

ESRD Network 18 Network Council Call January 12, 2017

Stephanie Hutchinson, MBA - Executive Director

Barbara Dommert-Breckler, RN, BSN, CNN - Quality Improvement Director

Eileen Boyte, MSW - Patient Services Director

Lisa Hall, MSSW, LICSW - (PSD for NW16) *Alt. for Eileen Boyte*

Svetlana Lyulkin, MBA - Director of Information Management

Purpose

- To familiarize attendees with the new Statement of Work for the ESRD Networks, and promote **partnership** with facilities to improve the quality of care for people who require dialysis or transplantation as a life-sustaining treatment



Contract Overview

- 5 year Contract – Now in 2nd Year (OY1)
- 8 Quality Improvement Activities
- Increased focus on Patient Engagement
- Collaboration with Stakeholders
- HealthInsight ESRD Alliance – Networks 16 and 18



HealthInsight (Prime Contractor)

HealthInsight is a private, nonprofit, community-based organization **dedicated to improving health and health care**, composed of locally governed organizations in four western states: Nevada, New Mexico, Oregon and Utah. HealthInsight also has operations in Seattle, Washington, and Glendale, California, supporting End-Stage Renal Disease Networks in the Western United States. As such, it is able to draw upon the unique social and cultural elements of each region, as well as quality improvement expertise that has been developed over four decades.

Programs of HealthInsight include: Medicare QIN/QIO, CMMI Admissions and Transitions Optimization Program, Medicaid External Quality Review Organization, Hospital Improvement and Innovation Network, IHS grant and ESRD Networks 16 and 18 to name a few.



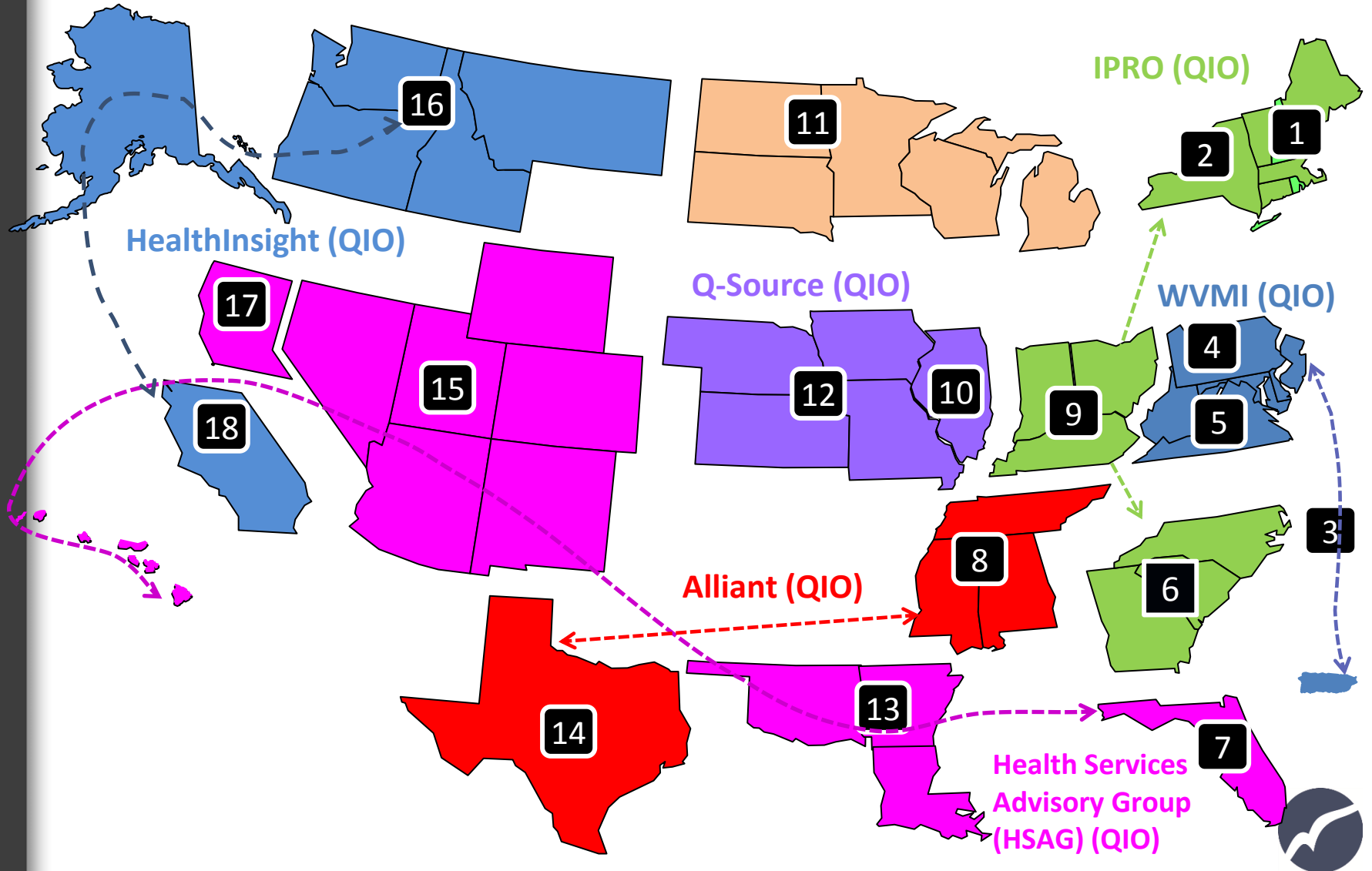
HealthInsight, con't.

Network 18 participates on the corporate board of HealthInsight bringing ESRD voice to the table

ESRD is integrated into overall direction of the organization including programs focusing on palliative care, hospitalization reduction, health information exchange, vaccination and diabetes



The 18 ESRD Network Contracts



Network Governance

Board of Directors

Chair: Katrina Russell, RN, CNN

Vice Chair: Scott Rasgon, MD

Sets overall policy and direction and retains oversight responsibility

Medical Review Board

Chair: Scott Rasgon, MD

Advisory panel to the Network on the care and appropriate placement of dialysis patients and oversight of Network CMS contracted activities



Network Governance, con't

Network Council

Representation from each facility to serve as liaison between the Network and providers and give input to our activities

Patient Advisory Committee

Provide input to our activities and educational materials



Network 18 Totals

	2014	2015	Growth Rate
Dialysis Facilities	372	372*	0%
Transplant Centers	15	15	0%
Hemodialysis Patients	42,245	43,925	4%

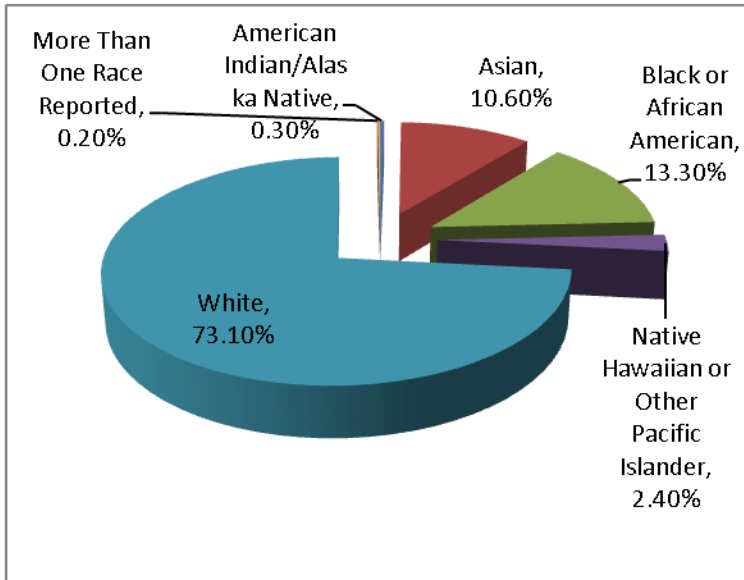
Dialysis and Transplant Center data from NCC Gap Report
Hemodialysis Patients data from CROWNWeb Annual Report Data Table 2

*One facility closed permanently and one facility was decertified



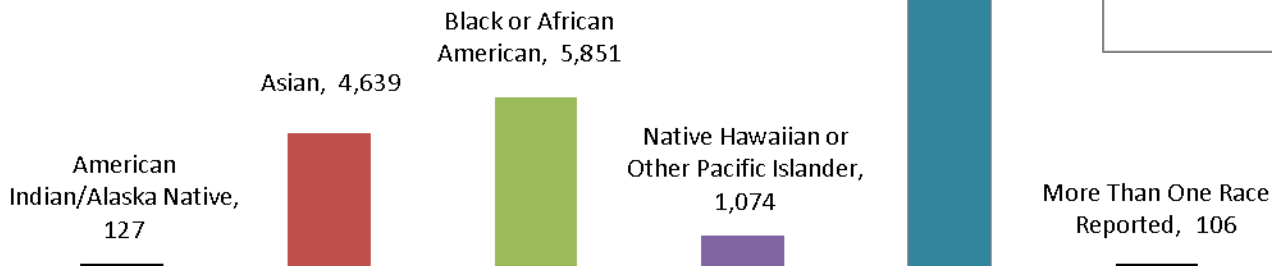
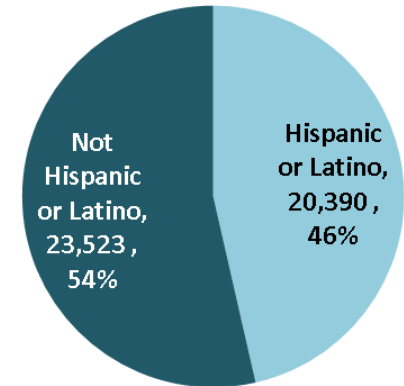
Network 18 Demographics

Patient Prevalence Race



White, 32,116

Patient Prevalence Ethnicity

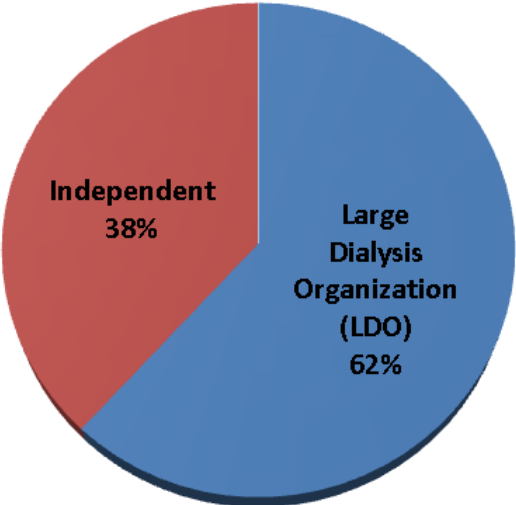


Data from 2015 Annual Report

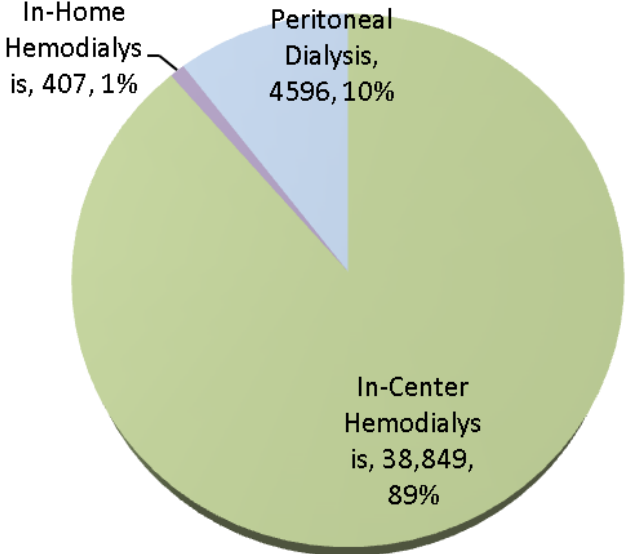


Network 18 Demographics

Facility Management



Patient Modality



Base Year Accomplishments

- Fully Staffed
- Moved to new site
- Moved culture with providers to a collaborative culture
- Successfully completed the contract
- 30 Facilities reduced long term catheters to < 10%
- Project participants reduced their overall BSI by more than 20% and mortality by 8%



Network 18 Staff

Stephanie Hutchinson, MBA, Executive Director

Patient Services Department

- Eileen Boyte, MSW, Patient Services Director
- Lisa Hall, MSSW, LICSW - *(PSD for NW16) Alt. for Eileen Boyte*
- Cece Woo, MSW, Patient Services Coordinator

Quality Department:

- Barbara Dommert-Breckler, RN, BSN, CNN, Quality Improvement (QI) Director
- Jewel Peterman, RN, BSN, QI Coordinator
- Derek Taylor, RN, QI Coordinator

Data Department

- Svetlana Lyulkin, MBA, Director of Information Management
- Marie Velez, Administrative Assistant

Julie Aguilar, Project Coordinator for all Departments



Patient/Family Engagement

- Foster patient/family engagement at the facility level



Patient Experience of Care

- Evaluate and resolve grievances
- Conduct QIA to improve facility grievance process
- Promote use of ICH CAHPS and ICH CAHPS QIA
- Address issues identified through data analysis



Appropriate Access to Care

- Decrease involuntary discharges and transfers (IVDs/IVTs)
- Address patients at risk for IVD/IVT and failure to place
- Generate monthly access to dialysis care reports



Quality Improvement Activity

Number 1 Grievance

- Focused audit of all grievances
 - Identify the most prevalent trend of grievances filed
 - Select 10 dialysis facilities with the most grievances within this trend
- Improve the utilization of facility grievance process
- Improve communication between patients, staff and Network



Quality Improvement Activity

Number 1 Grievance (con't)

- Facilities scored using a five-point scale
 - Decrease target facility's average score by a relative 20%
- Facility notifications emailed on Tuesday, January 10, 2017



Quality Improvement Activity

Number 2 ICH CAHPS

- Improve ICH CAHPS survey results
 - Network review of ICH CAHPS results from Spring 2016
 - Identify lowest scores (component)
- Select 20 dialysis facilities
- Demonstrate 5% relative improvement on the Network-selected component
- Facility notification TBA



Quality Improvement Activity

Number 3 Long Term Catheters

- Maintain a prevalent CVC rate of $\leq 10\%$
 - Long Term Catheter Rate baseline: **Sept 2016**
- All facilities with a greater than 10% rate are on the project
- 52 facilities are targeted
- Highest rate over 41%
- Measure: CROWNWeb Minimum 2% reduction in LTC
- Facility notifications emailed on Monday, January 9, 2017



Quality Improvement Activity Number 4 Reduce Blood Stream Infections/ Sepsis Education

- 20% of Network facilities required to participate
- Patient Engagement Required
- Reduce rates of BSIs
- Baseline Quarters: **1&2 2016** NHSN
- Measure: 5% or more reduction of *pooled mean*
- Facility notifications emailed on Wednesday, January 11, 2017



Quality Improvement Activity Number 5 Improve Hepatitis B and Pneumococcal Vaccinations

- A minimum of the bottom 10% facilities will be on the project (no more than 25 per Network)
- Baseline **2016**
- To be removed from the project the facility will have to have a 60% vaccination rate for **Hep. B** (completed series) and **PPV** (both the PPSV23 and PCV13)



Quality Improvement Activity Number 5 Improve Hepatitis B and Pneumococcal Vaccinations (con't)

- Measure: CROWNWeb data of vaccination rates
- Facility notifications emailed on Wednesday, January 11, 2017



Quality Improvement Activity Number 6 Innovation

- Network Workgroup Focused on Reducing Hospital Utilization
- 20-25 facilities per Network with 5 to 7 medium sized hospitals that are associated
- Three year project
- Transitions of Care Focus- EMR Access
- Measure 2% reduction in unplanned hospitalizations
 - Each admit should be listed
- Facility notifications TBA



Quality Improvement Activity

Number 7 ESRD QIP

- The project will revolve around QIP measures: 2017 measures are Hypercalcemia and Adequacy
- Minimum of 10 facilities
- Measure at or above minimum target for 3 months. 80% need to achieve the target
- Facility notifications TBA



Quality Improvement Activity

Number 8 NHSN Data Quality

- Minimum 20 facilities without EMR access and five associated hospitals
- Ensure that positive blood cultures drawn at hospitals during the first day of admission are entered as a dialysis event
- Improve coordination of care between hospitals and dialysis facilities
- Facility notifications emailed on Wednesday, January 11, 2017



QIA Notifications Recap

Quality Improvement Activity	Date of Notification
Grievance	Tuesday 01/10/17
ICH CAHPS	TBA
Long Term Catheters	Monday 01/09/17
Reduce Blood Stream Infections/Sepsis	Wednesday 01/11/17
Improve Hepatitis B and Pneumococcal Vaccinations	Wednesday 01/11/17
Hospitalization	TBA
QIP	TBA - Open to all Facilities
NHSN	Wednesday 01/11/17



ESRD Quality Incentive Program (QIP)

- Facility compliance with QIP procedures
- Download and post Performance Score Certificate: Now Available
- New measure: Combined Adequacy Scoring, Deduction Scale based on Mean Score
- Continued from Last Year: Depression and Pain Management Screening and follow up Staff Flu Vaccination



NHSN

New Version of NHSN will cause all facilities to have to rejoin the Network group.

Due to the NHSN data verification and the two QIA project around NHSN data, we are going to continue to require that facilities enter NHSN data by the close of the following month.

Example: January data must be entered by Feb 28th



Emergency Preparedness - Network

In preparation for an emergency, ESRD Network 18 will:

- Encourage dialysis facilities to plan for emergency situations
- Provide technical assistance in the development of emergency plans
- Provide educational materials
- Develop an internal Network plan for preparedness and response



Facility Reporting Requirements

- Notify the Network of changes in facility operations
 - Schedule
 - Power
 - Water
 - Road access/transportation
 - Other
- Facility Closure/ Interruption in Service form can be found on the website:
<http://www.esrdnetwork18.org/emergency>



Security

- All facility staff is responsible for preventing security violations and protecting patient data
- All security violations are reported to CMS
- Staff training materials are located on the Network 18 website under 'Security'
[www.esrdnetwork18.org/security/
preventing-security-violations](http://www.esrdnetwork18.org/security/preventing-security-violations)



CROWNWeb

- **2744 Annual Facility Survey** time is here. Facilities need to ensure accuracy of 2016 data in CROWNWeb
- Facility staff must register through EIDM and QARM to obtain access to CROWNWeb
www.esrdnetwork18.org/docs-crownweb/Step1RegisteringforanEIDMAccount.pdf
- CMS's CROWNWeb Data Management Guidelines:
http://mycrownweb.org/assets/crownweb-dm/CROWNWeb_Data_Management_Guidelines_FINAL.pdf
 - Include a shortened turnaround time for completing 2728/2746, and requirement to update key personnel in CROWNWeb



Common CMS System Roles

Role	System	System Description	Related Systems	Login ID Looks Like
NHSN Administrator	NHSN	Report Dialysis Events; Staff Vaccinations		Email
EIDM	EIDM http://Portal.CMS.gov	Create account (including setting up user ID and password) to access QARM	QARM CROWNWeb QIP 2.0	User chooses during registration
QARM - Org Security Official	QARM www.qualitynet.org	Approve, Disable and Edit QIMS User Accounts	EIDM CROWNWeb QIP 2.0.0	User chooses during EIDM registration
CROWNWeb - Facility Administrator - Facility Editor and/or - Facility Viewer	QARM →CROWNWeb www.qualitynet.org	CMS Data System for Facility, Patient and Clinical Data	EIDM QARM	User chooses during EIDM registration
QIP 2.0 - Point of Contact - Facility Viewer	QARM →QIP 2.0 www.qualitynet.org	View, Download and Comment on PSRs and PSCs	EIDM QARM	User chooses during EIDM registration
Dialysis Data.org Master Account Holder	www.dialysisdata.org	Enable/Disable Accounts; Add/Remove Permissions		CCN
DialysisData.org Regular User	www.dialysisdata.org	View/Edit/Comment on DFR and QDFC		Email



Acute Kidney Injury (AKI)

- **As of January 1st, 2017 Medicare will reimburse outpatient dialysis facilities that treat Acute Kidney Injury (AKI) patients**
- **Highlights include:**
 - **These patients should never be in CROWNWeb**
 - No weekly limits on number of dialysis treatments paid
 - Follow your company's policies and Medical Directors Direction
 - These patients are not included in the Quality Incentive Program or Network Quality Improvement Activities
 - CMS will be providing education in the future.



ESRD Network Bulletin

- Sign up for our ESRD Network blog posts at <https://nwrnbulletins.wordpress.com/> and click on the “Follow” button in the lower right-hand corner.

esrdbulletins

*Health Insight ESRD News
Bulletins for NW16 & NW18*

[Home](#) [About](#) [Facility Calendar](#) [Patient Calendar](#) [Renal Job Postings](#) [RN in Southern California – Immediate Need](#)



Bulletin includes:

- Educational opportunities
- Patient-health events
- QIP Rules
- DFR/DFC release dates
- Approaching facility deadlines



We look forward to partnering with you in
the new year.



Questions?

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