

ESRD Network #15 Quality Improvement Projects 2010-2011

The changes to the Conditions for Coverage (the federal regulations that dialysis providers agree to in order to be licensed to treat Medicare and Medicaid patients) effective since October 2008, have had far-reaching effects on the administration of Quality Improvement work in the Network. Notably, participation in Network-initiated QI projects is now required for all facilities, and that includes timely and complete responses to Network requests for data, forms, or evaluations. The Network is now tracking participation in all QI projects; we can also be required to report non-participation or failure to meet clinical targets to appropriate federal contractors, including state survey agencies and the Centers for Medicare and Medicaid Services (CMS). That said, most Network #15 facilities have consistently provided data and feedback for our projects for a long time – we appreciate all the work you have done and look forward to continuing to support your ongoing QI efforts!

The following table lists the most current Network #15 quality improvement projects.

Project	Comment
ESRD Clinical Performance Measures Project (CPM)	<p>The CPM project is an annual data collection conducted by CMS that has been performed by the Networks since 1994. The purpose of the project is to provide comparative data to ESRD providers to assist them in assessing and improving the care provided to dialysis patients. Historically, clinical data related to adequacy of dialysis, anemia management, nutrition and vascular access have been collected annually on a 5% random sample of hemodialysis and peritoneal dialysis (PD) patients across the country. Process measures have also been included in this collection.</p> <p>The ongoing testing and implementation of the CROWNWeb system prevented the collection of CPM data in 2008, 2009 and 2010. CMS is currently using the data collected by the Elab project in place of the CPM data – see description of Elab data below.</p> <p>This year facilities that have signed up to participate in the optional CROWNWeb Phase II expansion will be required to enter clinical performance data for their patients into CROWNWeb for three months (April-June 2011). Vascular access status will be entered for a six month period, April-September 2011. It is anticipated that once the CROWNWeb system is complete, the collection of CPM data will be reinstated and accomplished exclusively through the CROWNWeb interface.</p>
Elab Data Collection 2010/2011	<p>The Elab collection is an annual process that attempts to collect and analyze data on 100% of the patients dialyzing in the US. This collection includes clinical data relating to anemia, adequacy of dialysis, nutrition, and mineral metabolism. Using the current process data are submitted for October, November and December of the previous year using a password protected USB drive. The information is sent to facilities via registered mail for completion and return to Network #15 using the same methodology.</p> <p>The individual labs collected for all patients are: HGB, KTV, Albumin, TSAT, Serum Ferritin, Calcium, and Phosphorous. Additional data collected for hemodialysis patients are pre and post Bun and URR. For peritoneal patients, Creatinine Clearance and PET results are included. The method used for calculating Albumin is also required with the submission. Should you need to know the method(s) used by your laboratory to compute the albumin results please contact them directly.</p> <p>After each year's collection, Network #15 and its Medical Review Board evaluate the information generated from the data in order to target facilities or geographical areas where there is an opportunity for clinical improvement. The quality improvement projects that have resulted have generated significant improvement in the care being provided in Network #15.</p> <p>The collection for this year is complete. After data from all Networks are aggregated, facility-specific comparative data reports will be generated and sent to your facility. Please watch for these reports. You will be able to use them in your Quality Assessment and Performance Improvement programs which are now required as part of the ESRD Conditions for Coverage.</p>

Project	Comment
	<p>Additional resources which might be of help in your quality improvement programs:</p> <ul style="list-style-type: none"> • See National Kidney Foundations K/DOQI guidelines for evidence based goals and targets: www.kidney.org/professionals/kdoqi/guidelines • The E-Lab National 2008 / Trend Report published in June 2009 can be found at: http://www.esrdnet11.org/Elab/elab_national_2009_and_trends_report.pdf Here you will find the most recent comparative data in the appendices at the back. • The CMS Measures Assessment Tool, version 1.7 can be accessed at: http://www.esrdnet15.org/CfC/survey%20tools/MAT_1.6.pdf • The Network #15/MRB Quality Assessment and Performance Improvement Measures Goals are included with this mailing.
<p>Fistula First Vascular Access Project (Fistula First Breakthrough Initiative aka FFBI)</p>	<p>Network #15 continues to be in the front of the pack in terms of progressing toward the goals of the national-level Fistula First project. While we have yet to achieve the 66% AVF use rate recommended by both CMS and our Medical Review Board, our current rate of 64.3% shows the great strides you have made since starting this project back in 2003. In December 2010 the AVF use rates by state are: AZ: 63.4%, CO: 71.2%, NM: 66.8%, NV: 55.6%, UT: 67.8, WY: 51.3%. Special acknowledgements to the states of Colorado, New Mexico and Utah for all that you have done to achieve the 66% CMS goal!</p> <p>While increasing the rate of AVF use is not always easy, consistent effort WILL pay off; there are 125 facilities in Network #15 who have already met the 66% target and another 60 are very close to achieving it. Kudos to those facilities in Network #15 with use rates exceeding 90%!</p> <p>Our website is a good place to start as you develop tools and ideas to help you increase the use of AVFs at your clinic, and we suggest that you regularly visit to see what is new. You can also call us at any time and talk directly with a nurse about your QI plans, or about problems you are having relating to AVF use in your facility. We are proud to support your ongoing efforts to improve the care being given to ESRD patients.</p> <p>A monthly data collection is required for this project. Each month a patient list is generated and sent to all independent facilities. Submission of a vascular access data form containing access use/placement information is requested. We request that aggregate access data be mailed (or faxed) to the Network office by the third Monday of every month (data from the previous month). Due to confidentiality issues, please do not e-mail any patient-specific information to the Network. Facilities that are part of a Large Dialysis Organization (LDO) submit this information via an electronic submission directly from their corporation. The Network may request submission of data on paper forms from those LDO facilities that are unable to submit information electronically or from facilities that are deemed to have had inaccurate data uploaded. Each facility and Medical Director receives quarterly trend reports from the Network, which will assist you in evaluating your improvement efforts.</p> <p>Please visit the www.fistulafirst.org web-site to check out the project's newest resources.</p>

Project	Comment
<p>Improving Awareness of Home Dialysis Therapies</p>	<p>Historically, home dialysis therapy has seen a decrease over time. A recent resurgence of interest in home dialysis treatment is being driven by several factors, including (1) improved clinical outcomes associated with more frequent hemodialysis possible with home therapy; (2) patient preference for and greater convenience of home treatments; (3) lower treatment cost; (4) reduced staffing requirements; and (5) the availability of equipment specifically designed for self-care/home therapy. An important factor has been the recognition that the outcomes of peritoneal dialysis are similar to those of conventional in-center hemodialysis for at least the first 2 years, and the advantages to the patient of utilizing different modalities during their dialysis "lifetime." Network #15 wishes to ensure that patients at your facilities are receiving unbiased information about all available treatment options (including PD, short daily home hemodialysis, nocturnal home and in-center dialysis and transplant) and that they are aided in obtaining a home modality if it is their choice and is medically appropriate.</p> <p>The Network #15 modality education project focuses on evaluating whether pre-dialysis patients received helpful information regarding their treatment choices before they initiated dialysis, and providing modality educational materials to in-center dialysis patients. Facilities are asked to distribute modality information featuring the options of transplant, peritoneal dialysis and home hemodialysis to their patients and to return a short evaluation of the materials to Network #15. Handouts are provided as part of our Learn & Earn series.</p>
<p>Improving Transplant Education Using the "Explore Transplant" Model Program</p>	<p>Regulation V562 of the 2008 Conditions for Coverage for ESRD Facilities contains a requirement for "facilities to provide education and training for patients and family members, or caregivers, or both in aspects of the dialysis experience, dialysis management, infection prevention and personal care, home dialysis and self-care, quality of life, rehabilitation, transplantation, and the benefits and risks of various vascular access types." The Interpretive Guidelines also state that the dialysis facility must provide patients and their family members/caregivers with education and training in these listed areas at a minimum. Furthermore, the interdisciplinary team must have the skills and expertise needed to educate patients in these subjects, and to provide this education in a manner understood by the patient and family/caregiver.</p> <p>The nationally renowned Explore Transplant program provides a patient-centered method of evaluating and educating patients about transplant. It educates and gives staff the tools they need to educate patients on this complicated topic. Most importantly the program also assists facilities in <u>assessing patient readiness</u> for transplant so that information is provided to patients at the appropriate time.</p> <p>The current project is nearing its conclusion. Colorado and Wyoming facilities were asked to collaborate with Network #15 on a project to enhance provider transplant knowledge, allowing providers to gain experience delivering information to patients from the Explore Transplant program. Copies of patient education materials were provided to assist attendees in developing plans for transplant education at their respective dialysis clinics. Facility staff members were asked to attend one of two Explore Transplant sessions which were conducted in the Denver-Metro area and in Colorado Springs. A pre-post educational evaluation was administered and attendees were assessed 3 months following the presentation to determine whether they had implemented the program. As anticipated, transplant knowledge increased following the workshops and at 3-months post, well over 60% of the facilities that sent staff members to the offering have begun to use the materials to educate their patients. Additional units have indicated they will be using the information in the near future.</p>

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	<p>As resources permit, Network #15 is hopeful we will be able to provide this innovative workshop in other geographic areas of our six-state region.</p>
<p>Additional Quality Focuses during 2010/2011</p>	<p>In addition to the projects listed above, Network #15 and the Medical Review Board have identified the following areas of concern. We ask that – wherever appropriate – you direct your QI efforts at these issues:</p> <ul style="list-style-type: none"> • Central venous catheter reduction; • Improving coordination of care between physicians and dialysis facilities with particular regard to incident patient CKD care and transitional care following hospitalization; • Improving AVF use rates in the state of Nevada; • Reducing catheter associated infections. <p>Network staff members are available to assist you in your efforts @ 303-831-8818. Please contact us if you would like to discuss these projects in more detail.</p>

