



CREATING A CULTURE OF QUALITY

Sharing Kidney Care: Improving Transitions of Care between Dialysis Facilities and Residential Facilities

The project aims is to improve transitions of care for people receiving dialysis and living in an alternative care setting such as a nursing home, assisted living center, or group home.

Network 11 conducted an assessment to identify the needs of both dialysis facilities and residential facilities.

From the needs assessment a workgroup was formed. The workgroup developed a toolkit for care providers to use and collaboratively work toward improved patient care.

Organization Name: Renal Network of the Upper Midwest, Inc. (Network 11)

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Project Objectives, Purpose, & Goals:

1. Improve transitions of care for dialysis recipients as they receive care from both dialysis and residential facilities.
2. Identify barriers that could lead to suboptimal care.
3. Develop strategies to overcome barriers identified.

Setting: This project took place in dialysis and residential facilities located in Network 11.

Sample/Patients: The *Sharing Kidney Care* Project has three phases: a needs assessment, a pilot, and broader dissemination. A voluntary needs assessment was distributed, and 322 dialysis facilities responded. There were 271 dialysis facilities that reported providing care to patients living in alternative residential settings. From the needs assessment responses, residential settings were identified. The voluntary needs assessment was then distributed to the residential settings to invite their input. For the pilot phase being conducted in 2012, 10 dialysis facilities and the affiliated residential settings are testing a tool kit developed to improve transitions of care between these care providers. There are over 800 dialysis beneficiaries served by facilities participating in the pilot.

Process Studied: Using the needs assessment, dialysis and residential facility care providers identified potential problems for poor outcomes, patient safety issues, and inadequate education for providing the best care for dialysis recipients.

Intervention: A toolkit was developed to address the concerns identified. The toolkit includes modules on chronic kidney disease, special needs of the resident receiving dialysis, renal diet, vascular access, emergency planning, and special considerations for alternative residential settings. The toolkit is in the process of being pilot tested in 10 dialysis facilities and affiliated residential facilities.

Evaluation: As part of the pilot, Network 11 is collecting data on missed dialysis treatments, nutrition, lab tests, infections, and fluid compliance to assess improvements in care. Lessons learned and best practices will also be identified and incorporated into a revised toolkit.

Conclusions and Recommendations: The needs assessment provided important information for the development of the *Sharing Kidney Care* toolkit. Pilot testing of the toolkit will continue during 2012. Early reports from participating facilities indicate that the information and resources provided in the toolkit will have a positive impact on patient care within their facilities and during transitions of care between dialysis facilities and residential facilities. At the conclusion of the pilot, the *Sharing Kidney Care* toolkit will be revised and distributed more broadly.



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National Opportunity to Improve Infection Control in ESRD (NOTICE)

The NOTICE Project developed and tested an infection control worksheet and infection control check list (ICWS and ICCL). ICWS and ICCL were designed to help dialysis facilities reduce infection risk by focusing on high priority areas. An infection control evaluator visited 34 dialysis units, and the ICWS and ICCL were used. Hand hygiene was associated with lower infection rates. Highest facility compliance was with medication preparation. Lowest facility compliance was with catheter exit site care. Facilities reported changed practices as a result of participation.

Next, a change package will be developed and tested.

Organization Name: Renal Network of the Upper Midwest (Network 11)

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Project Objective, Purpose & Goals: NOTICE is a collaborative project. Government partners include the Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services Survey and Certification, and the Centers for Disease Control. Health Research & Educational Trust (HRET), the University of Michigan Kidney Epidemiology and Cost Center (KECC), and End Stage Renal Disease (ESRD) Networks 6, 11, 15, and 17 worked with government partners on the following objective, purpose, and goals. Develop an evidence-based infection control work sheet and check list (ICWS/ICCL) to support efforts to monitor and reduce infection risks for people receiving dialysis. Test and refine the ICWS and ICCL based on experiences using it with dialysis facilities.

1. Create awareness of this resource in the ESRD community.
2. Develop a change package to help facilities reduce infection risks based on high priority areas included in the ICWS/ICCL.
3. Test the implementation of the change package and ICWS in a set of dialysis facilities.

Setting: After an extensive literature review, project partners developed the ICWS/ICCL for use by Infection Control Evaluators (ICE) in the outpatient hemodialysis facility setting. Before use, selected State Surveyors reviewed the checklists to evaluate usability.

Facility Sample: KECC selected the study sample stratifying by facility size, provider type, percent of patients with vascular access related infections, and median income.

- 87 dialysis facilities were selected to participate.
- 47 facilities declined, and 6 facilities dropped out before beginning to enter data.
- 34 hemodialysis facilities were included in the project from Networks 6, 11, 15, and 17. These four Networks represent 27% of dialysis facilities and 26% of patients dialyzing in the USA.

Process Studied: Participating dialysis facilities enrolled and entered data through the dialysis module of the National Healthcare Safety Network (NHSN) for 12 months (6 months before and after the ICE visit); received an on-site visit from an infection control evaluator (ICE); and participated in infection control educational opportunities. Data sources used to measure change were: 1) NHSN data submitted by the participating facilities; 2) CMS Medicare data for dialysis beneficiaries; 3) ICE documentation from the ICE visits; and 4) Feedback collected directly from the participating dialysis facilities.

Intervention: An ICE visited each participating facility and used the ICWS and ICCL. After the review, the ICE provided feedback on the issues identified with the ICWS and offered educational resources to the facility.

Evaluation: The overall measure of infection control practice was bacteremia rates based on Medicare claims for patients in these facilities. Process measures included hand hygiene, medication preparation, central venous catheter (CVC) exit site care, and change in infection control practices.

Conclusion and Recommendations: Overall, hand hygiene was associated with lower infection rates ($p=0.02$). The highest percent of facilities complied with medication preparation (88%). The lowest compliance rate was for CVC exit site care (59%). A majority of facilities (60%) reporting changing infection control practices as a result of the NOTICE project. Opportunities remain to improve the multiple factors associated with infections, and a NOTICE Project next steps include the development and testing of a change package.