From the Executive Director

Improving Provider Engagement and the Implications of ESRD Provider Non-Participation in Network Quality Improvement Activities

BACKGROUND: In its role as an end stage renal disease (ESRD) Network, HSAG: ESRD Network 13 provides quality improvement (QI), data management, grievance investigation, technical assistance, and patient and professional education services for more than 341 ESRD providers (331 dialysis, 10 transplant) and over 28,000 ESRD patients (21,000+ dialysis, 6,600+ transplant) in the states of Oklahoma, Louisiana, and Arkansas. The goal of the ESRD Network is to efficiently and effectively increase the quality of care and quality of life for ESRD patients, and all HSAG ESRD Network activities are focused on promoting patient-centered care, as well as patient and family engagement at the provider level.

All ESRD providers are required to complete an annual facility/Network agreement to confirm agreement with meeting Network goals and participating in Network activities, including data collection, QI, resolution of grievances, consultation on cases related to involuntary discharges (IVDs), assistance with patient placement, and special studies.

The current ESRD Conditions for Coverage (CfCs) cover provider participation as well, through the Standard: Relationship with the ESRD Network (V-tag 772), which stipulates that the governing body receive and act upon recommendations from the ESRD Network. The dialysis facility must:

- Cooperate with the ESRD Network designated for its geographic area, in fulfilling the terms of the Network’s current statement of work (SOW).
- Participate in ESRD Network activities.

The interpretive guidelines state that the ESRD facility must:

- Respond promptly within specified deadlines for information, data, or corrective action plans from its ESRD Network.
- Participate in Network projects and activities aimed at addressing identified needs and improving quality of care in the individual facility or the Network-wide area.

As you know, the 2018 Network 13 SOW, directed by the Centers for Medicare & Medicaid Services (CMS), is focused on four QI Activities (QIAs), as well as improving patient and family engagement (PFE) within all ESRD facilities. Activity updates are discussed further in this newsletter.

ISSUE: There is a noted lack of provider engagement (e.g., increase in non-participation by ESRD providers) in this year’s QI and PFE activities. The Network recognizes that there are barriers to provider engagement due to dialysis unit staffing shortages, changes in dialysis unit management, and communications for all parties, but we must answer to
CMS for the quality of care being provided in our service area. Knowing that, the Network staff make every effort to encourage provider engagement by assisting in your current QI requirements and to minimize duplicative reporting burden. However, the complexities of reporting (i.e., process vs. outcome) can be problematic and require facility-specific interactions. Reporting deadlines for providers are established to meet Network and CMS reporting deadlines, and we concede that the timeframes are tight for all of us. Without partnership and engagement, our options get limited when facilities do not appear to be making efforts to engage and participate in QIAs.

So, what is the Network doing to resolve the issue? We are coordinating communications so that facility management (e.g., medical director, nurse manager, and administrator) and the QIA leads identified at the beginning of the activities are provided electronic correspondence/updates on status of QIAs. We continue to interact with Large Dialysis Organization (LDO) corporate management and have provided listings of all their facilities currently in a Network 13 QIA.

The Network will continue to make reminder phone calls and send emails as deadlines approach or pass. When deadlines have not been met within Network reporting timeframes, notifications to regional and/or national management will now come from the Executive Director (ED) level. After two ED-level interactions have occurred, referral to the regulatory entities that oversee your performance will be made; your state-specific ESRD survey agency and CMS. The Network is reminding everyone about:

- Referral to the state-specific ESRD survey agency.
  - With specifics as to non-participation, including but not limited to QIA data reporting, minimal to no updating of Quality Assessment Performance Improvement (QAPI) and/or action plans, Network form completion.
- Sanction and Alternative Sanction Recommendation Policy

CONCLUSION: The Network acknowledges that the majority of ESRD providers meet the QIA requests within the established timeframes, and the engagement is greatly appreciated. We will continue to work with those facilities that experience difficulties and negotiate participation negating the need for referrals, but communication must be a two-way effort between Network staff and the dialysis units. Your calls and/or emails with your questions/concerns/suggestions on how improvements can be made together to meet everyone’s objective to improve the quality of ESRD care provided throughout this service area are welcome.

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Patient Services

Patient and Family Engagement at the Facility Level

National News…Did you miss the National Quality Improvement Activity (QIA) Learning and Action Network (LAN) Series? There is a recording from each of these
events on the National Coordinating Center (NCC) Website at http://esrdncc.org. Network 13 wants to highlight these “Patient Experience of Care (PEOC)” activities to improve patients’ quality of care:

- **On May 2**, the **National Forum of ESRD Networks** presented a webinar and provided strategies to improve communication and collaboration between patients and the care team that included:
  - Explaining how LANs transfer experiences to help mitigate barriers and drive improvement.
  - Discussing barriers to healthy and productive communication.
  - Demonstrating the Forum of ESRD Networks Grievance Toolkit.
  - Sharing success stories related to using the Grievance Toolkit.

**Download a recording of the presentation:**
https://esrdncc.org/en/events/20182/may-20182/peoc-lan/?date=5/1/2018

**Download a recording of the Forum of ESRD Networks Grievance Toolkit:**

***Suggested Intervention***
We encourage you to utilize the Grievance Toolkit at your facility. Ideas for interventions include printing out several copies of the Toolkit and:

- Placing some in the lobby.
- Putting a copy on the bulletin board in the lobby.
- Having your Network Patient Representative (NPR) let other patients know that the Toolkit is available to them in the event they have a grievance.

- **On June 27**, there was a Patient Experience of Care webinar, **Relationship-Centered Communication**, that featured Dr. Laura Cooley from The Academy of Communication in Healthcare. She provided education on:
  - Increasing understanding of how to engage patients in their plan of care (POC).
  - Reviewing the fundamentals of Relationship-Centered Care (RCC).
  - Learning the ART of Relationship-Centered Communication.

**Download a recording of the presentation:**

***Suggested Intervention***
Educate your facility staff on the four key principles of RCC, which include:

- Relationships in health care should include the personhood of the participants.
- Affect and emotion are important components of health care relationships.
- All health care relationships occur in the context of reciprocal influence.
- The formation and maintenance of genuine relationships in health care is morally valuable.

We encourage you to schedule a staff training to focus on improvement in one or all of these areas.
Quality Improvement Activity (QIA) Highlights

Patient Safety: Healthcare-Associated Infections (HAIs)

Supporting the National Healthcare Safety Network (NHSN): Annual Training

In an effort to provide technical assistance and resources to reduce HAIs, the Network is interacting with facilities to support the Centers for Disease Control and Prevention’s (CDC’s) NHSN, including monitoring facility-specific completion of the NHSN Annual Training. NHNS training is available 24/7 online at [https://www.cdc.gov/nhsn/dialysis/event/index.html](https://www.cdc.gov/nhsn/dialysis/event/index.html) (Under “Training Spotlight”) or direct link: [https://nhsn.cdc.gov/nhsntraining/courses/2016/C18/](https://nhsn.cdc.gov/nhsntraining/courses/2016/C18/).

All dialysis facilities are required to provide a copy of their certificate to the Network following completion of this training for reporting to CMS. As of August, 84.7 percent of facilities in Network 13 have completed and documented their training.

NEW Hepatitis B Vaccination

Are you aware there is a new vaccine for hepatitis B? It’s called HepB-CpG (Heplisav-B, Dynavax). It was FDA-approved in November 2017 for persons 18 years and older, including healthcare personnel. It is provided in a single dose 0.5 mL vial and given as a two-dose series, with doses separated by one month. The CDC has indicated that it is safe for dialysis patients.

Source: [www.cdc.gov/mmwr/volumes/67/rr/pdfs/mm6715a5-H.pdf](http://www.cdc.gov/mmwr/volumes/67/rr/pdfs/mm6715a5-H.pdf)

Reducing Blood Stream Infections (BSIs) QIA

This QIA project is to reduce and prevent the occurrence of BSIs within the adult hemodialysis (HD) patient population. Twenty percent of the facilities with the highest BSI rates were selected to participate in this activity (n=62). The goal is to achieve a 20 percent or greater relative reduction in the semi-annual pooled mean in the cohort compared to the previous year.

CDC audits are being performed monthly, and improvements are being seen in all three sets of audits (see below):

<table>
<thead>
<tr>
<th>Facility Reported</th>
<th># Hand Hygiene Audits</th>
<th>Hand Hygiene Performed Correctly</th>
<th># Catheter On/Off Audits</th>
<th>Catheter On/Off Performed Correctly</th>
<th># Cannulation Audits</th>
<th>Cannulation On/Off Performed Correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>769</td>
<td>80.5%</td>
<td>458</td>
<td>90.8%</td>
<td>484</td>
<td>78.5%</td>
</tr>
<tr>
<td>Mar</td>
<td>829</td>
<td>85.6%</td>
<td>595</td>
<td>91.9%</td>
<td>669</td>
<td>87.0%</td>
</tr>
<tr>
<td>Apr</td>
<td>869</td>
<td>88.4%</td>
<td>621</td>
<td>92.1%</td>
<td>721</td>
<td>88.2%</td>
</tr>
<tr>
<td>May</td>
<td>826</td>
<td>88.6%</td>
<td>504</td>
<td>92.9%</td>
<td>572</td>
<td>90.4%</td>
</tr>
<tr>
<td>Jun</td>
<td>828</td>
<td>88.0%</td>
<td>540</td>
<td>92.2%</td>
<td>583</td>
<td>90.9%</td>
</tr>
<tr>
<td>Jul</td>
<td>775</td>
<td>90.6%</td>
<td>515</td>
<td>94.2%</td>
<td>555</td>
<td>91.9%</td>
</tr>
</tbody>
</table>

Patients were asked to take the Patients Preventing Infections Pledge. We had 40.2 percent (1,339/3,332) of patients in the cohort sign the pledge. Patients pledged to protect themselves and others by:

- Washing my hands often with soap and water or using hand gel, for at least 20 seconds.
- Washing my vascular access or keeping my catheter site dry.
- Reminding staff to wash or gel and glove.
  - Speaking up because it’s “Ok for patients to ask!”
• Reporting any signs of infection to my dialysis team

We would like to thank all the NPRs who handed out puzzles and articles, helped with bulletin board creation and educating other patients, participated in Lobby Days, started support groups, attended QAPI meetings, and various other activities.

NPR Mary Beth H. created this bulletin board on infection prevention. She dialyzes at FKC Central Lake Charles, LA.

Another bulletin board using materials from the World Health Organization and CDC was provided by Angela Hanshaw, Clinic Manager for DaVita Pryor, Pryor, OK.
Here is a bulletin board that caregiver Theone G. and social worker Kashenna Lemieux-Bowman created for World Hand Hygiene Lobby Day at DaVita Slidell Kidney Care in Slidell, LA. Patients received hand sanitizer along with an informational pamphlet.

**Best practices** gleaned from the NCC HAI/BSI LAN calls included:

- Patient education is a major key to preventing BSIs.
- Clear Op-site™ dressings help prevent to prevent BSIs; we had only been using them on a select group of non-complaint patients but will be changing all patient’s over to Op-site™.
- Using the nine core interventions from the CDC.
- Auditing disinfection/cleaning practices.
- There are many ways to look at infection even if not dialysis-related—strive to reduce all infections in dialysis patients.
- Stress the importance of paying attention to details when disinfecting dialysis stations and other areas.
- Use chlorhexidine-impregnated dressings.
- Interdisciplinary Team (IDT) should incorporate BSI activity into facility’s QAPI process.
- Scrub the hub prior to every connection for central venous catheters (CVCs).
- Stress the importance of communicating with nursing homes, especially regarding catheters.
Reducing Long-Term Catheter (LTC) Rates (>90 days) QIA
The Network had to identify 50 percent of facilities with the highest BSI rates (n=156), and those facilities with greater than 15 percent LTC rates were to be included in the Reducing LTC Rates QIA. Thirty-nine facilities were identified to participate in this activity. The goal of this QIA is to achieve a 2.0 percent reduction from activity baseline of 20.6 percent (June 2017) by September 30, 2018. Following is the self-reported progress to-date:

<table>
<thead>
<tr>
<th>Month</th>
<th>Catheter Only</th>
<th>LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (Jun '17)</td>
<td>N/A</td>
<td>20.6%</td>
</tr>
<tr>
<td>January (self-reported)</td>
<td>30.4% (764/2516)</td>
<td>21.8% (549/2516)</td>
</tr>
<tr>
<td>February (self-reported)</td>
<td>30.0% (768/2538)</td>
<td>21.6% (548/2538)</td>
</tr>
<tr>
<td>March (self-reported)</td>
<td>30.8% (791/2568)</td>
<td>21.7% (556/2568)</td>
</tr>
<tr>
<td>April (self-reported)</td>
<td>30.1% (776/2580)</td>
<td>21.6% (557/2580)</td>
</tr>
<tr>
<td>May (self-reported)</td>
<td>29.5% (771/2613)</td>
<td>21.2% (555/2613)</td>
</tr>
<tr>
<td>June (self-reported)</td>
<td>28.5% (742/2602)</td>
<td>20.4% (531/2602)</td>
</tr>
<tr>
<td>July (self-reported)</td>
<td>27.6% (718/2605)</td>
<td>20.0% (520/2605)</td>
</tr>
</tbody>
</table>

Patients have been working on puzzles associated with catheter complications. They will complete the end-point Patient Vascular Access Checklist in September to see if they gained additional knowledge on catheters and their complications.

Increase Number of Adult Patients in Outpatient Hemodialysis Dialyzing at Home QIA
This QIA project is to increase the number of patients dialyzing at home. Facility selection included 30 percent of the Network service area (n=93). The goal of this activity is to demonstrate a 10-percentage point increase in rate of patients that start home dialysis training based on data available in October 2018.

Patients have been working on puzzles for home hemodialysis, peritoneal dialysis, and the myths associated with peritoneal dialysis. Myths are one of the biggest identified barriers to patients wanting to choose a home therapy.

From the NCC Home LAN calls, the following best practices were identified:

- Urgent-start PD to prevent central venous catheter placement.
- Determining barriers to increase patients utilizing home therapy program.
- Constant IDT direct support to patient and family members; educate & re-educate.
- Communicating facts to patients.
- Explaining how having a transitional care unit would be beneficial for getting patients to choose home dialysis.
- Engaging NPRs to become involved in educating patients.

Improve Transplant Coordination QIA
This QIA project is to increase rates of adult dialysis patients on a kidney transplant waitlist. Facility selection included 30 percent of the Network service area (n=94). The goal is to demonstrate a 10 percent increase in the rate of eligible patients placed on the waitlist for kidney transplant by the end of September 2018.

In May, the Network sent letters to medical directors of the 94 facilities involved in the Transplant QIA highlighting the national and Network waitlist rates, as well as the
facility-specific rate. Medical directors were asked to respond to the Network with an explanation of their facility’s waitlist rate and to provide copies of their QAPI plan showing strategies to improve referrals for waitlisting.

The Network held four regional meetings with transplant QIA facilities across the Network service area in June. QIA progress to date toward the Network goal of increasing the number of adult dialysis patients on a transplant waitlist by 10 percent was reviewed. Discussions focused on tasks, interventions, and addressing identified barriers. A total of 47 participants from 31 QIA facilities (31/94 = 33%) attended.

The Network is beginning discussion with transplant centers and QIA facilities to develop a communication tool for two-way communication of patient status. The tool will include information requested by facilities and centers during regional meetings and open-door webinars.

Bi-monthly NCC LAN calls focused on increasing the number of outpatient dialysis patients on a transplant waitlist have highlighted the following best-practices:

- **Developing and fostering relationships between dialysis facilities and transplant centers for coordinating efforts for referral and support of patients in pursuit of transplant.**
- **Utilizing transplanted patients as navigators to support patients through the process steps to transplant waitlisting.** The navigators have a unique perspective and experience which provides opportunity for extra encouragement and support for patients.
- **Regularly monitoring patient transplant status and ongoing communication with the patient, physician, and facility IDT is the key to maintaining a successful transplant referral process.**

Vamana, Inc. Dialysis Center, Texarkana, AR, created a bulletin board on issues that could prevent a patient from becoming listed for transplant.
Population Health QIA: Positively Impact the Quality of Life of the ESRD Patient with a Focus on Mental Health

Top barriers identified during the root cause analysis performed by facilities in this QIA were a lack of knowledge of the signs and symptoms of depression and the need to address the stigma related to the diagnosis of depression. The Network developed a poster, *Shattering the Myths of Depression*, which was provided to each facility in the QIA in May.

[https://www.hsag.com/contentassets/fda564e5d5e44602b24b0fd8ffcecf8a1/esrdnw13-depressionmyths-poster.pdf](https://www.hsag.com/contentassets/fda564e5d5e44602b24b0fd8ffcecf8a1/esrdnw13-depressionmyths-poster.pdf)

Additionally, the Forum of ESRD Network’s Kidney Patient Advisory Council (KPAC) released a new *Dialysis Patient Depression Toolkit* in June. This toolkit was designed BY patients FOR patients to assist those who may be experiencing depression, to help explain the complicated topic, and how to find help. The toolkit provides suggested resources, review of signs and symptoms of depression and anxiety, and relevant patient stories that patients and facilities may find useful. The toolkit can be located at [http://esrdnetworks.org/resources/toolkits/patient-toolkits/new-toolkit-dialysis-patient-depression-toolkit](http://esrdnetworks.org/resources/toolkits/patient-toolkits/new-toolkit-dialysis-patient-depression-toolkit).

Other Important Items

**Emergency Preparedness—Are you ready?**

You are all aware that staff and patients need to be prepared for any emergency. Helping patients to understand the importance of preparation is critical. This bulletin board created for tornado preparation by FKC No. Central Oklahoma, Oklahoma City, OK, is a great example.
CMS Opioids Roadmap
CMS has responded to the opioid crisis by developing a three-pronged approach. Find out how they are combating the opioid epidemic by studying the roadmap, which focuses on:
• Prevention of new cases of opioid use disorder (OUD).
• Treatment of patients who have already become dependent on or addicted to opioids.
• Utilization of data from across the country to target prevention and treatment activities.

September is Sepsis Awareness Month
Get Ahead of Sepsis
The CDC’s Get Ahead of Sepsis print materials help patients, families, and healthcare professionals learn about ways to Get Ahead of Sepsis by:
• Knowing the signs and symptoms of sepsis.
• Being alert and acting fast if sepsis is suspected.
• Preventing infections and staying healthy.
• Starting a conversation about sepsis during healthcare appointments.

Materials can be accessed at: https://www.cdc.gov/sepsis/.

The Sepsis Alliance
Have you heard about The Sepsis Alliance? It has toolkits for healthcare providers, with downloadable handouts for National Sepsis Month. The Alliance also provides webinars on various sepsis topics. Stay in the know with the Sepsis Alliance Newsletter—join today!

CROWNWeb Data Management
CROWNWeb Data Management Guidelines can be found here.

Upcoming events and training information can be found at My CROWNWeb.

Improving 2728 Form Submission Process
The Social Security Administration (SSA) is partnering with CMS to improve the ESRD entitlement/2728 form submission process. CMS encourages CROWNWeb data submitters to continue to use the CROWNWeb Data Submission Stopwatch as a guide to maintain compliance.

Maintaining System Access
There are two requirements for accessing ESRD systems such as CROWNWeb or the ESRD QIP. Those requirements are that you:
• Need access to a specific facility or facilities.
• Keep your password updated.
Passwords must be updated every 60 days. This requirement not only ensures system security, it alerts CMS’ Information Systems Group (ISG) of those who are not regular users. Each system will automatically send out a password reminder to a user’s email address about seven days prior to expiration. If a user is not regularly logging into one of the ESRD systems, their account password will likely expire. Users whose accounts have expired will have to contact the Help Desk at 866.288.8912 for assistance in reactivating their accounts.

**ESRD QIP Preview Period**

CMS announced that the Payment Year 2019 ESRD QIP Preview Period began on August 6 and will end on September 6, 2018. During this preview period, facilities have 30 days to run their Performance Score Reports (PSRs) and submit any clarification questions they may have. Facilities may also submit one formal inquiry during the open period. Resources regarding the 2019 ESRD QIP Preview Period are located on the [CMS ESRD QIP website](#).

**Clinical Closures**

Clinical closure dates apply to all collection types (Hemodialysis; Peritoneal Dialysis). Additionally, clinical data submissions apply to all submission methods (Manual or Electronic Data Interchange [EDI]).

<table>
<thead>
<tr>
<th>Clinical Closures CROWNWeb Reporting Months</th>
<th>Clinical Closure Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2018 Clinical Month</td>
<td>October 1, 2018 at 11:59 PM PT</td>
</tr>
<tr>
<td>August 2018 Clinical Month</td>
<td>October 31, 2018 at 11:59 PM PT</td>
</tr>
</tbody>
</table>

**COMING EVENTS and WEBINARS**

- **2018 Nephrology Nursing Practice, Management, & Leadership (ANNA)**  
  **Date:** September 22–24, 2018  
  **Location:** New Orleans, LA

- **National Renal Administrators Association (NRAA) 2018 Annual Conference**  
  **Date:** October 17–20, 2018  
  **Location:** Boston, MA

- **American Society of Nephrology (ASN) Kidney Week**  
  **Date:** October 23–28, 2018  
  **Location:** San Diego, CA

- **American Nephrology Nurses Association (ANNA) National Symposium**  
  **Date:** April 14–17, 2019  
  **Location:** Dallas, TX

- **National Kidney Foundation (NKF) 2019 Spring Clinical Meetings**  
  **Date:** May 7–11, 2019  
  **Location:** Boston, MA