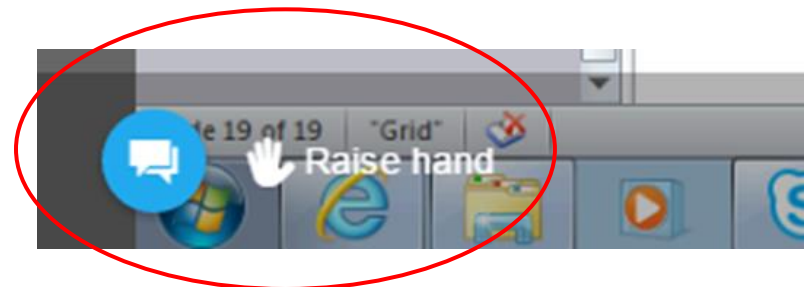
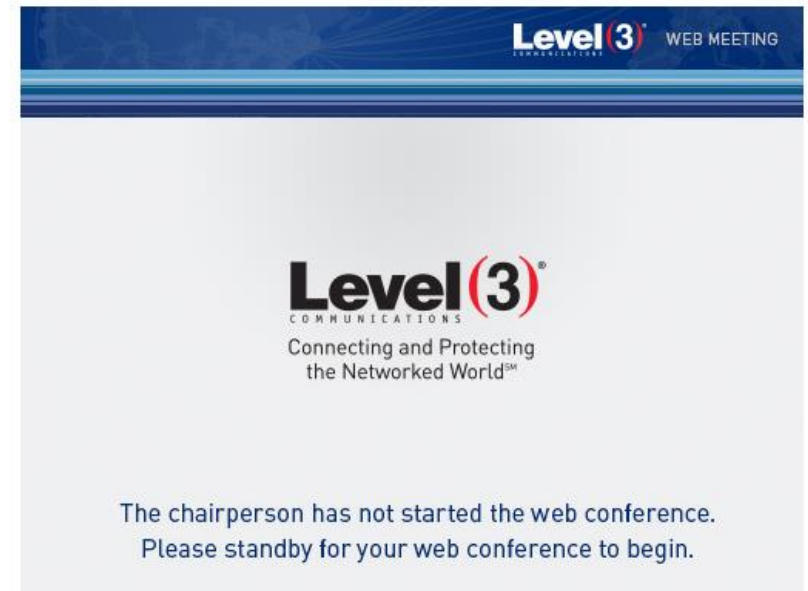




PARTICIPANT:

- 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 5375787
- 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.



KIDNEY COLLABORATIVE

2019 ESRD Network of Texas Hospitalization QIA Project

Supporting Quality Care



END STAGE RENAL DISEASE
NETWORK OF TEXAS

Contract Number: HHSM-500-2016-00014C



Improve Dialysis Care Coordination with a Focus on Reducing Hospital Utilization

- Achieve a *2 percentage-point decrease* in the average rate of overall hospitalizations from the baseline period (December – June of the previous contract year) and a *10% decrease* in ESRD related hospitalizations.
- Demonstrate that at least two root causes for hospitalizations have been identified with appropriate evidenced based interventions implemented.



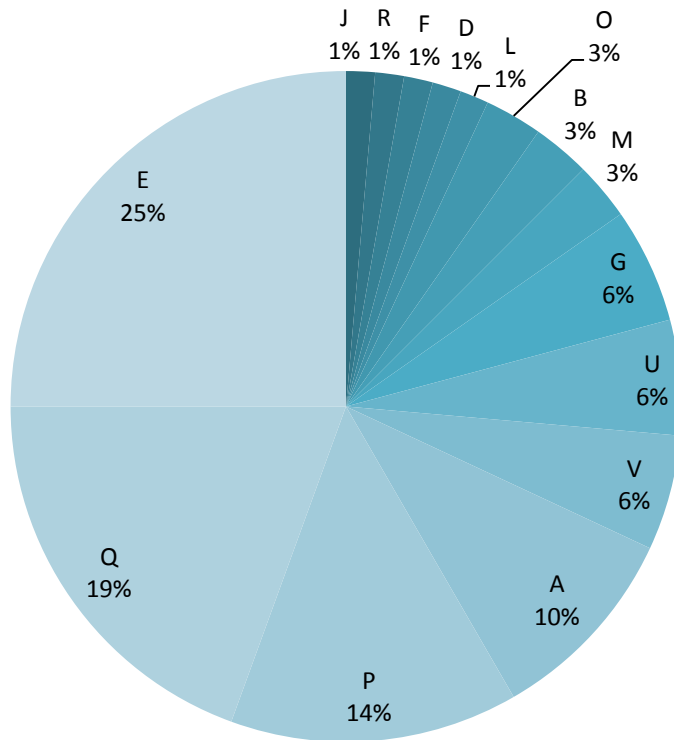
Facility Selection

- **10% of 689** facilities in Network Service Area
- Network is only able to recruit facilities from **FKC** due to data.
- 226 potential FKC project facilities.
- Facilities in the **top 25th percentile** of hospitalizations and readmission
- Excluded home only units
- **72** facilities that met project criteria
- Beneficiaries to be impacted – **6,800 to 7,000** patients

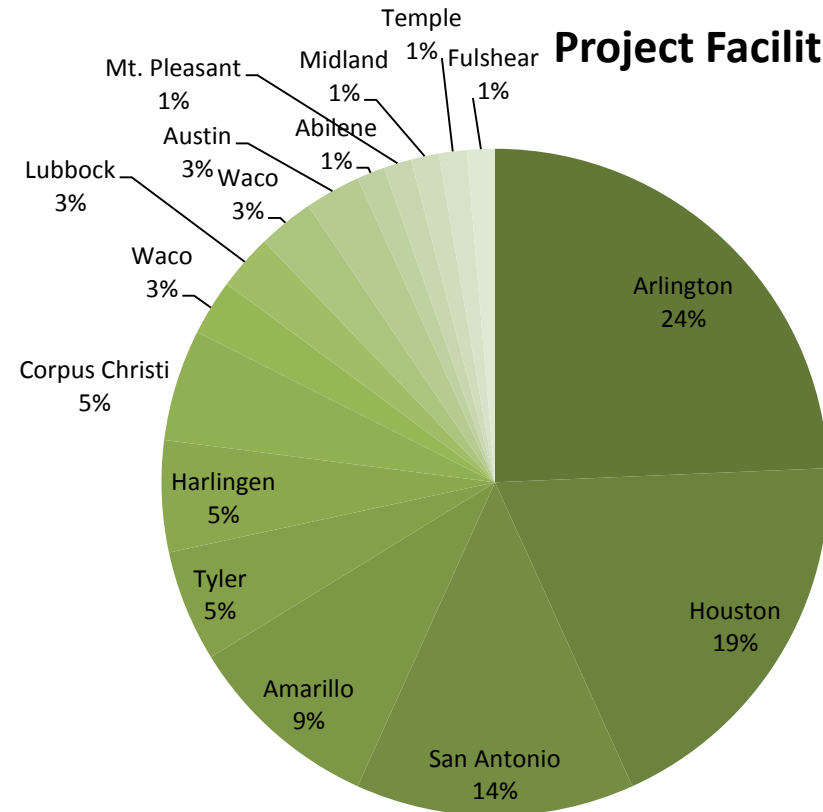


Facility Breakdown

Project Facilities by RAC



Project Facilities by City





Goals and Baseline Rates

	ESRD Related 7 Mo Admits	ESRD Related Mo Admit	Hosp. Total 7 Mo Admits	Hosp. Mo Admits	7 Total Prevelant Pts	Mo Prevelant Pts	ESRD Related Rate	Hosp. Rate
Baseline Dec 2017- Jun 2018	4774	682	5860	837.1	48238	6891.1	9.9%	12.15%
Goals	4298	614	4896.5	699.5	48238	6891.1	8.91%	10.15%
Reductions Needed to meet goals	476	68	964	138	N/A	N/A	0.99%	2.00%



Requirements

- Conduct, by February 14th, a “QIA kickoff” meeting with the selected **referral hospitals** and project **dialysis facilities**
- Disseminate to QIA participants (hospitals and dialysis facilities) the **Transitions of Care Toolkit** developed by the Forum of ESRD Networks
- Perform RCA of unplanned hospital admissions in QIA dialysis facilities, identifying/developing and implementing evidenced based interventions that **improve** the overall rate of **unplanned hospitalizations** in the Network



Attributes

- **Commitment to Boundarilessness and Unconditional Teamwork**
- **Customer Focus and Value of the QIAs to Patients, Participants, and CMS**
- **Value Placed on Innovation**
- **Patient and Family Engagement**
- **Rapid Cycle Improvement in QIAs and Outputs**
- **Ability to Prepare the Field to Sustain the Improvement**



Intent of QIA

- Identify the drivers of **ineffective care transitions** such as a lack of timely and complete communication, poor patient activation, and other system level process deficiencies that can lead to poor health outcomes resulting in increased utilization of acute care services.
- Also serves to aid the Network in identifying and implementing appropriate facility-level interventions that improve the **care coordination** for ESRD patients and their family members between care settings.
- Develop **relationships** between Dialysis facilities and Hospitals



February Interventions

1. Pre-Project Survey
2. RCA
3. FPR Recruitment

*This does not encompass the complete list of project interventions (see Rapid Cycle Improvement)



February Intervention #1: Pre-Project Survey

- Survey Monkey link
- Select a project lead and back-up
- **Note your CCN** – we will be using it all year
- No wrong answers to project specific questions
 - Helps Network offer facilities adequate support



February Intervention #2: Root Cause Analysis (RCA)

- Survey Monkey link
- Utilize as much relevant staff as possible
- Include patient feedback
- Facilities will address barriers in the following categories:
 - Facility
 - Patient
 - Organizational
 - Hospital or Data



February Intervention #3: Facility Patient Representative (FPR)

- 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
- Responsibilities
 - Options listed in toolkit
 - 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



Interventions Moving Forward

- At least 3 patient-created and tested interventions
 - We will use feedback from patients in project facilities to drive interventions
- Tools to increase transitions of care
 - Transitions of Care Toolkit
 - Hospital ESRD discharge checklist
 - Facility patient intake post-hospitalization checklist
- Patient education tools
- Medical Review Board Intervention
 - Educational algorithms
 - ICD-10 code analysis

*This does not encompass the complete list of project interventions (see Rapid Cycle Improvement)



Next Steps: Facilities

- Complete Root Cause Analysis **Due February 4th**
- Complete Pre-Project Survey **Due February 4th**
- Begin the process of recruiting a facility patient representative (FPR)
- Be on the lookout for the invite to Webinar 2 to be held in March



END STAGE RENAL DISEASE NETWORK OF TEXAS

Quality Improvement Activities (QIA)



We collaborate with healthcare providers, patients, and caregivers to design, implement, and execute projects to achieve better healthcare outcomes and processes by using quality improvement methods.


[READ MORE](#)


<https://www.esrdnetwork.org/hospital-admissions-qia>

HOSPITAL ADMISSIONS QIA

Webinars

Webinar 1: Kick-Off Link [icon type globe]

Webinar 1 Slides coming soon! 

Webinar 1 Recording- coming soon! 

Hospital Admissions QIA

The ESRD Network of Texas has been directed by the Centers for Medicare and Medicaid Services (CMS) to collaborate with 10% of the outpatient dialysis facilities within the state of Texas and to achieve a 2-point decrease in the average rate of overall hospitalizations, and a 10% decrease in ESRD related hospitalizations.

Network Project Lead:

Javoszia Sterling-Lewis, Quality Improvement Analyst

office (469) 916-3800, email jsterling@nw14.esrd.net

For resources please [click here](#)





Network Watch List

- Facilities failing to submit required documentation 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



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NETWORK OF TEXAS

Questions

For questions contact

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