



# Net Link



## Stay Connected with Network 14!

October 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 and Information:

#### Missing Forms:

Do you keep getting a missing forms notice for the same patient? If so, here are a few helpful tips:

1. Is there a duplicate pt. record? A duplicate record can be created by mismatching information of the 2728 and PAR. Please check these two forms against each other to make sure all of the patient information such as SSN, DOB and name spelling match.
2. Did the form you submitted have an ORIGINAL PHYSICIAN SIGNATURE? If you submit a 2728 to the Network office that is not an original green form or a copy signed in BLUE INK by the Physician we cannot enter it. Please submit either the green form or a copy signed in BLUE INK by the Physician.
3. Did the patient actually start Chronic Outpatient Dialysis at another Medicare Certified facility? If the answer is yes, please contact Jennie Conley (469-916-3805) to discuss the patient.

#### ePHI Violations:

Please be aware that you should never email patient specific data to the Network office. If an email of this nature is received by the Network office, it will be reported to CMS. If you need assistance with a specific patient, please contact Jennie Conley (469-916-3805) and she can assist you with your question in a secure manner. If you need information for several patients, you can fax the Network office at 972-503-3219.

Thanks for your hard work and support!

Before you report an Involuntary Discharge (6C) on your Patient Activity Report please follow these three steps:

- 1.) Notify the Patient Services Department at the Network as soon as you are considering this type of discharge
- 2.) Notify your appropriate State agency
- 3.) Be prepared to provide documentation of assistance and interventions that were given to the patient at the Network's request

In compliance with the new Medicare Conditions for Coverage, facilities are required to report all Involuntary Discharges (IVD's) to the Network. Failure to comply with this process will result in a referral to the Department of State Health Services (DSHS).

#### Kidney Community Emergency Response (KCER) Coalition Patient ID Cards

In June of this year your unit received a Disaster Readiness packet to the attention of the Administrator/DON. Inside this packet there were several wallet-size patient information cards. At the time of the mail out the Network office was not able to provide each dialysis patient with a card. However we have been able to obtain several hundred more patient cards for distributing to the Texas ESRD community. If your facility needs more cards please email Debbie O'Daniel at dodaniel@nw14.esrd.net. Please include in your email your name, CMS facility name, 6-digit Medicare provider number (will start with 45 or 67), and a day time phone number. Cards will be sent out on a first come, first serve basis and when our supply runs out there will be no more cards available. **No phone calls please...**

**Dont Forget!...** EMSsystem updates are due by the 8th of **each** month. Make sure you have updated your Preferences for Event Notification and User Info.

## IMPORTANT ALERT for Nurse Managers!

### Revised Annual Dialysis Facility Reports Need to be Downloaded by All Facilities

Network #14 was notified yesterday that the 2009 Annual Dialysis Facility Reports are being revised with **updated SMR data** based on a change to the statistical methodology for calculating facility SMR that was implemented in response to feedback provided during the recent Open Comment period. The two sections of your report that may be impacted by this methodology change are your facility's SMR and the Mortality Statement in the Dialysis Facility Compare section that indicates if your facility's mortality rate is "as expected", "better than expected" or "worse than expected". Revised 2009 Annual Dialysis Facility Reports will be posted on UMKECC's website, [www.dialysisreports.org](http://www.dialysisreports.org) on September 30, 2009.

#### What does your facility need to do?

1. Download your revised 2009 Annual Dialysis Facility Report as soon as possible on or following September 30, 2009.
  - o You will use the same password protected procedure to access the UMKECC website that you used earlier this summer
  - o After logging onto the website, you can view your revised Annual Dialysis Facility Report and if necessary - submit comments about revised SMR data.
2. **Paper copies of the report will not be sent to facilities!**
3. Nurse Managers and Medical Directors should compare SMR data and Dialysis Facility Compare statements on the revised 2009 report to the data on the initial report you received in August 2009.
4. Facilities that want to submit comments on their facility's revised SMR data or the Dialysis Facility Compare statement will be able to submit comments to the UMKECC website, [www.dialysisreports.org](http://www.dialysisreports.org) from September 30-October 15, 2009.
5. Remember – the SMR data is provided to the Texas Department of State Health Services, where it is used to identify outlier facilities for survey activity.
6. Also – if you were unable to submit comments on other Annual Dialysis Facility Report data fields during the previous Comment Period, you have another opportunity to do so during this extended Comment Period.

**If you have any questions about your revised data or have problems accessing the UMKECC website, please contact UMKECC by phone or email:**

**734-998-9823 (phone)**

[keccdf@umich.edu](mailto:keccdf@umich.edu)

### "TYPO" Alert – Phosphorus Management QIP – Patient Report Card

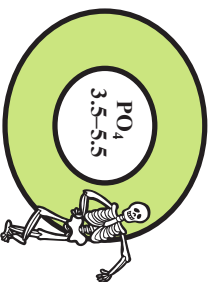
As many of you noticed, there was a typographical error on the PO<sub>4</sub> Patient Report Card. The word "NONE" was mistakenly cut and pasted next to the statement "Number of times I took my binder pills with **all** meals and snacks at the **right time**". We apologize for the error and have revised and attached the Patient Report Card. Thank you for bringing this to our attention – we appreciate your diligence!

Additional PO<sub>4</sub> QIP Updates:

- You can expect PO<sub>4</sub> QIP Module Two to arrive by the end of October. *Based on your feedback, we are working hard to decrease both the "hassle" and the time intensiveness of Modules Two and Three, while still providing value to you and your patients.*
- The revised Module One Spanish Poster will be sent with the Module Two mail-out. A smaller, downloadable version of the revised Module One Spanish Poster will be posted to the network website next week for your convenience.
- The revised Patient Education tool, "It Will Do Your Heart and Bones Good" featuring a low-literacy version and a 4-part low-literacy version will also be posted to the network website next week.

**Many thanks to you and your staff for your support of the PO<sub>4</sub> QI project!**

Patient Name \_\_\_\_\_



# Phosphorous Report Card

## Know Your Numbers \*\*



If you have questions or need help writing your numbers, ask your nurse to help you.

	<b>My Phosphorous Number</b>			
	June 2009	July 2009	August 2009	September 2009
<b>Test Name</b>	<b>Normal Number*</b>			
Phosphorous**	3.5-5.5mg/dl			
Number of days when <b>most</b> of the foods I <b>chose</b> were low PO <sub>4</sub> foods instead of high PO <sub>4</sub> foods	Every day or Most Days			
Number of times I took my binder pills with <b>all</b> meals and snacks at the <b>right time</b> (5 to 10 minutes before or after eating the food OR during the meal)**	Every time or Most of the Time			
Number of dialysis treatments that didn't remove enough PO <sub>4</sub> (I missed a treatment or had a short treatment)	None!			

\* The numbers are based on the National Kidney Foundation KDOQI Guidelines for Bone Metabolism and Disease.  
 \*\* Check the Phosphorous Quick Facts! sheet to learn more

Revised 09/23/2009



## Attention Bio-Medical Personnel!

### Surveyor Sighting



Recently it has been reported that facilities are being cited under the new CMS CfC's regarding security features for the Carbon Tanks Bypass valves. Please note that it is mandatory to ensure patient safety in all dialysis treatment aspects. CMS was contacted regarding the requirements in relation to the bypass valves and the official response received was:

*“While the AAMI guidelines adopted as regulation do not specifically require a “lock-out device” to prevent accidental by-pass of the carbon tank(s), surveyors are instructed to look for this as a safety feature, and if one is not in place, to interview staff regarding how the facility keeps the carbon tanks from being accidentally by-passed. If the facility does not have a system that would prevent the accidental by-pass, the facility could be cited under V184, which requires the water treatment system be in a secure, restricted environment.” (Beth Witten-ESRD Specialist ESRD Survey & Certification Group)*

**Please be sure to share this information with all the Biomedical personnel in your facility!**

## Upcoming Educational Conferences and CE Opportunities!

- **Do Your Staff Need CEs?** The Florida ESRD Network offers **free on-line CEs** on Water Treatment, Ethical Decision-Making and Professional Boundaries in Social Work, Managing a Dialysis Facility, Disaster Preparedness, Using the DPC Tool Box, Improving Adequacy of Hemodialysis, Vascular Access, Quality Improvement and Rapid Cycle Improvement. To access the CE courses, go to: <http://edu.flqio.org/>.
- The Sixth Annual ***Controversies in Dialysis Access*** is being held November 12-13 in San Francisco, CA. This 2-day conference, featuring nationally and internationally known speakers, focuses on vascular access management. Sessions include: *AVF Maturity, AVF Creation and Maintenance, AVG Grafts, Hand Ischemia, Thrombosed AVF and Hemodialysis Catheters*. For more information, go to: [www.dialysiscontroversies.org](http://www.dialysiscontroversies.org).
- The Texas Association for Healthcare Quality's annual conference, ***Quality in Texas: The Stars Among Us***, is being held October 15-16 in Austin, TX. Presentation highlights include: *Pay for Performance, Quality 101 (Performance Improvement Tools), Failure Modes Effect Analysis, Engaging Physicians in Healthcare Quality: A Physicians Perspective, Determining Key Quality Measures and Root Cause Analysis*. For more information, go to: [www.txquality.org](http://www.txquality.org).

## Q & A – CMS Conditions for Coverage

Recognizing that everyone has questions about how to implement the CMS Conditions for Coverage, we will be including Q&A about specific CfC requirement in our monthly NW #14

Net-Link. Many thanks to ESRD Network 8 for developing these Q&A. If you have specific questions about the Conditions for Coverage you would like answered, please email Bobbie at [bknotek@nw14.esrd.net](mailto:bknotek@nw14.esrd.net) or Angie at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net).

### ***Conditions for Coverage – Patient Assessment Q&A***

**Q:** What is the difference between *multidisciplinary* assessment and *interdisciplinary* assessment?

**A:** *Multidisciplinary* team members work sequentially and use the medical record as the chief means of communication. *Interdisciplinary* team members (IDT) work collaboratively with regular meetings to discuss patient status and the evolving plan of care. Interdisciplinary teams work together toward common goals, pool their expertise and use one another as a forum for problem solving.

**Q:** Can the medical director substitute for the “treating physician” in the IDT?

**A:** The regulation expects “a physician treating the patient” to be a member of the IDT. If the medical director is not one of the physicians treating the patients, he/she would not be allowed to routinely substitute on the IDT.

**Q:** What documentation of the IDT work does CMS expect?

**A:** For individual in-center patients, IDT participation should be reflected in the patient assessment, the plan of care, progress notes, physician orders and treatment records. For home patients, IDT participation should be reflected in these same documents and in clinic visit reports.

**Q:** Is there any specific format required to document the patient assessment and plan of care? Can these both be included in one form?

**A:** There is no specific format required – both the assessment and plan of care (POC) can be included in the same form.

**Q:** How often are social workers/dietitians required to see patients & document progress notes?

**A:** There is no requirement for frequency of SW and RD contacts with patients and progress notes. SW and RD documentation should be done as needed to show assessment, planning and implementing care to meet the patient’s individual needs.

**Q:** Do transfer and transient patients need an initial comprehensive IDT assessment in 30 days?

**A:** Each patient new to dialysis must have an initial comprehensive IDT assessment within 30 days or 30 treatments after admission. If you receive a completed assessment and POC for a transient patient or a patient transferring from one dialysis facility to another, you must conduct a reassessment within 3 months of the patients transfer to your facility.

**Q:** Can the annual reassessment for a home dialysis patient who lives a long way from the facility be done in the physician’s office, if the IDT meets there and documentation is sent to the dialysis facility?

**A:** If the required members of the IDT meet at the physician’s office and fulfill the requirements for the comprehensive IDT reassessment and POC revision for the patient, the information can be sent to the ESRD facility for the medical record.



# Network 14 October 2009 Calendar



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
October 9-11, 2009 ANNA National Fall Meeting in Orlando, Florida						
4	5	6	7	8	9	10
				EMSystem update due  September PARs due		
11	12	13	14	15	16	17
NKF Fort Worth Patient Meeting	 Non-LDO September FF data due				National Boss Day	
18	19	20	21	22	23	24
	Missing Forms Due					
25	26	27	28	29	30	31
					Missing Forms Sent	<i>Halloween</i>

Daylight Savings Ends on Saturday, October 31, 2009. Remember to set your clock back an hour.