

# NetLink



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



## Involuntarily Discharging Patients (IVD)

February 2011

Handling patient complaints and working with patients that have been involuntarily discharged (IVD) from a facility are two of the greatest challenges facing the patient services department.

If a patient is deemed “at risk for IVD”, please contact Treneva Parks (469-916-3808), Patient Services Coordinator, or Grant Kingsley (469-916-3810), Social Worker, so we can assist your facility and staff to work towards an alternate solution.

Patient complaints about the services they receive at the facility can be a precursor to issues that can lead to a patient being discharged. Often it is the perception of care by the patient that dictates and determines the true experience of care they are receiving. If the patient does not feel that the staff care about them as a person it creates a negative opinion of the staff and facility. This “opinion” leads to complaints being filed by patients to the Network and/or DSHS. Please remember, kindness goes a long way; pass it on to your patients.

Our web site has some great resources that can assist in handling difficult patient/provider issues. Go to [www.esrdnetwork.org/Social Worker Tool and Resources](http://www.esrdnetwork.org/Social Worker Tool and Resources) to find the recommended IVD checklist and memo which outlines the IVD process as directed by the Conditions For Coverage. We have several webinars posted to the website that can be used to educate staff to work with difficult patients. “The Patient Whisperer” webinar addresses improved communication with patients. On the DPC page the “IVD’s- Proactive Prevention” webinar can provide new tools to use with patients to deter behavior commonly responsible for discharges. The DPC toolkit is also posted on this page of the website.

Please, never send Protect Health Information (PHI) in email.

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### Save the Date!!!

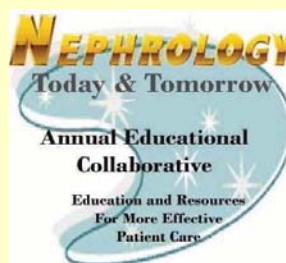
Nephrology Today & Tomorrow 2011 and 2012

When: June 24-25, 2011

June 29-30 2012

Where: The Omni Mandalay

Irving, Texas



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



## Alerts/Recall Corner

### **FDA Safety Announcement: AngioScore Inc., AngioSculpt Percutaneous Transluminal Angioplasty (PTA) Scoring Balloon Catheter OTW 0.018" Platform - Class I Recall**

This device has been recalled due to a design defect that can lead to unintended “fracture and peeling” of the bond and/or detachment of the distal end of the scoring element. Continued use of recalled devices may lead to retained device fragments or significant arterial injury which may lead to death or the need for surgical intervention. The recall targets 17,682 units distributed between 9/2007 and 11/2010, including the following model part (REF) numbers and includes all sizes and lot codes for each model listed: 2076-4020, 2076-5020, 2076-6020, 2092-6020, 2105-6020.

AngioScore Inc. advises customers to immediately discontinue the use of any affected product, examine their inventory, and quarantine all affected product.

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

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm239029.htm>



### **FDA Safety Announcement: Triad Alcohol Prep Pads, Alcohol Swabs, and Alcohol Swabsticks: Recall Due to Potential Microbial Contamination**

**ISSUE:** The Triad Group has issued a recall involving all lots of alcohol prep pads, alcohol swabs, and alcohol swabsticks manufactured by Triad but sold as private labels at the consumer level. The recall pertains to all such products marked as either STERILE or non-sterile. The recall was initiated over concerns of possible product contamination with *Bacillus cereus*. Continued use of affected products could put at-risk patients at risk of developing life-threatening infections.

**RECOMMENDATION:** If a consumer has any of these types of products in their possession listing "Triad Group" as the manufacturer, they should not use the product and should return it to the place of purchase for a full refund.

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

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm239319.htm>

*"I no longer scramble blindly through hardship. I no longer emerge from a bad time feeling relieved just to have survived. Instead of despairing, I try to find the lesson within the experience".*

*- Halle Berry, actress*



## **Safety Announcement: CombiSet True Flow Series™ Hemodialysis Blood Tubing Set with Priming Set and Transducer Protectors for use with the Blood Volume Monitor**

Fresenius Medical Care North America (FMCNA) has announced a voluntary recall of specific lots of CombiSet True Flow Series™ Hemodialysis Blood Tubing Set with Priming Set and Transducer Protectors (Part Numbers 03-2695-9 and 03-2795-7) for use with the Blood Volume Monitor (BVM), due to reports of arterial line kinks. Kinks may manifest as arterial pressure alarms or be mistaken as access problems and can cause hemolysis. Kinked tubing occurred on specific lots of Part Number 03-2695-9 distributed between August 2010 and November 2010 and specific lots of Part Number 03-2795-7 distributed between August 2010 and November 2010.

Customers who have the affected lots of CombiSet True Flow Series™ Hemodialysis Blood Tubing Set with Priming Set and Transducer Protectors for use with the BVM which are being recalled should discontinue their use immediately and return product to Fresenius Medical Care. Customers with questions may contact Fresenius Medical Care Customer Service Team at 1-800-323-5188 in the USA and 1-888-709-4411 in Canada.

## **Community Corner**

The Texas Department of State Health Services has released the new Chapter 117 Texas ESRD Rule Clarifications & Incident Reporting. To obtain a copy go to our website at [www.esrdnetwork.org](http://www.esrdnetwork.org). Click on “Professionals” → “Regulations”. The new rules will be the first bullet under Texas Rules.

## **Information Management Department (Data Department)**

### **IDNUMS and DISASTER**

IDNUMs are the ten-digit numbers assigned to each chronic ESRD patient once they are entered into the Network database. These numbers are used to identify patients in the event of a disaster. Please note that the IDNUMS are not assigned until the Network either receives a PAR (Patient Activity Report) or a 2728. To request a list of all of your patients IDNUMS please fax (972-503-3219) a cover sheet that includes the following information and your request will be fulfilled within 48 hours:

**\*6 Digit Medicare Provider Number**

**\*Provider/Facility Name**

**\*Subject: “IDNUM request”**

**\*Fax number**

*\*Without this information your request will not be honored.*



To assist you with keeping your IDNUMS list current, fax the name and DOB of any new patients to the Network office. Make sure to include your facility information list above.

Once the Network has received this information, we will send you a facility census as of your request date. The IDNUMS are located in the far left column of this report titled “UPI”. If you have any questions concerning IDNUMS please contact Kathleen Prewitt at 469-916-3815. **REMEMBER—DO NOT** email patient information.



The Information Management Department is willing to assist you with questions concerning:

- CMS 2728 and 2746 forms or to order blank forms —contact Doris Wilson at 469-916-3811 or [dwilson@nw14.esrd.net](mailto:dwilson@nw14.esrd.net)
- Missing forms reports, quarterly event validations, notification reports, CMS 2744 forms, or CrownWeb—contact Casey Contreras at 469-916-3809 or [ccontreras@nw14.esrd.net](mailto:ccontreras@nw14.esrd.net)
- Gross and standardized mortality rates, annual data report, SIMS/VISION, data orientations for facility staff, compliance reports, patient counts by zip code, or CrownWeb CAS forms—contact Nathan Muzos at 469-916-3819 or [nmuzos@nw14.esrd.net](mailto:nmuzos@nw14.esrd.net)
- Transplant data questions, missing forms report, certification/survey questions, fistula first report questions, or quality improvement educational materials—contact Jennie Conley at 469-916-3805 or [jkconley@nw14.esrd.net](mailto:jkconley@nw14.esrd.net)

Any of the Network staff listed above can assist you with questions concerning your monthly Patient Activity Report, CMS 2728 and 2746 forms, and requests for first date of dialysis.

**REMEMBER—DO NOT** email patient information.

**Be on the look out for your facility’s yearly patient census report. The CMS 2744’s will be mailed within the next few weeks. Your report will be sent via United States Postal Service and will be in a bright RED envelope.**

If you have not received your packet by February 28, 2011, contact Casey Contreras at 469-916-3809.

## Outreach Corner

Over the next few weeks you will be receiving a packet of information for your facility’s Network Patient Representative (NPR). In this packet there will be a short survey to determine your facility’s NPR, questions concerning the Network Patient Advisory Committee (PAC), and your knowledge of how both of these positions effect the Network and the Texas ESRD patient population as a whole. Please take just a few minutes to complete and fax to the number listed on the survey.

NOTE: The Network’s Goals and Objectives (which have been accepted by your facility’s upper management) require that each facility have a NPR and that the NPR is a patient of that facility.

Andrea Fichtner, Network Outreach Coordinator can assist you with the following:

- EMSsystem training, log in and password update request, disaster planning, information concerning Network Patient Representatives, Patient Advisory Committee, Network educational meetings, professional and patient newsletters, dialysis and transplant resources, opportunities and educational materials for patients and professionals.
- Patient and renal professional concerns/complaints/grievances.

You can contact Andrea at 469-916-3800 or [afichtner@nw14.esrd.net](mailto:afichtner@nw14.esrd.net)

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## Patient Services Corner

The Network is excited to announce a new addition to our staff. Please join us in welcoming Grant Kingsley, BSW to the renal community. Grant is a recent graduate from TCU and will be assisting our Patient Services Coordinator, Treneva Parks, with complaints and grievances. Grant's contact information is:

- Email: [gkingsley@nw14.esrd.net](mailto:gkingsley@nw14.esrd.net)
- Phone: 469-916-3810
- Fax: 972-503-3219

**Be on the look out!!!**

**Vocational Rehabilitation educational packets to arrive at your clinic in the next few weeks**

**2009 and 2010 facility specific reports will not be mailed until May 2011**

The Network Patient Services department can assist you with:

- Patient and renal professional concerns/complaints/grievances, decreasing patient conflict/Involuntary patient discharge, and VocRahab/Advance care planning/End of Life—contact Treneva Parks at 469-916-3808 or [tparks@nw14.esrd.net](mailto:tparks@nw14.esrd.net)
- Patient and renal professional concerns/complaints/grievances—contact Grant Kingsley at 469-916-3810 or [gkingsley@nw14.esrd.net](mailto:gkingsley@nw14.esrd.net)

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## Quality Improvement Corner

### Anemia Management

Anemia management is a vital task for the facility to perform as it directly links to quality and longevity of life. The Network was directed by the Medical Review Board to implement a quality improvement project on anemia management for the 2010 – 2011 contract year. We are pleased to share the components of this project with all facilities as a resource and as an optional improvement project for facilities to undertake if they are experiencing challenges with their anemia management program in their facilities. Overwhelmingly the facilities that participated in this project have stated that the project was successful in addressing their anemia management program and have implemented some of the concepts into their internal anemia management protocols. A separate module was developed for the Hemodialysis and the Peritoneal Dialysis modalities:

ANEMIA Quality Improvement Module - Hemodialysis

ANEMIA Quality Improvement Module – Peritoneal Dialysis

These modules are now posted to the ESRD network website at:

**<http://www.esrdnetwork.org/professionals/quality-improvement/index.asp>**

The modules are set up to have monthly activities for 3 consecutive months. Each month there are directed activities for both clinical personnel and patients. Please feel free to download and utilize these resources for use in your facility. For more information and technical assistance please contact Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net).



## ANNA 2011 Winter Webinar

Enjoy the high quality education offered at the ANNA Audio Conference in the comfort of your own home! Register online for this webinar and then on the date you select you can enjoy the presentation from your home.

Your Choice of Dates:

February 15, 2011 6:30pm ET/5:30pm CT/ 4:30pm MT

February 22, 2011 6:30pm ET/5:30pm CT/ 4:30pm MT

**Topic:** Inflammatory Gastrointestinal Disorders in Patients with Chronic Kidney Disease

**Presented by:** Jean Colaneri, ACNP-BC, CNN

**Cost:** \$5.00 for 1.5 CEs

**To Register:** Go to [www.prolibraries.com/event](http://www.prolibraries.com/event)

**Questions:** Contact the ANNA National Office: Wendy Hankin, [hankinw@ajj.com](mailto:hankinw@ajj.com) or 888-600-2662, ext 23.

## New Improved Facility Run Charts

Announcing the New Improved Facility Run Charts! These Facility Run Charts have been developed using an excel spreadsheet and are now easier to use and very user friendly. The Facility Run Charts have the latest quality of care indicator outcomes for Texas already added to them, so that facilities can enter their outcome data monthly and determine how they rank as compared to Texas outcomes.

So if your facility needs a way to display data in order to effectively review and compare outcome data trended over time with Texas please go to:

<http://www.esrdnetwork.org/professionals/quality-improvement/index.asp> - 2010 ESRD Network Facility Run Charts

The following run charts are using 2009 ESRD Network 14 data (until 2010 data is received).

[Instructions for 2010 Run Charts](#)

[Adult HD Dialysis Specific Run Charts](#)

[Adult PD Dialysis Specific Run Charts](#)

[Pediatric HD Run Charts](#)

[Pediatric PD Run Charts](#)

The Facility Run Charts are available for Adult Hemodialysis & Peritoneal Dialysis as well as Pediatric Hemodialysis & Peritoneal Dialysis. Instructions have been designed to assist in the initial utilization of the charts.

If you have any questions please contact Kelly Shipley, BA, RHIA, QI Director at [kshipley@nw14.esrd.net](mailto:kshipley@nw14.esrd.net) or 469-916-3803 or Angie Wieler, MSN, RN, CNN, CPHQ, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net) or 469-916-3806.



## Atlas of Dialysis Vascular Access Available for Staff Education



### Atlas of Dialysis Vascular Access Available for Staff Education

A dialysis patient's survival depends on proper functioning of their vascular access, also known as their lifeline. The Atlas of Dialysis Vascular Access, available on the Fistula First website, will help educate the entire patient care team on keeping the dialysis patient's lifeline functioning.

The Atlas, developed by Tushar Vachharajani, MD, FACP, FASN, Dialysis Access Group of Wake Forest University School of Medicine, Winston-Salem, North Carolina, highlights the basic anatomy of the most frequently used vascular access sites and identifies associated problems. The Atlas is a photo-based teaching guide for all individuals involved in the use, management and preservation of vascular access. The Atlas, reviewed and enthusiastically endorsed by the FFBI Clinical Practice workgroup, contains images collected from patients who have endured the problems and have graciously consented to be photographed.

To view the Atlas of Dialysis Vascular Access visit the FFBI website at [www.fistulafirst.org](http://www.fistulafirst.org) under What's New.

### About the Fistula First Breakthrough Initiative

The Fistula First Breakthrough Initiative, funded by the Centers for Medicare & Medicaid Services (CMS), is a collaborative project involving a coalition comprised of the ESRD Networks, and the entire renal community to ensure every hemodialysis patient will receive the most optimal form of dialysis vascular access, which in most cases will be an arteriovenous fistula (AV fistula). The focus of the FFBI includes educating patients and providers on the benefits of using an AV fistula for hemodialysis, reducing catheter use, and reducing vascular access complications, thereby, making hemodialysis safer and more cost effective for all patients. Founded in 2003, the Coalition and the Initiative are CMS projects aimed at improving the care and outcome for patients who receive hemodialysis. Learn more about Fistula First at [www.fistulafirst.org](http://www.fistulafirst.org).

## Release of the Final ESRD QIP Rules

### From the National Renal Association—

CMS released the final ESRD QIP rules. ([http://www.ofr.gov/OFRUpload/OFRData/2010-33143\\_PL.pdf](http://www.ofr.gov/OFRUpload/OFRData/2010-33143_PL.pdf)). Below is a brief summary from the Kidney Care Partners, KCP, about the final rule. Basically nothing changed from what was proposed.

*Continued on page 8....*



## Release of the Final ESRD QIP Rules

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CMS issued the ESRD QIP Final Rule. As anticipated, there are not substantial changes between the Proposed and Final Rules. The Agency does not speak to the future process in great detail, but did agree to rely upon rulemaking for substantive changes, including new measure, weight, and performance standard adoption. It also introduces a new monitoring system.

**Quality Measures.** CMS finalized the quality measures to be used in the QIP, which include two measurements of anemia management and one of adequacy of hemodialysis, as follows:

- Percentage of Medicare patients with an average Hemoglobin <10.0g/dL;
- Percentage of Medicare patients with an average Hemoglobin >12.0g/dL; and
- Percentage of Medicare patients with an average Urea Reduction Ratio (URR)  $\geq$  65 percent.

The Agency noted that it will eventually replace the URR measure with a Kt/V measure.

**Performance Standards.** The Agency finalized the standards as proposed. The performance rates are as follows:

- For the anemia management measure “Hemoglobin Less Than 10g/dL” the national performance rate is 2 percent.
- For the anemia management measure “Hemoglobin More Than 12g/dL” the national performance rate is 26 percent.
- For the proposed “Hemodialysis Adequacy Measure” the national performance rate is 96 percent.

CMS finalized calendar year 2010 as the initial performance period, which is the most current year that affords the Agency adequate time to collect and analyze the data and calculate individual and total performance scores.

**Performance Scores.** CMS finalized the scoring methodology as proposed. The Agency will assign 10 points to each of the measures, and providers and facilities that do not meet the initial performance standards would score lower than 10 points, with lower scores corresponding to performance further below the standard. CMS will subtract 2 points for every 1 percentage point the performance falls below the standard.

**Weighting the Measures.** CMS finalized its proposal to weight the “Hemoglobin Less Than 10g/dL” measure 50 percent of the total performance score, and the other two measures 25 percent each. As described in the Proposed Rule, the Agency elected to give additional weight to this measure to establish a disincentive to under-treat patients for anemia and to reflect the clinical importance of the measure. The Agency stated that it will reevaluate the weighting methodology as new measures are adopted in the QIP.

**Payment Reductions.** CMS finalized the payment reductions as proposed. CMS interpreted MIPPA to require the Secretary to reduce payments by up to 2.0 percent and will use 0.5 increments to reduce payments.

**Unit of Payment.** Performance-based payment reductions will apply to the monthly payment amount. CMS will apply the payment reduction following any other applicable adjustments, including case-mix, wage index, outlier, and blended amount under the transition.

**Public Reporting.** CMS finalized that it will share confidential, specific quality data with providers and facilities electronically using the secure Dialysis Facility Reports (DRF) framework. CMS will provide the “draft DRFs” to providers/facilities and allow 30 days to review the data and submit questions or comments to the Agency. The Agency will also submit certificates containing the aforementioned QIP performance scores

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## Release of the Final ESRD QIP Rules

*Continued from page 8*

and national comparisons once annually to facilities and providers in a generally accessible electronic file. Each provider and facility will be required to display the unaltered certificate within 5 business days of CMS sending it. The certificate must be displayed prominently in plain sight in an area containing other patient-directed materials. CMS will use the DFC website to report the performance scores.

**Future Considerations.** In the Final Rule, CMS stated that it will use the informal rulemaking process for making changes to the ESRD QIP in the future whenever possible. The Agency may issue procedural guidance for changes not impacting measures, weighting, or scoring methodologies.

CMS indicated that it will launch an ESRD services monitoring program to track changes in beneficiary access and quality of care following the implementation of the ESRD PPS and QIP. The Agency will also conduct an evaluation of the impact of the QIP on access and quality of care for Medicare ESRD beneficiaries. CMS will use CROWNWeb, claims data, patient activity reports, provider forms, and other quantitative and qualitative data sources in the monitoring program and evaluation.

CMS noted that the Agency is currently developing measures in the areas of patient satisfaction, iron management, bone mineral metabolism, vascular access, Kt/V, access infection rate, fluid weight management, and pediatric measures. The measures under development are ones that could be applied to all modalities. The Agency will require providers to submit data to establish a baseline for each of the measures under development “as soon as is practicable.” In the Final Rule, CMS stated that it intends to see input of the ESRD community when considering the feasibility of adopting new measures for the QIP. CMS acknowledged the importance of collecting real-time data for timely measurement of performance and noted that the Agency is working to expand the scope of CROWNWeb and will explore the feasibility of using it to collect QIP data.

You can get assistance with the following:

- DSHS referrals, Network Quality Improvement projects and data, assistance with facility-specific QI projects/data, National and Texas rules, regulations and standards, dialysis and transplant resources, opportunities and educational materials for patients and professionals—contact Angie Wieler at 469-916-3806 or awieler@nw14.esrd.net
- Quality management tools and resources, Quality Improvement projects and data, assistance with facility-specific QI projects/data, National and Texas rules, regulations and standards, dialysis and transplant resources, opportunities and educational materials for patients and professionals—contact Kelly Shipley at 469-916-3803 or kshipley@nw14.esrd.net

**REMEMBER—DO NOT** email patient information

*“I can’t inspire self-confidence in others if I personally haven’t achieved it”*

- Samantha Dunn, author



## Network 14 Information/Announcements

### Help Wanted!

The Network office is looking for a Quality Improvement Nurse for our Dallas, Texas, location to assist with quality improvement projects. Requirements: ADN or BSN, 3-6 yrs related experience, quality management skills, Nephrology experience preferred, proficient in MS Word, Excel, PowerPoint, and Outlook.. MS Access and bilingual in Spanish desired but not required. Excellent benefits. If you or someone you know would like to be considered for this position please email cover letter and resume to [info@nw14.esrd.net](mailto:info@nw14.esrd.net)

Or fax to 972-503-3219.

No phone calls please.

EEOC



**We are pleased to announce that Glenda F. Harbert, Network 14 Executive Director, has won an award from the National Kidney Foundation (NKF). NKF recently announced Ms. Harbert had won the CNNT Leadership Award. This award will be presented on Wednesday, April 27<sup>th</sup>, 2011, during the NKF 2011 Spring Clinical meetings in Las Vegas, Nevada April 26 – 30, 2011.**

**Congratulations Glenda - and thank you for all you do for the renal professionals and patients not only in Texas but in the entire United States. Your dedication to the renal community is greatly appreciated.**

The Network office bids farewell to Sherry Green, Quality/Patient Services nurse. Sherry has taken a position with the Texas Department of State Health Services as a surveyor. We know that she will do well in her new position and we wish Sherry all the best.



Contact Debbie O'Daniel at 469-916-3804 or [dodaniel@nw14.esrd.net](mailto:dodaniel@nw14.esrd.net) for the following issues:

- Questions/issues not listed through out this edition of the Network NetLink, accounts payable/receivable issues, human resource issues, registration and/or questions on upcoming Network meetings, booklet/pamphlet orders, or information on new facility agreements/packets.

Contact Glenda Harbert at 469-916-3801 or [gharbert@nw14.esrd.net](mailto:gharbert@nw14.esrd.net) for the following issues:

- Questions concerning National initiatives or legislation, DSHS issues, questions concerning ESRD Network structure and committees/boards, questions about other Networks, and concerns about Network activities or Network personnel.





# February 2011



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 <i>Chinese New Year</i>	4	5
6	7	8 <i>Monthly PARs due</i>  <i>EMSystem updates due</i>	9	10 <i>Non-LDO FF data due</i>  	11	12
13	14 <i>Valentine's Day</i>	15 <i>ANNA webinar</i>	16	17 <i>End-of-Life webinar—hosted by Network 14</i>	18 <i>Missing Forms due</i>	19
20	21 <i>President's Day</i>	22 <i>ANNA Webinar</i>	23	24	25	26
27	28 <i>Missing forms mail out</i>	<b>CMS 2744 reports will be sent during the month of February. Be on the look out for a bright red envelope from the Network office.</b>				

**Tips:**

- When submitting CMS 2728 forms make sure that front and back of each form is securely attached to each other.
- When contacting the Network office have your 6-digit Medicare provider number handy.



## Patient's Corner

*Written for patients by patients*

### "Kidney Day at the Capitol"

**Tuesday, February 15, 2011**

**First Methodist Church - FLC, 1300 Lavaca, Austin, Texas**

**8:00am until .....**

Attention: This day is for people living with Chronic Kidney Disease, Their Families, and All Renal Health Care Professionals. Kidney Day is an event to draw public attention to the problems of kidney disease and inform the Texas Legislature about the public policy needs of kidney patients.

Come and learn how we can at least slow down or stop Chronic Kidney Disease (CKD) from going into End Stage Renal Disease (ESRD). **Before you arrive** in Austin make an appointment to see your Legislators or their health staff person in the afternoon.

We will need to know approximately how many are attending - After you get your group together please RSVP. We want to have enough breakfast and lunch for all!

**KIDNEY DAY IS FREE - COME AND MAKE YOUR VOICE AND PRESENCE KNOWN!**

If you need further information please contact: Rita Littlefield - 512-441-3444, Texas Renal Coalition at [rital@austin.rr.com](mailto:rital@austin.rr.com).

### **Do you know YOUR treatment options?**

Do you know about other ways to treat kidney failure, besides the treatment you are currently receiving? Have you ever wondered about other types of treatment? There are 4 main types of treatments for kidney failure. We encourage you to take some time to read about these different options. Check out our December 2009 edition of the LoneStar Newsletter pages 10-13. You can find a copy on our website at [www.esrdnetwork.org](http://www.esrdnetwork.org). Click on "Our Network", then click on "Newsletters", then click on "Patient and Family Newsletters", finally open up the December 2009 edition and print. If you do not have access to the internet ask your Social Worker to provide you with a copy. Then, if you are interested in finding out more about another treatment for kidney failure, talk to your kidney doctor. Although not every treatment works for every person, your healthcare team can help you find the treatment that works best for you.

**Facility staff - post by the patient's scales pages 12 and 13 as well as near the sink that the patient's use to wash their accesses or in the lobby/waiting room.**





## Who Is The End Stage Renal Disease Network of Texas, Inc.?

*The End Stage Renal Disease Network of Texas (ESRD Network) is one of 18 not for profit agencies that work under contract with the Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. Your ESRD Network, which provides support to the Texas dialysis and transplant community, is located in Dallas, Texas. The other 17 Networks are located regionally across the country. The Networks perform many important jobs for the dialysis and transplant community, including:*

- *Collecting and analyzing data about dialysis and transplant patients and their treatments*
- *Evaluating the quality of care and services provided to dialysis and transplant patients*
- *Supplying professionals with clinical information and data they can use to evaluate and (If needed) improve their services*
- *Maintaining a grievance procedure to investigate patient complaints about the quality of care provided by dialysis or transplant units*

*The Network is made up of several volunteer committees-the Executive Committee, Medical Review Board, and Patient Advisory Committee. Each committee is made up of patients and professionals. The committees provide guidance and support to help the Network meet its mission and goals.*

### **Our Goals**

- *To improve the quality of care for persons with ESRD and to make sure that this care is medically necessary, efficient, high quality and consistent with professional knowledge.*
- *To provide CMS, the Texas Department of State Health Services, and the dialysis and transplant community with information and data related to the Medicare ESRD program and the ESRD population.*

### **We are NOT able to give you:**

*Answers to questions about bills (Medicare, Medicaid or insurance)*

***Contact Medicare at 800-442-2620.***

- *Financial help paying bills (Your facility social worker or administrator may be able to help you)*
- *Specific recommendations on doctors or clinics*
- *Clinic or doctor specific data or outcomes*

