2020 Quality Improvement Activities (QIAs) Overview

QIA/Goal	Inclusion Criteria and Description
Reduce Bloodstream Infections (BSIs) by 20% (of Pooled Mean Rate of Targeted Facilities) **Reduce Use of Long-Term Catheters (LTCs) by 0.25% using the Achievable Benchmark of Care (ABC™) Model**	This includes a focus on 53 facilities based upon the National Healthcare Safety Network (NHSN) report with highest excess infection rates. LTC includes a reduction throughout the entire Network service area with a focus on 28 facilities with an LTC rate of 15% and greater. • Directs facilities and stakeholders to improve BSI rates and reporting by engaging in the following activities: – Conducting Centers for Disease Control and Prevention (CDC) audits for staff members and patients. – Adhering to the nine CDC Core Interventions for BSI Prevention and using CDC tools. – Analyzing monthly infections and creating an action plan for improvement. – Reporting BSIs to the NHSN, per CDC guidelines. – Participating in the National BSI Learning and Action Network (LAN). • The Network will work to increase the number of facilities in the service area to join a Health Information Exchange (HIE) or an alternative evidence-based effective information transfer system by 10%.
Increase Rates of Patients on a Transplant Waitlist by 1.25% Using the ABC™ Model	This includes the entire Network service area with 30 facilities in a focus cohort. • Directs facilities and stakeholders to increase patients on a transplant waiting list by engaging in the following activities: – Increasing collaboration between transplant centers and dialysis facilities. – Involving patient subject matter experts (PSMEs) at the facility level to provide support and education. – Tracking transplant barriers and implementing interventions to overcome barriers. – Encouraging transplant recipients and centers to develop educational materials to overcome barriers. – Educating patients, families, caregivers, and dialysis staff members on the benefits of transplant, as well as the kidney allocation system. – Encouraging wait listing at more than one transplant center. – Incorporating the 5-Steps process leading to receiving a transplant: 1. Patient interest in transplant 2. Referral call to transplant center 3. First visit to transplant center 4. Transplant center work-up 5. On waiting list or evaluate potential living donor – Participating in the National Transplant LAN.

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Increase Rates of Patients Dialyzing at Home by 2.5% Using the ABC™ Model	This includes the entire Network service area with 41 facilities in a focused cohort. • Directs facilities and stakeholders to increase patients on home dialysis by engaging in the following activities: – Increasing collaboration between in-center hemodialysis (ICHD) facilities and home dialysis facilities. – Involving PSMEs at the facility level to provide support and education. – Tracking home dialysis barriers and implementing interventions to overcome barriers. – Encouraging ICHD facilities and home facilities to provide better support and education to patients. – Incorporating the 7-Steps process leading to home dialysis utilization: 1. Patient interest in home dialysis (after assisting the patient to determine modality options that fit the patient's lifestyle) 2. Educational session about home modality 3. Patient suitability for home modality determined by a nephrologist with expertise in home dialysis therapy 4. Assessment for appropriate access placement 5. Placement of appropriate access 6. Patient accepted for home modality training 7. Patient begins home modality training – Participating in the National Home Dialysis LAN.
Population Health Pilot: Support Gainful Employment of End Stage Renal Disease (ESRD) Patients	This includes 25 dialysis facilities in the Network service area, inclusive of three rural facilities. • Directs facilities and stakeholders to screen patients for interest in vocational rehabilitation services, with results documented in CROWNWeb. The facilities will work to engage in the following activities: – Screening and documenting vocational rehabilitation results on all eligible prevalent patients. – Referring eligible patients to employment networks or vocational rehabilitation agencies. – Encouraging referred eligible patients to engage in services.
Patient and Family Engagement (PFE)	This includes all dialysis facilities in the Network service area. • Directs facilities and stakeholders in the Network area to implement interventions to foster PFE in the areas of promoting better health. The Network will provide technical assistance on: – Establishing and increasing the accessibility of patient council support groups, new patient adjustment groups, or patient councils. – Promoting patient, family member, or caregiver inclusion into the monthly Quality Assessment Performance Improvement (QAPI) and governing body meetings. – Promoting patient, family member, or caregiver participation in the patient's plan of care (POC).

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