

NetLink



ESRD Network of Texas, Inc.
4040 McEwen Rd, Suite 350
Dallas, Texas 75244

POST for all staff to read



October 2011

Top Performers in Texas—We Salute You!

Congratulations to the Top Performers in Texas for their commitment to achieving excellent dialysis outcomes! Network 14 congratulates the following dialysis providers on their success in various clinical areas such as anemia management, bone and mineral metabolism, and vascular access. The facilities listed are those facilities who have completed and submitted a Permission for Public Acknowledgement form to the Network.

Top Performer categories include:

- Quality of Care Benchmark Status—Top 10% of facilities for 2 years
- Quality of Care Recognized Status—top 10% of facilities for 1 year
- Fistula First Benchmark Status—Greater than or equal to 66% of patients have AV Fistula

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CROWNWEB: PHASE III IS COMING; WE WANT YOU TO BE PART OF IT!!!!

Recently CMS announced the timeline of Phase III of the CROWNWeb implementation. Phase III will begin in December 2011 and last until late January 2012. It will include a minimum of 20 facilities from NW14. During Phase III, participants will use the new QualityNet Identity Management System (QIMS), enter clinical and vascular access data for patients each month, participate in national conference calls with CMS and other Phase III participants, as well as taking part in stress testing the CROWNWeb system.

We need facilities of all sizes, locations and corporate affiliation. If you are interested in participating please contact Nathan Muzos at 469-916-3819 or nmuzos@nw14.esrd.net as soon as possible.

CROWNWeb is set for national implementation in February 2012, which means Phase III will be your last chance to use the system and become familiar with it prior to it being required by the Conditions for Coverage.



**BENCHMARK – QUALITY OF CARE
Hemodialysis Phosphorus Management**

- THE DIALYSIS COTTAGE
- TRI COUNTY DIALYSIS FACILITY

*1 facility not listed

**BENCHMARK – QUALITY OF CARE
Hemodialysis Severe Anemia
Management**

- BAY AREA DIALYSIS SERVICES SINTON
- FRESENIUS MEDICAL CARE CEDAR PARK
- FRESENIUS MEDICAL CARE ROCKPORT
- FRESENIUS MEDICAL CARE SARATOGA
- WILBARGER GENERAL HOSPITAL DIALYSIS OF VERNON

*1 facility not listed

**BENCHMARK – QUALITY OF CARE
Peritoneal Dialysis**

- BROOKHOLLOW DIALYSIS
- CIELO VISTA DIALYSIS
- DAVITA LUFKIN DIALYSIS
- FMC NORTH BUCKNER DIALYSIS CENTER
- FRESENIUS MEDICAL CARE AMARILLO HIGH PLAINS
- FRESENIUS MEDICAL CARE BAYTOWN DIALYSIS
- MEDICAL CENTER KIDNEY CLINIC
- UNIVERSITY DIALYSIS NORTHWEST
- VALLEY BAPTIST HARLINGEN DIALYSIS

*2 facilities not listed

**RECOGNIZED – QUALITY OF CARE
Hemodialysis Anemia Management**

- WILBARGER GENERAL HOSPITAL DIALYSIS OF VERNON
- AMERITECH KIDNEY CENTER HEB
- BAY AREA DIALYSIS KINGSVILLE
- BMA OF DALLAS SOUTH
- BROOKHOLLOW DIALYSIS
- CARTHAGE DIALYSIS CENTER
- FMC DIALYSIS SERVICES OF NORTH BROWNSVILLE
- FRESENIUS MEDICAL CARE ROCKPORT
- HILL COUNTRY DIALYSIS CENTER OF SAN MARCOS
- LIBERTY DAYTON DIALYSIS FAC
- LIBERTY DIALYSIS COLLEGE STATION
- LIBERTY DIALYSIS ROCKWALL
- RENAL CARE GROUP - ROBSTOWN
- ROCKWALL DIALYSIS CENTER
- ROSENBERG DIALYSIS FACILITY
- SOUTHCROSS DIALYSIS CENTER
- THE DIALYSIS COTTAGE

*5 facilities not listed

**RECOGNIZED – QUALITY OF CARE
Hemodialysis Adequacy (Kt/V)**

- ALVIN DIALYSIS CENTER
- BAY AREA DIALYSIS KINGSVILLE
- BMA WEST BEXAR COUNTY
- DAVITA - DENISON DIALYSIS CENTER
- DAVITA WEST
- DIALYSIS SERVICES OF ALLEN
- EL CAMPO DIALYSIS
- FMC - ALAMO CITY DIALYSIS
- FMC - RIO GRANDE CITY
- FMC - VILLAGE OAKS KIDNEY DISEASE CLINIC
- FMC CARIZZO SPRINGS KIDNEY DISEASE CLINIC
- FMC DIALYSIS SERVICES OF WEST LAREDO

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- FMC DIALYSIS SERVICES WAXAHACHIE
- FMC EAGLE PASS KIDNEY DISEASE
- FMC EAST CENTRAL HOUSTON
- FMC FIFTH WARD
- FMC MEDICAL ARTS KID CTR ENNIS
- FMC MEYERLAND
- FMC SUNNYSIDE
- FRESENIUS MEDICAL CARE FT WORTH PARKWAY
- FRESENIUS MEDICAL CARE BAYTOWN DIALYSIS
- FRESENIUS MEDICAL CARE CALALLEN
- FRESENIUS MEDICAL CARE CEDAR PARK
- FRESENIUS MEDICAL CARE HORIZON DIALYSIS
- FRESENIUS MEDICAL CARE MUSEUM DISTRICT
- FRESENIUS MEDICAL CARE ROCKPORT
- FRESENIUS MEDICAL CARE SARATOGA
- HILL COUNTRY DIALYSIS CENTER OF SAN MARCOS
- HILLCROFT DIALYSIS CENTER
- JACKSONVILLE DIALYSIS CENTER
- LA PORTE DIALYSIS FACILITY
- LAS PALMAS DIALYSIS CENTER
- LIBERTY DAYTON DIALYSIS
- LOCKEHILL KIDNEY DISEASE CLINIC
- MANSFIELD DIALYSIS CENTER
- MISSION VALLEY DIALYSIS
- MT PLEASANT DIALYSIS CENTER
- NNA - NORTH
- RENAL CARE GROUP - ROBSTOWN
- RENAL CARE GROUP CROCKETT
- RENAL CARE GROUP SULPHUR SPRINGS
- RENAL CARE GROUP, ATHENS
- RENAL CARE GROUP-SOUTHEAST TYLER
- ROCKDALE KIDNEY CENTER
- ROSEDALE KIDNEY DISEASE CLINIC
- SATELLITE DIALYSIS SAN MARCOS
- SCOTT & WHITE KILLEEN DIALYSIS WEST
- SCOTT & WHITE ROUND ROCK DIALYSIS
- SOUTH TEXAS DIALYSIS CENTER
- TAYLOR DIALYSIS
- TEMPLE KIDNEY CENTER

- THE DIALYSIS COTTAGE
- US RENAL CARE CANTON DIALYSIS
- USRC KINGWOOD DIALYSIS, LP
- USRC TARRANT DIALYSIS WEST FORT WORTH

*19 facilities not listed

RECOGNIZED – QUALITY OF CARE Hemodialysis Phosphorus Management

- CIELO VISTA DIALYSIS
- DAVITA-GONZALES
- FMC - RIO GRANDE CITY
- FMC FIFTH WARD
- FRESENIUS MEDICAL CARE FT WORTH PARKWAY
- FRESENIUS MEDICAL CARE OF WEST SEGUIN
- LA PORTE DIALYSIS FACILITY
- LANCASTER DIALYSIS
- LIBERTY DIALYSIS COLLEGE STATION
- LIBERTY DIALYSIS ROCKWALL
- MONCRIEF DIALYSIS CENTER
- NEW BRAUNFELS DIALYSIS
- OAK CLIFF DIALYSIS
- RENAL CARE GROUP-SOUTHEAST TYLER
- ROCKDALE KIDNEY CENTER
- ROCKWALL DIALYSIS CENTER
- RRC EAST FORT WORTH
- SOUTH AUSTIN DIALYSIS LLC

*6 facilities not listed

RECOGNIZED – QUALITY OF CARE Hemodialysis Severe Anemia Management

- BROADWAY KIDNEY DISEASE CENTER
- DAVITA - BEDFORD
- DIALYSIS SERVICES OF ALLEN
- KIRBY KIDNEY DISEASE CENTER
- LA PORTE DIALYSIS FACILITY
- MIDTOWN KIDNEY CENTER
- MISSION VALLEY DIALYSIS
- MT PLEASANT DIALYSIS CENTER

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- NNA - BASTROP
- NNA - SOUTH
- NORTH CENTRAL KIDNEY DISEASE CENTER
- NRI EL PASO WEST
- ODESSA KIDNEY DIALYSIS CENTER
- ROCKDALE KIDNEY CENTER
- ROSEDALE KIDNEY DISEASE CLINIC
- TAYLOR DIALYSIS
- TEMPLE KIDNEY CENTER
- TRI COUNTY DIALYSIS FACILITY

*4 facilities not listed

**RECOGNIZED – QUALITY OF CARE
Hemodialysis Adequacy (URR)**

- BAY AREA DIALYSIS KINGSVILLE
- BMA WEST BEXAR COUNTY
- DIALYSIS SERVICES OF ALLEN
- FMC - ALAMO CITY DIALYSIS
- FMC - RIO GRANDE CITY
- FMC - VILLAGE OAKS KIDNEY DISEASE CLINIC
- FMC CARIZZO SPRINGS KIDNEY DISEASE CLINIC
- FMC DIALYSIS SERVICES WAXAHACHIE
- FMC EAST CENTRAL HOUSTON
- FMC FIFTH WARD
- FMC HILLSBORO KIDNEY CENTER
- FRESENIUS MEDICAL CARE CEDAR PARK
- FRESENIUS MEDICAL CARE HORIZON DIALYSIS
- FRESENIUS MEDICAL CARE KAUFMAN
- FRESENIUS MEDICAL CARE ROCKPORT
- FRESENIUS MEDICAL CARE SARATOGA
- HILL COUNTRY DIALYSIS CENTER OF SAN MARCOS
- LA PORTE DIALYSIS FACILITY
- LAS PALMAS DIALYSIS CENTER
- LOCKEHILL KIDNEY DISEASE CLINIC
- NNA - NORTH
- RENAL CARE GROUP - ROBSTOWN
- RENAL CARE GROUP CROCKETT
- RENAL CARE GROUP, ATHENS
- RENAL CARE GROUP-SOUTHEAST TYLER

- ROSEDALE KIDNEY DISEASE CLINIC
- SCOTT & WHITE ROUND ROCK DIALYSIS
- TEMPLE KIDNEY CENTER
- THE DIALYSIS COTTAGE
- VALLEY BAPTIST RAYMONDVILLE

*7 facilities not listed

**RECOGNIZED – QUALITY OF CARE
Peritoneal Dialysis Adequacy**

- DAVITA PHYSICIANS DIALYSIS SOUTH HOUSTON
- MISSION VALLEY DIALYSIS
- RENAL CARE PARTNERS OF AMARILLO
- TRINITY DIALYSIS CENTER

*3 facilities not listed

**RECOGNIZED – QUALITY OF CARE
Peritoneal Dialysis Anemia Management**

- CIELO VISTA DIALYSIS
- VALLEY BAPTIST HARLINGEN DIALYSIS

**RECOGNIZED – QUALITY OF CARE
Peritoneal Dialysis Phosphorus Management**

- MISSION VALLEY DIALYSIS
- VALLEY BAPTIST HARLINGEN DIALYSIS

*3 facilities not listed

**RECOGNIZED – QUALITY OF CARE
Peritoneal Dialysis Severe Anemia Management**

- CIELO VISTA DIALYSIS
- DSI SOUTH TEXAS RENAL CENTER
- FRESENIUS MEDICAL CARE BAYTOWN DIALYSIS
- MISSION VALLEY DIALYSIS
- RENAL CARE PARTNERS OF AMARILLO
- UNIVERSITY DIALYSIS NORTHWEST
- VALLEY BAPTIST HARLINGEN DIALYSIS



**BENCHMARK – QOC (PEDIATRIC)
Hemodialysis Adequacy (URR)**

- DAVITA - MEMORIAL DIALYSIS CENTER

*1 facility not listed

**BENCHMARK – QOC (PEDIATRIC)
Hemodialysis Severe Anemia Management**

- DAVITA - MEMORIAL DIALYSIS CENTER

*1 facility not listed

**BENCHMARK – QOC (PEDIATRIC)
Hemodialysis Iron Mangement**

- DAVITA - MEMORIAL DIALYSIS CENTER

*1 facility not listed

**RECOGNIZED – QOC (PEDIATRIC)
Hemodialysis Adequacy (URR)**

- COLLIN COUNTY DIALYSIS
- DAVITA - MEMORIAL DIALYSIS CENTER
- DAVITA - SOUTH SHORE DIALYSIS CENTER

*2 facilities not listed

**RECOGNIZED – QOC (PEDIATRIC)
Hemodialysis Severe Anemia Management**

- COLLIN COUNTY DIALYSIS
- DAVITA - MEMORIAL DIALYSIS CENTER
- DAVITA - SOUTH SHORE DIALYSIS CENTER

*2 facilities not listed

**RECOGNIZED – QOC (PEDIATRIC)
Hemodialysis Anemia Management**

- DAVITA - SOUTH SHORE DIALYSIS CENTER

*2 facilities not listed

**RECOGNIZED – QOC (PEDIATRIC)
Hemodialysis Iron Management**

- COLLIN COUNTY DIALYSIS
- DAVITA - MEMORIAL DIALYSIS CENTER
- DAVITA - SOUTH SHORE DIALYSIS CENTER

*2 facilities not listed

**RECOGNIZED – QOC (PEDIATRIC)
Peritoneal Dialysis Adequacy**

- MISSION HILLS DIALYSIS

**RECOGNIZED – QOC (PEDIATRIC)
Peritoneal Dialysis Iron Management**

- MISSION HILLS DIALYSIS

BENCHMARK – FISTULA FIRST

- BANDERA ROAD DIALYSIS FACILITY
- BAY AREA DIA SVC ARANSAS PASS
- BAY AREA DIALYSIS CORPUS CHRISTI
- BAYOU CITY DIALYSIS
- BAYSHORE DIALYSIS CENTER
- BMA BEXAR COUNTY
- BMA NORTHWEST BEXAR COUNTY
- BMA SOUTHEAST SAN ANTONIO
- BOERNE DIALYSIS CENTER
- BROOKHOLLOW DIALYSIS
- BROOKRIVER DIALYSIS
- CARROLLTON DIALYSIS
- CIELO VISTA DIALYSIS
- COLLEGE STATION DIALYSIS
- DALLAS NORTH DIALYSIS CENTER
- DAVITA - DENISON DIALYSIS CENTER
- DAVITA - MEMORIAL DIALYSIS CENTER
- DAVITA - SOUTH SHORE DIALYSIS CENTER
- DAVITA WEST
- DAVITA EAST DIALYSIS
- DAVITA MESA VISTA DIALYSIS
- DAVITA-BINZ HOME TRAINING
- DESERT MILAGRO DIALYSIS CENTER
- DIALYSIS SERVICES OF WEST TEXAS

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- DSI SOUTH TEXAS RENAL CENTER
- EL CAMPO DIALYSIS
- FLOYD CURL DIALYSIS
- FMC - VILLAGE OAKS KIDNEY DISEASE CLINIC
- FMC CARIZZO SPRINGS KIDNEY DISEASE CLINIC
- FMC CORSICANA
- FMC DIALYSIS SERVICES OF ABILENE SOUTH
- FMC DIALYSIS SERVICES OF INGRAM
- FMC HILLSBORO KIDNEY CENTER
- FMC MEDICAL ARTS KID CTR ENNIS
- FMC MEYERLAND
- FRESENIUS MEDICAL CARE ABILENE
- FRESENIUS MEDICAL CARE CEDAR PARK
- FRESENIUS MEDICAL CARE HORIZON DIALYSIS
- FRESENIUS MEDICAL CARE NORTH TEXAS
- FRESENIUS MEDICAL CARE OF WEST SEGUIN
- GAMBRO HEALTHCARE ROCK PRAIRIE ROAD
- GRAND PRAIRIE DIALYSIS CENTER INC
- KIDNEY DISEASE CLINIC UVALDE
- LAKE CLIFF DIALYSIS CENTER
- LIBERTY DIALYSIS BRENHAM LLC
- MAVERICK COUNTY DIALYSIS
- NEW BRAUNFELS KIDNEY DISEASE CLINIC
- NNA - BASTROP
- NNA - MARBLE FALLS
- NNA - NORTH
- NNA - SAN MARCOS
- NNA - SOUTH
- NORTHWEST MEDICAL CENTER DIALYSIS
- NRI EL PASO WEST
- PLEASANTON ROAD DIALYSIS FACILITY
- RENAL CARE GROUP NEDERLAND
- RENAL CARE GROUP, ATHENS
- RENAL CENTER OF MIDLAND-ODESSA
- RENAL SOLUTIONS DIALYSIS SERVICES
- ROCKDALE KIDNEY CENTER
- ROSEDALE KIDNEY DISEASE CLINIC
- ROSENBERG DIALYSIS FACILITY
- RSA SCHERTZ
- SNG BARLITE
- SPRING DIALYSIS
- STAFFORD DIALYSIS
- TAYLOR DIALYSIS
- TEMPLE KIDNEY CENTER
- TRC HOUSTON KIDNEY CENTER CYPRESS
- TRC PEARLAND DIALYSIS
- TRI CITY DIALYSIS CLINIC
- TRI COUNTY DIALYSIS FACILITY
- UNIVERSITY DIALYSIS NORTHWEST
- UNIVERSITY DIALYSIS SOUTH
- UNIVERSITY DIALYSIS WEST
- US RENAL CARE BOERNE DIALYSIS
- US RENAL CARE CANTON DIALYSIS
- USRC TARRANT DIALYSIS CENTER TARRANT COUNTY
- WELLBOUND OF AUSTIN
- WILBARGER GENERAL HOSPITAL DIALYSIS OF VERNON

*33 facilities not listed

*If your facility received a certificate but your name is not listed, then we do not have your permission for public acknowledgement on file. If you would like to be included in our next newsletter, please contact Christi Cosby at 469-916-3807 or ccosby@nw14.esrd.net.

Data Sources: 2011 Quality of Care (QOC) Elaboration report (based on 4th Quarter 2010 data) and the Fistula First June 2011 data.



Flu Season Is Here!
Protect patients and staff— Immunize



Community Corner

Need a topic for your next patient advocacy meeting? Then [Watch the AAKP Public Policy Forum OnLine!](#)

The First Annual American Association of Kidney Patients (AAKP) Public Policy forum is now available to watch online.

This is a chance for your patients to hear a panel of experts discuss and debate preventative medicine and health considerations among minority communities who are disproportionately impacted by chronic kidney disease (CKD); disease prevention; potential technology or pharmaceutical advances related to kidney disease; and rehabilitation services.

To access go to www.aakp.org

The North Texas Chapter of NANT is presenting their annual one day symposium on Sunday, November 20th, 2011 at the Sheraton Convention Center in Arlington.

So save the date, November 20, 2011, for your opportunity to gain knowledge, network, and enjoy the company of dialysis practitioners from the North Texas area.

Keep an eye out for the registration forms coming soon.



FDA Alerts



FDA Safety Announcement: H & P Industries Povidone Iodine Swabsticks, Prep Solutions, Scrub Solutions, and Prep Gel: Recall - Inadequate Microbial Testing

A recall of all lots (lots beginning with 8J-8M, 9A-9M, 0A-0M, 1A-1C) of Povidone Iodine Swabsticks, Prep Solutions, Scrub Solutions, and Prep Gel. H & P Industries, Inc. manufactured these Povidone Iodine products without having in place a system for microbial testing at the time of release, without having a system for testing of incoming components, and without having procedures designed and established to prevent objectionable microorganisms in these drug products. Patients undergoing medical and surgical procedures, including those who are immunocompromised, have a high risk of infection from antiseptic surgical preparations that have been prepared, packaged, or held under insanitary conditions. This recall has been initiated at the request of the FDA.

Read the MedWatch safety alert, including a link to the FDA recall notice, at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm269800.htm>



Information Management Corner

The Information Management Department has been busy compiling your data for your review. We recently mailed all facilities an Event Validation, Semi-Annual Compliance Report, Missing Forms and Personnel Updates.

A) Event Validations

The Event Validation covers Jan. 1 – Aug. 31, 2011 and **is due October 21st**. Please be sure to double check the following items in your packet to ensure that the Network has the most accurate information for your facility and your patients.

- Check modalities of all patients listed on the Ending Patient Population report
- Retrieve patient IDNUMS from the Ending Patient Population report provided (they are listed in the far-left column titled "UPI")
- You DO NOT need to update/change the Dr. listed on the Ending Patient Population report.
- Review the Patient Events report for accuracy of events, patient name, DOB, HIC numbers, etc. (note: Transfer Out dates may be off by 1-2 days and those do not need to be corrected)

Thank you for taking the time to complete these actions and helping the Network keep your facility and patient data as accurate as possible. It will help the Network serve you better.

B) Semi-Annual Compliance Jan 1 thru June 30, 2011

As mandated by the Centers for Medicare and Medicaid Services (CMS), the Networks must track all required data forms submitted by each provider for timeliness and accuracy. This information is reported to CMS and to each facility for comparison to statewide rates and CMS expectations. CMS defines "on-time" as receipt of the 2728 form at the Network office within 45 days from the date regular dialysis begins and receipt of the 2746 form at the

Network office within 30 days of the patient's death. "Accurate" is defined as completion of all critical data fields. **CMS expects a 90% annual compliance rate** for timeliness and accuracy on both 2728 and 2746 forms. Facilities not meeting the 90% expectation may be required to implement Corrective Action Plans or attend additional training.

C) Missing Forms (the pink sheets)

If you don't receive this, it is a good thing!!!! If you do, it means the Network 14 office has not received either a 2728 or 2746 that we are expecting. Please submit the required completed form or contact the Network 14 as soon as possible.

If a patient is listed that the doctor declared acute, mail or fax a letter signed by the Dr. or DON to the Network 14 office. Be sure to include the patient's name and SSN, Dr. or DON's name as well as a statement saying the Dr. declared the patient acute and that they should be removed from the Network 14 database.

D) Personnel Updates

Please review the Renal Facility List for accuracy, please check:

- Facility personnel and update all positions that have changed (including all positions that say Current ...)
- Contact information (address, phone, fax, etc.)
- Shift days and times
- Services (if approved services are missing please include a copy of the letter from CMS/ DSHS approving the service)

Please make any necessary corrections and fax the report back to the Network office 972-503-3219.



Network Corner



Vocational Rehabilitation Webinar

October 13, 2011

9:00—10:00am CST



SPEAKERS: Christel Veals, Margo Wheeler Rye, & Steven Mabry from DARS and Treneva Parks, from Network 14.

CEUs will be offered to Social Workers who attend with their NPR.

To Register:

1. Go to <https://qualitynet.webex.com>
2. Locate the event you wish to join (by title)
3. Click on register (located to the right of the event title)
4. Fill out your information, you will receive a confirmation email with further instructions on how to join the webinar on October 13, 2011.

Network 14 Staff update!

Network 14 says good-bye to Andrea Fichtner, Outreach Coordinator, who will be leaving at the end of September. Andrea will be furthering her career as a Long Term Care Administrator. We wish Andrea all the best in her new position.

We also would like to say "WELCOME" to Anna Koenig, BS, MPH, Network's new Outreach Coordinator. Anna moved to the DFW area in June from Columbia, MO. You can contact Anna at 469-916-3800 or akoenig@nw14.esrd.net.

Immunization Webinar



An immunization webinar was held on Tuesday, September 27, 2011 dealing with the importance to immunize not only your patient population but your clinical staff as well. Educational information and useful tools were presented by Beverly Sneed, BSN, Network Quality Patient Nurse and Debbie Heinrich, RN, CDN, from Satellite Health and a member of the Network MRB.

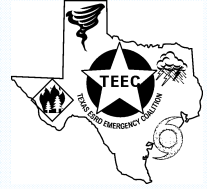
If you missed this informative webinar, you can watch it from our website at www.esrdnetwork.org.



Outreach Corner

TEEC Meeting 2011 Meeting Schedule

November 8th
Austin



REMINDER!

EMSystems updates are due by the 8th of each month

Patient Services Corner

Be **PROACTIVE**—Reduce patient/staff conflict! The Network 14 CIR Team has the following suggestions to help reduce patient/staff conflict:

1. Staff members need to complete the Decreasing Dialysis Patient-Provider Conflict (DPC) training annually and all new staff should complete the DPC training during their orientation period. If your unit does not have the DPC Toolkit you can access it from the Network website at www.esrdnetwork.org.
2. Hold patient advocacy meetings at least once a quarter. Have guest speakers such as your local Network Patient Advisory Committee (PAC) member (to locate your local PAC representative go to the Network website at www.esrdnetwork.org) or DARS representative for example. Provide patient education and allow patients the opportunity to voice concerns and have corporate leadership (if applicable) available to answer patient's concerns.

Patient Safety for peritoneal patients. Review annually with your CCPD patients how to perform manual CAPD in the event of loss of electricity; semi-annually would be even better!

ASSISTANCE NEEDED—Be on the look out!

During the week of September 26, 2011, all Head Nurses of Texas ESRD dialysis facilities were sent a short 8 question questionnaire concerning special services their clinics offer. Such services included chairs for patients over 400 pounds, acceptance of trach patients, financial aid for un-insured patients, etc. **Responses are due by October 15**—complete and fax to 972-996-0396.

You have to believe in happiness, or happiness never comes.

- Douglas Malloch



Quality Improvement Corner

Attention: Important Buttonhole Information

It has recently been brought to the attention of the FFBI Community Education Workgroup that there is a shortage of one of the brands of blunt needles for button-hole cannulation currently available in the U.S. An important message to any dialysis care providers or patients using the Buttonhole Cannulation Technique to establish or maintain a buttonhole cannulation site:

- If for any reason blunt needles used for the buttonhole cannulation of a mature buttonhole site are not available, a sharp needle must not be used to cannulate the mature buttonhole site. The temporary use of the site rotation cannulation technique should be used. The sharp needle cannulation sites must be 3/4" away from the buttonhole tracks and the buttonhole vessel entry points.
- The initiation of a new buttonhole site should not be started if the blunt buttonhole needles are not readily available.
- Use of sharp needles into a mature buttonhole site can cause injury to the buttonhole

tunnel track as well as damage the buttonhole vessel entry point. This can lead to increased risk of infection as the tunnel track can be nicked and new tracks can be formed with the sharp needle. The sharp needle can also cut a new entry point into the vessel and lead to aneurysm formation and thus the increased risk of bleeding or thrombosis of the AV fistula.

- The same warning applies should a skilled buttonhole cannulator not be available for buttonhole cannulation and the patient has not been trained to self-cannulate their own buttonhole sites.

Please refer to Change Concept 8 on the FF website for additional information. <http://www.fistulafirst.org/HealthcareProfessionals/FFBIChangeConcepts/ChangeConcept8.aspx>

For questions please contact:

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

Vascular Access Special Interest Group Email List

Recently, there was an article about signing up to be on the Vascular Access Special Interest Group Email List. Thank you to those who responded that they wanted to be on the list.

For those who did not sign up last time - here is another opportunity! To join the group, send an email to: awieler@nw14.esrd.net and put in the subject line: "Please add to VA SIG Email Group", and you will receive notifications such as the Buttonhole issue notification above as soon as they come into our office!

Thank you all so much for all your hard work and dedication to decreasing the use of catheters in Texas and increasing A V Fistulae.

For questions please contact:

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



Monitor and Report Healthcare-associated Infections (HAIs)

Increasingly, regulatory entities, payers, and the public are evaluating Healthcare-associated Infections (HAIs) and the direct linkage between increased morbidity, mortality, quality of life, and costs associated with HAIs. National and State of Texas regulations already exist for HAI reporting and surveillance activities in hospitals and ambulatory surgery centers **Will dialysis facilities be next?** In fact, the proposed End-Stage Renal Disease Quality Incentive Program for Payment Year 2014 encompasses significant changes including a proposed vascular access infection measure and a proposed reporting measure associated with the National Healthcare Safety Network (NHSN) Dialysis Event.

Surveillance is defined as the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance typically refers to tracking of outcome measures (e.g., HAIs) but can also refer to tracking of adherence to specific process measures (e.g., hand hygiene, environmental cleaning) as a means to reduce infection transmission. Surveillance for outcome measures in ambulatory care settings is challenging because patient encounters may be brief or sporadic and evaluation and treatment of consequent infections may involve different healthcare settings (e.g., hospitals).

At a minimum, ambulatory care facilities need to adhere to local, state, and federal requirements regarding reportable disease and outbreak reporting. Certain types of facilities (e.g., ambulatory surgical centers) may also be subject to additional HAI surveillance or process measure reporting requirements, for example as part of accreditation, Medicare certification, or state/local statutes. Facilities should check the requirements for their state/region to assure that they are compliant with all regulations and should have contact information for their local and/or state health department available to ensure required reporting is done in a timely manner. (A list of state reportable disease websites is available at the [CSTE website](#).)

Regular focused practice surveys or audits (e.g., audits of infection prevention practices including hand hygiene, medication handling and preparation, reprocessing of patient equipment, environmental cleaning) offer a means to assess competencies of HCP as recommended under Education and Training. An example of an electronic application used to monitor compliance with hand hygiene is available at the [Hand Hygiene in Healthcare Settings website](#).

Continued on page 13...

Wash hands often



Please stay tuned as the Network will be providing information to all facilities this fall and winter on how to enroll your facility in the NHSN. Participation in NHSN is currently voluntary; however, many HAI and public reporting watchdogs surmise that the NHSN vehicle will *most likely* be the national healthcare associated infection data repository for all healthcare facilities, including Dialysis facilities.

*source: CDC

Confucius says - *success depends upon previous preparation, and without such preparation there is sure to be failure.*

For more information on the NHSN enrollment process, please contact:

Christi Cosby, QI Analyst Or Kelly Shipley, QI Director

Ccosby@nw14.esrd.net Kshipley@nw14.esrd.net

CDC Releases Infection Prevention Guide

The CDC has released a new infection prevention guide and checklist for health care providers in outpatient settings - including dialysis clinics. The guide recommends that all outpatient practices ensure that at least one individual with specific training in infection control is on staff or regularly available. The publication "*The Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*," is based on existing, evidence-based CDC guidelines. The guide is accompanied by an Infection Prevention Checklist for Outpatient Settings, and supporting materials, including a free certified continuing medical education course titled, "*Unsafe Injection Practices: Outbreaks, Incidents, and Root Causes*" which is offered on Medscape.org for clinicians in all health care settings.

You can download these resources on the Network website- www.esrdnetwork.org> Professionals> Regulations> CDC or by clicking the following links:

Guide

<http://www.esrdnetwork.org/assets/pdf/regulations/standards-of-ambulatory-care-7-2011.pdf>

Checklist

<http://www.esrdnetwork.org/assets/pdf/regulations/ambulatory-care-checklist-07-2011.pdf>



Facility AVF Goal Projection Charts (aka *Gap Charts*)



The Network has distributed facility Gap Charts on a quarterly basis with other Fistula First (FF) information and vascular access resources to hemodialysis Fistula First participating facilities for the last several years. The Gap Charts are a powerful QI tool designed to assist dialysis facilities to achieve optimal vascular access goals based on facility specific information such as number of patients and FF AVF rates.

Your Gap Chart report consists of a bar chart displayed on the first half of the page and a descriptive pie chart on the lower half of the page.

Continued on page 15...

Fistula First Project Facility AVF GOAL Projection (04/11-03/12)

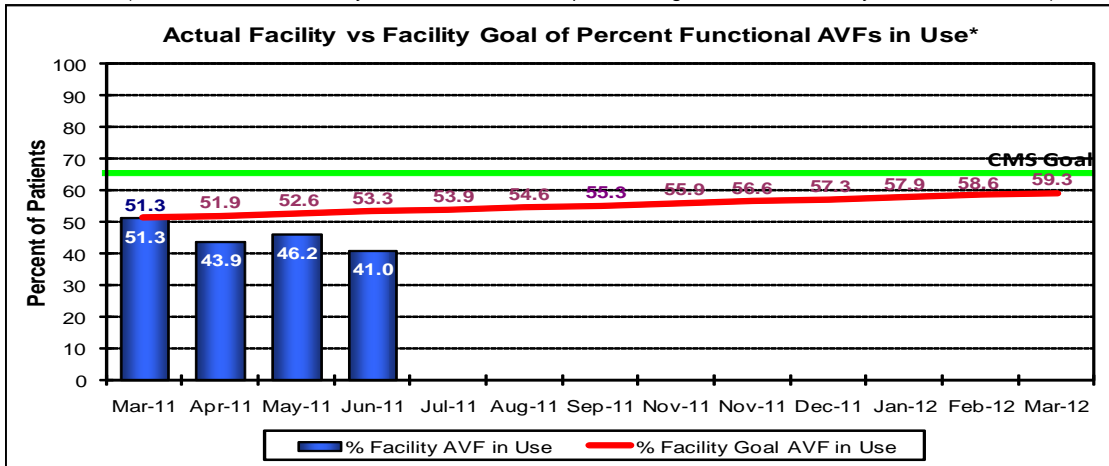
999999 SAMPLE

Current number of facility patients = 39

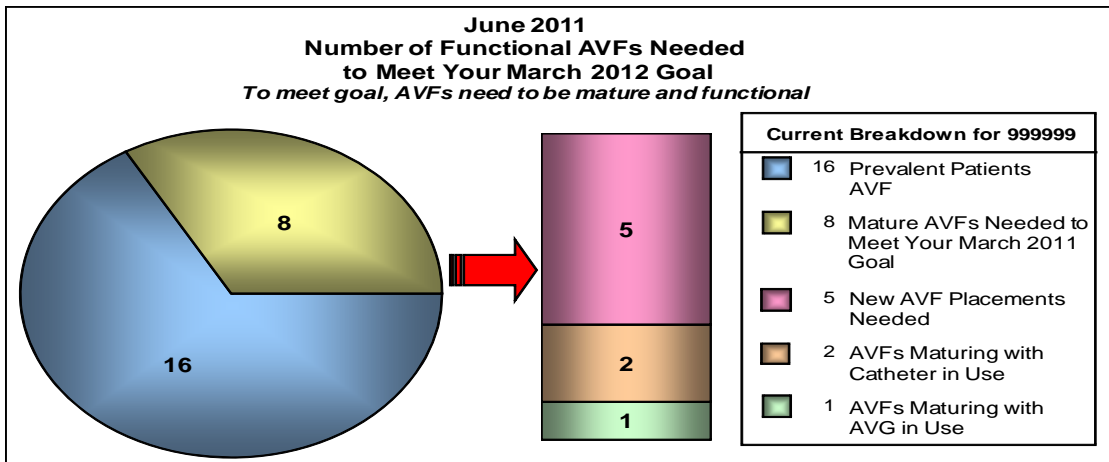
March 2012 GOAL for increase in percent of functional AVFs in use = 8 %*

March 2012 GOAL for increase in number of functional AVFs in use = 8 patients

(Number of AVFs needed may increase if the number of patients using an AVF decreases or your census increases.)



* Facility goal is a projection based on a formula for expected increase in Network 14 Prevalent AVF rate.



Worksheet Distributed by the End Stage Renal Disease Network of Texas, Inc. #14
4040 McEwen Rd, Suite # 350
Dallas, Texas 75244
(972) 503-3215 / www.esrdnetwork.org



Listed below are some key factors used in the development of your facility Gap Chart:

- a. Yearly goals are derived from March data as based on CMS contract timeframes.
- b. March 2012 goal for increase in % of functional AVFs in use is a percentage (C) determined by criteria developed by the Network's Medical Review Board (MRB) which takes into account the total number of patients in a facility (A) and the percentage of patients in a facility with functional AVFs using March 2011 data (B).

A	B	C
Total Number of Patients in Facility	Percentage of Patients in Facility in March 2011 (or the first month of treatments following) with functional AVFs	Facility's Goal for Percent Increase in Functional AVFs by March 2012
<50	<=30%	12%
	>30 - <=40%	10%
	>40 - <=60%	8%
	>60 - <=66%	4%
	>=66%	2%
>=50	<=30%	12%
	>30 - <=40%	10%
	>40 - <=66%	8%
	>60 - <=66%	4%
	>=66%	2%

It is understood that the facility's ability to increase their % AVF depends on their patient turnover and their patient census, so the goals will vary based on whether your facility has <50 patients or >=50 patients. As your facility increases your percent AVF, you will not be expected to continue increasing at the same rate. We realize it is more of a challenge to increase your % AVF as your overall number of patients with AVF increases. The reason the Gap Chart comes to your facility with the most recent data being two months old is because the FF dashboard data arrives to the Network 45 days after the data was collected from the facilities. It then takes another two weeks to make the calculations, create the graphs, and prepare the mail-out.

Please review your Gap Charts in conjunction with other vascular access QI results you may be gathering in your QAPI Committee in order to pinpoint areas for improvement, celebrate successes gained over time, or assure gains made have been sustained. Remember, facilities with AVF rate $\leq 50\%$ are required to have the medical director review and sign the chart and for the signed copy to be submitted to the Network.

If you would like a personal phone consultation on how your last Gap Chart was derived, please contact Christi Cosby, QI Analyst, to set up a time to review at ccosby@nw14.esrd.net or by phone 469-916-3807.





October 2011



Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7 <i>September PARs due</i>	8 <i>EmSystems updates due</i>
9	10 <i>Non-LDO FF data due</i> 	11	12	13 <i>NW14 and DARS Voc Rehab webinar</i>	14	15 <i>Medicare Part D open enrollment begins</i>
16	17	18	19	20	21 <i>Event Validation and missing forms due</i>	22
		National Infection Control Week				
		National Healthcare Week				
23	24	25	26	27	28	29
30	31 <i>Missing Forms faxed out</i> 					

Did the Dr. declare your patient acute? Mail or Fax a letter signed by the Dr. or DON to the Network 14 office. Be sure to include the patient's name and SSN, Dr. or DON's name as well as a statement saying the Dr. declared the patient acute and that they should be removed from the Network 14 database. Download the Acute Letter Template at <http://www.esrdnetwork.org/global/cms-forms/index.asp>

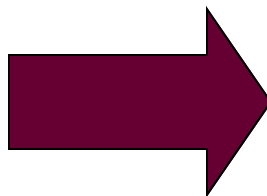




DIALYSIS AND TRANSPLANT PATIENTS

Medicare Part D: What You Need to Know

Open enrollment for Medicare's Part D prescription coverage plan is fast approaching. This is the time for you to look over your current medications and choose a Part D plan that's right for you! Below are some common meds you need to look for in your plan.



MEDICARE PART D
OPEN
ENROLLMENT

OCTOBER 15TH -
DECEMBER 7TH
2011

Dialysis Patients: Meds you need to look for in selecting your plan:

- Renvela
- Sensipar
- Phoslo
- Fosrenol
- Any other regularly taken meds your doctor prescribes

Be sure your Medicare part D plan is under the \$35 a month, if you need Kidney Health Care to cover your Medicare Part D prescription plan. **Be sure your social worker knows what plan you are on or if you change plans!** If you have questions or problems with your insurance coverage, be sure to talk with your social worker!

Pre-Transplant Patients: Each year you must select the important meds you may need your Medicare Part D plan to cover. You will need to be sure these meds are listed in your plan in order to save you thousands of dollars each year.

- Valcyte
- Mycelex (clotrimazole)

Post-Transplant Patients: DO NOT include your anti-rejections meds as you review Medicare part D plans for 2012. If you change plans let your transplant social worker know, or call KHC at 1-800-222-3986.

You may be eligible for extra help with your part D medications! Call Social Security at 1-800-772-1213 to apply.

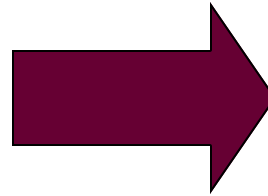
For any questions about Medicare part D, you can ask your Social Worker. Or call Medicare directly at 1-800-633-4227, or go to www.medicare.gov. You can also go to the Texas Department of Aging & Disability Services website for resources at www.dads.state.tx.us/medicare/index.



Pacientes con transplante y diálisis

Medicare Parte D: Lo que usted necesita saber

Se aproxima la inscripción abierta al plan de cobertura de medicamentos recetados de Medicare Parte D. ¡Este es el momento de revisar cuáles son sus medicamentos actuales y elegir un plan de la Parte D que se adapte a sus necesidades! A continuación se encuentran algunos de los medicamentos comunes que debería contemplar en su plan.



INSCRIPCIÓN ABIERTA A MEDICARE PARTE D

ENTRE EL 15 DE
OCTUBRE Y EL 17 DE
DICIEMBRE DE 2011

Pacientes con diálisis: al seleccionar su plan, deberá verificar si se encuentran cubiertos los siguientes medicamentos:

- **Renvela**
- **Sensipar**
- **Phoslo**
- **Fosrenol**
- **Cualquier otro medicamento recetado por su médico que usted tome regularmente**

Si usted necesita que la Atención de la Salud del Riñón cubra su plan de medicamentos recetados de Medicare Parte D, asegúrese de que el costo de su plan Medicare Parte D sea inferior a \$35 mensuales. **¡Asegúrese de que su trabajadora social conozca cuál es su plan o si usted lo ha modificado!** Si tiene preguntas acerca de su cobertura de seguro o tiene algún problema, ¡consulte con su trabajadora social!

Pacientes que se someterán a un transplante:

cada año debe seleccionar los medicamentos importantes que necesita que su plan Medicare Parte D le cubra.

Para poder ahorrarse miles de dólares cada año, debe asegurarse de que los siguientes medicamentos se encuentren en el listado de su plan:

- **Valcyte**
- **Mycelex (clotrimazole)**

Pacientes transplantados: NO incluya sus medicamentos contra el rechazo de órganos cuando revise los planes Medicare Parte D para el año 2012. Si cambia de plan, infórmelo a su trabajadora social de transplantes, o comuníquese con KHC al 1-800-222-3986.

¡Es probable que usted sea elegible para recibir ayuda adicional en el costo de sus medicamentos cubiertos por la parte D! Comuníquese con el Seguro Social al 1-800-772-1213 para realizar una aplicación.

Para realizar preguntas acerca de Medicare Parte D, consulte con su trabajadora social o llame directamente a Medicare al 1-800-633-4227, o visite la página www.medicare.gov. Para ver los recursos, también puede visitar el sitio web del Departamento de Servicios para Adultos Mayores y Personas Discapacitadas de Texas en www.dads.state.tx.us/medicare/index.