On March 7, 2013, the ESRD Network of Texas staff hosted a webinar titled “Entering a New Era Together.” During the webinar, Network 14 staff explained the new direction that Network 14 will be going based on the new Statement of Work (SOW) from CMS.

Attendees were able to learn about Learning and Action Networks, LAN Patient-Centered Care, AIMS 1, 2, and 3, and much more.

Over the past 2 months the Network staff has reached out to the ESRD Texas community seeking volunteers for different committees that will assist with fulfilling the new CMS requirements of the Network and Texas dialysis and transplant facilities.

For anyone that was not able to attend the webinar, it has been recorded and posted to the Network website at www.esrdnetwork.org. To listen go to the Professionals tab, then look under Continuing Education. The title of the webinar is “New SOW webinar.”

The January 2013 Special Edition of the Network 14 professional newsletter also outlines the new direction the Networks and the ESRD program is taking. To read the Newsletter in its entirety go to www.esrdnetwork.org → Our Network → Who We Are → Newsletters → Professional → January 2013 Special Edition.

Be on the look out for more information on how you, your patients, and their families can become involved in the new and better direction that the renal community will be taking.

Send questions concerning the Network’s new SOW to info@nw14.esrd.net. Q&A will be posted to the Network website within 2 weeks of receipt.
Information Management Corner

CROWNWeb Facility Attestations - Congratulations Network 14!

The deadline for completing the In-center Hemodialysis Consumer Assessment of Healthcare and Provider Systems (ICH-CAHPS) and Mineral Metabolism monitoring Attestations in CROWNWeb was January 30th, 2013. **The Facility Attestation completion rate for Network 14 was 95.9%**. There were 22 facilities (4.1%) that did not complete their attestations. Of the 22 facilities with incomplete attestations, 17 were pending certification, 2 facilities were certified after June 30, 2012 and 3 facilities missed the January 30th deadline. If a facility received a CMS Certification Number (CCN) after June 30, 2012, it will only be scored for the ESRD QIP 2014 year if it successfully completed the requirements to obtain the full 10 points.

The Network will be sending out a Newsletter in Spring 2013 notifying providers of the ESRD Quality Incentive Program (QIP) requirements for ICH-CAHPS survey completion for calendar year 2013. This will include topics and information on the triad connection between patient-centered care, the patient experience of care and patient engagement; ESRD QIP Patient Experience of Care survey usage measure requirements; Network 14’s role in supporting facilities with their ICH-CAHPS endeavors; tips on how to get started with ICH-CAHPS; and the benefits of patient engagement, as well as an introduction to Network 14’s ICH-CAHPS toolkit. Stay tuned...

**Good Job Network 14!**

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**FDA Alerts**

Med Prep Consulting, Inc. is voluntarily recalling all lots of Magnesium Sulfate 2 grams in Dextrose 5% for Injection products compounded at its facility. The level of recall is to the user, that is, regional hospital pharmacies and related departments. The recall resulted from the pharmacy being notified by a Connecticut hospital that it observed visible particulate contaminants in 50 ml bags of magnesium sulfate 2gm in dextrose % in water, 50ml for injection intravenous solution confirmed to be mold. These were unique and distinct lots compounded and dispensed by the pharmacy to the Connecticut hospital. At this time a total of five (5) contaminated bags were discovered. At the time of this recall, there is no indication that the sterility of the magnesium sulfate products that the pharmacy dispensed to twelve other facilities was compromised. Nonetheless, in an abundance of caution, the pharmacy included all magnesium sulfate products in the voluntary recall.

You can read the full recall notice on our website at www.esrdnetwork.org

Vascular Solutions Zerusla Ltd., a subsidiary of Vascular Solutions, Inc., initiated a nationwide recall of Guardian® II and Guardian II NC hemostasis valves used in catheterization procedures. Specific lots of the products have been recalled because they pose a slightly increased risk of air leakage that may lead to an air embolism, which could result in serious injury or death. Healthcare facilities that have the affected Guardian II and Guardian II NC hemostasis valves should remove the products from their inventory and return them to Vascular Solutions.

You can read the full recall notice on our website at www.esrdnetwork.org
THE ESRD NETWORK #14 – MEDICAL REVIEW BOARD MEETING

The Standards for the Registered Nurse (RN) in the Outpatient Dialysis Facility and
Home Hemodialysis Environment
Revisions collectively amended by all MRB members
On February 7, 2013

STANDARD 3
Considerations:
The staffing level for a facility shall not exceed four patients per licensed nurse or patient care technician per patient shift. During treatment of eight or more patients, the licensed nurse functioning in the charge role shall not be included in this ratio. Additional staff to be provided based on acuity.

Preferably, patients 12 years of age and younger should have an initial evaluation completed by a pediatric nephrologist prior to first dialysis. If a pediatric nephrologist is not available as the primary physician, an adult nephrologist may serve as the primary physician with direct patient evaluation by a pediatric nephrologist according to the following schedule:

- For patients 2 years of age or younger - monthly (2 of 3 evaluations may be by phone)
- For patients 3 to 12 years of age - quarterly; and
- For patients 13 to 18 years of age - semiannually.

STANDARD 4
Considerations:
A registered nurse shall be responsible for, but is not limited to:

a) Conducting admission nursing assessments, to include:
   - Prior to first treatment in the facility, an initial assessment must be completed by the RN.
   - The patient plan of care shall be developed and implemented within 30 calendar days or 13 outpatient dialysis treatments from the patient’s admission to the facility, 90 days after admission, monthly if patient is unstable if determined by the IDT, and annually. The plan of care shall be revised due to the patient’s lack of progress towards the goals of the plan of care, marked deterioration in health status, significant changes in the patient’s psychosocial needs, or changes in the patient’s nutritional condition, as needed but no less than annually after the date of the patient’s last plan of care.

b) Conducting assessments of a patient when indicated by a question relating to a change in the patient's status or at the patient's or family's request or upon return from a hospitalization;

Continued on page 4...
e) Participating in team review of a patient's progress; maintaining progress notes that provide an accurate picture of the progress of the patient, reflecting changes in patient status, plans for and results of changes in treatment, diagnostic testing, consultations, and unusual events. Registered nurses shall record the progress of the patient monthly.

i) Document in the patient's medical record monthly and prn regarding patient education (topic).

n) Coordinating dialysis treatments for transient patients, including obtaining and documenting at a minimum:
   1. Orders for treatment in this facility;
   2. List of medications and allergies;
   3. Laboratory reports. Such reports shall indicate laboratory work was performed no later than one month prior to treatment at the facility and include screening for hepatitis B status;
   4. The most current patient plan of care;
   5. The three most current treatment records from the home facility;
   6. Records of care and treatment at this facility.

s) Actively participate in emergency preparedness program to include EMSysten and awareness of TEEC.

STANDARD 5

Home Hemodialysis RN Responsibilities
The registered nurse will be qualified to perform in the capacity assigned and mandated by Title 25 of the Texas Administrative Code Chapter 117 End Stage Renal Disease Facilities Licensing Rules effective July 6, 2010.

Measurement Criteria:
1. Documentation of required work experience.
2. A home hemodialysis registered nurse must have at least 12 months clinical experience and 6 months experience in the specific modality with the responsibility for training the patient and the patient's caregiver.
3. Documentation in personnel files of work experience, competency exams, and certifications.

Considerations:
1. A registered nurse shall be responsible for, but is not limited to:
   a) Conducting an assessment for each home dialysis patient and addressing the specific needs of the patient, in the nature and management of end stage renal disease;
   b) Including the full range of techniques associated with the treatment modality selected, including effective use of dialysis supplies and equipment in achieving and delivering the physician's prescription;
c) Training of the patient and/or caregiver regarding the effective and safe administration of erythropoietin-stimulating agent(s) (if prescribed) to achieve and maintain a target level hemoglobin, hematocrit, and blood pressure levels, or hematocrit as written in the patient’s plan of care;
d) Training of the patient and/or caregiver how to detect, report, and manage potential dialysis complications, including water treatment problems;
e) Training of the patient and/or caregiver regarding the availability of support resources and how to access and use resources;
f) Training of the patient and/or caregiver how to self-monitor health status and record and report health status information;
g) Training of the patient and/or caregiver how to handle medical and non-medical emergencies;
h) Training of the patient and/or caregiver regarding infection control precautions;
i) Training of the patient and/or caregiver regarding proper waste storage and disposal procedures;
j) Training of the patient and/or caregiver how to order supplies on an ongoing basis;
k) Training of the patient and/or caregiver that non-medical electrical equipment shall not be used within 6 feet of the home hemodialysis machine; and
l) Maintaining the documentation in the clinical record that the patient, the caregiver, or both received and demonstrated adequate comprehension of the training.

2. The registered nurse, as part of the interdisciplinary team, shall oversee training of the home dialysis patient and the designated caregiver before the initiation of home dialysis and when the home dialysis caregiver or home dialysis modality changes.

3. The initial monitoring visit of the patient’s home adaptation, including visits to the patient’s home by facility personnel (including, but not limited to, the registered nurse responsible for training the patient in the chosen modality and technical staff, as appropriate) in accordance with the patient’s plan of care, and no less than annually thereafter.

4. The development and periodic review of the patient’s individualized comprehensive plan of care that specifies the services necessary to address the patient’s needs and meets the measurable and expected outcomes.

* The ESRD Network of Texas, Inc., STANDARDS FOR THE REGISTERED NURSE (RN) IN THE OUTPATIENT DIALYSIS FACILITY and HOME HEMODIALYSIS ENVIRONMENT, recommends adherence to the professional practices and processes described in the American Nephrology Nurses Association’s 2011 Nephrology Nursing Scope and Standards of Practice 7th Edition.
Patient Services Corner

Maintaining Professional Boundaries in the Healthcare Setting

As a healthcare professional, whether a nurse, doctor, social worker, dietitian, or PCT, you must adhere to a very strict code of ethics. You should be placing your patient’s needs first and ahead of your own. Most clinics have internal and/or corporate policies and procedures that staff members must follow, and most medical professionals take an oath to do no harm to their patients. If you have to question whether or not a behavior is ethical, then most likely it is **NOT**.

On page 7 is a list of some DOs and DON'Ts of professional behavior in the clinical setting.

References:


Professional Boundaries in the Chronic Dialysis Setting (Jan 2013)
http://heartlandkidney.org/article_resources/Hall-Professional_Boundaries.pdf

Renal Link (Summer 2002)

Outreach Corner

Did you miss the **Patient-Centered Care and Patient Engagement** webinar hosted by the Network on March 22, 2013?

Don’t worry! You can watch the webinar recording, complete the evaluation and receive 1.25 CEU/CNE credits for nurses, technicians, dietitians and social workers.

Visit the ESRD Network 14 website at:
http://www.esrdnetwork.org/professionals/continuing-education.asp

Webinar information is located under the Professional tab on the page titled: Continuing Education. The webinar features Dori Schatell, Executive Director of the Medical Education Institute and an ESRD patient speaker.

For questions contact the Network Outreach Coordinator Anna Ramirez at aramirez@nw14.esrd.net or 469-916-3800.

*Always aim for achievement and forget about success.*

- Helen Hayes
The DOs and DON'Ts of Boundary Issues

DO:
• Treat patients/families with dignity and respect
• Politely decline any offer of gifts, goods, or services
• Make general, pleasant conversation with your patients/families
• Follow your unit's and/or organization’s policies
• Keep relationships with your patients/families at a professional level
• Refer to the social worker for psychosocial needs (e.g. counseling, food, clothing, transportation or financial needs)
• Keep patient information confidential
• **Remember that your professional role is as a healthcare provider**

DON'T:
• Participate in dual relationships (e.g. the patient/family is your babysitter, hairdresser, realtor, or Avon representative)
• Provide goods or services (e.g. clothing, toys, lodging, transportation)
• Give gifts or money to your patients/families or accept gifts or money from them
• Disclose personal information such as your address, phone number, financial information, your health problems or family issues
• Discuss other patients or other staff members with your patients
• Promote your personal beliefs with your patients, such as politics or religion
• Date, flirt, or engage in sexual innuendo or activity with your patients/family members
• Make you own rules or alter clinic policies

Quality Improvement Department

SAVE THE DATE - May 2-4, 2013
Hands-On Practicum on Hemodialysis Access
The Methodist Hospital - Houston, Texas

The Vascular Access Society of America (VASA) is a multidisciplinary group of physicians and allied health professionals dedicated to dialysis access. Every other year a "hands-on" course is given to increase experience and provide education to improve patient outcomes. This year we are hosting the meeting in Houston, Texas at Methodist. VASA invites surgeons, radiologists, nephrologists, nurses, and technicians to this hands-on practicum. We show live cases from a surgical OR, a hybrid OR suite, and an access center. Additionally, we have an animal lab for procedures, cadaver dissections, physical assessment and Ultrasound hands-on evaluation of live patients, video feed a live access clinic experience, troubleshoot an interactive session of "What's wrong with this access" have a session of "how to" videos, and have an access workshop for techniques and exposure to seeing and puncturing different types of access grafts.

http://www.vasamd.org/events/2013-practicum.html
Revised Roll-Out of the New End Stage Renal Disease (ESRD)
Core Survey Process

The Centers for Medicare & Medicaid Services (CMS) officially rolled out the new ESRD Core Survey process on November 28, 2012, with training for ESRD surveyors in the new survey process. The new ESRD Core Survey process is an outcomes-focused, risk-based approach to ESRD surveys, with the determinations of “risk” to ESRD patients based upon data (from ESRD surveys and ESRD literature) and professional judgment (from ESRD surveyors, ESRD patient leaders, technical experts, ESRD Network leaders, and professional and organizational leaders). The new ESRD Core Survey process begins with a focus on 1/3 of the ESRD survey tags as the most critical tags for ESRD safety and quality risks and incorporates a “culture of safety” into a robust Quality Assessment and Program Improvement review. The new survey utilizes infection control Checklists developed jointly by the Agency for Healthcare Research & Quality (AHRQ), the Centers for Disease Control & Prevention (CDC), and CMS.

States may simultaneously have a team(s) of ESRD surveyors doing ESRD Core Surveys and a team(s) doing traditional ESRD surveys. CMS will continue to support both survey processes until all ESRD surveyors are trained in the ESRD Core Survey process.

Pilot Testing of the New ESRD Core Survey Process:
Eleven States (AZ, CA, DE, FL, MA, MI, NJ, NC, PA, TN, TX) pilot tested the new ESRD Core Survey process and new survey tools for three months between July and September 2012. Results of the ESRD Core pilot program indicated that the ESRD surveyors resonated with the new survey process and with the cultural change which accompanies the new ESRD Core Survey process. The time needed to complete the new survey process decreased from traditional surveys, while the ESRD Core surveys maintained their effectiveness.

For more information go to:

Who Do I Turn to When I Need Help

Need help from the Network and do not know whom to reach out to? Did you know that you can access a Network staff listing from our website?

Go to www.esrdnetwork.org, under the tab labeled “Our Network” click on Who We Are. Scroll to the bottom of the page and click on the file labeled “Network Staff”. This list will give you the staff’s contact information and job duties. You may also send your questions to info@nw14.esrd.net.

Remember—DO NOT EMAIL ANY PATIENT-SPECIFIC INFORMATION (PT. NAME, DOB, SSN, ETC.) TO THE NETWORK 14 OFFICE as this is a breach of CMS and HIPAA security.
WHAT’S ON THE HORIZON?
HEALTHCARE ACQUIRED INFECTION LEARNING AND ACTION NETWORK (HAI LAN)

Please join Network 14’s exciting and new directive to empower, collaborate, and change Texas’ cultural environment of dialysis care by lowering healthcare acquired infections from a stakeholder, provider, and patient-centered perspective.

INTRODUCTION
The HAI LAN is a collaborative initiative of healthcare professionals, patients, and other stakeholders in an advisory capacity to decrease healthcare acquired infections (i.e. blood stream infections). The HAI LAN’s purpose is to attain and drive evidenced-based best practices for rapid wide-scale improvement, sustainability, and, ultimately, transferability to other facilities.

PARADIGM SHIFT
In an effort to improve the dialysis beneficiary’s overall health outcomes, CMS’ directive requires ESRD Networks to establish an HAI LAN with an innovative and pay-it-forward approach. This approach evolves from primarily a healthcare provider-based to a collaborative patient-centered/partnering perspective to achieve optimal outcomes by decreasing healthcare acquired infections (access related).

HAI LAN OBJECTIVES
- Extend invitations to Texas dialysis facilities and other stakeholders interested in reducing and eliminating HAIs and sharing best practices.
- Determine baseline criteria for access related signs and symptoms of infection, obtaining blood cultures, organism identification, initiation of antimicrobial agents, and poorly functioning accesses.
- Network 14’s HAI LAN members will identify, assimilate, and disseminate a Change Package of evidenced-based best practices to the ESRD community that will support the HAI LAN’s goals. Furthermore, it will distinguish patient-centered partnering as a pay-it-forward tool within the healthcare team. This approach enhances the beneficiary’s sense of control and reinforces concepts, knowledge, and adherence.
- Ensure mutual responsibility and accountability by the healthcare team/patient partnership in order to lower or eliminate healthcare acquired infections.

For more information contact Dana Sissung, RN, MSN, at 972-503-3215 Ext 310 or dissung@nw14.esrd.net

Be on the lookout for patient education materials!!!!

Within the next couple of weeks the Network office will be mailing to all dialysis facilities a packet of patient educational materials focusing on patient centered care. Once you have received your packet make sure to distribute the materials to your patient population and return the environment scan to the Network via fax.
## Network 14’s 5-Diamond Patient Safety Program

### 5 DIAMOND STATUS
- Biotronics Kidney Center of Orange
- Childress Regional Medical Center Dialysis
- Christus Children’s Kidney Center
- DaVita Carrollton
- DaVita Dallas North
- DaVita East
- DaVita Huntsville
- Dialysis Center of Victoria
- FMC Greenway Kidney Center
- FMC Village II Dialysis
- FMC West Seguin
- Garland Dialysis
- Grand Prairie Dialysis Center
- Harlingen Dialysis
- Kaufman Dialysis
- Kerrville Dialysis
- Kidney Treatment Center
- Kidney Treatment Center East
- Moncrief Dialysis Center
- New Century Dialysis Center of Jasper
- NNA Marble Falls
- Orange County Dialysis
- RCG Center Dialysis
- Reeves County Hospital Dialysis
- Renal Center of Carrollton
- RRC East Fort Worth
- RSA Schertz Kidney Center
- Satellite Dialysis Kyle
- SOHUM Houston Dialysis, LLC
- South Arlington Dialysis Center
- South Austin Dialysis
- Stafford Dialysis
- Valley Dialysis of McAllen
- Wilbarger General Hospital Dialysis of Vernon

### 4 DIAMOND STATUS
- Cuero Lakeview Dialysis
- Edna Dialysis Center
- Katy Cinco Ranch Dialysis
- Plaza Drive Dialysis
- UTSW Oakcliff Dialysis

### 3 DIAMOND STATUS
- Angelo Kidney Connection
- Renal Solutions
- Satellite Dialysis Manor
- SNG San Augustine Manor
- USRC Delta Dialysis
- UTSW Dallas Dialysis

### 2 DIAMOND STATUS
- DaVita Weslaco
- DCI Nacogdoches
- Dialysis Services of West Texas
- FMC Austin North
- FMC Calallen
- Nederland Dialysis
- The Dialysis Cottage
- USRC Mid Valley Weslaco

### 1 DIAMOND STATUS
- AmeriTech Kidney Center
- AmeriTech Kidney Center HEB
- Bay Area Dialysis Southside
- DSI Greenwood Holly
- Edinburg Kidney Center
- FMC Ennis
- FMC Mt. Pleasant Dialysis
- Satellite Dialysis Round Rock
- Southeast Texas Kidney Center
- USRC Bellaire
- USRC Tarrant Dialysis Cleburne
- Woodville Dialysis
CROWNWeb – Empowering Patients Through Data Collection

On June 14, 2012, the Centers for Medicare & Medicaid Services (CMS) released CROWNWeb, a secure Web-based data-collection system that is used by Medicare-certified dialysis facilities to report patient treatment and clinical data in real time. CROWNWeb’s data entry is not performed by ESRD patients, but the system contains many features that are designed to benefit the patient population.

CROWNWeb’s ESRD Patient Benefits:

Data Reporting. Data reporting time has been reduced by 75% and represents 100% of the ESRD patient population, which provides a better analysis of trends and care efforts.

Dialysis Facility Compare. Facility and treatment data is uploaded onto CMS’ Dialysis Facility Compare (DFC) website to help ESRD beneficiaries with making informed healthcare decisions.

Treatment History. CMS forms and treatment records are stored to assist a facility with acquiring instant knowledge of how to best care for an existing patient.

Disaster Preparedness. Authorized users can locate open treatment centers and help ensure that a patient is receiving treatment in the event of a natural or human-caused disaster.

For more information on CROWNWeb and how its data reporting capabilities benefit the ESRD patient population, visit:

www.projectcrownweb.org/patients
CROWNWeb - Se Fortalecen los Pacientes Con la Recopilación de Datos

El 14 de junio de 2012, los Centros de Servicios de Medicare y Medicaid (CMS) estrenaron el CROWNWeb, un sistema seguro de recopilación de datos, basado en el Web, que se usa en las instalaciones de diálisis que cuentan con la certificación de Medicare, para reportar el tratamiento de pacientes y datos clínicos en tiempo real.

Los pacientes de Enfermedad Renal en Etapa Terminal [ESRD] no hacen el ingreso de datos de CROWNWeb, pero el sistema cuenta con muchas características que se diseñan por el beneficio de la incidencia de los pacientes.

Beneficios CROWNWeb para los Pacientes de ESRD:

Registro de Datos. Se ha efectuado una reducción del 75% del tiempo que tarda para registrar datos; y este representa 100% de la incidencia de Pacientes de ESRD, así se proporciona mejor análisis de tendencias y esfuerzos para cuidar.

Compare las Instalaciones de Diálisis. Se suben los datos sobre las instalaciones y tratamiento al sitio web de Compare las Instalaciones de Diálisis (DFC) de CMS para ayudar a los beneficiarios de ESRD a tomar decisiones informadas sobre cuidado de salud.

Historia de Tratamiento. Formularios de CMS y expedientes de tratamiento se guardan para ayudar a una instalación para adquirir el conocimiento instantáneo sobre el cuidado mejor de un paciente actual.

Preparación para Casos de Desastres. Los usuarios autorizados pueden localizar los centros de tratamiento abiertos y se ayudan a asegurarse que un paciente reciba tratamiento en caso de un desastre natural o provocado por el hombre.

Para mayores informes sobre CROWNWeb y el beneficio de su capacidad de registrar datos conforme a la incidencia de pacientes ESRD, visite:

www.projectcrownweb.org/patients