

# NetLink



ESRD Network of Texas, Inc.  
4040 McEwen Rd, Suite 350  
Dallas, Texas 75244

POST for all staff to read



## KDQOL: A Powerful Under-utilized Tool

- Donald A. Molony, MD, Nephrologist  
Vice-chair, Medical Review Board, ESRD Network 14

June 2011

The KDQOL (Kidney Disease Quality of Life) instrument is a valuable tool that provides patients and care givers with information that is central to patient-centered care, and when fully implemented should improve patients' lives and should pave a path for choices of patients and interventions by providers. Traditionally, the KDQOL has been used to evaluate health quality and quality of life for groups of individuals choosing different treatment strategies for the same disease. For instance, the KDQOL instrument has been used to identify and quantify the differences in health statuses achieved when patients choose kidney transplant over dialysis for treatment of ESRD.

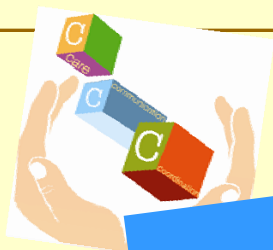
The KDQOL has much greater utility than simply providing insurers and care-givers with data on effectiveness of one therapy compared to another. As applied to patients undergoing chronic dialysis for treatment of ESRD, the KDQOL can provide very valuable information about the particular patient's health status, the treatment they might be receiving to achieve optimal health and the changes over time in their quality of life. The KDQOL is a powerful tool because it is simple, reproducible, and reliable. It has been widely validated.

*Continued on page 2...*

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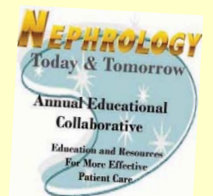
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## Building Blocks to Improving the Critical 3 C's Care, Communication, Coordination



**Nephrology Today  
& Tomorrow 2011  
Annual Meeting  
June 24 & 25,  
2011**

**To Register go to [www.esrdnetwork.org](http://www.esrdnetwork.org)  
And click on the Nephrology Today  
and Tomorrow logo—Early Registration  
ends JUNE 10, 2011**



**OMNI Mandalay Hotel at Las Colinas—Last day for  
reduced rates JUNE 6, 2011**

221 East Las Colinas Boulevard  
Dallas (Irving), Texas 75039  
Phone: (972) 556-0800, Fax: (972) 556-0729

The KDOOL allows the practitioner to track an individual patient's perception of health status over time. It has a number of health related domains and a number of kidney disease state related domains. Thus, the practitioner can review the data from an individual patient and uncover whether that patient is experiencing depression or another psychiatric problem complicating their ESRD or whether the patient perceives significant limitations in their physical functioning or cognition. Deteriorations in scores in these domains should help identify opportunities for focused therapeutic interventions. For instance, allowing practitioners to identify and treat conditions such as depression or sleeplessness that might otherwise go unrecognized. An appropriate interdisciplinary team intervention when such conditions are identified would be a referral, after a comprehensive evaluation by the nephrology social worker, for further assessment. An intervention for depression by a psychiatrist if indicated or further assessment of sleep patterns that might lead to identification of restless legs syndrome or symptoms most attributable to obstructive sleep apnea. Either of these sleep disorders which occur commonly in ESRD should prompt further formal evaluation and changes in management.

Additionally, certain conditions that are dependent on or influenced by the delivery of an adequate dialysis prescription including, for instance, the sleep disorders referred to above, may be identified by the KDOOL. In this latter circumstance, deterioration in the KDOOL score might alert practitioners to the individual patient who is not adequately dialyzed or who is malnourished or who is experiencing deterioration in ADL or cognition. Examples of appropriate interventions that might be considered under these circumstances would importantly begin with further assessment by the dietitian, clinicians and social workers of the patient's mental status or physical status and/or referral for physical therapy.

Examples of other interventions that might be initiated by the nephrologist arising from a thorough review of KDOOL scores include:

1. Initiation of an exercise program to improve a low Physical Component Score (PCS)
2. Referral to social worker to discuss vocational rehabilitation to work toward patient's goal that was identified as part of KDOOL review
3. Review anemia management to improve low PCS and potentially improve RLS

Referral to the interdisciplinary team to discuss overall goals of care and alternative options for treatment of ESRD. If a patient is not achieving a good KDOOL this might provide an opportunity to discuss alternative dialysis modalities (for instance, home therapies compared to in-center hemodialysis) or renal transplantation.

Patients with low KDOOL scores or who have experienced a significant drop in their scores demonstrate a diminished survival and require more intense healthcare resource utilization. If the practitioner is successful in reversing the causes of the low KDOOL scores, subsequent scores will improve.

Continued on page 3...



Thus, the KDQOL can be used to track an individuals' evolving health related quality of life (HrQOL).

In summary, the KDQOL is a validated standardized instrument that allows for comparison of treatment outcomes between settings and patients and longitudinally for the individual patient over time.

If the results of the KDQOL survey become an important part of informing a patient's care, implementation of the KDQOL process in a particular practice should translate into improved patient health outcomes and satisfaction and improved efficiencies of care and health dollar resource utilization.



## Community Corner

### **Strategies to Help Your Kidney Patients Self-Manage**

Presented by TMF, Texas Renal Coalition, Texas Chronic Kidney Disease Force

Presenter: Dorian R. Schatell, MS

Target Audience: Nurses, Renal Dialysis Technicians, Nurse Practitioners, Physician Assistants

This educational program will offer 2.0 CNE contact hours and be held on Sunday, June 26, 2011, from 10:00am until noon at the Crowne Plaza Hotel in Austin, Texas. To register, call 866-439-8863.

### **How to Have a Good Future with Kidney Disease**

Presented by TMF, Texas Renal Coalition, Texas Chronic Kidney Disease Force

Presenter: Dorian R. Schatell, MS

Target Audience: Kidney Patients and their families

This educational program will give patients and their family members information on what they can do to stay as healthy as possible and feel their best. Program will be held on Sunday, June 26, 2011, at the Crowne Plaza Hotel in Austin, Texas from noon until 3:00pm. To register call 866-439-8863.

*"Cheerfulness is the best promoter of health and is as friendly to the mind as to the body."*

*- Joseph Addison*



## FDA Alerts

### **FDA Safety Announcement: Defibtech Lifeline and ReviveR Automated External Defibrillators (AEDs): Recall - Software Defect May Cancel Shock**

Devices subject to this recall include Model DDU-100 series with software version 2.004 or earlier, sold under the brand names Lifeline and ReviveR. AEDs using software version 2.004 or earlier may cause the device to cancel shock during the charging process. Failure to provide appropriate therapy may result in failure to resuscitate the patient.

Defibtech will provide customers with a free software upgrade. Because the conditions that may lead to a canceled shock occur rarely, it is recommended that customers keep their AEDs in service during the software upgrade process. Full instructions and recommendations are being mailed to affected customers. Defibtech is responsible for contacting all end users unless a distributor has agreed to contact their accounts directly regarding this field correction.

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/ucm254929.htm>

### **FDA Safety Announcement: Weck Hem-o-Lok Ligating Clips: Contraindicated for Ligation of Renal Artery During Laparoscopic Living-Donor Nephrectomy**

The FDA has notified health care providers that Weck Hem-o-Lok Ligating Clips should not be used for the ligation of the renal artery during a laparoscopic living-donor nephrectomy because of serious risks to the donor. There is the potential for the clips to become dislodged, which can lead to uncontrolled bleeding, additional surgery, or death of the donor.

The Weck Hem-o-Lok Ligating Clip is a V-shaped clip made from a non-absorbable material that comes in various sizes. It is used to permanently close bleeding vessels or tissue structures.

See the FDA [safety communication](#) for a listing of affected model numbers, and recommendations for healthcare providers, hospital staff, and patients.

Read the MedWatch safety alert, including a link to the FDA recall notice, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm254363.htm>



## FDA Announces Drug Shortage—Calcitriol 1 mcg/mL Injection

Company/Products	Reason	Related Information
American Regent, Inc. 1-800-645-1706  1 mL ampule, 25 count (NDC 00517-0132-25)	Increased demand	American Regent has calcitriol injection on back order and the company cannot estimate a release date.
APP Pharmaceuticals 1-888-386-1300  1 mL ampule, 50 count (NDC 63323-0731-01)	Increase in demand	APP has calcitriol injection on intermittent back order with multiple releases estimated by Late-May.
Abbott Laboratories 1-800-255-5162  1 mL ampule, 100 count (NDC 00074-8110-31)	Manufacturing delays	Abbott has Calcijex 1 mcg/mL injection on back order with an estimated release date of early June 2011.
West-Ward Pharmaceuticals Customer Service: 1-800-631-2174  1 mL ampule, 5 count (NDC 00143-9728-05)	Contract manufacturer cannot meet USP requirements	West-Ward has calcitriol injection on back order and the company cannot estimate a release date.

## 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 and no other identifying information in the email transmission. Items that are considered to be PHI are: patient name (first and last), date of birth, social security number, etc. 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 reminder flyer is available at:

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



## Event Validations

The newest Event Validation (covering Jan. 1 – Mar. 31, 2011) mail out was sent to all facilities in April and **was due May 20<sup>th</sup>**. Please be sure to double check the following items in your packet to ensure that the Network has the most accurate information for your facility and your patients.

- Check modalities listed on all patients using the Ending Patient Population provided.
- Review the Renal Facility List for accuracy, please check:
  - Facility personnel and update all positions that have changed (including all positions that say Current ...)
  - Contact information (address, phone, fax, etc.)
  - Shift days and times
  - Services (if approved services are missing please include a copy of the letter from CMS approving the new service)
- Retrieve patient IDNUMS from the Ending Patient Population report provided (they are listed in the far-left column titled "UPI")
- Review the Patient Events report for accuracy of events, patient name, DOB, HIC numbers, etc.
- You DO NOT need to update/change the Dr. listed on the Ending Patient Population report.

Thank you for taking the time to complete these actions and helping the Network keep your facility and patient data as accurate as possible, it will help the Network serve you better.

## Missing Forms Reports—New Delivery Procedure

Starting at the end of June 2011 Missing Forms will not be mailed to Texas ESRD dialysis and kidney transplant units. They will be faxed to the individual units.

There will be NO missing forms reports dispersed in May 2011.

## Data Tips for CMS Form Completion

On **EACH** page of your facility Patient Activity Report (PAR) prior to submission please be sure to double-check that your facility name, address and 6-digit Medicare provider number (which starts with either **45** or **67**) are included in the top right corner.

When completing CMS 2728 and 2746 forms, the provider number referenced on the forms is for the Medicare Provider number **NOT** the facility telephone number. The fields in question are field #11 on the CMS 2746 and field #21 on the CMS 2728.



### Suggested Resources

- The Society for Public Health Educators offers resources on getting work published. They offer easy-to-read fact sheets at [http://www.sophe.org/healthy\\_communities.cfm](http://www.sophe.org/healthy_communities.cfm). (\*Also on the same page are fact sheets/resources for **Building Coalitions**.)
- You can also find CMS-provided resources on T:/Quality Improvement/Resources/Publishing Work, namely the working draft of the guide *Pen-to-Paper*, and the SQUIRE Guidelines.
- This site provides the ABCs of creating a poster presentation. (The Create Your Poster links on left-hand side walks you through the entire process from planning to exhibiting) <http://www.ncsu.edu/project/posters/NewSite/>
- Apha also provided a guide to preparing poster presentations: "Tips for Preparing a Poster Presentation: A guide for pharmacy professionals"  
[http://www.pharmacist.com/AM/Template.cfm?Section=Directors\\_Preceptors&Template=/CM/ContentDisplay.cfm&ContentID=4941](http://www.pharmacist.com/AM/Template.cfm?Section=Directors_Preceptors&Template=/CM/ContentDisplay.cfm&ContentID=4941)

### Important Notice regarding proposed changes to HIPAA requirements

HHS' Office for Civil Rights has posted proposed changes to rules regarding the disclosure of patients' health information that could give patients more insight into how their information is shared. The proposed rules are to be published in the May 31 issue of the *Federal Register* on 5/31/11 at [http://ofr.gov/OFRUpload/OFRData/2011-13297\\_PI.pdf](http://ofr.gov/OFRUpload/OFRData/2011-13297_PI.pdf). A public comment period on the rule runs for 60 days from the May 31 publication date.

The Civil Rights Office which has enforcement authority for the HIPAA privacy rule said the proposed rule reflects changes mandated by the Health Information Technology for Economic and Clinical Health Act, or HITECH, which are part of the American Recovery and Reinvestment Act of 2009. The rule comes less than two weeks after **audit reports** by HHS' inspector general's office took the Civil Rights Office, the CMS and the Office of the National Coordinator for Health Information Technology to task on what they found to be lagging efforts to enforce HIPAA security provisions and promote health information security.

HITECH added to HIPAA requirements establishing how patients could find out how their medical records were being used and shared. Under HITECH, covered entities using electronic health-record systems are required to be able to account for—and report to patients about, at their request—disclosures of personal medical records including those related to patients' treatment, payment and other healthcare operations.



## Network Staff Openings

EEOC—For consideration send cover letter and resume to [info@nw14.esrd.net](mailto:info@nw14.esrd.net)

Information Management Clerk—Full Time (entry level)

Information Management Clerk—Part Time (entry level)

- Data Entry
- Filing, Faxing
- Assisting callers with questions on CMS 2728, 2746 and PAR forms

Quality Improvement Analysis—Part Time

- Assist in the implementation and monitoring of quality improvement projects and special studies by organizing, collecting, validating, analyzing, and reporting results of special projects and studies with effective data management techniques.
- Experience in methods of data transmission, data display, and data management; proficiency in project design; expertise in quality improvement approaches and techniques; excellent interpersonal skills
- Ability to interact professionally with a varied population; excellent written and oral communication ability; proficient in English both in written and oral communication

**Hurricane Season is here!!**

**Are you ready?**

## Outreach Corner

### TEEC Meeting 2011 Meeting Schedule

**June 25**

Dallas (with the Network Annual Meeting)

**August 9**

Houston

**September** (date to be announced)

Webinar on EMSsystem

**October 11**

Austin



## Quality Improvement Corner

### Revised MRB Criteria & Standards – April 2011

The Medical Review Board (MRB) of the ESRD Network of Texas reviewed and approved the following nurse criteria and standards at their last meeting. The review took into account current DSHS and CMS standards for ESRD facilities, which are the minimum criteria. The revised MRB Criteria and Standards are in alignment with DSHS and CMS standards and, in some cases, exceed state and national standards due to community recommended standards of care in support of best practice and optimal patient care.

The RN Criteria and Standards can be found on the Network website:

<http://www.esrdnetwork.org/network/criteria-standards.asp> - [MRB RN Criteria Standards Revised 2011](#)

Dialysis Specific Quality Management Program Criteria and Standards have also been reviewed and revised and are located on the Network website:

<http://www.esrdnetwork.org/network/criteria-standards.asp> - [Recommended Criteria and Standards Dialysis Facility Specific Quality Management Program April 2011](#)

Be sure and review this information!

For Questions please contact:

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

### Texas DSHS Clarification Memo—December 2010

In January's Netlink newsletter, we highlighted points from DSHS's released official clarification on several issues following the statewide DSHS/ANNA/Network collaborative meetings last year. If you have not had an opportunity yet, please review the update at the Network's website: <http://www.esrdnetwork.org/professionals/regulations.asp> - [Chapter 117 ESRD Rule Clarifications & Revised Report to the Director \(Incident report\) - 12/07/10](#)

The update includes clarifications on:

History & Physicals

Charge Nurse Qualifications

Clinical sink

Water

Definitions for Modalities

Incident Reports

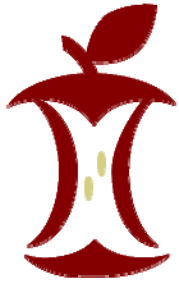
- Updated Incident Report (Report to the Director)

For Questions please contact:

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



## Catheter Reduction QI Project



**C**ATHETER  
**O**PERATION  
**R**EDUCTION &  
**E**LIMINATION



In February 2011, the Network launched the Catheter Operation Reduction & Elimination (**CORE**) QI Project with the distribution of twenty large physician group profile reports to the group medical directors. The profiles are based on incident catheter patient data of patients who are seen by a nephrologist up to and in some cases over 12 months prior to starting dialysis, but start dialysis with a catheter nonetheless.

This was followed by distribution of the ESRD Forum's Catheter Reduction Toolkit and CD in March 2011 to twenty-five dialysis facilities who have >15% of their patient population with catheters >=90 days. The facilities are required to use the Catheter Reduction Toolkit and other resources as QI strategies designed to reduce the percentage of long-term catheter usage in their facilities.

You don't have to be a focus facility to derive the benefits of this project though! The Catheter Reduction Toolkit and project webinars are available to all facilities in the Network.

- CORE QI Project kick-off webinars were held on April 5<sup>th</sup> and 7<sup>th</sup> and are recorded for your viewing/listening on the Network's website [www.esrdnetwork.org-Professionals-FistulaFirst](http://www.esrdnetwork.org-Professionals-FistulaFirst), look for the CORE symbol.
- The Catheter Reduction Toolkit is available for downloading at the Network's website [www.esrdnetwork.org-Professionals-FistulaFirst-Vascular\\_Access\\_Toolkits-MAC Catheter Reduction Toolkit](http://www.esrdnetwork.org-Professionals-FistulaFirst-Vascular_Access_Toolkits-MAC_Catheter_Reduction_Toolkit)

For Questions please contact:

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



## Fistula First Non-LDO Data Reporting

Jennie Conley, your Fistula First data contact person, is no longer at the Network. For the time being, please direct any questions you may have about Fistula First data collection including definitions, how to use the FF forms, how to submit your facility data (if you are a not a Large Dialysis Organization), etc. to Angie Wieler, QI Coordinator. Please email all of your Fistula Reports to Angie Wieler at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net) – Remember the data is due to the Network by the 10<sup>th</sup> every month, so be sure to send it in before that day!

- Be sure not to put any patient information into the email (including patient initials) or attachments sent with the email. CMS requires the Network to report all breaches in patient confidentiality which includes the use of identifiable initials. Please follow these emailing instructions or for assistance contact Angie Wieler at 469-916-3806 (also available on our website at: <http://www.esrdnetwork.org/professionals/quality-improvement/fistula-first/staff.asp> - Instructions for Separating the Facility Summary from the Fistula First Data Collection Tool Workbook for Emailing)
- Be sure that your Fistula First report does not have any errors on it prior to submitting it to the Network. Should you be having difficulties and cannot clear an error message you may need to begin again on a new Fistula First reporting tool available on our website at: <http://www.esrdnetwork.org/professionals/quality-improvement/fistula-first/staff.asp> - Fistula First Data Collection Software

**It is a SERIOUS HIPAA VIOLATION to email patient names (Initials) and patient-specific information. Email Facility Summary only.**

If you have difficulty separating your worksheets, please call or email **Angie Wieler** at **469-916-3806** or [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)

*Thank you for your cooperation.*

If you have problems performing these tasks or for questions please contact:  
Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net)



## *Instructions for Separating the Facility Summary from the Fistula First Data Collection Tool Workbook for Emailing*

To separate the Facility Summary from the FF Data Collection Tool workbook, please follow the directions listed below:

1. Click on *Facility Summary* worksheet tab to open it.
2. Move the cursor onto the actual name of the tab "Facility Summary", do a right mouse click, a box will appear with multiple options. (Insert, Delete, Rename, Move or Copy, etc...)
3. Select *Move or Copy*. A new box will appear.
4. To create a copy of the Facility Summary that can be moved to a new workbook:
  - Click the *Create a Copy* checkbox
  - Click *OK*
  - A 2<sup>nd</sup> worksheet of the Facility Summary will be created as *Facility Summary (2)*
5. To move the new copy of the Facility Summary that you created to a new workbook:
  - Move the cursor onto the actual name of the tab "Facility Summary (2)", do a right mouse click, a box will appear with multiple options. (Insert, Delete, Rename, Move or Copy, etc...)
  - Click on *Move or Copy* - a new box will appear.
  - Click the drop down arrow on the *To Book* field and select (*new book*)
  - Do not check the *Create a Copy* checkbox
  - Click *OK*
6. A new workbook will be created as *Book 1* that contains only the *Facility Summary (2)* worksheet. Save this workbook with a file name similar to your original but including *Facility Summary* as part of the file name to make sure that you can clearly identify the correct file to email to the Network.
7. Your original file will then be left with the *Facility Summary* and the *Patient Detail Log* worksheets.
8. Email the new file containing only the Facility Summary to the Network.

"Happiness is like a sunbeam, which the least shadow intercepts, while adversity is often as the rain of spring."

- Chinese Proverb





# June 2011



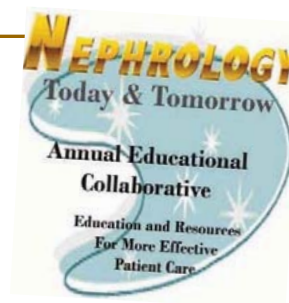
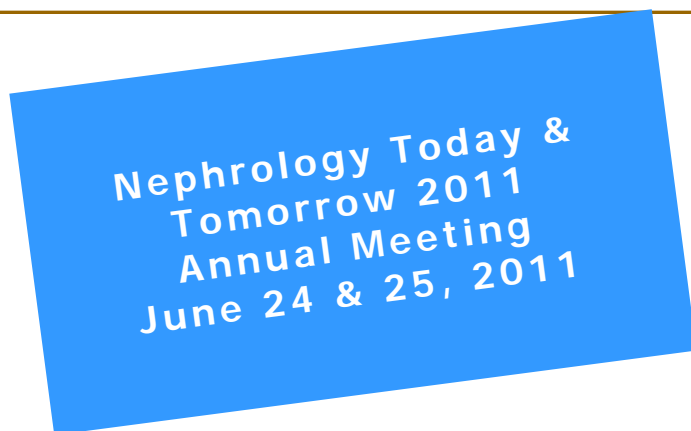
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 	2 Start of Hurricane Season	3	4
5	6	7	8 May PARs due EMSystems updates due	9	10 Non-LDO FF data due	11 
12	13	14	15	16	17	18
19  Father's Day	20	21	22	23	24 	25 Network Annual Meeting
26	27	28	29	30 Missing Forms Faxed		

PARs are due by the 8<sup>th</sup> of the month and timeliness is tracked by the Network 14 office.

Download the newest digital version from our website: <http://www.esrdnetwork.org/global/cms-forms/index.asp> , **but DO NOT EMAIL it in!!!!**

**ESRD Network of Texas  
Annual Meeting**

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



**Patient Session**

**On Saturday, June 25, 2011—8:00am to 12:45pm**

**Registration is Free—Exhibitors for patients**

**OMNI Mandalay Hotel at Las Colinas**

221 East Las Colinas Boulevard, Dallas (Irving), Texas 75039

Phone: (972) 556-0800, Fax: (972) 556-0729

[www.omnihotels.com/FindAHotel/DallasMandalay.aspx](http://www.omnihotels.com/FindAHotel/DallasMandalay.aspx)

Hotel rates are \$119 per night, call 972-556-0800 and ask for Nephrology Today & Tomorrow meeting rate. Last day for reduced rates is June 6, 2011.

**Please fill out and fax back to the Network Office at 972-503-3219.**

Name \_\_\_\_\_

Facility Name: \_\_\_\_\_

Contact Phone # \_\_\_\_\_

I will attend: Saturday \_\_\_\_

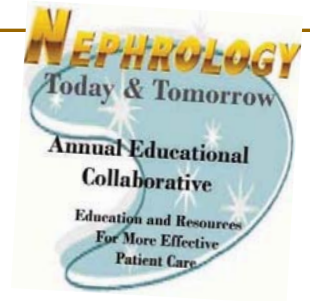
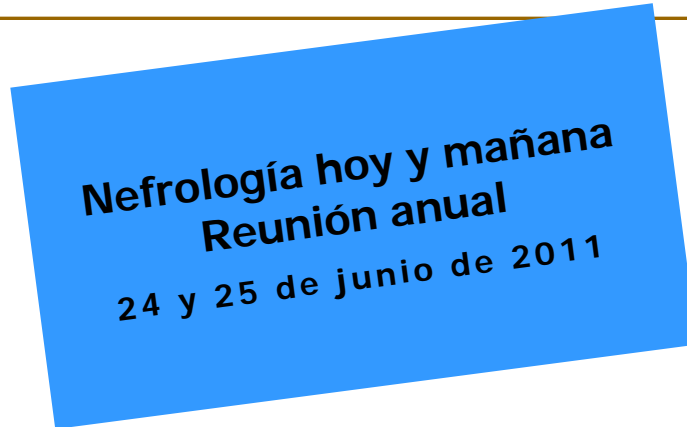


# Rincón del paciente

*Escrito por pacientes para pacientes*

## Red ESRD de Texas Reunión anual

Bloques para mejorar las 3 C vitales  
Cuidado - comunicación - coordinación



**Sesión para pacientes**

**El sábado 25 de junio de 2011 de 8 a.m. a 12.45 p.m.**

**La inscripción es gratis - expositores para los pacientes**

### **OMNI Mandalay Hotel en Las Colinas**

221 East Las Colinas Boulevard, Dallas (Irving),  
Teléfono: (972) 556-0800, : (972) 556-0729.

[www.omnihotels.com/FindAHotel/DallasMandalay.aspx](http://www.omnihotels.com/FindAHotel/DallasMandalay.aspx)

Las tarifas de los hoteles son \$119 por noche, llame al 972-556-0800 y solicite la tarifa para la reunión Nefrología Hoy y Mañana. El último día para obtener tarifa con descuento es el 6 de junio de 2011

**Complete y envíe por fax a la Oficina de la Red al 972-503-3219.**

Nombre \_\_\_\_\_

Nombre de la institución: \_\_\_\_\_

N° de teléfono de contacto \_\_\_\_\_ Asistiré: Sábado \_\_\_\_\_

