CREATING A CULTURE OF QUALITY:
Developing the Infrastructure to Meet Quality Improvement Requirements

Collaborating to Optimize Vascular Access
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Senior Vice President, DaVita
Collaboration

• A process where 2 or more people or organizations work together to realize shared goals by sharing knowledge, learning and building consensus

Wikipedia
Key Players to Optimize Vascular Access

- Dialysis Center
- Nephrologists
- Hospitals
- CMS
- Access Center
- Patient
- Surgeon
- Networks
Collaborate and Streamline

Nephrologists  Hospitals

Dialysis Center  CMS

Access Center

Patient

Surgeon

 Networks

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Quality Cycle

1. Trend Analysis
2. Problem Identification
3. Root Cause Analysis
4. Plan of Correction
Why is catheter reduction important?

Catheter patients suffer

- Increased risk of death
- More frequent infections
- More frequent hospitalizations
- Inadequate dialysis treatments
- Higher levels of inflammation (low albumin)
Goal to Reduce Catheters & Increase AVF Use

7 Steps

5 Patient Appointments

4.5 Months
Dialysis Centers:

Organize process

- Dialysis Center Team
- Medical Director Leadership

Reduce Cycle Time

- Fistula Maturation
- Patient Refusals

Minimize CVC Adds

- 1st 90 day admissions
- Maintain AVFs/Gs

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Dialysis Centers: Barriers to removing catheters

- Patient Refusals: 31%
- Nephrologists: 18%
- Crasher w/CVC-Only: 17%
- Fistula Not Maturing: 17%
- Surgeon: 17%
- Insurance: 8%
- Lack of teammate training: 5%
- Social Workers and motivational interviews to identify root cause: 4%

Root Cause Analysis: 6,341 patient sample (December 2009) with removal delays
CathAway: Dialysis Centers Focus

| 1st 90 days | Educating new dialysis patients  
|            | • 77% have access placed by day 90 |
| Social Workers | Helping patients who refuse AVF/G  
|            | • Resolve body image, needle phobia issues |
| Vascular Access Manager | Monitoring patient progress  
|            | • Help & encourage through the 7 steps |
| Expert Cannulators | Taking care of the Fistula  
|            | • Experts in assessment & cannulation |

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Care and Exercise

Fistula Maturation

Getting patients involved in finding complications!

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Patient Celebrations

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of Quality
Nephrologists: Start CKD education early

- Vein Preservation
- Vessel Mapping
- Surgery Consults
- Pre-op planning & surgery

- Maturing access
- Monitoring basics

- Functioning permanent access
- Monitoring & Surveillance

CKD Stage 3 → CKD Stage 4 → CKD Stage 5 → ESRD → On-going Maintenance

CCQ
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Pre-dialysis outreach example

<table>
<thead>
<tr>
<th>CVC-Only Admits</th>
<th>Day-90</th>
<th># pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>47%</td>
<td>16%</td>
<td>714</td>
</tr>
</tbody>
</table>

- **Physicians:** Catheters not an option
- **Hospitals:** Complete vessel mapping prior to discharge
- **Surgeons:** Developed strong partnerships with 3 surgeons; one designated as vascular access specialist for the group
Surgeons: Streamline the process

It’s complicated: scheduling and 1st cannulation delays exist
Surgeon Connection example:

<table>
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<th>CVC-Only Admits</th>
<th>Day-90</th>
<th># pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>79%</td>
<td>14%</td>
<td>490</td>
</tr>
</tbody>
</table>

- **Patients:** No opportunity for CKD education; indigent patient base
- **Hospitals:** Aggressive LOS management
- **Dialysis Centers:** Vessel mapping and surgery consult scheduled < 1 month of admission

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Physician Recognition

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Surgeon Service Excellence Award

At DaVita, our surgeons are at the heart of what we do. They create and maintain healthy dialysis access so our patients can live their very best lives. These surgeons have been recognized for providing outstanding service to our patients.

2010 LORI GOOD, VASCULAR ACCESS SURGEON
Key Players to Optimize Vascular Access

Access placement support
- Vessel mapping
- Rule of 6 evaluations
- 1st cannulation support and imaging

Access maintenance
- Early stenosis identification and resolution
- Access failure prevention

Dialysis patient friendly environment

Faster turn-around time compared to hospitals
Key Players to Optimize Vascular Access

Hospitals

Complete steps prior to hospital discharge

Vein Preservation → Patient Education → Vessel Mapping → Surgery Consults → AVF/G Surgery

Creates long term benefits for patients and hospitals
Key Players to Optimize Vascular Access

**CMS**
- Set Standard
- Align Incentives
- Pay for Performance
- Publish Data
  - Surgeon scorecards
  - Facility scorecards

**Networks**
- Educate Staff
- Patients
- Physicians
- Support Surgeon Training
- Provide BDPs
- Data
- Bring key players together

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Where Collaboration efforts are High

Prevalent Catheter Rates Decrease

Mar Apr May June
What works: Relentless Focus

• Leadership engagement (ROD) & Quality partnership (DCS)
  – Sharing MD CVC scorecard
  – Consistent Process in facilities – Weekly calls, one on one training
  – Strong, passionate Vascular Access Managers

• Leveraged region outreach
  – Nephrologists and Surgeon Dinners with data

• Teammate incentives

• Link to IMPACT (1st 90 day program)
  – CVC-Only crashers
  – Accelerates access Placement in first 90 days

• Social Worker partnership
Where Collaboration Effort is Low

Prevalent Catheter Rates Increase

Reg 1  Reg 2  Reg 3  Reg 4
What doesn’t work

• Leadership not driving process
• Medical Director not involved
• No established process in facility
• No surgeon outreach
• Little understanding of market dynamics
What Success Looks Like

Relative improvement compared to 2007
To Achieve Quality Access Outcomes

• Collaborate
• Be Relentless
• Concede Nothing