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Thank you for Joining Us!
The Meeting Will Begin Shortly

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Better healthcare, realized.

Healthcare-Associated Infections

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Heather Camilleri, CCHT

February 15, 2018

Meeting Reminders

- All phone lines muted upon entry to eliminate background noise/distractions
- Please don’t place the call on hold, instead disconnect your line and rejoin the call when able
- We’ll be monitoring our WebEx chat board throughout the webinar for questions or comments
- Be present and engaged in our topic presentations

Agenda
Topics

- Background
- Disparities in Healthcare
- Project Plan
- Interventions
- Paperwork and Reporting
- Question and Answers
- Evaluation

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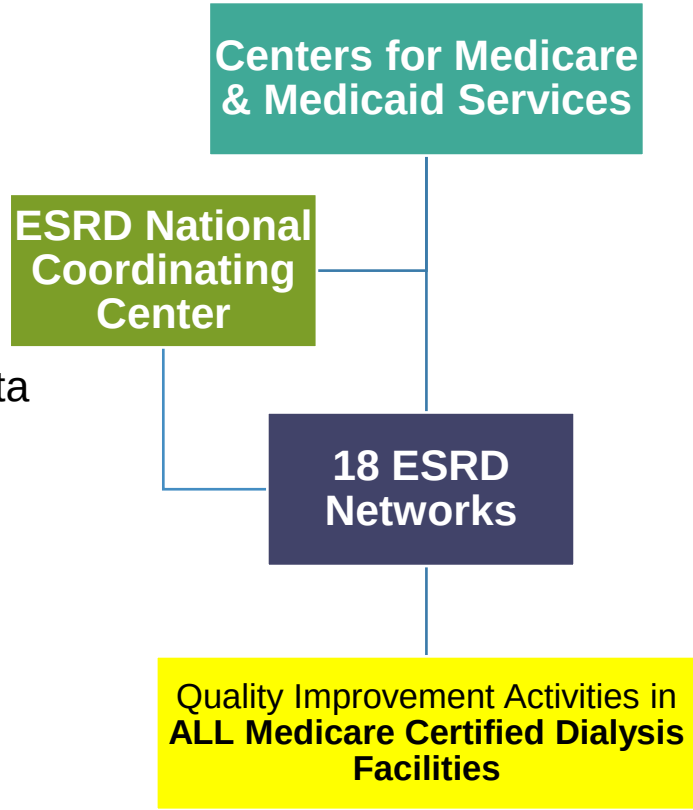
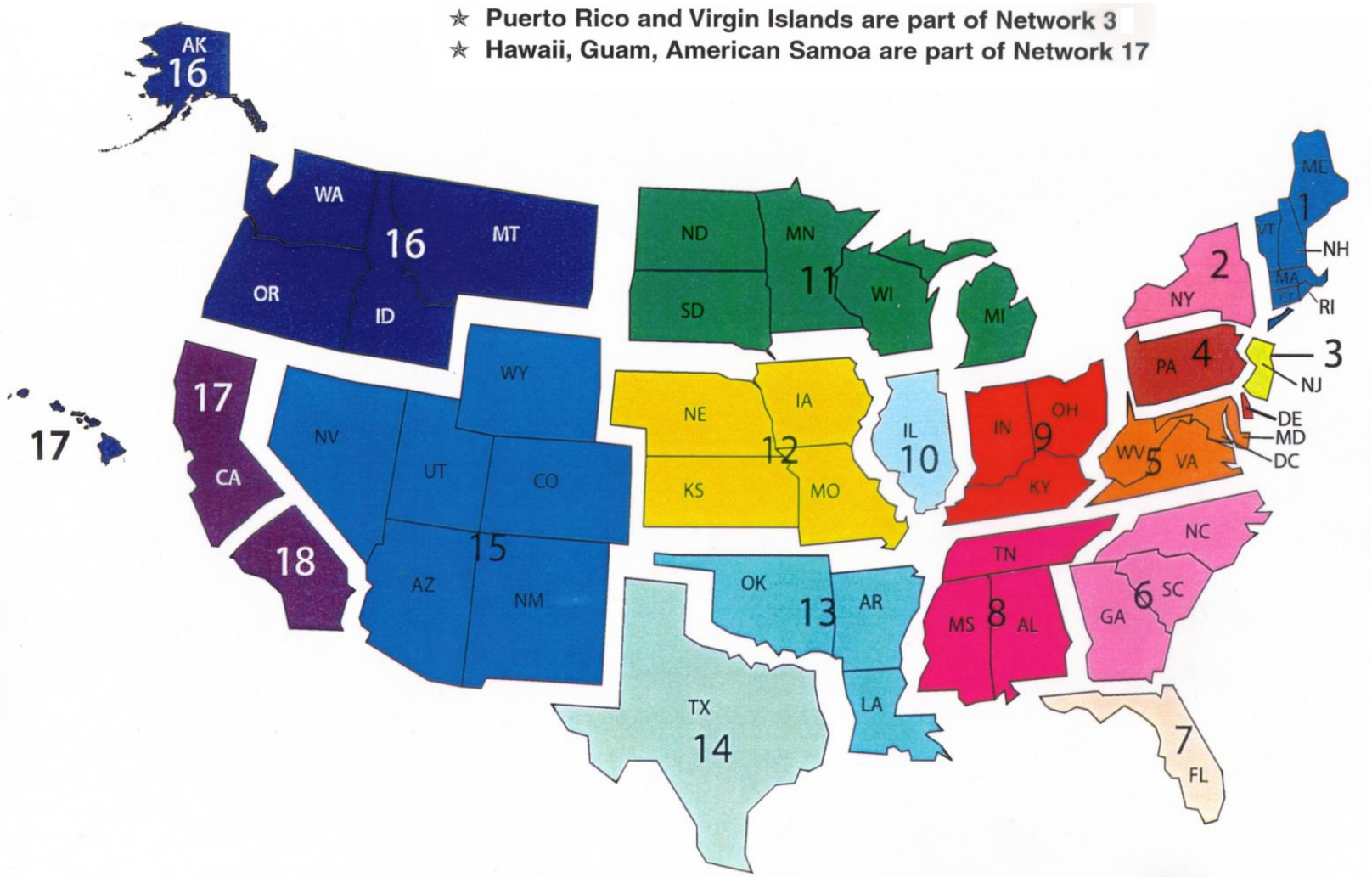
Background

On a National Level

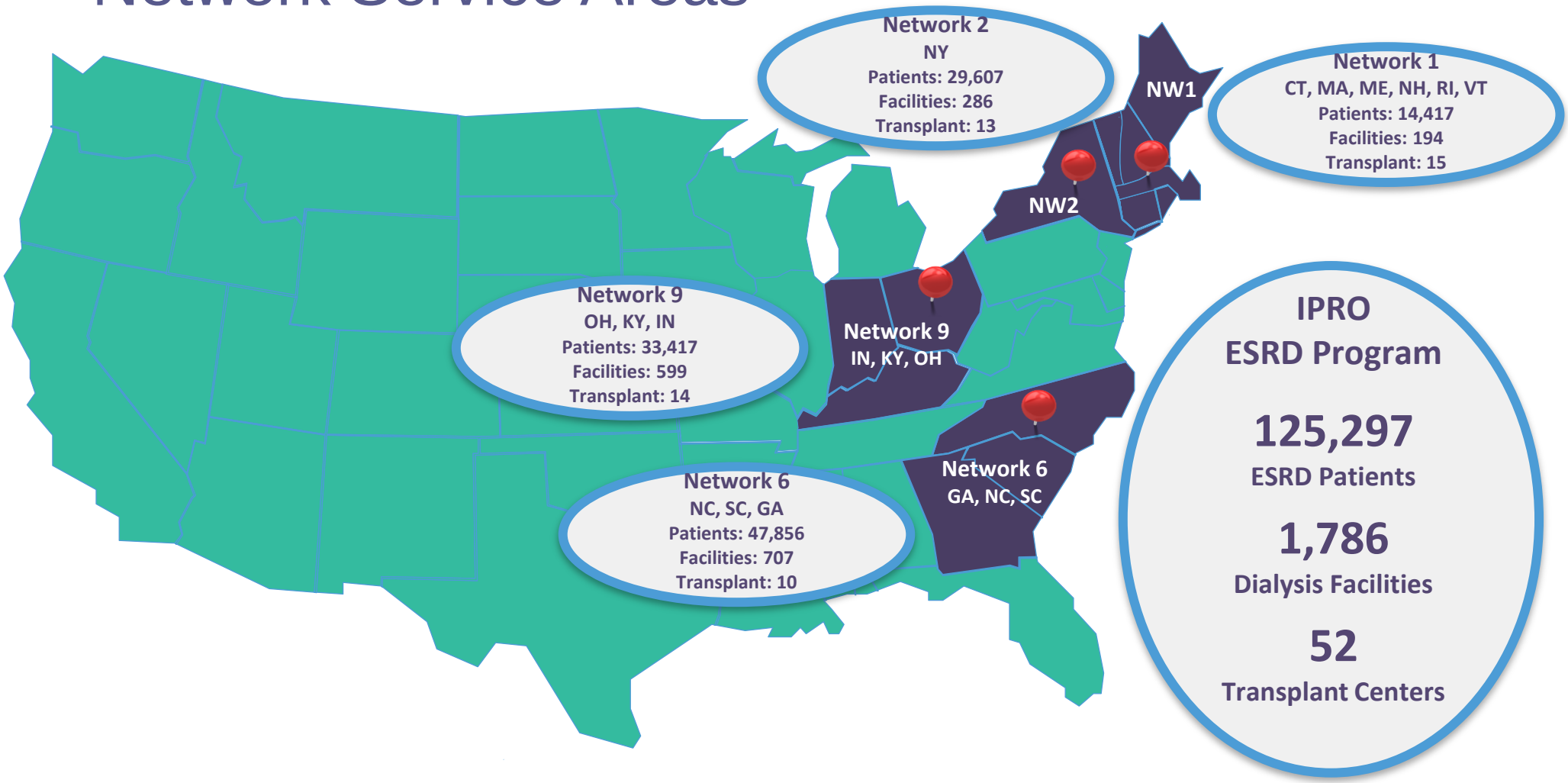
- Centers for Medicare & Medicaid Services (CMS)
  - Contracted ESRD Network Statement of Work (SOW)
- ESRD National Coordinating Center (NCC)
  - Bi-Monthly Learning and Action Network Calls
  - Collaboration with Large Dialysis Organizations (LDO) Data
- 18 ESRD Networks
  - 50 States and Territories
- Quality Improvement Activities
  - ALL Medicare Certified Outpatient Dialysis Centers



ESRD Networks



IPRO ESRD Network Program
Network Service Areas



Network Demographics By State

State	ESRD Patient Census	# of Dialysis Facilities	# of Transplant Facilities
Connecticut	4,317	49	2
Maine	1,069	18	1
Massachusetts	6,795	84	9
New Hampshire	1,063	18	1
Rhode Island	1,189	16	1
Vermont	333	8	1
TOTAL	14,762	193	15

Data Source: CROWNWeb

Facility Affiliation By State

Ownership	ESRD Patient Census	# of Dialysis Facilities
American Renal Associates	1,639	23
DaVita	4,724	45
Fresenius Kidney Care	5,835	76
Diversified Specialty Institutes (DSI)	214	3
Dialysis Clinic Inc.	713	9
Independent	1,530	33
Veteran Affairs	107	4
TOTAL	14,762	193

Data Source: CROWNWeb

ESRD Statement of Work
December 2017 - November 2018

HHS Secretary's Priorities

1. Reform, Strengthen, and Modernize the Nation's Health Care System
2. Protect the Health of Americans Where They Live, Learn, Work, and Play
3. Strengthen the Economic and Social Well-Being of Americans Across the Lifespan
4. Foster Sound, Sustained Advances in the Sciences
5. Promote Effective and Efficient Management and Stewardship

ESRD Statement of Work
December 2017 - November 2018

CMS Goals

1. Empower patients and doctors to make decisions about their health care
2. Usher in a new era of state flexibility and local leadership
3. Support innovative approaches to improve quality, accessibility, and affordability
4. Improve the CMS customer experience

ESRD Statement of Work
December 2017 - November 2018

Collaborations

- National Coordinating Center (NCC)
- Kidney Community Emergency Response Program (KCER)
- State Survey Agencies
- CMS Components
- Quality Innovation Networks (QIN-QIOs)

Disparities in Healthcare

CMS Disparity List

Addressing Disparities in Healthcare

- Conduct assessment to identify disparity with the greatest point difference between disparate and non-disparate groups
  - Age (65 and older vs. 18-64)
  - Ethnicity (Hispanic vs. Non-Hispanic)
  - Facility Location (Rural vs. Urban)
  - Gender (Female vs. Male)
  - Race (Population other than White, including African American, Asian, Native American, Pacific Islander, etc. vs. White)

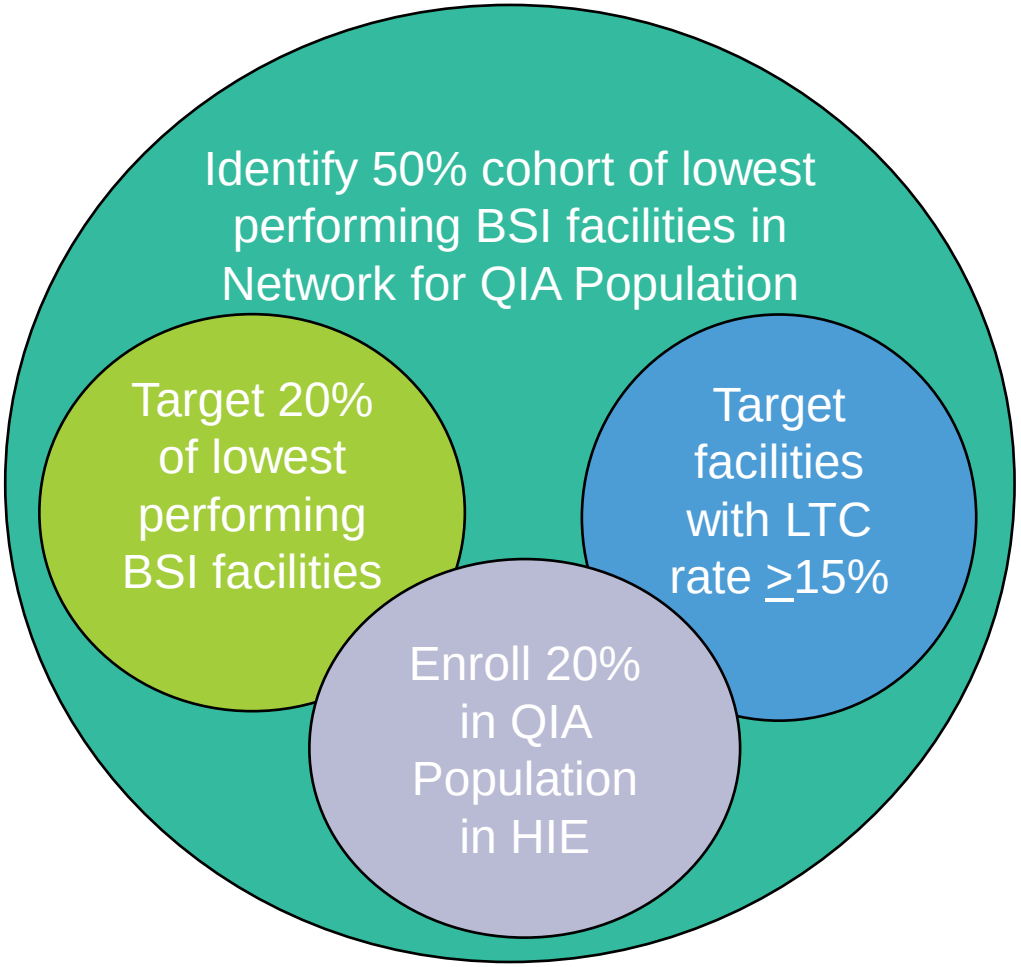
Healthcare-Associated Infections Project Plan

ESRD Statement of Work
QIA 1: Patient Safety HAIs

Contains 3 sub-projects

- BSI Reduction

  -Support NHNS
- LTC Reduction
- Healthcare Information Exchange (HIE)



Reduced Rates of BSIs

Patient Safety
Reduce Rates of BSIs

Criteria

- Select 50% of facilities in Network service area reporting the highest BSI rates (~100 facilities)

Project Period

- Baseline: January – June 2017
- Re-measurement: January – June 2018

Requirements

- Utilization of CDC Core Interventions
- Conduct Root Cause Analysis (RCA)
- NCC HAI LAN participation

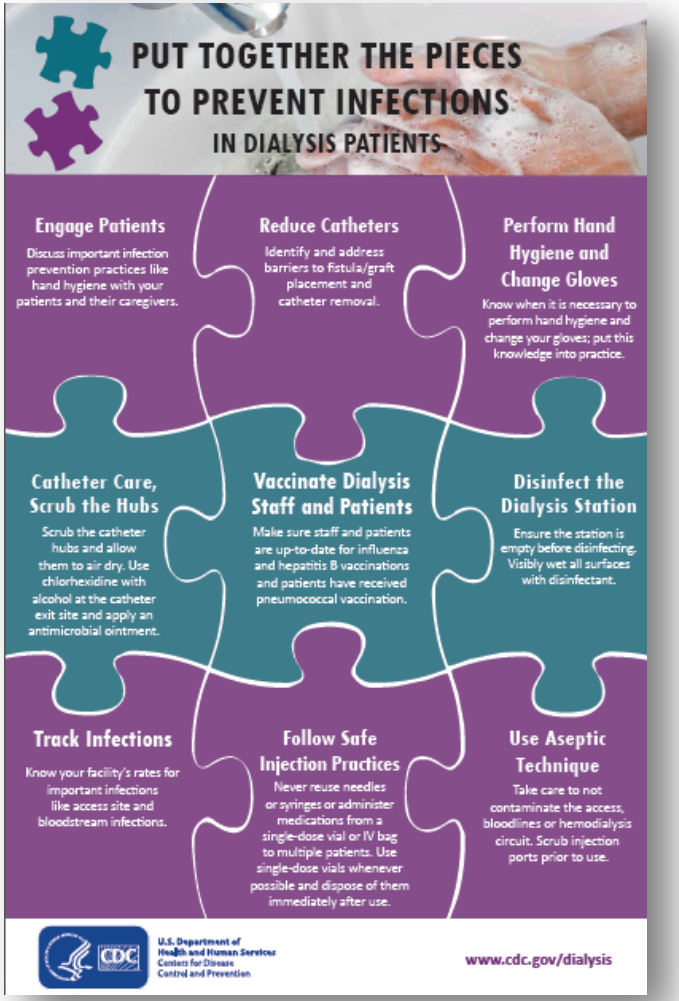
Patient Safety
Reduce Rates of BSIs

Goals

- ≥ 20% reduction in semi-annual pooled mean among highest 20% BSI rates
- National goal by 2023: Reduce the national rate of BSIs in dialysis patients by 50% of the blood stream infections (BSI) that occurred in 2016

Data Source

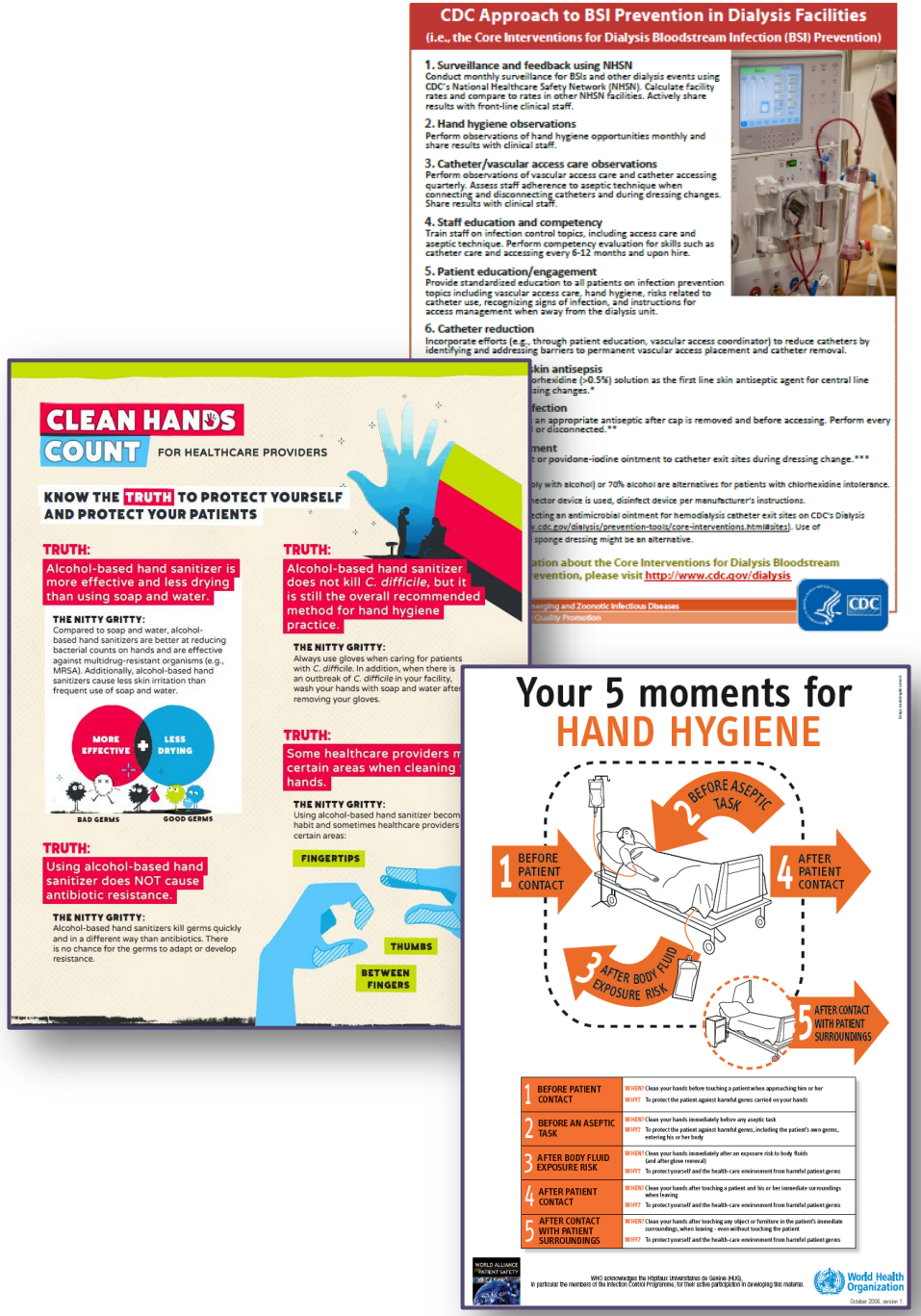
- National Healthcare Safety Network (NHSN)



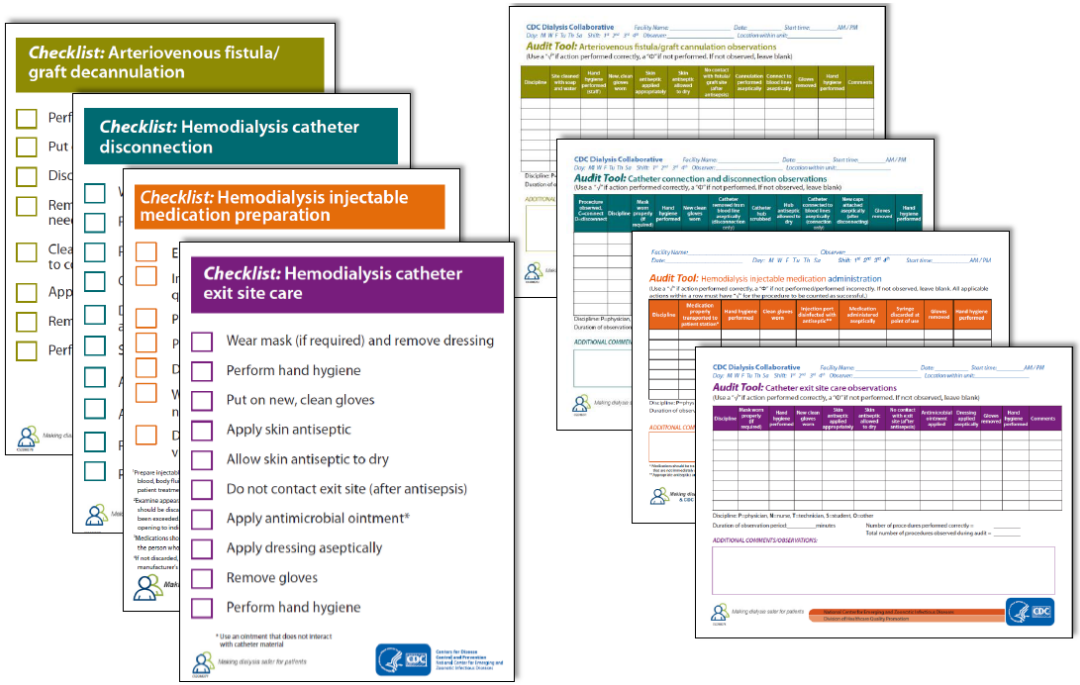
Patient Safety
Reduce Rates of BSIs

Interventions

- Root cause analysis (RCA) using “5 Why” Approach
- CDC Making Dialysis Safer Coalition
- CDC Core Interventions for Dialysis BSI Prevention



Patient Safety
Reduce Rates of BSIs



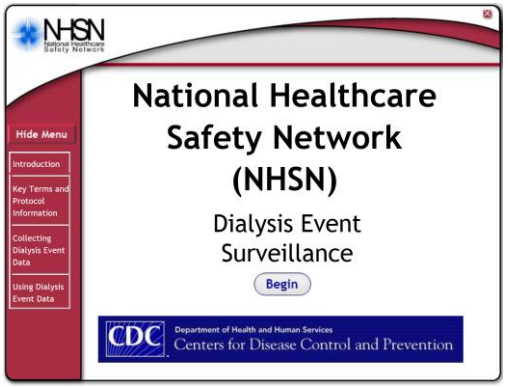
Interventions

- Discuss infection control at QAPI meetings
- Share best practices/evidence based research

https://www.cdc.gov/dialysis/coalition/

MAKING DIALYSIS SAFER COALITION

Patient Safety
Reduce Rates of BSIs



NHSN Requirement

- Annual NHSN Dialysis Event Surveillance training is a requirement: https://nhsn.cdc.gov/nhsntraining/courses/2016/C18/
- Inform the Network of the completion by attestation using the link Attestation for the Network
- Instructions for obtaining CEU's
- Additional resources provided by CDC
  - PDF document Dialysis Event Protocol
  - YouTube Video Introduction to the NHSN Dialysis Event Surveillance Protocol

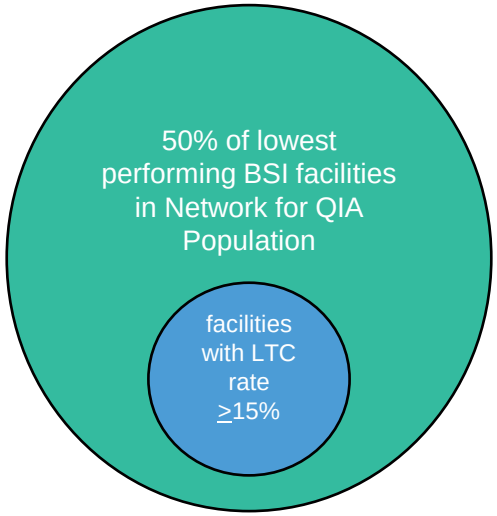
Long-Term Catheter Reduction

Patient Safety
Long-Term Catheter Reduction

LTC Statistics

- Use of LTC has doubled over the last 2 decades
- 80% of all ESRD patients start with a catheter
- 51% increased risk of hospitalization primarily due to infection
- 50% of the clinics identified in the project this year were in it last year.

Patient Safety
Long-Term Catheter Reduction



Criteria

- Select facilities with a long term catheter (LTC) rate of ≥15% from the BSI QIA target facilities (~25 facilities)

Project Period

- Baseline: June 2017
- Re-measurement: CROWNWeb data as of October 2018 (August 2018 data)

Requirements

- Explore correlation between LTC and BSI through CDC Core Interventions

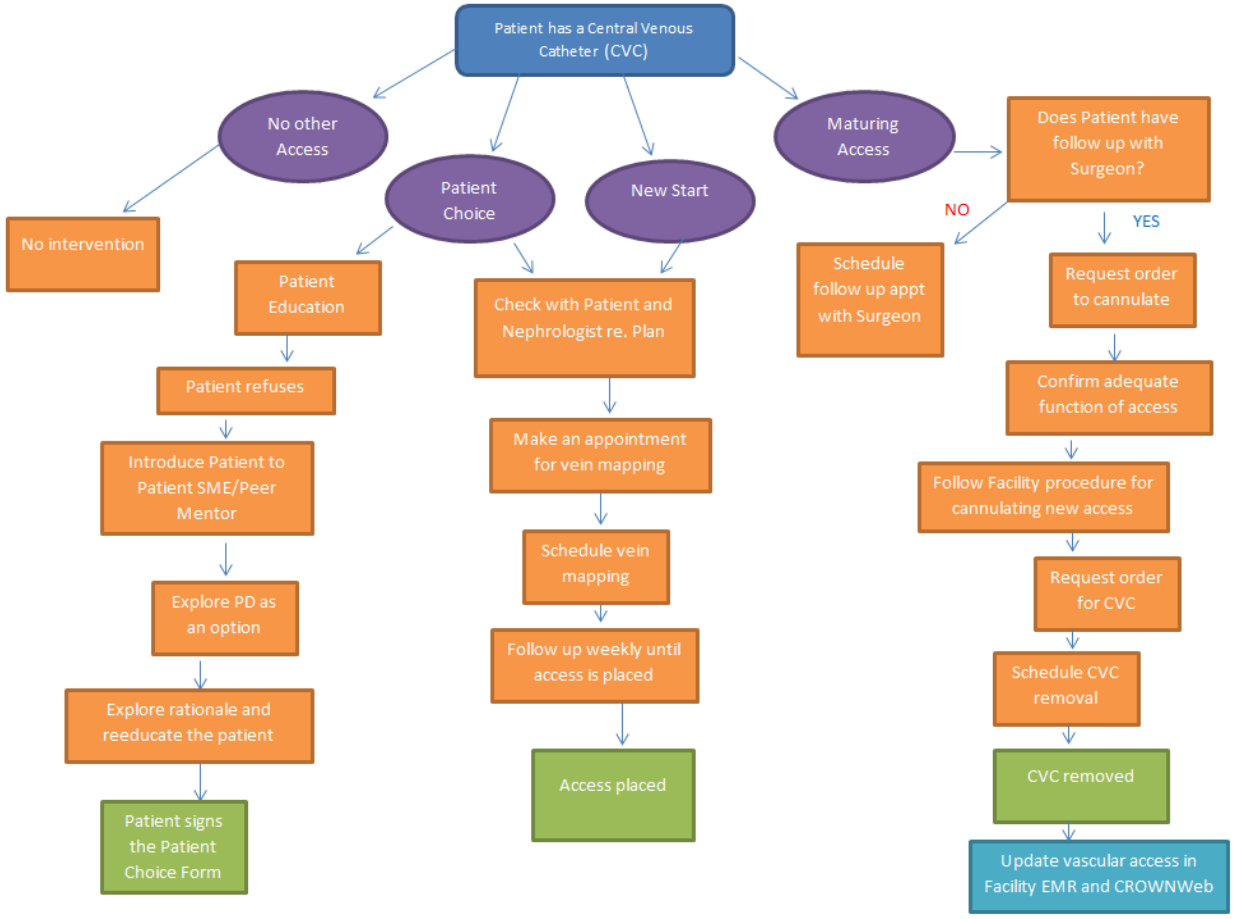
Patient Safety
Long-Term Catheter Reduction

Goals

- Decrease aggregate LTC rate of target facilities by at least 2%

Data Source

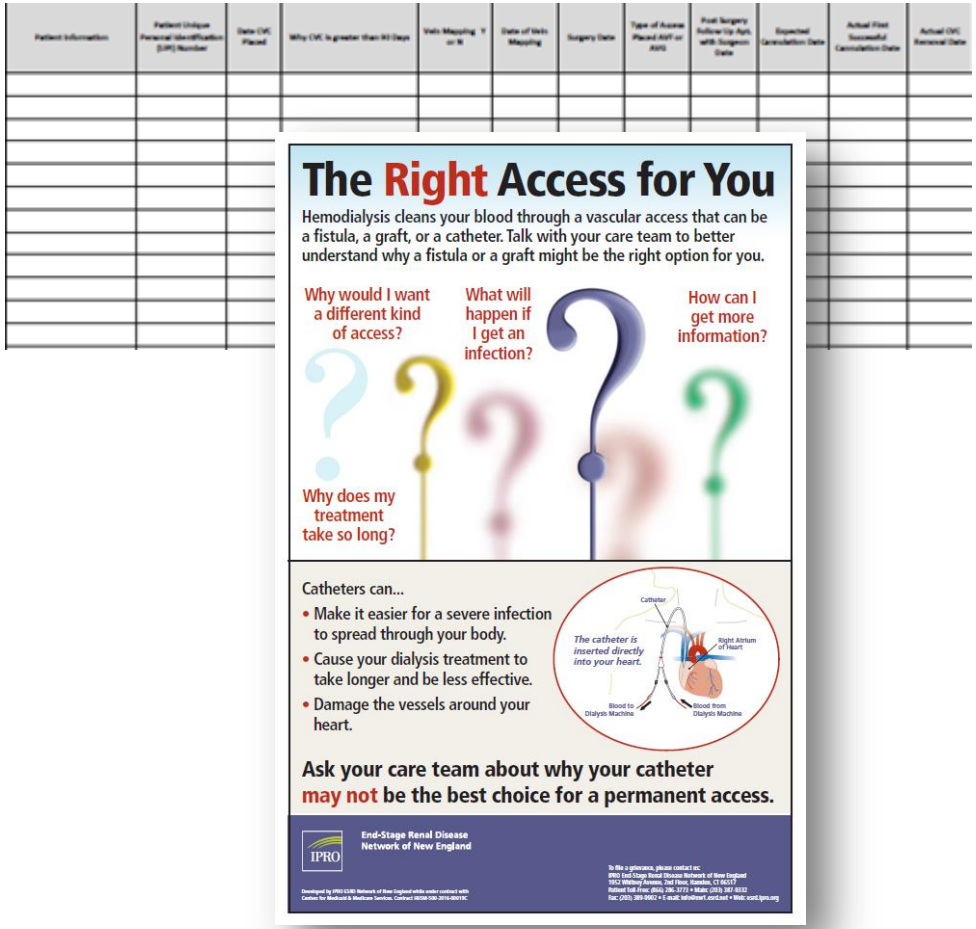
- CROWNWeb



Patient Safety
Long-Term Catheter Reduction

Interventions

- Vascular Access Coordinator
- Monthly meeting with vascular surgeons
- RCA of barriers
- Cannulation education for staff
- Staff/ patient fistula education
- Data entry in CROWNWeb
- Sharing best practice
- Participation in LAN events



The Right Access for You

Hemodialysis cleans your blood through a vascular access that can be a fistula, a graft, or a catheter. Talk with your care team to better understand why a fistula or a graft might be the right option for you.

Why would I want a different kind of access?

What will happen if I get an infection?

How can I get more information?

Why does my treatment take so long?

Catheters can...

- Make it easier for a severe infection to spread through your body.
- Cause your dialysis treatment to take longer and be less effective.
- Damage the vessels around your heart.

The catheter is inserted directly into your heart.

Catheter

Right Atrium of Heart

Blood to Dialysis Machine

Blood from Dialysis Machine

Ask your care team about why your catheter may not be the best choice for a permanent access.

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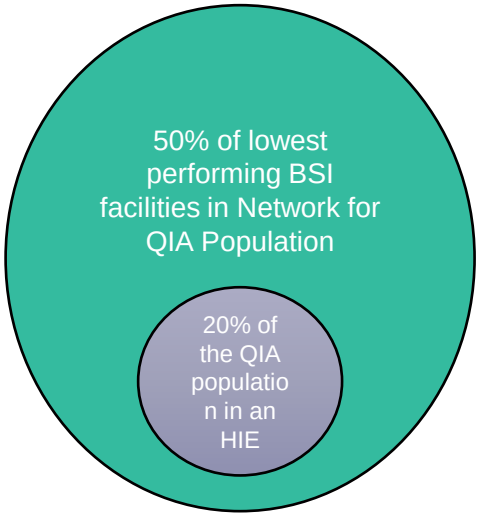
End-Stage Renal Disease Network of New England

Health Information Exchange (HIE)

Patient Safety
What is HIE?

Health Information Exchange (HIE) is the mobilization of health care information electronically across organizations within a region, community or hospital system.

Patient Safety
Health Information Exchange (HIE)



Criteria

- 20% of the BSI QIA cohort (~20 facilities)

Requirements

- Joining of an HIE or another evidence-based highly effective information transfer system as approved by the COR and CMS SME

Goals

- 20% using HIE

Data Source

- Self-reported

Patient Safety
Health Information Exchange (HIE)

Interventions

- Identified MASS HIway as the HIE for MA dialysis providers
    - MASS HIway

- Collaborate with Large Dialysis Organizations (LDOs)
    - FKC, DCI and ARA (please contact your corporation)

- Reduce barriers in accessing information during transitions of care

Patient Engagement

Patient Safety
Patient Ambassador

Using Patient Ambassadors to achieve success

- CMS believes that the patient is the most valuable player on the healthcare team. Building interventions centered around the patient is the goal of every CMS project.
- Facilities to designate at least one patient ambassador
- Healthcare that results in the best outcomes revolves around team work. Be part of the team!

Patient Safety
NCC LAN Participation

Participation in the Learning Action Network

- Improve spread of information
- Increase awareness of and the implementation of best practices to reduce BSIs

Participants

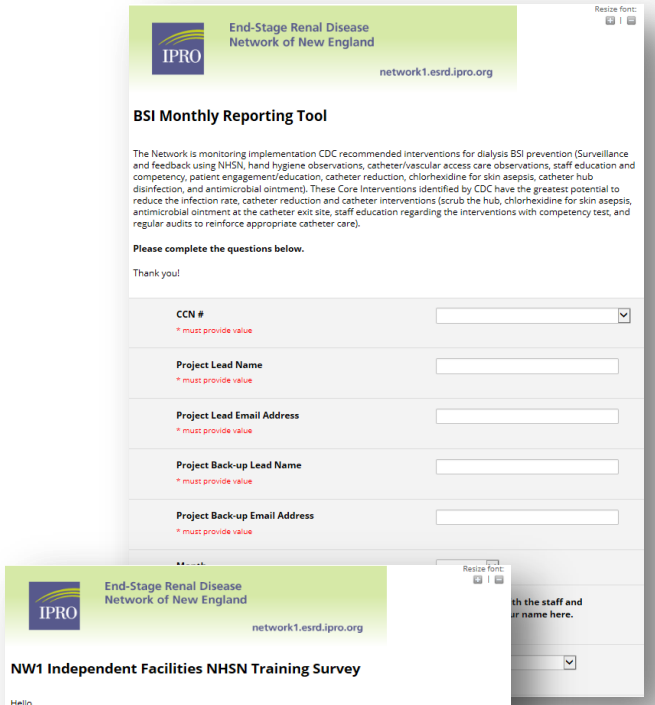
- Participating facilities
- Patients/care partners from each state
- Hospitals
- QIN-QIOs
- State Surveying agencies
- Dialysis facility regional leadership

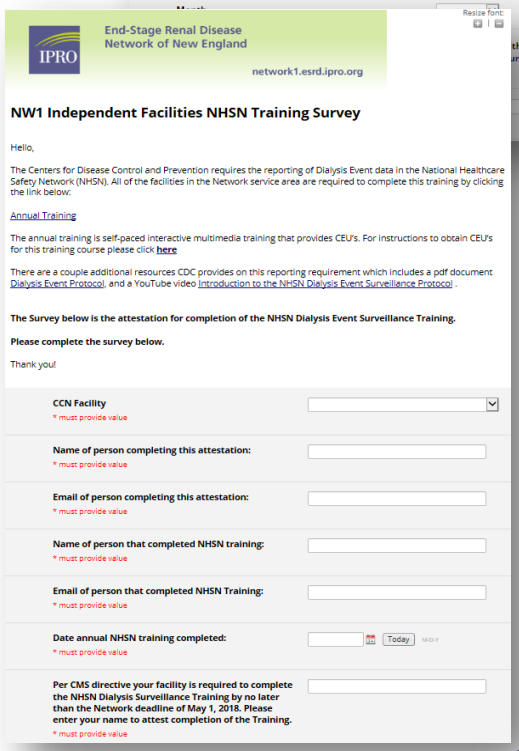
Paperwork Requirements

Patient Safety Project Reporting

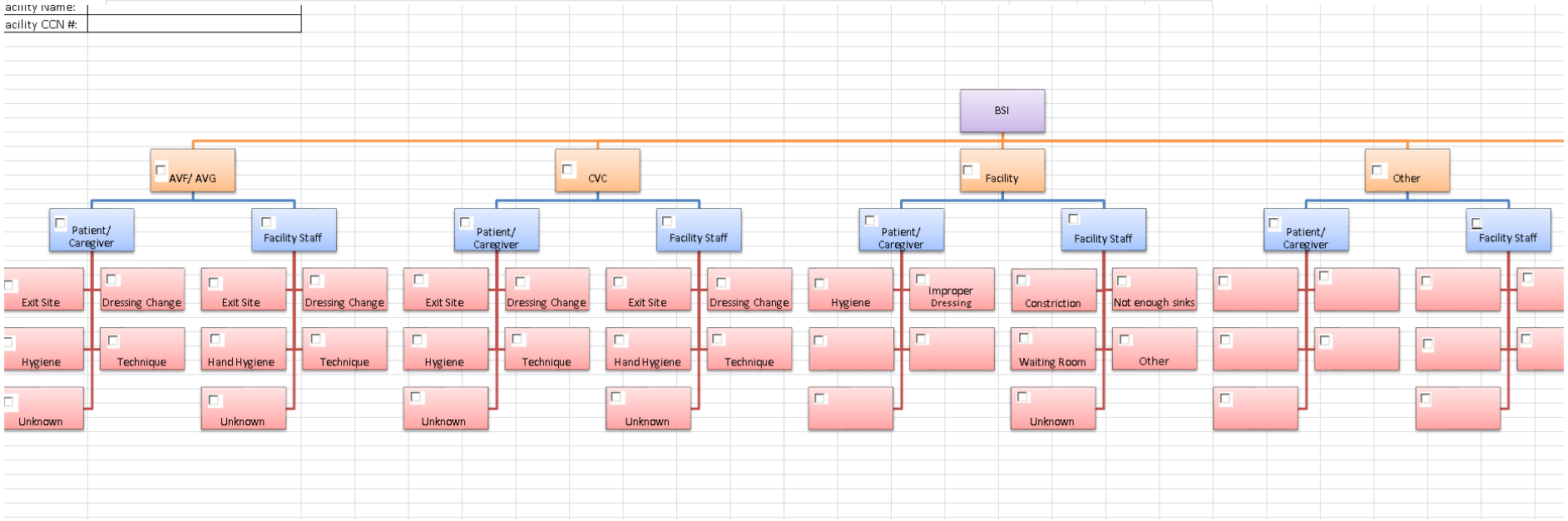
Redcap survey

- Attestation of:
  - CDC Core Interventions
    - How education was completed
    - Best practices/Barriers identified
    - Update facility contact as needed
  - Annual NHSN Dialysis Event Surveillance training





Root Cause Analysis Tool



Patient Safety
Next Steps/Action

- Submit webinar evaluation survey to share your feedback
- Ensure facility has identified project lead and back-up lead
- Confirm the competition of the 5-Whys RCA
- Complete the REDCAP data requirement
- Review HAI Monthly Newsletters
- Register and participate in CMS NCC HAI LAN

Questions?
Comments?

Thank You
for your participation

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