



End Stage Renal Disease (ESRD) Network Learning and Action Network (LAN) Series: Bloodstream Infection (BSI) Quality Improvement Activity

October 2, 2018

Note: Computer speakers or headphones are necessary to listen to streaming audio or get dial-in information from registration confirmation email.

Streaming Audio

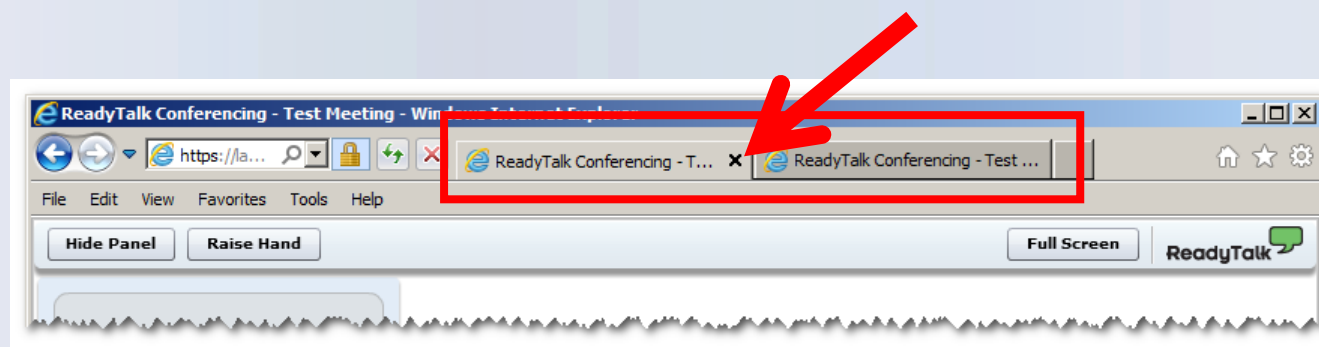
- **Audio for this event is available via INTERNET STREAMING**
- No telephone line is required.
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- NOTE: A limited number of phone lines are available if you are experiencing poor audio quality – send us a chat message!



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Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.

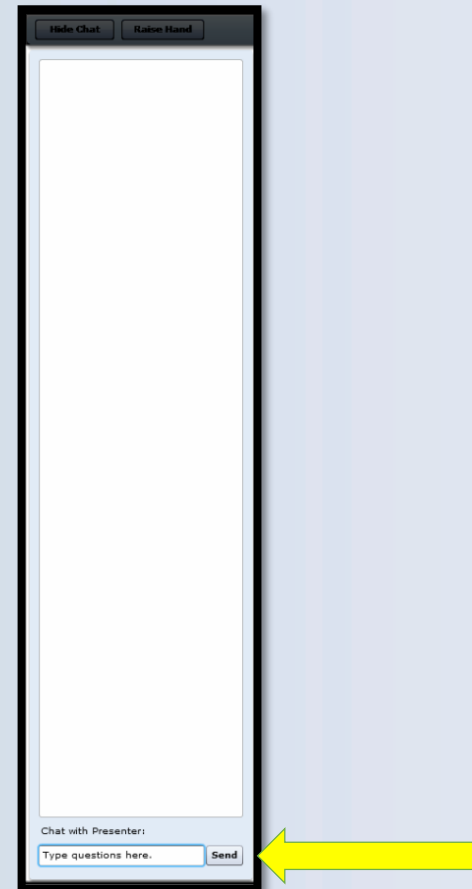


Example of Two Connections to Same Event

Note: *Computer speakers or headphones are necessary to listen to streaming audio.*

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



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Welcome

Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

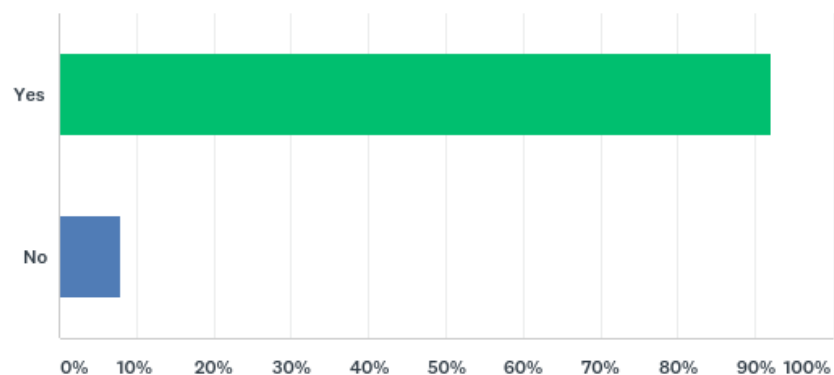
As a participant in today's LAN activity we encourage you to:

- Engage in the chat box. Share your approaches and experiences related to the information being shared and ask questions.
- Apply the information and knowledge being shared to your own facilities and practices to help reduce bloodstream infections.



Pre-Work Feedback – Question 1

Q1 Does your dialysis facility have a dedicated vascular access coordinator?

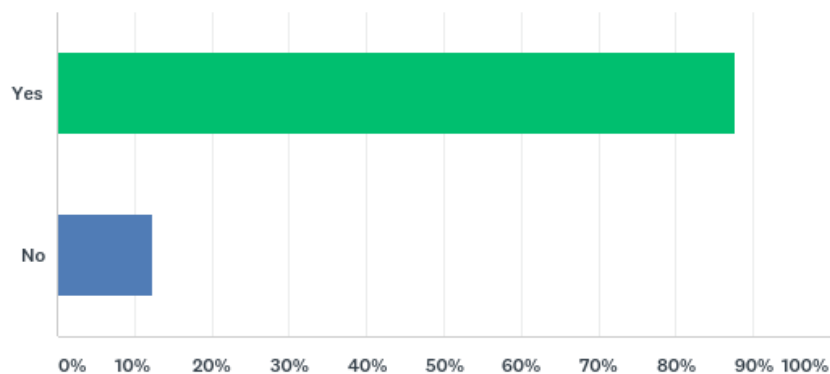


ANSWER CHOICES	RESPONSES
YES	359 (92.05%)
NO	31 (7.95%)
TOTAL	390



Pre-Work Feedback – Question 2

Q2 Does your dialysis facility have a good relationship with the vascular access center to move patients through the process of getting a fistula quickly?

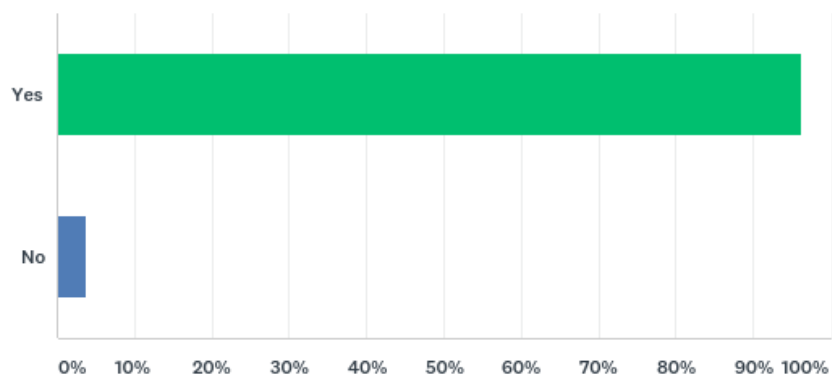


ANSWER CHOICES	RESPONSES
YES	339 (87.60%)
NO	48 (12.40%)
TOTAL	387



Pre-Work Feedback – Question 3

Q3 Does your dialysis facility review processes to help patients have a fistula place in QAPI?



ANSWER CHOICES	RESPONSES
YES	374 (96.14%)
NO	15 (3.86%)
TOTAL	389



Questions to run on...

- What one idea to reduce bloodstream infections are *you* excited to try at *your* facility?
- What steps will *you* take to implement a new idea to prevent bloodstream infections in *your* patient population?
- What actions have *you and your facility* taken to reduce bloodstream infections and how can *you* share that to help other patients?



CE Credit Process: Certificate



Bloodstream Infection (BSI) Quality Improvement Activity (QIA) Learning and Action Network (LAN) Call - October 2, 2018

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Submit Feedback

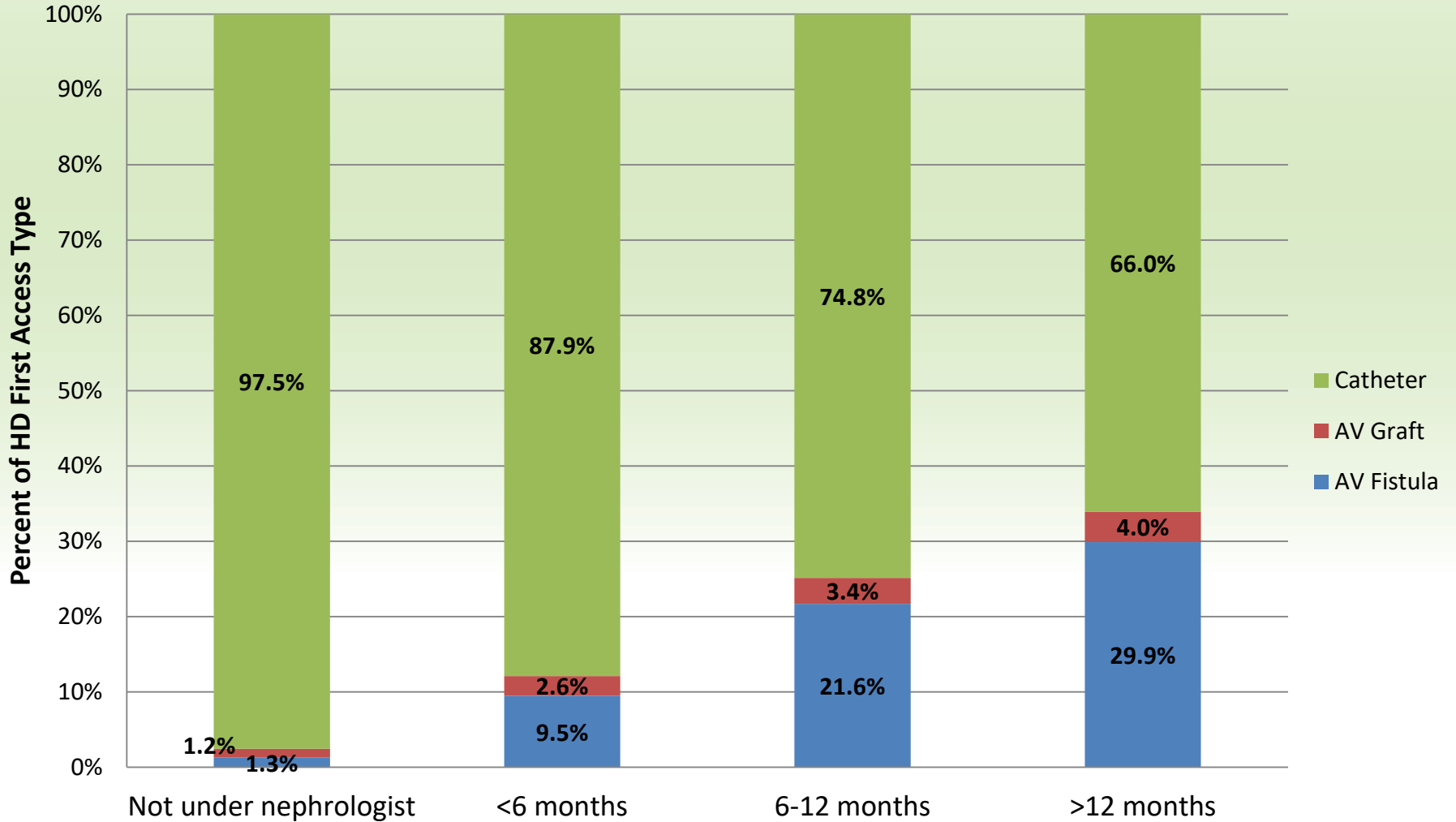
Success Story in Long Term Catheter Project

Percent of Hemodialysis Access Type

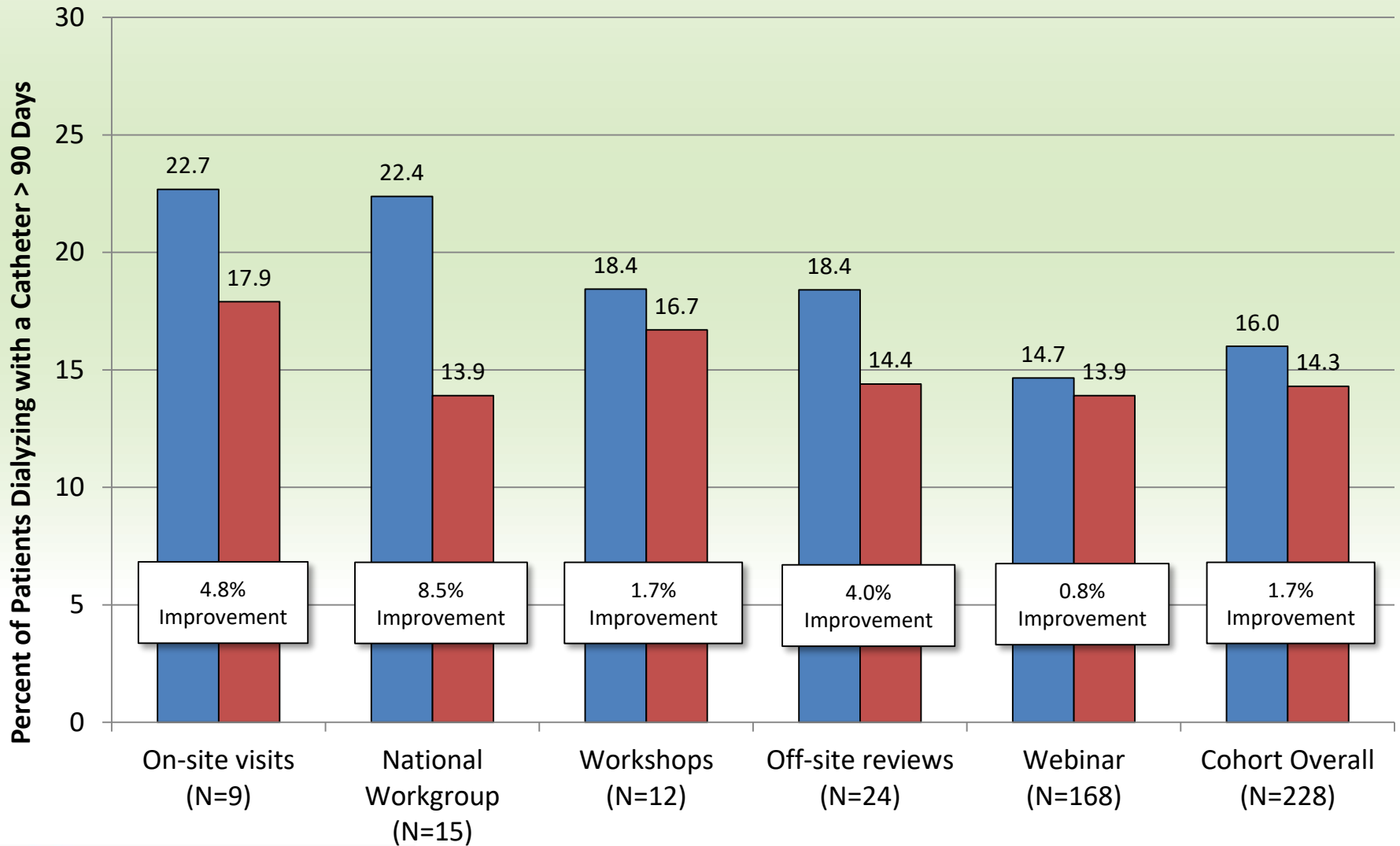
by Length of Time Patient Was Under the Care of a Nephrologist

ESRD Network 11

2016



Improvement in Long Term Catheter Rates by Intervention Tier Midwest Kidney Network



Off Site Reviews

- Off site reviews for NW 11 includes review of a units P&P for Long Term Catheter reduction, QAPI minutes, specific patient records with CVC > 90 days.
- Recommendations are given to the unit
- Follow up phone call is done in 2 months to determine progress of the unit.

LONG-TERM CATHETER REDUCTION

Robin Cockrell BSN, RN

Unit Manager

Tri State Dialysis-Platteville, WI

cockrellr@gr-mg.com



Hemodialysis Access or Vascular Access

Three Types:

- A fistula, an access made by joining an artery and vein in your arm.
- A graft, an access made by using a piece of soft tube to join an artery and vein in your arm.
- A catheter, a soft tube that is placed in a large vein, usually in your neck.



Fistula First

The AVF (Fistula) is associated with:

- Longer survival time
- Lower infection rate
- Lower hospitalization rate
- Lower cost overall



Hemodialysis Access

Acute starts on hemodialysis almost always present to the unit with an IJ catheter for access. Fistula placement begins with:

- Timely referrals
- Wait time for surgical consultation
- Wait time for surgical creation
- Wait time for fistula maturation

IJ catheter removal then depends on:

- Consistent use of the fistula
- Consistently moving up in needle size
- Possibility of the need for a transposition of the vessel



Past Barriers in our Unit

- No clear progression from the start of hemodialysis to CVC removal
- Lag time between admission to the unit to vessel mapping
- No follow up plan for patient's refusing fistula placement

*according to a review of our patient records by ESRD Network 11 in April 2018

Recommended Action Items

- Appoint a dedicated vascular access coordinator
- Review documentation of access during monthly QAPI meeting and identify areas of concern; so you can plan for improvement
- Work closely with your vascular access surgeons
- Keep a complete and updated access history on all patients to help review progress and note interventions needed to keep a well functioning access

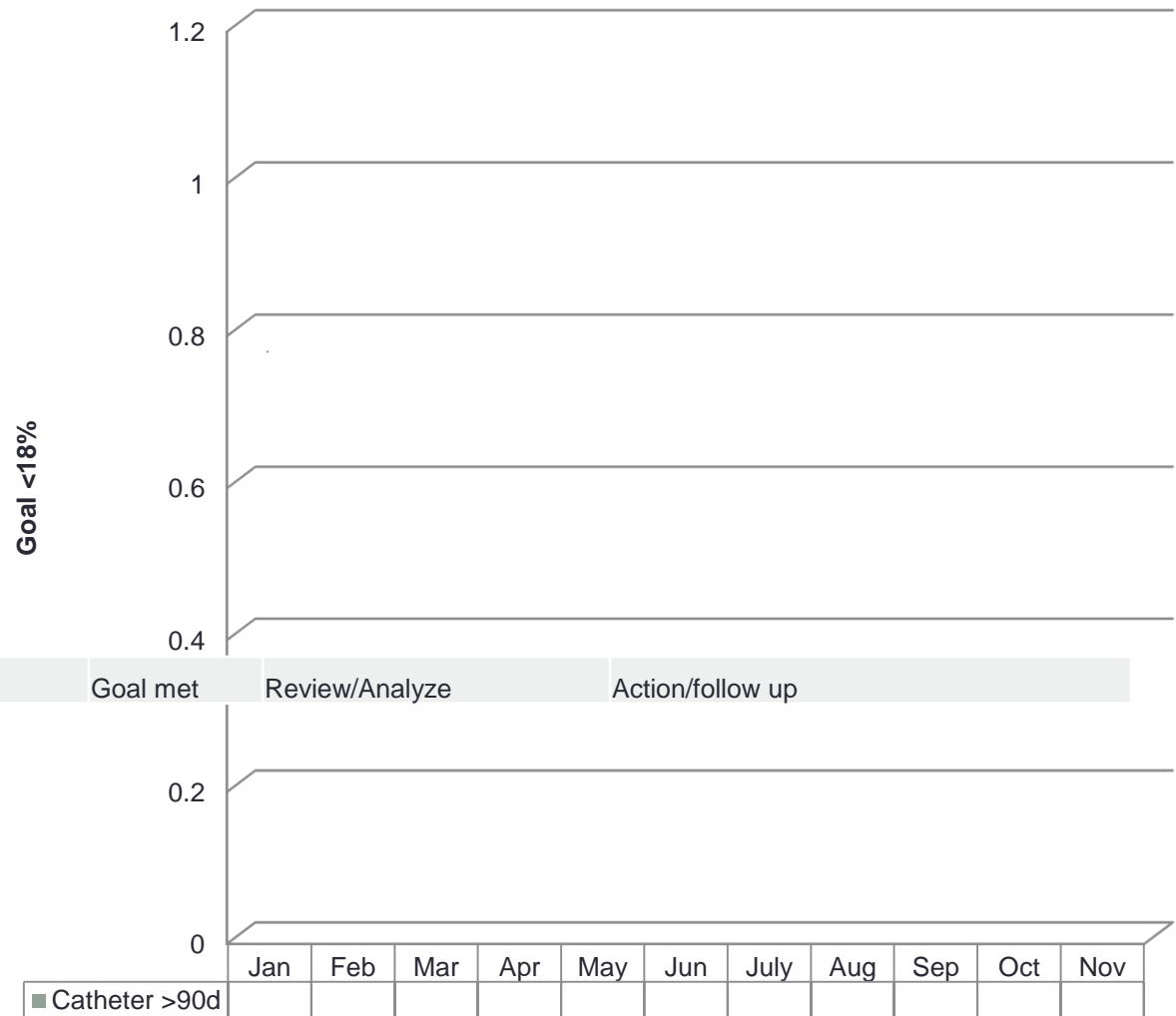
*according to communication with ESRD Network 11 in May 2018



Worksheet creation 2017

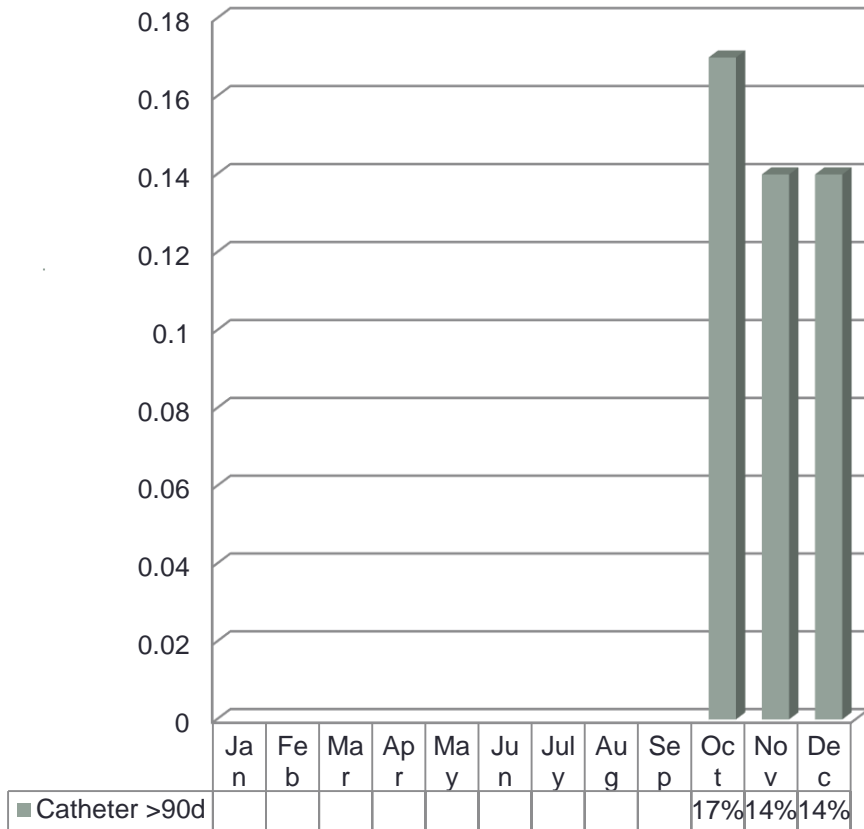
This worksheet was created and is being utilized at each of our monthly QAPI meetings. It has helped our Interdisciplinary team stay on track.

2017 Catheter >90d



2017 IJ catheter review

2017 Catheter >90d

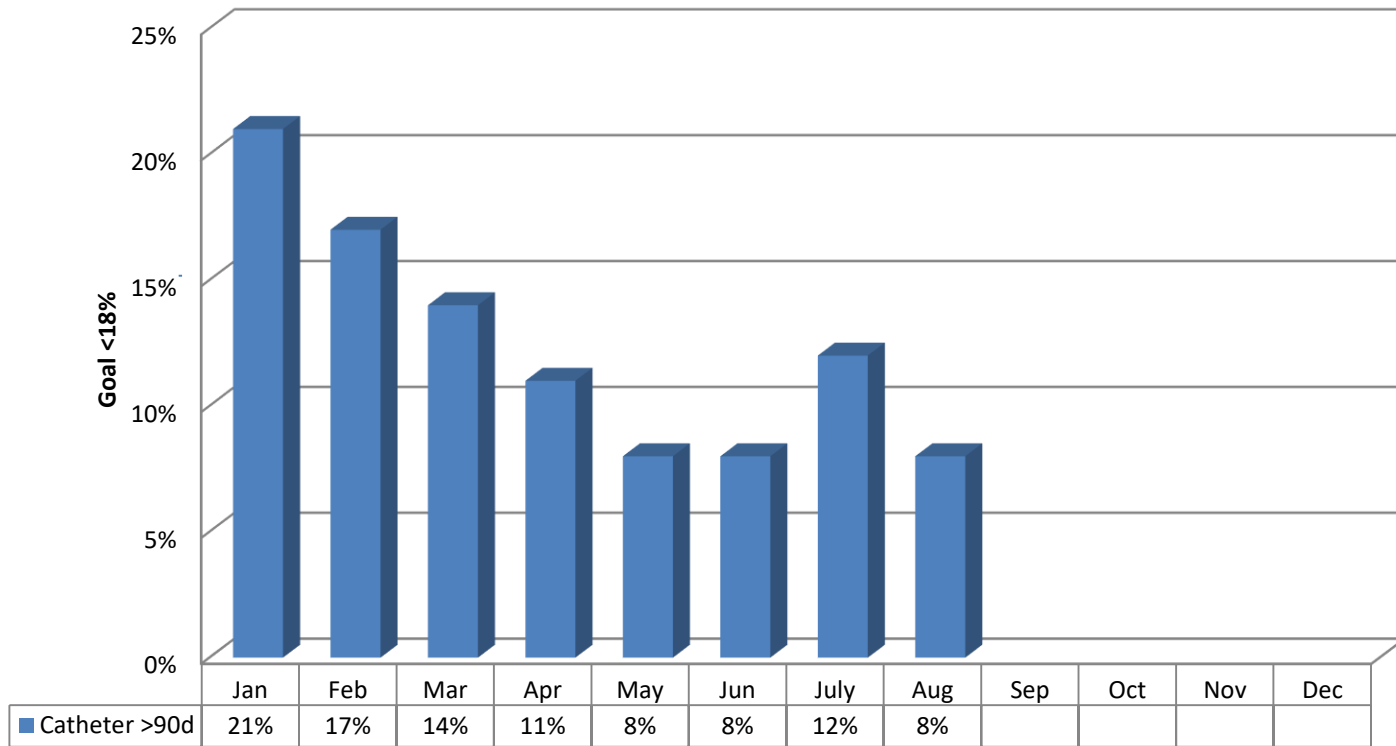


IDT to review, have meaningful discuss, and develop action plan if applicable,

Catheter >90d		Goal met	Review/Analyze	Action/follow up
Jan				
Feb				
Mar				
Apr				
May				
Jun				
July				
Aug				
Sep				
Oct	17%	yes	no new updates	
Nov	14%	yes	no new updates	
Dec	14%	yes	no new updates	

What happened
between January 2018
and August 2018?

2018 Catheter >90d



Graph shows IJ catheters used for more than 90 days

Implementations

- Visual Aide dedicated to Chronic IJ catheter use
- Appointment of a dedicated vascular access nurse
- Continuing education to our patients and staff
- Dedication and perseverance of our patients and staff



Patient Education

Facts you should know!

On average, patients who dialyze with a catheter are **15 times more likely to get a vascular-access related infection** than patients using an arteriovenous (AV) fistula for dialysis. Patients who receive dialysis with a catheter **spend on average 35 days per year in the hospital** compared with only 7.7 days for patients with an AV fistula.

Patients who dialyze with a catheter **have two times the risk of death** compared to patients who use an AV fistula.

Patients using catheters have a **38 percent greater risk for a major heart problem**.

Patients who use an **AV fistula report greater physical activity, energy, and emotional and social wellbeing** compared to patients using a catheter.

Talk to your health care team today about being evaluated for an AV fistula.

Midwest Kidney Network is a private, nonprofit organization and contractor with the Centers for Medicare & Medicaid (CMS).

Our mission is to assess and improve the quality of care provided to people with kidney disease through the following actions:

- Respond to patient concerns about their care.
- Help providers improve care and quality of life for dialysis and kidney transplant patients.
- Maintain the patient database that supports the national kidney disease program.
- Partner with other ESRD Networks, State Survey Agencies, ESRD providers, and organizations helping people with kidney disease.



Midwest Kidney Network

Fistula or Catheter: Patient Perspectives



Dialysis patients share their stories about choosing vascular access.

Fistula or Catheter: Patient Perspectives

"I'm glad that my catheter allows me to leave sooner after dialysis, and I do not have to wait like other patients."

"Complications with my catheter put me in the hospital; I wish I could be spending more time at home with family."

"I like having a catheter—I don't have to wait around for my needle sites to clot."

"I do have to wait around for a few minutes after dialysis for my sites to clot, but I haven't been in the hospital since my catheter was removed."

"With this catheter, I don't think I look as sick as those patients with a fistula in their arm."

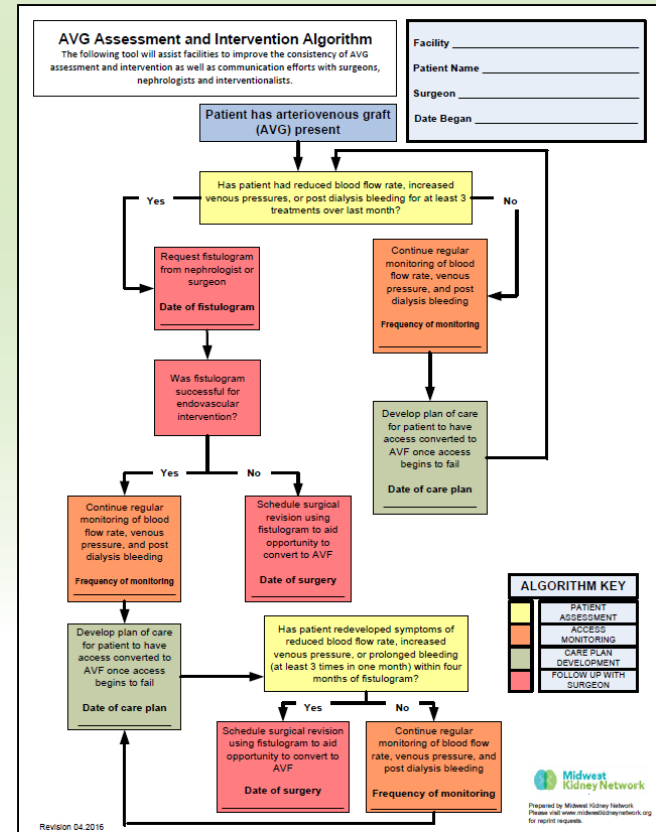
"I am glad now that I have a fistula. I look and feel physically better! With my catheter, I couldn't hide my lack of wellness."

"I feel so much better now that I can be out more with my friends and family. I couldn't do this with a catheter."

"I chose a catheter. I feel like I have enough energy."

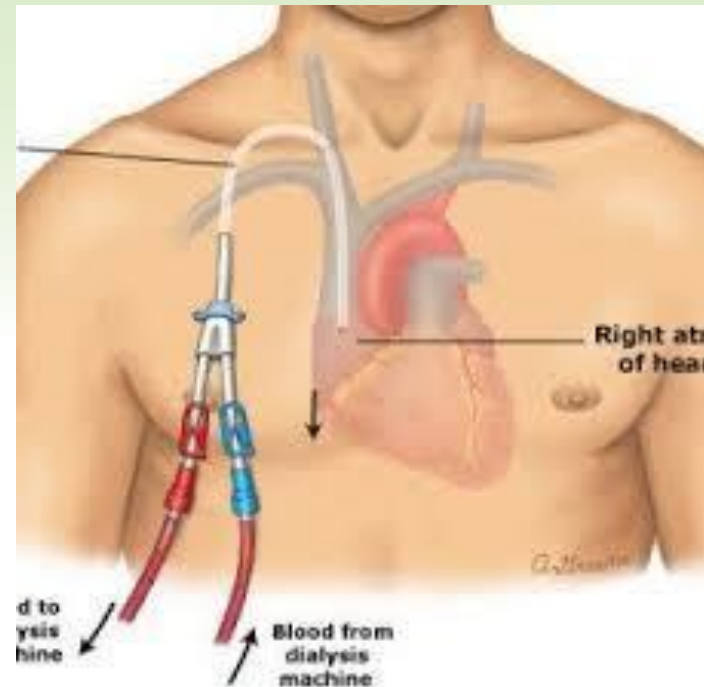
"Infection is a risk, but if I keep my catheter clean I can control it."

"With a catheter, my wife cared for me at home. Even her nursing skills could not keep me free from infections. I don't worry about that now that I have a fistula."

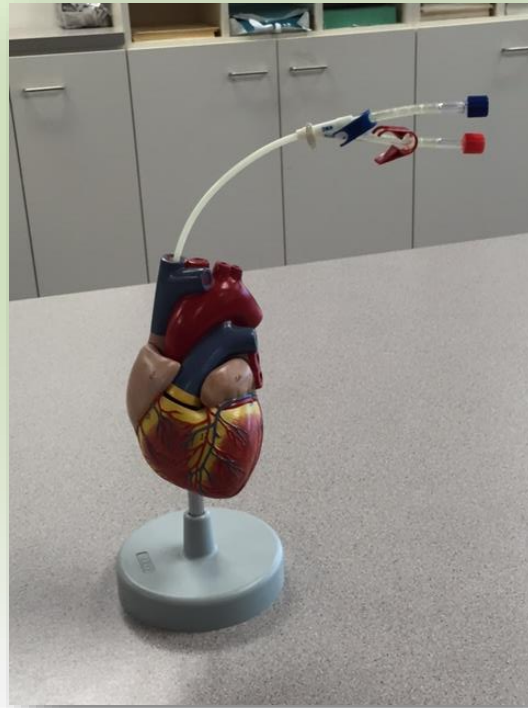


Another teaching tool

- They also used this visual educational tool for patients to see exactly where the catheter tip goes.



A Couple of Unique Ideas



<https://www.anatomywarehouse.com/budget-life-size-heart-anatomy-model-a-102490>

No
More
Catheter Day!

IDT to review, have meaningful discuss, and develop action plan if applicable,

Catheter >90d		Goal met	Review/Analyze	Action/follow up
Jan	21%	no	2 patients with developing fistula; 1 patient with ulcerated fistula	
Feb	17%	yes	4 chronic catheters. 1 transposed fistula developing and 1 revised fistula developing yet.	
Mar	14%	yes	3 chronic catheters. 1 with a developing fistula that could possibly be gone next month.	
Apr	11%	yes	2 chronic catheters. 1 developing fistula that we are now using, whose IJ cath scheduled to be pulled 5/18.	
May	8%	yes	2 chronic catheters. 1 acute catheter <90 days.	
Jun	8%	yes	2 chronic catheters.	
July	12%	yes	2 chronic catheters. 1 with developing fistula.	
Aug	8%	yes	2 chronic catheters, neither of which will consider fistula placement.	
Sep				
Oct				
Nov				
Dec				

2018 IJ Catheter Review



Patient success story

- A story of education, dedication, and perseverance.
- **Dates:**
 - Dec. 2014—1st IJ catheter placement
 - Jan 2015—New line placement
 - March 30, 2015—Fistula creation
 - March 31, 2015—No bruit or thrill to new fistula
 - May 2015—Right IJ catheter removed due to infection with a femoral line placed temporarily
 - June 2015—Left IJ catheter placed
 - March 2016—IJ catheter replaced
 - Dec. 2016—IJ catheter replaced
 - Jan. 2017—Fistula creation in Iowa City
 - July 2017—First use of fistula
 - Sept. 2017—Advanced to 15 gauge needles

In Summary

It takes a team to move mountains.

- Educate
- Dedicate
- Persevere





Questions



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