

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



Ever feel like you are swimming in alphabet soup when it comes to prevention and control of infections?

May 2011

While permanent vascular access (fistulas first, grafts second) is the optimal choice of vascular access for ESRD patients in most cases, there are still a large number of patients in Texas and nationally who start dialysis with a catheter or end up with a central venous catheter (CVC) as their vascular access. Recent statistics published by CDC¹ underscore the opportunity in reducing HAIs in the ESRD population:

- Infections are one of the leading causes of hospitalization and death for patients on hemodialysis
- About 37,000 bloodstream infections happen each year to kidney dialysis patients with central lines
- A hemodialysis patient is 100 times more likely to get a bloodstream infection from MRSA than other people

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Healthcare
Associated
Infections



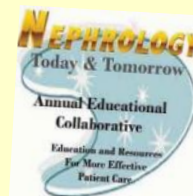
Central
Line-associated
Bloodstream
Infection

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
And click on the Nephrology Today
and Tomorrow logo**



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

Today, more than ever we are witnessing a public outcry and demand for the reduction and, better yet, elimination of healthcare associated infections (HAIs). It is likely that some form of enhanced required public reporting of dialysis associated infections is in the future. Listed below are some updated resources, guidelines and current projects regarding the prevention of dialysis associated infections, specifically those related to CVCs.

In April, the Centers for Disease Control and Prevention (CDC) released the *Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011*. Given the number of central venous catheters placed for access, this clinical practice guideline reviews preventative strategies to reduce infections. Areas of focus include:

1. Educating and training healthcare personnel who insert and maintain catheters
2. Using maximal sterile barrier precautions during central venous insertion
3. Using a > 0.5% chlorhexidine skin preparation with alcohol for antisepsis
4. Avoiding routine placement of central venous catheters as a strategy to prevent infections, and
5. Using antiseptic/antibiotic impregnated short-term central venous catheters and chlorhexidine impregnated sponge dressings if the rate of infection is not decreasing despite adherence to other strategies.

You can access the 82-page document on the Network's website www.esrdnetwork.org – Professionals – Regulations – CDC section. Or cut and paste the following address into your browser: <http://www.esrdnetwork.org/assets/pdf/regulations/Guidelines%20-%20Catheter%20Related%20Infections%202011.pdf>

A comprehensive list from the US Department of Health and Human Services - HHS Ongoing Collaborative Projects Related to Reducing HAIs in ESRD Facilities can be found at the HHS.gov website:

<http://www.hhs.gov/ash/initiatives/hai/actionplan/>

The NHSN or National Healthcare Safety Network is a voluntary, secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. The CDC in partnership with another renal network and other organizations, established a prevention collaborative of motivated dialysis facilities in 2009. The goal of the collaborative is to work together to prevent bloodstream infections (BSIs) in hemodialysis and spur a broader interest in preventing infections among the dialysis community. Enrollment in the NHSN is open to freestanding and hospital-based outpatient dialysis facilities across the country. For more information, go to www.cdc.gov/nhsn.

The ESRD Network of Texas supports the commitment of all nephrology related providers in reducing and eradicating healthcare associated infections (HAIs). The Network's Medical Review Board recently convened an ad-hoc team to review the various HAI dialysis related projects and make recommendations for facility participation. We hope that you will take an opportunity to review your existing infection prevention and control policies, procedures, and practices against your facility's patient outcomes and current evidence based medicine and clinical guidelines in order to determine if changes are needed for the delivery of safe and effective patient care.

¹ Reference: CDC, *Vitalsigns*, March 2011; <http://www.cdc.gov/vitalsigns>



Community Corner



8th Annual Symposium

The eighth annual Controversies in Dialysis Access Symposium offers the ideal educational forum for anyone who treats dialysis patients. Hard-hitting debates and thorough analyses will have participants questioning the old standards, exploring both sides of controversial issues and considering new approaches to achieve best results. This meeting will be held October 10-11, 2011 at the Washington Hilton Hotel in Washington, DC.



Medical Education Institute Releases Free CKD Education Toolkit

A new, free, 6-part chronic kidney disease (CKD) education toolkit called *How to Have a Good Future with Kidney Disease* is now available from the nonprofit Medical Education Institute. This comprehensive kit includes:

- 6 ready-to-use PowerPoint presentations: *Coming to Terms, Kidneys & Kidney Disease, Slowing Kidney Disease, Transplant, Dialysis & Your Lifestyle, Your Money & Your Life*
- Speaker's scripts
- Learning objectives
- Quizzes and answer keys
- How-to guide

The toolkit contains everything needed to provide quality patient education to people with CKD (stage 3 to end-stage). Download the toolkit in Mac or PC format at www.lifeoptions.org/goodfuture/. The files are large; please be patient.

"Whenever you're in conflict with someone, there is one factor that can make the difference between damaging your relationship and deepening it. That factor is attitude."

— William James



FDA Alerts

FDA Safety Announcement: Coumadin (warfarin sodium) Crystalline 5 mg Tablets: Recall - Tablets May Have Higher than Expected Potency

Bristol-Myers Squibb has initiated a voluntary recall of one lot of 1,000-count bottles of Coumadin (warfarin sodium) Crystalline 5 mg tablets. Company product testing indicated that a tablet in this lot had a higher potency than anticipated. The affected lot number in the U.S. is **9H49374A** with an expiration date of September 30, 2012. Any decrease of active ingredient in the medication may increase the risk of clots which could lead to heart attack or stroke, and alternatively, if there is too much active ingredient, there is an increased risk of bleeding.

It is recommended that patients who may have 5 mg tablets should not interrupt their therapy but should seek advice from their pharmacist to see if they have tablets originating from the affect lot and if so, should consult their physician for additional medical advice.

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/ucm253615.htm>

FDA Safety Announcement: Roche ACCU-CHEK FlexLink Plus Infusion Set: Class I Recall - Potential for Under-Delivery of Insulin

Potential for under-delivery of insulin due to a tube (cannula) which may become kinked or bent when inserting the ACCU-CHEK FlexLink Plus infusion set. If this remains unnoticed, this can result in the under-delivery or no delivery of insulin. This can potentially lead to elevated blood glucose levels (hyperglycemia). Hyperglycemia can lead to many health complications including death.

This recall only applies to the ACCU-CHEK FlexLink Plus infusion sets that were launched in November 2010. ACCU-CHEK Ultraflex, other Accu-Chek infusion sets or insulin pumps are not affected by this recall and can be continued as directed by a physician or other qualified health care provider.

Roche requests that its consumers stop using the ACCU-CHEK FlexLink Plus infusion sets and return the unused products. Patients are to contact their health care providers or caregivers to determine if changes to their therapy are needed and how to temporarily continue insulin pump therapy without the ACCU-CHEK FlexLink Plus infusion set.

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

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm248784.htm>



FDA Safety Announcement: Soladek Vitamin Solution: Unapproved Product May Contain Dangerously High Levels of Vitamins A, D

Tested samples of Soladek Vitamin Solution were found to contain elevated levels of vitamins A and D which were many times in excess of the recommended daily allowances of these vitamins. Intake of excessively high levels of these vitamins pose a risk to human health. Symptoms of vitamin A toxicity include anemia, anorexia, alopecia, joint pain, bone weakness, bulging eyes, liver abnormalities, and birth defects. Symptoms of vitamin D toxicity include weakness, fatigue, headache, nausea, vomiting, diarrhea, changes in mental status, increased blood pressure, abnormal heart rate or rhythm, kidney damage, and coma.

The FDA has received seven reports of serious health problems occurring in consumers using this product. The problems include decreased renal function, elevated levels of calcium in the blood, fatigue, heart arrhythmia, vomiting, and diarrhea. The product is sold in a box labeled in Spanish and containing a vial of the solution.

Consumers who are in possession of Soladek should stop using the product immediately. Any consumer who have been using Soladek and are experiencing any of the above symptoms should see a doctor immediately.

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 Press Release, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm248738.htm>

Network Corner



Data Clerk

The ESRD Network of Texas has a job opening for a Data Clerk to collect and track receipt of data, perform data entry and assist with facility training on new web based data collection system, to meet contract requirements. High School graduate, 3 years of data/administrative assistance experience required. Proficiency in MS Word, Excel, and Outlook and spoken and written English required. Skills in MS Access and PowerPoint, and Spanish bi-lingual preferred. Good organizational and telephone skills a must. Seek mature self starter. EEOC. Send resume and cover letter to info@nw14.esrd.net or fax to 972-503-3219. No phone calls please.



Outreach Corner

Texas ESRD Emergency Coalition (TEEC) wins Regional Award

Texas ESRD Emergency Council (TEEC) was awarded the regional award for service excellence by the North Central Texas Council of Governments. Andrea Fichtner, Network Out Reach Coordinator, accepted the award on April 21, 2011, at the EPPC meeting in Arlington, Texas.

TEEC Meeting 2011 Meeting Schedule

June 23

Dallas (with the Network Annual Meeting)

August 9

Houston

September (date to be announced)

Webinar on EMSsystem

October 11

Austin



TEEC Policy and Procedures Manual

The TEEC policies and procedures manual has been revised and is now available on TEEC's website at <http://www.texasemergencyesrd.org/tools/index.asp>. ESRD facilities should use these policies and procedures for updating and/or creating facility specific disaster plans.

Who We Are webinar Calling All Social Workers and NPRs

Attention facility Social Workers and Network Patient Representatives (NPR). The Network will be holding a webinar on May 15, 2011 at 12:30pm CST. The webinar will provide the attendees an opportunity to learn about who the Network is and what we do and will provide Social Workers with the opportunity not only to bond with their facility NPR but also earn CEUs. NPRs will have the opportunity to speak with members of the Network Patient Advisory Committee as well.

For more information contact Andrea Fichtner, Outreach Coordinator, at 469-916-3800 or afichtner@nw14.esrd.net for more information.



Quality Improvement Corner

Changes to the CCHT Eligibility Criteria Effective Immediately

nncc Electronic Bulletin

Important Notice – 4/15/2011

Effective immediately, the following CCHT examination eligibility criteria 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
3. The applicant must obtain the signature of the educator *or submit a certificate of completion to verify the training program.*
4. *The applicant currently must be employed as a clinical hemodialysis technician, or have held a clinical hemodialysis technician position within the last twelve (12) months.*
5. *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.
6. 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.

Please download the most current examination application from the NNCC website at www.nncc-exam.org, or call 888-884-6622 to request a booklet by mail.

Applications received postmarked 5/1/2011 that do not meet this criteria will be returned along with a current certification examination application. A \$25.00 incomplete application fee will be applied.

For Questions please contact:

NNCC: www.nncc-exam.org or by phone at 888-884-6622

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



Facility Staffing Texas DSHS Guidelines

It has been brought to our attention on multiple occasions that the staffing table (Table 1. Staffing Levels of Direct Care Staff Figure: 25 TAC §117.106 on page 148) in the Texas Department of State Health Services Rules and Regulations which became effective on July 6, 2010 does not progress beyond 21 patients. Great news for facilities! Texas DSHS has extended the staffing table up to and including care for 40 patients being treated simultaneously. This addendum to the staffing table is posted on the Texas DSHS website at the following locations:

<http://www.dshs.state.tx.us/hfp/esrd.shtm>

<http://www.dshs.state.tx.us/hfp/>

Please remember that the nurses (RN and RN/LVN columns of the table) cannot be “direct care staff,” for example, assigned an actual patient assignment. Please do not hesitate to check with your surveyors for specific situations and determination of compliance with the rules and regulations.

For Questions please contact:

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

Submission of monthly Fistula First Data (Non-LDO Facilities)

Starting May 1, 2011, please start submitting your Fistula First data to Angie Wieler, Quality Improvement Coordinator. You can fax the information to her at 973-331-3659. For questions you can reach Angie at 469-916-3806 or email your questions to awieler@nw14.esrd.net.

Remember—**DO NOT** email patient information (this includes patient’s initials) to the Network office as this is a violation of CMS and HIPAA security policy.

2011 Quality of Care (2010 Data) Has Arrived!

We have just received the data for the Quality of Care (QOC) data collection project for the data we collected from all facilities in the state for the months of October through December 2010. This data is being reviewed and presented to the Medical Review Board for determination of Quality of Care (QOC) cut-points. Once the QOC cut points been determined the data reports will be mailed to the facilities with notification of concern should Quality of Care concern(s) be identified for the facility. The data reports should be arriving in your facility by mid June 2011, please be watching for these reports and review your data closely to ensure accuracy of your reports.

Thank you for participation in this annual data collection project. We look forward to working collaboratively with you over the next months to address any areas of concern!

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



Patient's Corner

Written for patients by patients

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

HOPEline

The Renal Support Network is a non-profit, patient-oriented, patient-run organization with numerous programs that offer patient-to-patient encouragement and support to those patients learning how to cope with kidney disease. One of the programs is **HOPEline**. This is a toll free number, **(800) 579-1970**, where patients, family members & friends can call in if they have questions & wish to speak with another patient living with kidney disease. Operators can answer questions and can talk about their experiences. Operators **DO NOT** offer medical advice. When you call the HOPEline you realize that a diagnosis of kidney disease is no longer a death sentence and that a person diagnosed with kidney disease can live a long and prosperous life - whether on dialysis or with a transplant.

38TH ANNUAL AMERICAN ASSOCIATION OF KIDNEY PATIENTS NATIONAL CONVENTION

Registration is now open for the 38th Annual American Association of Kidney Patients (AAKP) National Convention. The AAKP National Convention is the largest event of its kind, bringing together patients, family members and renal professionals for three days of learning and fun. The event is taking place at the world famous Peabody Little Rock Hotel in Little Rock, Arkansas.

New this year, a public policy forum at the **William J. Clinton Presidential Center** where invited national policy, medical and academic experts will discuss and debate different issues kidney disease patients face.

To download a copy of the AAKP Convention registration brochure, please visit www.aakp.org/events/Convention or call 1-800-749-2257 to request a Convention registration brochure be sent to you.

"Courage is just fear, plus prayers, plus understanding."

— *Edward Albert*



HOPEline

Renal Support Network es una organización sin fines de lucro dirigida por pacientes y orientada al paciente; cuenta con varios programas que ofrecen motivación de un paciente a otro y apoyo a aquéllos que están aprendiendo cómo lidiar con una enfermedad renal. Uno de los programas es **HOPEline**. Se trata de una línea telefónica gratuita: **(800) 579-1970**, a la cual pacientes, familiares y amigos pueden llamar si tienen preguntas y desean hablar con otros pacientes que viven con una enfermedad renal. De esta manera pueden recibir respuestas a sus preguntas y hablar sobre sus experiencias. Los operadores **NO** ofrecen asesoramiento médico. Cuando llame a la línea HOPEline se dará cuenta de que un diagnóstico de enfermedad renal ya no es una sentencia de muerte y que es posible vivir una larga y próspera vida — ya sea con un tratamiento de diálisis o con un trasplante.

38.^{va} CONVENCIÓN NACIONAL ANUAL DE LA ASOCIACIÓN AMERICANA DE PACIENTES RENALES

Se encuentra abierta la inscripción para la [38.va Convención Nacional Anual de la Asociación Americana de Pacientes Renales \(American Association of Kidney Patients, AAKP\)](#). La Convención Nacional de la AAKP es el evento más importante en su tipo; reúne a pacientes, familiares y profesionales de la especialidad renal durante tres días de aprendizaje y diversión. El evento se llevará a cabo en el mundialmente famoso Peabody Little Rock Hotel en Little Rock, Arkansas.

Como novedad este año, se realizará un foro de políticas públicas en el **William J. Clinton Presidential Center** con expertos académicos, médicos y de la política nacional como invitados, donde se discutirán y debatirán diferentes asuntos que los pacientes con enfermedades renales deben enfrentar.

Para descargar una copia del folleto de inscripción a la Convención de la AAKP, visite www.aakp.org/events/Convention o llame al 1-800-749-2257 para que se le envíe un folleto de inscripción.

“El coraje es temor, junto con plegarias y comprensión”.

— *Edward Albert*

