

NetLink



ESRD Network of Texas, Inc.
4040 McEwen Rd, Suite 350
Dallas, Texas 75244
info@nw14.esrd.net * www.esrdnetwork.org

POST for all staff to read



Strategies for Effective Anemia Management

March 2011

Recently the Network contacted all the HD & PD Benchmark facilities in the state and asked them to participate in an ESA administration practice questionnaire as part of the Anemia Quality Improvement Project. Facilities in the state with identified anemia management concerns were also contacted and provided with the same questionnaire. The results of those responses were tabulated and presented to the MRB for review. Based on the collected data, although it was impossible to make "Best Practice" determinations, the following strategies for effective Anemia Management were recommended by the MRB:

Facilities are encouraged to implement the most efficient strategies in the use of ESA and Iron therapy.

All facilities should assess, track, trend and analyze anemia based on the CMS MAT Tool recommendations:

Hemoglobin between ≥ 10.0 & ≤ 12.0 gm/dL

Hemoglobin < 10.0 gm/dL

Pediatrics should have a TSAT goal of 40 – 50%

Facilities are encouraged to implement a protocol for ESA and Iron administration which is monitored and reviewed routinely to ensure effectiveness with the facility specific population, with consideration for age and co-morbidities.

For questions please contact:

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at awieler@nw14.esrd.net

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Save the Date!!!

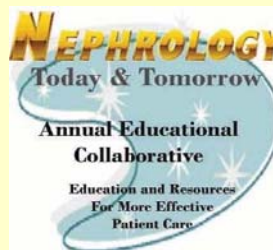
Nephrology Today & Tomorrow 2011 and 2012

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

Please let us know what you think by completing the evaluation form and fax to 972-996-0396. Form will be sent separately.



Community Corner

The Kidney End-of-Life Coalition's Hospice Workgroup has co-developed an educational module with the American Nephrology Nurses' Association (ANNA) entitled "**Coordination of Hospice and Palliative Care in ESRD.**" The module is applicable to all disciplines and aims to address misconceptions about hospice requirements, challenge common barriers of care and identify the need to provide end-of-life services for kidney patients. The module also serves as the fourth installment in ANNA's web-based learning series *End-of-Life Decision-Making and the Role of the Nephrology Nurse*.

The module slides are now available, with author's notes, on the Kidney End-of-Life Coalition website at <http://www.kidneyeol.org/HospiceModule4.ppt>. Additionally, ANNA is hosting the presentation on its website for local Chapters to repeat as a live CNE activity and for individuals to complete for independent study. To learn how to repeat the module or earn 1.25 contact hours for nurses and technicians, visit

http://www.annanurse.org/cgi-bin/WebObjects/ANNANurse.woa/wa/viewSection?s_id=1073744057&ss_id=536873360.

The US Department of Health & Human Services has published a poster with information on how to report Medicare fraud. The poster lists several ways to contact the OIG if you suspect someone committing fraud against Medicare.

To download a copy of the poster go to:

http://www.oig.hhs.gov/fraud/hotline/OIG_Hotline_Poster.pdf

The National Kidney Foundation 2011 Spring Clinical Meetings will be held at the MGM Grand in Las Vegas from April 26-30. The meetings present a unique opportunity for busy renal health care providers to learn new developments related to all aspects of nephrology. It is designed for kidney doctors in the private sector and academia, fellows and residents with a special interest in kidney disease, general internists, pharmacists, physician assistants, nurse practitioners, nurses and technicians, social workers, and renal and clinical dietitians. Visit www.nkfclinicalmeetings.org to register today!

The ESRD Network of Texas along with TMF, DSHS, NKF and TRC is pleased to that announce Dorian Schatell, who will present on "Strategies to Help Your Kidney Patients Self-Manage". Ms. Schatell's presentation will be on March 6, 2011 from 10am to noon at the Doubletree Hotel Campbell Center in Dallas, Texas.

Register by calling 1-866-439-8863 or emailing kidneyhealth@tmf.org **by March 1, 2011.**

NOTE:

This seminar offers 2 CE hours for CCHT's recertification.

"If the only prayer you ever say in your whole life is "Thank you", that would suffice.

- Meister Eckhart, theologian



Information Management Department

(Data Department)

ATTENTION:

The Annual Survey (2744) was mailed to all facilities 02/11/2011 and was due to the Network office 02/23/2011. If you have not **MAILED THE COMPLETED ORIGINAL 2744** and Patient Listing to the Network 14 office, please do so **RIGHT AWAY**.

Thank You to all facilities who have already submitted their 2744 report!

Patient Activity Report

PAR Checklist:

- ✓ Your 6-digit provider #, name and address is on every page in the top right corner.
- ✓ The person's name who completed the PAR is present
- ✓ Facility phone and fax numbers are present and legible
- ✓ Event dates, codes, and modalities are listed for each patient
- ✓ Column titled "Where is pt. going to/ coming from" is complete

Reporting 6B's:

Use 6B when transferring any patient out to the hospital, rehab, LTAC, prison or another country. Any facility where the patient will receive dialysis that is not a Medicare certified facility would qualify for the use of this code.

Reporting 6C's:

6C = Transfer Out, Category C—Patient has been discharged from facility against his/her will. Use this event for all involuntary discharges, regardless of where patient will receive services after discharge, and include the reason for discharge. The following table lists the appropriate **involuntary discharge reasons**:



<ul style="list-style-type: none"> • Nonadherence: Noncompliance with or non conforming to medical advice, facility policies and procedures, professional standards of practice, laws and/or socially accepted behavior toward others (Golden Rule)
<ul style="list-style-type: none"> • Verbal/written abuse: Any words (written or spoke) with an intent to demean, insult, belittle, or degrade facility or medical staff, their representatives, patients, families or others.
<ul style="list-style-type: none"> • Verbal/written threat: Any words (written or spoken) expressing an intent to harm, abuse, or commit violence directed towards facility or medical staff, their representatives, patients, families or others
<ul style="list-style-type: none"> • Physical threat: Gestures or actions expressing intent to harm, abuse, or commit violence toward facility or medical staff, their representatives, patients, families or others.
<ul style="list-style-type: none"> • Physical Harm: Any bodily harm or injury, or attack upon facility or medical staff, their representatives, patients, families or others
<ul style="list-style-type: none"> • Property damage/theft: Theft or damage to property on premises of ESRD facility
<ul style="list-style-type: none"> • Lack of payment: Refusal to maintain or apply for coverage or misrepresentation of coverage.



Outreach Corner

The Lone Star Newsletter

If you are in need of additional copies of the latest edition of the patient newsletter the “Lone Star Newsletter”, contact Andrea Fichtner at afichtner@nw14.esrd.net. Include in your request your name, contact information, number of copies needed, 6-digit Medicare provider number, and your FedX or UPS account number if quantity needed is over 25.

As always the Network staff would like to thank each and every one of you for all your hard work in caring for our ESRD patients.

Patient Services Corner

Dialysis Patient Citizens Launches New Web-Based Tool Offering Comprehensive Assistance Resources for Dialysis Patients

Dialysis Patient Citizens (DPC) – a nationwide, non-profit, patient-led dialysis advocacy organization – has introduced a new feature to its website, www.dialysispatients.org, which offers dialysis patients a searchable database of national and local financial assistance resources and medication assistance programs.

In addition to the new patient assistance offerings, DPC’s state-based web pages accessed through www.dialysispatients.org offer a full description of any current state public policy issues that may impact dialysis care for patients, as well as important state specific statistics on dialysis patient populations and Insurance coverage.

Dialysis Patient Citizens announces “Patient Guide to the ESRD Bundle”

Dialysis Patient Citizens is proud to introduce their “Patient Guide to the ESRD Bundle”! This FREE resource is available for patients. The guide was created to help dialysis patients better understand the new Medicare bundled payment for dialysis services and how it may affect their care. You can access it online: <http://www.dialysispatients.org/patient-guide-the-bundle>.

We are in the process of developing the brochure itself for distribution, but for now it can be accessed online! This release is public: http://nephronline.com/news.asp?N_ID=4284.



Taking the Mystery out of the History—Quality of Life!

- M** Make it (quality of life measurement (QoL)) as simple as possible for everyone concerned.
- Y** You can do this. Yes, that means YOU, the doctor, nurse, dietitian, technician and social worker. Until now, YOU thought it was just the social worker, didn't YOU? Not so. That's part of the MYSTERY. It takes the WHOLE team to make QOL measurement work effectively.
- S** Step by Step:
 First: Get on board. The QOL train is leaving without you. Find out what *quality of life measurement* means. Put simply: how chronic kidney disease impacts the day-to-day life of the person who has it. The KDQOL (Kidney Disease Quality of Life) survey is disease specific (kidney) and measures many dimensions of the patient's life (emotional, physical, vitality, pain, general health, impact of kidney disease on sexual functioning, burden on others, sleep, symptoms of illness, i.e. itchy skin).
- T** Take the survey yourself. CMS (Centers for Medicare & Medicaid Services) requires the measurement of physical and mental functioning as part of the Condition for Plan of Care. Clinical Performance Measures were endorsed in 2008 that recommend the use of the KDQOL, a 36 item measurement.
- E** Evaluate. The KDQOL is explained briefly to the patient and then given to the patient to self-complete whenever possible. Sending it home to be completed is not a good idea. Why? Someone else is likely to complete it for the patient.
- R** Review the results of the KDQOL with the patient in a timely manner after they finish it. Make it matter to the patient. That's what dialysis is all about. That's what care planning is all about.
- Y** You can help the patient set a goal(s). Then, review the patient's goal as a team. What will **each member of the interdisciplinary team** contribute to achieve the patient's goal or to help the patient come closer to their goal? This is part of care planning. Reassess at a specified time.

Now you have the History, but sorry, there really is no Mystery. YOU have it within YOU to make *quality of life measurement* work *in your clinic and for your patients*.

Patterns of Complaints Trends received at the Network office

The Patient Services Department reviews trends seen in complaints and grievance received by both facilities and patients for the 4th quarter (October-December 2010). Below there were various calls received about the following topics:

Types of calls	Facility	Patients/Families
Abusive/Disruptive	48	2
Professional/Staff related	2	12
Quality of Care/Environment	14	13
Transfer/Discharge	9	6
Education/Information	12	7

Continued on page 6...



.....Continued from page 5

As you can see, there are a variety of issues that face the dialysis population as a whole. Patients feel that they are not heard and/or are not treated with dignity. Facilities state that patients are becoming more and more difficult to work with. The one common factor all can agree on is that in most of the calls received by The Network is that communication is key. The more we communicate as providers, the more patients feel as if they are active parts of the own care planning process, the more patients communicate their needs, the more providers are able to assist patients having their needs met. **COMMUNICATION is KEY!**

We are pleased to report that all of the TEXAS facilities closed the 4th quarter with no more than 2 complaints this quarter. If you find you are experiencing higher than normal negative interactions with your patients and staff, please contact The Network to get assistance before it becomes a complaint or grievance! Please remember, if a facility has 3 or more complaints in one quarter and/or more than 4 in two quarters, the Network will contact the clinic manager to discuss opportunities for staff training and improvement in care for ESRD patients at your facility.

To access resources on the Network website:

<http://www.esrdnetwork.org/professionals/patient-provider-conflict.asp>

If you have any questions or would like assistance in being proactive in addressing patient concerns please contact Treneva Parks, LCSW, NSW-C at 469-916-3808 or email at tparks@nw14.esrd.net. Remember **never email** Protected Health Information (PHI) to the Network.

Quality Improvement Corner

Vascular Access Coordinator Resources

You've just hired someone or have transitioned a current staff member to be the vascular access coordinator for your facility. Do you have the training and educational materials to equip this person to be a success in this role?

Designation of a Vascular Access Coordinator at your facility is an improvement strategy outlined in the FFBI Change Concepts – concepts which provide a roadmap to implementing KDOQI vascular access recommendations. The Network has a number of resources for the Vascular Access Coordinator, some of which are located on the Network's website www.esrdnetwork.org – Professionals – Fistula First –Vascular Access Coordinator Resources. Here you will find a facility self-assessment checklist, “11 Ways to Increase AVF Rate” change package, vascular access referral forms, as well as best demonstrated best practices, links to articles stenosis monitoring guidelines, patient education, etc.

And don't forget to check out the webinar, “*The Vascular Access Coordinator: A Patient and Treatment Team's Best Friend*”, located on our website as well.

For Questions please contact:

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

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at awieler@nw14.esrd.net



“How to Make Fistulas that Work” CME Program Available on HDCN website

Dear FFBI partners,

In November, the *2010 Fistula First Comprehensive Fistula Construction and Management Program for Surgeons: “How to Make Fistulas that Work”* was held in Chicago, IL. As you know, a skilled vascular surgeon, who is able to create a functional arteriovenous fistula utilizing the most current placement techniques, is vital to the quality of dialysis patient care. This day-long, intensive symposium was designed to provide access surgeons with the tools for successful surgical approaches to fistula creation and care, and is now available on the Hypertension, Dialysis and Clinical Nephrology (HDCN) website (www.hdcn.com) and linked to from the FFBI website (www.fistulafirst.org).

We ask that you please consider sharing the availability of this program with vascular surgeons, nephrologists and others in your local community that may benefit from it.

The conference, which was coordinated under the direction of the Mid-Atlantic Renal Coalition (Network 5), was facilitated by three respected leaders in the renal community. Dr. William Jennings is a Professor of Surgery and Vice-Chair of Surgery at the University of Oklahoma College of Medicine and has published extensively on vascular access and ultrasound evaluation for AV fistula surgery. Dr. Michael Lilly, a Professor of Surgery at the University of Maryland Baltimore School of Medicine and Chief of Surgery at Maryland General Hospital in Baltimore, specializes in vascular surgery, including dialysis access, and currently serves as National Surgical Consultant to the FFBI. Dr. Jack Work, a Professor of Medicine at Emory University and Director of Interventional Nephrology at the Dialysis Access Center of Atlanta, served as co-chair of the NKF K/DOQI Vascular Access Committee as well as on the National Leadership Group for the FFBI.

To participate in this conference, visit the HDCN website and complete its free registration process.

For Questions please contact:

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

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at awieler@nw14.esrd.net

Assessment of the risk for a serious Venous Needle Dislodgement incident

Venous Needle Dislodgement risk assessment tool with recommendations for renal nurses

The risk for a serious venous needle dislodgement incident depends on the likelihood of the needle becoming dislodged and the likelihood that the action necessary to stop the blood loss will not be taken in time to prevent serious harm.

This mini-tool, developed by the EDTNA/ERCA (European Dialysis and Transplant Nurses Association/ European Renal Care Association) shows you how to use 4 simple questions to calculate the overall risk and formulates recommendations according to the risk result.

Open: <http://www.edtnaerca.org/pdf/education/AssessmentOfTheRisk.pdf>

This tool has also been posted to the Network website at: www.esrdnetwork.org – Professionals – Fistula First – Vascular Access Resources.

For Questions please contact:

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at awieler@nw14.esrd.net



Facility Run Charts & Report Cards Updated!

Utilizing the following data sources:

December 2010 Fistula First Data Outcomes

The 2010 ELAB (2009 Data)Final Data Report (includes US data)

The 2010 Dialysis Facility Report (2009 Data)

The following documents have all been revised and updated to reflect these most current data source outcomes:

All Report Cards (Adult & Pediatric HD & PD Modalities)

All Facility Run Charts (Adult & Pediatric HD & PD Modalities)

Please visit the Network website to obtain the most current clinical indicator outcomes for use in your QAPI.

For Questions please contact:

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

Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at awieler@nw14.esrd.net

2011 Texas ESRD Emergency Coalition (TEEC)

Meeting Schedule

April 12, 2011 San Antonio, TX

June 23, 2011 Dallas, Texas (in conjunction with Nephrology Today & Tomorrow meeting)

August 9, 2011 Houston, Texas

October 11, 2011 Austin, Texas

For updated information on the TEEC meeting schedule go to:

<http://www.texasemergenciesrd.org/who-we-are/index.asp#meetings>

OR

Contact Andrea Fichtner at afichtner@nw14.esrd.net



Patient Safety Awareness Week

March 6 – 12, 2011

What are your plans for National Patient Safety Awareness Week which will be held March 6 – 12 this year? The following is a brief list of organizations and websites that offer patient safety material:

Keeping Kidney Patients Safe www.kidneypatientsafety.org

The Renal Physicians Association and the Forum of End Stage Renal Disease Networks developed this site as a resource for nephrology professionals who are committed to achieving and maintaining optimal levels of kidney patient safety. This website provides information and best practices to prevent adverse patient safety events and assists nephrology professionals in meeting the quality assessment and performance improvement (QAPI) requirements outlined in CMS's Conditions for Coverage for ESRD Facilities.

National Patient Safety Foundation www.npsf.org

Offers a comprehensive toolkit to help your organization engage your staff, community, and patients in support of Patient Safety Awareness Week.

Consumers Advancing Patient Safety (CAPS) www.patientsafety.org

CAPS envisions a partnership between consumers and providers to create global healthcare systems that are safe, compassionate, and just. A social networking tool in CAPS allows members to have access to the latest relevant information and policy on patient safety as well as resources for developing grass roots awareness programs, grant writing and other tools to assist with getting the word out about the consumer's role in patient safety. General Patient Safety, Infection Control, Medication Safety and Reporting are just a few of the important safety issues one can find on this website.

The Renal Physicians Association (RPA) www.renalmd.org

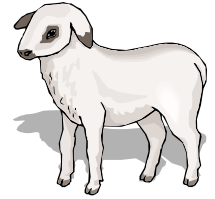
On the Patient Safety section of this site, you can find the ESRD Patient Safety Report Phases 1 and 2, Crossing the Quality Chasm, a pivotal report from the Institute of Medicine regarding the state of healthcare quality and patient safety in the US, and Patient Safety Videos.

And last but not least, don't forget to check out the 5-Diamond Patient Safety Program which is a program endorsed by ANNA and RPA and is designed to assist dialysis facilities in improving staff and patient awareness of specific patient safety areas. This web-based safety program was designed to be used by dialysis providers as a template for in-service training. To access this program, go to the Network's website www.esrdnetwork.org - Professionals – Continuing Education and click on the 5-Diamond Patient Safety Program icon.

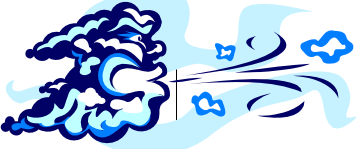

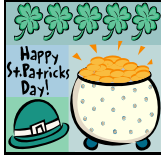




March 2011



In like a lion Out like a lamb

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 NPR feed back scan due SW feed back	2	3	4	5
6 NKF Dallas/Ft Worth regional meeting for patients and professionals NPR Meeting	7	8 February PAR due EMSystem updates due	9	10 Non-LDO FF data due NCC Rep questions due	11 	12
Patient Safety Awareness Week						
13	14	15	16	17 	18 Missing forms due	19
20	21	22	23	24 Kidney transplant webinar presented by Mary Beth Callahan	25	26
27	28 ANNA National Meeting—Boston, MA	29	30	31 Missing Forms mail out Disaster webinar	World Kidney Day is March 10th NANT Symposium - Riviera Ho- tel—Las Vegas, NV is March 8- 10th	

DO NOT put your clinic phone number as your provider number on CMS 2728 and 2746, and PAR forms!!!

Make sure to **include your 6-digit Medicare provider number** on your monthly patient activity reports (PAR).



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

US Department of Health and Human Services Office of Inspector General

Fraud Alert

The Office of Inspector General (OIG) is alerting the public to the latest scheme to defraud the government and steal money from the American people.

This scheme involves contact (by phone, email or letter) from someone pretending to be from a government agency, such as the U.S. Department of Health & Human Services (HHS). Although the precise message may vary, the caller or writer provides his or her name and a fake employee ID, and then typically tells you that you will receive "government grant money" as an incentive for paying taxes on time. The caller will then ask for personal or financial information, such as a Social Security number or bank account number. The caller may also ask you to send a check or wire transfer to cover a "processing fee."

If you receive such a call, hang up immediately! If you receive such an email or letter in the mail, do not respond! Call 1-800-HHS-TIPS (1-800-447-8477; TTY 1-800-377-4950) or email the HHS fraud hotline at HHSTips@oig.hhs.gov.

Remember: do not respond to these criminal schemes. Alert others about this scheme, and remind teenagers and children living in your household not to provide strangers with family or personal information.

Be smart. Do not respond to this and other schemes that try to obtain your personal information. If you receive such a call or message, call 1-800-HHS-TIPS or contact another law enforcement agency.

"Happiness is not something you postpone for the future; it is something you design for the present."

- ***Jim Rohn***



The Role of the Immune System in Kidney Transplantation

Your immune system is the body's natural protector from outside "invaders" such as viruses, infection, and foreign objects, such as a donated kidney. In addition to all the routine testing that a potential transplant candidate undergoes, the immune system is also tested. We're going to take a simplified look at it today and its big role in successful transplant outcomes.

When the body is exposed to these foreign materials, the immune system produces antibodies to defend itself. Some antibodies do good things, such as protect us from recurring infections from measles, mumps, Hepatitis B, small pox, influenza to name a few. The antibodies that are dangerous to the transplanted kidney are formed from exposure to **H**uman **L**eukocyte **A**ntigens or HLA. The HLA antigen is found on the 6th chromosome. You may recall from your biology days that everyone has 2 sets of chromosomes; one set inherited from their biological mother and another set from their biological father. These two sets together provide the uniqueness to individuals. If a person has biological brothers and sisters, it is possible that they could inherit the same set of chromosome from each parent and therefore be a "perfect match" for a kidney transplant.

HLA antibodies to the transplanted kidney antigens are the result from exposure to blood transfusions, pregnancy, or a prior transplant. There are tests that can be done to detect the amount of antibodies prior to the person receiving a transplant. The immune system has the unique ability to not only form the antibody to the foreign antigen, but allows the antibody to "go away" when it's not needed and then recalls the antibody when exposed to the same antigen again, such as happens when a patient receives blood transfusions. In the case of kidney transplantation, the presence of HLA antibodies formed from one of these three sources is the major cause of rejection.

There are tests available to determine if a person has HLA antibodies and how many. The two most important tests to the transplant candidate are the PRA (**P**ercent **R**eactive **A**ntibody) and the serum cross match. The PRA is determined by taking the cells of **MANY** different random donors and incubating the cells with the transplant candidate serum (remember, the recipient serum may contain antibodies to previously exposed antigens). If the donor cells die, that means the transplant candidate has an "antibody" against that cell or cells. The number of donor cells destroyed by the transplant candidate serum gives the **P**ercent (%) of antibodies in the candidate's blood. It's reported as 20% PRA or 80% PRA or anywhere up to 100%. The higher the percentage of antibodies, the more difficult it will be to find a suitable donor kidney.

Continued on page 12....



The second test is the serum cross match. Unlike the PRA, the serum cross match only uses the cells of the potential donor and the serum of the intended recipient. That is the only difference because the rest of the procedure is the same: the cells of the potential donor for a particular recipient are incubated with the serum of that recipient. If the cells die, it is an indication that the potential recipient has developed antibodies against that donor's antigens. This is known as a **Positive Cross Match** and would indicate the intended recipient would most likely reject the transplanted kidney.

We will continue this journey in the next issue when we'll discuss the *Immunosuppression* (meaning to suppress the immune system) medications and treatments to prevent rejection. If you have questions about this article or want more information or different subjects on kidney transplantation, please email me at catkins@nw14.esrd.net.



ATTN: Dallas/Ft Worth area patients

NKF Regional Patient Meeting

March 6, 2011

Double Tree Dallas—Campbell Centre

8250 North Central Expressway, Dallas, Texas

Noon—4:00pm

Costs—\$3.00 per person

See your Social Worker for assistance with registration

Network Patient Representatives (NPR)

There will be a short meeting immediately following the NKF patient meeting. Andrea Fichtner, Network 14 Outreach Coordinator, and local Patient Advisory Committee (PAC) members will be on hand to answer any questions you might have on your role as a NPR, how to become a member of the PAC, and what is the Network and how it is important to your quality of care.

