PARTICIPANT: ONCE YOU’VE LOGGED IN

- If the webinar hasn’t begun 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
End Stage Renal Disease Network of Texas

THINK HOME
AIM 2: HOME REFERRALS

Javoszia Sterling, Outreach Coordinator

RADAR.FPR Recruitment
March 7, 2017
OBJECTIVES

- Review Data Collection Tool
- Review RADAR and FPR recruitment Process
- Survey Monkey Sustainability tests overview
- 5-Diamond Module
- Next Steps
- Question and Answer Session
Only 11/23 Facilities submitted February tools by the deadline 2/28/17.

5 were submitted late or submitted incorrectly

6 Data Collection Tools are still missing. Summit ASAP!!!
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 Watchlist, 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
# Home Referral Data Collection Tool January 2017

## DATA DEFINITIONS

- **Patient UPI:** The CROWN (CROWNWeb) UPI Number designated to each Patient
- **Referral to Home Modality:** A written order for ANY home therapy (PD, HHD) referral
- **Training Initiated:** Patient's documented first visit with the appropriate home training staff

Send complete form to Aparna Biradar via email: abiradar@nw14.esrd.net CC: jsterling@nw14.esrd.net

### Facility 6-digit CCN#: Please complete by Tuesday January 31, 2017

<table>
<thead>
<tr>
<th>How many Hispanic patients are in your facility this month?</th>
<th></th>
<th>How many non-Hispanic patients are in your facility this month?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient UPI Number</th>
<th>Is the patient Hispanic? Y/N</th>
<th>Patient referred AND training initiated? Y/N</th>
<th>Date of referral</th>
<th>Date of initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Remember:

- Always include your facility 6-digit CCN number
- Submit to Javoszia Sterling via email (email provided in the tool)
- Use the dropdowns provided in the tool
- Write in dates
- Include patients that were in your census for the requested month
- DO NOT include any patient identifiers other than CROWN UPI#
Example for Feb Data Collection Tool:

An in-center patient was referred in January and initiated training in February, then this is a February referral. When completing the tool for the month of February make sure you include that patient. Since the two step process was completed in February. Also include date of referral and training initiation. If you do not know the exact date put the month in.

Your data collection tool should reflect the census of patients that were that dialyzing in your facility for the requested month.
Only 10/23 Facilities submitted the survey by the deadline 2/28/17.
8 were submitted late
6 surveys are still missing. Summit ASAP!!!
Only 10/23 Facilities submitted the survey by the deadline 2/28/17.
8 were submitted late
6 surveys are still missing. Submit ASAP!!!
Q7: Using your answers from your 2016 Sustainability Plan, rank your facility's current level of implementation of the below sustainability capabilities. ACCOUNTABILITY: How will you build accountability and escalation steps into this sustainability plan to alert you when problems arise that will keep you from sustaining performance and meeting goals?

50

Q10: If your facility has not implemented one or more of the sustainability capabilities listed, please select it from the dropdown options below and explain why.

Accountability

Please specify why your facility does not follow the core intervention.

[Response]

[Explanation]

is on board for pushing for Home Therapy. We have had a regional wide "Home Therapy Blitz" to get all clinics in the same mind frame. We have an area nurse that is our Home Therapy consultant that speaks with all new patients about home therapy options as well as existing patients who need more education. We now have a "home champion" in our clinic that will be getting further education on home therapies, which includes shadowing nurses on the home therapy side of our clinic. She will be communicating what she learns to other staff members so that we can educate our patients daily. I chose accountability as something that we haven't implemented because I have not discussed this with all staff members. However, next week we will be having a Lunch and Learn for all staff to get education on home therapies.
Q3: Using your answers from your 2016 Sustainability Plan, rank your facility’s current level of implementation of the below sustainability capabilities. STANDARDIZATION: In order for this to become the culture, standard, or usual business in your facility, please provide specific examples of how you will hardwire and prioritize these processes into your current system?

26

Q5: Using your answers from your 2016 Sustainability Plan, rank your facility’s current level of implementation of the below sustainability capabilities. SHARE: How will these new changes, or changes to existing processes, be communicated with existing staff, new staff, PRN staff, patients and family members? How will feedback be obtained and addressed from each group?

28

Q7: Using your answers from your 2016 Sustainability Plan, rank your facility’s current level of implementation of the below sustainability capabilities. ACCOUNTABILITY: How will you build accountability and escalation steps into this sustainability plan to alert you when problems arise that will keep you from sustaining performance and meeting goals?

20

Q10: If your facility has not implemented one or more of the sustainability capabilities listed, please select it from the dropdown options below and explain why.

Respondent skipped this question
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 questionnaire, please take a moment to consider the most recent Quality Improvement Activity your facility participated in.

- What can be done to ensure that this intervention 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?
* 6. **STANDARDIZATION:** In order for this to become the culture, standard, or usual business in your facility, please provide specific examples of how you will hardwire and prioritize these processes into your current system?

(For example: Do you have a policy and procedure, algorithm, checklist, or best practice for these processes and how will you prioritize these interventions into daily work?)
Questions??
• Read through the power point (link on website)
• Fax/Email me the test (link on website)
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
- Listed on website
- 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
USING THE FPR TOOLKIT
Recruit- facilities should assess the patient population and find patients that are engaged and would be good facility patient representatives. Once one or more patients have been identified facilities will approach the patient(s) one on one and discuss the position with them. The goal should be for each facility to have at least one FPR per shift.

Overview of this step

- Find patients engaged in their care
- Approach them one on one to discuss the position
Applying the RADAR/FPR Toolkit

Application - if the patient(s) are interested, the facility will present the patient with the FPR application that can be found in the FPR toolkit. Facility staff will have the patient fill out the application and then meet one on one with the patient to discuss the application and address any questions or concerns. The application will be filed away at the facility.

Overview of this step

• One on one meeting with FPR as needed to explain the FPR Toolkit
• Patient completes application in the FPR toolkit
• Application filed away at the facility
Decide and Duties- the facility will have one on one time with the FPR(s) they’ve chosen and together the facility and the FPR will come up with a list of duties or expectations that both satisfy the facility’s needs and the patient’s capabilities. After the duties have been written down and agreed to/signed by facility staff, FPR, and endorsed by corporate leadership, the patient will be inducted as the active FPR.

Overview of this step

• Choose an FPR (we suggest at least one per shift)
• One on one meeting with FPR to discuss what duties should be performed to best help your facility population. An effort should be made to include both facility needs and FPR expectations when deciding on and planning duties.
• The facility staff in charge of patient engagement and the FPR sign the agreement.
**USING THE RADAR/FPR TOOLKIT**

**Action** - it’s time to utilize your FPR. The facility and the FPR should have worked together in the last step to assess facility needs and working on a list of action items to complete each month, quarterly, semiannually, annually etc. This could be educational material for the patients, lobby days, discussion groups, support groups and other relevant activities or tasks. The FPR will put these activities into action, perform duties agreed upon earlier, and communicate with the facility patient population to address their needs.

Overview of this step

- FPR performs duties outlined in the last step
- Facility staff provides support to FPR when needed
**Using the Radar/FPR Toolkit**

**Reassess and sustain**- periodically, facility staff and the FPR will get together and discuss the progress of the goals they’ve set out to accomplish. They can also revisit FPR duties and responsibilities as well as expectations for the facility and the FPR to note and immediately address any concerns or misunderstandings. This step leads to and sets the FPR and the facility up for a sustainable partnership. The relationship between the FPR and the facility must be sustainable to work well. The FPR and the facility should make it a priority to work together cohesively to meet the patient population’s needs.
Questions??
1. Attestation and Polling due **Tuesday, March 14**
2. 5-Diamon Module Due **Friday, March 24**
3. CMS CoP call **Tuesday, March 28**
4. March Data Collection Tool Due **Friday, March 31**
5. Quarterly Contact Sheet Due **Friday, March 31**
6. Register for **the third AREP Webinar** (link on our website):
   Thursday, April 13, 2017, at 2:00 PM CST
7. FPR Selections Due **Tuesday, April 4**
8. FPR Sustainability Survey Due **Tuesday, April 4**
   a) Fax FPR Agreement (pg 16) to me
9. Register for **Webinar 3** *(Group A only link on our website)*:
   Tuesday, April 4, 2017, at 2:00 PM CST - May be a recording
NETWORK RESOURCES

- Project Materials and Resources (Look for the Home logo)
  - [http://www.esrdnetwork.org](http://www.esrdnetwork.org)

For
- Links
- 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

- Home Referrals Project
  - Javoszia Sterling, jsterling@nw14.esrd.net, 469-916-3800
- Data Analysis
  - Aparna Biradar, abiradar@nw14.esrd.net, 469-916-3807
- CROWNWeb data entry
  - Jodi Rowland, jrowland@nw14.esrd.net, 469-916-3815

*Project lead
QUESTIONS?