



# Quarterly Virtual Council Meeting

May 1, 2023 – April 30, 2024 Performance Period

September 20, 2023, Session #1



# Housekeeping

- All lines have been muted.
- This session will be recorded and posted to our website along with a copy of the slides.
- Please put your questions in the chat and we will answer as many as time allows at the end of the presentation.
- Please complete the brief evaluation at the end of the presentation to help us improve future meetings.

# Objectives

- Follow-Up from previous Virtual Council Meeting
  - Elerts
  - ESRD Facility Report
- Provide update on Network goals
- Celebrate improvements
  - Facility recognition
- Review IVD policy
- Share the Decreasing Patient Provider Toolkit
- Unveil the 2023/2024 vaccination campaign

# Follow-Up

- E-letters
  - Revised format
  - Sign up on our website  
<https://www.qualityinsights.org/qirn5/about/elerts>

# ESRD Facility Report

- <https://esrdreportsnw5.qualityinsights.org/>
- Updated the last week of each month
- Each facility has a unique Username and Password
- Usernames and passwords remain the same and will be distributed via email to Facility Administrators, Social Workers, and Medical Directors the last week of every month
- Needs to be accessed monthly
  - Action plans to reach Network goals need to be discussed and documented in QAPI meetings



### Please Login

**Username**

**Password**

# ESRD Facility Report

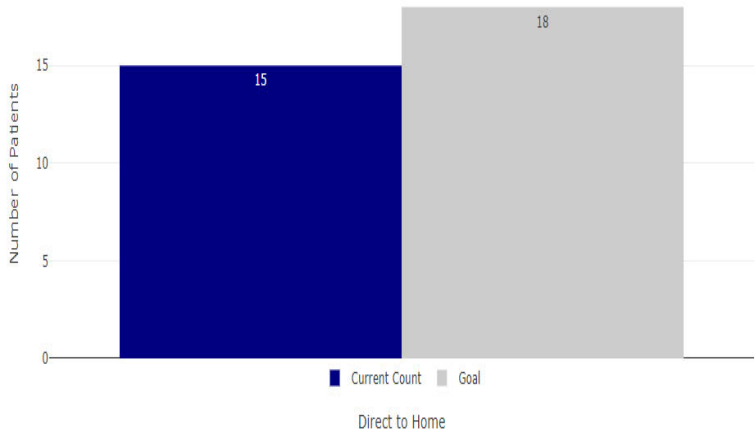


**CCN:** NA  
**Facility:** NA  
**State:** NA  
**Network:** NA/NA  
**Services:** NA  
 Number of facilities in State: 0  
 Number of Facilities in Network: 0

- Select Measure:
- Direct to Home
  - Transition to Home
  - Telemedicine Visits
  - Waitlisted
  - Transplanted
  - ESRD Hospital Admissions
  - ED visits
  - Unplanned Readmissions
  - COVID Admissions
  - Influenza: Patients
  - Influenza: Staff
  - PCV13
  - PPSV23
  - COVID Vaccination: Patients
  - COVID Vaccination: Staff
  - Data Quality & Timeliness

[Download Full Report](#)

Updated: 28-Feb-2023 Facility Action Plan



Data Source: EQRS  
 The represented information is based on remeasurement Data for Option Year 1 (2022-2023)

**Facility Progress Rank**

**No**  
 Goal Met for this Measure?

**Bottom 25%**  
 State Rank

**Top 25%**  
 Network Rank

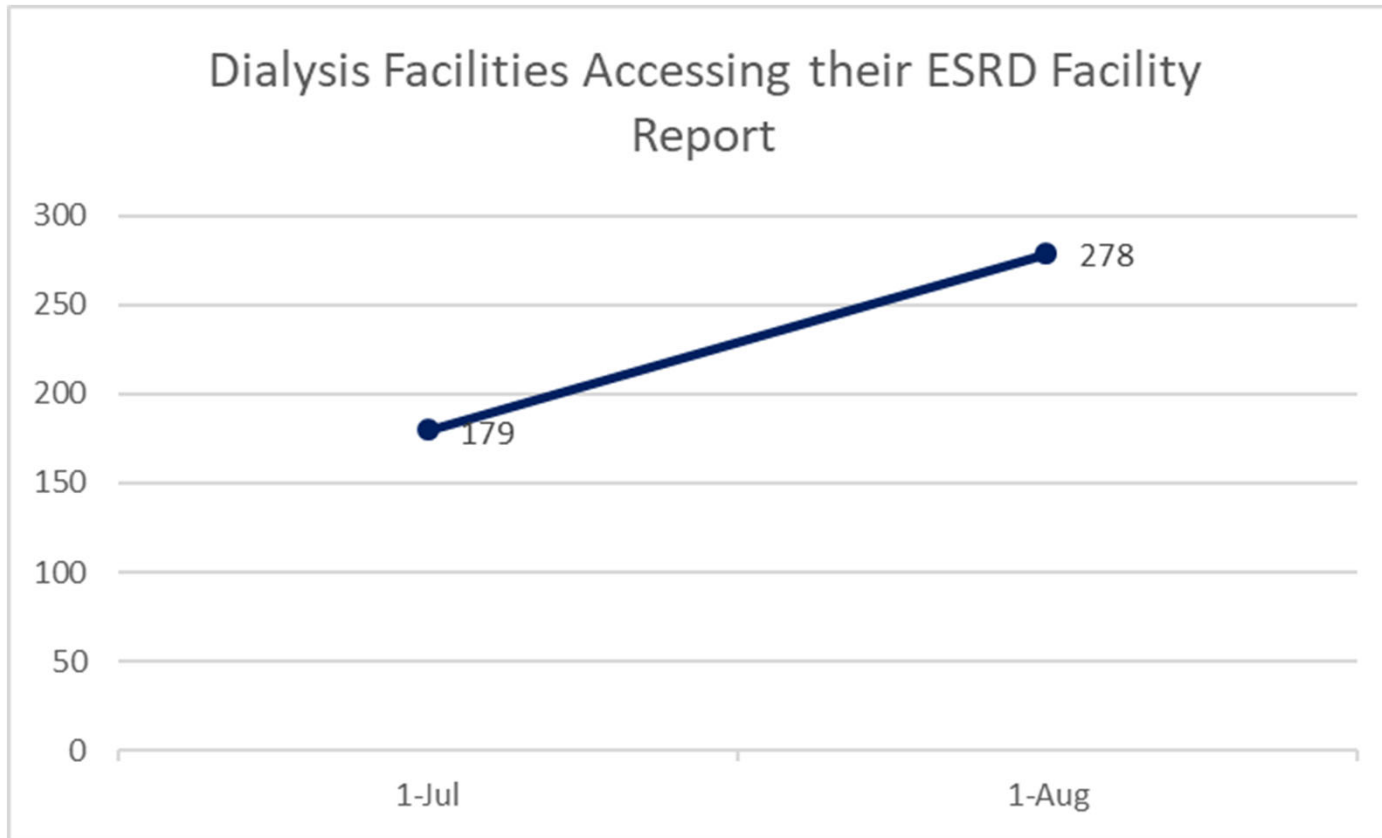
**Ranking:** Facilities in a state or network are grouped into 4 quartiles based on current rate or average of current rates: Top 25%, Average (Middle 50%), Bottom 25%

# Conditions for Coverage

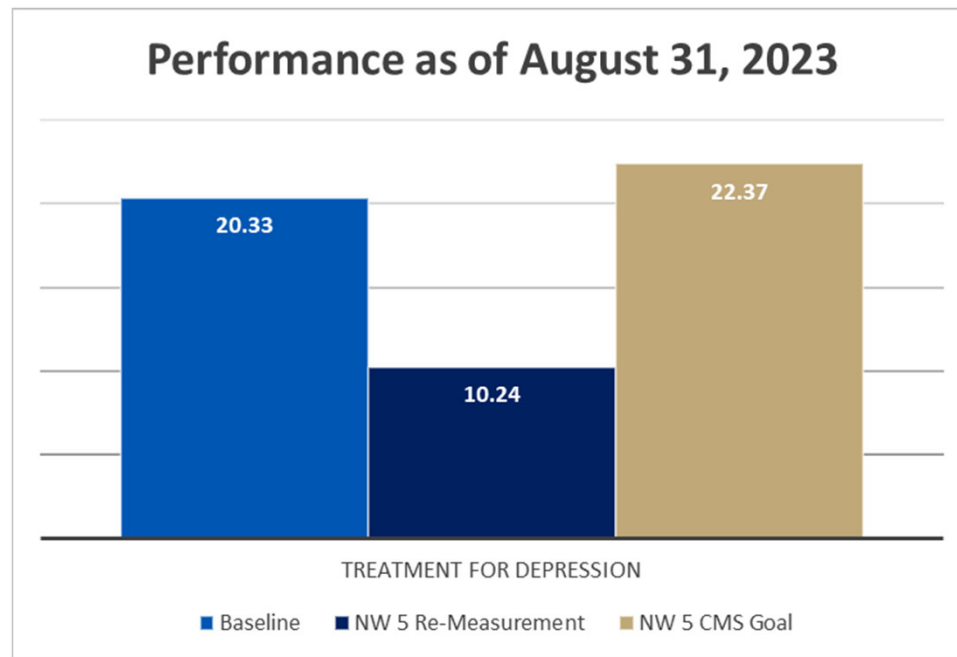
- CMS established regulations that in order for facilities to be certified under the Medicare program, the CfC must be followed.
  - “The dialysis facility must cooperate with the ESRD network designated for its geographic area, in fulfilling the terms of the Network's current statement of work. Each facility must participate in ESRD network activities and pursue network goals.” *42 CFR 494.180(i)*
- Partner with State Survey Agency to ensure CfC are met.



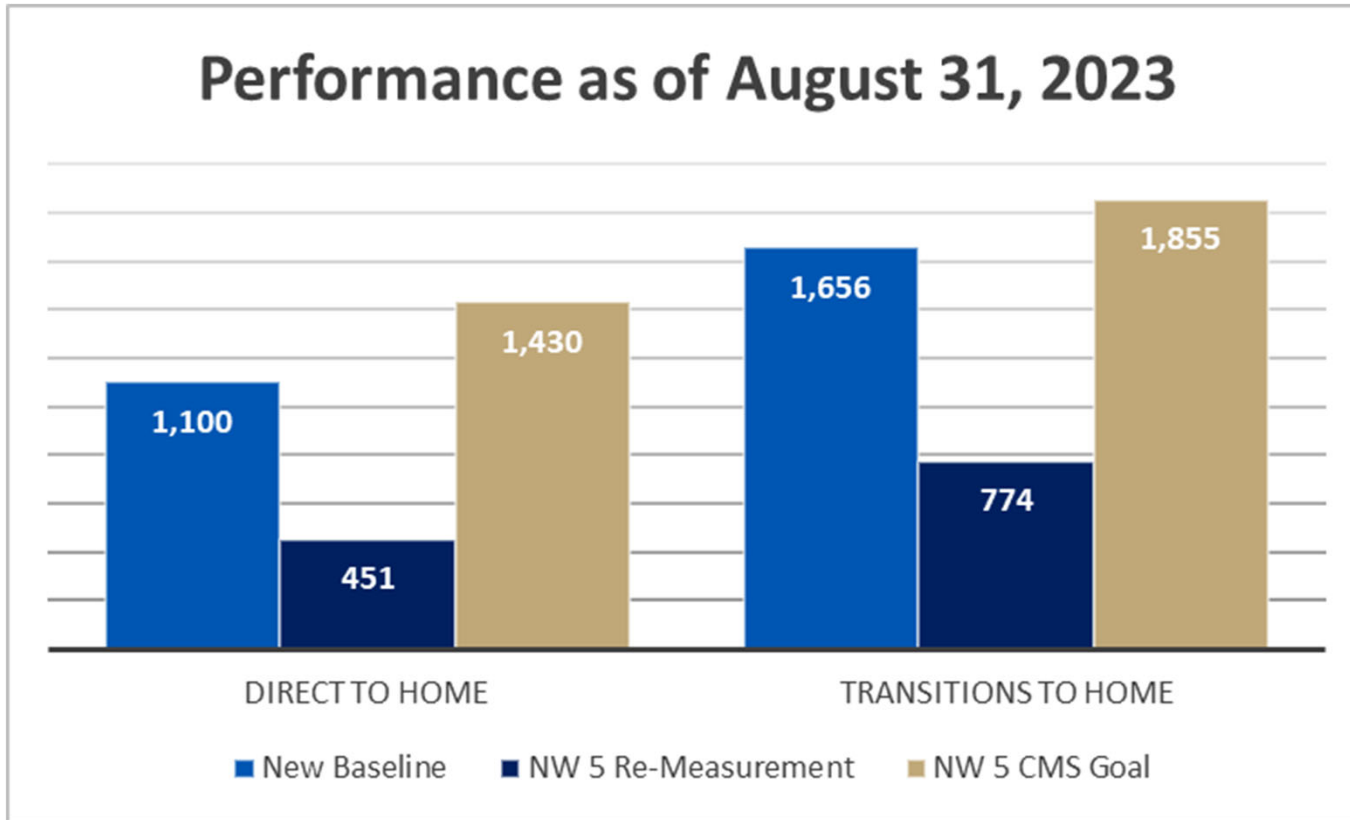
# ESRD Facility Report Utilization



# Behavioral Health



# Home Modalities

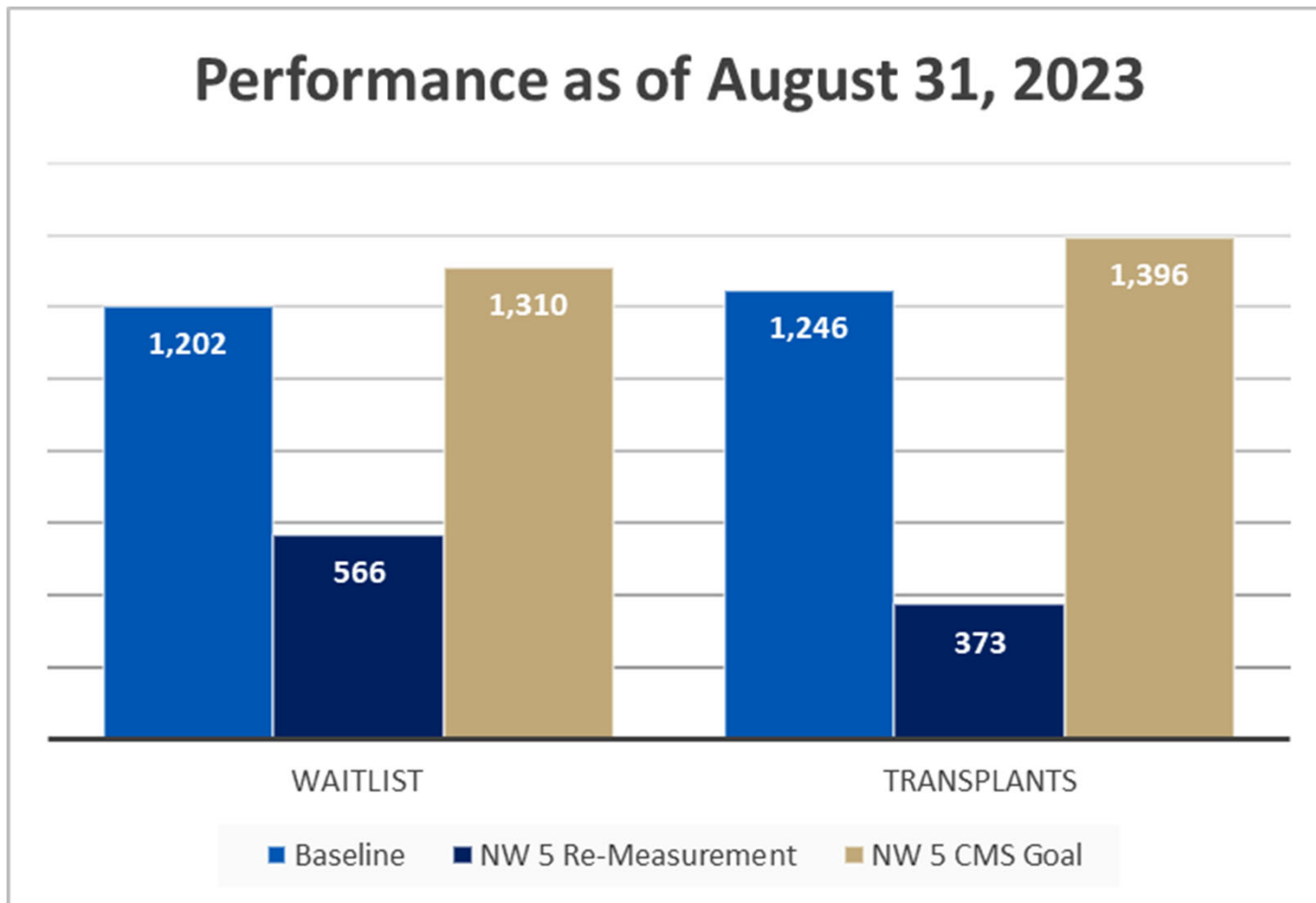


# Home Modalities

- Direct to Home
  - DaVita Tidewater Home Dialysis
  - DaVita Winchester Dialysis
  - Kempsville Home Dialysis
- Transitions to Home
  - DaVita Kidney Home Center PD
  - DaVita Renal Care of Lanham
  - BMA – Crystal Spring



# Transplant

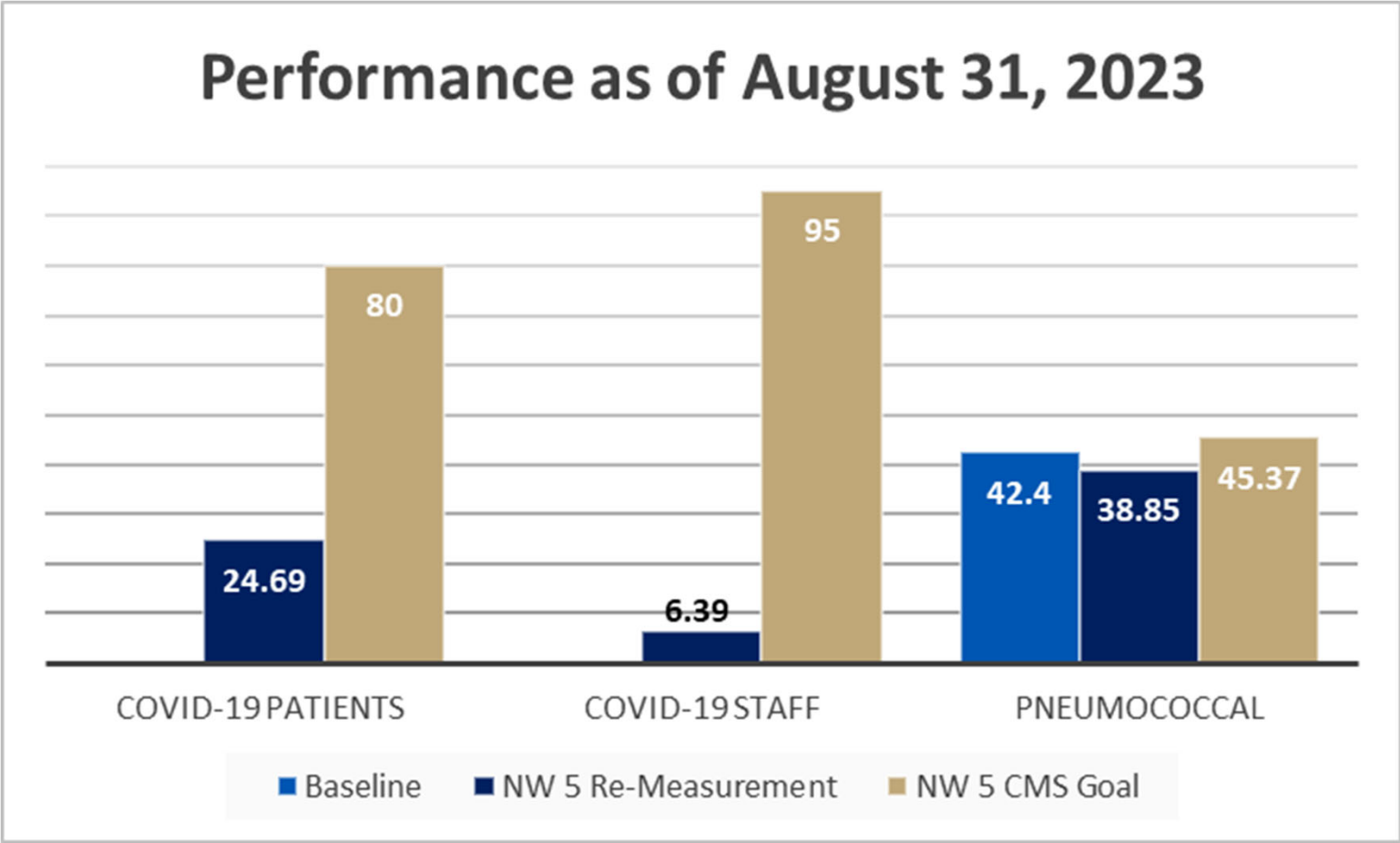


# Transplant

- Additions to Waitlist
  - DaVita Glen Burnie Home Training
  - RAI-Chillum-Washington
  - Renal Care Partners - Fairfax
- Transplants Received
  - FMS - Charleston
  - DaVita CDC of Woodbridge
  - Forest Park Dialysis



# Vaccinations



# Vaccinations



- Staff COVID-19 Vaccinations

- UVA Lynchburg,
- South Laburnum Dialysis
- Universal Dialysis Center
- Childrens Hospital of Kings Daughter
- Howard University Dialysis Center
- Kaiser Permanente – Tysons Corner
- East Henrico Dialysis
- Woodlawn Peritoneal Dialysis
- Somatus Dialysis of Falls Church & Mt. Vernon
- Legacy Dialysis of Fairfax & Virginia

- Pt. COVID-19 Vaccinations

- VCU Medical Center
- Raceway Dialysis Center
- Somatus Dialysis of Falls Church & Mt. Vernon
- Legacy Dialysis of Fairfax & Virginia



# Vaccinations

- Pneumococcal
  - West Virginia University Hospitals
  - FKC Southern Maryland
  - DaVita Caroline

# Hospitalizations

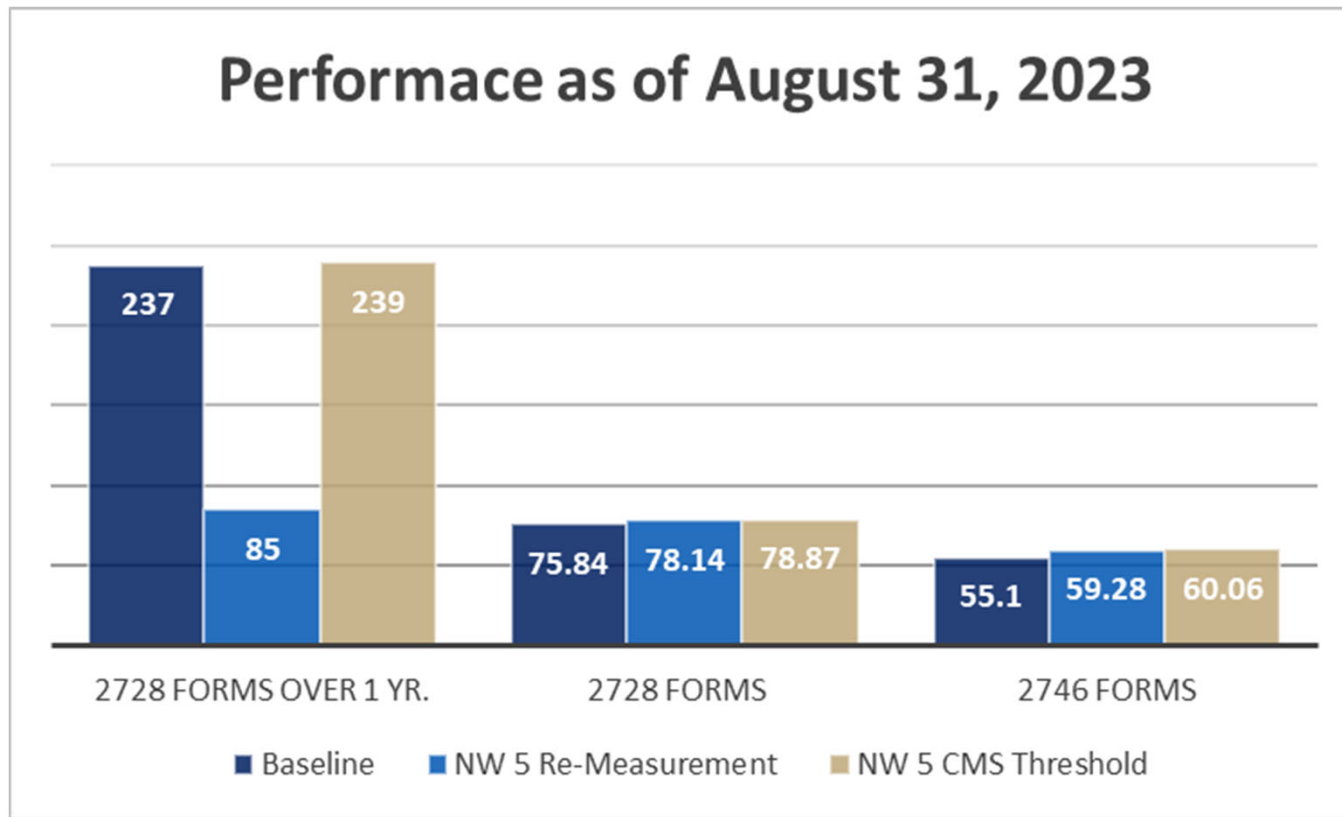
Metric	Baseline	Re-Measurement	Upper Limit
Admissions	1.84	1.53	1.76
ED Visits	.84	.576	.8
30 Day Readmissions	9.01	8.5	8.65

Data Source: Medicare Claims as of August 31, 2023

# Hospitalizations

- Fresenius Kidney Care Nashua Court
- FMC – Denbigh
- DaVita West Virginia

# Data Quality



# Data Quality

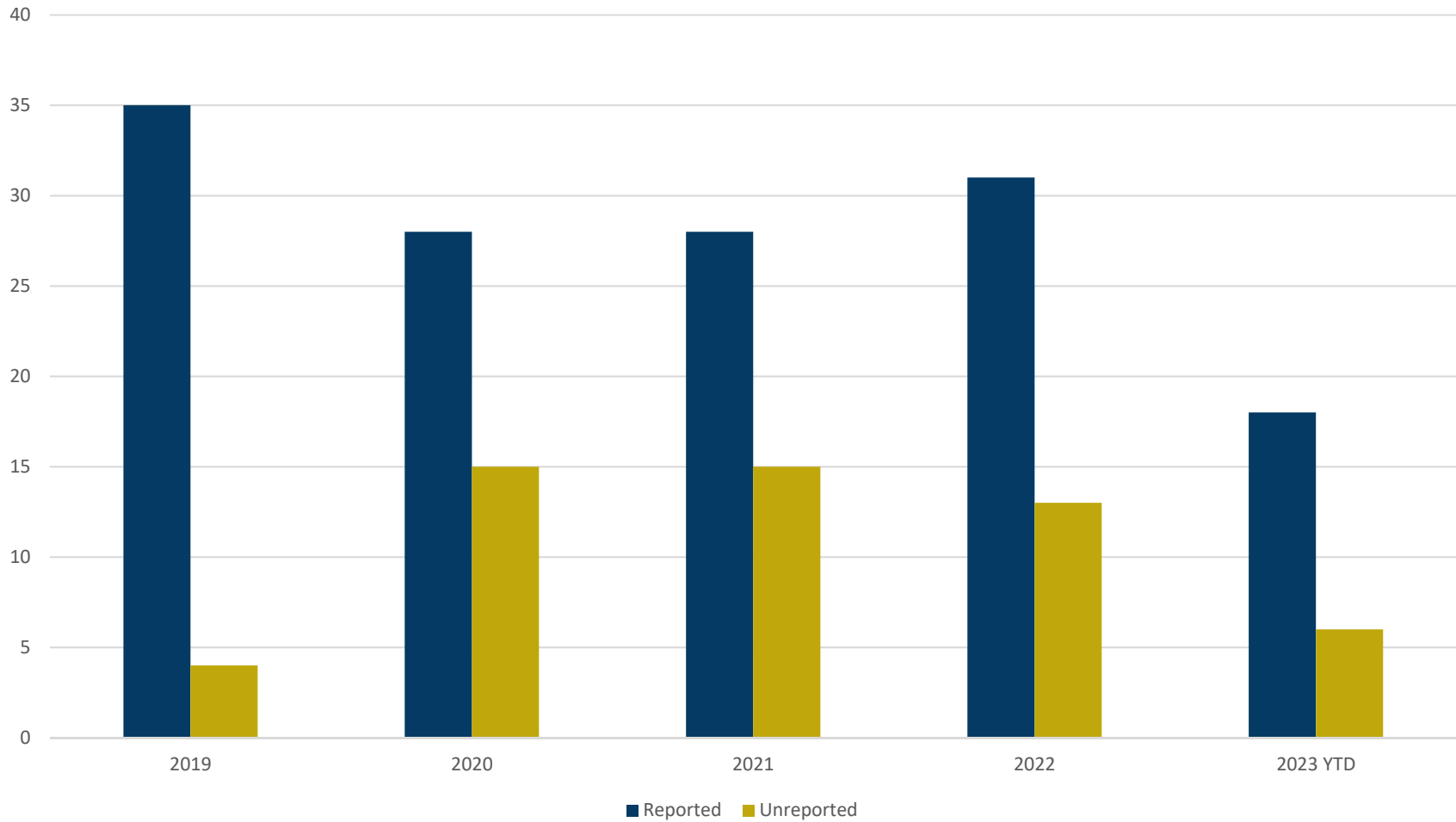
- VCU Medical Center
- DaVita Harford Road
- DaVita Renal Care of Bowie



# IVD Policies and Procedures

- The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.
  - “Provide the patient and the local ESRD Network with a 30-day notice of the planned discharge...” 42 CFR 494.180

# Unreported IVDs



# IMPROVE THE PATIENT EXPERIENCE OF CARE (PEOC)

- The Network shall educate all dialysis facilities within the Network on the contents of the Decreasing Patient-Provider Conflict (DPC) toolkit, with specific reference to de-escalation of conflicts arising at the dialysis facility, and safety within the dialysis facility environment due to potential violent acts.



# CREATING POSITIVE PATIENT RAPPORT

- There are seven generally accepted steps to creating positive patient rapport:
  - Introduce Yourself
  - Utilize Active Listening
  - Communicate
  - Minimize Medical Jargon
  - Know Your Patients
  - Mirror Desired Behavior
  - Educate Your Patients

**DECREASING  
PATIENT  
C-O-N-F-L-I-C-T**

**C  
O  
N  
F  
L  
I  
C  
T**

- Create a calm environment
- Open yourself to understanding others
- Need a non-judgmental approach
- Focus on the issue
- Look for solutions
- Implement agreement
- Continue to communicate
- Take another look

# CREATE A CALM ENVIRONMENT

- Be aware of the physical surroundings, as well as the thoughts and feelings you are experiencing because of the conflict.
- Assess the situation. Does the conflict need immediate attention or can you meet with the patient after the dialysis treatment?
- Use a private setting to address the conflict. Avoid discussing the issue in front of other patients, uninvolved staff, or visitors.
- Know your limits and take the time needed to calm yourself and organize your thoughts before engaging the patient. Dealing with conflict is difficult, and if you are frustrated or angry a successful resolution will be more difficult.
- Demonstrate an open attitude, and avoid a threatening presence, such as standing over a seated patient.

# OPEN YOURSELF TO UNDERSTANDING OTHERS

- It is important to acknowledge the perspective and feelings of the other individual(s) involved.
- Listen closely to what the person is telling you about the complaint or concern. Avoid being defensive.
- Show that you are trying to understand what the other individual is saying about the conflict. Ask questions and clarify with the patient what has been said.
- Recognize and accept that a patient has the right to disagree, question, or refuse a medical recommendation, even though you may believe that the patient is making a “poor” decision.
- Remember that many factors affect how people handle conflict, including culture, age, race, gender, economic status, family upbringing, and education level.

# NEED A NON-JUDGMENTAL APPROACH

- Maintain an objective and professional approach as you address the conflict. Keep in mind that words exchanged in the heat of an argument are often not intended as personal attacks.
- Understand how you react to conflict. If conflict makes you uncomfortable, it becomes more difficult to maintain a professional approach.
- Avoid using remarks toward the patient that are blaming, threatening, or those that project guilt.
- Understand your values and beliefs about people who might be of a different race, age, gender, religion, or culture than you.
- Avoid using your authority as a health care professional to impose your beliefs on a patient. Seek collaboration and shared decision making with the patient.
- Make no assumptions about a patient's ability to understand your statements.

# FOCUS ON THE ISSUE

- When conflict occurs, there is a tendency to lose sight of the issue that started the disagreement.
- Use positive communication skills, including repeating or clarifying what has been said in an effort to understand what the conflict is about.
- Seek patient agreement on what the conflict is about.
- Demonstrate a willingness to address the conflict. Do this by ceasing any other activity, listening to what the patient is saying, and telling the patient that you are committed to addressing their concerns.
- Maintain focus on the agreed upon issue. If other complaints enter the conversation, indicate to the patient you will address those issues at a later time once the initial complaint has been discussed.

# LOOK FOR SOLUTIONS

- Not all conflicts can be resolved nor are all conflicts based on valid complaints. But, working in collaboration with the patient will improve the likelihood of a positive outcome.
- Brainstorm possible solutions with the patient. Ask the patient what he or she hopes to accomplish.
- Hold a care conference and enlist family members, friends, staff, or other individuals whom the patient trusts in an effort to openly discuss and solve the problem.
- Be creative and flexible. Consider all available options to resolve the conflict.
- Let the patient know that even if the entire problem cannot be fixed, there are parts of the conflict that can be resolved.
- Only make promises you can keep.

# IMPLEMENT AGREEMENT

- If you take the time to work through the conflict, it is likely that you will reach a stage of agreement when changes will need to be put into action.
- Use action statements to describe the agreement. For example, “In the future, I will tell you the name of the medication I am going to give you before giving it.”
- Document and communicate to the necessary parties the agreement that has been reached.
- Be consistent with any agreements that are made. Agreeing to change some aspect of normal clinic operations and not following through will likely lead to more conflict.



# CONTINUE TO COMMUNICATE

- Effective resolution of a conflict requires follow-up communication. This will allow you to monitor the progress being made, and will demonstrate to the patient your commitment to resolving the conflict.
- Set a specific timeframe (i.e., 1 week, 10 days, 30 days) to sit down with the patient again to look at the changes that were made and to evaluate the effectiveness of the changes.
- Be open and ready to deal with the fact that not all conflict is easily resolved and that you may have to repeat some of the steps in this model. Remember that not satisfying someone does not mean that your attempt to resolve the conflict has failed.
- If it is evident that the conflict is continuing, consider the use of an independent third party to help mediate the conflict.

# TAKE ANOTHER LOOK

- Handling a conflict, like successfully performing dialysis-related tasks, requires practice, understanding, education, and monitoring. Regardless of the degree of seriousness, reviewing the steps used in addressing the conflict will be beneficial.
- Meet with other staff members to discuss other possible ways of responding to the conflict.
- Seek additional training in communication skills, crisis intervention, professionalism, boundary setting, or other topics you think will improve your ability to manage conflict.
- Take a close look at the role you played in the conflict. Ask yourself if you might have been able to defuse the conflict by responding in a different manner.
- Evaluate and understand the root of the conflict. It might be related to clinic policies or practices that could be changed to help prevent future conflicts.

# DPC TOOLKIT COMPONENTS

- **DPC Provider Manual**

- <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges#decreasing-dialysis-patientprovider-conflict-provider-manual>

- **DPC Tracking Tool**

- <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges#tracking-tool>

- **DPC Tracking Tool Examples**

- <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges#decreasing-dialysis-patientprovider-conflict-tracking-tool-instructions>

- **DPC Tips on Cultural Awareness**

- <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges#tips-on-cultural-awareness>

# ACCESSING QIRN5 DPC RESOURCES

- <https://www.qualityinsights.org/50>
- <https://www.qualityinsights.org/qirn5>
- <https://www.qualityinsights.org/qirn5/dialysis-providers>
- <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges>
- <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges-0>

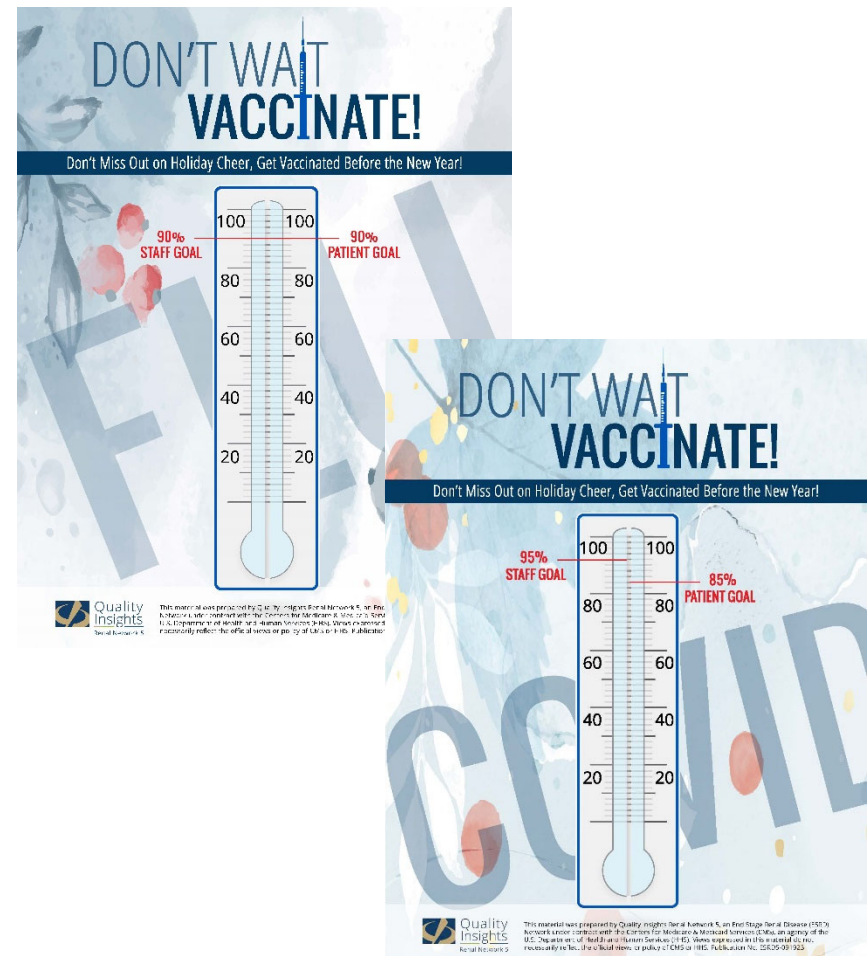
# 2023-2024 Vaccination Campaign

## “Don’t Miss Out on Holiday Cheer, Get Vaccinated Before the New Year”

- Launching October 1, 2023 and runs December 31, 2023
- Focus on Flu and COVID vaccinations for Patients and Staff
  - Flu Goals
    - Staff and Patients – 90%
  - COVID Goals – based on the CDC’s current definition of “Up-to-date”
    - Staff – 95%
    - Patients – 80%
- Data – once of month reporting
  - Flu Data
    - Staff – NHSN
    - Patient – EQRS
  - COVID Data
    - NHSN for both Patients and staff

# 2023-2024 Vaccination Campaign Next Steps

- Campaign Kickoff Email
  - Last week of September
- Hang Goal Posters
- Start talking to Patients now about these Vaccinations



# Next Steps

## **Access ESRD Facility Report:**

- Facility specific data, updated monthly
  - Username and passwords are distributed to FA, SW, MD monthly
  - <https://esrdreportsnw5.qualityinsights.org/>

## **Register for e-letters**

- Electronic newsletter distributed twice a month
  - <https://www.qualityinsights.org/qirn5/about/elerts>

## **Contact Network about ALL IVDs and IVTs**

- Involuntary Discharge Packet available on website
  - <https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges>



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Thank you!

