



NetLink

March 2015

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Catheter Last Interview with USRC Westover Hills

The 2014 Catheter Last Quality Improvement Project was a success. Network 14 applauds the hard work that these facilities put in and is appreciative of all the knowledge gained working with these facilities. The Network feels that what was learned will help make future projects more meaningful and successful.

For those unfamiliar with the project, there were a total of 126 facilities in the project. These facilities were broken up into three separate groups, with each group varying in the number of requirements. The third group for example, submitted the following items to Network 14:

- Monthly vascular access data
- Catheter gap chart reviews
- Root cause analysis and action plan
- Checklist indications for hemodialysis catheters
- Quality Assurance Performance Improvement (QAPI) minutes submission

Network 14 also performed random conference call check-ins with the second group and third groups. These calls yielded impressive and insightful information. USRC Westover Hills was a facility that caught the Network's attention. Facility Administrator, Donny Bryant, RN, shared a simple, introspective approach that showed that a simple use of terms and processes can provide amazing results. This facility achieved a 2% reduction in their long term catheter rates during the course of the project. The Network hopes the interview with Donny can spur some ideas for long term catheter processes in other facilities.

Continued on page 2...

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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



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Network 14: What are some barriers you encountered during the Catheter Last project?

DB: We had some specific issues in the facility with follow up, mostly with evaluations. We found that the vascular surgeon was not on board with the timelines we had. There was only one day available per week for vascular surgery at our hospital. Because of this it could take up to four months to complete the process of placing or revising a permanent access. The facility's medical director and I met with the surgeon to discuss issues, and while nothing has changed, we were able to tweak what is done in the facility to try to streamline the process. We also felt like urgency was not there with the referring physician until late in the process.

Network 14: What were some lessons learned?

DB: More communication with the doctors and vascular surgeons to get more patients that come in with a permanent vascular access already placed. We also learned that the Network is truly here to help.

Network 14 : If you had an opportunity to do this project again, how would you have done it differently?

DB: I think it was done well. I think you should require a monthly checklist for catheters and have a process in place where patients can't slip through the cracks.

Network 14: Rate the impact of this project on improving your vascular access practices and processes on a scale of one to five, with five being the greatest impact and one the least.

DB: I would say a five.

Network 14: Have any changes been implemented as a result of the project, or are you planning any changes in the future?

DB: Our biggest change was in our QAPI (monthly medical director meeting). We created another category for catheters >90 days with more in-depth information about each of these catheters and where they were in the process of placing/using a permanent access. We changed how we discussed catheters with each other (staff) and patients. We started simply calling them "temporary accesses." It was really just a simple change in approach and terminology. This keeps catheter patients at the front of our minds and helps set the expectation for the patient.

Network 14: Have patients' perceptions regarding the dangers of catheters changed?

DB: We have had some lobby days, and we think it has changed. I think our patients have a better understanding of the expectation surrounding their accesses. We work really hard to discuss and treat the catheter as temporary.

Network 14: What are your ideas for sustaining the improvements you've made once the project closes?

DB: We want to continue the prioritization in our QAPI meetings. We also want to increase our in-services as well as focusing on the exercising of existing permanent accesses.



Communication

Some of the grievances received at Network 14 involve staff members displaying a lack of common courtesy and professionalism toward patients. The relationship created in the dialysis facility is a service related one, in which the patient trusts that the facility will provide a service with well-trained professionals. Within any relationship, an exchange of informal words is necessary to establish a connection to the other person. In acknowledging the presence of the patient, the professional is indicating to the patient that he/she is valued and important. The patient will be able to recognize the professional's efforts to help the patient feel comfortable, and this will assist in building a sense of trust and collaboration. Appropriate informal dialogue between the professional and the patient will help in opening the lines of communication so that the patient may feel comfortable if the need arises to voice his or her concerns. Many calls to Network 14 could have easily been avoided if a patient's concern had been listened to objectively along with following the facility/corporation's grievance policy, such as written resolution to a patient's concern.

Often when Network 14 contacts a facility to discuss a grievance that has been made by a patient regarding staff unprofessionalism, the facility is already aware of the particular staff

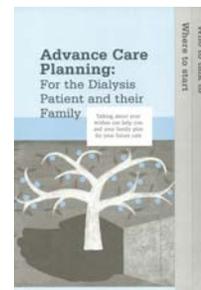
member's attitude and behavior within the facility. Unfortunately, this issue may not have been addressed with the staff member regarding his or her behavior(s). For a majority of patients, the role models within a facility are the facility manager, the charge nurse, and the technician. This relationship sets the organizational culture, tone, and behavioral standards within a facility. Adequately training staff on professionalism, patient dynamics, and the reinforcement of expected behaviors within a facility is vital to providing quality patient centered care, accountability, and professional responsibility.

In summary, Network 14's message is: "Be proactive, not reactive!" There are many good articles and resources regarding the necessity of professionalism in the workplace on the Internet, along with tips on improving professionalism in the workplace. Make it a priority to provide professionalism training at the workplace on a quarterly basis or as often as needed. Provide resources to your employees regarding professionalism and professional assistance to employees that may be experiencing difficulty with professionalism. The Network 14 website also provides training modules that can be utilized by facilities to promote professionalism and to decrease patient/provider conflict.

Advance Care Planning Educational Materials

Network 14 currently has available copies of the MARC (Network 5) brochure *Advance Care Planning: For the Dialysis Patient and their Family*. If you would like copies of this very informative brochure, email the following information to info@nw14.esrd.net:

- Your name
- Name of your facility and it's CCN (CCN will begin with either 45 or 67)
- Facility Address
- Number of copies (limit 25 copies)



Network 14 has a limited supply of these brochures and will fill requests on a first-come, first-served basis.



THE AMERICAN ASSOCIATION OF KIDNEY PATIENTS ANNOUNCES 2015 MEDAL OF EXCELLENCE WINNERS

The American Association of Kidney Patients (AAKP) has announced the recipients of its 2015 Medal of Excellence. The AAKP Medal of Excellence is the Association's highest honor for healthcare professionals. The award recognizes visionaries whose insight and perseverance have led to dramatic advances that improve patient care.

For the first time in the Association's history, the award program has expanded to include all members of the healthcare team. The 2015 Medal of Excellence Award winners are:

- Alan R. Hull, MD (Fort Worth, TX)-Physician Category
- Alvin Moss, MD (Morgantown, WV)-Physician Category
- Gail Wick, RN (Atlanta, GA)-Nurse Category
- Rebecca Wingard, RN (Signal Mountain, TN)-Nurse Category
- Mark Neumann (Scottsdale, AZ)-Special Recognition Category

The AAKP Medal of Excellence winners will be recognized throughout the 2015 year. The first recognition event is the Medal of Excellence Award Dinner taking place at the Renal Physicians Association (RPA) Annual Meeting, Friday, March 20, at the Hilton Baltimore. This program will recognize Drs. Hull and Moss from AAKP's Physician Category.

Network Strategy to Improve CROWNWeb Data Integrity

We will continue our focus on assisting facilities to improve vascular access data integrity in 2015. Due to a new CMS requirement, facilities that are reporting vascular access data in CROWNWeb for fewer than 90% of their patients will be under focused review by the Network. For this focused review, the following steps will occur:

1. Starting with January 2015 clinical data, the Network will send a notice to all facilities who are reporting vascular access data for fewer than 90% of their patients with instructions to complete the missing vascular access data.
2. The Network will review completion rates for vascular access data after each CROWNWeb clinical month's closure.
3. The Network will require the facilities who did NOT achieve greater than 90% vascular access submission rates upon CROWNWeb clinical month closure to complete and submit a root cause analysis and action plan. Network assistance will be offered.
4. If a facility is on the list for three months in a row for having reported vascular access data in CROWNWeb for fewer than 90% of their patients OR for failure to submit a root cause analysis and action plan to the Network as requested, the facility will be reported to CMS via the Network's Contracting Officer Representative for failure to follow Network goals and objectives.

Even if the facility is part of a batch submitting organization, the facility is responsible for ensuring that missing data is appropriately reported to its corporate help desk so that the errors preventing successful data submission can be addressed and corrected. Should you have any questions regarding this, please contact Jason Simmington at jsimmington@nw14.esrd.net or Aparna Biradar at abiradar@nw14.esrd.net.

DO NOT EMAIL PATIENT INFORMATION TO THE NETWORK OFFICE!



National Healthcare Safety Network (NHSN)

NHSN's Bloodstream Infection is one of the clinical measures for the Quality Incentive Program (QIP) calendar year 2015 and is one of the data sources used for QIP scoring for the facility. It is therefore extremely important that the data in NHSN is complete and accurate.

Additional News and updates from [Dialysis NHSN Helpdesk](#):

Dialysis Event Surveillance Training and FREE Continuing Education Credits!

Annual training is **required** for facilities and users who participate in Dialysis Event Surveillance. You can meet this requirement with the online, self-paced NHSN Dialysis Event Surveillance training. Complete the training and pass the post-test and you will be eligible for 1.5 CME or 1.3 CNE credits or 0.1 CEUs!

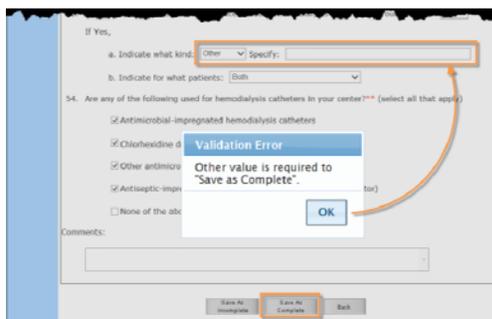
Training includes reading the NHSN Dialysis Event Surveillance Protocol.

Annual Outpatient Dialysis Center Practices Survey

The 2015 survey is now available on the NHSN Dialysis Event Surveillance homepage. The electronic version of the survey will be available in NHSN beginning February 1, 2015.

2015 Survey updates and reminders:

- Collect staff and patient information **during the first week of February 2015**. Several survey questions pertain to the patients and staff who are present during the first week of February (e.g., counts and vaccinations). Even if you don't report the data to NHSN immediately, it is easier to collect during this week than searching records retrospectively.
- **New! Enter your End Stage Renal Disease (ESRD) Network number on the survey.**
- **Having "Save as Complete" difficulties?** If you try to submit your survey, but it is incomplete, an error message will prompt you to provide an answer to the missing question. Click "OK" and the screen will move to the applicable section: missing drop-down fields will be highlighted in blue and empty text fields will show a blinking cursor (e.g., if "Other" has yet to be specified). Enter the missing data and then try "Save As Complete" again.



Click the [NHSN eNewsletter](#) for more detailed information on NHSN News and Updates.

Information adapted from: December 2014 NHSN Newsletter



CMS-2744 Annual Facility Survey

On February 3, 2015, the Network emailed all active QIMS users that facilities should begin working on the 2014 CMS-2744, as well as the Network deadlines for completing the first step of the process (generating the form). Thank you to those facilities that have met the first deadline. The remaining deadlines for the CMS-2744 process are as follows:

Deadlines:

Generate 2014 CMS-2744	(DRAFT status)	February 15, 2015
Initial Submission for Review	(FINAL status)	April 1, 2015
Acceptance by Network 14	(FINALIZED status)	April 15, 2015

If you have missed the first deadline that Network 14 has set for Texas facilities, please log into CROWNWeb and generate the **2014** CMS-2744 *immediately* for your unit so that you can meet the next deadline.

Steps:

1. Log into CROWNWeb
2. Click the **Form 2744** tab in the main menu
3. Click the **Add New 2744** tab in the blue sub-menu
4. Enter your CCN or select your facility from the DBA drop-down
5. Select **2014** for the survey year
6. Click **Add**
7. Scroll down and click **Generate**
8. Scroll down and click **Save**

A training webinar on how to complete the CMS-2744 will be held on March 5, 2015. To register for this webinar, visit the Project CROWNWeb website or click this link: http://projectcrownweb.org/pcw_lems/completing-the-2014-cms-2744-in-crownweb-session-3/.

To view slides on completing the **2014** CMS-2744, visit the Project CROWNWeb website or click this link: <http://projectcrownweb.org/education/crownweb-training-videos/>.

Network 14 would like to extend thanks and congratulations to those units whose CMS-2744 for 2014 has been submitted and finalized by the Network in advance of the April 1 deadline. Your commitment to timely data submission is appreciated!





ESRD Network Coordinating Center
**Kidney Community
 Emergency Response**



KCER and FDA Alerts and Recalls

The ESRD Network of Texas, Inc. is notified by both the Kidney Community Emergency Response (KCER) and the Federal Drug Administration (FDA) when there is a product alert or recall.

You can access information concerning recalls and alerts from our website at <http://esrdnetwork.org/our-network/news> under Special Alerts and Recalls.

Like us on Facebook.

To access go to www.facebook.com and log in to your account. Look under "liked pages", and type in ESRD Network of Texas.



Follow us on Twitter
 @ESRDNetworkofTX



PATIENT ENGAGEMENT MATERIALS FOR MARCH 2015

Materials for the Patient Engagement Calendar for the month of March 2015 can be located on our website: <http://esrdnetwork.org/patients-families/pfcc/>.

www.esrdnetwork.org → Patient and Families → Patient Engagement and Patient—and Family—Centered Care



DO NOT EMAIL any patient-specific information (name, date of birth, Social Security Number, etc.) to the Network 14 office.



Network 14's 5-Diamond Patient Safety Program



5 DIAMOND STATUS

- Christus Children's Kidney Center
- FMC Austin South
- FMC Greenway Kidney Center
- NNA Marble Falls
- Plaza Drive Dialysis
- RCG Center Dialysis
- Reeves County Hospital Dialysis
- Renal Center of Frisco
- Renal Center of Lewisville
- Renal Center of Nederland
- Renal Center of Orange
- Satellite Dialysis Kyle
- Satellite Dialysis Metric
- Satellite Dialysis Round Rock
- Satellite Dialysis Southwood
- Satellite Healthcare Mueller
- Texas Children's Hospital Dialysis
- University Dialysis West
- USRC Delta Dialysis
- USRC Mid Valley Weslaco Dialysis
- USRC Rio Grande Dialysis
- UTSW Dallas Dialysis
- Wilbarger General Hospital Dialysis of Vernon

4 DIAMOND STATUS

3 DIAMOND STATUS

2 DIAMOND STATUS

- Ameri-Tech Kidney Center Bedford

1 DIAMOND STATUS

The new program year began January 1, 2015. All participants must re-register to participate. Any facilities that did not achieve 5-Diamond status must start from the beginning.

Make sure that you receive the recognition you deserve by asking if you have an acknowledgement form on file!



The Beryl Institute introduces the *Patient Experience Headliner Webinar Series*. These complimentary webinars feature prominent patient experience thought leaders on a variety of topics sharing proven practices and strategies to implement in your own organization.

Headliner webinars are open to all, including The Beryl Institute members, guests and other interested healthcare professionals. 2015 Patient Experience Headliner Webinars include:

February 26, 2-3 PM ET— Presented by Wendy Leebov, Partner, Language of Caring, LLC
Words That Transform the Patient Experience

April 28, 2-3 PM ET— Presented by Jason A. Wolf, Ph.D., President, The Beryl Institute
The State of Patient, Resident and Family Experience: A Review of Global Efforts Across the Continuum of Care

July 23, 2-3 PM ET -Presented by Dr. Bryan K. Williams, D.M., Chief Service Officer, B.Williams Enterprise, LLC
Leading a 5 Star Team

September 17, 2-3 PM ET— Presented by Fred Lee, National Speaker and Author, If Disney Ran Your Hospital - 9 1/2 Things You Would Do Differently
Disney Meets Deming: Going from Good to Great in Quality and Patient Perceptions through Experience Based Improvement

For more information: info@theberylinstitute.org

4th Annual Creating A Culture of Quality Conference

Achieving Quality:

Reconciling Competing Goals

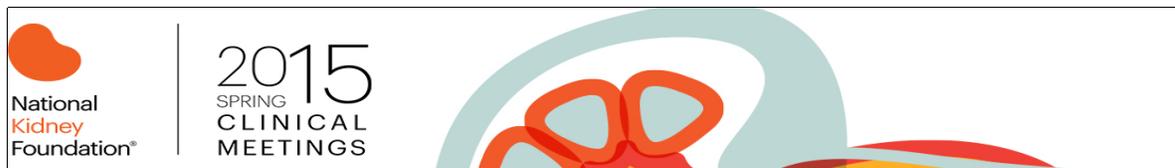
Guidelines, Incentives, Patient - Centered Care, Shared Decision Making...

How do we judge quality?

March 23-24, 2015

Baltimore, Maryland

For more information, go to <http://www.esrdnetworks.org/quality-conference-march-2015>.



March 25-29, 2015

Gaylord Texan, Dallas, Texas

Register at www.nkfclinicalmeetings.org.



March 2015

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5 <i>CMS-2744 Training Webinar</i> Register at www.projectcrownweb.org	6	7
8 <i>EMSystem updates & PARTs due</i> Daylight Savings Time Begins	9	10	11	12	13	14
15	16	17  <i>St. Patrick's Day</i>	18	19	20  <i>1st Day of Spring</i>	21
22	23	24	NKF Spring Clinicals—Dallas, Texas			
29	30	31 <i>January 2015 Clinical month closure</i>	APRIL 1 <i>CMS 2744 due</i>			



Patient's Corner

Written for patients



The Dialysis Patient Citizens (DPC) released its Education Center January and February E-Newsletters, which highlight subjects on bone and mineral disease (<http://dpcedcenter.org/education-center-develops-new-patient-education-classroom-bone-mineral-disease#overlay-context=>) and bloodstream infections (<http://dpcedcenter.org/progress-bloodstream-associated-infections#overlay-context=>).

The DPC's website has information on many topics. To learn more about kidney disease and DPC, go to <http://dpcedcenter.org/>.



The National Kidney Foundation (NKF) offers patient education through their website at <https://www.kidney.org/news/newsroom/welcome>.

Also check out special events and meetings being hosted by NKF at <https://www.kidney.org/news>.

**To contact the Network for assistance or to file a grievance:
 Patient Toll-free Number: 1-877-886-4435 (patients only please)
 Facility staff: 972-503-3215
 Email: info@nw14.esrd.net**

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



Rincón del paciente

Escrito por pacientes



Están disponibles los Boletines electrónicos de Dialysis Patient Citizens (DPC) [Ciudadanos Pacientes de Diálisis] de enero y febrero del Centro de Educación. Se hace hincapié en los temas sobre enfermedades del metabolismo mineral y del hueso. (<http://dpcedcenter.org/education-center-develops-new-patient-education-classroom-bone-mineral-disease#overlay-context=>) e infecciones de las vías sanguíneas (<http://dpcedcenter.org/progress-bloodstream-associated-infections#overlay-context=>).

En el sitio web de DPC se encuentra información sobre muchos temas. Por mayores informes sobre enfermedad renal y DPC, consulte: <http://dpcedcenter.org/>.



The National Kidney Foundation (NKF) [Fundacional Renal Nacional] ofrece educación al paciente a su sitio web a: <https://www.kidney.org/news/newsroom/welcome>.

También, consulte <https://www.kidney.org/news> para ver los eventos especiales y reuniones que la NKF anfitriona.

Para comunicarse con la Red y pedir ayuda o presentar una queja:

Número de Teléfono Gratuito para Pacientes: 1-877-886-4435 (solamente pacientes por favor)

Personal de las Instalaciones: 972-503-3215

Correo electrónico: info@nw14.esrd.net

Instrucciones al Personal de las Instalaciones- cuelgue las paginas en inglés y español cerca de las basculas de los pacientes y el fregadero que usan los pacientes para lavar sus accesos y en el vestíbulo/sala de espera.