

# *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



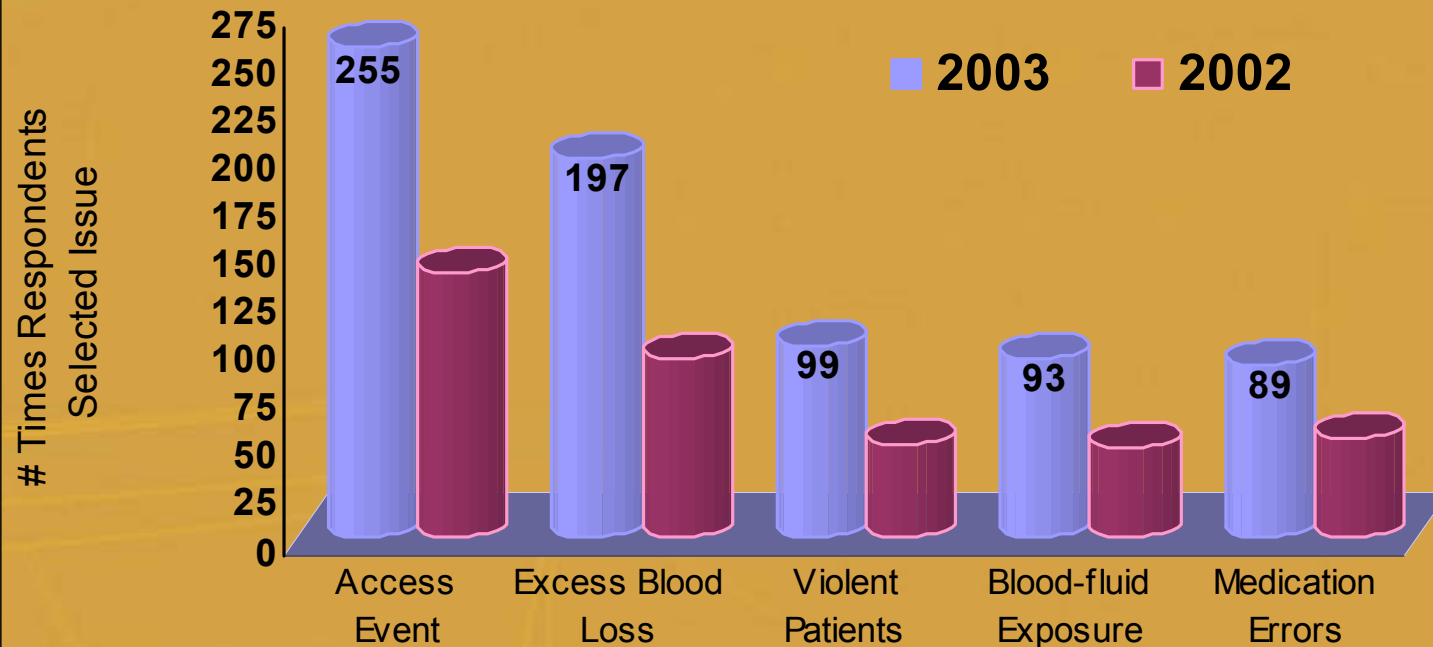
May 2, 2003  
Jack Moore, MD

# 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

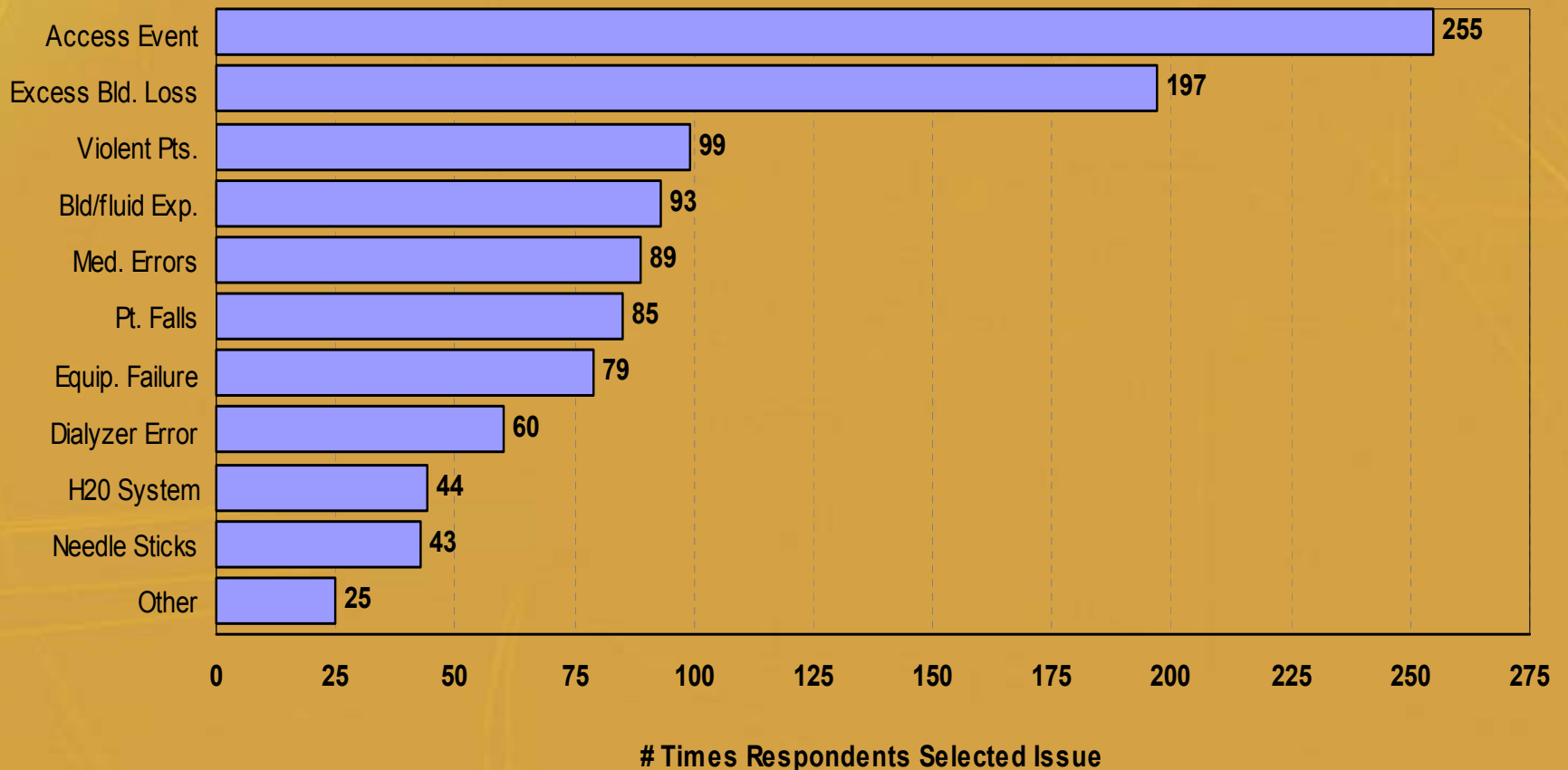
# Top 5 Safety Issues - Same in Both Years

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



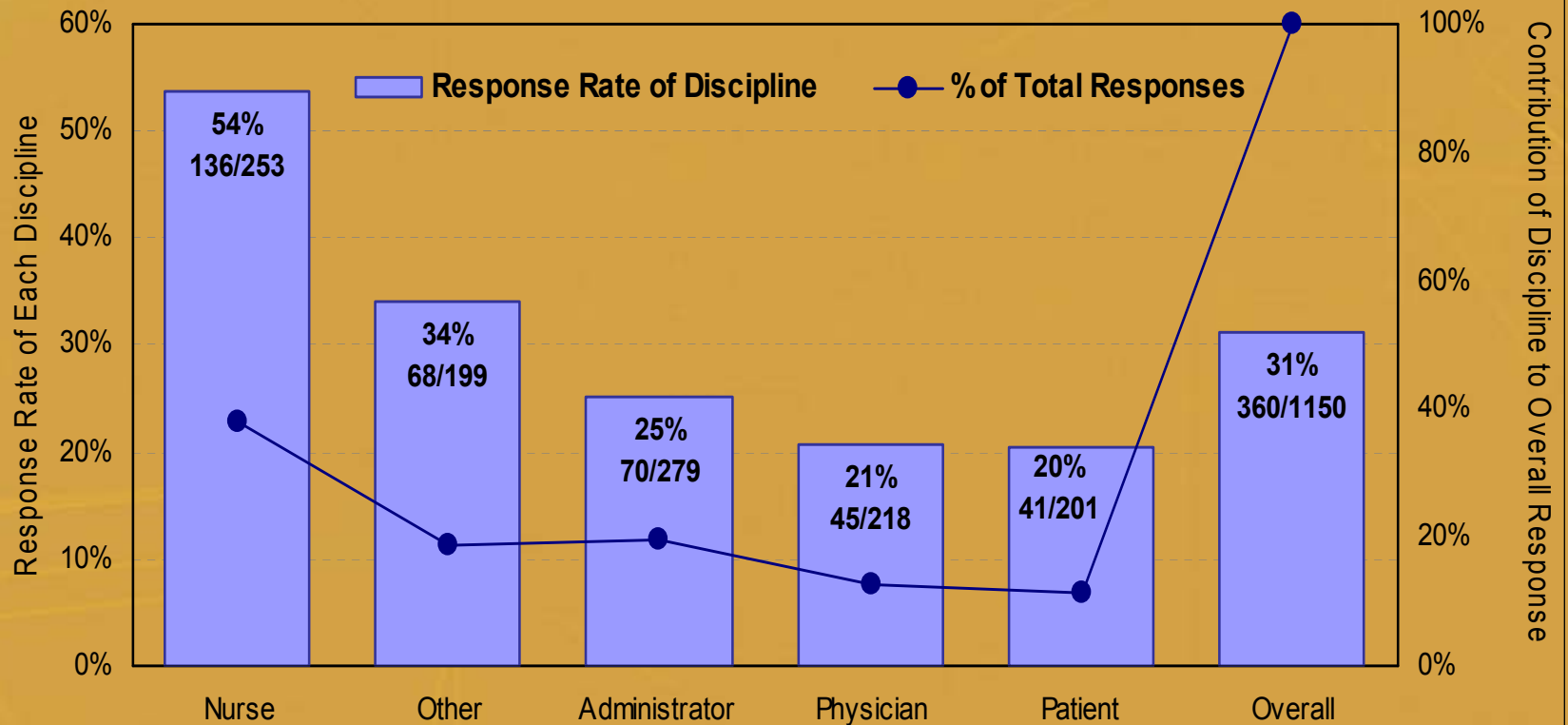
# 2003 Patient Safety Issues Ranked

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

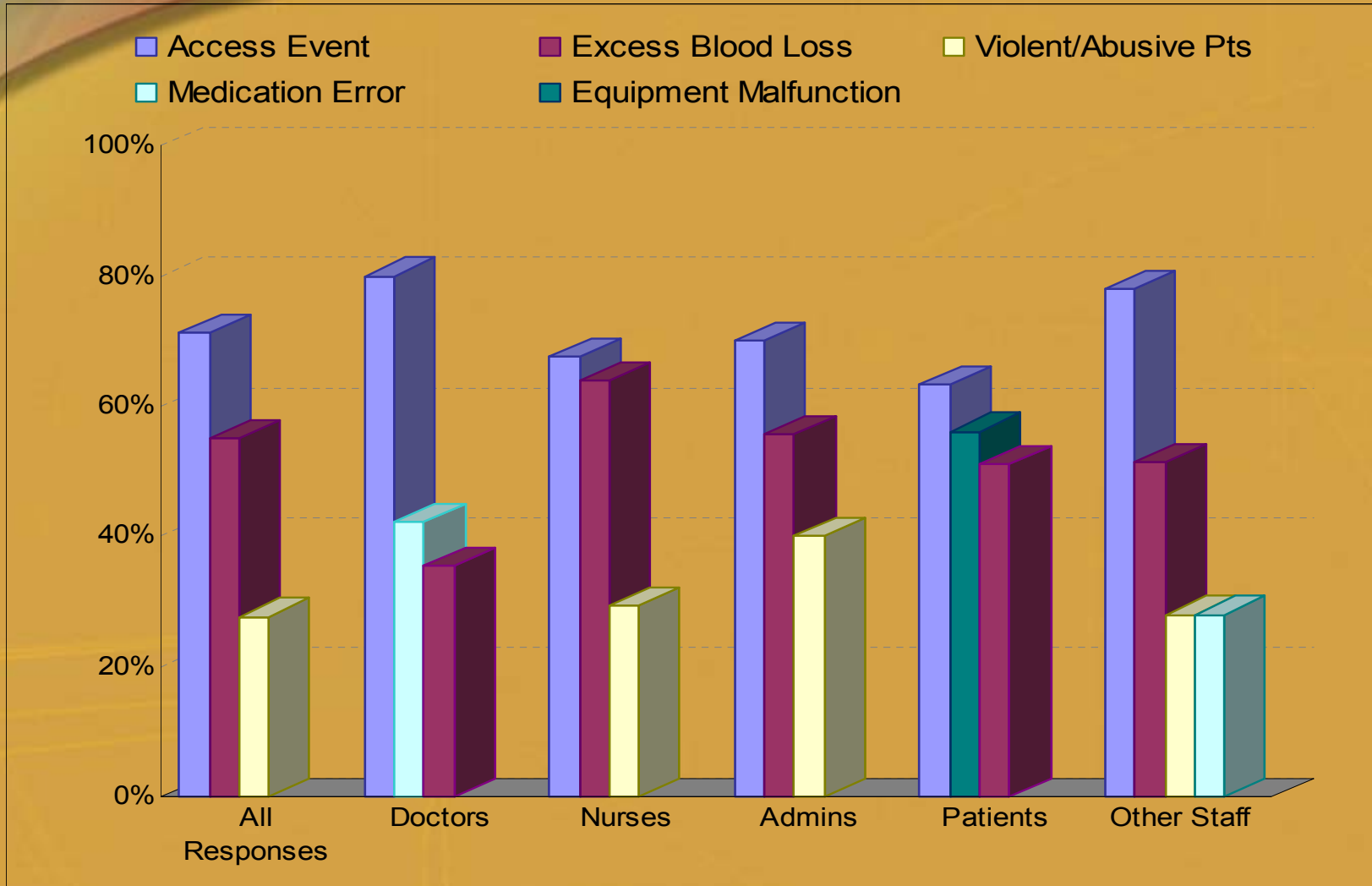


# Response Rate by Discipline

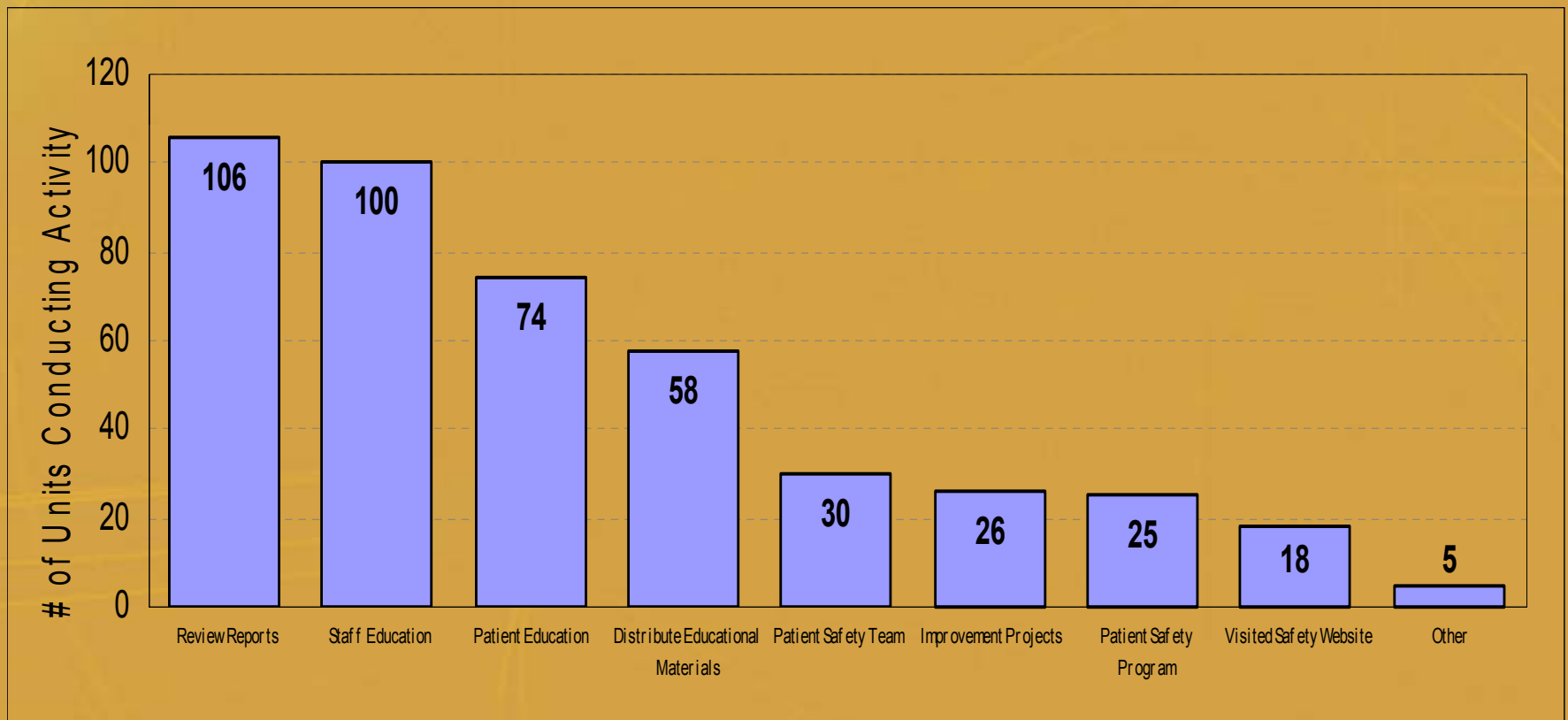
Response Rate by Discipline and Contribution to Overall - 2003



# 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 . . .**

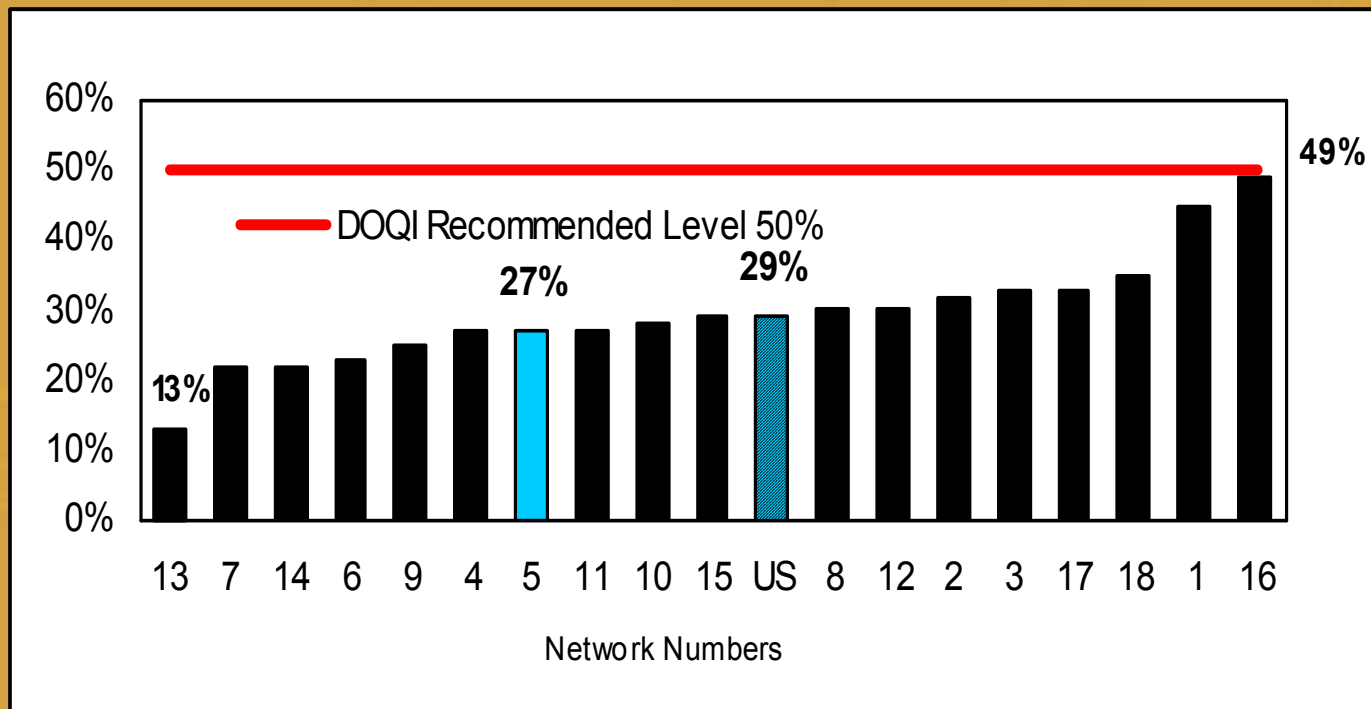
**Where We Are . . .**

**and**

**What Activities Are Planned**

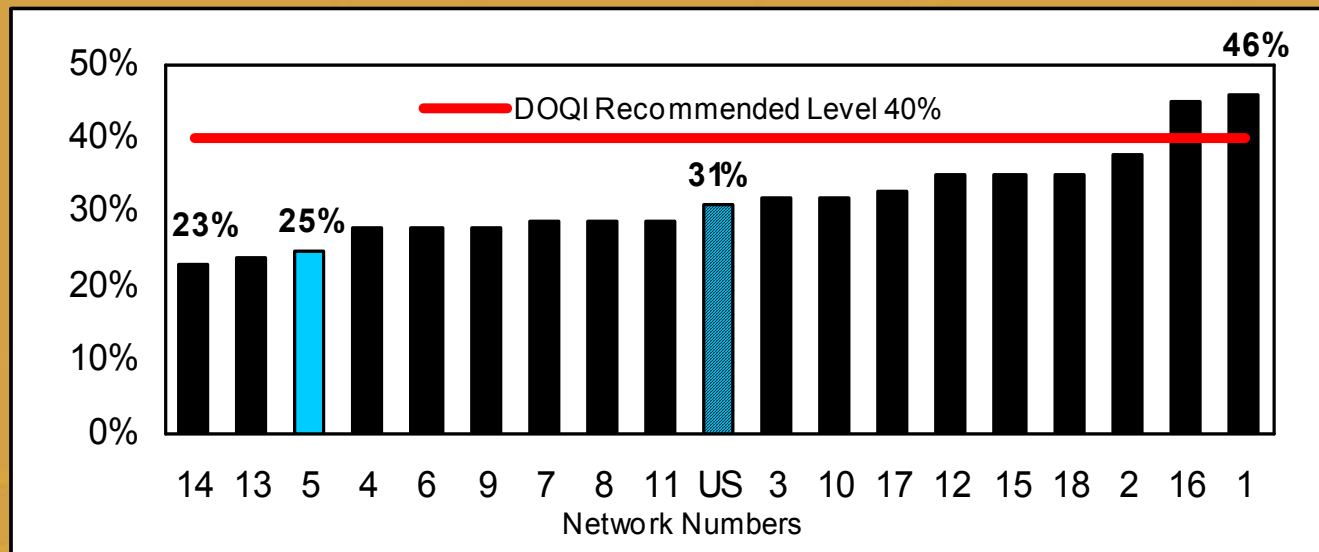
At least 50% of all incident HD patients (adults  $\geq 18$ ) should have an A-V fistula.

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



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

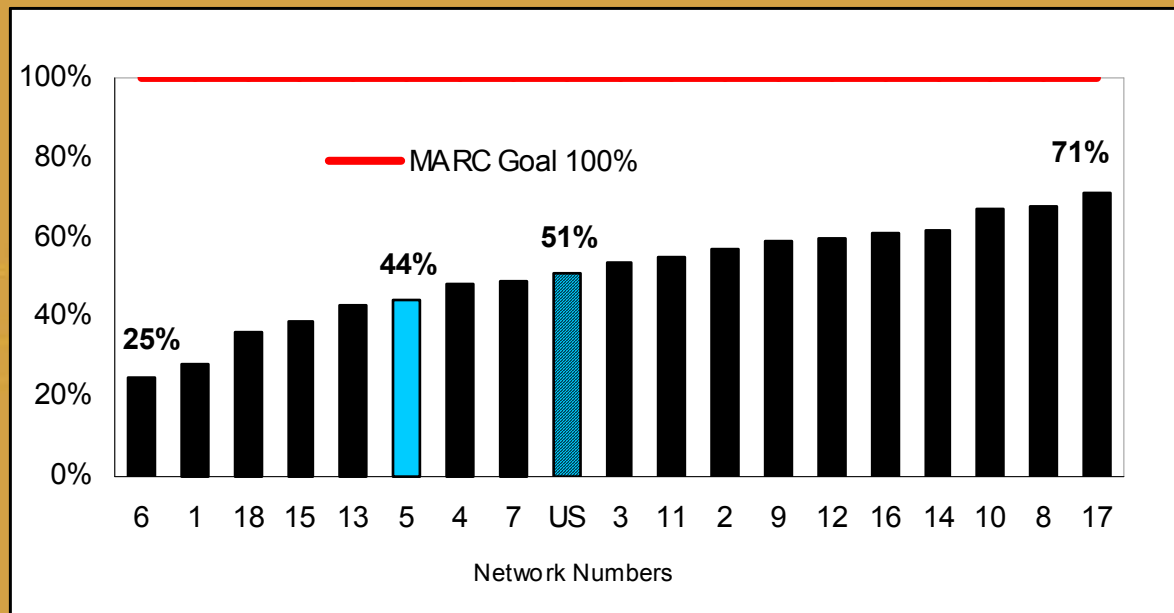
✓ 25% in NW 5 per CPM data from 4<sup>th</sup> quarter 2001



✓ 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 4<sup>th</sup> qtr. 2001**  
(only patients with AVG included)



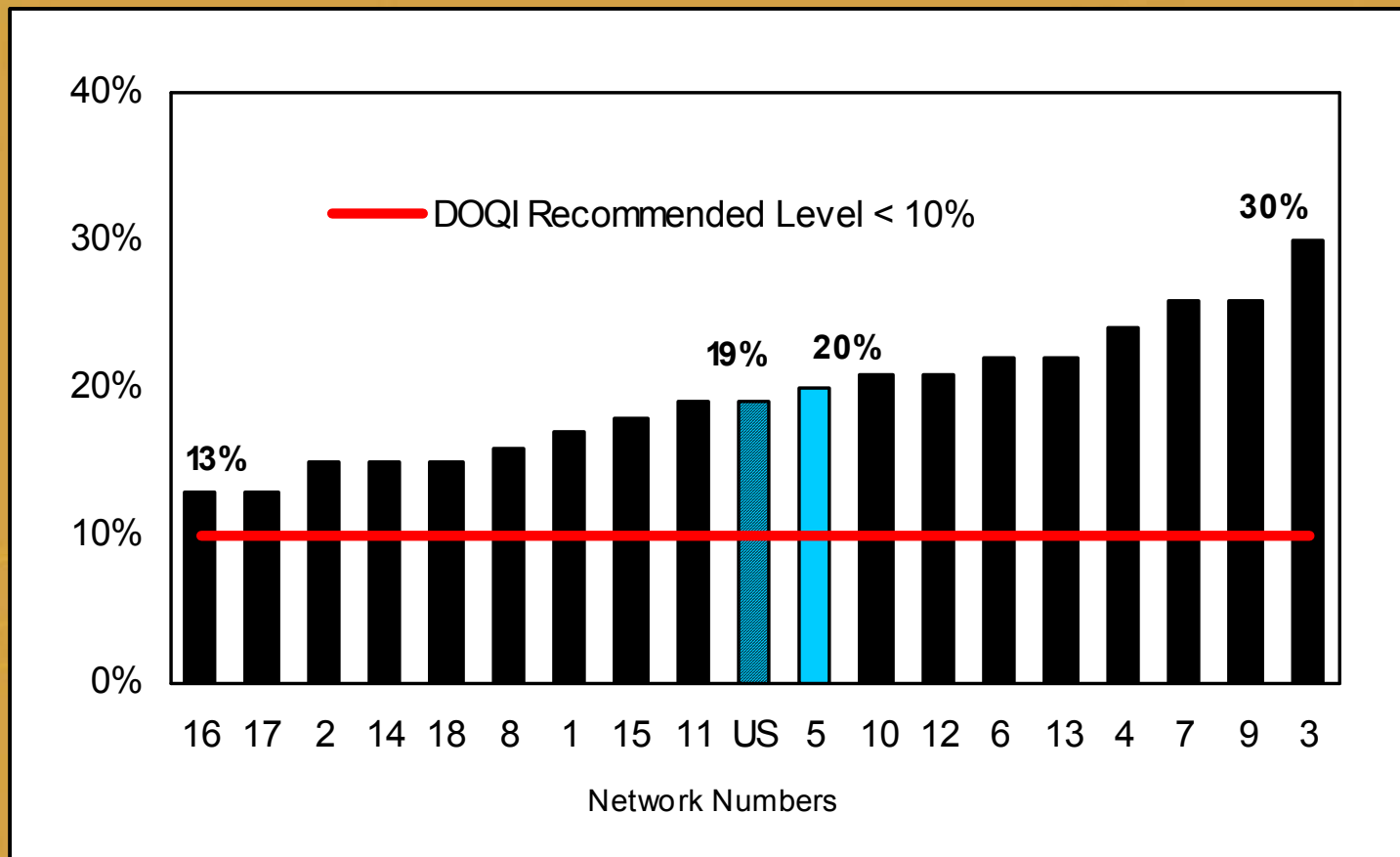
→ Less than 10% of all prevalent HD patients (adults  $\geq 18$ ) should be maintained on catheters as their permanent chronic dialysis access.

- ✓ 28% in NW 5 per CPM data from 4<sup>th</sup> qtr. 2001
- ✓ 20%  $\geq 90$  days per CPM data from 4<sup>th</sup> qtr. 2001
- ✓ 26% per CDC Survey December 2002

# Patients Dialyzing via Catheter $\geq 90$ 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  $\geq 90$  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