esrd.net, 469-916-3813

- CROWNWeb data entry
  Sade Brister, sbrister@nw14.esrd.net, 469-916-3805

- Data and Technical Support
  QualityNet Helpdesk, qnetsupport-esrd@hcqis.org
  Or 866-288-8912
Q&A SESSION

Let’s discuss
(While you complete the Attestation & Polling)