



Quality Improvement Project Progress Report

Network QI Activities Designed to Improve Facility Clinical Measures

Each year, as required by CMS, Network 8 prepares a QI work plan for the current contract cycle. Similar to a QAPI plan, the focus areas of the work plan are broadly mandated by contract with Network data analysis (Fistula First, Elab, Dialysis Facility Report) determining the final areas of improvement to be addressed.

For the 2011-2012, Network 8 projects (CMS approval/revision pending) are:

1. **Fistula First: Forging Forward**

The 2011-2012 Statement of Work requires Network 8 to achieve a Network-wide AVF prevalence rate of 57.4% by March 2012 if the standard CMS goal-setting methodology is employed this year. In order to reach this goal, the current Quality Improvement Project focuses on all facilities with AVF rates < 58% as of June 2011 with special emphasis in Jackson (MS), Birmingham, Montgomery and Nashville. At project initiation, based on June 2011 AVF rates, 202 Network 8 facilities were included in AVF focused-review and will receive monthly progress reports and periodic phone calls from network staff. Facilities that have shown no measurable improvement over the past 12 months may be asked to submit current a QI plan for our review.

Is this a reasonable goal? Our previous Network goal was 55%. As of June 2010, there were 165 units with AVF rate < 55%. As of June 2011, 49 of these units had exceeded the 55% goal and 107 of these units had improved by two percentage points or more. **91 (55%) of these units had improved by four percentage points or more!**

Finally, proposed changes to the quality incentive payment for calendar year 2014 now include a measure for percentage of patients dialyzing via AVF.

2. **Clinical Performance Measure (CPM) Project - Reducing Catheter Rates**

The 2011-2012 catheter reduction project includes 22 facilities with long-term catheter rates (>90 days) greater than 15%. Facilities will be notified of focused-review upon work plan approval by CMS.

Is this a reasonable goal? Due to various factors associated with catheter usage, including patient choice, the Network 8 Medical Review Board consciously raised our intervention level from 10% to 15%, allowing an additional 5% "grace" for patients that choose to dialyze via catheter despite education on the risks of such.

3. **Facility-specific Quality Assessment and Improvement Project - Optimizing Anemia Outcomes**

Following the June 2011 FDA communication that stated "using ESAs to target a hemoglobin level of greater than 11 g/dL in patients with CKD provides no additional benefit than lower target levels, and increases the risk of experiencing serious adverse cardiovascular events, such as heart attack or stroke", CMS has proposed to drop the low hgb measure and focus on the high hemoglobin measure only for the Quality Incentive Program. Though the final rule will not be published until November, hgb > 12 is one of the two Quality Incentive Program measures that are expected for calendar year 2013. The National Performance Standard for 2009 was 16% of patients with hgb > 12; the 2010 National Performance Standard dropped to 11% of patients with hgb > 12. The proposed facility-specific project will include 36 facilities with more than 20% of patients having hemoglobin level > 12 gm/dL, based

on DFR data. Facilities will be notified of focused-review upon work plan approval by CMS.

4. **Network-specific Quality Improvement Project-Influenza Immunizations**

Due to the significant morbidity and mortality associated with seasonal influenza, we will continue to work to increase influenza immunization rates of both patients and staff this year. According to the CDC, deaths related to flu ranged from 3,000 to 49,000 during the years between 1976 and 2006. Facilities that were under focused-review last year and did not meet the improvement goal will continue the project this year. Additionally, we will collect baseline facility-level vaccination data from all facilities in February 2012. For more information, please contact Kristi Durham, project leader, at the Network office.

Calendar Check

October

10—Patient Activity Report (PAR) due to Network.

12-13—Network 8 Annual Meeting, Nashville

20—Fistula First data due to Network (non-LDO units)

November

6—Patient meeting—Birmingham

10—PAR due to Network.

11—Veterans Day; Network office closed.

13—Patient meeting—Jackson, TN

20—Fistula First data due to Network (non-LDO units)

24-25—Thanksgiving Holidays; Network office closed.

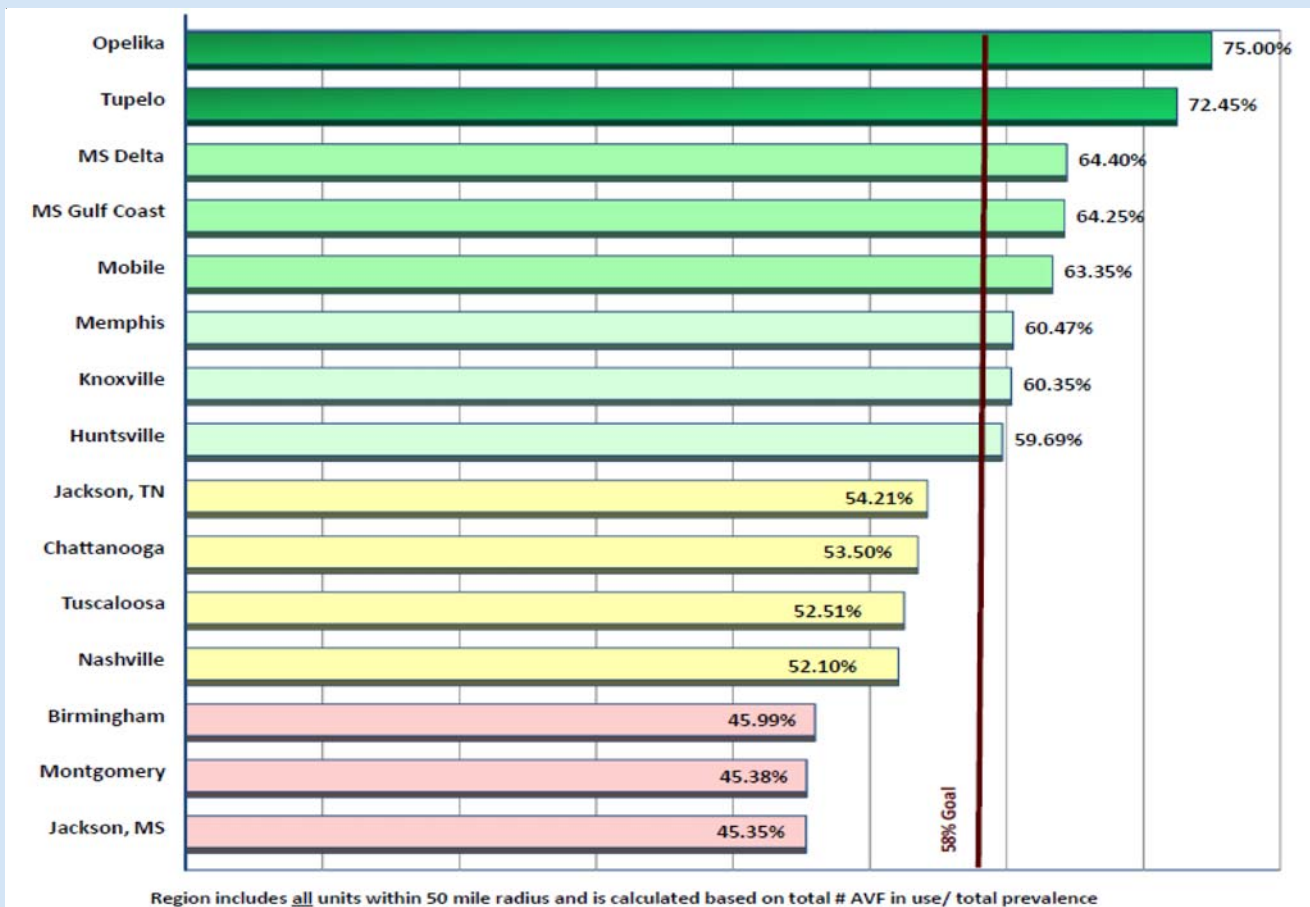
December

10—PAR due to Network.

20—Fistula First data due to Network (non-LDO units)

23-26—Christmas Holidays; Network office closed.

Network 8 Regional Variation in AVF rates: July 2011



2011 Network Annual Meeting Update

Network 8 and the Tennessee Kidney Foundation have announced a strong line-up of topics to be delivered by national and regional professionals at this year's annual educational symposium to be held October 12-14 in Nashville at the [Millennium Maxwell House Hotel](#). The theme for this year's annual meeting is "Engaging, Empowering, and Improving: Everybody Wins!"

Presentation topics include fluid management, deciding who should do home dialysis, care for the challenging patient, new rules for the transplant wait list, discipline-specific factors in bundling, motivational interviewing, and a fresh look at what it means to empower ESRD patients. A patient panel will describe what made their individual life journeys challenging and successful.

Breakout sessions for nurses and techs will include Clinical Management as a Tool for Success and an update on vascular access outcomes, including

information on AVF maturation strategies, available resources, and QI action plan development. Dietitian breakouts will include Evidence Based Practice Guidelines for CKD-MBD: KDOQI and KDIGO and a separate session on Phosphorous Additives. The Social workers will have a two-part introduction to Symptom Target Intervention (STI), a versatile approach for depression. (More information about this topic and speaker can be found on the [STIInnovations.com](#) website.)

Conference faculty will include Dr. Tom Peters, Dr. Robert Lockridge, Linda McCann, Linda Browning, Dr. Sean Harvey, Dr. Ralph Atkinson, Lutricia Taste, Janeen Long, Dr. Tom Golper, Judy Weintraub, Melissa McCool, Diana Hlebovy, Dr. Jeffrey Hymes, Glenda Barnett-Streicher, Sheila McMaster, and Chris Lovell.

Network 8 director Jerry Fuller said, "We know a lot of registrants enjoy taking in the sights and sounds of the city, and TKF took the lead in creating an informational flyer that lists events and activities taking place on Wednesday and Thursday nights. Both organizations sent out the flyer because we wanted to make sure that everybody who is interested can enjoy Nashville's night scene."

TKF executive director, Teresa Davidson, told Network 8 that the exhibit hall is almost sold out and that attendee registrations have increased rapidly in the past week. She said there are still plenty of rooms in the block, as long as reservations are made by September 27.

In keeping with the "Everybody Wins!" theme of this year's event, **all attendees are invited to show off their favorite sports teams on casual Friday by wearing their team's jerseys, t-shirts or team colors**, whether it be high school football (for all the football moms out there) SEC football, professional football or any other favorite team. Show your colors!

Continuing education credits will be awarded as follows:

- Dietitians - 14 hours approved by CDR
- Nurses/Patient Care Technicians - 10.25 hours approved by ANNA
- Social Workers - 10.5 hours applied for (approval pending from NASW)

We look forward to seeing you again next month in Music City!


1. Who needs a flu vaccine?

- a) You
- b) You
- c) You
- d) All of the above

Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. **This means you.**

This season, protect yourself—and those around you—by getting a flu vaccine.

THE FLU ENDS WITH 

For more information, visit www.flu.gov



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Disaster Planning Do's & Don'ts

DO:

- Develop a plan BEFORE disaster strikes. Waiting until mid-disaster to develop a response plan is much like buying car insurance after a wreck. Make sure clinic staff is informed and involved in emergency procedures planning and implementation. Make sure that clinic staff knows what to do if communication by phone is not possible.
- Educate patients on facility disaster plan. Make sure patients know how to get information about unit open/closed status. Make sure patients know what facility is the "back-up" facility and where it is located. Instruct patients to contact home facility as soon as possible after disaster—**INCLUDING** all patients dialyzing at home.
- Keep patient contact information current—teach patients to routinely inform staff if address or telephone number changes.
- Ask patients to tell you their plan—where would they go if their home were destroyed? How would they get to treatment if their automobile were destroyed? How would their diet change if dialysis were temporarily unavailable?
- For potential impending disasters such as hurricane or flood, give all patients a "mini" medical record that contains demographic/insurance information, medication list, last treatment flowsheet, and current H & P if available.
- Print and provide patient roster, including emergency contact information to key clinic staff for use in the event that electrical power is down and/or computers are damaged/destroyed.
- Make sure that patients are well-dialyzed prior to potential impending disasters, including ice storms.



DO NOT:

- Assume anything!
- Allow staff or patients to become complacent. After a major disaster such as Hurricane Katrina, it is much more comfortable to relax and hope that such a disaster won't reoccur for another 40 years. Remember, hurricanes, tornadoes, fires, floods and ice storms are not scheduled events! Weather Services International has already increased the forecasted number of named storms for 2011 from 18 to 21.
- Resume treatments until it has been determined that it is safe to do so. Water systems and machines may require inspection/disinfection prior to resuming treatments.
- Forget to call Network 8 for questions or assistance either in preparation or in response to disaster.

How does your facility compare?

Elab reports detailing fourth quarter 2010 outcomes were distributed to each participating facility on June 6, 2011 along with suggestions for how to interpret and use the data for QI activities. The National Elab Report was approved by CMS and posted on August 1. The report is available for review/download here: <http://www.esrdnet11.org/Elab/index.asp>

Selected anemia and bone disease outcomes for Network 8, as detailed in the report, are as follows:

Hemodialysis Outcomes

- 26.2% of patients had hemoglobin (hgb) > 12 gm/dL while 25% of patients nationally had hgb > 12. Individual Network outcomes ranged from 21% to 32% of patients greater than 12.
- 6.6% of patients had hgb < 10 gm/dL which equaled the US outcome. Individual Network outcomes ranged from 4.9% to 9.5% less than 10.
- 30.2% of patients had hgb between 10 -12, transferrin saturation \geq 20% and ferritin of 200-800 (second worst outcome), while nationally 34.3% of patients met these ranges. Individual Network outcomes ranged from 29.5% to 37.8% within range.
- Only 43.9% of patients had calcium level of 8.4-10.2 and phosphorus of 3.5-5.5 (worst performing Network). 47.1% of patients nation-wide met these ranges. Individual Network outcomes ranged from 43.9% to 50.1% within range.

Peritoneal Dialysis Outcomes

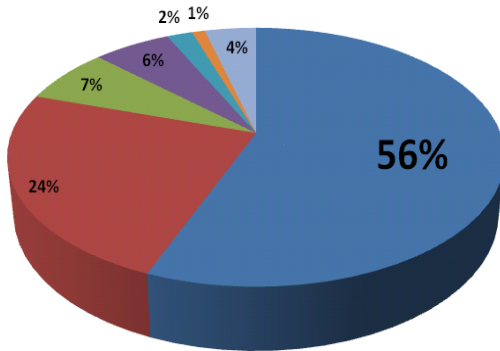
- 33% of patients had hemoglobin (hgb) > 12 gm/dL while 31% of patients nationally had hgb > 12. Individual Network outcomes ranged from 22.3% to 38.4% of patients greater than 12.
- 10.9% of patients had hgb < 10 gm/dL which equaled the US outcome. Individual Network outcomes ranged from 9.2% to 15.9% less than 10.
- 30.5% of patients had hgb between 10 -12, transferrin saturation \geq 20% and ferritin of 200-800 (third worst outcome), while nationally 31.5% of patients met these ranges. Individual Network outcomes ranged from 29.5% to 35.8% within range.
- 44.8% of patients had calcium level of 8.4-10.2 and phosphorus of 3.5-5.5. 47.0% of patients nation-wide met these ranges. Individual Network outcomes ranged from 41.3% to 50.0% within range

Did you know?

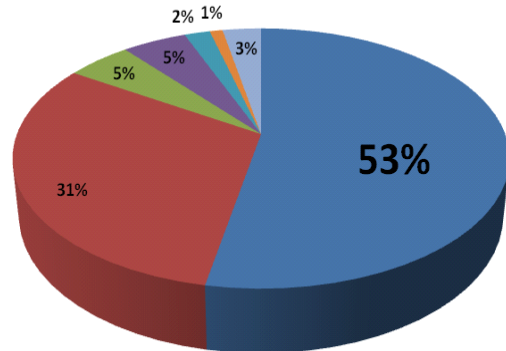
The final payment year 2012 Performance Score Report will be available to facilities for download and printing on **December 15, 2011** from <http://www.dialysisreports.org/>. According to the DFR website, the Performance Score Certificate must be displayed in the facility within 5 days of being made available on the website.

Network 8 Vascular Access Outcomes

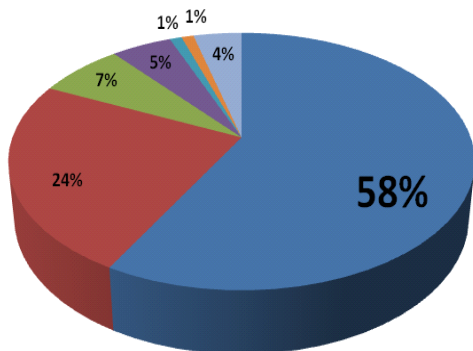
June 2011 Network-wide outcomes



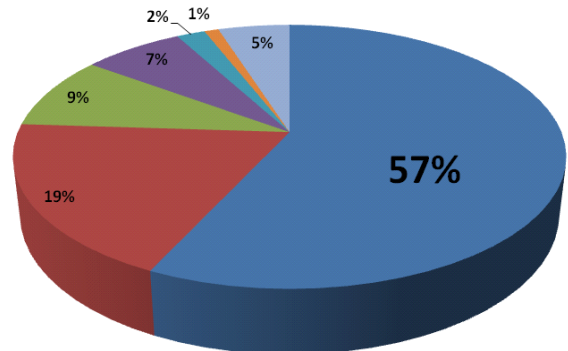
June 2011 Alabama outcomes



June 2011 Mississippi outcomes



June 2011 Tennessee outcomes



■ AVF
 ■ Graft
 ■ Catheter only > 90 days
 ■ Catheter + AVF
 ■ Catheter + AVG
 ■ AVG + AVF
 ■ Short-term catheter

Cool Tools from FFBI

- For those of you needing a short, patient-level “commercial” about the benefits of an AVF, you are in luck! “Let’s Talk About Fistulas”, a 3 minute video clip produced by the Medical Education Institute Research, available at www.fistulafirst.org, right side of home page.
- The first edition of the *Gold Standard*, a quarterly newsletter produced by the Fistula First Breakthrough Initiative (FFBI) was released in July. Those of you that have not seen this publication can access it at the above link.
- The Vascular Access Atlas, provided to Network 8 facilities on request earlier this year, is now available in print format from the FFBI. Clinics that are unable to print the Atlas but would like a hard copy version are welcome to request a copy from Casey Magee. Casey can be reached at cmagee@nw8.esrd.net or 601-936-9260.

CROWNWeb

CROWNWeb (Consolidated Renal Operations in a Web-enabled Network) is an Internet-based data collection system that is currently being used for ESRD data management by over 360 facilities nationwide in a pilot program, referred to as Phase IIE. Phase III is anticipated to begin by November, 2011. This phase will add additional facilities to CROWNWeb and will implement some additional security features, including multi-factor authentication and the deployment of QIMS. A national release of CROWNWeb is planned for February, 2012. At that point all facilities will use CROWNWeb.

CROWNWeb information is updated on the Network 8 website as it becomes available. Go to www.esrdnetwork8.org --> Data Management tab --> CROWNWeb for updates.

Medwatch Warnings

Network 8 routinely sends notices to all units for medication or dialysis-related device recalls. These notices are distributed using an internet based “blast-fax” service which allows us to upload and send the information to all units as a group, rather than sending each unit an individual fax. Please make sure that all staff members are aware of this distribution method so that important information is not inadvertently discarded.

Additional warnings that may apply to dialysis patients such as OTC medication recalls and other medications commonly used for chronic health conditions can be viewed by clicking on the MedWatch link on our home page www.esrdnetwork8.org

5-Diamond Patient Safety Program

In January 2010, Network 8 made available the voluntary 5 Diamond Patient Safety Program. The program was initially developed by the Network of New England (NW1) and the Mid-Atlantic Renal Coalition (NW5) and was designed to assist dialysis units with specific areas of patient safety that may be in need of improvement and consistency.

If your facility is interested in participating in the 5 Diamond Patient Safety Program, you can find more information on our [5-Diamond web page by clicking here](#).

Network 8 would like to recognize the following facilities for achieving Diamond status:

5 Diamond Facilities

Alabama

FMC - Bay Minette
FMC - Pell City
FMC Port City
FMC - Oneonta
RAI - Anniston #1
RAI - Jacksonville

Mississippi

FMC - Winona

Tennessee

DCI - Cumberland
DCI - Dickson
DCI - Jackson
Knoxville Dialysis

4 Diamond Facilities

Clinton Dialysis
FMC - Hoover

3 Diamond Facilities

Blount Dialysis
DCI - Brownsville
FMC - Prichard
Home Dialysis of North Alabama
Methodist Outpatient Dialysis

2 Diamond Facilities

Appalachian Dialysis
FMC - Foley
FMC - Pearl River
Morristown Dialysis

1 Diamond Facilities

Chattanooga Kidney Center
DCI - Maryville
FMC - Dauphin Island Parkway
FMC - East Mobile
FMC - Eastern Shore
FMC - Fort Payne
FMC - Jaguar
FMC - Magnolia
FMC - Mobile
FMC - Montclair
FMC - Sylacauga
FMC - University of South Alabama
FMC - West Mobile
Sweetwater Dialysis

Network Advisory Committee Named

The Board of Directors earlier this year named a 30 member Network Advisory Committee (NAC), selected from the Network Council, to increase communication between facilities and the Board of Directors (BOD).

All 20 congressional districts in the three states are represented on the committee, with some of the larger districts represented by two members. The member selection process was aimed at being impartial and diverse. Members were randomly selected from the Network Council membership by district, and adjustments were made in larger districts to balance independents with large organizations.

Committee leadership is composed of the Network Council officers, who are elected by the full Network Council. Current officers are Glenda Barnett-Streicher, Chair, Brenda Lee, Vice-Chair, and Deirdre Joseph, Secretary. The NAC Chair serves on the BOD, linking the NAC to that body.

At their first face-to-face meeting in May, the NAC received an orientation to Network governance and an overview of the contract with CMS. The NAC reviewed a CMS list of optional Network quality improvement topics and scored them based on value to the provider community. The committee suggested educational topics of interest to the provider community and rated strategies for dissemination of materials. At the request of the BOD, the committee discussed strategies that might be useful in reducing involuntary patient discharges.

Members of the committee from Alabama are David Sweet, Amy Radford, Paulette Miller, Cindy Locklear, Shirley Emberg, Machel Bevis, Katrina Culp, Angele LaFontaine, and Brian Berthiaume.

Members from Mississippi are Kim Boren, Alicia Nowell, Lora Simmons, Lee Parrott, Cindy Higgason, and Shirley Chatel.

Tennessee committee members are Debbie Odom, Herma Tucker, Patrice Brooks, Janice Jeter, Lisa Jefferson, Linda Tremblay, Melissa Kwitkowski, Anicia Lester, Earline Collins, Kristina Lowell, Angie Exum, Caroline Reynolds, Whitney Jordan, and Courtney Bedford.



Network NEWS

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Ongoing Network Services

Facilities with questions ranging from quality of care issues to quality improvement issue to forms processing should call us at 601-936-9260. We will do our best to help you or see to it that you are referred to a source of information for your technical assistance needs. This is what we are here for!

Patients with complaints or concerns may contact the Network by using the patients-only toll-free numbers: 877-936-9260. We recommend that patients first work with you directly to resolve their concerns, but we are available for first-line contact when that is the patient's preference.