SCOPE Dialysis Collaborative
Frequently Asked Questions

1. **What is the SCOPE Dialysis Collaborative?**
   - The SCOPE (Standardizing Care to improve Outcomes in Pediatric End Stage Renal Disease (ESRD)) collaborative is a large-scale quality improvement collaborative from Children's Hospital Association for dialysis centers serving children. SCOPE aims to:
     - Improve patient outcomes by reducing infections for peritoneal dialysis and hemodialysis pediatric patients.
     - Partner with patients and families to improve care and outcomes through more effective patient and family education and support.
     - Support collaborating pediatric nephrology centers that test and implement changes to prevent infections and improve the quality of care to pediatric dialysis patients.
     - Generate new knowledge and evidence-based clinical practices

2. **How does SCOPE prevent infections?**
   - All SCOPE teams adopt a set of recommended care practices, known as a “care bundles.” Teams implement the same practices and share learning about what works, leading to rapid improvement. These care bundles are based on international standards and practices that have been proven effective in other national pediatric infection prevention programs.

3. **Who serves on the SCOPE faculty?**
   - Alicia Neu, MD, Chief, Pediatric Nephrology, Medical Director, Pediatric Dialysis and Renal Transplantation, John’s Hopkins Children’s Center
   - Bradley Warady, MD, Director, Division of Pediatric Nephrology, Director Dialysis & Transplantation, Children’s Mercy Kansas City
   - Brandy Begin BSN, RN, CNN, Pediatric Peritoneal Dialysis Manager, Doernbecher Children’s Hospital
   - Jennifer Ehrlich, BSN, Pediatric Dialysis Nurse, University of Iowa Hospital & Clinics

4. **What are the benefits of participating?**
   - Eliminating dialysis-related infections leads to improvements in quality performance, patient outcomes, patient satisfaction and cost savings.
   - SCOPE’s large and growing aggregate data set supports testing interventions and generating new knowledge. Participating physicians and nurses are on the front lines of generating new knowledge. Participation supports academic promotion for those with careers in research on quality and patient safety by generating data for manuscripts and grants.
   - Organizations learn new ways to work with patients and families about infection prevention techniques and best practices. Family engagement practices from SCOPE can be spread to other hospital clinics for even greater impact.
   - Physicians earn credit for Maintenance of Certification from the American Board of Pediatrics and nurses earn continuing education credit from the American Nurses Credentialing Center (ANCC) by attending the semi-annual workshops.
   - Clinicians build a network of colleagues to exchange experience and knowledge to accelerate progress towards improvement.
   - SCOPE teams are multi-disciplinary, an important dimension of safety and quality culture.
5. **How do I sign up my institution to participate in the SCOPE collaborative?**
   - Centers can enroll to begin in January or in July. Enrollment is simple; just complete the one page Enrollment Form. Enroll by June 30 for a July start date or by December 31 for a January start date. Enrollment materials are available on the [CHA website](#). For enrollment details, contact [Patty Kohn](#). Any dialysis center affiliated with a CHA member hospital is eligible to enroll.

6. **What is the cost to participate?**
   - The 2020 fee for a 12-month period is $21,000. (The fee will be prorated for six (6) months for organizations starting in July.) Payment is not required when you submit your Enrollment Form. Invoices will be sent to your designated billing contact in January or July depending on when you start the collaborative.

7. **What do we get for the participation fee?**
   - The SCOPE Collaborative provides these services:
     - Leadership and coaching from international experts
     - Care bundles based on best evidence and practice
     - Web-based data collection system
     - Analysis, reporting and benchmarking
     - Two face-to-face workshops/year
     - Webinars for data interpretation, training, and team presentations
     - Training on interventions
     - Exclusive access to Team Practices Inventory
     - Access to collaborative data assets for analysis, research and publication
     - QI methodology training
     - Implementation experts
     - Tools and curriculum
     - Faculty-led clinical design and planning
     - Access to the SCOPE discussion group, professionally moderated and exclusively for participants
     - Opportunities to share experiences and learn from peers.

8. **What is required of my team? What activities are involved?**
   - Each unit identifies a team that attends workshops and webinars, participates on the SCOPE discussion group, reports monthly data and tests strategies and protocols. Teams typically include at least one physician and one nurse, and often an infection control specialist and data coordinator.
   - Each institution must obtain IRB approval.
   - All teams submit monthly data that is shared transparently with all other participating teams.
   - The time required to participate depends on the size of your patient population and local decisions, such as how often your team meets each month and how many tests of change you undertake each month. On average, participation requires **10-15 hours each month** (collectively, across all team members at an institution).

9. **How long does the effort last?**
   - SCOPE is a multi-year initiative, without a specific end date. Sites renew their participation annually in January.
10. How do I justify the resources and time commitment?
- Data demonstrate **a gap in care and significant variation in practice**; reducing these infections can significantly improve outcomes among pediatric dialysis patients.
- In addition to improving outcomes, participating institutions **build local quality improvement expertise and capacity**, enabling the spread of innovations to other clinical areas using improvement science methods.
- Participating in SCOPE **saves project design and development costs** through shared infrastructure and allows centers to achieve improvements faster than if working alone.

11. Why should we pay to be part of SCOPE when we can just implement the bundles?
- **SCOPE is successful**: As of October 2019, SCOPE has prevented an estimated 592 peritonitis infections and 340 hospitalizations with an estimated $10.2 million in cost savings. SCOPE has also prevented 543 access-related bloodstream infections and 286 access-related hospitalizations with an estimated $8.6 million in cost savings.
- SCOPE gives participants **much more than a toolkit for interventions**. All sites systematically implement the same interventions and collect the same data. This methodological rigor and the resulting large data set allow for focused studies and robust analyses, so we can answer questions about what really works to reduce infection and identify best practice where evidence doesn’t exist.
- **SCOPE gives your center access** to faculty, data systems, monthly reporting, coaching, publishing opportunities, extensive analyses, learning sessions, and more.

12. What is the Making Dialysis Safer for Patients Coalition?
- SCOPE is a proud partner of the Center for Disease Control’s (CDC) Making Dialysis Safer for Patients Coalition. The Coalition is a collaboration of dialysis organizations with the common goal of promoting the use of CDC’s core interventions and resources, proven to prevent bloodstream infections among hemodialysis patients. The Coalition complements the aims and activities of SCOPE, which has successfully reduced infection rates for the pediatric hemodialysis population through family and clinician partnership and practice change.

13. What is the difference between SCOPE and the NAPRTCS Benchmarking Project?
- The NAPRTCS Benchmarking Project provides center-specific outcomes for CKD, dialysis and transplant patients and comparative benchmarking data from a national cohort in the NAPRTCS Registries. The data include many outcomes beyond infection rates like hemoglobin, dialysis adequacy, transplant rejection rates and graft survival. These reports are helpful in your own center and satisfy CMS’ requirement for dialysis and transplant centers to monitor their outcomes and compare them to national benchmarks. Many sites have used these data to successfully support dialysis and transplant unit surveys by CMS. Using these data, centers can develop center-specific projects to improve their outcomes.
- SCOPE provides a collaborative mechanism to prevent infections in all HD and PD patients. Best practices in pediatric dialysis patients are systematically tested, identified and implemented. Guideline elements are now systematically tested to identify which ones actually make a difference.
- Many sites participate in both the Benchmarking project and SCOPE, as both are important initiatives meeting different needs. You do not have to be a NAPRTCS center to participate in the SCOPE Collaborative.

14. Who do I contact with questions or to enroll?
- Patty Kohn patty.kohn@childrenshospitals.org
Participating SCOPE Centers (October 2019)

1. Akron Children's Hospital (OH)
2. American Family Children's Hospital (WI)
3. Ann & Robert H. Lurie Children's Hospital of Chicago (IL)
4. Arkansas Children's Hospital (AR)
5. Arnold Palmer Hospital for Children (FL)
6. Boston Children's Hospital (MA)
7. Children's Health, Dallas (TX)
8. Children's Hospital & Medical Center (NE)
9. Children's Hospital Colorado (CO)
10. Children's Hospital Los Angeles (CA)
11. Children's Hospital of Philadelphia (PA)
12. Children's Hospital of Wisconsin (WI)
13. Children's Mercy Kansas City (MO)
14. Children's National Health System (DC)
15. Children's of Alabama (AL)
16. Cincinnati Children's Hospital Medical Center (OH)
17. Cleveland Clinic Children's (OH)
18. Cohen Children's Medical Center (NY)
19. Connecticut Children's Medical Center (CT)
20. Cook Children's Medical Center (TX)
21. C.S. Mott Children's Hospital (MI)
22. Dell Children's Medical Center of Central Texas (TX)
23. Doernbecher Children's Hospital at Oregon Health & Science University (OR)
24. Driscoll Children's Hospital (TX)
25. Golisano Children's Hospital at The University of Rochester Medical Center (NY)
26. Johns Hopkins Children's Center (MD)
27. Levine Children's Hospital (NC)
28. Lucile Packard Children's Hospital Stanford (CA)
29. MUSC Children's Hospital (SC)
30. Nationwide Children's Hospital (OH)
31. Nemours/Alfred I. duPont Hospital for Children (DE)
32. New York-Presbyterian Morgan Stanley Children's Hospital (NY)
33. Nicklaus Children's Hospital (FL)
34. Phoenix Children's Hospital (AZ)
35. Primary Children's Hospital (UT)
36. Seattle Children's (WA)
37. SSM Health Cardinal Glennon Children's Hospital (MO)
38. St. Louis Children's Hospital (MO)
39. Texas Children's Hospital (TX)
40. The Children's Hospital at Montefiore (NY)
41. The Children's Hospital at OU Medical Center (OK)
42. The Mount Sinai Kravis Children's Hospital (NY)
43. UCLA Mattel Children's Hospital (CA)
44. UCSF Benioff Children's Hospital San Francisco (CA)
45. University of California Davis Children's Hospital (CA)
46. University of Iowa Stead Family Children's Hospital (IA)
47. University of Minnesota Masonic Children's Hospital (MN)
48. UPMC Children's Hospital of Pittsburgh (PA)
49. Upstate Golisano Children's Hospital (NY)
50. Yale New Haven Children's Hospital (CT)