

THE LONE STAR BULLETIN

Providing Resources and Information For Texas ESRD Professionals and Staff
Fall 2006

The End Stage Renal Disease Network of Texas, Inc.
14114 Dallas Parkway, Suite 660
Dallas, Texas 75254

Phone: 972-503-3215
Fax: 972-503-3219
www.esrdnetwork.org

The Road Ahead

As happens every 3 years, all ESRD Networks (NW) have received a new Statement of Work (SOW) from the Centers for Medicare & Medicaid Services (CMS) that articulates goals for the ESRD Network Program and directs the focus of our activities. Also articulated is a CMS agency goal of **The Right Care for Every Person Every Time**, meaning care that is Patient Centered, Safe, Effective, Efficient, Equitable and Timely. These are exciting new objectives that will change some NW initiatives over the next 3 years. Following is a brief overview to give you a glimpse of the road ahead.



The ESRD Network Program National Goals are to improve the:

- Quality and safety of dialysis related services provided for individuals with ESRD;
- Independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through transplantation, use of self-care modalities, in-center self-care, through the end of life;
- Improve patient perception of care and experience of care, and resolve patients' complaints and grievances;
- Collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible;
- Collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.

The following areas of focus have been selected by the staff, Medical Review Board (MRB) and Executive Committee (EC) of the NW and are outlined in more detail throughout the Newsletter.

The **Fistula First Project** is a required continuing Quality Improvement Project with a new CMS goal to achieve a **66% prevalent AVF rate** by June 30, 2009. While this "stretch goal" may seem daunting, remember that NW 14 (Texas) had the highest percent of increase in AVF of any NW over the past 3 years. We are definitely on the road to realizing our AVF goal of *Worst to First!*

Appropriate End of Life Care including shared decision-making, Advanced Care Planning, use of Palliative Care and Hospice and a focus on the challenges of identifying and avoiding futile care will be highlighted.

Disaster preparedness activities and planning will continue with The Texas ESRD Emergency Coalition (TEEC) and use of EMSsystem. The NW will also collaborate with the Renal Coalition of Texas' **Decrease the Increase** Initiative to slow the progression of **CKD** in Texas that has been embraced by the Texas Medical Association and other organizations.

NW# 14 is transitioning from individual interventions to a more systems approach to increase efficiency and effectiveness. Use of the **Decreasing Patient- Provider Conflict** Toolkit (DPC) will be emphasized. Instead of resource intensive mailings, we will direct you to our website www.esrdnetwork.org for more information. We will be working diligently to collaborate with all provider groups, professional associations, Texas State agencies and others to achieve our goals. We look forward to an exciting Road Ahead with you in our work

ADVANCED CARE PLANNING...WHY IS IT SO IMPORTANT?

Individuals in Texas and the United States with ESRD have an average lifespan of 4.2 years after onset of dialysis. Furthermore, approximately 90 % of patients die after a long illness as opposed to a sudden and unexpected death. Advanced Care Planning (ACP) and End of Life (EOL) issues are a critical aspect of the renal treatment team's role that is often not adequately presented to patients and their families. ACP/EOL is challenging for the untrained clinician as patients initiating dialysis have fear and anxiety that often accompanies chronic illness. ACP is very important and needs to be an ongoing part of the individual care planning of each patient as time proceeds and the life cycle continues to progress. A trained treatment team member should be designated to provide ACP in each clinical setting. The Social Worker, Nephrologist, or Nurse should understand the many facets of ACP and EOL and how this part of treatment planning can be presented with the respect and dignity of each patient maintained throughout the process.

The Centers for Medicare & Medicaid Services (CMS) contracts with the ESRD Networks across the United States to ensure that Medicare beneficiaries receive quality care. One aspect of quality care is presenting information in understandable language to patients and their families so they can make informed decisions about what they would like to happen in the event that the patient is no longer mentally competent or able to make decisions for themselves.

In the coming year Network 14's goal is to educate our providers' professional staff so they can use the most up to date information on the ACP/EOL issue. The topics of Advanced Directives Act (e.g. Texas Futile Care Law), Hospice Care, Palliative Care, and Ethical Considerations of ACP/EOL will encompass this aspect of our mission of Supporting Quality Care here in the Lone Star State. The Futile Care Law has been brought to the Network's attention at least three times in the last 3 months. This law is unique to Texas; thus, providers should know the law and how the law is applied. Education on the possible legal ramifications of providers not honoring Advanced Directives and DNR's will be another source of information as part of this initiative. The Renal Physicians Association's Clinical Practice Guidelines titled "Shared Decision-Making in the Appropriate Initiation of and Withdrawal from Dialysis" were sent to every facility in Texas. If your facility does not have this book, it is available for purchase. The Advanced Directive Act is posted on the State of Texas website at www.caringinfo.org

It is the goal of Network 14 to collaborate with professional staff in both the inpatient and outpatient settings to be an educational resource for this important aspect of ACP/EOL with patients and their families. In the coming months, Patient Services Coordinator, John Q. Gowan, LMSW, will be conducting education seminars in selected locations in Texas. Helpful links to ACP/EOL websites have been provided for your convenience below. If you have further questions, please feel free to contact John Gowan at Network 14.

Helpful Websites for ACP/EOL

- (1) Texas Partnership for End of Life Care. ...www.txpec.org
- (2) Kidney End of Life Coalition...www.kidneyeol.org
- (3) State by state Advanced Directives forms.... www.caringinfo.org
- (4) Renal Physicians Association.... www.renalmd.org (go to publications)
- (5) Advance Directives Act. Chapter 166...www.capitol.state.tx.us

Did You Know????

Patients starting dialysis have an average of 2.8 comorbidities in Texas, which is the same as the U.S. average.

Just For You...

Test your professional knowledge and share new facts and information with others. In order to better serve the ESRD community with resources and information, the professional newsletters will focus on specific issues that **YOU** want and need!

Please contact Geli Brown, Outreach Coordinator, for more details. Your feedback is very important!

Employed on Dialysis?...

CMS has defined *Rehabilitation* for the new Statement Of Work (SOW) as restoration to the maximum level of independence and quality of life that an individual can achieve. There are many ways in which patients can become “rehabilitated.” Job retention benefits patients and clinics! Half of the ESRD patients are of working age. We can assist our patients by providing them with information about programs and services that will assist them to retain or become employed by offering more “work-friendly” treatment times and creating an expectation that WORK is possible for a dialysis patient.

Currently, the Network is compiling a comprehensive list of agencies and organizations where ESRD patients can find volunteer opportunities and/or work training. If your facility has a good contact with these kinds of services that would benefit patients in your area, please let the Network know so they can be added to the list. We would like to recognize agencies and employers that assist our patients to maintain a higher level of productivity and rehabilitation. Check our website soon under “what’s new” for a complete listing.

Transplantation Facts

The Standardized Transplantation Rate is **0.85 in Texas** compared to **1.01 nationally**. The **percent of patients wait listed** for transplant is **17.7% in Texas** and **22.5% in the US**. One way to increase availability of kidneys for transplant is through living donors, both related and unrelated.

Early kidney transplantation (less time on dialysis) means better outcomes. Don't delay those transplant evaluations and referrals-take a “sooner rather than later” approach, especially for younger patients. One suggestion from units with high transplant referral rates is to appoint a **designated**

Transplant Coordinator. For more resources and ideas, go to www.esrdnetwork.org, click Professionals then Transplantation.

What is Patient Centered Care?

The Institute of Medicine (IOM) has defined patient-centered care as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.” Dimensions of patient centered care include (1) assessment of patients’ perspectives, (2) patients’ self-assessment of level of engagement in their care, (3) patients’ input on the quality of the delivery of their chronic care, and (4) quality treatment decisions.

The Network has many tools and resources available to facilities to increase their level of Patient Centered Care, including workshops and staff training for true self-care within a facility.

Quick Reference Guide to Treatment Modalities

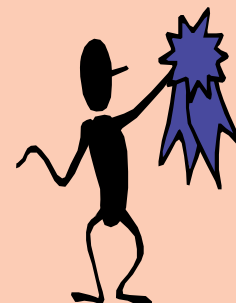
	In-Center Hemodialysis	Nocturnal In-Center Hemodialysis	Standard Home Dialysis	Short Daily Hemodialysis	Nocturnal Home Hemodialysis	CAPD	CCPD
Treatments per week	3 days/week	3 nights/week	3 days/week	5-6 days/week	4-6 nights/week	7 days/week	7 nights/week
Hours per Treatment	4 – 5 hours	8 -9 hours	4 – 6 hours (30-45 min set-up and clean-up)	2½ -3 hours (30-45 min set-up and clean-up)	6 – 8 hours (30-45 min set-up and clean-up)	4 – 5 exchanges (30 –45 min each)	7 – 10 hours (30-45 min set-up and clean-up)
Machine Needed?			Yes			No	Yes
Water System Needed?			Yes			No	
Type of Dialysis Access			Fistula, Graft, or Catheter			PD Catheter	
Needles needed for Treatment?		Yes (unless a catheter is used for dialysis)				No	
Back-up or Helper needed?	No		Most home dialysis clinics require that you train with a helper who will stay close by during home treatment.			No – unless someone needs to do the treatment for you.	
Maximum training days paid by Medicare	None – there are trained professionals there to perform all the duties.		Medicare pays for approximately 3 training treatments per week for a month. If more days are needed, an exception request can be submitted.			15 days (if more days are needed, an exception request can be submitted to Medicare)	
Space and Storage Needs	None – Everything is kept at the dialysis center.		Machine, water system, and supplies			Supplies	Machine and supplies
Plumbing/Electrical Changes	None – The dialysis unit is set-up according to the regulations.		May be necessary for the home dialysis program.			No	Grounded electrical outlet
Utilities Needed?	Provided by the dialysis unit		Home hemodialysis requires water, plumbing and electricity			Peritoneal dialysis requires running water for hand washing	
Possible increase in water or electrical bills?	None		Yes			No	Yes

Special thanks to Bobbie Knotek and “Family Focus” for sharing the above information.

Enter the ESRD Network of Texas *“Work Smarter, Not Harder”* Contest
& Be Eligible to Win Free Registration for *Nephrology Today and Tomorrow 2007*

Submit YOUR suggestion(s) about how we can “Work Smarter, Not Harder” for you, your facility and your patients. We welcome suggestions addressing all areas of Network service to the ESRD community, including, but not limited to:

- ⇒ Promptness of service/politeness and courteousness of NW staff
- ⇒ Quality and volume of resources/information mailed to facilities
- ⇒ Website - content and navigation
- ⇒ Assistance with Quality of Care or patient issues
- ⇒ Ability to provide useful resources - both on website or upon request
- ⇒ Ability to recommend useful referrals to other entities or agencies
- ⇒ How to develop QI or clinical interventions that are more pertinent or helpful



CONTEST RULES:

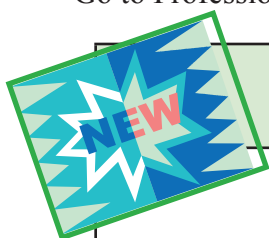
1. The contest is open to all members of the Texas ESRD Community.
2. You may submit as many suggestions as you wish.
3. Your entry must include FIRST and LAST NAME, EMAIL ADDRESS and PHONE #.
4. All contest entries must be submitted via email, fax or mail by November 30th.
5. Contest entries will be judged by Network managers, and 3 winners will be chosen.
6. Winners will be notified by email or phone by November 30, 2006.

This contest is sponsored by Network 14’s ten, hard-working, full-time staff members who work with the forms, phone calls, educational and QI needs generated by over 400 ESRD facilities and more than 30, 000 ESRD patients in Texas!

The End Stage Renal Disease Network of Texas is pleased to announce the opening of the following new facilities. You may access a listing of Texas facilities complete with addresses, telephone numbers and fax numbers from our website at www.esrdnetwork.org

For more information on opening a facility, please visit our website www.esrdnetwork.org.

Go to Professional Info ⇒ Facility Information ⇒ Whom to Contact to open a new dialysis unit.



67-2517 Tarrant County Campus Dialysis Ft. Worth, Texas	67-2539 La Porte Dialysis Facility La Porte, Texas
67-2525 Arlington Dialysis Arlington, Texas	67-2540 FMC of Pleasant Run Dialysis DeSoto, Texas
67-2536 Upper Valley Dialysis El Paso, Texas	67-2541 Tri-City Dialysis Alamo, Texas
67-2537 Summit Dialysis Houston, Texas	67-2542 FMC of West Plano Plano, Texas
67-2538 Willowbrook Dialysis Houston, Texas	67-2543 Tarrant Dialysis Center-Weatherford Weatherford, Texas

Celebrating YOUR



FISTULAFIRSTSM
National Vascular Access
Improvement Initiative

Successes!

Network #14 Staff and MRB Extend KUDOS To These Texas Fistula First Heroes . . .

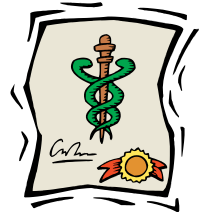
◆ *To the Nephrologists:*

- With access referral patterns that reflect surgeon selection based on best outcomes, willingness, ability to provide access services AND, whenever possible, a range of appropriate surgical approaches to AVF evaluation/placement.
- Who “convinced” their access surgeons to attend the nationally acclaimed 1-day Surgeon’s Course in Tulsa, OK in August 2006.



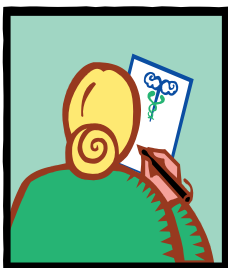
◆ *To the Surgeons and Interventionalists:*

- Who work collaboratively with their dialysis facilities, including:
 - Providing access diagrams and/or access-specific instructions after procedures.
 - Making rounds on their access patients while they are on dialysis.
 - Scheduling routine post-op follow-up appointments to assess AVF maturity.
 - Responding appropriately and timely to staff requests to assess and when appropriate, utilize interventional and/or surgical rescue techniques for AVFs with signs of primary AVF failure.
- Who ordered the surgical CD/DVD “Creating AV Fistulae In All Eligible HD Patients” from the Network and actually *watched* the entire 6 hours of content.



◆ *To the Facility Vascular Access Coordinators and Nurse Managers:*

- Who monitor surgeon-specific AVF maturation rates to facilitate referrals to surgeons who utilize Best Demonstrated Practices for access evaluation, placement and post-procedure follow-up, including educating facility staff and maintaining open communications with patients and staff.
- Who stretch their facilities’ abilities to respond to patients’ vascular access needs by embracing new policies, procedures and techniques, including:
 - Identifying staff with optimal AVF cannulation skills and assigning these staff to cannulate new AVFs for at least the 1st month.
 - Institution of cannulation programs that enhance access longevity, such as staff rating systems based on cannulation expertise, buttonhole cannulation and self-cannulation..
 - Best Practices for cannulating newer fistula configurations, like the Proximal Radial Artery (PRA) AVF, which is constructed to divert venous flow proximally AND distally from the arterio-venous anastomosis site.
 - Who proactively track/trend infiltrations to identify cannulation training needs.
 - Who teach their staff to assess and monitor new AVF to detect early primary AVF failure, which facilitates successful interventional/surgical “rescue” of non-maturing or poor maturing fistulas.
 - Who worked with their multidisciplinary QI teams to develop Vascular Access Action Plans to ↑ the % of their prevalent patients dialyzing with an AVF and/or ↓ the percent of patients using a catheter longer than 90 days.
 - Who recognize the value of incorporating strategies from the Fistula First Change Package into their facility-specific Vascular Access Action Plans.



THANK YOU for YOUR hard work and perseverance!

This page is dedicated to the many Texas nephrology, surgery and interventional professionals who have come together in the spirit of collaboration to form strategic partnerships for vascular access improvement in Texas.

Access - Do It Right!



To help address YOUR barriers, Network #14 will be marketing an awareness and educational initiative titled “Access - Do It Right” to Texas patients, facilities, nephrologists, surgeons, interventionalists, primary care physicians and hospitals.

*This initiative capitalizes on **Four** essential components of vascular access care that will need to be incorporated into the Texas ESRD surgical, interventional and primary care practices communities during the coming months and year if we are to meet Network #14’s CMS-mandated **Fistula First** goals for prevalent AVF utilization in Texas by 2009.*

- ◆ **The Right CKD Care** prior to initiation of dialysis, with emphasis on early referral to a nephrologist for access evaluation.
- ◆ **The Right Assessment** pre-operatively to facilitate optimal selection of vessels, site and procedure.
- ◆ **The Right Procedure** for each patient every time based on comprehensive pre-operative assessment, with an emphasis on Fistula First.
- ◆ **The Right Follow-Up** by the surgeon and the facility, focusing on:
 - Timely post-operative surgical appointments
 - Maturation assessment techniques
 - Identification and intervention for early primary AVF failure
 - Cannulation policies and procedures that are protective of new fistulas
 - Ongoing vascular access monitoring and surveillance to facilitate early detection of failing accesses
 - And last, but not least, promoting the adoption of a “Sleeves Up” policy that will assist facilities to convert failing grafts to fistulas prior to graft thrombosis.

* * * **Fistula First Data Highlights – June/July 2006** * * *

*107 facilities reported 40-49% of their prevalent patients dialyzing with an AVF
50 facilities reported 50-59% of their prevalent patients dialyzing with an AVF
19 facilities reported more than 60% of their prevalent patients dialyzing with an AVF*

Since July 2005, Texas has consistently demonstrated the **highest rate of change** for utilization of prevalent AVF among the 18 Networks. June 2006 data shows that Texas continues to “lead the pack” with a **15.9% improvement rate!**

The prevalent AV graft utilization rate for Texas **decreased 32% in 32 months** from **52.1%** in October 2003 to **35.3%** in June 2006. *Currently, AV graft utilization in Texas is only 1.3 % higher than AV graft utilization in the U.S.*



The prevalent AV fistula utilization rate in ESRD Network #14 climbed from **25.7%** in December 2002 to **41.6%** in June 2006, while the % of prevalent patients utilizing only a catheter for ≥ 90 days stayed between 8.0% - 9.3%.

In October 2003, only **47** Texas facilities reported $\geq 40\%$ of their prevalent patients using an AVF, compared to June 2006 where **177** facilities reported $\geq 40\%$ of their prevalent patients using an AVF as their primary dialysis access.

Additional Information

The Network has a new Patient Services Coordinator. John Gowan, LMSW has joined the Network team and is eager to get to know all of you! Please contact John with questions or concerns about situations that cannot be resolved through use of your existing corporate policies and other resources.

Professional Resources

There are 3 Continuing Education Program Courses available online free of charge.

ESR601 Improving Adequacy of Hemodialysis*

ESR602 Renal Transplantation*

Implementation and Use of the DPC ToolBox*

*For more information or to register for these online courses go to <http://learning5.flqio.org>

Social Workers can also take advantage of another online course worth 1 CEU credit.

Patient Centeredness, an online course, is available through www.esrdnet5.org/edresource.asp

Dietitians can better assist dialysis patients with recipes and menu ideas from

www.culinarykidneycooks.com

Modality options and information

www.homedialysis.org

Kidney Health Care program and benefit information and updates

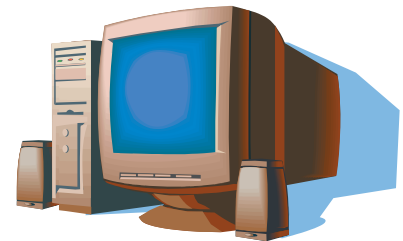
www.dshs.state.tx.us/kidney/updates

Medicare Part D assistance

<http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp>

211 Service information for registering special needs patients

www.hhsc.state.tx.us/tirn/tirnhome.htm



The Medicare Learning Network is pleased to announce the latest provider resource:

An Overview of Medicare Preventative Services for Physicians, Providers, Suppliers, and Other Health Care Professionals video program.

Centers for Medicare & Medicaid Services (CMS) has approved this video program for 0.1 International Association for Continuing Education and Training (IACET) CEU upon successful completion.

This program is appropriate for use by a single individual or may be shown to a large group.

To access this program go to: <http://cms.meridianksi.com> (click on Web Based Training Courses)