Network Coordinating Council Webinar

September 20, 2013

The Renal Network facilitates the achievement of optimal wellness for renal disease patients.

House Keeping Notes

All phone lines will be muted through the entire presentation.

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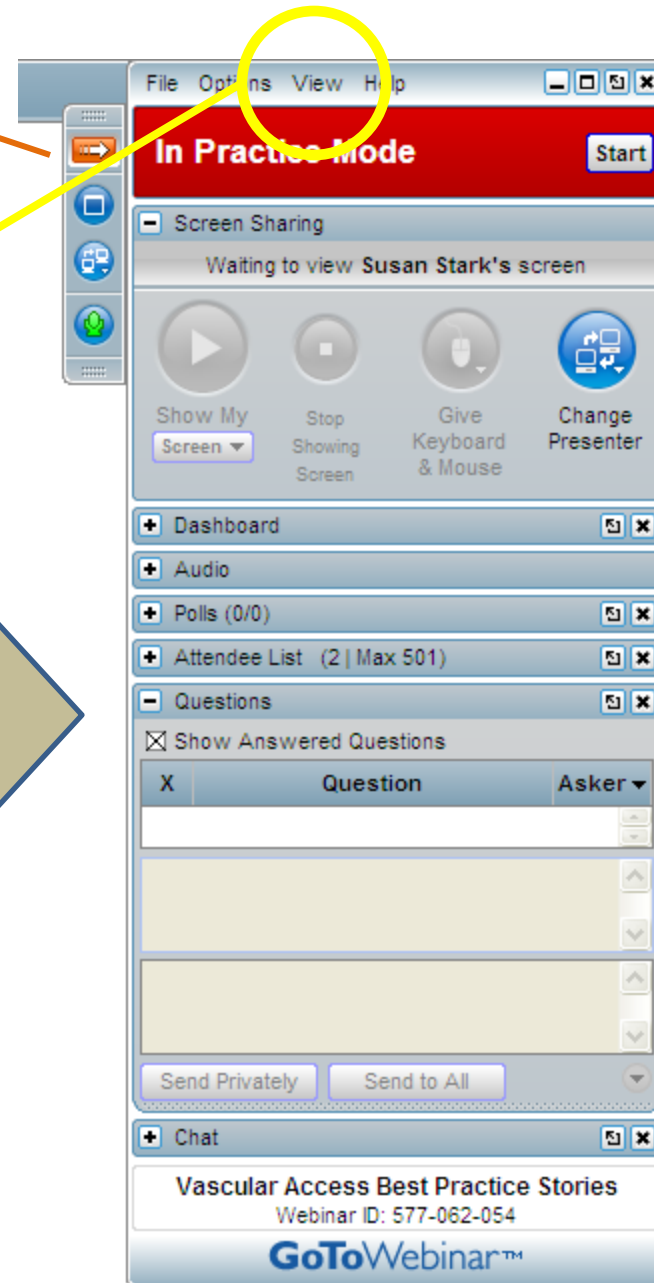
Questions may also be submitted via email to bcarson@nw10.esrd.net

To slide tool bar to the right click on orange arrow. To open it click on orange arrow again.

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Vascular Access Best Practice Stories
Webinar ID: 577-062-054

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ESRD Network Ownership May 1, 2013

Ownership Type	Network	States	QIO	Facilities		Patients		
				Dialysis	Tx	Dialysis	Tx	Total
QIO Affiliation	1	CT, MA, ME, NH, RI, VT	IPRO	175	15	12,647	9,133	21,780
	2	NY	IPRO	250	16	26,247	12,441	38,688
	3	NJ, PR, VI	WVMI	176	8	17,178	5,090	22,268
	4	DE, PA	WVMI	273	19	17,503	10,181	27,684
	5	D.C., MD, VA, WV	WVMI	323	12	23,448	11,223	34,671
	7	FL	FMQAI	362	9	23,736	9,281	33,017
	8	AL, MS, TN	GMCF	372	11	23,434	8,595	32,029
	13	AR, LA, OK	FMQAI	293	13	16,491	5,385	21,876
	18	S.CA	FMQAI	338	16	35,980	13,324	49,274
	Subtotal QIO Affiliated Networks (9 Networks in 4 QIO Affiliations)			2,562	119	196,634	84,653	281,287
Multi-Network Affiliation	9, 10, 12	IN, KY, OH		524	16	28,212	11,988	40,200
		IL		240	9	16,653	7,241	23,894
		IA, KS, MO, NE		283	16	14,166	8,947	23,133
	15, 17	AZ, CO, NV, NM, UT, WY		301	15	19,572	9,942	29,514
		AS, GU, HI, MP, N.CA		240	7	22,497	10,023	32,520
	Subtotal Multi-Network Affiliation (5 Networks)			1588	63	101,100	48,141	149,261
Independent Networks	6	GA, NC, SC		579	10	38,975	11,518	50,493
	11	MI, MN, ND, SD, WI		441	21	24,624	19,032	43,656
	14	TX		522	24	38,824	12,935	51,759
	16	AK, ID, MT, OR, WA		172	8	11,691	6,587	18,278
	Subtotal Independent Networks (4 Networks)			1714	63	114,114	50,072	164,186
National Totals				5,864	245	411,848	182,866	594,714
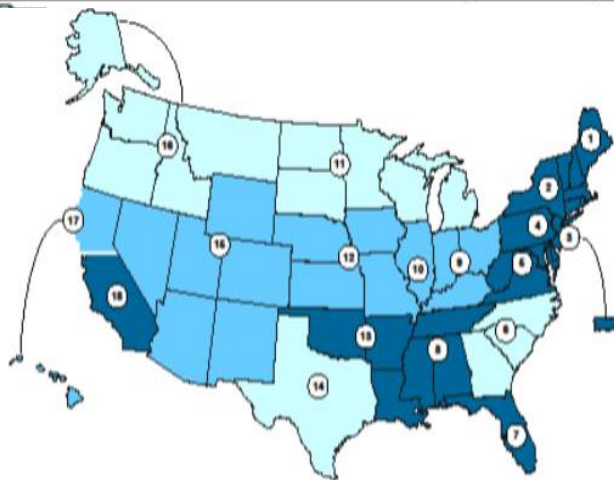
Network 9 & 10 Patient Demographics

	NETWORK 9		NETWORK 10	
	N	%	N	%
Total	28,841		17,278	
Gender				
Female	12,736	44.2%	7,629	44.2%
Male	16,105	55.8%	9,649	55.8%
Age				
18-44	3,627	12.6%	2,334	13.5%
45-64	11,689	40.5%	6,862	39.7%
65-74	7,110	24.7%	4,127	23.9%
75+	6,415	22.2%	3,955	22.9%

NOTE: Denominator is Adult (18+), non-transient, dialysis patients
Source: CROWNWeb Patient Population Report for August 2013, run 09/03/2013

Network 9 & 10 Patient Demographics

	NETWORK 9		NETWORK 10	
	N	%	N	%
Total	28,841		17,278	
Race				
White	19,015	65.9%	9,872	57.1%
Black or African American	9,523	33.0%	6,792	39.3%
Asian	180	0.6%	495	2.9%
American Indian/Alaska Native	19	0.1%	8	0.0%
Native Hawaiian/Other Pacific Islander	52	0.2%	58	0.3%
MultiRace	30	0.1%	28	0.2%
Unknown	22	0.1%	25	0.1%
Ethnicity				
Hispanic or Latino	690	2.4%	2,456	14.2%
Not Hispanic/Latino	28,129	97.5%	14,797	85.6%
Unknown	22	0.1%	25	0.1%

NOTE: Denominator is Adult (18+), non-transient, dialysis patients
Source: CROWNWeb Patient Population Report for August 2013, run 09/03/2013

The Renal Network
ESRD Networks 9 & 10

2013 Network Election

- Medical Review Board
  - MRB is a voluntary Medical Advisory Group
    - Nephrology Professionals and Patients Develop & Oversee Network Quality Improvement Projects
  - 1 -2 In-Person Meetings per year (travel reimbursed)
  - MRB Webinars held throughout the year
  - 3-Year term of office
    - begins Jan 1 2014
    - ends Dec 31, 2016

The Renal Network
ESRD Networks 9 & 10

MRB 2014 Open Positions

Network 9

Facilities from KY, IN & OH

- 1 Pediatric Nephrologist
- 1 Dietitian
- 1 Administrator

Network 10

Facilities from IL

- 3 Nephrologists
- 1 Pediatric Nephrologist
- 1 Transplant Nephrologist
- 1 Nurse
- 1 Administrator
- 1 Technician

Election Details

- Deadline for Nomination: October 9, 2013
- Nomination & Election Details online at www.therenalnetwork.org
- Nomination forms can be downloaded from www.therenalnetwork.org
- Contact Bridget Carson (bcarson@nw10.esrd.net) for more info

CMS: The Three Part Aim

AIM 1:
Better Care

The Three Part Aim

AIM 3:
Reduced Costs

AIM 2:
Better Health
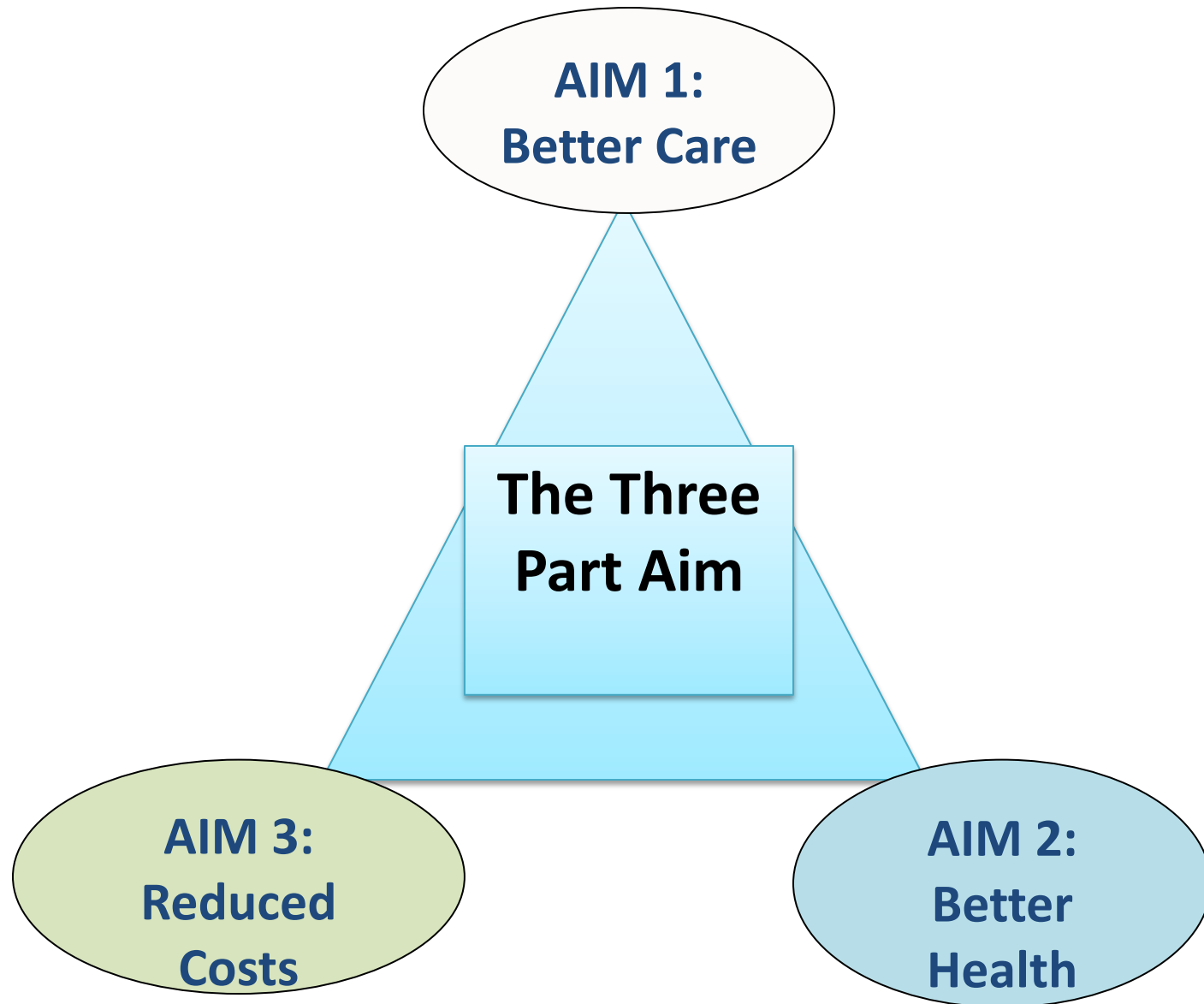
Aim 1

Better Care for Individuals

The Renal Network
ESRD Networks 9 & 10

TRN Network Patient Representative Program

The Renal Network is LEARNING from patients:

• which educational approaches work at the facility level;
• which special projects will best serve the needs of patients;
• how ESRD Network can help patients to achieve patient goals.

Patients have told us that patient-to-patient communication is the best way to get any message across to other patients.

TRN Network Patient Representative Program

The Renal Network is LISTENING …
and working with facilities to launch the Network Patient Representative Program in facilities to promote:

• patient-to-patient communication;
• patient and family member participation at the facility level;
• effective and efficient communication among patients, family members, facility staff and ESRD Networks.

TRN Patient & Family Engagement at the Facility Level

- Provided information to all facilities about a Patient Centered Care Webinar by CMS in Feb.

- Provide patient education resources to facilities

- Network Patient Representative Program (NPRP) in all facilities launched in the summer

  - Brochure about the program sent to all facilities

  - Facilities are identifying facility staff coordinator and Network Patient Rep

  - Orientation Webinar with a NPRP Handbook TBD

  - Planning regular webinars and educational resources for participants

TRN NPRP Poster

Program Goal:

To work for patient empowerment through patient to patient communication and participation.

NPRP Brochure

Program Objective:

To increase patient and family leadership and engagement at the facility and ESRD Network level.

Brochure (outer panels)

Getting Started

Register Online

Initially, the facility will identify a patient who will be the Network Patient Representative and a staff member who will be the Staff Coordinator.

Complete the online form to register your facility for this vital patient program by June 30th, 2013.

To learn more visit http://therenalnetwork.org

The Renal Network
ESRD Networks 9 & 10

Serving the renal community in Indiana, Kentucky, Ohio, and Illinois.

To file a grievance please contact :
The Renal Network, Inc.
Write: 911 E. 86th Street, Suite 202
Indianapolis, IN 46240
Call: Toll-Free Patient Line: 1.800.456.6919
Email: info@nw10.esrd.net
Visit our website: http://www.therenalnetwork.org

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Network Patient Representative Program

Working for patient empowerment through communication and increased patient and family engagement at the facility and ESRD Network level.

Brochure (inner panels)

Network Patient Representative Program (NPRP)

This program provides an avenue to increase communication among patients, facility staff, and The Renal Network. The program will have two key leads, the Network Patient Representative and the Facility Staff Coordinator.

The role of the Network Patient Representative includes:

- Be the "voice of the patients" at the facility by bringing their views to the ESRD Network

- Attend ESRD Network-sponsored webinars (preferably with the facility staff but can also participate from home if access to a computer and internet connection is available)

- Work with the ESRD Network and facility staff to implement facility-based activities to engage patients as active members of their own health care team

- Work with facility staff to create a facility-wide patient-based communication system. This part of the NPRP relies on the recruitment of patient spokespersons for each of the shifts at the facility

- Provide the patient voice, as a Subject Matter Expert (SME), to the Centers for Medicare and Medicaid (CMS) as requested

The role of the Staff Coordinator will include:

- Attend Network-sponsored webinars and encourage active involvement of the Network Patient Representative

- Work with the ESRD Network and the Network Patient Representatives to implement facility-based activities to promote and engage patients as active members of their own health care team

- Work with Network Patient Representative to create a facility-wide patient communication system based on the recruitment of patient spokespersons for each of the shifts at the facility

- Facilitate participation of the Network Patient Representative when called upon to act as Subject Matter Experts (SMEs) by The Renal Network and/or CMS

Patient Representatives and Staff Coordinators may want to include family members or caregivers as spokespersons. Patients may need their help to be a part of the program. Also, the Network and CMS are interested in hearing the family member/caregiver's perspectives and learning about their needs.

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ESRD Networks 9 & 10

Patient and Family Engagement Learning and Action Network

What is a LAN?

An organized effort of sharing learning by a network of organizations or teams to:

- Adapt known best practices (Model of Care) for a specific health priority or issue
- A model that focuses on "All Teach/All Learn"
- Achieves significant results in a short period of time
- Scale-up best practices to other organizations via a planned spread strategy

The Renal Network
ESRD Networks 9 & 10

Network 9 Patient & Family Engagement LAN Quality Improvement Activity: Improve Communication

The Patient Engagement LAN members believe poor communication between staff and patients is at the root of many issues at facilities. Network patient grievance trends show staff-related concerns are one of the major areas.

- **Need**: Improve **Communication** between staff and patients and decrease grievances. Increase staff sensitivity to the needs of the patients and supply more effective communication approaches for stressful situations.

- **Solution**: Facility Staff will be equipped to better communicate with their patients through TRN training which includes:

  - Webinars : Patient Whisperer; Safety in the Dialysis Unit, Best Practices.
  - Reference materials highlighting how to overcome barriers as well as best practices in communications.

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ESRD Networks 9 & 10

Network 10 Patient & Family Engagement LAN Quality Improvement Activity:
Improving Communication through the Network Patient Representative Program

The P E LAN members said patient to patient communication works, but patients often share incomplete or erroneous information. Having a patient that is properly informed and has resources would be an asset.

- **Need:** Establish program utilizing patients (working with a facility coordinator) to disseminate information to other patients.

- **Solution**: The Network Patient Representative Program (NPRP). Establishes patient representative in each facility to work with a facility coordinator. Together they work with facility patients to disseminate information, promoting patient empowerment.   Training for these positions include:

  - NPRP Handbook
  - Webinars
  - Reference materials (action grams)

POLLING QUESTION #1

Patient & Family Engagement LAN Networks 9 & 10:
Educational Campaign

Knowing Your Treatment Options

LAN committee felt that often a new patient is not in the frame of mind to take in all the information that is given to them in the beginning (and sometimes they don't get some information -including treatment options).   Supplying this information once they are in the facility is one way to overcome this.

- Need: To increase patient awareness of treatment options available.

- Solution: Supply patients with information through Social Worker; brochure; poster (and Network Patient Representative Program if available). Solicit help from facility staff to speak with patients.

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ESRD Networks 9 & 10

Patient & Family Engagement LAN Network 9: Educational Campaign

Promote Importance of Adherence to Treatment

Better treatment adherence results in a healthier patient population and reduces the number of patients who end up on the "lost to follow-up" list. Ultimately it should impact premature mortality incidences and hospitalizations.

- **Need**: To educate patients, their families and support groups about the importance of adherence and the effects of missing treatments.

- **Solution**: Through the NPRP supply patients with educational materials that highlight long term positive effects of adherence and negative effects of non-adherence. Provide an adherence checklist. Develop adherence webinar.

The Renal Network
ESRD Networks 9 & 10

Patient & Family Engagement LAN Network 10:
Educational Campaign

Increased Patient Awareness of The Renal Network

The LAN committee felt that The Renal Network was very important in supplying information to patients and the public on coping with kidney disease, but many patients were not aware of the Network's existence or its resources. The committee believed that an effective way to raise awareness would be through the Network newsletter the Renal Outreach.

- Need: To raise awareness of The Renal Network and its resources.

- Solution: Increase distribution of the Network's free newsletter the *Renal Outreach,* through Nephrologist, the NPRP and eventually social media.

The Renal Network
ESRD Networks 9 & 10

POLLING QUESTION #2

Grievance and Access to Care Trends

Grievances
(January – August 2013)

Primary Area of Concern	Network 9 n = 47	Network 9 Percentage of Contacts		Primary Area of Concern	Network 10 n = 33	Network 10 Percentage of Contacts
Physical Environment	2	4.3%		Physical Environment	1	3.0%
Staff Related	**28**	**59.6%**		**Staff Related**	**14**	**42.4%**
Treatment Related/Quality of Care	**15**	**31.9%**		**Treatment Related/Quality of Care**	**11**	**33.3%**
Information	0	0%		Voluntary Patient Transfer	1	3.0%
Patient Transfer/Discharge	0	0%		Patient Transfer/Discharge	4	14.8%
Professional Ethics	1	2.1%		Professional Ethics	1	3.0%
Financial	0	0%		Financial	0	0%
Other	0	0%		Other	1	3.0%
Transient	0	0%		Transient	0	0%
Request for Educational	0	0%		Request for Educational	0	0%
Request for Technical	0	0%		Request for Technical	0	0%
Pre-ESRD Inquiry	0	0%		Pre-ESRD Inquiry	0	0%
Non-Compliant	0	0%		Non-Compliant	0	0%
Disruptive	1	2.1%		Disruptive	0	0%
Abusive	0	0%		Abusive	0	0%

*Data gathered from the NCU and PCU

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ESRD Networks 9 & 10

Involuntary Discharges
(January – August 2013)

Network 9 - Reasons for Discharge N= 25		
Non-Payment	1	2.6%
Facility may not be able to meet medical Needs	0	0%
Ongoing Disruptive and Abusive Behavior	4	10.3%
Immediate Severe Threat	**16**	**41.0%**
Termination by Physician – No Show	1	2.6%
Termination by Physician – Medical Non-Compliance	1	2.6%
Termination by Physician – Other	2	5.1%
Other	0	0%
Averted	14	35.7%
Total	39	

Network 10 - Reasons for Discharge N= 10		
Non-Payment	2	14.3%
Facility may not be able to meet medical Needs	0	0%
Ongoing Disruptive and Abusive Behavior	2	14.3%
Immediate Severe Threat	**5**	**35.7%**
Termination by Physician – No Show	0	0%
Termination by Physician – Medical Non-Compliance	1	7.1%
Termination by Physician – Other	0	0%
Other	0	0%
Averted	4	28.6%
Total	14	

*Data gathered from the NCU and PCU

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ESRD Networks 9 & 10

Patients At Risk for Discharge
(January – August 2013)

Network 9 - Reasons for Discharge		
Non-Payment	2	5.1%
Facility may not be able to meet medical Needs	2	5.1%
Ongoing Disruptive and Abusive Behavior	**15**	**38.5%**
Immediate Severe Threat	3	7.7%
Termination by Physician – No Show	6	15.4%
Termination by Physician – Medical Non-Compliance	6	15.4%
Termination by Physician – Other	0	0%
Other	5	12.8%
Total	39	

Network 10 - Reasons for Discharge		
Non-Payment	0	0%
Facility may not be able to meet medical Needs	0	0%
Ongoing Disruptive and Abusive Behavior	**4**	**30.8%**
Immediate Severe Threat	3	%
Termination by Physician – No Show	2	23.1%
Ongoing Disruptive and Abusive Behavior by Family	1	7.7%
Termination by Physician – Medical Non-Compliance	2	23.1%
Termination by Physician – Other	0	0%
Other	1	7.7%
Total	13	

*Data gathered from the NCU and PCU

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ESRD Networks 9 & 10

Failure to Place – Network 9
N = 25 (January – August 2013)

Behaviors	19	76.0%		Facility Refusal	19	76.0%
Non-adherence	7	36.8%		Corporate Denial of Admission	7	36.8%
Verbal/Written Abuse	7	36.8%		Multiple Units Denying Admission	9	47.4%
Verbal/Written Threat	6	31.6%		Former Prisoner	0	
Physical Threat	3	15.8%		Does Not Have an AV Fistula	0	
Physical Harm	0			Severe Physical Limitations	1	5.3%
Property Damage/Theft	0			Not Enough Staff to Handle Patient	1	5.3%
Lack of Payment/Insurance	0			Unit Full	3	15.8%
Non-Medicare	2	10.5%		Homeless	0	
Other	0			No Permanent Access	0	
				No Accepting Nephrologists	2	10.5%
Medical Needs	**10**	**40%**		Involuntarily Discharged	3	15.8%
Psychiatric Issues	4	40%		Substance Abuse	1	5.3%
Morbid Obesity	0			Undocumented Immigrant	0	
Needs Isolation	0			Language Barrier	0	
Dementia	0			Other	4	21.1%
Co-Morbidities	4	40%				
Patient Hygiene/Infestation	0					
Refused Psychiatric Referral	1	10%				
Tube Feeding	1	10%				
On Ventilator	1	10%				
Medically Unstable	3	30%				
Psychiatric Diagnosis on Chart	0					
Tracheotomy	1	10%				
Needs Stretcher	2	10%				
Nursing Home Resident	2	10%				
Other	4	40%				

*Data gathered from the NCU and PCU

Failure to Place – Network 10
n = 16 (January – August 2013)

Behaviors	10	62.5%	Facility Refusal	11	68.8%
Non-adherence	8	80%	Corporate Denial of Admission	3	27.3%
Verbal/Written Abuse	0		Multiple Units Denying Admission	7	63.6%
Verbal/Written Threat	1	10%	Former Prisoner	0	
Physical Threat	0		Does Not Have an AV Fistula	0	
Physical Harm	1	10%	Severe Physical Limitations	0	
Property Damage/Theft	0		Not Enough Staff to Handle Patient	0	
Lack of Payment/Insurance	0		Unit Full	0	
Non-Medicare	0		Homeless	0	
Other	1	10%	No Permanent Access	0	
			No Accepting Nephrologists	2	18.1%
Medical Needs	5	31.3%	Involuntarily Discharged	1	9.0%
Psychiatric Issues	2	40%	Substance Abuse	0	
Morbid Obesity	0		Undocumented Immigrant	0	
Needs Isolation	0		Language Barrier	1	9.0%
Dementia	0		Other	3	27.3%
Co-Morbidities	1	20%			
Patient Hygiene/Infestation	0				
Refused Psychiatric Referral	0				
Tube Feeding	0				
On Ventilator	0				
Medically Unstable	1	20%			
Psychiatric Diagnosis on Chart	1	20%			
Tracheotomy	0				
Needs Stretcher	0				
Nursing Home Resident	1	20%			
Other	1	20%			

*Data gathered from the NCU and PCU

Grievance Quality Improvement Activity

- Facilities: Five from each Network that had a staff-related grievance

- Goal: Improve communication and decrease grievances

- Interventions
  - Identification of Barriers
    - Non-adherence (NW 9)
    - Communication, Addictions (NW 10)
  - Patient Whisperer Training Program
  - Develop process to invite/motivate patients to attend Care Plan Meeting
  - Share Best Practices and learn from each other

- Decrease staff-related grievances

VASCULAR ACCESS

AIM 1: Catheter Reduction Project/LAN >10% 90 Day Catheter Rate

- Facility Participation Criteria
  - Facility census = > 30 patients
  - Less than 66% AVF rate
- Data Validation Effort
  - Compared October 2012 CROWNWeb data with November 2012 NHSN vascular access data for accuracy
  - Asked facilities for feedback on the accuracy of the CROWNWeb October 2012 Data
- 102 facilities in NW 9
- 54 facilities in NW10

AIM 1: Catheter Reduction Project was turned into a LAN in August 2013

Participants in this >10% 90 day catheter reduction LAN received the following directives via an email letter on August 5, 2013.

- Attended a kick off webinar **August 20, 2013**
- Attended a best practices webinar on **September 5, 2013**
- Submit improvement plan and monthly vascular access rates to TRN QI staff starting with **July 2013 data** (due the 15th of each month)
- Receive electronic catheter reduction tools/resources from TRN QI staff
- Attend follow up webinars in October and December to share ideas and processes

AIM 1: >90 Day Catheter Reduction Initiative Updates

- Staff from 60 facilities attended Kick Off LAN Webinar – all other facilities were sent a link to recording of webinar and the slides

- All facilities in the LAN received the following tools:
  1. Patient barriers questionnaire
  2. Pre-ESRD 2728 tool (facility based Physician Incident ESRD Patient Report)

- Total of 169 people registered for the Sept. 5th Best Practice Webinar

- 90% of facilities have submitted July Data forms

- Since October 2012 was the baseline at least 50% of facilities have shown improvement already and are reporting best practices that will be used in future webinars

- We are discovering that approximately 20% of facilities do not know how to calculate their vascular access data so we are providing education to those facilities as needed.

AIM 1: >90 Day Catheter Data
As of December 2012

- CROWNWeb clinical data months closed – October – December 2012
- Used data provided by NCC –
  - removed ineligible facilities to mirror FF Dashboard
- Project Goal: >90 day catheter rates lowered by 0.5 percentage point per quarter ($\downarrow$ 2.0 by September 2013)
- December 2012 Outcomes -
  - **Network 9 = 0.7 percentage point (On Track)**
  - **Network 10 = 0.3 percentage point (Behind by 0.2)**

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POLLING QUESTION #3

AIM 1: AV Fistula Data
As of December 2012

- CROWNWeb clinical data months closed – October – December 2012

- Used data provided by NCC –
  - removed ineligible facilities to mirror FF Dashboard

- AVF rates – Based on October 2012 Data
  - Project Goal: Network 9 to increase by 2.12 percentage points by September 2013 (0.53 per quarter)
    - **October 2012 = 57.4%**
    - **December 2012 = 58.7% (↑1.3 - On Track)**
  - Project Goal: Network 10 to increase by 1.66 percentage points by September 2013 (0.42 per quarter)
    - **October 2012 = 59.7%**
    - **December 2012 = 61.5% (↑1.8 – Met Goal)**

AIM 1: Fistula First/Catheter Last Affinity Groups

- Developing Community Affinity Groups **– dialysis facilities within a community working together to address common barriers to achieving goals.**

- Our first Affinity Group is from Cincinnati, OH.
  - This group/coalition consists of 34 facilities in the Cincinnati area.
  - The facilities represent DaVita, Liberty, VA Hospital, and DCI.
  - Also represented is the University of Cincinnati and vascular access centers.
  - As a group they have **improved AVF rates by 1 percentage point** in the first quarter since their existence, December 2012 – March 2013.

- Indianapolis has started an Affinity Group as of July 2013.

- There is also interest in Cleveland, Toledo, and Columbus, OH.

HEALTHCARE ASSOCIATED INFECTIONS

AIM 1: Patient Safety:
Healthcare Associated Infection (HAIs) Project

- Learning and Action Network (LAN) Facility Participation
  - 150 facilities participating (20%)
  - ARB infection rate > than national rate
    - National NHSN ARB infection rate=2.52 per 100 Pt. Months

- First Webinar held on June 27, 2013
  - LAN members tasked with:
    - Facility Infection Prevention Assessment
    - Review and Implementation of CDC Core Interventions

- Survey Monkey sent July 25, 2013
  - Surveyed LAN members on first five CDC Core Interventions in order to identify best practices

- Second Webinar held on August 22, 2013
  - LAN members tasked with:
    - Patient Engagement Campaign
    - Showing Engagement Video to Patients
    - "Speak Up" Button Contest

Next HAI LAN Webinar in November

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AIM 1: Patient Safety: Healthcare Associated Infections (HAIs)

- ## As of June 2013:
  - NHSN Enrollment
    - Network 9 = 99.8%
    - Network 10 = 100%

  - 6 months worth of data entered into NHSN
    - Network 9 = 92.1%
    - Network 10 = 82.7%

POLLING QUESTION #4

Access Related Bloodstream Infection Rates Oct 2012 – June 2013

State	Fistula	Graft	Non - tunneled Catheter	Tunneled Catheter	Any CVC	All Accesses
Indiana	0.18	0.22	1.95	1.72	1.75	0.56
Kentucky	0.07	0.24	2.25	2.38	2.38	0.53
Ohio	0.23	0.39	2.59	3.14	3.13	0.90
Network 9	0.18	0.30	2.37	2.59	2.59	0.74
Network 10 (Illinois)	0.17	0.25	0.71	1.48	1.46	0.45
National NHSN	0.23	0.51	2.18	2.55	2.52	0.88

POLLING QUESTION #5

Aim 2

Better Health for Populations

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AIM 2
Better Health for Populations

- The Network's activities to promote AIM 2 shall focus on improving the quality of and access to ESRD care through a Population Health Innovation Pilot Project

- These projects are directly aligned with areas of health care identified in the National Quality Strategy (NQS) and CMS goals.

- The Network shall select a focus for its Population Health Innovation Pilot Project based on: (a) the opportunity for improvement and (b) an identified disparity.

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ESRD Networks 9 & 10

AIM 2 Home Dialysis Project

- The Network shall determine, using 4th Quarter 2012 data, whether <85% of the target population demonstrated the desired outcome(s) for the selected project area.

    - **Network 9 = 11% home dialysis**
    - **Network 10 = 9.8% home dialysis**

The Renal Network
ESRD Networks 9 & 10

AIM 2 Home Dialysis Project

- The Networks shall conduct a disparity assessment for its chosen project area using data for the 4th Quarter of 2012. Disparities shall be assessed in the following order:
  - Race (African American vs. White)
  - Ethnicity (Hispanic vs. Non-Hispanic)
  - Facility Location (Urban vs. Rural)
  - Gender (Male vs. Female)
  - Age (Younger than Age 65 vs. 65 and older).

- The highest ordered disparity with at least 5 percentage points difference between the designated categories will be utilized for the project.

AIM 2 Home Dialysis Project
Disparity Data

	Network			
	9	Dif	10	Dif
Race				
White	12.99%	6.01%	11.96%	5.06%
Non-White	6.98%		6.91%	
Ethnicity				
Hispanic	9.47%	1.57%	8.12%	1.98%
Non-Hispanic	11.04%		10.10%	
Gender				
Male	11.15%	0.36%	9.41%	0.92%
Female	10.79%		10.33%	
Age				
< 65	8.18%	5.28%	7.80%	3.82%
≥ 65	13.46%		11.62%	
Location				
Urban	11.73%	4.03%	9.44%	4.23%
Rural	7.69%		13.67%	

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AIM 2 Home Dialysis Project
Plan Design

- The Network shall work with a sufficient number of facilities to include at least 10% of the Network area in-center hemodialysis patient population at baseline and throughout the project.

- Developing fast paced evening patient level meetings with NxStage.

- First meeting November 12, 2013 in Indianapolis.

- Second meeting December 5, 2013 in Chicago.

- Network staff will be addressing patient and staff culture, patient empowerment, peer mentoring, barriers in a community, and gaps in knowledge.

- Will also use minority marketing strategies, social media, patient stories, and regional boards to spread the messages.

POLLING QUESTION #6

COMMUNITY OUTREACH

Outreach and Education

Websites

http://www.therenalnetwork.org/
The Renal Network website primary audience is renal professionals.
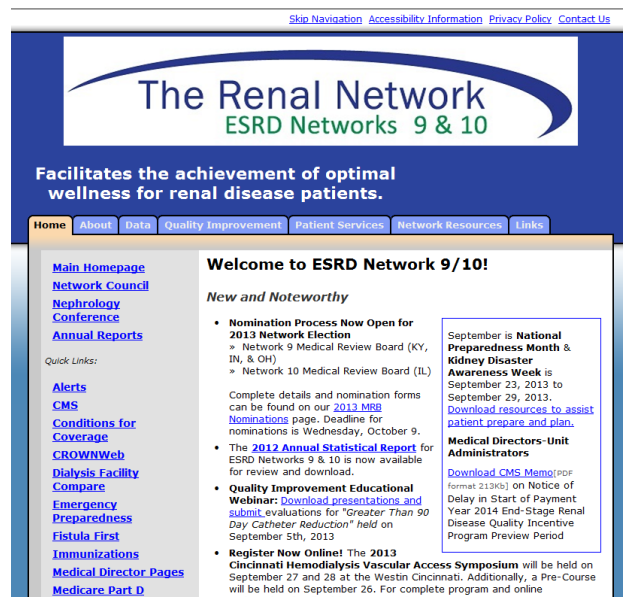
http://www.kidneypatientnews.org/
Kidney Patient News is directed toward kidney patients and their families.
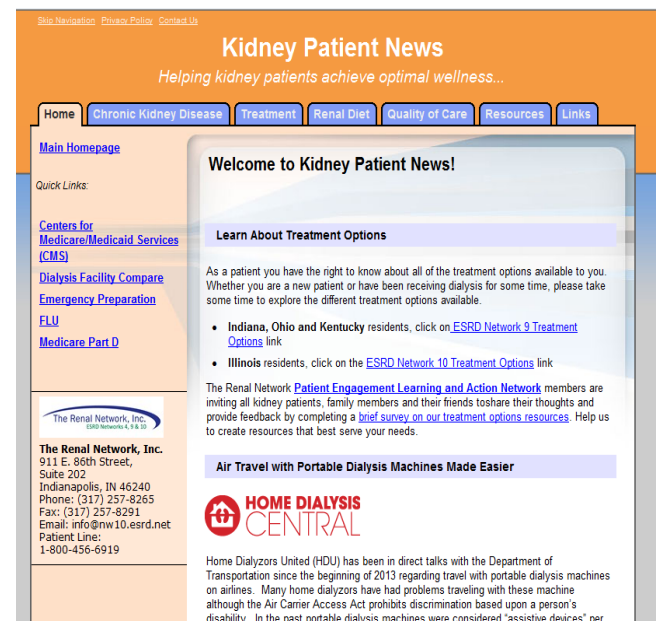
Outreach and Education

Renal Outreach

Our patient newsletter is available through mail subscription and email sign-up.

- Copies are also mailed to facility staff for review and distribution.
- Article reprints are available on request.

Patient stories are featured as a way to promote the patient-to-patient dialogue.
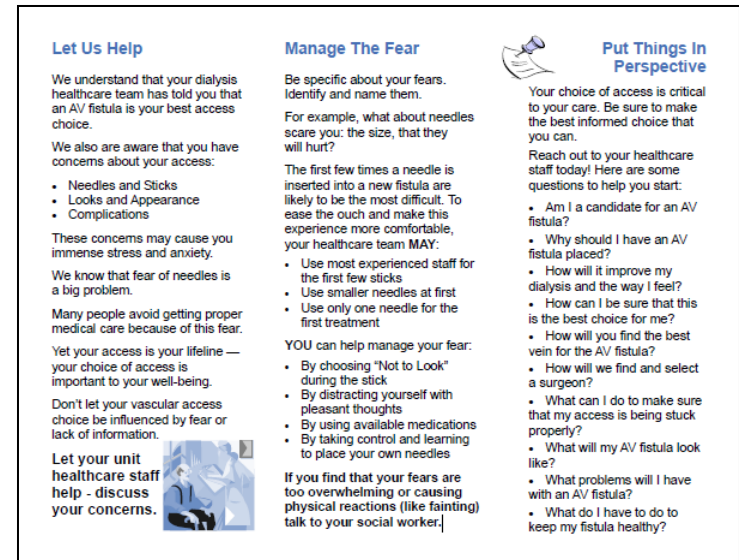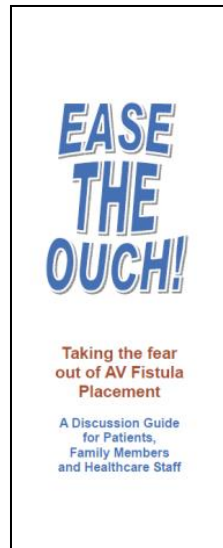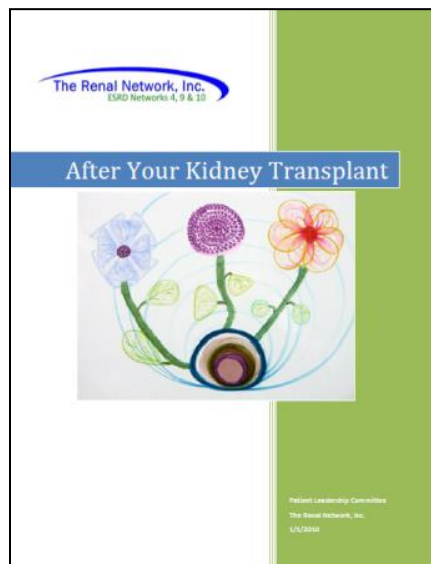
Outreach and Education

Posters

The PAC and Patient LAN have worked to create posters that address issues of importance to patients from a patient's perspective.
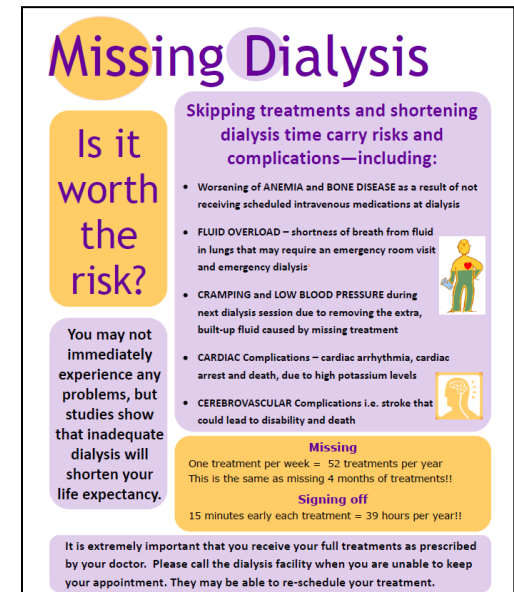
Outreach and Education

Brochure

The PAC has worked to create pamphlets and brochures that address gaps in knowledge from a patient's perspective.

POLLING QUESTION #7

Outreach and Education

Social Media

Patients and family members point to the increased use of Facebook, blogs and discussion groups as a way for patients to share information.

The Network has launched a Facebook page and re-instituted the **environmental scan of patient blogs** to access this valuable source of the patient voice.

POLLING QUESTION #8

Cincinnati Hemodialysis Vascular Access Symposium 2013

- TRN is partnering with U. Cincinnati

- Symposium is Sept. 27 & 28

- ***TRN is offering NCC Members 2 free registrations to send staff!***

- 12.5 hours CME & CE

- Contact Bridget Carson: bcarson@nw10.esrd.net or phone 317-257-8265

Questions?

The Renal Network
ESRD Networks 9 & 10