END STAGE RENAL DISEASE NETWORK OF TEXAS

TRANSPLANT WAIT LIST

TRANSPLANT IMPROVEMENT PROGRAM FOR SUCCESS (TIPS)

2019 EXIT WEBINAR
NOVEMBER 21, 2019

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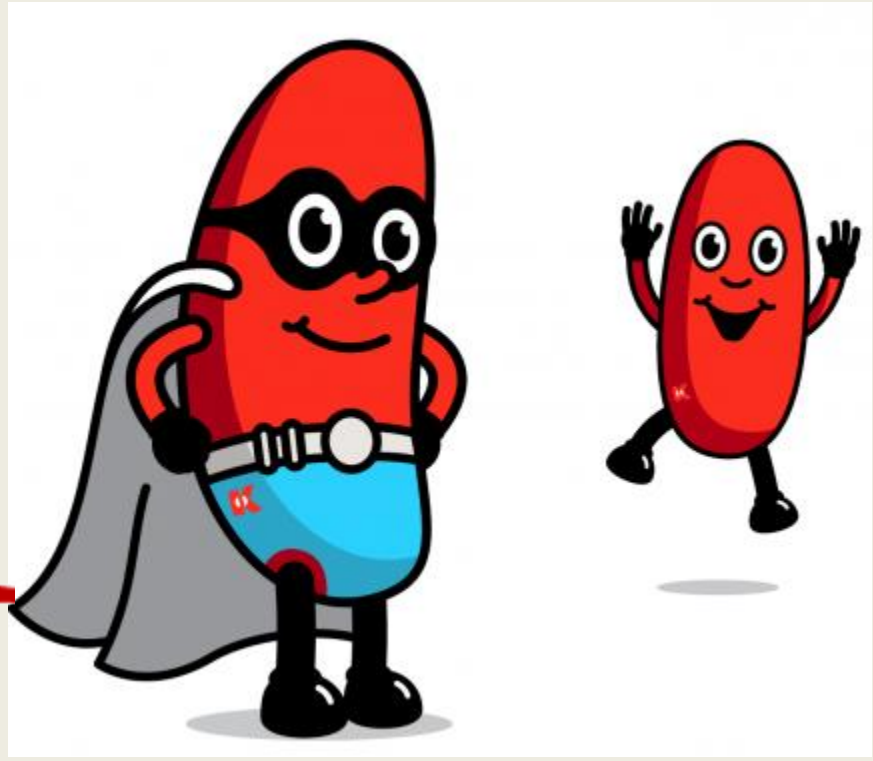
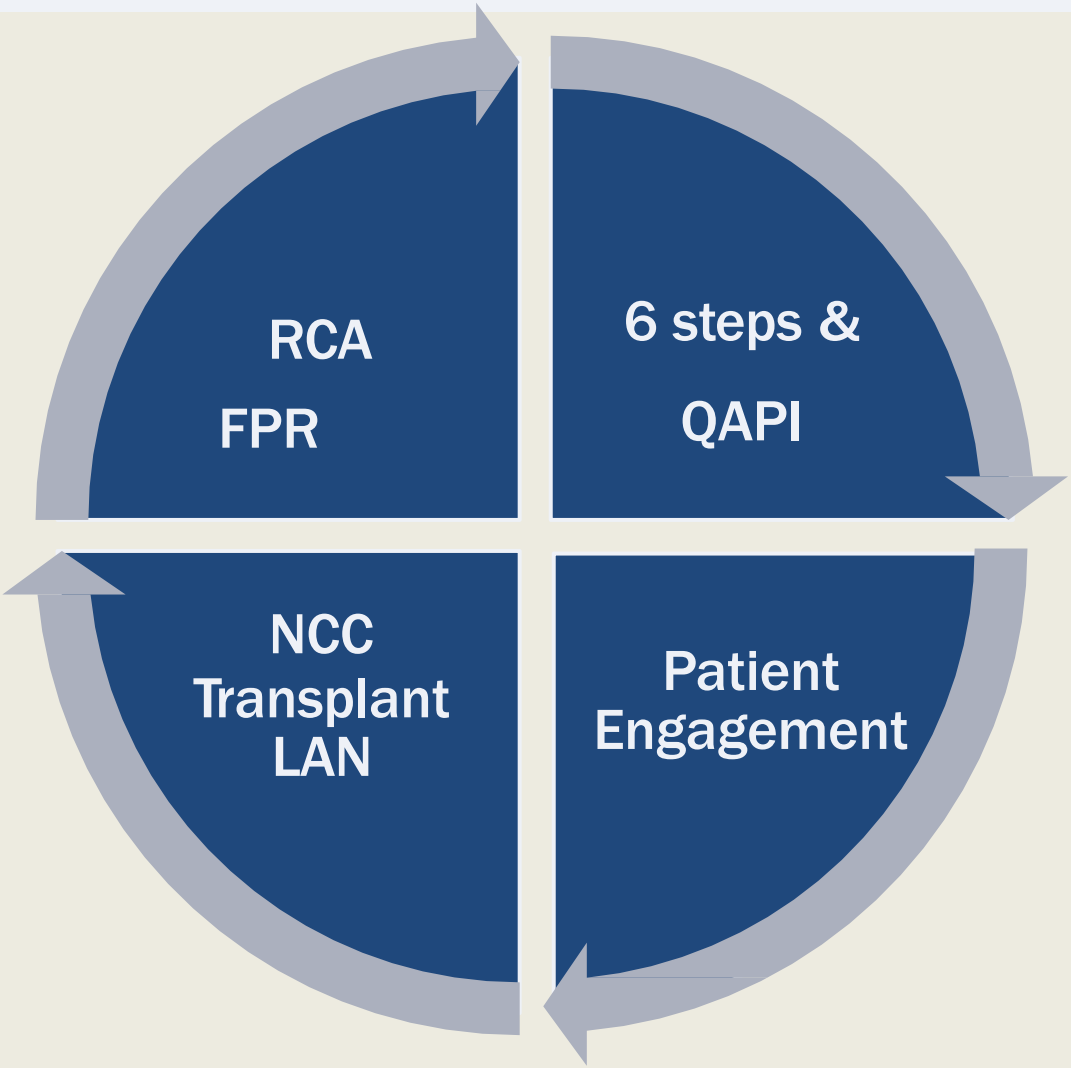
FIRST OF ALL…

Thank you so much for your hard work !!!



PROJECT MAJOR COMPONENTS



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TRANSPLANT QIA GOALS

National Rate of 2016: 18.50%
CMS Goal by 2023: 30%

Baseline: 0.70% (60 month average trend as of Dec 2018)

Our Goal: *2.70%

*Goal was calculated based on the number of patients that the Network needed to add to the waiting list to meet an equivalent of increasing the 60 month average rate by 2% points (n=907)

Increase TP Waitlist Rates by at least 2%

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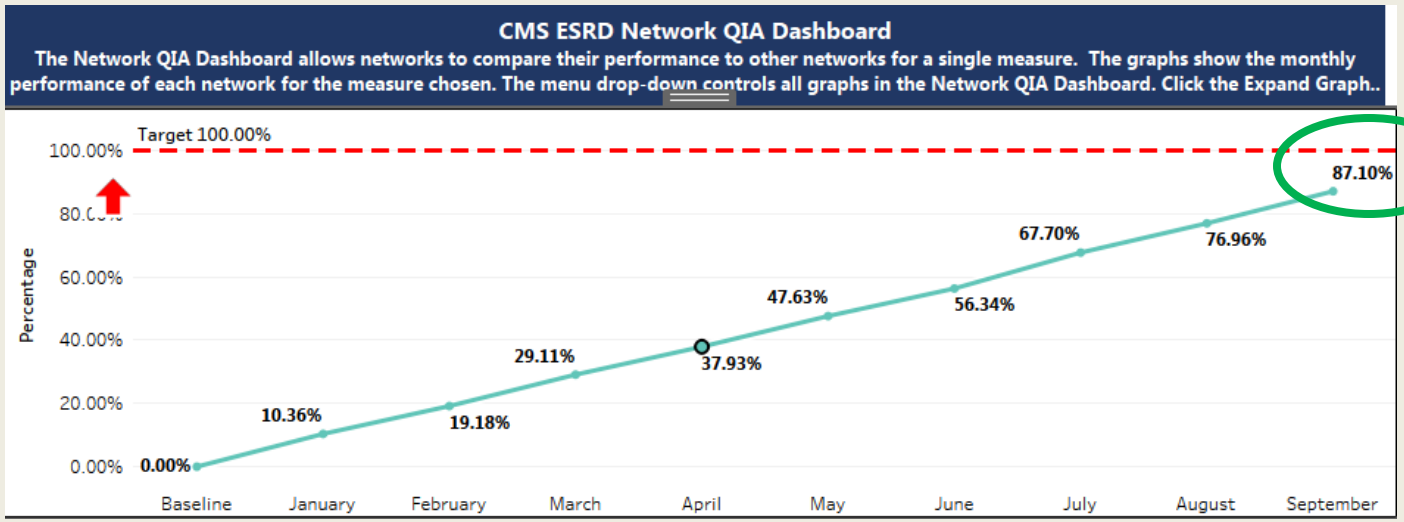
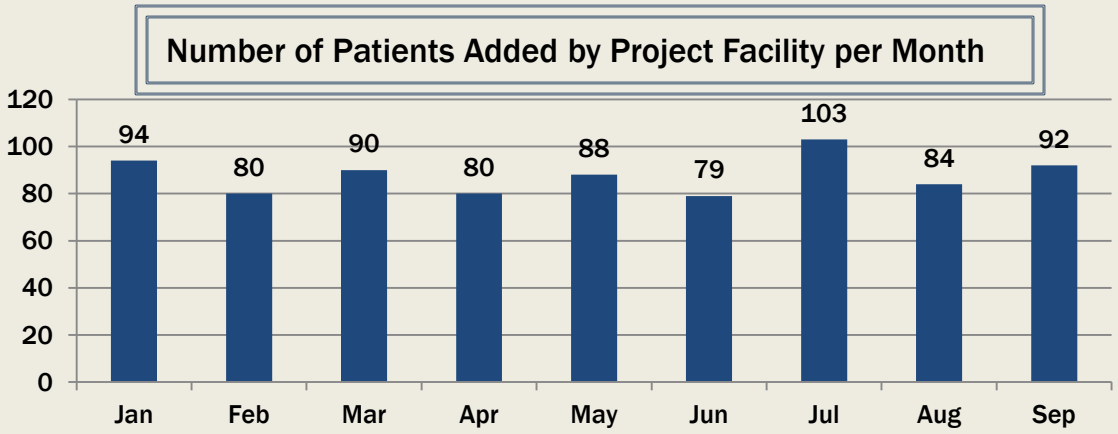
OUTCOMES



NW14 ended up 3rd among all 18 NWs and added the most # of pts



Month	# of Patients Added to Wait list
Jan	94
Feb	80
Mar	90
Apr	80
May	88
Jun	79
Jul	103
Aug	84
Sep	92
Total	790

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CONGRATULATIONS !!!

	Facilities with Outstanding Improvements			
	Facilities' CCN#	Percentage improvements	Facilities' Census	Patients added to list
1	672829	36.64%	26	10
2	672772	15.57%	55	9
3	672690	13.89%	26	4
4	452840	11.07%	50	6
5	672794	10.91%	74	9
6	452867	10.13%	84	9
7	672753	9.56%	95	10
8	672823	9.44%	40	4
9	672658	9.10%	71	7
10	672784	8.71%	50	5

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ROOT CAUSE ANALYSIS

Facility level barriers:

-"patient is not a good candidate" ~41.55%

-Lack of staff training ~34.51%

Patient related factors:

-lack of follow up ~71.07%

-Obesity ~67.01%

Organization factors:

-Staff turnover/ burden on social worker 41.67%

-Ineffective teaching practices ~24.4%

Product/ method/ material related factors:

-Shortage of organs ~48.63%

-Distance too far ~45.63%

Barriers in red can be related to insufficient staff education

POSSIBLE SOLUTIONS TO MOST COMMON BARRIERS

Increase the knowledge of transplant education of all staff

- -Everyone is comfortable talking about the benefit of transplant
- -Provide in-service to all floor staff
- -Make “mini you” to start conversation with potential patient

Select “Star PCTs” from each group (preferably 1 for each group)

- -PCTs are the staff who most likely have a closer relationship with the patient
- -PCTs tend to recognize any changes of the patients or knows patients personal lives (ex: having longer recovering time, always coming late d/t work schedule, having good family support)
- -PCTs find the possible candidates and refer to social worker for further education
- -PCTs work is recognized and acknowledged at monthly QAPI meeting

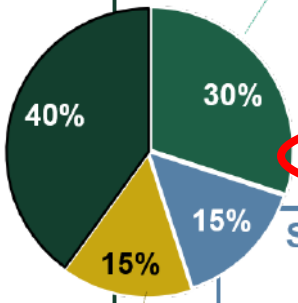
QIP MEASURES

PY 2022 Measures: Overview

Reweights measures for scoring calculations to account for measure removals to achieve preferred emphasis on clinical outcomes. A facility must be eligible to receive a score on at least one measure in any two domains to receive a Total Performance Score (TPS).

Clinical Care Domain
40% of TPS

- Kt/V Dialysis Adequacy (comprehensive)
- VAT Measure Topic:
  - Standardized Fistula Rate
  - Long-Term Catheter Rate
- Hypercalcemia
- Standardized Transfusion Ratio (STrR)
- Ultrafiltration Rate reporting measure



Care Coordination Domain
30% of TPS

- Standardized Readmission Ratio (SRR) reporting measure
- Standardized Hospitalization Ratio (SHR)
- ~~Clinical Depression Screening & Follow-Up~~
- NEW Percentage of Prevalent Patients Waitlisted (PPPW)

Safety Domain
15% of TPS

- NHSN Bloodstream Infection (BSI)
- NHSN Dialysis Event reporting measure
- NEW Medication Reconciliation

Patient & Family Engagement Domain
15% of TPS

- ICH CAHPS clinical measure

TPS	Payment Reduction Percentage
Not defined	To be determined

QIP MEASURES

Beginning PY 2022: New Measure

Percentage of Prevalent Patients Waitlisted (PPPW)

Meaningful Measures Area = Equity of Care.

PPPW

This measure assesses the percentage of current patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist

- Additional resources for this measure are included at the end of the presentation

PRESIDENT EXECUTIVE ORDER

- President Trump signed an executive on 7/10/2019 to change treatment for kidney disease in the United States, to develop policies addressing three goals:
  - Reducing the number of patients developing kidney failure
  - Increase the numbers of patients who do dialysis at home
  - Making more kidneys available for transplant
- CMS proposed payment models intended to increase innovation in the delivery of kidney care.
  - Current system of CMS prioritizes payment to in-center dialysis which would change to incentivize in-home dialysis and transplants

CMS 2020 CHANGES/ UPDATES

2019

Demonstrate a **2 percentage point** improvement in the natural trend of the Network of patients on the transplant waitlist in 30% of facilities in the Network service area. Tracking 6 steps of patients' status and report to CMS monthly.

2020

Using the ABC model, the Network shall **increase** the rate of patients on the **Transplant waiting list** in the Network service area **by at least 1.25%.** Tracking 5 steps of patients' status and report to CMS monthly.

Also, in alignment with the 2019 Advancing American Kidney Health (AAKH) Executive Order, **in 2020 the Transplant and Home QIAs will be a combined modality project** to improve transplant and home dialysis rates or the whole Network service area.

SUSTAINABILITY PLAN

- STEP 1:
  - ✓ Complete the 16 question S.U.S.T.A.I.N. survey by deadline.
- STEP 2:
  - ✓ Before submitting this survey, Save and Print a copy of this Sustainability Plan to keep at the facility. Click "Send me a copy of my responses" at the end of the survey.
- STEP 3:
  - ✓ Obtain your Regional Manager/Director of Operations/Corporate Leadership's signature and approval on the printed Sustainability Plan.
- STEP 4:
  - ✓ Upload your signed Sustainability Plan to the Network (Link provided on last slide).
- STEP 5:
  - ✓ Complete this process for EACH QIA your facility participated in at the time requested by your QIA lead

Sustainability is here to stay!

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IF YOU DON'T FOCUS ON SUSTAINABILITY…

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IF YOU FOCUS ON SUSTAINABILITY…

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QUESTIONS

1. How many of your facility staff members are comfortable talking to the patients about transplant as a modality option?
2. Are you communicating with transplant centers monthly to track patient status and follow up on the work up process?
3. Did you have a chance to collaborate with any outside personnel (i.e., transplant recipient, transplant coordinator, transplant nephrologist) to conduct any patient engagement activities such as a lobby days or support groups?
4. If we were to send educational resources or inspiring stories of transplant recipients through social media services (i.e., Facebook, Twitter, Instagram), would you be interested in spreading the word out to patients to share?
5. What are specific reasons why we didn't see many participants (patients/family members/designated staff) at the Partners for Life conference we put together with Houston Methodist on Sunday 9/8/2019 at 2pm?

ATTESTATION & POST-SURVEY

- Please take a moment to complete the Attestation/Post-Survey to receive credit for attending this exit webinar
- You need to complete this task to be released from the 2019 transplant project
- Make sure you select the correct CCN number from the dropdown list. That's the only way your facility will be credited
- If you missed this presentation, it will be posted on our website along with the link for the Attestation/Post-Project Survey
- Please continue to report the 6 steps for the month of November

https://www.surveymonkey.com/r/52QHKFF

Thank you!

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QUESTIONS

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