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New CMS Regulation to Reduce Medicare Funding for Dialysis Treatments

The Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for Medicare, just released a regulation that proposes to reduce Medicare funding for dialysis treatments by 9.4%.

If you would like more information about this, visit the following websites:

American Nephrology Nurses' Association (ANNA)

at <http://www.annanurse.org/>

National Renal Administrators Association (NRAA)

at <http://www.nraa.org/index.php>

Kidney Care Partners at

<https://www.voterve.net/KCP/Campaigns/32857/Respond>

will automatically send a letter to your US Senators and US Representative after you put in your zip code.

Need assistance accessing your DFR/MAH account information?

Contact Magdalena Sanchez at 469-916-3809.



Community Corner

UT Southwestern Kidney Dialysis and Transplant Update 2013

This symposium is designed to meet the needs of nurses, social workers, dietitians, and other healthcare professionals who treat the kidney dialysis and kidney transplant patient.

Friday, September 13, 2013

UT Southwestern Medical Center

T. Boone Pickens Biomedical Building Auditorium

6001 Forest Park Road

Dallas, Texas 75235

For more information go to: www.utsouthwestern.edu/ktdupdate

ESRD Quality Incentive Program: Two Upcoming MLN Connects National Provider Calls Register Now

Wednesday, August 7; 3-4pm ET – Reviewing Your Facility's Payment Year 2014 Performance Data
Wednesday, August 14; 3-4:30pm ET – ESRD Quality Incentive Program Notice of Proposed Rulemaking:
Payment Year 2016

To Register: Visit the MLN Connects Upcoming Calls<<http://www.eventsvc.com/blhtechnologies>> web page.
Space may be limited, register early.

Medicare to Adjust ESRD Home Dialysis Claims to Correct Network Reduction

In March of 2013, it was discovered that End-Stage Renal Disease (ESRD) Network Reduction amounts were incorrectly calculated. The reduction amount for Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycle Peritoneal Dialysis (CCPD) home dialysis treatments is \$1.50 per week, per publication 100-4, chapter 8, section 110, "Reduction in Medicare Program Payment to Fund ESRD Network." This results in a daily network reduction rate of approximately twenty one cents per treatment, rather than the fifty cents per treatment deducted from impacted claims.

Medicare Administrative Contractors will adjust the impacted claims. Providers do not need to take any action or request a reopening or review of their claims. The adjustments will impact ESRD home dialysis claims with process dates from January 1, 2013 through May 6, 2013. All adjustments are to be completed by September 6, 2013.

EXPLORE TRANSPLANT DIALYSIS PROVIDER TRAINING

August 6th—METHODIST WEST HOUSTON HOSPITAL, 18500 Katy Freeway, Houston, Texas 77094



August 8th—METHODIST WILLOWBROOK HOSPITAL, 18220 State Highway 249, Houston, Texas 77070

www.regonline.com/ETMethodistKaty (Katy Training) or www.regonline.com/ETMethodistWillowbrook (Willowbrook training)



FDA Alerts

Endologix, Inc. AFX Introducer System: Class 1 Recall - Reports Of Dilator Breaking During Procedures

Endologix, Inc. initiated a recall of AFX Introducer System Model S17-45 due to reports of the dilator breaking during procedures. AFX Introducer System is intended to help introduce catheters and other medical devices into blood vessels during procedures with minimal blood loss. This recalled product was distributed and manufactured from April 1, 2013 through April 30, 2013 and distributed in the U.S. only in Florida, Indiana, Michigan, New Hampshire, New Jersey, and New York. Affected lot numbers include 1079840, 1079843, 1079844, 1079845.

Do not use or further distribute any affected product. Customers may contact the firm with questions at 1-800-983-2284.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

Complete and submit the report online: www.fda.gov/MedWatch/report.htm

Download form or call 1-800-332-1088 to request a reporting form, and then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

Read the complete MedWatch Safety Alert, including a link to the Recall Notice at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm357563.htm>



Two Class II Product Recalls for Fresenius Medical Care

1. Fresenius Liberty Cyclor Set Single Conn./Ext DL— Product Number: 050-87216. Automated peritoneal dialysis system with integrated stay safe patient connector and extended drain line. Cassette may leak during set up or during peritoneal dialysis treatment.

http://www.accessdata.fda.gov/scripts/enforcement/enforce_rpt-Product-Tabs.cfm?action=select&recall_number=Z-1674-2013&w=07172013&lang=eng

2. Fresenius Service Replacement O-Ring (for Hemodialysis Machines) - used as a service part in 4 sub-assemblies manufactured and/or refurbished Fresenius hemodialysis machines, models 2008K, 2008K2, 2008K@Home and 2008T. Incorrect rubber nitrile O-rings distributed instead of the correct material EPDN.

http://www.accessdata.fda.gov/scripts/enforcement/enforce_rpt-Product-Tabs.cfm?action=select&recall_number=Z-1693-2013&w=07172013&lang=eng



Hydroxyethyl Starch Solutions: FDA Safety Communication—Boxed Warning on Increased Mortality and Severe Renal Injury and Risk of Bleeding

FDA has analyzed recent data that indicate an increased risk of (i) mortality and renal injury requiring renal replacement therapy in critically ill adult patients, including patients with sepsis and those admitted to the ICU; and (ii) excess bleeding particularly in patients undergoing open heart surgery in association with cardiopulmonary bypass. Refer to the FDA Safety Communication for more details about the data analysis.

FDA has concluded that HES solutions should not be used in critically ill adult patients, including patients with sepsis and those admitted to the ICU, and a Boxed Warning to include the risk of mortality and severe renal injury is warranted. In addition, FDA has reviewed a meta-analysis of studies conducted in patients undergoing open heart surgery in association with cardiopulmonary bypass and has determined that an additional warning about excessive bleeding is needed in the Warnings and Precautions Section of the package insert.

Patients should be aware of the risks associated with the use of HES solutions and discuss these risks with their healthcare provider (refer to the FDA Safety Communication for detailed recommendations for patients). For entire recall:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm358349.htm>

Information Management Corner



Acute vs. Recover Function Discharge Reasons

The Network sends out a Missing Forms Report at the end of every month for those forms that are missing and late in CROWNWeb. You may have received this report, but it included patients that only treated acutely at your unit. Why is the Network asking for forms for these patients?

The most likely answer is because you or your Batch Submitting Organization has discharged the patient as **Recover Function**. If the patient has regained function of his/her kidneys, it does not necessarily mean that the patient was acute.

The **Recover Function** discharge reason is for **chronic** patients who regain function of their native kidneys. This may happen a few days or a few years after the patient begins chronic dialysis. If your patient begins chronic dialysis (meaning the nephrologist has diagnosed this patient as chronic) and then regains function, **the unit must still submit a CMS-2728 for this patient signed by the nephrologist and the patient**, and a CMS-2746 must be submitted if the patient dies within 30 days of the Recover Function discharge date recorded in CROWNWeb.

Acute patients should not be admitted in CROWNWeb, but sometimes they wind up there. If you have patients listed on your roster in CROWNWeb that treated acutely (and only the nephrologist can diagnose the patient as acute) and you cannot remove the records, you should discharge them as **Acute**. If a patient is truly acute and is discharged as such in CROWNWeb, the unit will not be responsible for submitting a CMS-2728 or CMS-2746.

If you have any questions about acute patients, please contact Kathleen Prewitt at 469-916-3815, Magdalena Sanchez at 469-916-3809 or crownweb@nw14.esrd.net.



Quality Incentive Program (QIP)

On July 1, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would **update payment policies and rates under the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2014**. The proposed rule also proposes changes to the ESRD Quality Incentive Program (QIP) that provides payment incentives to dialysis facilities to improve the quality of dialysis care. Under the ESRD QIP, eligible facilities that receive a Total Performance Score (TPS) that does not meet or exceed the specified score with respect to quality measures established for the program could receive a reduction of up to two percent in their payment rates under the ESRD PPS.

To see a Fact Sheet or the entire proposed rule visit the QIP section of our website:

<http://www.esrdnetwork.org/professionals/QIP.asp>

CMS is accepting comments on the proposed rule **until 5pm EST Aug. 30, 2013.**



Understanding Admit/Discharge Reasons in CROWNWeb

Do you know the proper admit and discharge reasons to use in CROWNWeb? It is important to understand which should be chosen and when, as many things in CROWNWeb are linked to the admit/discharge reasons listed in a patient's Admit/Discharge Summary (such as the CMS-2728, CMS-2746, and especially the CMS-2744).

For explanations of the many admit and discharge reasons and examples on when to use them, please download the *Understanding Admit/Discharge Reasons in CROWNWeb* document now available on the Network 14 website (<http://www.esrdnetwork.org/global/crownweb.asp>).

If you have any questions about admitting and discharging patients in CROWNWeb, please contact Kathleen Prewitt at 469-916-3815, Magdalena Sanchez at 469-916-3809 or crownweb@nw14.esrd.net.

DO NOT EMAIL ANY PATIENT-SPECIFIC INFORMATION (NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ETC.) TO THE NETWORK #14 OFFICE OR QUALITYNET HELP DESK.

The Network 14 *NetLink* is created and published under CMS contract number:
HHSM-500-2013-NW014C

End-Stage Renal Disease Network of Texas, Inc. (aka: Network 14)
4040 McEwen Road, Suite 350 * Dallas, Texas * 75244
www.esrdnetwork.org * info@nw14.esrd.net



Register for Call on Performance Data for PY 2014 ESRD QIP

The Centers for Medicare & Medicaid Services (CMS) will host a Medicare Learning Network (MLN) Connects National Provider Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) on Wednesday, August 7 from 2 p.m. to 3 p.m. (CST).

The ESRD QIP is a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of a payment year (PY). The call will focus on steps dialysis facilities need to take to review data that CMS will use to evaluate performance as part of the PY 2014 program.

Each facility will have the ability to examine a preliminary PY 2014 Performance Score Report (PSR) on July 29. The report will preview how well it scored on the quality measures CMS will use for determining any payment reductions.

CMS encourages every dialysis facility to carefully review its PSR before CMS makes the information publicly available at the end of 2013. Facilities will have from July 29 through August 29 to complete the review. Also during this period, facilities will have an opportunity to ask questions about how their scores were calculated and also have the ability to submit **one** formal inquiry if they find or suspect an error in the score calculations.

Agenda:

- How to access and review facility's PSR
- How CMS calculated a facility's ESRD QIP performance score using quality data
- What the performance score means to a facility's PY 2014 rates
- When and where to ask questions regarding a PSR, including how to submit **one** formal inquiry
- Duties and responsibilities to make ESRD QIP performance data transparent to patients
- Where to access help and get additional information

Registration:

To register for a MLN Connects National Provider Call, please visit the **CMS Upcoming National Provider Calls** registration website

For More Information:

Visit the **ESRD QIP** webpage for more information on the End Stage Renal Disease Quality Improvement Program (ESRD QIP) or the Network's QIP page at <http://www.esrdnetwork.org/professionals/QIP.asp>



Network Corner

Nephrology Today & Tomorrow 2013

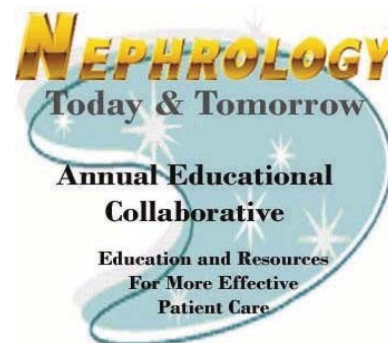
SAVE THE DATE!

ESRD Network of Texas, Inc. Annual Meeting for 2013

Friday, October 25—8:30am to 5:30pm

Saturday, October 26—8:00am to 12:00 noon

Omni Mandalay Hotel, Irving, Texas



The meeting will highlight CMS and the Network's focus for the renal community and practical strategies for all disciplines. Free patient breakout sessions will be offered on Saturday. Over 50 exhibitors will be available to discuss their services and/or products.

Registration information is available on our website at
<https://www.esrdnetwork.org/network/annual-meeting.asp>

Best Practice Clinics Needed

Does your facility have a successful patient and staff immunization program? The Network is looking for a facility to share its experiences in building successful staff and patient immunization programs at the Network's Annual Meeting on October 25, 2013. The facility representative would be asked to give a short presentation to Annual Meeting attendees. If you are interested or feel that you qualify, please contact the Network Outreach Coordinator, Anna Ramirez, at 469-916-3800 or aramirez@nw14.esrd.net.



Does your facility have a successful home hemodialysis program? The Network is looking for a facility to share its experience in creating a successful home hemodialysis program at the Network's Annual Meeting on October 25, 2013. A representative from this facility would be asked to give a short presentation and sit on a panel discussion. If you are interested or feel that you qualify, please contact the Network Outreach Coordinator, Anna Ramirez, at 469-916-3800 or aramirez@nw14.esrd.net.



Patient Services Director Wanted!

ESRD Network of Texas is seeking a full-time Social Worker to assist dialysis and kidney transplant patients and renal professionals. **MUST a have Master's degree in Social Work** with a minimum of 3 years renal experience required. Experience: Working with federal and state regulatory agencies, professional and community groups; Proficiency in MS Word, Excel, Publisher, Access, PowerPoint, and Outlook; Ability to collect, analyze and manage data from multiple sources to produce meaningful information in graphic and other formats; Public speaking experience; Excellent written and verbal communication skills, including telephone skills; Knowledge of ESRD policy and regulations; Proficiency in problem solving skills and understanding of mediation techniques and awareness of available community resources and/or experience navigating systems to find resources. Bilingual preferred but not required. For consideration, send cover letter and resume to info@nw14.esrd.net or fax to 972-503-3219. No phone calls. EEOC

Register to Participate in the MAC Satisfaction Indicator

Make your voice count, and register to participate in the Medicare Administrative Contractors (MAC) Satisfaction Indicator (MSI). The MSI is a tool that measures your satisfaction with the MAC(s) that serve you. The MACs and CMS will use the results of the MSI to improve the level of service offered to all Medicare Fee-For-Service (FFS) providers.

CMS is developing a registry of Medicare providers for participation in the MSI. To accomplish this effort, CMS is seeking to collect accurate contact information by having providers complete the MSI Participant Registration form, which is a method for gathering pertinent contact information such as name, email address, state, etc. For each MSI administration, CMS will randomly select its MSI sample from a list of providers who register to become participants.

If you are a Medicare FFS provider or work on behalf of a Medicare FFS provider (such as a billing agency) and are interested in participating, take a moment to register your contact information by completing the application <<https://adobeformscentral.com/?f=eMRKPqaWpqMxNOMTQpSKDA>>.

Outreach Coordinator Corner

Patient Engagement Campaign

Is your facility interested in sharing resources with your patients to encourage them to get involved in their care and SPEAK UP when they have questions? The Network Patient Engagement Learning and Action Network (PE LAN) patient representatives have designed two patient education campaigns. The Network is recruiting facilities to distribute the campaigns to their patients and obtain feedback from patients on the campaigns. Participating facilities will receive enough copies of the resources to share with your patients. Please contact the ESRD Network Outreach Coordinator – Anna Ramirez at aramirez@nw14.esrd.net or 469-916-3800 for more information.





Immunization Resources

Did you know that you can download immunization information from the ESRD Network of Texas website? There is information for both patients and providers at:

http://www.esrdnetwork.org/patients/Healthy_Living.asp

<http://www.esrdnetwork.org/professionals/immunization.asp>

ATTENTION Facility Social Workers: Please assist any patient who does not have computer access and requests assistance to obtain documents on our website.

Patient Services Corner

WAIT,

DID YOU REMEMBER TO UPDATE VOCATIONAL REHABILITATION IN CROWNWEB?

WHY DOES THIS MATTER?

CMS REQUIRES DIALYSIS FACILITIES TO UPDATE THIS INFORMATION!



So it's not the end of the world, but please have your designated CROWNWeb user get this done. Thank you!

Need assistance in checking or editing your patient's VocRehab status? Contact please contact Kathleen Prewitt at 469-916-3815, Magdalena Sanchez at 469-916-3809 or crownweb@nw14.esrd.net.

DO NOT EMAIL ANY PATIENT-SPECIFIC INFORMATION (NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ETC.) TO THE NETWORK #14 OFFICE OR QUALITYNET HELP DESK.



Quality Improvement Corner

August Focus on the ESRD Quality Incentive Program (QIP) Arterial Venous Fistula

Arterial Venous Fistulas (AVFs) are this month's QIP featured measure. For the 2013 Performance Year/2015 Payment Year, a facility's Total Performance Score (TPS) is based on the performance of **six clinical measures** and **four reporting measures** as set forth in the ESRD QIP described in Section 1881 (h) of the Social Security Act and as added by Section 153 (c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). A facility could incur payment reductions of up to 2% if it does not meet or exceed the minimum TPS as set forth by the Centers for Medicare & Medicaid Services (CMS).

FISTULA CLINICAL MEASURE: *the percentage of patient-months on hemodialysis during the last hemodialysis treatment of the month using an autogenous AV fistula with two needles.*

Some key points to remember about this measure include:

- ⇒ Higher percentage indicates better care
- ⇒ Exclusions include: patients younger than 18; peritoneal patients; claims with both a fistula and graft reported; patients not on chronic dialysis as defined by a completed 2728 form, or a sufficient amount of dialysis reported on dialysis facility claims
- ⇒ Data sources include Medicare Claims CROWNWeb
- ⇒ Scores for the applicable clinical measures will be weighted equally to comprise 75% of the TPS
- ⇒ The fistula measure belongs to the Vascular Access Type (VAT) measure, comprised of the AVF measure and the catheter measure, which was the topic of last month's *NetLink* QIP focus
- ⇒ The measure definition remains *unchanged* in the proposed 2014 Performance Year/2015 Payment Year QIP rules

A facility's score for each of the clinical measures will be based on the higher of one of the following:

- Achievement score – performance period rate compared to national rate during the calendar year 2011
- Improvement score—performance period rate compared to that facility's rate during calendar year 2012

National achievement thresholds, benchmarks, and performance standards:

Measure	Description/Definition	Achievement Threshold: 15 th percentile	Benchmark: 90 th percentile	Performance Standard
Vascular Access Type Measure Topic	Two measures			
Catheter	Percentage of patients receiving treatment with catheter for at least 90 days	22%	5%	13%
Fistula	Percentage of patients receiving treatment with fistula with two needles	47%	75%	60%



Continued on page 12...



...Continued from page 11

The National and Network goal for facility arteriovenous fistulas is at least 68% of all hemodialysis patients.

Resources

1. To achieve this worthy goal, if you have not already, please check out the Network's Vascular Access Resources online where you will find many helpful tools and resources to improve AVFs in your facility <http://www.esrdnetwork.org/professionals/quality-improvement/fistula-first/index.asp>
2. Please refer to the Network's QIP resource page for details on this measure and the QIP program <http://www.esrdnetwork.org/professionals/QIP.asp>



PATIENTS WANTED HEALTHCARE ACQUIRED INFECTION LEARNING ACTION NETWORK (HAI LAN)

Patients Are Invited to Join Network 14's HAI LAN

LAN PURPOSE

A Learning and Action Network (LAN) brings together healthcare professionals, patients, and other interested individuals to focus on a particular healthcare issue. A LAN's purpose is to obtain, share, and spread best practices for rapid and continued wide-scale improvement.

HAI LAN OBJECTIVES

Please join Network 14's exciting and new HAI LAN. The HAI LAN's objective is to change Texas' dialysis care by reducing your risk of an access infection. The HAI LAN wants to hear your ideas, stories, and concerns. Let your voices be heard, and inform the dialysis staff that you are going to **Speak Up** when you have questions.

A copy of the HAI LAN interest form is attached. If you have questions contact:

Dana Sissung, RN, MSN

Quality Improvement Coordinator

Main Ph # (469) 916-3813

Fax # (972) 331-3659

dsissung@nw14.esrd.net



**The End Stage
Renal Disease
Network Of Texas**

Healthcare Acquired Infection - Learning Action Network
PATIENT SUBJECT MATTER EXPERT (SME) INTEREST FORM

Name	
Street Address	
City	
State	
Zip Code	
Phone	
E-Mail	
Preferred means of contact	<i>(circle one):</i> Cell Phone Other Phone Email
Relationship	<i>(circle one):</i> Patient Family Other: _____

Would you be able to attend virtual learning sessions?	(circle one): Yes No
Would you be able to attend phone or webinar conferences?	(circle one): Yes No
Do you have the support of your family to participate in an HAI LAN?	(circle one): Yes No
Would you be able to recommend another patient or caregiver for the HAI LAN?	(circle one): Yes No

Please complete the second page of this form, then submit to Dana Sissung via fax at 972-503-3219



The End Stage
Renal Disease
Network Of Texas

Healthcare Acquired Infection - Learning Action Network

PATIENT SUBJECT MATTER EXPERT (SME) INTEREST FORM

Page 2

<p>Would you share experiences with the ESRD Network to ensure the HAI LAN's success?</p>	<p>(circle one):</p>
<p>Why would you like to serve on the HAI LAN?</p>	
<p>What personal experiences make you a candidate for the HAI LAN?</p>	
<p>Please use this space to provide any additional information you would like us to know about you.</p>	



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
- Plaza Drive Dialysis
- RCG Center Dialysis
- Reeves County Hospital Dialysis
- Renal Center of Carrollton
- Renal Center of Frisco
- 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

- Angelo Kidney Connection
- Cuero Lakeview Dialysis
- Edna Dialysis Center
- Katy Cinco Ranch Dialysis
- Satellite Dialysis Metric
- USRC Delta Dialysis
- UTSW Oakcliff Dialysis

3 DIAMOND STATUS

- DaVita Weslaco
- DCI Nacogdoches
- Renal Solutions
- Satellite Dialysis Manor
- Satellite Dialysis Round Rock
- SNG San Augustine Dialysis Clinic
- UTSW Dallas Dialysis

2 DIAMOND STATUS


- AmeriTech Kidney Center
- AmeriTech Kidney Center HEB
- Dialysis Services of West Texas
- FMC Austin North
- FMC Austin South
- FMC Calallen
- Liberty Dayton Dialysis
- Nederland Dialysis
- The Dialysis Cottage
- USRC Mid Valley Weslaco

1 DIAMOND STATUS

- Bay Area Dialysis Southside
- DaVita Memorial
- DSI Greenwood Holly
- Edinburg Kidney Center
- FMC Ennis
- FMC Mt. Pleasant Dialysis
- Renal Center of North Denton
- Southeast Texas Kidney Center
- USRC Bellaire
- USRC Tarrant Dialysis Cleburne
- Woodville Dialysis



August 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Submit monthly reporting plan and denominator form in NHSN	2	3
4	5	6	7	8 EMSsystems AND PART verifications due	9	10
Kidney Disease Awareness and Education Week 2013— www.annanurse.org						
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28 Network ICH CAHPS webinar	29 	30	31 July 2013 Clinical data due



Patient's Corner—

Facility staff – post both the English and Spanish flyer by the patient scales as well as near the sink that the patients use to wash their accesses and in the lobby/waiting room.

New CMS Regulation Proposes to Reduce Medicare Funding for Dialysis Treatments

The Centers for Medicare & Medicaid Services (CMS), the federal agency responsible for Medicare, just released a regulation that proposes to reduce Medicare funding for dialysis treatments by 9.4%.

If you would like more information about this, visit the following websites:

Renal Support Network at <http://www.rsnhope.org> or call (818) 543-0896

Dialysis Patient Citizens Action Center at <http://www.capwiz.com/dpcitizens/home/> or call the DPC toll free number at (866) 877-4242

Kidney Care Partners at <https://www.votervoice.net/KCP/Campaigns/32857/Respond> will automatically send a letter to your US Senators and US Representative after you put in your zip code.

American Association of Kidney Patients at <https://www.aakp.org/> or toll free at 1-800-749-AAKP.

Immunization Education

Did you know that you can download immunization information from the ESRD Network of Texas website? There is information for both patients and providers at:

http://www.esrdnetwork.org/patients/Healthy_Living.asp

<http://www.esrdnetwork.org/professionals/immunization.asp>

A new card for patients to keep track of their immunization records is available for download.

Do not have a computer or internet access? Ask your facility social worker to assist you with educational materials on immunizations.

To file a grievance, please contact
Network 14 at 1-877-886-4435



The End Stage
Renal Disease
Network Of Texas



Are Hemodialysis Clinics Safe in America?

Are patients safe from harm when they receive hemodialysis?

Are they safer than they were a decade ago?

Dear Hemodialysis Patient,

It has been 13 years since “To Err is Human: Building a Safer Health System” was published by the Institute of Medicine. Dialysis providers, government, professionals and patients have worked to improve dialysis patient safety this past decade. These efforts include:

- ◆ Stronger regulatory requirements by CMS under the new Conditions for Coverage
- ◆ Required reporting and investigation of reportable or adverse events by state departments of public health
- ◆ Dialysis corporate internal quality improvement programs
- ◆ Provider performance measures established by CMS for the Quality Incentive Program

In 2006, a patient survey showed that many patients (49%) worry about medical mistakes in the dialysis unit. The five most frequently related hemodialysis safety themes identified by patients and dialysis professionals were:

- ◆ Patient falls
- ◆ Medication management
- ◆ Vascular access related events
- ◆ Hand hygiene
- ◆ Set-up pre-dialysis

Has safety improved in the dialysis unit? Your observations will help the renal community to identify what action strategies are needed to move forward. This survey has 16 questions and will take about 15 minutes to complete.

**As a dialysis patient, you can help us to see where we are in 2013!
Please take this brief survey!**

To complete the survey, visit: <https://s.zoomerang.com/s/kidneyptsafetysurvey>

Thank you for your participation and help!



Rincón del Paciente—

Instrucciones al Personal de las Instalaciones – Coloque los volantes en inglés y español cerca de las básculas de los pacientes y también cerca del lavabo que usan los pacientes para lavarse los accesos y en el vestíbulo/sala de espera.

Reglamento Nuevo de CMS para Reducir Fondos de Medicare para Tratamientos por Diálisis

Los Centros para Servicios de Medicare y Medicaid (CMS), el organismo federal responsable por Medicare, acaba de proponer una disposición legal para reducir 9.4% de fondos de Medicare por tratamientos de diálisis.

Para mayores informes sobre este tema, visite los siguientes sitios web:

Red de Apoyo para Pacientes Renales a <http://www.rsnhope.org> o llame a: (818) 543-0896

Centro de Acción para Ciudadanos Pacientes de Diálisis (Dialysis Patient Citizens Action Center) a <http://www.capwiz.com/dpcitizens/home/> o llame al número de teléfono libre de cargos para el centro: a (866) 877-4242

Kidney Care Partners a: <https://www.votervoice.net/KCP/Campaigns/32857/Respond> para enviar una carta automáticamente a sus senadores estadounidenses y al delegado estado unidense después de introducir su código postal.

Asociación Americana de Pacientes Renales (American Association of Kidney Patients) a: <https://www.aakp.org/> o llame al número de teléfono libre de cargos a: 1-800-749-AAKP.

Educación sobre Inmunizaciones

¿Sabe que puede descargar información sobre inmunizaciones del sitio web de la Red de la Enfermedad Renal Terminal de Texas? Hay información para los pacientes y proveedores médicos a:

http://www.esrdnetwork.org/patients/Healthy_Living.asp

<http://www.esrdnetwork.org/professionals/immunization.asp>

Está disponible una cartilla nueva, para los pacientes que desean mantener un registro de sus inmunizaciones, para descargarla de la computadora.

¿No tiene acceso a una computadora o el internet? Pídale a su trabajador social en las instalaciones que le facilite los materiales educativos sobre inmunizaciones.

Presentar una queja por favor contacte
a la Red 14 a 1-877-886-4435.



The End Stage
Renal Disease
Network Of Texas



El FORO Nacional de la RED DE ESRD
Corrobore para mejorar su cuidado

¿Hay Seguridad en las Clínicas de Hemodiálisis en los Estados Unidos?

¿Hay seguridad de que los pacientes no sufrirán daños
durante su hemodiálisis?

¿Está más seguro ahora que hace una
década?

Estimado Paciente de Hemodiálisis,

Hace 13 años el Instituto de Medicina publicó “Errar es de Humanos: Construyendo un Sistema de Salud Seguro.” Han trabajado los proveedores de diálisis, el gobierno, los profesionales, y los pacientes para mejorar la seguridad de pacientes que reciben diálisis durante esta última década. Este es lo que han hecho:

- .. Reglamentos obligatorios de los CMS conforme a las Condiciones nuevas para Cobertura
- .. Se requiere que los Departamentos de Salud Publica reporten e investiguen eventos que ameritan informe o que sean adversos
- .. Programas internos corporativos de mejoramiento de calidad de diálisis
- .. CMS establece medidas de desempeño de proveedores por el Programa de Incentivos de Calidad

En 2006, los resultados de una encuesta de pacientes revelaron que muchos pacientes (49%) se preocupan sobre errores médicos cometidos en la unidad de diálisis. Los cinco temas de seguridad de mayor frecuencia referentes al hemodiálisis que los pacientes y profesionales de diálisis identificaron eran:

- .. Caídas del Paciente
- .. Manejo de Medicamentos
- .. Sucesos referentes al acceso vascular
- .. Higiene de las manos
- .. Establecimiento de pre diálisis

¿Se ha mejorado la seguridad en la unidad de diálisis? Servirán sus observaciones para identificar las estrategias necesarias para proceder. Esta encuesta tiene 16 preguntas y tomará aproximadamente 15 minutos para terminar.

**¡Como paciente de diálisis, nos puede ayudar para ver cómo
nos quedamos en 2013!**

¡Favor de tomar esta encuesta breve!

Para terminar esta encuesta, visite a: <https://s.zoomerang.com/s/kidneyptsafetysurvey>

¡Agradecemos su participación y ayuda!