



End Stage Renal Disease of the Ohio River Valley
3201 Enterprise Pkwy, Suite 210
Beachwood, OH 44122
Phone: (216) 593-0001
Fax: (216) 593-0101
Network9.esrd.ipro.net

To: Medical Directors, Nurse Managers, and Facility Administrators
From: Deborah DeWalt, MSN, RN- Quality Improvement Director
Susan Swan-Blohm, BS, OCDT- Quality Improvement Coordinator
Amar Patole, MBA, BS- Quality Improvement Data Analyst
Date: 01/03/2018
RE: Reduce the Number of Long Term Catheters (LTC) in use in a facilities with a rate of greater than 15%

Project Background

The use of indwelling catheters has doubled in the last two decades (Wilcox, 2009). A significant number of ESRD patients initiate dialysis emergently, with 80% of the incident population starting with a catheter (CDC, 2013, para. 4).

If a plan for insertion of a permanent access is not initiated at the time of catheter placement, the length of time for the catheter to remain in place longer than 90 days increases. Among the most commonly cited reasons for this are that the patient has become complacent with the use of a catheter over a fistula or graft, and secondary health issues have arisen that block access placement

Prolonged use of indwelling catheters coupled with the high risks associated with catheter placement explains why catheters are the leading cause of hospitalization and death among ESRD patients (CDC, 2014). Catheter-dependent patients has a high burden of infection. 2013 data from the Center for Disease Control and Prevention (CDC) cites approximately 37,000 BSIs associated with central venous catheter with a 51% increase in hospitalizations (CDC, 2013, para. 5). The average cost of hospitalization to treat catheter related infection is approximately \$23,451 (Wilcox, 2009).

It is imperative to eliminate the use of LTCs in the dialysis patient to promote the patient's health and well-being, decrease complications, lower health care costs, and provide a safe access for dialysis. Ongoing education, communication, and support by the dialysis professional at the chair side is necessary to assist the patient in understanding the risks associated with catheter usage and to help them follow through with a plan for catheter removal and permanent access placement.

Quality Improvement Activity Description

As the ESRD Network of the Ohio River Valley (Network 9), we are tasked by the Centers for Medicare & Medicaid Services (CMS) to support your facility's goals in providing safe, effective, efficient, patient-centered, timely, and equitable care.

IPRO ESRD Network of the Ohio River Valley (Network 9) will be focusing activities to decrease Healthcare Associated Infections in facilities with LTC rates greater than 15% by decreasing the overall LTC rate by 2% in the target facilities.

Reducing long-term catheter (LTC) use for dialysis access is key in providing optimum care for your patients. A dialysis patient is identified as having a LTC when he or she has been dialyzed with a



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catheter for 90 days or longer, regardless of whether the catheter has been replaced. Participation in this project is determined by inclusion in the 50% greatest BSI cohort within the NW service area who has a LTC rate of greater than 15% in June 2017. **Your facility has been chosen to participate in this activity based on the number of LTC reported by your facility in CROWNWeb in June 2017.**

We want to help you to continue to deliver excellent care to your patients and to meet these important goals. These efforts:

- ✓ Result in improved patient care;
- ✓ Minimize loss of revenue due to hospitalizations related to catheter complications;
- ✓ Help ensure that your facility receives maximum reimbursement through the Quality Incentive Program;
- ✓ Improve your facility's rating on the Dialysis Facility Compare website.

A timeline of these QI activities is noted below.

Please be aware that e-mails about this QIA will be coming soon to those identified as representatives. Accurate contact information (including name, title, and email address) is critical to ensure appropriate Please be aware that e-mails about this QIA will be coming soon to those identified as representatives. **Additionally, mandatory conference calls will be hosted by the National Coordinating Council (NCC) on behalf of CMS. Invitations will be sent for your participation in the Learning and Action Network-HAI LAN.** These calls will be held in February, May, August, and November to discuss this activity and HAI reduction. A timeline of these QI activities is noted below.

Participation in this QIA is mandatory; failure to comply may result in sanction as outlines by Centers for Medicare and Medicaid Services (CMS).

Thank you in advance for your assistance and participation in this initiative.

If you have any questions or comments about the QIA, your involvement, participation in the LTC reduction QIA or future interventions please feel free to contact the Quality Improvement Department by email, I Deborah DeWalt, ddewalt@nw9.esrd.net or Susan Swan-Blohm, sswan-blohm@nw9.esrd.net

We look forward to working with you in this coming year's activities!



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2017 Facility / Network Timeline of Activities

January

- The Network will provide notification of participation in this activity, NCC materials, and project contracts for review, signature, and return by January 17,, 2017
- Facilities will participate in a kick off webinar outlining the facilities responsibilities for participation in the QIA, Life Line for a Lifetime NCC materials, participation in the mandatory HAI-BSI LAN, patient ambassador program outline, project calendar, and Redcap education and responsibilities for reporting.
- The NW will provide information on verification of the patients VA in CROWNWeb and data definitions to promote consistency in reporting by the stakeholders

February

- The Network will reinforce the use of Redcap reporting with a step by step usage guide and monitor initial reporting
- The Network will provide an RCA tool and algorithm to assist the facilities in the determination of barriers to achieving permanent access placement using the “Life Line for a Lifetime” as a guide
- The NW will provide support for of patient engagement activities
- The facilities will determine the patient representatives for their facilities
- The NW will begin initial contact with the identified individuals
- The facilities will initiate monthly reporting in redcap and continue through September 2018
- The Network, facilities and patient ambassadors will participate in the NCC HAI-LAN on a bi-monthly basis to promote sustainability through July 2018

March

- The Network will promote the CDC interventions of Scrub the Hub and Catheter care observations.
- The NW will provide materials to promote the CROWNWEb data definitions and accuracy of reporting
- The Facilities will provide the NW with access plan for each of the LTCs identified to be reviewed monthly in QAPI through Sept 2018
- The NW will provide a webinar on Complications Associated with a LTC
- The Patient Ambassadors and facility representatives will participate in a kick off webinar identifying the role of the patient ambassadors, project expectations, timelines and a focus on the NCC materials “Lifeline for a Lifetime.”

April

- The Network will promote the CDC interventions of Observations of access cleansing pretreatment and post treatment hand hygiene
- The patient ambassadors and facility staff will develop a plan to distribute educational materials



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May

- The NW will promote a best practices webinar
- The facility will provide the NW with attestation of completion of staff competencies as related to vascular access
- The NW will provide materials to review the data definitions for accurate reporting in EMR and CROWNWeb
- The patient ambassadors will distribute and promote the NCC Look, Listen and Feel campaign

July

- The Network will provide an RCA template to determine barriers for project planning for OY3
- Facilities will review materials and evaluate the patient ambassador program for effectiveness and ease of use
- The patient ambassadors will be surveyed to determine best practices and effectiveness of topics and project materials



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Reduction of Long Term Catheter Rates-Project Agreement

Dear Provider,

The Network shall achieve Centers for Medicare and Medicaid Services (CMS) goals through the development and implementation of quality improvement activities, such as the activity noted below. As directed by the Network governing bodies, 2018 performance goals have been set that every dialysis facility is expected to achieve.

It is understood that participation in Network activities is a condition of approval to receive Medicare reimbursement for the provision of End Stage Renal Disease (ESRD) services. The dialysis facility must cooperate with the ESRD Network designated for its geographic area in fulfilling the terms of the Networks current statement of work. Each facility must participate in ESRD activities and pursue Network goals

Please carefully review the notification letter and attached objectives for the **Reduce Rates of Long Term Catheters** (HAI BSI QIA). After review, please complete the necessary fields, have the Project Lead, Facility Administrator/Nurse manager, and the Medical Director sign, and return to the Network office via fax at **(216) 593-0101 by January 17, 2018.**

****Please note, regardless of assigned Project Lead, Medical Director and Facility Administrator/Nurse Manager are responsible for ensuring completion of project objectives**

In anticipation to your timely response, I thank you for your ongoing support and cooperation with the Network.

Sincerely,

Victoria Cash, MBA, BSN, RN
Executive Director

Deborah DeWalt, MSN, RN
Quality Improvement Director



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Reduction of LTC Rates-Project Agreement January 2018-October 2018

The undersigned hereby agrees to participate and cooperate with the goals and activities, including quality improvement projects, as set forth by IPRO ESRD Network of the Ohio River Valley (Network 9) (42 CFR Part 494.180.V772 (i) of Centers for Medicare & Medicaid Services (CMS) regulations).

It is imperative that all fields be completed below; all parties will be invited to participate in the mandatory NCC HAI-BSI LAN. Please complete the form and fax it to the Network by January 17, 2018. 216-593-0101

Facility Name _____ CCN# _____

Project Lead _____ Project Lead Title _____

Project lead email _____

Medical Director _____

Medical Director Email _____

Facility Manager/ Facility Administrator _____

Facility Manager/ Facility Administrator email address _____

Regional Director/ Area Administrator _____

Regional Director/ Area Administrator email address _____

Regional Vice President _____

Regional Vice President email address _____

Patient Ambassador _____ email _____

Patient Ambassador _____ email _____



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CMS believes that you- the patient are the most valuable player on the healthcare team. Building interventions centered on the patient is the goal of every CMS project.

Dialysis patients have multiple and frequent exposure to healthcare environments, undergoing dialysis treatment at least three times a week. The process of hemodialysis requires frequent access to the bloodstream by use of catheters or insertion of needles into peripheral access sites. Additionally, dialysis patients have weakened immune systems, increasing their susceptibility to infection.

Healthcare that results in the best outcomes revolves around team work. We are asking YOU to become a part of the healthcare team working on the goal of reducing the amount of long term catheters.

The goal of the project is to reduce the use of long term catheters in your unit through education and planning.

I, _____, agree to represent,

my unit, _____ CCN# _____

(This line will be filled in by your facility staff)

in the reduction of blood stream infections project. This project will run through July 2018.

SIGNATURE _____

PRINTED NAME _____ DATE _____

PHONE: _____ EMAIL: _____ -

-FAX TO : 216-593-0101 DO NOT SCAN OR EMAIL