

NetLink



ESRD Network of Texas, Inc.
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POST for all staff to read



July/August 2011

Nephrology Today & Tomorrow 2011 Meeting Was A Huge Success

Focusing on Patient Centered Care, this year's annual meeting had a record 440 registered participants representing all disciplines in ESRD care and 55 Exhibitors. The Theme of this year's meeting was "Building Blocks to Improving the Critical 3 C's" which are Care, Communication and Coordination, all of which are essential in providing Patient Centered Care. You can download the majority of the presentations from the Network Website at www.esrdnetwork.org.

A presentation by Dori Schatell, MS, on Patient Centered Care and Interdisciplinary KDQOL opened the conference. Simple strategies to engage patients, improve outcomes and intertwine these strategies with the Kidney Disease Quality of Life (KDQOL) tool were discussed.

In reporting on the State of ESRD in Texas, Network Chairman Melvin Laski, MD reviewed growth and demographic changes over time, Executive Director Glenda Harbert discussed the components of NW14 goals and objectives for the coming year 2011-2012 and Ruben Velez, MD, Chair of the Medical Review Board discussed the results of the Quality Improvement Projects undertaken this year and the opportunities for improvement as well

as what lies ahead for the ESRD patients, facilities and professionals.

Dr. Laski, also presided over the annual Network Coordinating Council (NCC) portion of the meeting. Two nominees, Charles Orji, MD, (for secretary) and John Bell, MD (member at large) were nominated and approved by the members of the NCC. Changes approved to the By-Laws included allowing voting by electronic means and the lowering of the quorum requirements.

Glenda Payne, RN, MSN and Donna Painter, RN, MSN spoke about factors that are important in ensuring continuity of care as our patients' transition from one modality or place of care to another. Dr. Alan Hull, a nephrologist for over 40 years gave a history of home therapy options from the early 1960's through the present. Following this interesting presentation Dr. Robert Hootkins provided insights on how to "Maintain Desired Outcomes in a Bundled Environment". In closing the Plenary

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Session, Derek Jakovich, JD, MBA, MHA and Patsy Lemons, RN of DSHS discussed the Texas ESRD Licensure Rules and the "Reports to the Director". Ms. Lemons has since retired from DSHS.

The breakout sessions on Saturday morning were equally well received. A special simulation cannulation workshop was presented by Angie Wieler, RN, MSN, CNN, CPHQ and Dr. Ingemar Davidson, a vascular surgeon.

In the clinical sessions, participants heard Dr. James Flack discuss the management of common psychiatric disorders seen in ESRD patients; Dr. Maria Ferris discuss factors for a smooth transition for pediatric patients to the adult environment. The TEEC committee comprised of nurses Mikki Ward, Deborah Heinrich and Sara Garza, provided tips for a facility to safely face a disaster. Diana Hlevobov, RN gave an in depth discussion of fluid management in the dialysis patient. Kelly Shipley, RHIA presented the 5 Diamond Patient Safety Program, an interactive program comprised of modules designed for completion by dialysis facilities to implement patient safety initiatives.

Louise Clements, RD, a dietitian from Lubbock, reviewed of the role of Vitamin D in the prevention of bone disease and presented new clinical studies that may impact the role of Vitamin D and improve patient outcomes. Paul Garney, RD, a dietitian from Houston spoke on the "Use of Niacin in the Treatment of Hyperphosphatemia", on which he has authored several articles. Wrapping up the Dietitian session was Dr. Vincent Valentine, a transplant surgeon from Galveston who discussed managing nutrition in patients with other diseases in addition to ESRD.

The session for Social Workers consisted of a repeat of Dr. Flack's earlier presentation and an-

other presentation by Dr. Hull on "Motivating Patients to Self Care", that provided tips on how and when to present the home/ self care option to the patient and family and outcomes compared to other forms of renal replacement therapy. Dr. Richard Goldman, Wendy Funk-Schrag, MSW and Glenda Harbert along with two family members discussed the importance of Advanced Care Planning, who should be included in the discussion and other frequently asked questions.

The Patient Advisory Committee (PAC) requested a presentation on the cause and prevention of vascular calcification. Dr. Paul Skluzacek, a Dallas nephrologist, presented conditions that lead to the early formation of calcification in the vessels that in the long term can result in occluded vessels and subsequent amputations.

All disciplines came together for the final presentation by Glenda Harbert entitled "Speak Up & Health Literacy". The Speak Up Campaign, launched by the Joint Commission in conjunction with CMS, urges patients to take a role in preventing health care errors by becoming active, involved and speaking up when things seem wrong. The session informed participants on the effects of low health literacy that reduces the success of treatment and increases the risk of mortality and errors.

The Program Committee believe that if attendees took away at least three new ideas/ information from this meeting, it would be a considered a success.

SAVE THE DATE! Nephrology Today and Tomorrow **2012** will be held June 29 and 30th, 2012 at the Omni Mandalay Las Colinas. If you have any suggestions for topics, please let us know. The Network Staff is looking forward to seeing and visiting with you next year.



FDA Alerts

American Regent recalls concentrated sodium chloride injection, USP, 23.4%, 30 mL Single Dose

American Regent is conducting a voluntary nationwide recall to the user and consumer level of concentrated sodium chloride injection, USP, 23.4%, 30 mL Single Dose Vial, Lot #0362, Expiration Date May 2012, NDC # 0517-2930-25.

This voluntary nationwide recall is for lot #0362 only. No other sizes or lots of Concentrated Sodium Chloride Injection, USP are subject to this voluntary recall.

The recall was initiated because some of the vials of this lot contain visible particulates, the FDA said. Potential adverse events after intravenous administration of solutions containing particulates may include disruption of blood flow within small blood vessels in the lung, localized inflammation (swelling and redness due to accumulation of inflammatory cells), and granuloma formation.

Concentrated Sodium Chloride Injection, USP, 23.4% is indicated as an additive in parenteral fluid therapy for use in patients who have special problems of sodium electrolyte intake or excretion, including dialysis patients. It is intended to meet the specific requirement of the patient with unusual fluid and electrolyte needs. The product should not be used and facilities should immediately quarantine any product for return.

Erythropoiesis-Stimulating Agents (ESAs) In Chronic Kidney Disease: Drug Safety Communication - Modified Dosing Recommendations

Epoetin alfa (marketed as Epogen and Procrit) and darbepoetin alfa (marketed as Aranesp)

FDA notified healthcare professionals that new, modified recommendations for more conservative dosing of Erythropoiesis-Stimulating Agents (ESAs) in patients with chronic kidney disease (CKD) have been approved to improve the safe use of these drugs. FDA has made these recommendations because of data showing increased risks of cardiovascular events with ESAs in this patient population. The new dosing recommendations are based on clinical trials showing that using ESAs to target a hemoglobin level of greater than 11 g/dL in patients with CKD provides no additional benefit than lower target levels, and increases the risk of experiencing serious adverse cardiovascular events, such as heart attack or stroke.

Healthcare professionals should weigh the possible benefits of using ESAs to decrease the need for red blood cell transfusions in CKD patients against the increased risks for serious cardiovascular events, and should inform their patients of the current understanding of potential risks and benefits. Therapy should be individualized to the patient and the lowest possible ESA dose given to reduce the need for transfusions.

Read the MedWatch safety alert, including links to the Drug Safety Communication, Press Release, and other information, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm260641.htm>



Nulojix (belatacept): Risk Evaluation and Mitigation Strategy (REMS) Increased Risk of Post-transplant Lymphoproliferative Disorder (PTLD), predominantly involving the Central Nervous System (CNS), and Progressive Multifocal Leukoencephalopathy (PML)

TARGET AUDIENCE: Transplantation, Nephrology

Bristol-Myers Squibb informed healthcare professionals about the REMS that is required for Nulojix to ensure that the benefits of Nulojix outweigh the risks of PTLD and PML, both of which can be fatal. Patients treated with Nulojix are at an increased risk for developing PTLD, predominantly involving the CNS. PML has been reported in patients receiving Nulojix at higher than recommended doses as part of an immunosuppressant regimen.

Be sure to verify the patient's EBV status **before** initiating therapy with Nulojix. BMS established

the ENLIST Registry to further evaluate the safety profile of Nulojix. BMS encourages your participation in the ENLIST Registry.

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:

Read the MedWatch safety alert, including a link to the Dear Healthcare Professional Letter, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm262210.htm>

Risperdal (risperidone) and Risperidone: Recall - Uncharacteristic Odor

Ortho-McNeil-Janssen Pharmaceuticals has recalled specific lots of Risperdal (risperidone) 3mg tablets and risperidone 2mg tablets. The recall stems from consumer reports of an uncharacteristic odor thought to be caused by trace amounts of TBA (2,4,6 tribromoanisole). TBA is a byproduct of a chemical preservative sometimes applied to wood often used in the construction of pallets on which materials are transported and stored. While not considered to be toxic, TBA can generate an offensive odor and a small number of patients have reported temporary gastrointestinal symptoms.

Patients should not stop taking their medication. Anyone experiencing an uncharacteristic odor associated with Risperdal 3mg Tablets or

risperidone 2mg Tablets should return the tablets to their pharmacist, and contact their healthcare professional if they have questions.

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.

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

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm259901.htm>

"A healthy attitude is contagious but don't wait to catch it from others, be a carrier."

—Tom Stoppard



Tylenol Extra Strength Caplets, 225 count bottles: Recall - Uncharacteristic Odor

McNeil Consumer Healthcare is recalling one product lot of Tylenol Extra Strength Caplets, 225 count bottles, distributed in the U.S. The recall stems from a small number of odor reports, including musty, moldy odor. The uncharacteristic musty, moldy odor has been linked to the presence of trace amounts of a chemical known as 2,4,6-tribromoanisole (TBA). While not considered to be toxic, TBA can generate an offensive odor and has been associated with temporary and non-serious gastrointestinal symptoms.

Consumers who purchased product from the lot included in this recall should stop using the product and contact McNeil Consumer Healthcare, either at www.tylenol.com or by calling 1-888-222-6036 (Monday-Friday 8 a.m. to 8 p.m. Eastern Time) for instructions about receiving a refund or product coupon. Consumers who have medical concerns or questions should contact their healthcare provider.

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.

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

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm261509.htm>

Tamiflu (oseltamivir phosphate) for Oral Suspension: Label Change-New Concentration (6 mg/mL)

Labeling changes are being made to Tamiflu oral suspension to reduce the possibility of prescribing and dosing confusion that can lead to medication errors. The changes to the product label include:

- A change in the concentration of Tamiflu from 12 mg/mL to 6 mg/mL.
- A change in the dosing table for Tamiflu to include a column for the volume (mL) based on the new 6 mg/mL concentration. Revised

Steps should be taken to avoid the potential for a medication error due to confusion between the two concentrations. Prescribers should include

the new concentration (6 mg/mL) and dose in milliliters on all prescriptions for Tamiflu for oral suspension.

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.

Read the MedWatch safety alert, including a link to the Drug Safety Communication at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm262432.htm>



Information Management Corner

CMS/HIPAA Security Incidents

*Please protect your patient's private health information (PHI) and **DO NOT email it.***

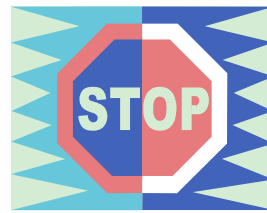
It is a HIPAA violation to email PHI. If you email PHI to Network 14, we are required by CMS to report it as a security incident for the person sending the email. If you must communicate with the Network via email about a specific patient, please use the IDNUM (UPI) and no other identifying information in the email transmission. Items that are considered to be PHI are: patient name (first and/or last), date of birth and social security number.

If your facility submits Fistula First Data via email, please remember to **email ONLY the facility summary tab** as it contains no PHI.

Thank you for helping protect your patients!

A HIPAA reminder flyer is available at:

<http://www.esrdnetwork.org/provider-directory/information-providers.asp>



CROWNWeb

Phase III of CROWNWeb is scheduled for November and December 2011. This will be your chance to use the *new version* of the QualityNet Identity Management System (QIMS) and CROWNWeb *before* the National Release in February 2012.

If you would like to be part of CROWNWeb Phase III, contact Nathan Muzos at nmuzos@nw14.esrd.net or 972-503-3215 ext. 312.

Network Corner

ANNOUNCING *Immunization/Infection Control webinar*



Do you have questions on immunization or infection control? If so, send them to Andrea Fichtner, MPH at afichtner@nw14.esrd.net. All questions or concerns will be addressed during the Network 14 Immunization/Infection Control webinar on **September 27, 2011** at 10:00am CST. More information on this very informative subject will be faxed to all Texas dialysis and kidney transplant centers at the end of August or the first week in September.



Network 14 Welcomes New Staff

The ESRD Network of Texas, is excited to announce the addition of 4 new staff members!

Ashley Wright, BA, is one of our new Information Management clerks. Ashley is a graduate of The University of North Texas with a Bachelor of Arts degree. Her job duties include data entry of CMS 2728 and 2746 forms, requests for copies of CMS 2728 forms and patient ID numbers for emergency/disaster wrist bands, and monthly Patient Activity Reports (PARs). To contact Ashley dial 469-916-3805 or awright@nw14.esrd.net.

Magdalena Sanchez, BS, is another new Information Management clerk. Magdalena is a graduate of The University of Texas Arlington with a degree in Information Systems. Her job duties include data entry of CMS 2728 and 2746 forms and monthly Patient Activity Reports (PARs). To contact Magdalena dial 469-916-3809 or msanchez@nw14.esrd.net.

Christi Cosby, MPH, is the new Quality Improvement Analyst. Christi has a Master's degree in Epidemiology and Public Health from Yale School of Public Health. She was previously employed by the University of Texas Southwestern Medical Center in Dallas, Texas. Christi will assist the QI Department with quality improvement projects and special studies which will include organizing, collecting, validating,

compiling, analyzing, and reporting results of Network projects and studies. She will also be in charge of Fistula First data collection/reporting and training of facility staff and facility tracking for the 5 Diamond Patient Safety program. To reach Christi dial 469-916-3807 or ccosby@nw14.esrd.net.

Our latest addition is Beverly Sneed, RN, BSN, as our Quality Improvement/Patient Services Nurse. As many of you might remember Beverly worked for the Network in the early 1990s. Beverly comes to the Network from Abbott Labs and will be assisting with Quality Improvement projects, Quality of Care data submission and questions, DSHS referrals and providing clinical assistance with facility concerns and patient complaints and grievances. To reach Beverly dial 972-503-3215 Ext 310 or bsneed@nw14.esrd.net.

Please join the Network staff in welcoming these 4 new employees.



To access a complete Network staff listing with job duties and contact information go to our website at www.esrdnetwork.org.

Network Annual Report for 2010

The 2010 ESRD Network of Texas, Inc. Annual Report is available on our website at www.esrdnetwork.org in the drop down menu under "Our Network" tab, click on the Annual report . You will be able to access copies of the Network's Annual Report from 1999 to 2010.



Outreach Corner

Is My Facility Disaster Ready?

If these things are in place, you are more likely to be prepared:

- ▷ Drills are practiced at a minimum annually, preferably quarterly
- ▷ Your facility disaster plan is current and up to date
- ▷ All patients have recently been educated on disaster preparedness
- ▷ Your facility has made contact with its utility providers, local EOC and has a back-up plan & facility
- ▷ Facility has a emergency supply kit
- ▷ Facility has all patient IDNums in place and lilac bands for all patients on hand with labels
- ▷ Facility staff have an emergency plan at home



Patient Services Corner

In the Mood? KDOOL and Sexual Functioning

The KDOOL allows the interdisciplinary team to understand the impact of kidney disease on daily life. Examples of this include:

- *the ability to work around the house
- *energy to travel
- *the effect of fluid and diet limits
- *stress and/or anxiety
- *self-image
- *sexual functioning

When a patient provides feedback on the KDOOL with problems in sexual functioning, what steps can we take to help our patients have a healthier sex life?

For female patients

- Strength training and aerobic exercise
- Assess for hormonal changes that need to be addressed
- Topical creams or lubricants
- Assess for the need of oral medications (hormones, etc)
- Review of medications and side effects with patients and physicians for alternatives if necessary

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For male patients:

- Assess for low testosterone and address for decreased libido
- Erectile dysfunction - medication may be needed
- Assessment of penile blood flow
- Strength training

For both female and male patients:

- Encourage communication between the patient and partner
- Ensure adequate dialysis
- Address anemia issues
- Encourage binder adherence to address calciphylaxis of body parts
- Asses for and treat depression
- Review vascular access placement locations
- Assess and control co-morbid conditions such as diabetes, thyroid issues

Communication, energy and self-image all play into sexual health.

Network 14 Patterns of Complaints—2nd Quarter 2011

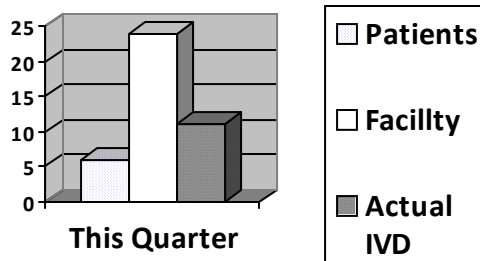
Following is a review of trends seen in complaints and grievances received from both facilities and patients for the months of April thru June 2011. Calls were received about the following topics:

Abusive/Disruptive
 Professional/Staff related
 Education/Information

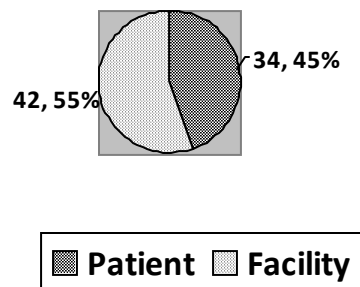
Quality of Care/Environment
 Transfer/Discharge

Unfortunately, leading the race in complaints and negative contacts are two areas which can have the greatest impact on the lives of patients from the facility, Quality of Care (QOC) & Involuntary Discharge of patients (IVD). Below are the results of both patient and facility contacts in the identified area's to the Network for this quarter.

Involuntary Discharge



Quality of Care



Quality Improvement Corner

2011 Quality of Care (QOC) Reports

Resources

In early August, the following items will be available updated with the outcomes of the 2011 Quality of Care Data Collection Results (4th quarter 2010 data) on our website at: www.esrdnetwork.org – Professionals – Quality Improvement

Adult

- Facility Run Charts for Hemodialysis and Peritoneal Dialysis
- Facility Report Cards for Hemodialysis and Peritoneal Dialysis
- Quality of Care Indicator Results for Hemodialysis and Peritoneal Dialysis

Pediatric (*NEW*)

- Facility Run Charts for Hemodialysis and Peritoneal Dialysis
- Facility Report Cards for Hemodialysis and Peritoneal Dialysis
- Quality of Care Indicator Results for Hemodialysis and Peritoneal Dialysis

Facility Reports

All facilities who submitted QOC data for the Elab project will receive a packet with facility results, comparative information, and instructions on how to proceed with review, analysis, and follow-up to the Network. **Please be sure to review your packages closely and follow instructions provided.**

Those facilities that do not meet the MRB established Quality of Care cut-points will receive a letter identifying the area that does not meet the cut-point and instructions for actions required by the facility. The facility will be given an opportunity to submit to the Network current outcomes and, if those indicators meet the MRB Cut-Point, the Network will remove the facility from the Potential Quality of Care Concern list.

Pediatrics

This is the second consecutive year that the Network identifies *Potential* Pediatric Quality of Care Concerns.

High-Performers

The Network will also analyze the data to determine those facilities with high performance over the past 2 years, and certificates acknowledging Benchmark and Recognized Status will be sent to facilities that meet the selection criteria.

- Facilities in the top 10% for the last 2 years receive a Benchmark Certificate
- Facilities in the top 10% for the current year receive a Recognized Certificate



Exclusions include:

Facilities that have had a Texas DSHS survey that resulted in a referral to the MRB with a Corrective Action Plan (CAP) of a Level II or III within the last 2 years.

Use of post-dialysis blood draw for serum Hemoglobin outcomes.

Any current year quality of care concern indicator data

For more information please contact:

Beverly Sneed, QI Nurse, at bsneed@nw14.esrd.net

Angie Wieler, QI Coordinator, at awieler@nw14.esrd.net

Kelly Shipley, QI Director, at kshipley@nw14.esrd.net



Fistula First Breakthrough Initiative (FFBI)

Quarterly Newsletter Published

"The Gold Standard"

The introductory edition of the Fistula First Newsletter, *The Gold Standard*, has now been officially released. This 2-page, quarterly newsletter will be an additional resource for the Network community to share information and resources in pursuit of the national AVF prevalence rate of 66%, while working to decrease CVC use.

In order to provide copies of the newsletter to all the vascular access coordinators as they are available, a special email group is being established. If you would like to receive this newsletter upon release please do the following:

- Send an email to: awieler@nw14.esrd.net
- Put this in the subject line: Add me to your FFBI email group
- Be sure to have this information in your email:
 - Name
 - Facility you represent
 - Contact phone number

For more information please contact:

Christi Cosby, QI Analyst at ccosby@nw14.esrd.net

Angie Wieler, QI Coordinator at awieler@nw14.esrd.net.



Life Options Offers Free Mini-Movie about Fistulas

A press release was received by the Network and we would like to share this exciting information with all the facilities in the state of Texas!

Madison, Wisconsin—A 3-minute multimedia movie called "Let's Talk About...Fistulas" is now available for free download from the Life Options website in English (www.lifeoptions.org/letstalk/mov1eng/) and Spanish , and via the Fistula First Breakthrough Initiative website (www.fistulafirst.org/HealthcareProfessionals/FFBChangeConcepts/ChangeConcept10.aspx).

About the movie

"We created this short, high-impact message to help dialysis patients understand *why* replacing a hemodialysis catheter with a fistula is so important," explained MEI Executive Director Dori Schatell.

The movie quickly and graphically addresses:

1. Problems with catheters, including an animation of "germs" entering the bloodstream
2. Benefits of fistulas for having a good life
3. Fear of surgery, dialysis needles, and the appearance of a fistula—reasons patients may refuse to switch from a hemodialysis catheter

Dialysis professionals can use the movie to start a conversation with patients about converting from a catheter to an arteriovenous fistula (AVF). The movie can be quickly downloaded or sent via email, and is available for mobile devices via YouTube™ (www.youtube.com/watch?v=VmOG2TzO7dk). A DVD will soon be available for a small fee; submit a request via the website (www.lifeoptions.org/letstalk/). Funding for the project was provided by the Fistula First Breakthrough Initiative, Amgen, and Genzyme.

Increasing fistula use

Researchers estimate that as many as 68,653 lives could be saved in the U.S. solely by reducing dialysis catheter use to less than 7%. **The decision to allow creation and use of an AVF is in patients' hands.** Gaining patient cooperation to convert from a catheter to a fistula is literally a matter of life and death.

About Life Options

Life Options is a program of the non-profit Medical Education Institute, Inc. Founded in 1993, Life Options is dedicated to helping people with chronic kidney disease (CKD) live long and live well. All Life Options materials are non-commercial and have been reviewed for accuracy by a multidisciplinary panel of experts. For more information about the non-profit Medical Education Institute and its programs, including Life Options, visit www.meiresearch.org.

For more information please contact:

Christi Cosby, QI Analyst at ccosby@nw14.esrd.net

Angie Wieler, QI Coordinator, at awieler@nw14.esrd.net

Kelly Shipley, QI Director, at kshipley@nw14.esrd.net



2011 Dialysis Facility Reports and Performance Score Reports

Please be reminded that in June the Network distributed important information to the Master Account Holders (MAH) as designated by their dialysis facilities regarding MAH usernames and passwords, instructions on how to access the facility Dialysis Facility Reports (DFR) and Performance Score Reports (PSR) on www.DialysisReports.org, assign users, and contact information for technical support.

The Network sent registration information to all designated MAHs and dialysis facility corporate contacts for CMS' ESRD Quality Incentive Program Open Door Forum which was held on July 14, 2011. Following the open door forum, the Network sent additional information to all MAHs and posted the slides from the open door forum webcast on the Network website www.esrdnetwork.org – on the home page under the heading **Attention Master Account Holders**. Slides #25 – 41 contain step-by-step instructions for:

logging on
MAH options
creating new users & granting permissions
editing users
changing the MAH
changing passwords
viewing reports
submitting questions and comments



Key things to remember:

- Facilities have until August 15th to review their DFR and PSR and make comments back to www.DialysisReports.org.
- Facilities certified after December 31, 2010 will **not** receive a 2011 DFR and therefore do not have a designated MAH at this time.
- You must notify www.DialysisReports.org **and** the Network if there is a change in your Master Account Holder (MAH) at your facility. To notify the Network of the MAH change for your facility, complete the Special Studies Contact field on the *Notice of Change in Key Personnel* form and fax back to the Network. The form is located at:

www.esrdnetwork.org -> Provider Directory Tab -> Information for Providers

or

<http://www.esrdnetwork.org/provider-directory/information-providers.asp>

Problems?

If you are having difficulty logging into www.DialysisReports.org or have other questions please email: support@DialysisReports.org (does not require logging in), or call toll free (877) 665-1680, Monday through Friday, 8AM – 4PM (CST). Every effort will be made to respond to login questions within one business day.



nncc Electronic Bulletin

Effective immediately, the following CCHT examination eligibility criteria changes apply:

CCHT Eligibility Criteria

1. The applicant must possess a minimum of a high school diploma or its equivalent, General Educational Development (GED), and must submit a copy of a government approved high school diploma. The name on the diploma must match the name on the CCHT exam application. If it does not, proof of name change (e.g., marriage certificate) must be submitted.
2. The applicant must have successfully completed a training program for clinical hemodialysis technicians that included both classroom instruction and supervised clinical experience.
 - o The applicant must obtain the signature of the educator **or submit a certificate of completion to verify the training program.**
3. If the applicant has not yet obtained a position as a clinical hemodialysis technician, he/she must provide the number of hours spent in clinical, hands-on patient care experience obtained as part of the training program, and must provide the name of the facility where the clinical training occurred.
 - o The facility administrator or manager must sign to verify that the clinical, hands-on experience did occur and was supervised by an RN.
4. If the applicant has held a position as a clinical hemodialysis technician within the last eighteen (18) months he/she must provide the name of the employer.
 - o The applicant must obtain the supervisor's signature to verify employment. It is recommended, but not required, that an applicant have a minimum of six (6) months (or 1,000 hours) of clinical experience.

The applicant must be in compliance with federal and state regulations of the practice of hemodialysis patient care technicians. Applicants must meet the training and experience requirements of the CMS Conditions for Coverage for End Stage Renal Disease Facilities and of the state in which they practice.

Applicants must submit the most current version of the examination application (revision date 6/2011). <http://www.nncc-exam.org/cgi-bin/WebObjects/NNCCMain>

For more information please contact Angie Wieler, QI Coordinator, at awieler@nw14.esrd.net.



NEW FDA Enforcement Discretion letters for Aranesp & Epogen



National Renal Administrators Association

NRAA has received news that the FDA has issued new Enforcement Discretion letters for Aranesp and Epogen (dated June 2, 2011) related to Medication Guide distribution.

Below are links to the letters. In summary, the letters say that for patients without cancer, providers only need to provide the medication guide at the initiation of therapy (dialysis) or when the guide is materially revised or updated. It would appear the oncologist who is treating the patient with cancer continues to be responsible for additional notification.

Here are the web links to Enforcement Discretion letters from FDA for Aranesp and Epogen (dated June 2, 2011) related to Medication Guide distribution.

<http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM152180.pdf>

<http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM152179.pdf>

For more information please contact Angie Wieler, QI Coordinator, at awieler@nw14.esrd.net.

TEEC Meeting 2011 Meeting Schedule

August 9

Houston

September (date to be announced)

Webinar on EMS System

October 11

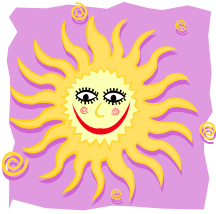
Austin



Hurricane Season is here!! Are you ready?

For resources go the Network website at www.esrdnetwork.org Click on Disaster





August 2011



| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----------|---|--|---|-----------|--|-----------|
| | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> |
| <i>7</i> | <i>8</i> <i>July PARs due</i> <i>EMSystems update due</i> | <i>9</i> <i>TEEC Meeting, Houston, TX</i> | <i>10</i> <i>FF Non-LDO data due</i> | <i>11</i> | <i>12</i> | <i>13</i> |
| <i>14</i> | <i>15</i> <i>Last day to comment on DFR to CMS</i> | <i>16</i> | <i>17</i> | <i>18</i> | <i>19</i> | <i>20</i> |
| <i>21</i> | <i>22</i> | <i>23</i> | <i>24</i> | <i>25</i> | <i>26</i> | <i>27</i> |
| | | | | | AAKP National Convention, Little Rock, AR | |
| <i>28</i> | <i>29</i> <i>Q of C acknowledgement due</i> | <i>30</i> | <i>31</i> <i>Faxing of Missing Forms Reports</i> | | | |



August is National Immunization Month! Be Wise—Immunize

Did your facility's personnel change? Download the new 'Notice of Change in Key Personnel Form' <http://www.esrdnetwork.org/provider-directory/information-providers.asp> and fax it to 972-503-3219.



American Association of Kidney Patients (AAKP) Annual Meeting

"Bridging the Future of Kidney Care"

August 26-28, 2011

The Peabody Hotel

Little Rock, AR

New this year: Public Policy Forum: Health Care Disparity and Patient Employment at The William J. Clinton Presidential Center with national policy, medical and academic experts.

For more information call 1-800-749-AAKP or go to the AAKP website at www.aakp.org.

Travel Tips



Even if you have kidney disease, you can take the road trip or exotic vacation you dreamed about all winter. Here are the top 5 summer travel tips from the National Kidney Foundation.

1. Consult your doctor to determine whether your health is stable enough to withstand a trip and discuss your plans in detail, including destination, recreational activities, sports.
2. If you do in-center hemodialysis, talk to your social worker or nurse about making arrangements to do dialysis in the city to which you'll be traveling. Planning 6-8 weeks in advance is necessary in order to secure an appointment for treatment. If you're traveling to a popular vacation destination or during the holidays, give yourself even more time as guest spots in the dialysis units may be limited.
3. Put any essential medical information, your medication and supplies in your carry-on bags in case your luggage gets lost.
4. Bring enough medication to last for your entire trip as well as some extra for possible emergencies. Carry a written prescription in case you lose the medication and need more while you're away from home.
5. If you're traveling by plane or train, arrange for special meals such as low-salt, low-fat or diabetic, at the time that you make your reservation. Don't wait until you're on the aircraft or rail because at that time, airline personnel may not be able to accommodate your needs.



Reunión anual de la American Association of Kidney Patients
(Asociación Americana de Pacientes Renales, AAPK)

“Un puente hacia el futuro de la atención renal”

Del 26 al 28 de agosto de 2011

The Peabody Hotel

Little Rock, AR

Novedad para este año: Foro de políticas públicas: Desigualdad en la atención de la salud y capacidad de empleo del paciente en The William J. Clinton Presidential Center con expertos académicos, médicos y de la política nacional .

Para obtener más información, llame al 1-800-749-AAKP o visite nuestro sitio web www.aakp.org.

Consejos para viajes



Incluso si padece una enfermedad renal, usted puede realizar un viaje en automóvil o tomarse esas vacaciones exóticas que soñó durante todo el invierno. Los siguientes son los 5 consejos principales para viajes de la Fundación Nacional del Riñón.

1. Consulte con su médico para determinar si su salud está lo suficientemente estable como para resistir un viaje y hable sobre sus planes en detalle, incluya el destino, las actividades recreativas y los deportes.
2. Si realiza un tratamiento de hemodiálisis en un centro asistencial, hable con su asistente social o enfermero para organizar las sesiones de diálisis en la ciudad a la que viaje. Se necesita una planificación de entre 6 y 8 semanas con anticipación para garantizar un turno para el tratamiento. Si viaja a un destino popular o durante las fiestas, organícese con más tiempo ya que es posible que los lugares para pacientes externos en las unidades de diálisis estén más limitados.
3. Coloque en su bolso de mano toda la información médica, medicamentos y suministros en caso de que se extravíe su equipaje.
4. Lleve medicación suficiente hasta el último día de su viaje y algo de medicación extra para posibles emergencias. Lleve una receta escrita en caso de que pierda la medicación y necesite más mientras está fuera de su hogar.
5. Si viaja en avión o tren, pida comidas especiales; por ejemplo: con bajo contenido de sodio, con bajo contenido de grasas o para diabéticos, al momento de hacer la reserva. No espere a estar en el avión o tren porque es posible que en ese momento el personal de la aerolínea no pueda satisfacer sus necesidades.

