

BEST PRACTICES

Adherence to procedures

Keeping Kidney Patients Safewww.kidneypatientsafety.org**Reducing Catheters Use**

DaVita

Contact Information

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Category:	Adherence to procedures
Type of Facility:	1,900+ U.S. outpatient dialysis centers
Number of Patients:	~ 150,000
Number of FTE:	~ 47,000

Background

DaVita, the dialysis division of DaVita HealthCare Partners Inc., operates or provides administrative services at more than 1,900 U.S. outpatient dialysis centers and serves approximately 150,000 patients with end stage renal disease. Improving patient safety by reducing the number of "Day 90+" catheter patients (i.e., patients who have been dialyzing at DaVita for 90 days or more using a catheter (CVC) for vascular access) is one of DaVita's top clinical goals. Since its inception in 2008, DaVita's proprietary CathAway™ program has reduced the rate of Day 90+ patients using catheters by 42 percent, resulting in approximately 12,000 fewer DaVita patients dialyzing with infection-prone CVCs today than would have had CathAway not been launched.

In addition to transitioning patients from CVCs to AV fistulas or grafts, our clinical team invested in preserving these patients' safety longer by reducing thrombotic events in fistulas and grafts, the leading cause of reversion to CVCs.

To address this issue, DaVita initiated a series of clinical activities to increase adherence to access monitoring and surveillance procedures. Specific goals were to:

- Increase clinic staff and patient adherence to the *Listen to Every AV Access. Every Treatment. Every Time.* procedure.
- Test the efficacy of the device-based method of surveying AV access for early detection of failure.

Success would improve patient safety by reducing thromboses, fistula/graft failures, return-to-catheter rates, catheter-related infections and central venous stenosis. Equally important, success would further demonstrate compliance with CMS Conditions of Coverage Interpretive Guidelines, section V 551.

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Policies and activities implemented

DaVita's efforts to increase compliance with *Listen to Every AV Access. Every Treatment. Every Time.* included:

- Renewed nationwide focus on monitoring/surveillance:
Reducing thromboses and prolonging AV access sites are key components of patient safety. Patient safety, in turn, is one of DaVita's core clinical goals. We emphasized the alignment between clinical goals and patient safety in both internal and external communications.
- Nationwide MD outreach:
In this ongoing initiative, DaVita's vascular access (VA) team uses a monthly CathAway management report to target areas with high concentrations of CVCs and then works with local clinical staff to identify region-specific barriers to catheter removal. The VA team and clinical staff partner with local surgeons to conduct educational seminars that include an overview of new surgical procedures, KDOQI Guidelines updates, CathAway program details and successes, and other pertinent information. In addition, DaVita incorporates surgeon training days in its Physician Leadership meetings.

Physician follow-up and CVC tracking help ensure Day 90+ catheter rates continue to fall.

- Company-wide communication/engagement:
DaVita initiated *Whoosh Whoosh or Whistle?*, a protocol to encourage patients and clinical staff to listen for signs of AV access distress and to increase adherence to the *Listen to Every AV Access. Every Treatment. Every Time.* procedure. The *Whoosh Whoosh or Whistle?* idea was initially submitted via Eureka!, DaVita's continuous innovation program.

Additionally, the clinical team continued to reinforce fistula value, CathAway progress and the importance of prolonging AV access sites during "Voice of the Village" calls hosted by the CEO and senior staff and open to all DaVita "teammates." These calls occur every six to eight weeks and always begin with clinical results and CathAway metrics. Ongoing DaVita-wide email and voicemail communications increased awareness of milestone successes.

- Clinic staff training/new technology:
DaVita launched a phased pilot test of software that monitors patients for thrombosis risk. The process uses treatment data to identify pressure increases due to stenosis.

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- Staff in pilot sites received training on protocols, when and how to read monitoring reports, and when and how to use monitoring data to initiate referrals. This supplemented existing access site monitoring/surveillance training and reminders.
- Patient training coupled with ongoing patient communication:
As part of CathAway's patient training program, patients receive a sound card with a fistula audio recording, a stethoscope and training on how to differentiate between a healthy- and an unhealthy-sounding fistula or graft.

Outcomes

- *CVC results:* By the end of 2012, Day 90+catheter patients were at an all-time low catheter rate of 13.9 percent.
- *MD outreach and education:* DaVita has conducted more than 60 local education meetings since 2010. Approximately 450 nephrologists, 200 surgeons, and 30 interventionalists have attended these sessions. Additionally, about 50 surgeons have attended special training sessions at DaVita Physician Leadership meetings.
- *Thrombosis reduction:* Davita completed a 10-center pilot study of the device-based method of surveying AV access involving 650 patients. During the five-month evaluation, the clot rate dropped from a baseline of 42 percent to 12 percent.
- *Patient engagement (anecdote):* A Maryland patient identified problems with his fistula in October and, again, in November 2012. The patient used his company-provided stethoscope and audio card to self-monitor. His proactive behavior may have prevented his first-stage fistula from failing.

Recommendations for Dialysis Providers Considering a Similar Program

1. Align the target procedure with an existing, high-profile clinical goal.
2. Explain the target procedure in clear, specific terms. For example: *Listen to Every AV Access. Every Treatment. Every Time.*
3. Train the trainers: Ensure clinic doctors, nurses and managers understand—and can use consistent language to communicate—how the target procedure will improve patient health and quality of life.
4. Integrate new technology that saves time/labor and improves quality/clinical outcomes, if applicable.
5. Adopt milestone metrics.
6. Engage patients in increasing compliance, if applicable.
7. Make compliance fun!
8. Communicate compliance-related messages consistently and often.
9. Integrate success stories in existing communication materials.
10. Celebrate successes.