

# NetLink



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POST for all staff to read



## New AAMI Standards Effective January 26, 2011

April 2011

A new AAMI revision for Dialysis fluid and water treatment for hemodialysis (“Water treatment equipment for hemodialysis application” ANSI/AAMI RD62: 2006 and ANSI/AAMI RD62: 2006/A1: 2009 and “Quality of dialysis fluid for hemodialysis and related therapies” ANSI/AAMI/ ISO 11663:2009) went into effect January 26, 2011.

**Question** asked by many dialysis facilities already, “Will the surveyors expect the facilities to implement and follow the new AAMI guidelines?”

**Answer:** Implementation of the new AAMI standards is currently on a voluntary basis, based on the response from CMS on this issue.

CMS was contacted and the following was the response received:

“If CMS changes its rules to adopt the new AAMI standards, CMS would need to go through the rulemaking process of using the Federal Register to communicate both a Notice of Proposed Rulemaking and a Final Notice of Rulemaking. The rulemaking process is extensive, and even for a technical change of one area, such as revising the AAMI standards, the process would take at least two years.” – Judith Kari, CMS/CMCS

For Questions please contact:

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)

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Save the Date!!!

Nephrology Today & Tomorrow 2011 and 2012

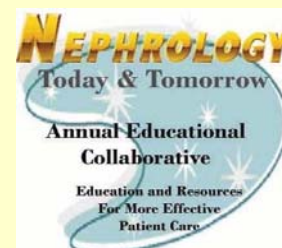
When: June 24-25, 2011

June 29-30 2012

Where: The Omni Mandalay

Irving, Texas

2011 Theme: Building Blocks to Improving the Critical 3 C's  
Care, Coordination, Communication



## Community Corner

### National Healthcare Decisions Day!

**April 16 has been designated National Healthcare Decisions Day!** The National Healthcare Decisions Day (NHDD) Initiative is a collaborative effort of national, state and community organizations committed to ensuring that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their healthcare decisions. The objectives of NHDD are to provide much-needed information to the public, reduce the number of tragedies that occur when a person's wishes are unknown, and improve the ability of healthcare facilities and providers to offer informed and thoughtful guidance about advance healthcare planning to their patients.

The [Kidney End-of-Life Coalition](http://www.kidneyeol.org), along with over 1,000 other national, state and community organizations, is proud to participate in NHDD which will be celebrated on **April 16**. Visit the NHDD website to learn how your organization can participate: <http://www.nhdd.org/p/join-campaign-for-nhdd.html>

Additional information and resources on advance care planning can be found on the Kidney End-of-Life Coalition website (<http://www.kidneyeol.org/advanced.htm>) and the National Healthcare Decision Day website (<http://www.nhdd.org/p/resources.html>).

### Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies

Announcing a new resource entitled, *Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit* which was developed with support from the U.S. Department of Health and Human Services, Office of Minority Health.

The toolkit provides recommendations from the [National Consensus Panel on Emergency Preparedness and Cultural Diversity](#). It offers information, resources and practical strategies for engaging and integrating culturally diverse communities across emergency planning and response actions—such as partnership building, community assessment, training and education, risk communication and evaluation.

Recognizing the importance and need for translating policy to action, with ongoing support from the Office of Minority Health, the National Consensus Panel and Program Staff at the Texas Health Institute, the University of Texas School of Public Health's Center for Emergency Preparedness, and the Drexel University School of Public Health's Center for Public Health Readiness & Communication developed this unique toolkit—offering operational guidance, promising practices and model programs on diversity and preparedness.

The Toolkit can be downloaded at [divprep@drexel.edu](mailto:divprep@drexel.edu)

**Hope is like a bird that senses the dawn and carefully starts to sing when it is still dark.**

*- Anonymous*



## ” ESRD Conditions for Coverage Frequently Asked Questions (FAQs)

Version 1.3 March 2011”

The Centers for Medicare and Medicaid Services (CMS) Survey & Certification (S&C) Group has just released a revised version of the ESRD Conditions of Coverage frequently asked questions.

You can access this document from our website at <http://www.esrdnetwork.org/professionals/regulations.asp>

### How Institutional Providers Will Pay the Medicare Enrollment Application Fee

Section 6401(a) of the *Affordable Care Act (ACA)* requires the Secretary to impose a fee on each “institutional provider of medical or other items or services and suppliers.” The fee is to be used by the Secretary to cover the cost of program integrity efforts including the cost of screening associated with provider enrollment processes, including those under section 1866(j) and section 1128J of the *Social Security Act*. The application fee is \$505 for CY2011; based upon provisions of the ACA this fee will vary from year-to-year based on adjustments made pursuant to the Consumer Price Index - All Urban Consumers (CPI-U). The application fee is to be imposed on institutional providers that are newly-enrolling, re-enrolling/re-validating, or adding a new practice location, for applications received on and after **Friday, March 25, 2011**. CMS has defined “institutional provider” to mean any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B (except physician and non-physician practitioner organizations), or CMS-855S forms or associated Internet-based PECOS enrollment application.

Institutional providers applying to participate in the Medicare program must first submit a completed CMS-855 application. An enrollment application can be submitted in one of two ways:

1, Electronically, using Internet-based PECOS – Once you have completed and submitted your enrollment application using Internet-based PECOS, you should then promptly pay the application fee through [www.Pay.gov](http://www.Pay.gov).

2. Complete the paper Medicare enrollment application (CMS-855) – Once you have completed filling out the CMS-855 paper application, you should promptly pay the application fee through [www.Pay.gov](http://www.Pay.gov).

For more information, please refer to the regulation published to the *Federal Register* at <http://www.GPO.gov/fdsys/pkg/FR-2011-02-02/pdf/2011-1686.pdf>.

### Flu Shot Reminder

It's Not too Late to Give and Get the Flu Vaccine. Take advantage of each office visit and continue to protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) recommends that patients, health care workers and caregivers be vaccinated against the seasonal flu. Protect your patients. Protect your family. Protect yourself. **Get Your Flu Vaccine - Not the Flu.**

Visit the following CMS websites: [http://www.cms.gov/MLNProducts/Downloads/Flu\\_Products.pdf](http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf) and <http://www.cms.gov/AdultImmunizations>.



## FDA Alerts

### American Regent Injectable Products: Recall - Visible Particulates in Products (UPDATE)

Bacteriostatic Sodium Chloride Injection, USP, 0.9%, 30 mL Multiple Dose Vials, Concentrated Sodium Chloride Injection, USP 23.4%, 30 mL Single Dose Vials and 100mL Pharmacy Bulk Packages, Sodium Thiosulfate Injection USP 10%, and Potassium Phosphates Injection, USP have been recalled by American Regent.

The recall was initiated because some vials exhibit translucent visible particles consistent with glass delamination. There is potential adverse events after intravenous administration include damage to blood vessels in the lung, localized swelling, and granuloma formation.

Healthcare facilities should not use the recalled American Regent products.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Complete and submit the report Online: [www.fda.gov/MedWatch/report.htm](http://www.fda.gov/MedWatch/report.htm)

[Download form](#) or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178 .

### H&P Industries Povidine Iodine Prep Pads

**Including products under brand names Cardinal Health, Medical Specialties, VHA, Triad, Triad Plus, North Safety, Total Resources**

H&P industries, Inc initiated a voluntary product recall of ALL LOTS of Povidine Prep Pads manufactured by H&P Industries, Inc. but which are private labeled for many accounts. Analytical testing showed the presence of Elizabethkingia meningoseptica. Use of contaminated Povidine Prep Pads could lead to life-threatening infections, especially in at risk populations, including neonates, immune suppressed patients, and surgical patients. Treatment options are limited for Elizabethkingia meningoseptica infections.

Healthcare organizations should contact H&P Industries Customer Service to arrange a return.

Healthcare professionals and patients are encouraged to report adverse events, side effects, or product quality problems related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Read the MedWatch safety alert, including a link to the Press Release, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm247743.htm>



## **B. Braun Outlook 400ES Safety Infusion System**

### **Model Number 621-400ES: Class I Recall - Hardware May Become Unresponsive**

The B. Braun infusion systems upgrads with Motorola compact flash hardware and supporting software, when used in a network environment that utilizes Temporal Key Integrity Protocol (TKIP) authentication, are at risk of a memory leak that can cause the Management Processor to fail. When this occurs, normal operation is disrupted (i.e. the pump fails to continue delivering medicine) as indicated by an audible back-up alarm. There is not a visual warning system to alert the user the pump in not functioning properly.

It is recommended that customers deactivate the wireless communication on their pumps and return them to the manufacturer B. Braun.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of this product to the FDA's MedWatch Safety Information and Adverse Event Reporting Program

Read the MedWatch safety alert, including a link to the FDA recall notice, at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm241637.htm>

## **Information Management Department (Data Department)**

### **Updating your Facility's Services – It's Important!**

Please remember to update the Network for any changes to the services your facility provides. Examples of services are: accepts transient patients, In-Center Hemodialysis, CAPD, CCPD, Nocturnal Dialysis, offers isolation stations, frequent dialysis and Home Hemodialysis. This is very valuable information for the patients who may be utilizing the CMS Dialysis Facility Compare website to locate a facility that offers the service they need. You can notify the Network via fax or mail indicating the new service or removal of old services.

To know what services are listed currently for your facility contact Jennie Conley at 469-916-3805.

*Certain services and change in the number of stations will require a copy of your state license to process.*

### **Patient Activity Reports (PAR)**

Do you want a digital version of the Network 14 PAR? You can download the most recent version as well as instructions from <http://www.esrdnetwork.org/global/cms-forms/index.asp>. Please use this version only and make sure **ALL** your facility information (CMS Prov. #, Name, Phone, Fax, etc.) is on the form and readable before you send it in.

The PAR is due to the Network office on the 8<sup>th</sup> of every month. You can either fax the PAR or mail a hardcopy. If you mail it please allow enough transit time to meet the deadline of the 8<sup>th</sup>. PAR timeliness is tracked and facilities not submitting Patient Activity Reports (PARs) in a timely manner may be reported to Network #14's CMS Project Officer.

Thanks for all of your hard work!



## CMS 2728 and 2746 Training Available

For facility staff members who are new or are in need of a refresher session on how to complete a CMS 2728 or 2746 form, the Network website now offer a link to Network 7's training session.

To access go to this link:

<http://www.esrdnetwork.org/global/cms-forms/index.asp>

## Network Corner

### American Nephrology Nurses Association Nurses Recognition Award

The Network staff is pleased to announced that on March 29, 2011, Glenda Harbert, Executive Director of the ESRD Network of Texas, was honored by ANNA National at their 42nd national symposium in Boston, MA. ANNA presented Glenda with the prestigious honor of "Excellence in Nephrology Nursing Management" award. Please join us in congratulating Glenda for receiving this much deserved award and honor.



Also honored was the ANNA—Dallas Chapter for the "Regional Star Award (Chapter of the Year)" in the Southwest Region.

**CONGRATULATIONS TO ALL!**

### Calling All Renal Dietitians

The Texas renal community needs to hear your voice. If you have any information that you would like to share with your fellow Texas renal dietitians we would be honored to give you a forum via our monthly newsletter "NetLink".

Send your articles to [info@nw14.esrd.net](mailto:info@nw14.esrd.net). Please keep them to 3 or 4 paragraphs. All articles must be received no later than the 15th of the month to be published in the upcoming month's edition.

We look forward to working with you to assist you with networking with your fellow dietitians.



# Outreach Corner



If your facility is located in one of the coastal counties, be on the look out for new patient disaster bags with new patient disaster flyer and lilac bands. These should be out to your facility by the end of April.

Do you know who the Texas ESRD Emergency Coalition officers are or how to contact them? They are available for questions and mentoring regarding facility disaster preparedness. Have a question; please contact any one of them.

**TEEC Chair**

Mikki Ward

[Mikki.Ward@fmc-na.com](mailto:Mikki.Ward@fmc-na.com)

**Secretary**

Debbie Heinrich

[HeinrichD@satelliteHealth.com](mailto:HeinrichD@satelliteHealth.com)

**Treasurer**

Karen Walton

[KWalton@usrenalcare.com](mailto:KWalton@usrenalcare.com)

## TEEC Meeting 2011 Meeting Schedule

**April 12**

San Antonio

**June 23**

Dallas (in conjunction with the Network Annual Meeting)

**August 9**

Houston

**September** (date to be announced)

Webinar on EMSsystem

**October 11**

Austin



## Who We Are webinar

Attention facility Social Workers and Network Patient Representatives (NPR). The Network will be holding a webinar on April 22, 2011 at 12:30pm CST. The webinar will provide the attendees to learn about who the Network is and what we do and will provide Social Workers with the opportunity not only to bond with their facility NPR but also earn CEUs.

Information flyer will be faxed to the units by the first week in April.



# Network 14 Tips- the How, When, What & Where of Patient Advocacy Meetings

### HOW - frequent

The most effective meetings are conducted based on the *needs of the population*. At a minimum Patient Advocacy Meetings should be held every 90 days. However, if your facility is experiencing many changes, for example losing/gaining personnel in large numbers; construction that could impact patients; and/or larger than normal loss in patients, meetings should be conducted more frequently (monthly if needed).

### WHEN- to meet

While it is often said that patients don't attend meetings, many SWs have had some great experiences with patient meetings! Why is that the case? Below are a few elements for success:

- Plan the meetings when the majority of patients are at the facility, such as during "switchover" put on and take off
- Depending on the facility schedule this may be between 9:30 am and 11:00 am
- Holding meetings in 30 minute increments reaches a larger patient population
- Over time patients begin looking forward to coming a few minutes earlier or staying a few minutes later for the meeting
- Use colorful signs informing patients of the meetings at least two weeks ahead of time
- Remind patients of the upcoming meeting during weekly rounds

### WHAT- how to plan

Create a written agenda. Working with your Network Patient Representative(s) (NPR) is a good starting place for topics. Creating an agenda helps keep the meeting focused and soliciting your NPR's assistance can help identify patient concerns that may impact the patient population as a whole.

- **Patients want to be heard, so remember to schedule a time for them to speak**
- Have a strategy to keep the meeting from becoming a negative gripe session or from being taken over by one person
- Include patient educational topics and or presenters, for example Transplant Coordinators or Voc Rehab Representatives

If possible, get your RD involved and offer a renal friendly snack and drink. Remember everyone likes to eat!

### WHERE- to conduct

The lobby of the facility can be a great place to meet with patients to discuss general meeting information. This may be the optimum place to meet because they are already there! Don't hesitate to ask people if they will stay an additional 5 minutes for the meeting and most will say yes!

For additional tips or assistance contact Treneva Parks, Patient Services Coordinator, at [tparks@nw14.esrd.net](mailto:tparks@nw14.esrd.net) or at 469-916-3808



## Dialysis Patient Citizens

Dialysis Patient Citizens (DPC) through their website now offers information on financial assistance for dialysis patient by State. You can also find your State's policy that could impact your kidney dialysis and/or transplant patients such as transportation, reimbursement or other Federal/State programs that assist kidney patients.

There are also other links that will direct you or your patients to their lawmakers so that you can ask for assistance in passing laws that will help the dialysis community.

For more information go to <http://www.dialysispatients.org/patient-assistance-state-advocacy>

## Quality Improvement Corner

### Partnering with Patients on the Quality Improvement Journey

How do you partner with patients to improve quality of care? Is listening to the voice of the patient part of your quality improvement process? Is it a facility priority? Patient perception of quality often differs from our perception of quality. One of the tenets of patient-centered care is direct engagement of patients regarding all aspects of their care including how to improve processes and outcomes.

Some ways to involve patients in QI include:

- Seeking patient input and ideas on opportunities for improvement in an unbiased manner
- Including patients in the QI feedback communication loop on changes being made or piloted
- Displaying QI data at patient weighing stations with key points & questions for the patients to ask

Convening a focus group on an area needing improvement as revealed in your patient satisfaction

surveys &/or aggregate KDQOL survey findings.

Your Network Patient Representative (NPR) is another important resource to involve in quality improvement activities. The Network provided a packet of information in February to each facility to give to their NPR in order to facilitate communication between the NPR and patients. You may want to consider inviting your NPR to attend your next QAPI Committee.

If you have additional or unique ways that you have involved patients in quality improvement, we'd like to hear from you! Please send your success stories to Kelly Shipley, QI Director, via email at [kshipley@nw14.esrd.net](mailto:kshipley@nw14.esrd.net). Ideas will be shared at this year's annual educational conference - ***Building Blocks to Improving the Critical 3 C's: Care, Communication, & Coordination*** on June 24 & 25, 2011.

### FFBI Releases the "Vascular Access Atlas DVD"

Network 14 has received the new FFBI "Vascular Access Atlas" DVDs. These atlas DVDs will be sent to each facility with the upcoming Fistula First mail out scheduled for the first week of April 2011. Please be sure to look for this valuable vascular access resource and provide all staff the opportunity to view the atlas.

For Questions please contact:

Kelly Shipley, BS, RHIA, QI Director at [kshipley@nw14.esrd.net](mailto:kshipley@nw14.esrd.net)

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)



**WEbex for PD Nurses**  
**“MAINTAINING PD ADEQUACY – LOOKING BEYOND KT/V”**

Date: Monday, April 18, 2011, 11:30 a.m. – 12:45 p.m. EST

Cost: \$10.00 per facility – includes 1.25 Continuing Education Credits for ALL attendees at the facility  
Complete the registration form attached (page 13) and submit as instructed.

Mid-Atlantic Renal Coalition is hosting an educational WebEx on April 18, 2011 entitled “Maintaining PD Adequacy – Looking Beyond Kt/V.” Joanne Bargman, FRCPC, MD, an internationally known expert on PD is our guest speaker. There is a \$10/facility registration fee to cover CEU expenses, we have applied for 1.25 CEUs through ANNA.

Joanne Bargman is a staff nephrologist at the University Health Network and Professor of Medicine at the University of Toronto. She received her MD cum laude from the University of Toronto. She was an exchange fellow in Melbourne for her senior medical residency year, and then pursued nephrology training at Stanford University. Her research focused on renal physiology and micropuncture. Upon returning to Toronto, she was recruited to the Toronto Western Hospital where she trained in peritoneal dialysis under Dimitrios Oreopoulos. She has more than 200 invited lectures internationally, on subjects as diverse as peritoneal dialysis, calciphylaxis, and management of glomerulonephritis. Currently she is Director of the Peritoneal Dialysis Unit and co-director of the Combined Renal-Rheumatology Lupus Clinic at the University Health Network. She has won faculty-wide teaching awards, at both the undergraduate and postgraduate levels.

Objectives:

1. Discuss fluid management and blood pressure control.
2. Review peritonitis risk.
3. Identify strategies for better PD outcomes.

For Questions please contact:

Brandy Vinson, Special Projects Manager at [bvinson@nw5.esrd.net](mailto:bvinson@nw5.esrd.net)

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)

**Message from Alcavis HDC**



The following letter was sent out by Alcavis for clarification on prescription requirements for the use of Alcavis 50 and ExSept Plus.

March 3, 2011

Alcavis HDC is committed to providing our customers with innovative and progressive solutions for their infection control needs. We have performed numerous market studies with working clinicians (physicians and nurses) to identify products that satisfy their particular needs.

*Continued page 11.....*



**Alcavis 50** is a high-level disinfectant for use on catheter caps and connections. It has an FDA 510K clearance (K885037) specifically for this use. As this product is classified as a medical device, a physician prescription is required for the use. In the in-center and home dialysis arenas, this is typically carried out as part of the Patient's Standing Orders on admission to the clinic. Verbiage may appear as "Use Alcavis 50 on CVC connections" or "Alcavis 50 per facility protocol" if there is a written procedure in place. In the home dialysis population, the physician order is written in a similar fashion. This in turn allows the bottles to be included in the patient monthly home delivery supplies.

**ExSept Plus** has recently received a new 510K clearance. This new clearance allows us to put "for the care of catheter exit sites" on our label, which will provide a very clear indication for the dialysis population. ExSept Plus –Skin, Exit Site and Wound Cleanser is identical to ExSept Plus sold prior to October 2009 (this product has been on the market for 11 years). Due to this expanded claim, the product is also considered a prescription product. Similarly to Alcavis 50, in the dialysis population, use of this product requires it to be written in the patient's orders. In other situations outside of a dialysis clinic or hospital, a traditional medication prescription would be necessary for use.

**Alcavis HDC** also has ExSept Plus cleared as an over the counter (OTC) product, but this prevents us from labeling it for catheter exit site care. Since exit site care is relevant to the dialysis population, most facilities use the prescription version label.

Should you have any questions regarding the uses of Alcavis HDC products, please feel free to contact me at MPadovan@AlcavisHDC.com or 301-330-7597 x 114.

Regards,

Shelly Padovan RNC NN WCC  
Clinical Specialist  
Alcavis HDC

For Questions please contact:

Kelly Shipley, BS, RHIA, QI Director at [kshipley@nw14.esrd.net](mailto:kshipley@nw14.esrd.net)

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)

## **Bundling**

**Levy, Jr., R. (2011). Medicare Issues Final Rule on Quality Incentive Program, *Dialysis & Transplantation*, Volume 40: Number 2: February 2011, page 57.**

The first of the changes in reimbursement for Centers for Medicare and Medicaid mandatory Quality Incentive Program (QIP) has officially begun. The impact of this is that CMS is also implementing the 2008 congressional mandate which states, "penalties for poor quality." The "penalty" is a possible reduction of up to 2% of the reimbursement amount based on the facilities performance in 3 quality indicators (Total Performance Score).

Continued on page 12.....



The Total Performance Score is based on a scale of 0 – 30 as shown in the table:

\*\*As published by Levy, Jr., R. (2011). Medicare Issues Final Rule on Quality Incentive Program, *Dialysis & Transplantation*, Volume 40: Number 2: February 2011, page 57.

Total Performance Score	Payment Reduction to Facility
26 – 30 points	0%
21 – 25 points	0.5%
16 – 20 points	1.0%
11 – 15 points	1.5%
0 – 10 points	2.0%

The 3 quality indicators which will be utilized in determining the Total Performance Score are:

\*\*As published by Levy, Jr., R. (2011). Medicare Issues Final Rule on Quality Incentive Program, *Dialysis & Transplantation*, Volume 40: Number 2: February 2011, page 57.

Quality Measure	Performance Standard	National Standard (2008)	Relative Weight
Anemia Management	Anemia Control	Maintain Hgb levels within range of 10 – 12 g/dL	--
Minimum Hgb levels must be maintained	% of patients with average Hgb levels < 10 g/dL	2% or less of patients with average hemoglobin levels < 10 g/dL	50%
Hgb levels cannot be excessive	% of patients with average Hgb levels > 12 g/dL	26% or less of patients with average Hgb levels > 12 g/dL	25%
Hemodialysis adequacy, based on removal of waste products in blood	% of patients with average urea reduction ratio > 65%	96% or more of patients with average urea reduction ratio > 65%	25%

\*Hgb = Hemoglobin

The article states that CMS is likely to use the outcomes achieved in 2011 to determine the reimbursement rate for 2013. There is also mention in this article that, “CMS indicates that it will likely expand and/or change the performance standards for 2013 and thereafter, and will use the measurement standards as “floors” to encourage dialysis providers to improve performance.”\*\*

For more details and complete descriptions of the process, please read the entire article at: Levy, Jr., R. (2011). Medicare Issues Final Rule on Quality Incentive Program, *Dialysis & Transplantation*, Volume 40: Number 2: February 2011, page 57.

For Questions please contact:

Kelly Shipley, BS, RHIA, QI Director at [kshipley@nw14.esrd.net](mailto:kshipley@nw14.esrd.net)

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)

\*\* Levy, Jr., R. (2011). Medicare Issues Final Rule on Quality Incentive Program, *Dialysis & Transplantation*, Volume 40: Number 2: February 2011, page 57.





# WebEx Training with 1.25 CEUs\*!

Provided by Mid-Atlantic Renal Coalition

## MAINTAINING PD ADEQUACY – LOOKING BEYOND KT/V

Monday, April 18, 2011

11:30 a.m. – 12:45 p.m. EST

Presenter: Joanne Bargman, MD, University Health Network, Toronto General Hospital

**REGISTRATION FORM (print clearly)**

**One (1) phone line per facility, please.**

To register, fax or mail this form with payment to the MARC office by Wednesday, April 13, 2011. You will receive the WebEx log-in information after your registration has been processed.

**Payment Policy:** Registrations will not be accepted or processed without payment.

**General Information:**

Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How would you like to receive the WebEx log-in information?  Fax  E-mail

Number of staff participating from your facility: \_\_\_\_\_

**Payment Information:** Registration for this WebEx is \$10/facility; this includes CEUs for all of your participants, however each participant will need to complete and submit an evaluation to receive credit.

Payment Method:  Check (enclosed, payable to "MARC"  VISA  Discover  Master Card  
 American Express

Cardholder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

Billing Address (no P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, the cardholder authorizes the Mid-Atlantic Renal Coalition ("MARC") to charge his/her credit card for the amount indicated above. The cardholder agrees to reimburse MARC for any fees associated with challenged/disputed transactions that are resolved in favor of the merchant (MARC).

Cardholder Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

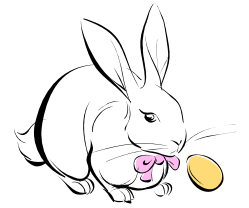
FAX or MAIL this form and payment to the MARC office at: 1527 Huguenot Road, Midlothian, VA 23113

Fax: 804-794-3793 \* Phone: 804-794-3757

\*This activity has been submitted to the American Nephrology Nurses' Association (ANNA) for approval to award contact hours. The American Nephrology Nurses' Association (ANNA) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Participants must attend 80% of the activity to receive credit.



# April 2011



Sun	Mon	Tue	Wed	Thu	Fri	Sat	
					<b>1</b> <i>April Fools Day</i>	<b>2</b>	
<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b> <i>NON-LDO Fistula First Data, EMSystems updates, and PAR reports due</i>	<b>9</b> 	
<b>10</b>	<b>11</b>	<b>12</b> <i>TEEC Meeting, San Antonio</i>	<b>13</b>	<b>14</b>	<b>15</b> <i>Missing Forms Due</i>	<b>16</b> <i>National Healthcare Decisions Day</i>	
<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b> <i>"Who We Are" webinar</i>	<b>23</b>	
<b>24</b> 	<b>25</b>	<b>26</b>	<b>27</b> <i>Administrative Professional Day</i>	<b>28</b>	<b>29</b> <i>Missing Forms mail out</i>	<b>30</b>	
			NKF Spring Clinical Meeting—Las Vegas, NV				

Has your patient gone to an inpatient setting for greater than 30 days? If so, use the loss code 6B on your PAR and indicate a description of the setting where the patient has gone in the "where is patient going to coming from" column (i.e. hospital, rehab, LTAC)

## Patient's Corner

*Written for patients by patients*

Facility staff - post both the English and Spanish flyer by the patient's scales as well as near the sink that the patient's use to wash their accesses and in the lobby/waiting room.

### **Kidney Beginnings—for newly diagnosed kidney disease patients**

**FREE** health event for patients and their family members hosted by **AAKP**

**DATE:** Saturday, April 16, 2011  
**TIME:** 9 am—12 pm  
**LOCATION:** University of North Texas Health Science Center  
Research and Education Building (RES)  
Everett Hall (100)  
3500 Camp Bowie Blvd  
Ft. Worth, Texas 76107

For more information go to <http://www.aakp.org/events/KB-Live/dallas-ft-worth/> or call 800-749-AAKP (2257).

### **Who We Are webinar**

Attention facility Social Workers and **Network Patient Representatives (NPR)**. The Network will be holding a webinar on April 22, 2011 at 12:30pm CST. The webinar will provide the attendees to learn about who the Network is and what we do. It will provide Social Workers and NPRs with the opportunity to speak with members of the Network Patient Advisory Committee (PAC). There will be a short question and answer session at the end of the webinar.

An information flyer will be faxed to the units by the first week in April.

We look forward to being able to present this information to you and answer your questions.

**From the bitterness of disease man learns the sweetness of health.**

*- Catalan Proverb*



## Rincón del paciente

*Escrito por pacientes para pacientes*

Inicio del tratamiento renal – para pacientes a los que se les ha diagnosticado una enfermedad renal recientemente

Evento sobre salud **GRATUITO** para pacientes y sus familiares auspiciado por **AAKP**

**FECHA :** Sábado 16 de abril de 2011  
**HORA:** 9 a.m .a 12 p.m.  
**LUGAR:** University of North Texas Health Science Center  
Research and Education Building (RES)  
Everett Hall (100)  
3500 Camp Bowie Blvd  
Ft. Worth, Texas 76107

Para obtener mayor información visite <http://www.aakp.org/events/KB-Live/dallas-ft-worth/> o llame al 800-749-AAKP (2257).

### Seminario virtual “Quiénes somos”

Atención trabajadores sociales de la institución y **Representantes de los Pacientes en internet** (NPR, por sus siglas en inglés). La Red realizará un seminario virtual el 22 de abril de 2011 a las 12.30 p.m. CST. Dicho seminario brindará a los asistentes información sobre quiénes conforman la Red y a qué nos dedicamos. Proveerá a los Trabajadores sociales y a los NPR la oportunidad de hablar con miembros del Comité de asesoría a los pacientes de la Red (PAC, por sus siglas en inglés). Habrá una sesión corta de preguntas y respuestas al finalizar el seminario.

Se enviará por fax a las unidades un volante informativo la primera semana de abril.

Esperamos poder presentarle esta información y responder sus consultas.

**De lo amargo de una enfermedad el hombre aprende la dulzura de la salud.**

*- Proverbio catalán*

