WELCOME: THE WEBINAR WILL BEGIN SHORTLY...
End Stage Renal Disease Network of Texas

TRANSPLANT WAITLIST
TRANSPLANT IMPROVEMENT PROGRAM FOR SUCCESS (TIPS)

ORIENTATION WEBINAR
FEBRUARY 15, 2018
1:00 PM CT

DANY ANCHIA, RN, CDN
CLINICAL QUALITY MANAGER
OBJECTIVES

- Focus Facility selection
- Goals of the project
- Project components
- Sustainability
- Network Watch List
- Project Timeline
- Wrap up

*Please utilize the chat window for questions*
PATIENT ADVISORY COMMITTEE

Juan Morales
Laredo, TX

C.B. Bryant
Amarillo, TX

Tameria Bell
Lancaster, TX

Nathaniel Kirby
Galveston, TX

Subject Matter Experts
Baseline Data: Oct 2016 – June 2017
UNOS Waitlist Rate <9%
Focus Facilities **185**

**Network 14 facilities eligible to report for all of 2017**
(n=603)

**Include at least 30% of Network Facilities**

**Facilities with UNOS Rates <9%**
(N=185)
Average Rate 6.86%

**Total number of remaining Focus Facilities in Project**
(n=185)

**National Rate: 18.5%**
**CMS Goal by 2023: 30%**
**Our Goal:**
Increase TP Waitlist Rates by at least **10%**
PROJECT MAJOR COMPONENTS

- RCA
- FPR
- NCC
- Transplant
- LAN
- 7 steps &
- QAPI
- Patient
- Engagement
PROJECT COMPONENTS

RCA
FPR
2018 Transplant Waitlist: Root Cause Analysis (RCA)

Read the following instructions carefully

1. Complete the questions below by selecting the root causes you think are barriers to transplant waitlist (multiple selections are allowed)
2. Describe any root cause(s) NOT listed by using the Other (comment) box

WARNING: DO NOT USE PATIENT SPECIFIC INFORMATION SUCH AS NAMES, DOB, SOC SECURITY #, ETC. IN THIS SURVEY. SECURITY VIOLATIONS WILL BE REPORTED TO CMS.

1. What are Facility Specific Barriers that you think are attributable to having a low Transplant Waitlist in your facility?

☐ Lack of staff training on talking to patients\providing information to patients about transplant
☐ Staffing issues: Short staffed, stress, turnover.
☐ Time constraints to be able to provide transplant advice
☐ Lack of follow-up by Doctor
☐ Staff bias toward transplant: staff are reluctant to talk to all patient(s) about transplant due to fear of job security
☐ Lack of staff engagement with patients and families
Every dialysis 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 (RADAR Tool) to orient staff and patients to FPR role

Responsibilities

- 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
PATIENT REPRESENTATIVES

What is a Facility Patient Representative (FPR)?

Every dialysis clinic in Texas should have a Facility Patient Representative (FPR) who will act as a link between patients and the facility staff. The attached handbook and tools will assist facilities with recruiting and training patients to become valuable members of the team.

To learn more about the FPR program, contact your facility social worker and read the information available in the FPR Toolkit!

FPR Toolkit - English - Spanish - Revised 01/2018

FPR FAQs

- FPR applications are for facility use.
- Once the patient fills out the application, designated facility staff will appoint the patient as the FPR.
- Patient designation material and signed agreements should be kept at the facility as they are contracts containing personal patient information.
- FPRs should be entered into CROWNWeb so that the Network is aware of what facility has FPRs and who they are.

Please remember to delete FPRs out of CROWNWeb if they are no longer FPRs for your facility!
TRANSPLANT 7 STEPS & QAPI
7 STEPS

• Complete one Transplant Navigation Tool for each patient:
  • Tracking each step monthly
  • Reporting # pts added to waitlist monthly

• Network developing Survey Monkey reporting tool
  • Goal: facilities will be able to report numbers through Survey Monkey every month

CMS SOW: 7 steps leading to receiving a transplant:
1) Patient suitability for transplant (defined as absence of absolute contraindication identified in the medical record)
2) Patient interest in transplant
3) Referral call to transplant center
4) First visit to transplant center
5) Transplant center work-up
6) Successful transplant candidate
7) On waiting list or evaluate potential living donor.
## 7-Step Transplant Navigation Tool

**Use this tool for every patient, review it during QAPI/QA, and fax to the Network at completion of 7th step***

### Facility Information
- Facility Name: ____________________________
- Facility Provider Number (CCN#): ____________
- Patient’s UPI Number: ____________________
- Attending Nephrologist: ____________________
- Transplant Center: ________________________
- Transplant Center point of contact (Name & Number): ____________________________
- Facility point of contact (Name, Title, Number, email): _________________________

<table>
<thead>
<tr>
<th>Steps/Bundle</th>
<th>Process</th>
<th>Actions/Steps taken</th>
<th>Person(s) responsible</th>
<th>Date action taken</th>
</tr>
</thead>
</table>
| 1. Patient suitability for transplant (defined as absence of absolute contraindication identified in the medical record) | • Patient assessed for absence of absolute contraindication  
• Patient and family show interest  
  ➢ Ensure transplant education is provided/revisited | | | |
| 2. Patient interest in transplant | | | | |
| 3. Referral call to transplant center | • Patient referred and applies to transplant program  
  ➢ Facility to assist in the process  
  ➢ Patient can self-apply | | | |
| 4. First visit to transplant center | • Assist with transportation as needed  
• Followup with patient and remind of any appointments  
• Provide any records requested  
• Maintain communication with transplant program regarding patient progress  
• Report progress (steps) to the Network monthly | | | |
| 5. Transplant center work-up | | | | |
| 6. Successful transplant candidate | | | | |
| 7. On waiting list or evaluate potential living donor | | | | |

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**ESRD Network 14**

December 2017

**NEVER EMAIL PATIENT SPECIFIC DATA TO THE NETWORK**

Please Fax (Do not email) to the ESRD Network of Texas, QI Dept. 972-331-3659
QAPI/QA REQUIREMENTS

- Review of 7-Steps
- Plan of Action if patient(s) not progressing (PDSA)
- Document communication with TP Centers (especially for steps 4-7)

CMS Statement of Work (SOW): “Facilities in the Transplant QIA to incorporate the process steps into patient education, facility practice, and the facility QAPI process.” “…incorporating patient, family and caregiver participation into the Quality Assurance Performance Improvement (QAPI) Program AND governing body of the facility; and with developing policy and procedures related to patient, family and caregiver participation in the patient’s care (e.g., policy establishing the dialysis facility’s position on patient, family member and caregiver involvement in the development of the individualized plan of care and plan of care meetings, QAPI. QI Projects...). ”.
Facility’s Patient Clinic Committee members reviewing the Conversation Starter and the Lead Patient Committee member, Juan Morales, demonstrating teach back with the clinic staff.
TP QIA PATIENT ENGAGEMENT

OPTION 1
National Recognition Events

OPTION 2
Network’s Patient Engagement Calendar

OPTION 3
Facility’s Patient Engagement Plan
Patient Engagement Activities will be promoted through the recognition and involvement of nationally recognized patient days.

- World Kidney Day (March 8, 2018)
- Patient Experience Week (April 23-27, 2018)

(Network 14 strongly encourages participation of facility patient representatives)
TP QIA PATIENT ENGAGEMENT

OPTION 2

Network’s Patient Engagement Calendar

- **PE Activity: March 2018**
  - Network Calendar Activity
  - Facility Planned Activity

- **PE Activity: April 2018**
  - Network Calendar Activity
  - Facility Planned Activity

- **PE Activity: June 2018**
  - Network Calendar Activity
  - Facility Planned Activity

- **PE Activity: July 2018**
  - Network Calendar Activity
  - Facility Planned Activity
Participate in Your Plan of Care Meetings

Nothing about me without me!

How can I increase my engagement this month?

- Learn who is on your team. Plan of Care meetings must include:
  - YOU! (Patient)
  - Your loved ones (if you choose to invite them)
  - Your dialysis doctor or Nephrologist
  - A registered nurse
  - A social worker
  - A dietitian
  - You can also ask if your tech can attend
- Learn about your Plan of Care meetings. Plan of Care meetings:
  - Should be held in-person with the entire team at least one time every year.
  - Should be held at a time that is good for YOU and the team.
  - Are best in private, not at your chair. A good time might be when you get your lab results.
  - Don’t be afraid to ask for a private meeting away from the treatment floor.
  - Can be requested any time you have concerns. Ask your social worker to schedule a meeting before or after your treatment.
- Participate in your Plan of Care meetings by:
  - Asking your social worker when your next meeting will be.
  - Making a list of questions you would like to ask your Care Team.
  - Sharing with your team how you feel and what is important to you.
  - Asking questions if you do not understand something.
  - Helping make decisions about your treatment.

Why should I increase my engagement by participating in my Plan of Care meetings?

- Because you matter!
- When you understand your treatment plan, you are better informed and can help make decisions.
- Helping make decisions about your care gives you a sense of control and helps you feel more positive about your future.
- When you follow the treatment plan that you helped create, it is easier to achieve goals like feeling better, living longer, or getting a transplant.

Fill in the blanks.

__________________________ and ____________________________ are members of my healthcare team.

The captain of my healthcare team is ____________________________

My ____________________________ can also be part of my healthcare team.
OPTION 3

Existing patient engagement plan at the facility can be utilized

- Specify activity completed
- Provide documentation of all activities completed to the Network (by fax or email) DO NOT INCLUDE ANY PATIENT PHI
- Complete survey questions around the plan’s effectiveness and patient level of engagement
- Will be reviewed by the NW and PAC SME for approval
The ESRD NCC Transplant LAN has two primary purposes.

- The first is to improve information communication across care settings, with emphasis on communication between transplant centers and dialysis centers caring for the same ESRD patients.
- The second is to increase awareness of and ways to support the patient through the waitlist process.

**Facility Responsibility**

- Attend the ESRD NCC Transplant LAN every other month
- Share identified interventions to improve the TP waitlist rates from each LAN meeting with patients and staff
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
  - Complete and submit a Sustainability Plan for each project to Network toward end of project

- Role of organizational culture and leadership in successful sustainability activities
Interventions are meant to drive results

Network monthly tracking will include analysis of progress versus baseline data

Trending will be reviewed, and if needed, an RCI such as PDSA may be necessary for your facility
  - It will need to be incorporated and reviewed in QAPI/QA
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
TIMELINE

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<th>Task</th>
<th>Dec 2017</th>
<th>January</th>
<th>February</th>
<th>March</th>
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<th>October</th>
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Tentative and may be adjusted if needed
We will be adding transplant resources to our website through the project.
NEXT STEPS

- Complete the Pre-Project Survey
  - Was included in your project notification letter
- Have two project lead associates (Main and Backup)
  - Setup Prevention Process Measures to ensure continuity and accountability
- Begin to recruit a Facility Patient Representative. If you have one, inform them on how they can assist with this project

**Goal: Increase TP Waitlist by at least 10%**

- COMPLETE WEBINAR ATTESTATION (Post link in chat)
- All these materials will be available on our website under the Transplant QIA section by Monday Feb 26, 2018
THANK YOU FOR PARTICIPATING

Location of project materials:

Dany Anchia, RN, CDN
Clinical Quality Manager
469-916-3813
danchia@nw14.esrd.net

QUALITY IMPROVEMENT ACTIVITIES (QIA)

Transplant Improvement Program for Success
The ESRD Network of Texas has been directed by the Centers for Medicare and Medicaid Services (CMS) to collaborate with ESRD providers and stakeholders within the state of Texas. The goal is to support facility efforts to increase rates of patients on transplant waitlist by at least 10 percentage points in 2018. The long term goal is that by 2023 the rate of ESRD patients listed for transplant, regardless of modality, will reach a rate of 30%. The national average as of 2016 is 10.5%.

Network Project Lead:
Dany Anchia, QI Coordinator, office (469) 916-3813, email danchia@nw14.esrd.net
For resources please click here
QUESTIONS?

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