2016 Long Term Dialysis Catheter Reduction
Focus on Patient & Family Partnerships
Sustaining Long Term Catheter Reduction
September 26 and 27, 2016

Sharlyn Bogner, MSN, RN, CNN, CCTC, CPHQ
Agenda

- Project Overview and Goal
- Previous Interventions & Technical Assistance
  - Root Cause Analysis
    - Facility/Patient Scans
    - Facility/Patient Scan Feedback
    - Rapid Cycle Improvement
- Best/Promising Practices
  - Patient Voice
  - Your Voice
- Steps to Sustainability
  - Finding your puzzle piece
  - Heartland Kidney *Huddle Up*
  - CROWNWeb LTC monthly progress reports
2016 Reduction of Catheters

Who: 133 dialysis facilities in Network 12

What: A special initiative to decrease catheters by partnering with dialysis patients and their families

When: Project from April 2016 through September 2016
  (September data closes in CROWNWeb November 2016)

Where: Your dialysis unit and the patients you serve
LTC Reduction Goal- Result

A reduction in the rate of long-term catheter use among prevalent patients by at least 2 percent in dialysis facilities that have a >10% rate of long-term (>90 days) catheter use in prevalent patient at baseline. The baseline period shall be September of the prior calendar year, and the re-measurement period shall be the last day of the last month of the third quarter of the contract year.

Goal Rate: 14.308%

Current Rate: 13.940% (June 2016)

Congratulations!
Thank you for your efforts!

Data Resource: CROWNWeb June 2016
13 Change Concept Barriers identified

- Surgical issues: 82 respondents
- Patient declines access: 38 respondents
- Timely and early referral: 31 respondents

Strategies to:

- Decrease Missed Opportunities
- Improve Dialysis Catheter Removal
- Improve Accuracy of Data CROWNWeb
- Add the Patient Voice

Why do you think patients do not have their dialysis catheters removed?

1. Fear of Needles
   - Hurt, pain, afraid,
   - Scared
   - Don’t like needles, being stuck

2. Issues regarding vascular access surgery
   - No veins left, small veins,
   - Damage to arm, arm a mess, large bumps (stuck same place)
   - Slow process with a lot of appointments, far away
   - Complications, fistula or graft do not develop

Link: http://heartlandkidney.org/providers/article/dialysis_catheter_reduction_through_patient_and_family_engagement_intervent
Rapid Cycle Improvement

- Review your patient surveys with
  - Dialysis clinic staff
  - Patient representatives, patients and their families
- Discuss at your monthly quality improvement meeting
- Develop a plan/process to address
  - Tracking and trending of survey results
  - Which quality improvement process works best for your facility to mitigate issues identified in the patient surveys
  - How to involve hospitals in the access plan/process
  - How to involve or increase involvement with surgeon’s and access centers in the plan/process
  - Fear of needles (if identified in your patient surveys)
Judy M. Robbins

Heartland Kidney Network SME will share her story and the input she has had in developing the patient surveys and offering guidance for this patient and family partnership initiative.
USRC-Creve Coeur shared that participating in the 2015 patient & family partnership project for reducing LTC’s, they have:

- Reduced catheters to 13
  - “Lowest we have ever been and we aren't done yet!!!!!”
- Improved Accountability
  - 3 charge nurses took on the catheter challenge
- Changed policy & procedure
- Included LTC reduction as part of monthly QI
- Huddled Up and loved it

Thank You for Sharing:
Kathy Harris RN, Facility Administrator
USRC-Creve Coeur
York Dialysis Services, Director of Dialysis, shared that accountability has lead to an improvement in their reductions in long term catheters. Staff accountable for:

- Primary Nurse – logs CVC – admit to out
- One on one (individualized) patient interventions
  - Education
  - Care plans
    - Catheter removal dates
    - Cannulation dates
- Other Interventions
  - Posting LTC rates quarterly
  - Catheter removal orders now part of standing orders
  - CROWNWeb updated to reflect catheter removal the same or next day following the removal of the catheter
Thank You,
Lauren Wright, PCT
Promising Practices
(Continued)

DaVita Saint Joseph participated in the 2015 Patient Partnership Catheter Reduction Project:

- Maintained LTC rate <= 10%
  - Baseline September - 2014 12.3%
  - Current August - 2016 10.0%
- Increased Education & Awareness has lead to
  - Educated patients driving conversations for access placement
  - Improved communication with vascular access surgeon and office staff
  - Better outcomes
  - Reviewing CVC only patients during Core Team meetings
  - Discussing a monthly Facility Health Meeting

Thank you to the Team

Medical Director
Dr. Susan Brown

Facility Administrator
Tami Peters

Clinical Nurse Manager/Vascular Access Manager
Michelle Orcutt

Network Patient Representative
Beverly Tracy

Social Workers
Cheryl Matlack
Jodi Ramold

Dieticians
Kelly Manning
Susan Kanoy
### Sustainability Registration Questions/Answers

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Would you share an example of rapid cycle improvement in your long term dialysis catheter reduction interventions, during the webinar?</td>
<td>Thank You: Kathy Harris Valerie Friesen Michelle Orcutt Tami Peters Lauren Wright</td>
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<tr>
<td>Did you review your patient surveys during a monthly quality improvement meeting?</td>
<td>Yes 65% No 35%</td>
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<tr>
<td>If you answered yes in the previous question, have you developed a plan/process to address patient issues.</td>
<td>Yes 79% No 21%</td>
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<tr>
<td>What quality improvement process do you use to address your patients vascular access issues?</td>
<td>See Process Changes: Next slides please</td>
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What quality improvement process do you use to address your patients vascular access issues?

Work with new Dialysis Access Coordinator to decrease CVC's.

Action plans with goals. Continuous education of pts

Early education on CVC removal, first day if possible. Modality education first day. Heart model display for CVC inside heart.

A review of any issues preventing catheters from being replaced and pulled.

We have a Vascular Access Manager that addresses any issues with accesses and sets up interventions as needed and makes appts for Physicians here have always been active in care, reviewing access plan with patient monthly, and reviewing in QAPI monthly.

Use a vascular access coordinator who ensures all patients have access appointments upon admission. repeated education for all

We drill down to the root cause and address it.
What quality improvement process do you use to address your patients vascular access issues?

At this time constant education and scheduling appointments with doctors. I also have a lobby day scheduled with one surgeon to

Provide education.

Getting permanent access appointment set up for placement as soon as they arrive to our clinic with a CVC.

We are developing a log to track patients/physicians in our own system that have CVC only on admission.

We have encouraged all staff to talk with patients about getting permanent accesses and the risks of

Health care team

Work with pt one on one

QAI Reduction program
Model for Sustainable Improvement
Model for Sustainable Improvement

PDSA - Model for Improvement

- What are we trying to accomplish?
- How will we know that a change idea is an improvement?
- What change can we make that will result in improvement?

Rapid Cycle Improvement

- Try a change idea on a small scale to see how it works
- Modify it and try it again until it works well for staff and patients
- Standard - Wedge Then, and only then, does change become a permanent improvement
“Of all changes I’ve observed, about 5% were improvements; the rest, at best, were illusions of progress.”

W. Edwards Deming

- Become masters of improvement
- Learn how to improve rapidly
- Learn the difference between short-term improvement and illusions of progress
- Recognize that only real improvement results in sustainable change
**Change in Process**

**Identify Process**

1. Identify a **process** that can get you from a temporary access to a permanent
2. Establish hard metrics that you want to meet

**Process Steps**

a. Surgical consult within 7 days of admission to clinic
b. Determine access placement with surgeon
   1. Sit down with patient and nephrologist - options

c. Schedule surgery
d. Determine a vascular access plan post access placement

**Message:**

“I am going to take ownership of the access. I want to get the clinic to improve the fistula rate.”

**Resource:** NephrologyNews.com  *Transitioning from Catheter to Permanent Access*, Walead Latif, DO, MBS, CPE under “Special Sections”
What is your missing piece?

- Enhancing/ adding on to current practice by finding that piece
  - Individualize to your needs
- Review new tools
  - Vascular Experience
    - Patient /Family Input
  - Catheter Assessment Tool/Algorithm
  - 90 –day Count Down!
  - CVC Management Flowchart
- Discuss with team and patients
  - Huddle Up
  - Quality improvement meetings
Huddle Up for Rapid Cycle Improvement

- Define Problem
- Set Time Limit
- Huddle with the Team
- Discuss Possible Causes
- Identify Potential Solutions
- Patient Input
- Create a Plan for Creating a Solution
- Appoint Problem Coordinator
- Discuss Huddles at monthly Quality Improvement Meeting

Resource:  http://heartlandkidney.org/providers/article/heartland_huddle_up_to_improve_communication
Continue your great works
Sustainability
  Find the piece to your puzzle
Use your new tools
  All of the new tools to be posted to the Heartland Kidney Website by COB Wednesday, September 28, 2016

Celebration in December
(Date to be announced)

QUESTIONS
Thank You for Bettering the Lives of the Patients We Serve

Special Thanks

These Patient Subject Matter Experts evaluated the survey tool:
Avery Willis
Judy Robbins
Darrell Sunderman
Delmer Estes

Questions

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