Reducing Hospitalizations, Readmissions, & Emergency Department Utilization

Midwest Kidney Network

Quality Improvement Project Introduction

May 2022-April 2023

Claire Taylor-Schiller, RN

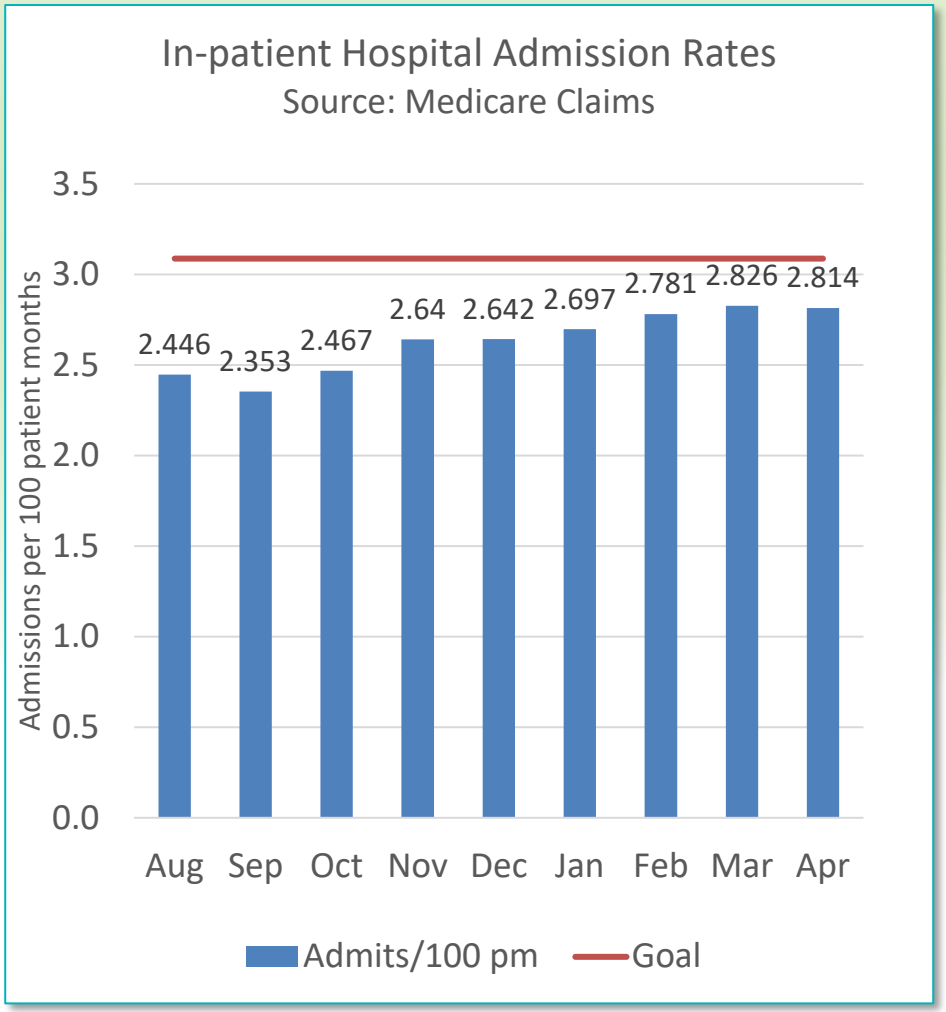
Midwest Kidney Network

Project Goals

- Reduce hospital admissions by 5%
- Reduce unplanned readmissions by 5%
- Reduce emergency department visits by 5%
- Reductions are from base period data (ended April 2021)
- Contract year to meet goals ends April 2023
- Reduce Covid hospitalizations

Midwest Kidney Network

Data Recap - Hospitalizations



Base = 3.15 admits/100 patient months

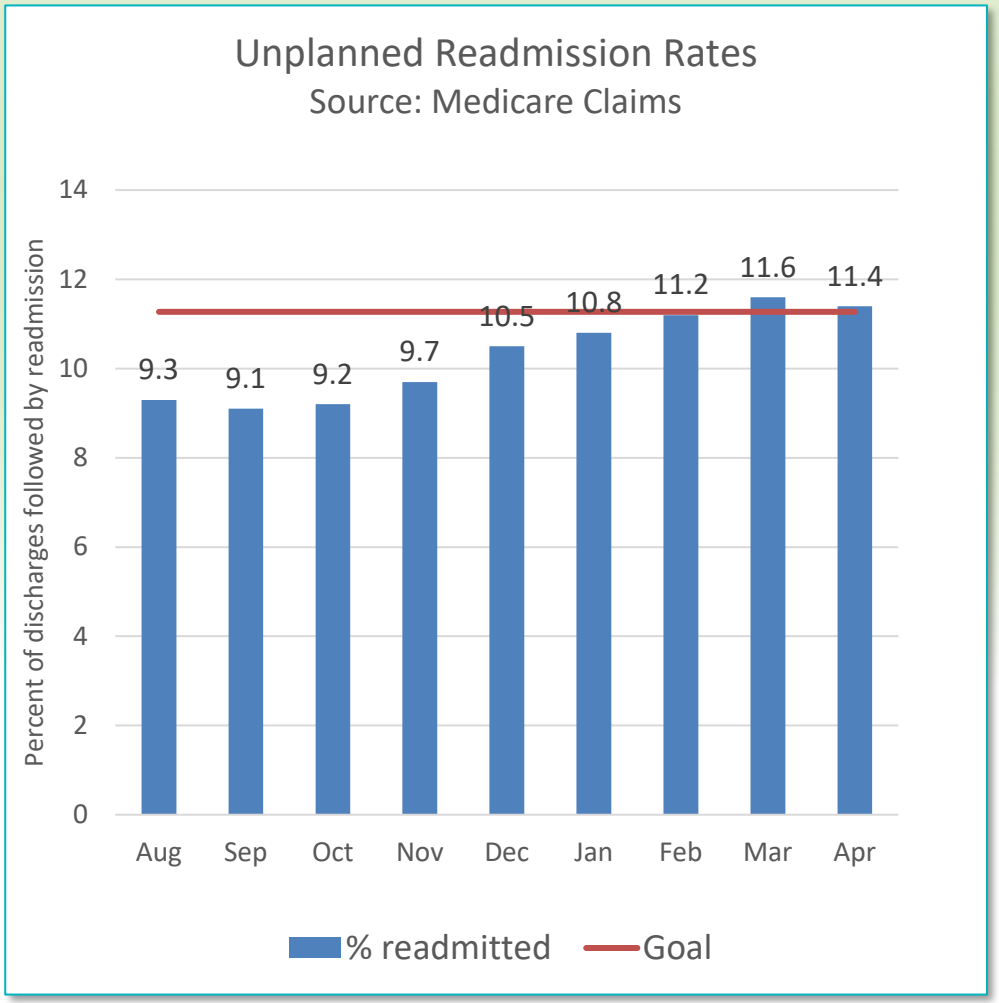
Previous Goal = 3.087

Current Goal = 2.99

1. Sepsis
2. Hyperkalemia
3. Hypertension
4. MI
5. Fluid Overload

Midwest Kidney Network

Data Recap - Readmissions



Base = 11.5%

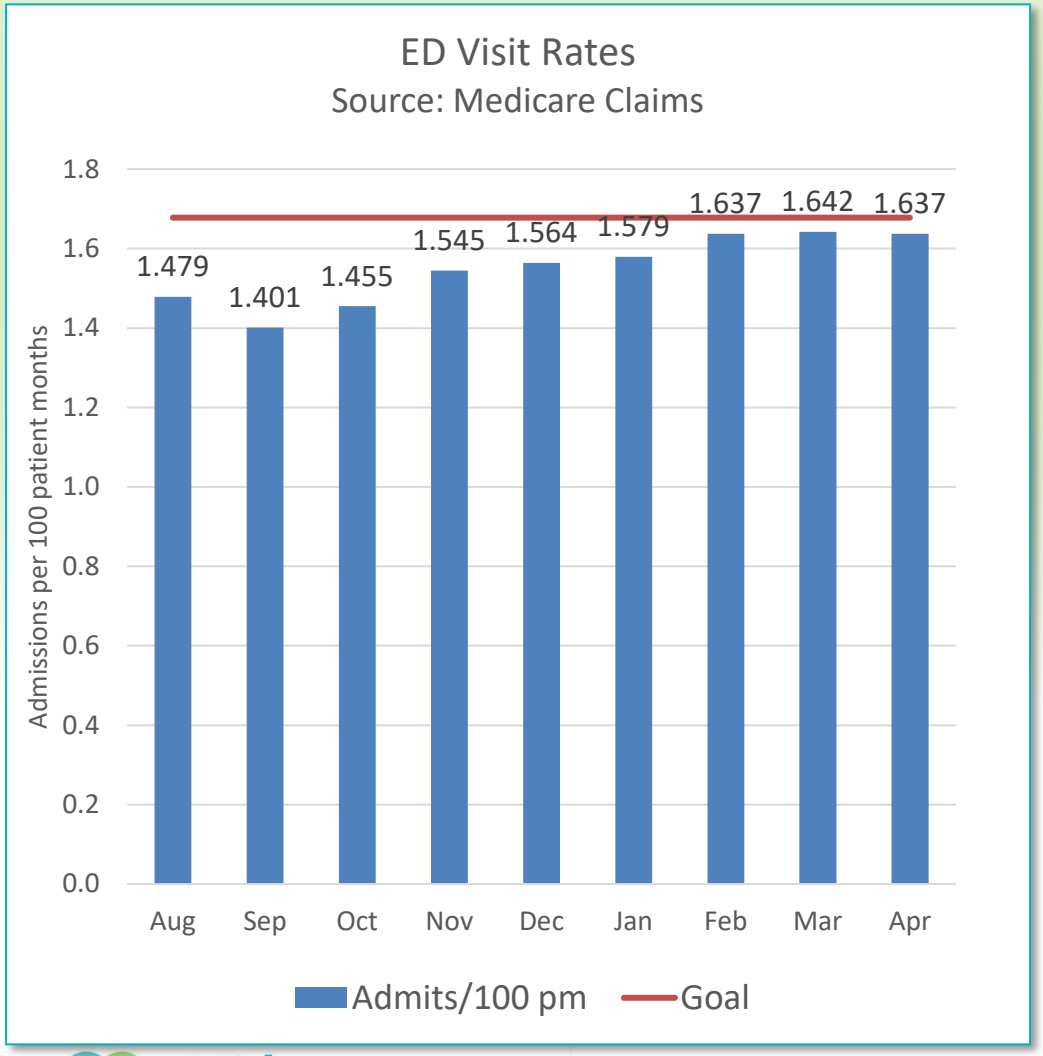
Previous Goal = 11.27%

Current Goal = 10.925%

1. Sepsis
2. Hyperkalemia
3. Fluid Overload
4. Hypertensive Emergency

Midwest Kidney Network

Data Recap – Emergency Visits



Base = 1.712 visits/100 patient months

Previous Goal = 1.677

Current Goal = 1.626

1. Thrombosed vascular access
2. Hypertension
3. Chest pain
4. Hyperkalemia
5. Anemia

Midwest Kidney Network

It All Adds Up!

	Maximum Events to Meet Goal
In-patient admissions	5829 admissions
Readmissions	603 readmissions
Emergency Visits	3168 visits

If each facility in the Network has 12 admissions per year, the goal is not met. Some will have far fewer, some will have far more, but it all counts towards the goal!

Midwest Kidney Network

Key Takeaways

1. Data analysis revealed hospitalization, readmission, and emergency department visits as 3 distinct issues
2. Root cause analysis is essential first step
3. Facility-specific data trends helpful in tracking progress

Midwest Kidney Network

First Steps

Hospitalization	• Root Cause Analysis • Intervention based on RCA
Readmission	• Evaluate Transitions of Care • Establish Communication
Emergency Dept. Visits	• Evaluate Vascular Plan • Evaluate Triage Process

Midwest Kidney Network

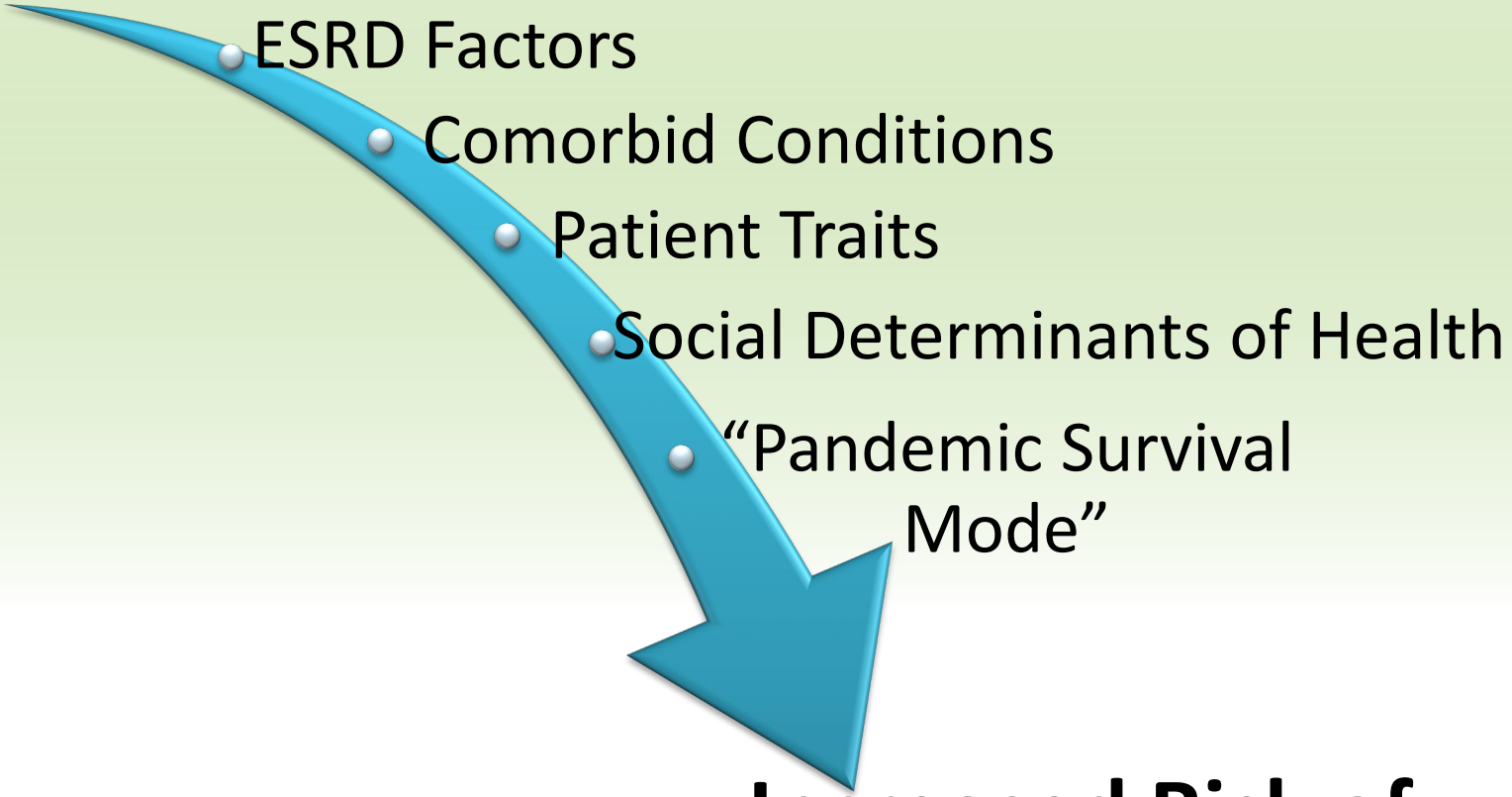
Root Cause Analysis

Midwest Kidney Network

Quality Improvement Plan

FACILITY NAME:		PROVIDER NUMBER:	
DATE COMPLETED:		TEAM MEMBERS	
CONTACT NAME:	EMAIL:	INCLUDE INTERNAL AND EXTERNAL PARTNERS	
PROBLEM STATEMENT:		1.	
		2.	
GOAL:		3.	
		4.	
ROOT CAUSE METHOD		5.	
WHAT ROOT CAUSES DID YOU IDENTIFY?		6.	
1.		7.	
2.		8.	
3.		9.	
4.		10.	

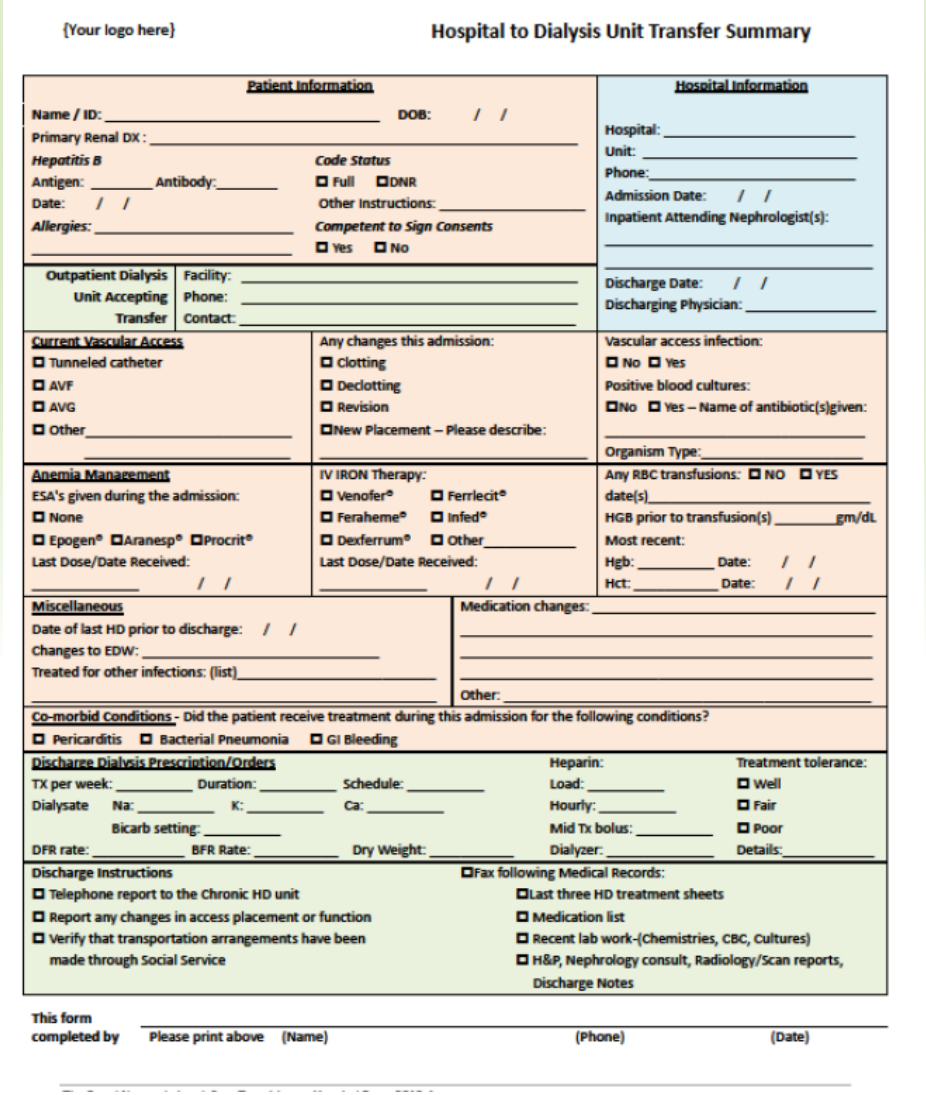
January 2016



Midwest Kidney Network

Transitions of Care

- Utilize Post-hospitalization Checklist
- Clear Communication Pathway with Discharge Planners
- Address Target Weight and Potassium Bath on First Treatment at Outpatient Unit
- Transitions of Care Toolkit



{Your logo here}

Hospital to Dialysis Unit Transfer Summary

Patient Information

Name / ID: _____ DOB: / /

Primary Renal DX : _____

Hepatitis B

Antigen: _____ Antibody: _____

Date: / /

Allergies: _____

Code Status

☐ Full ☐ DNR

Other Instructions: _____

Competent to Sign Consents

☐ Yes ☐ No

Hospital Information

Hospital: _____

Unit: _____

Phone: _____

Admission Date: / /

Inpatient Attending Nephrologist(s): _____

Discharge Date: / /

Discharging Physician: _____

Outpatient Dialysis Unit Accepting Transfer

Facility: _____

Phone: _____

Contact: _____

Current Vascular Access

☐ Tunneled catheter

☐ AVF

☐ AVG

☐ Other _____

Any changes this admission:

☐ Clotting

☐ Declotting

☐ Revision

☐ New Placement – Please describe: _____

Vascular access infection:

☐ No ☐ Yes

Positive blood cultures:

☐ No ☐ Yes – Name of antibiotic(s)given: _____

Organism Type: _____

Anemia Management

ESA's given during the admission:

☐ None

☐ Epogen® ☐ Aranesp® ☐ Procrit®

Last Dose/Date Received: _____ / /

IV IRON Therapy:

☐ Venofer® ☐ Ferrlecit®

☐ Feraheme® ☐ Infed®

☐ Dexferrum® ☐ Other _____

Last Dose/Date Received: _____ / /

Any RBC transfusions: ☐ NO ☐ YES

date(s) _____

HGB prior to transfusion(s) _____ gm/dL

Most recent:

Hgb: _____ Date: / /

Hct: _____ Date: / /

Miscellaneous

Date of last HD prior to discharge: / /

Changes to EDW: _____

Treated for other infections: (list) _____

Medication changes: _____

Other: _____

Co-morbid Conditions - Did the patient receive treatment during this admission for the following conditions?

☐ Pericarditis ☐ Bacterial Pneumonia ☐ GI Bleeding

Discharge Dialysis Prescription/Orders

TX per week: _____ Duration: _____ Schedule: _____

Dialysate Na: _____ K: _____ Ca: _____

Bicarb setting: _____

DFR rate: _____ BFR Rate: _____ Dry Weight: _____

Heparin:

Load: _____

Hourly: _____

Mid Tx bolus: _____

Dialyzer: _____

Treatment tolerance:

☐ Well

☐ Fair

☐ Poor

Details: _____

Discharge Instructions

☐ Telephone report to the Chronic HD unit

☐ Report any changes in access placement or function

☐ Verify that transportation arrangements have been made through Social Service

☐ Fax following Medical Records:

☐ Last three HD treatment sheets

☐ Medication list

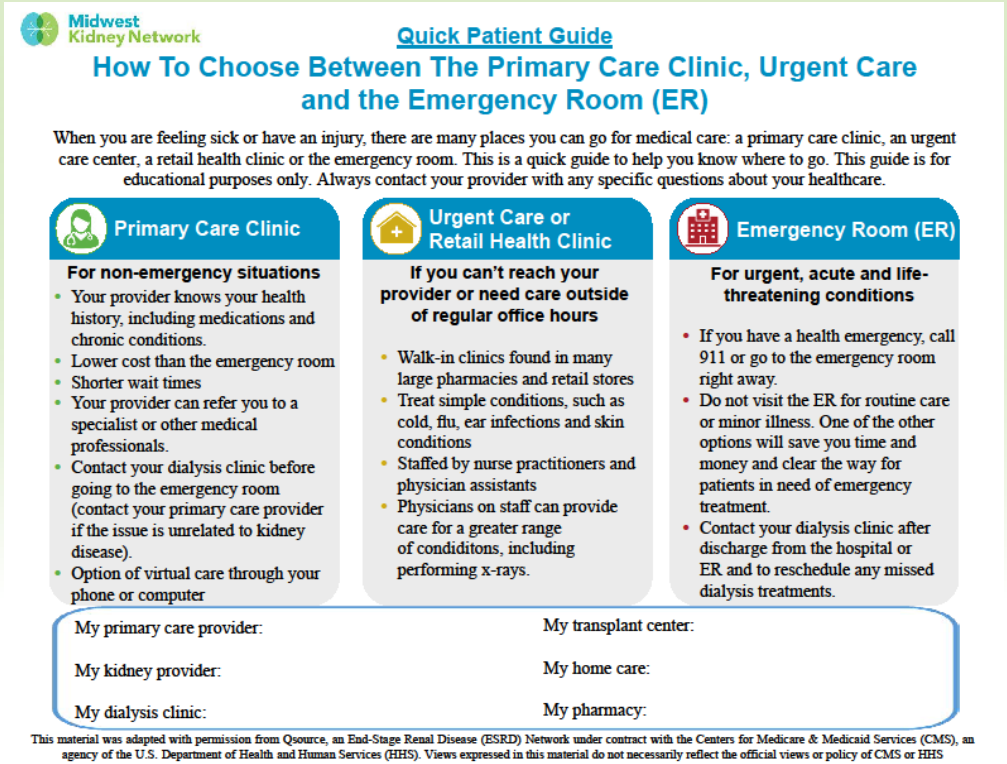
☐ Recent lab work-(Chemistries, CBC, Cultures)

☐ H&P, Nephrology consult, Radiology/Scan reports, Discharge Notes

This form completed by _____ Please print above (Name) (Phone) (Date)

Triage with Dialysis Facility

- Establish plan for vascular access complications during regular hours
- Provide patient education on emergency department use
- Culture shift



Midwest Kidney Network

Quick Patient Guide

How To Choose Between The Primary Care Clinic, Urgent Care and the Emergency Room (ER)

When you are feeling sick or have an injury, there are many places you can go for medical care: a primary care clinic, an urgent care center, a retail health clinic or the emergency room. This is a quick guide to help you know where to go. This guide is for educational purposes only. Always contact your provider with any specific questions about your healthcare.

Primary Care Clinic

For non-emergency situations

- Your provider knows your health history, including medications and chronic conditions.
- Lower cost than the emergency room
- Shorter wait times
- Your provider can refer you to a specialist or other medical professionals.
- Contact your dialysis clinic before going to the emergency room (contact your primary care provider if the issue is unrelated to kidney disease).
- Option of virtual care through your phone or computer

Urgent Care or Retail Health Clinic

If you can't reach your provider or need care outside of regular office hours

- Walk-in clinics found in many large pharmacies and retail stores
- Treat simple conditions, such as cold, flu, ear infections and skin conditions
- Staffed by nurse practitioners and physician assistants
- Physicians on staff can provide care for a greater range of condiditons, including performing x-rays.

Emergency Room (ER)

For urgent, acute and life-threatening conditions

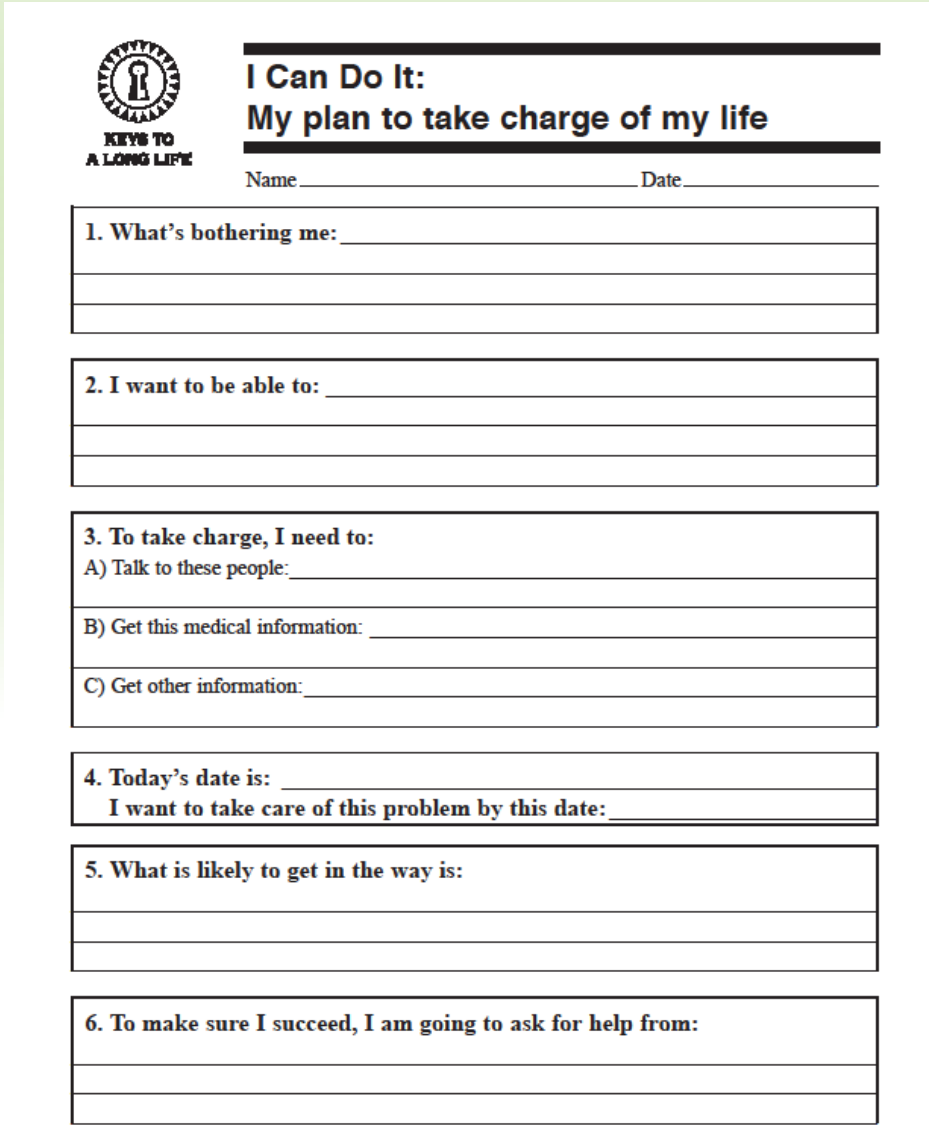
- If you have a health emergency, call 911 or go to the emergency room right away.
- Do not visit the ER for routine care or minor illness. One of the other options will save you time and money and clear the way for patients in need of emergency treatment.
- Contact your dialysis clinic after discharge from the hospital or ER and to reschedule any missed dialysis treatments.

My primary care provider:	My transplant center:
My kidney provider:	My home care:
My dialysis clinic:	My pharmacy:

Midwest Kidney Network

Challenging Patients

- Root cause to identify potential contributing factors to missed treatments
- Goal-setting
- Link behavior and outcomes
- Rescheduling treatments



KEYS TO A LONG LIFE

I Can Do It:
My plan to take charge of my life

Name _____ Date _____

1. What's bothering me: _____

2. I want to be able to: _____

3. To take charge, I need to:
A) Talk to these people: _____
B) Get this medical information: _____
C) Get other information: _____

4. Today's date is: _____
I want to take care of this problem by this date: _____

5. What is likely to get in the way is:

6. To make sure I succeed, I am going to ask for help from:

Midwest Kidney Network

Additional Resources

- Project Workplan – MKN Website
- Monthly Facility Specific Report – sent via email
- Newsletters – sent via email
- Best Practices – sent via email

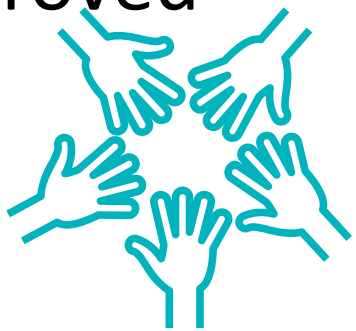
**ESRD NCC Hospitalization Change Package

Hospitalizations															
Hospital admissions (admissions per 100 patient-months (pm))															
Readmissions (% of admissions)															
Emergency department visits (visits per 100 pm)															
COVID-19 hospitalizations (admissions per 100 pm)															

Midwest Kidney Network

How to Keep the Team Engaged

- Create a culture of safety, quality-focused
- Share rates and goals
- Start with easy wins to build confidence
- Every team member impacts quality goals
- Remember, data = people. When data trend improvement, that is reflective of improved outcomes for the people we care for



Midwest Kidney Network

Contact Information

- Project Lead
  - Claire Taylor-Schiller RN

  claire.taylor-schiller@midwestkidneynetwork.org

  (651) 644-9877, ext. 113

- Quality Improvement Data Specialist
  - Kristen Ward, MPH

  kristen.ward@midwestkidneynetwork.org

  (651) 644-9877, ext. 108

Midwest Kidney Network