

5 Diamond Patient Safety Program

Decreasing Patient & Provider Conflict

Basics of Patient-Centered Care

2008

** This presentation was collaboratively developed by the Mid-Atlantic Renal Coalition (MARC) and the ESRD Network of New England for the 5-Diamond Patient Safety Program.*

The 5-Diamond Patient Safety Program is endorsed by the Renal Physicians Association (RPA) and American Nephrology Nurses' Association (ANNA).

Basics of Patient – Centered Care

→ A Safe Environment . . .

Jack Moore, MD, Washington Hospital Center, Network 5
Medical Review Board Chairman

→ A Working Access . . .

Robert Lee, MD, Chung W. Lee, MD, PC
Yao-Foli Sekyema, MD, Danville Urologic Clinic
Jim Seymour, Dialysis Patient, MARC Patient Advisory
Committee

→ Clean Hands . . .

Valerie Riley, RN, Fresenius Medical Care

Patient Safety Issues & Activities in Network 5



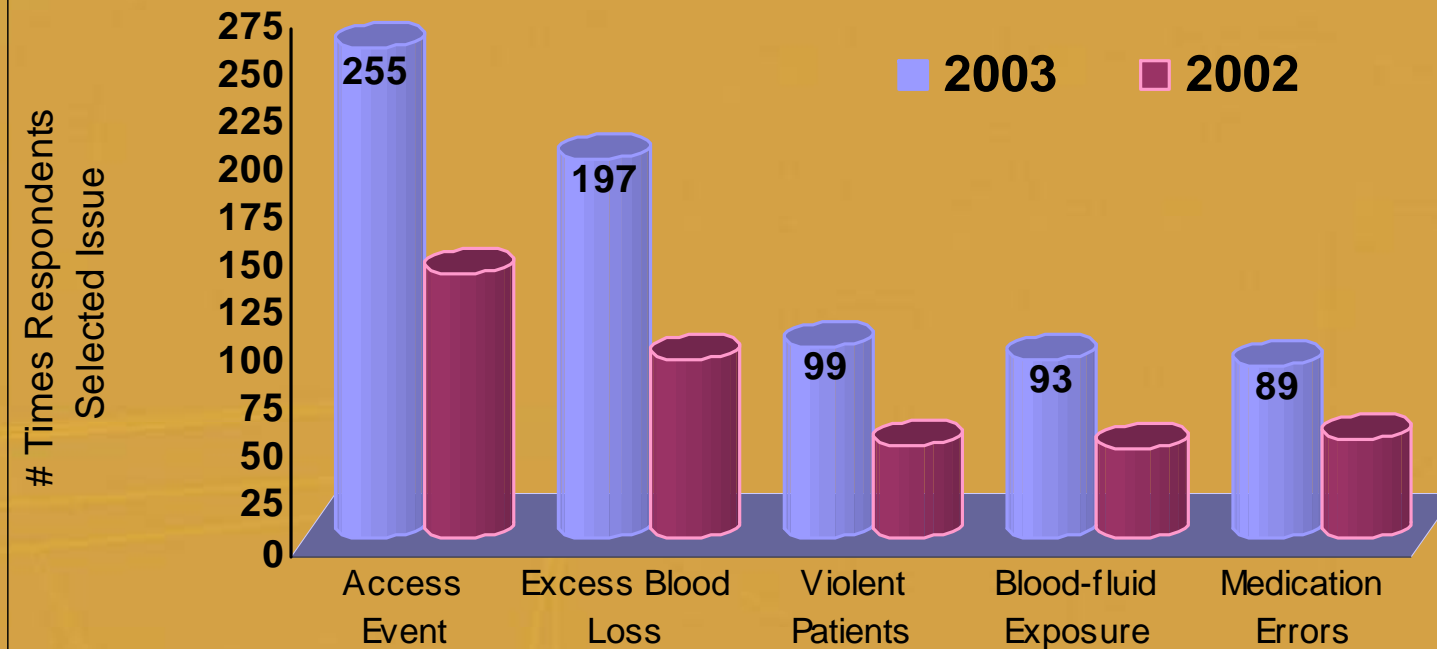
May 2, 2003
Jack Moore, MD

Gathered Information in 2002 and 2003

- In 2002 . . .
 - Surveyed facility staff
 - ✓ 22% overall response rate
- In 2003 . . .
 - Surveyed facility staff
 - ✓ 31% overall response rate
 - Questionnaire to each unit (via Adm.)
 - ✓ 40% response rate

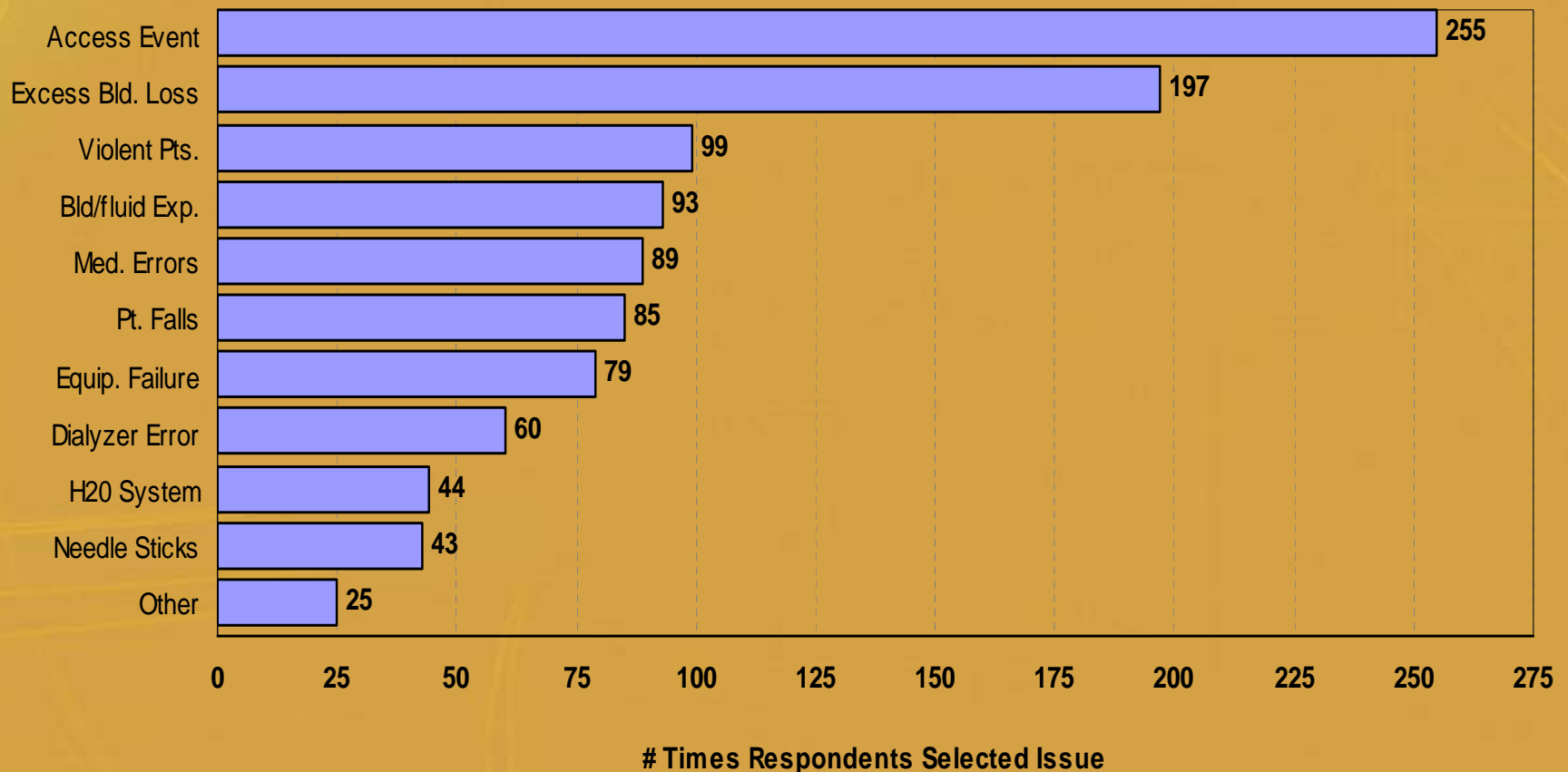
Top 5 Safety Issues - Same in Both Years

**Top Patient Safety Issues in Dialysis Clinics
Identified by Network 5 Renal Community
2002 and 2003 Compared**

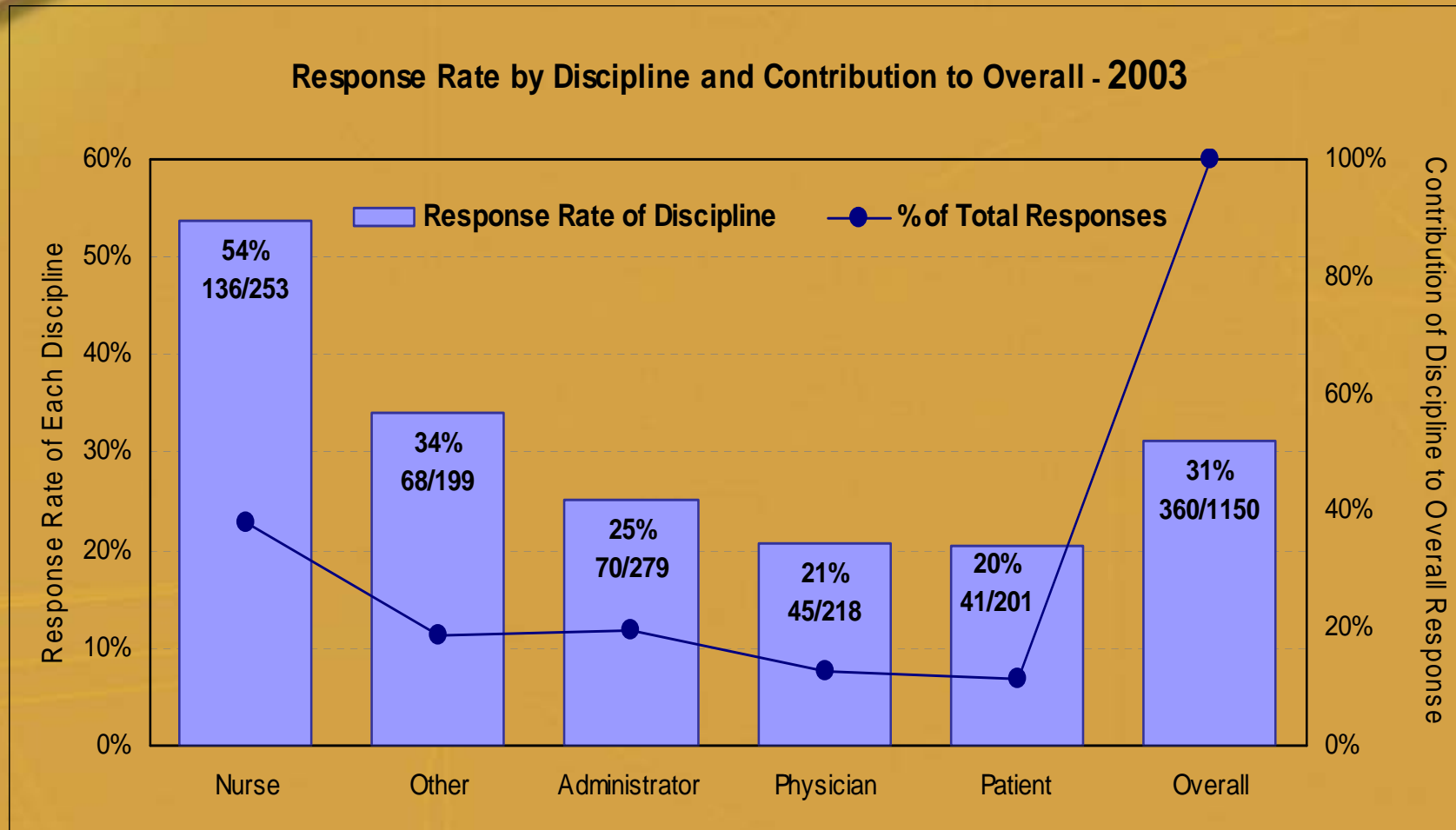


2003 Patient Safety Issues Ranked

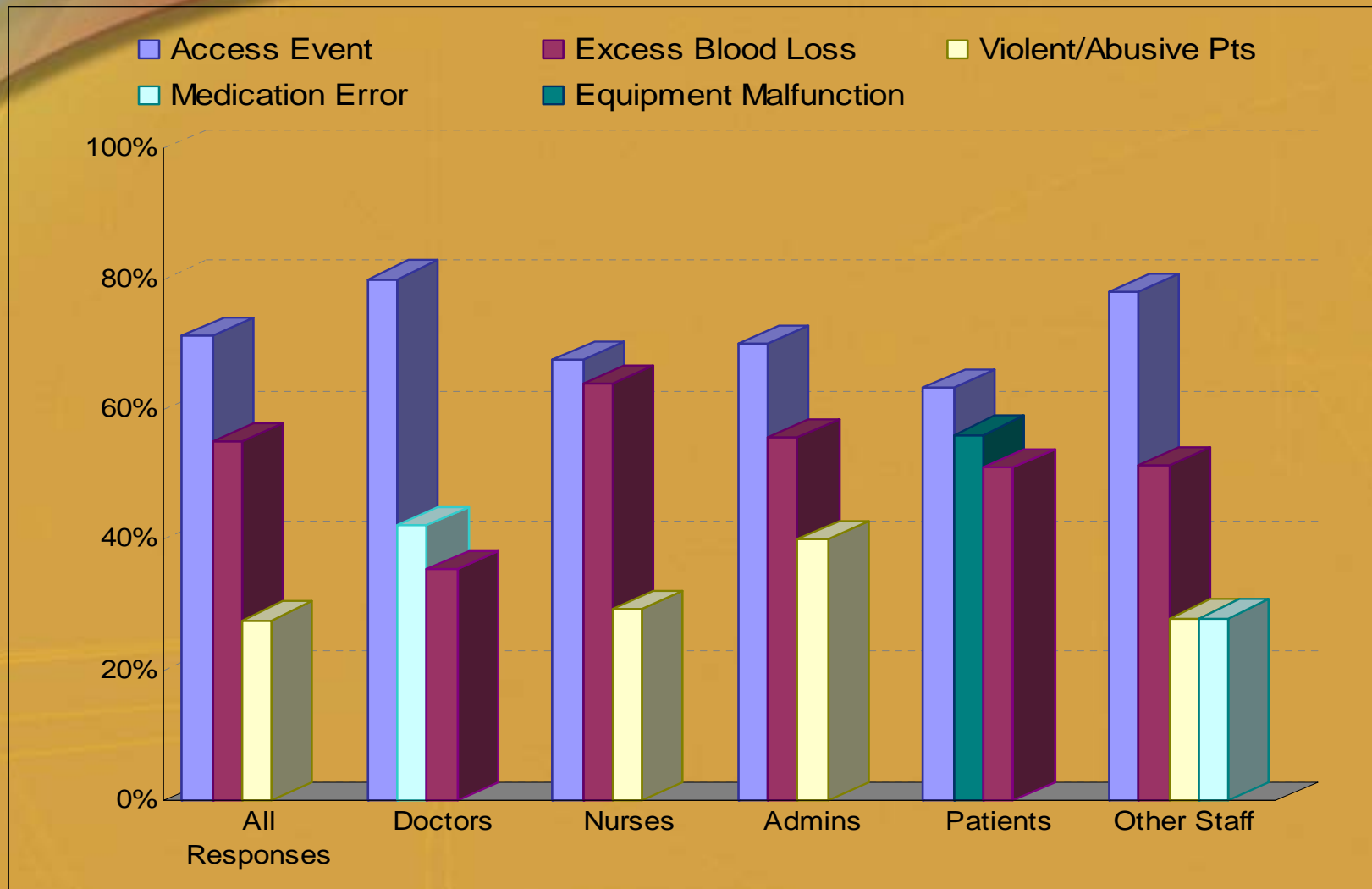
Top Patient Safety Issues Identified by Network 5 Renal Community in 2003



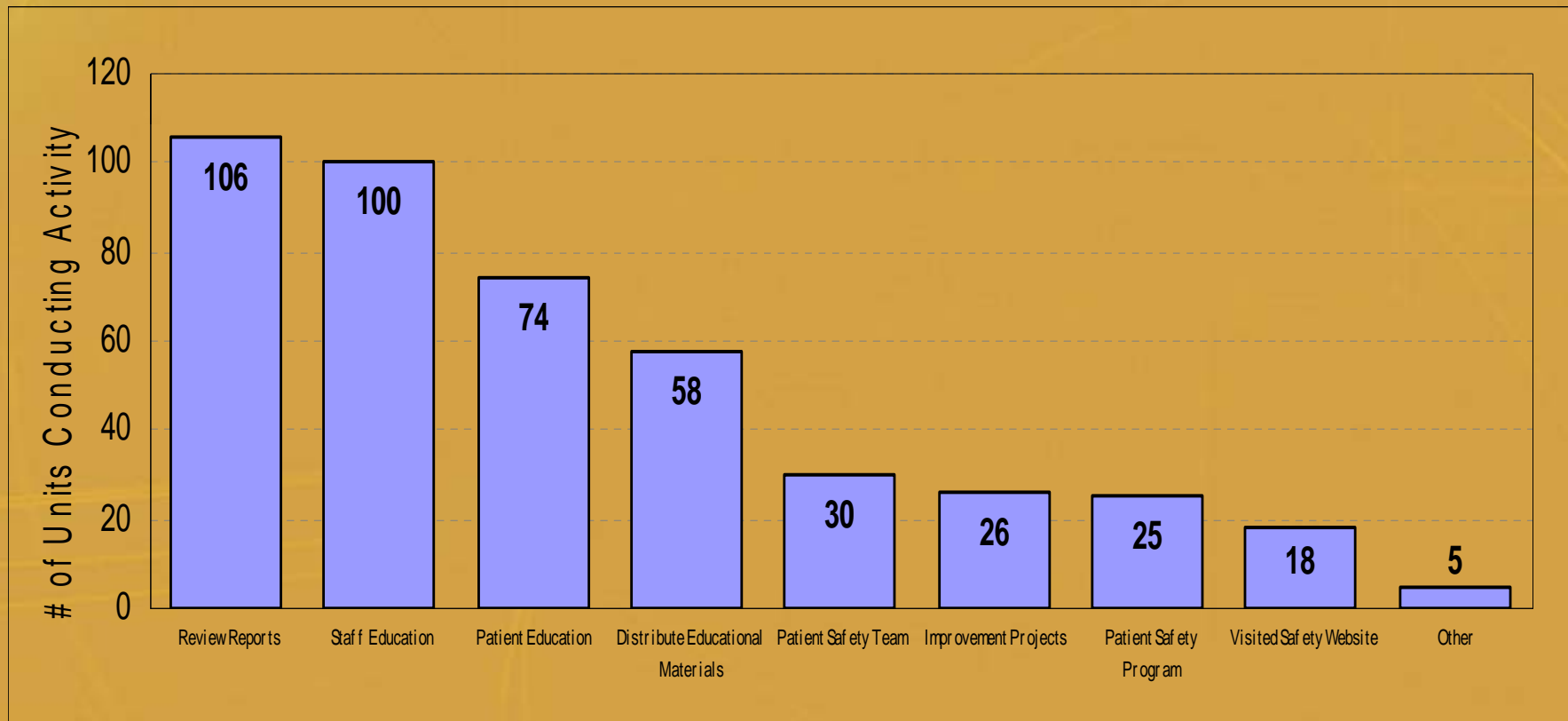
Response Rate by Discipline



Top 3 Patient Safety Issues by Discipline



Patient Safety Activities Conducted by Network 5 Facilities



“Access Event”

Top Patient Safety Issue × 2 Years

For later discussion . . .

How do you define an access-related event ?

Bad stick ? Infection ?

? ? ?



A Working Access

K-DOQI Guidelines & MARC Goals

What They Say . . .

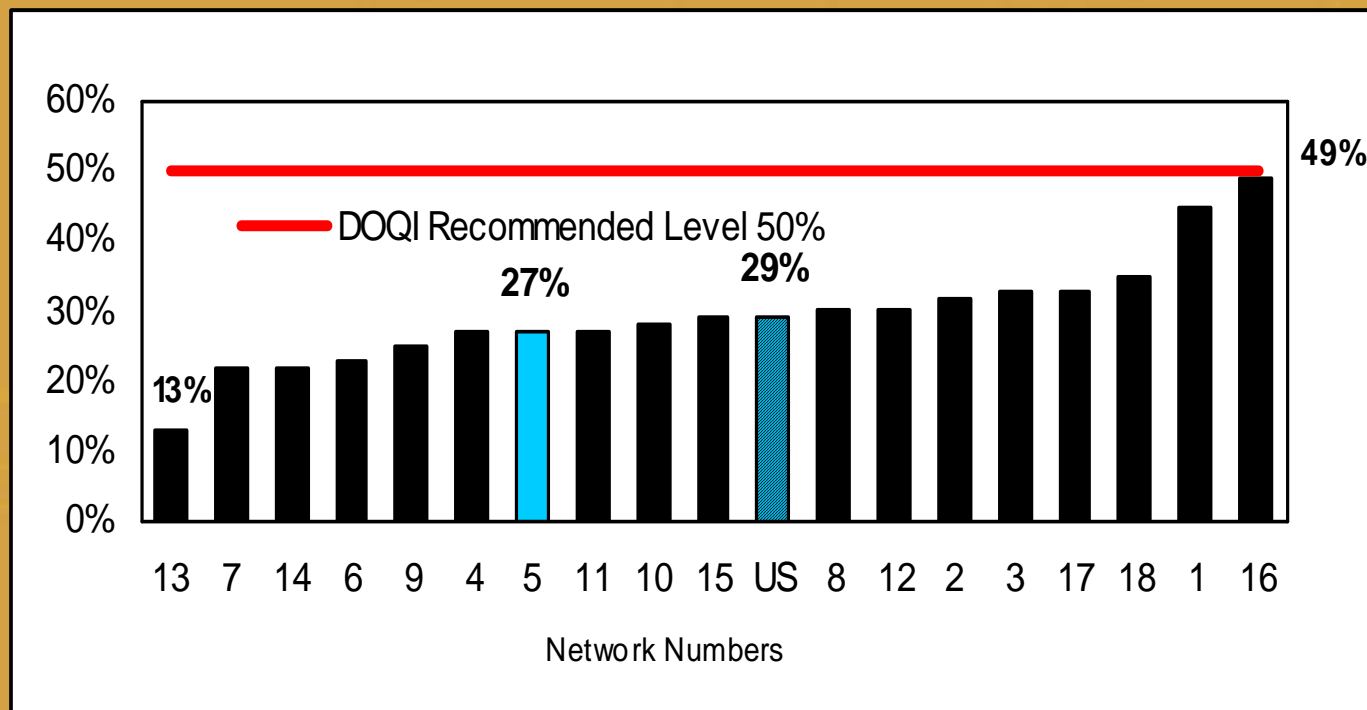
Where We Are . . .

and

What Activities Are Planned

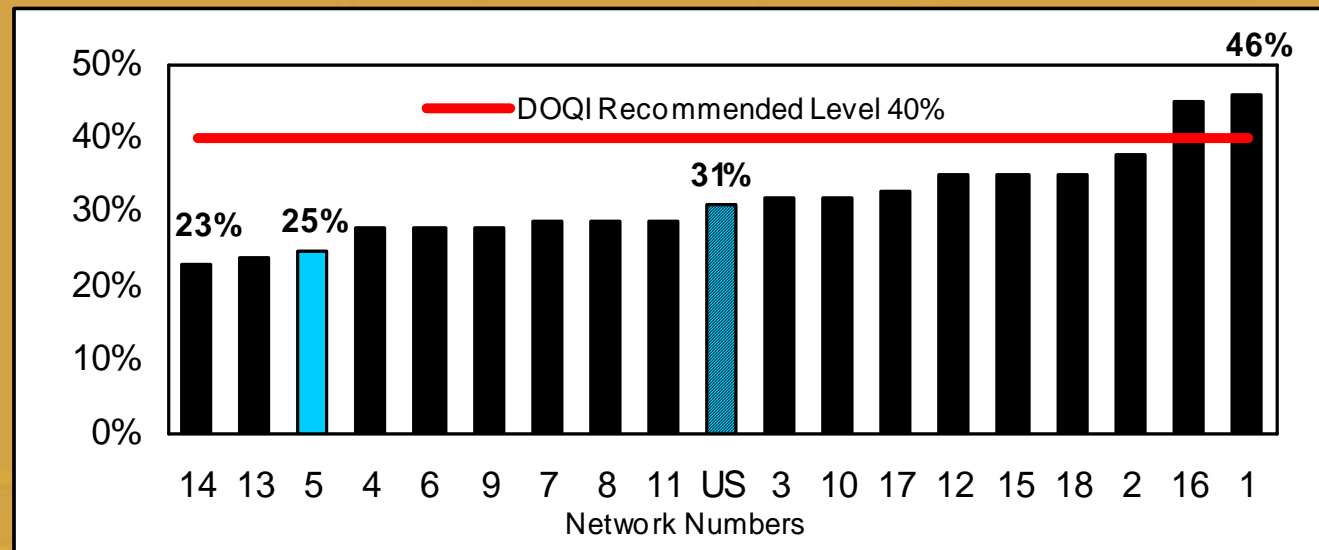
At least 50% of all incident HD patients (adults ≥ 18) should have an A-V fistula.

- ✓ **25% in NW 5 per CPM data from 4th qtr. 2001**
(more recent data on incident patients not available)



At least 40% of all prevalent HD patients (adults ≥ 18) should have an A-V fistula.

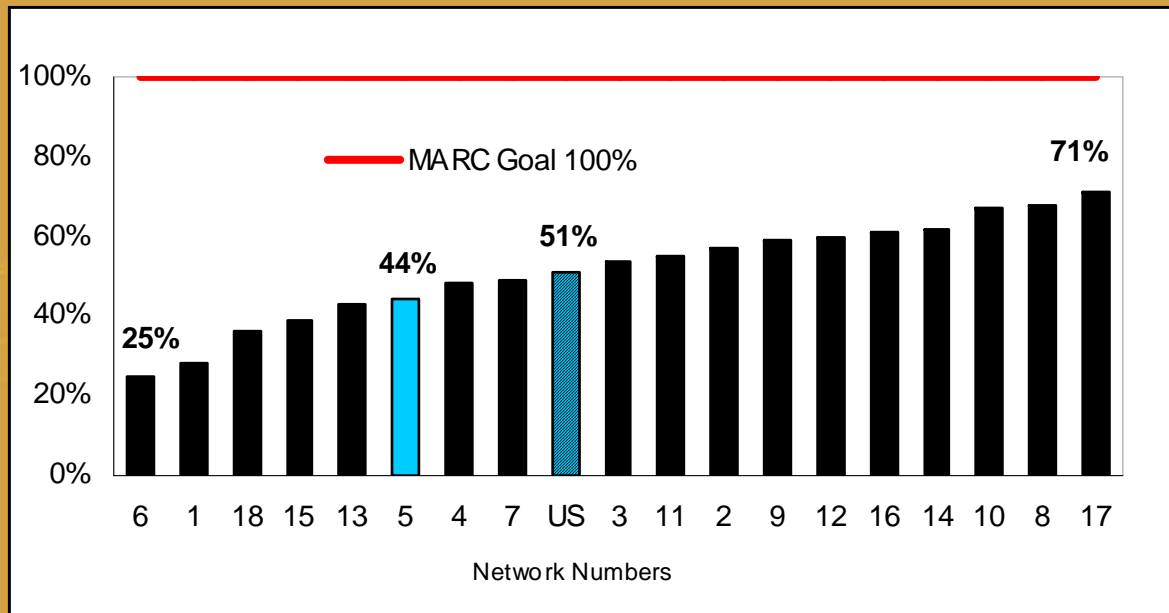
- ✓ 25% in NW 5 per CPM data from 4th quarter 2001



- ✓ 27% in NW 5 per CDC Survey from Dec. 2002
(Comparative data from CDC Survey not yet available)

100% of facilities must employ a prospective monitoring program for A-V accesses (grafts & fistula), which utilizes intra-access flow, and/or static venous pressures, and/or dynamic venous pressures.

- ✓ **44% in NW 5 per CPM data from 4th qtr. 2001**
(only patients with AVG included)



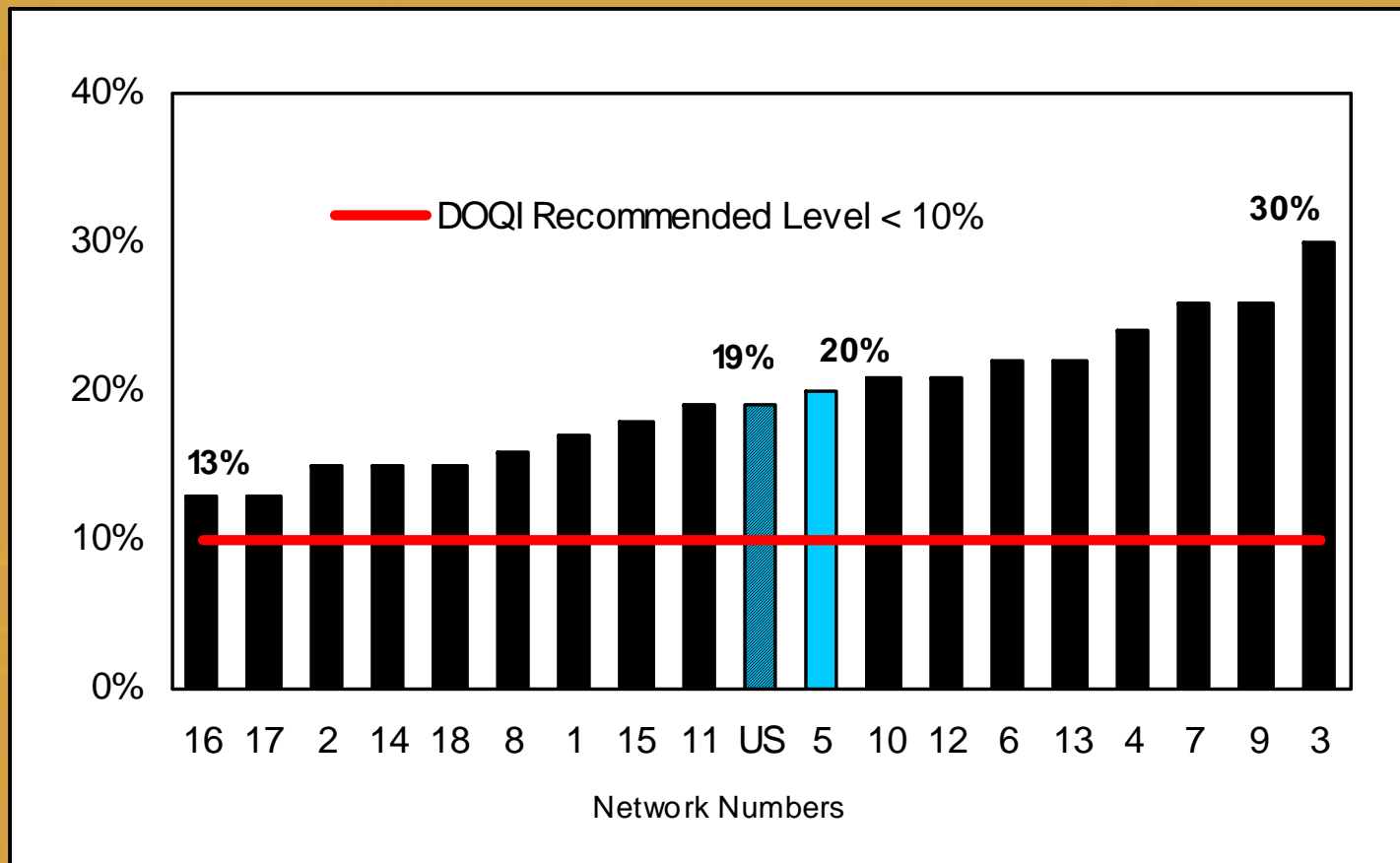
→ Less than 10% of all prevalent HD patients (adults ≥ 18) should be maintained on catheters as their permanent chronic dialysis access.

- ✓ **28% in NW 5 per CPM data from 4th qtr. 2001**
- ✓ **20% ≥ 90 days per CPM data from 4th qtr. 2001**
- ✓ **26% per CDC Survey December 2002**

Patients Dialyzing via Catheter ≥ 90 Days

Network 5 Compared to Other Networks & the US

CPM Data from 4th Qtr. 2001



Catheter Reduction Project

- 47 facilities were required to participate
- Goal was to reduce catheter use by 50%
- Baseline data from July 2002
- Re-Measurement data from December 2002
- Interventions included
 - ✓ Educational workshop
 - ✓ Clinical algorithms
 - ✓ Tools to use
 - ✓ All can be downloaded from MARC website

Preliminary Results

At re-measurement, facilities that . . .

- ✓ Used a written access plan on all patients
- ✓ Conducted staff education sessions and/or used a catheter referral algorithm

. . . made larger reductions in the overall percent of patients dialyzing via catheter

Preliminary Results, continued

Process Indicators

→ Catheter patients assessed for alternative access using the intervention tools

- ✓ Improved from 14.6% to 74.8%
- ✓ 60.2% absolute change in rate
- ✓ Statistically significant @ $p < 0.0001$ level

→ Long-term catheter patients referred to a surgeon for alternative access placement

- ✓ Decreased from 81.9% to 80.6%, but not statistically significant change at remains high

Preliminary Results, continued

Outcome Indicators

- ➔ **% patients dialyzing via catheter**
 - ✓ Improved from 37.1% to 33.6%
 - ✓ Statistically significant @ $p < 0.01$ level

- ➔ **% patients dialyzing via catheter ≥ 90 days**
 - ✓ Improved from 28.4% to 26.2%
 - ✓ Almost statistically significant @ $p < 0.05$ level

Future Activities

Focused on Vascular Access

→ National QIP to increase AVFs

- ✓ **All Networks, CMS & IHI** (Institute for Healthcare Improvement)
- ✓ **Collaborative Project - Partners Recruited**
- ✓ **Key Role for Med. Directors, Nephrologists, Vascular Surgeons, & Facility Staff**
- ✓ **Likely a multi-year project**

More Activities . . .

→ NW 5 Vascular Access Committee

- ✓ Develop interactive website for vascular access case studies to demonstrate patient safety issues
- ✓ Identify vascular surgeons used by NW 5 renal community for partnering opportunities
- ✓ Educational opportunities
- ✓ Develop model for training & spread

Surgical Aspects . . .

Robert Lee, MD, Chung W. Lee, MD, PC

Patient Perspective . . .

Jim Seymour, Dialysis Patient, Patient Advisory Committee

Facility Vascular Access Program . . .

Yao-Foli Sekyema, MD, Danville Urologic Clinic

Clean Hands & CDC's Campaign . . .

Valerie Riley, RN, Fresenius Medical Care

Define “access event” . . .

Jack Moore, MD, Washington Hospital Center, MRB Chair