



Net Link



Stay Connected with Network 14!

April 2009

Keep up with what's *new*, what's *due* & what's *upcoming*

End Stage Renal Disease Network of Texas, Inc. (#14)

4040 McEwen Rd., Suite 350 Dallas, Texas 75244 ♦ 972-503-3215 phone ♦ 972-503-3219 fax ♦ www.esrdnetwork.org



PLEASE POST FOR ALL STAFF! Important information from Network 14

Network #14 Updates:

Attention Social Workers:

The Network office has a small quantity of brochures from The Alliance for Paired Donation (English and Spanish) available. The brochure explains who the Alliance is and covers topics on health benefits, opportunities to increase organ availability, procedures, and latest technology. The brochure would make a great addition to your transplant education material to your patients. To find out more about The Alliance go to www.paireddonation.org.

If you would like to receive a packet of brochures (10 English and 25 Spanish) please email Debbie O'Daniel at dodaniel@nw14.esrd.net. Make sure to provide the following information:

- Your Name
- Facility Name
- 6-digit Medicare Provider number (starts with 45 or 67)
- Facility Mailing Address
- Contact Number

Without this information your order can not be processed.

OR

You can request copies directly from The Alliance for Paired Donation by calling 512-961-6199 or send your request in writing to 3661 Briarfield Blvd, Suite 105, Maumee, OH 43537.

OR

Download a copy from our website at www.esrdnetwork.org (coming soon!)

Data Bytes:

Please protect your patient's private health information (PHI). 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. 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, please remember to email only the facility summary as it contains no PHI. Thank you for helping protect your patients!

Attention Administrator:

Now is the time to start planning for Fall 2009. The Network office would like to recommend the Immunization Action Coalition as a resource for educational materials, staff training, Immunization tracking tools, and a whole lot more. IAC has patient education materials in 12 different languages and a section specifically for dialysis. We highly recommend that you visit their website at www.immunize.org to check out all the wonderful information they offer.

Attention:

The Network Goals & Objectives packets will be arriving in your facility soon. Included in this packet is important information that requires action. Please review the enclosed materials carefully. The Network would like to emphasize that **every facility** is to designate a Network Patient Representative. If your facility does not have a patient listed in this position, please update your facility roster to include the patient in this position **OR** work with your patients to designate someone for this position. If you have questions or need assistance with recruiting a patient, you may contact Geli Brown, Outreach Coordinator at the Network at gbrown@nw14.esrd.net or one of the PAC members in your area.

“NEW” Hepatitis B Testing Requirements!

CMS Conditions for Coverage (effective October 14, 2008) include additional *Hepatitis Testing Requirements* that impact *New Patient Admissions* into YOUR chronic, outpatient dialysis facility!

Since their inception, Texas ESRD Regulations have required chronic outpatient dialysis facilities in Texas to obtain and review Hepatitis B Surface Antigen (HBsAg) and Antibody to Hepatitis B Surface Antigen (anti-HBs) test results for new patients before their admission to the facility. Not surprisingly, this requirement was incorporated into the newly implemented Conditions for Coverage.

HOWEVER, in addition to HBsAg and anti-HBs, the Conditions for Coverage also require that dialysis facilities obtain and review test results for **Total Antibody to Hepatitis B Core Antigen (total anti-HBc)** before admitting new patients into the dialysis facility for treatment.

Therefore, to be in compliance with the Conditions for Coverage, facilities are required to obtain the following HBV **RESULTS** for **ALL** new patients **BEFORE** they are admitted into the facility for their first dialysis treatment:

- Hepatitis B Surface Antigen (HBsAg)
- Antibody to Hepatitis B Surface Antigen (anti-HBs)
- Total Antibody to Hepatitis B Core Antigen (total anti-HBc)

The CMS Conditions of Coverage Interpretive Guidelines: Advance Copy – End Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1 (pg 20) state: *“According to CDC, although the incidence of HBV infection is low among chronic hemodialysis patients, preventing transmission depends on timely detection of patients converting from HBsAg negative to HBsAg positive and rapid implementation of isolation procedures before cross-contamination can occur.”*

“In order to prevent the transmission of Hepatitis B among ESRD patients, all new patients should be tested and their HBV serologic status (i.e., HBsAg, total anti-HBc, and anti-HBs results) should be known prior to admission for treatment. If the results of this testing are not known at admission because of an emergency situation, the patient should be tested immediately upon intake and results known within 7 days of admission.”

This CMS condition is based on the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) April 27, 2001, Volume 50, Number RR-5 (pg 20)“, **Recommendations for Preventing Transmission of Infections among Chronic Hemodialysis Patients**”. Report is available at: www.cdc.gov/mmwr/PDF/rr/rr5005.pdf *

Recently, NW #14 was contacted by facilities expressing concern that local hospital and nephrologists were reluctant to comply with the facility’s request for anti-HBc testing for new dialysis patients prior to hospital discharge. Based on the concerns expressed by these facilities, we recommend your facility take the following actions to proactively generate support and cooperation from their hospital(s) and nephrologist(s):

- Share the information in this memo with your local hospital administrators and nephrologists, emphasizing these key points:
 - Your chronic, outpatient dialysis facility is a Medicare-certified ESRD provider and you have agreed to follow the CMS Conditions for Coverage.
 - It is your facility’s responsibility to ensure compliance with the CfC; failure to do so puts your facility’s participation in the Medicare program at risk.
 - Your facility is required to provide documentation during CMS surveys that demonstrates required HBV test results were obtained **and** reviewed for all new patients prior to their admission to the facility for treatment.
- Request the hospital review and revise policies/protocols that direct the plan of care for “new” hospitalized chronic dialysis patients to ensure:
 - Required HBV testing is routinely ordered **and** performed on all “new” hospitalized chronic dialysis

patients that will be transfer to a chronic, outpatient dialysis facility.

- Required HBV testing is done in a timely manner to ensure availability of test results at discharge from hospital. This will prevent accrual of unnecessary hospitalization days due to pending HBV test results.
- Audits of revised policies/protocols demonstrate implementation of the desired practice improvement.

** Although the CDC recommends facilities obtain test results for two additional Hepatitis surveillance tests prior to admitting new patients for dialysis - Antibody to Hepatitis C virus (anti-HCV) and Alanine Aminotransferase (ALT), The CMS Conditions for Coverage do not include a pre-admission testing requirement for anti-HCV or ALT.*


ALERT: All Facilities using EPOGEN® Multi-Dose Vials*

- **EPOGEN®** in multi-dose vials **loses its therapeutic effectiveness** when it is exposed to **32° or colder** temperatures for a period of time! (This is due to the extreme sensitivity of the multi-dose preservative to freezing temperatures).
- To ensure **EPOGEN®** multi-dose vials maintain therapeutic effectiveness, Amgen inserts a temperature-sensitive “white key” into every box of multi-dose vials.
- If the temperature-sensitive “white key” is exposed to 32° or colder temperatures, it will turn **RED**, indicating the **EPOGEN®** stored in that box has lost therapeutic effectiveness and should **not** be administered to patients.
- Instructions for how to inspect the “white key” are written on the inside lid of every **EPOGEN®** multi-dose vial box.
 - The “white key” must **never** be removed from the **EPOGEN®** multi-dose vial box!
 - The “white key” must be inspected **every** time **EPOGEN®** is withdrawn from a multi-dose vial!
- We recommend immediate inspection of all multi-dose **EPOGEN®** stored in your facility to ensure the following:
 - All boxes of multi-dose **EPOGEN®** still contain their “white key”.
 - The “white key” is **still white** and has not turned **RED**.
 - If the key has turned red, do **NOT** administer medication from any vials in that box. Contact your supplier to obtain a new supply of **EPOGEN®** multi-dose vials.
 - Staff are saving the instructions on the inside lid of the multi-vial box for reference while vials from that box are being used.
- **This same preservative is also used in vaccine multi-dose vials!** If you store your vaccines in the refrigerator with your **EPOGEN®**, and your **EPOGEN®** contains a **RED** key – you should contact the vaccine manufacturer and get clarification on actions to take.
- We recommend your facility develop a policy/procedure to ensure routine inspection of the “white keys” in **EPOGEN®** multi-dose vial boxes.
- **QAPI Bonus** – Developing a process to address this issue, monitoring the process and reviewing it in your facility’s QAPI meetings demonstrates compliance with the CMS Conditions for Coverage that require QAPI teams to identify, address and monitor issues that can negatively impact patient health and safety.



Network 14 April 2009 Calendar



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8 EMSystem update due March PAR's due	9	10  Non-LDO March FF data due	11
CMS/ Network Meetings in Baltimore						
12	13	14	15	16	17	18
19	20	21	22 Aministrative Professionals Day	23 Regional NPR meeting in San Antonio NKF Professional Symposium in San Antonio	24	25
26	27	28	29	30		
ANNA National Meeting in San Diego						