



Western Pacific Renal Network #17 Receives Top CMS Award For Fistula First Performance 2010

Each year the Centers for Medicare and Medicaid Services (CMS) bring together the Quality Improvement Organizations (QIO) and the ESRD Networks from across the country to a joint conference held in Baltimore, Maryland. This year's conference was held the first week of December. Approximately 8-900 hundred people attended the conference which covers a variety of topics in the area of quality patient care for hospitals, nursing homes, and dialysis.

The conference this year was particularly exciting for two major reasons. First, everyone was introduced to the new Administrator of CMS, Dr. Donald Berwick MD. Secondly, and quite possibly the most exciting event, was Network #17 received the ***Fistula First Champions Award for 2010*** on your behalf! Network #17 had received *Honorable Mention in 2008*.

All eighteen ESRD Networks are evaluated by CMS annually for their Fistula First performance. CMS is responsible for setting the individual Fistula First goal for each Network and that goal is scored in the Network's annual evaluation. Western Pacific Renal Network's (WPRN) success was due, in no small part, to every Fistula First eligible facility who has achieved their vascular access goals and those that are working diligently to obtain theirs. This award recognizes those efforts demonstrated by all dialysis providers in Network #17 to deliver the highest quality of care to our patient population.

Thank you to patients, facility staff, Medical Directors, Vascular Access Surgeons, vascular access coordinators, facility vascular access committees, the Network #17 Medical Review Board and Fistula First Subcommittee for their guidance, and everyone who helped WPRN achieve national recognition and the top award in 2010 for an outstanding Fistula First performance.

The Network would also like to recognize and extend a very special thank you to our own Fistula First innovator, Dr. Larry Spergel. His passion has motivated the Network to achieve the CMS goal each year. Dr. Spergel is a member of both the Medical Review Board and the Fistula First Subcommittee.

To all of our facilities, continue to strive for excellence and thank you for all the efforts you have demonstrated with your own Fistula First activities. The Network is always available to assist you and provide you with the tools to achieve your goals.



Marlene Magaraci, RN, Quality Improvement Director, holding the CMS ***Fistula First Quality Champions Award 2010*** awarded to Network #17 in Baltimore on November 30, 2010

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆
 ☆ Network #17 ☆
 ☆ **Fistula Prevalent Rate** ☆
 ☆ **As of October 2010** ☆
 ☆ **60.9%** ☆
 ☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

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The Importance of Goal Setting

Sometimes it is easy to get caught up in the daily tasks of providing quality dialysis care and the significance of having an overall goal that would improve the lives of patients is overlooked. One way to maintain a comprehensive objective is to have a process in place in which goals can be set and steps toward those goals can be implemented. The Conditions for Coverage require that every facility has a Quality Assessment and Performance Improvement (QAPI) program in place to collect and review data and to take action toward improving outcomes. Monthly QAPI meetings are the ideal setting for facilities to establish Arterio-Venous Fistula goals.

An annual goal helps bring an established best practice into the forefront of daily routine. In the case of Fistula First, the goal is to promote Arterio-Venous Fistula (AVF) creation and preservation which is recognized as the gold standard for dialysis access. A facility-specific goal helps reset the focus on increasing AVF access in eligible patients. By establishing better vascular access for patients and limiting complications, the patient is given a better quality of life overall.

Network #17 is grateful to each facility actively participating in the Fistula First project for the tremendous contribution made towards improving individual facility and Network #17 AVF rates. Because many facilities have prioritized AVF creation and maintenance, the bar has been raised for the Network #17 as a whole. In an effort to keep our momentum going, Network #17 sent each facility a specific goal based on their June 2010 Fistula First rate. The method that was used to calculate the goal was taken from the CMS quality deficit algorithm* that is used to calculate the Network #17 goal each year. To date, 109 facilities have achieved their AVF goal. Once you reach your goal, the Network encourages you to set a stretch goal and keep your improvement moving forward. In the end your patients benefit from better outcomes which is the most important goal of dialysis care.

*CMS Quality Deficit Algorithm

Example

CMS requires that each Network reduce their quality deficit by 20% each year.

CMS National Fistula First Goal = 66%

Example facility rate = **52.4%**

The quality deficit is how far below the National FFBI goal of 66% the facility AVF rate is.

Facility quality deficit = $66\% - 52.4\% = 13.6$

20% of the facility quality deficit = $13.6 \times .20 = 2.7$

So the facility goal is: **$52.4\% + 2.7\% = 55.1\%$**

Security Update

Emergency Preparedness

Email is not a secure method of transmitting patient information to the Network. In order to transmit an email from your facility to the Network, the message must cross two sets of firewalls, the facility's firewall and the Network/CMS firewall, both designed to keep information exchange secure within their respective barriers. Within your own firewall, your message exchange should be secure; outside, it is not. CMS has instructed Networks to report any email transmission received containing patient personal identifiers such as name, social security number, date of birth and/or address. This includes Fistula First monthly reporting.



When the Network receives an email with patient identifiers, we are required by CMS to report the incident to the CMS Security Desk. The Security Desk will instruct us how to resolve the issue. Resolution will include notifying the sender of the violation and the seriousness, deleting the original email and may include both sender and recipient signing a certificate of destruction.

If you are submitting a Fistula First report by email, be sure that you **ONLY** submit the summary sheet. Do **NOT** include the patient sheet in your email.

“Always do right. This will gratify some people and astonish the rest.”

Mark Twain

*US humorist, novelist, short story author, & wit
(1835 - 1910)*

Clamp & Cut Procedure

In accordance with the CMS Conditions for Coverage (V409), each dialysis provider should have a procedure in place to evacuate patients in the event of an emergency during the dialysis treatment. All facilities should review the emergency clamp and cut procedure, with all patients, at a minimum, of at least quarterly.

“Clamp & Cut” kits should be readily available and easily accessible to patients. Some facilities have found that it is most reliable to have a box containing disconnect kits available for staff to pass out in the event of an emergency. Kits attached to the machine should be checked regularly to ensure the items needed are intact and be placed in a container which is easily cleaned between patients (for infection control). Items in the kit should include tape, scissors, clamps and other medical items and be rotated regularly so that they do not expire.

Patients should practice at the end of a dialysis treatment. This should be performed on bloodlines (not needle lines) so that saline can be administered later if necessary.

**DON'T FORGET TO MAKE A PLAN,
GET A KIT, BE INFORMED**



Central Venous Catheter Reduction “Best Practices”

The following facilities have a zero catheter rate as of October 2010. The Network thought it would be helpful to share their processes that may help in reducing catheter rates > 90 days. Here are some of the “Best Practices”: Each facility has approved the publication of this information.

St. Jude Renal Care Facility - Saipan

Regarding our 0% >90 day CVC rate, it's our pleasure to allow the Network to use our facility as an example. What we are doing in our facility, whenever we have a new patient, is try to get an appointment with the surgeon as soon as possible for access evaluation and placement. The surgeon will schedule them the creation of permanent access. Following this action, we have a monthly vascular access surveillance and CQI action plan for us to follow which allows us to track the status of the patient's access and referral.

Marissa Mafnas, RN, CNN
Head Nurse

Yuba City Dialysis - Yuba City, California

1. During a new patient's first week with a catheter in place, we call the Nephrologists' office and request a vein mapping.
2. As soon as vein mapping is complete we call the Nephrologists' office and request referral to a Vascular Access Surgeon.
3. RN talks with patient about progress towards catheter removal every treatment.
4. We complete a weekly spreadsheet that outlines all patients with catheters, the patients progress towards catheter removal and action plan. VA Manager fills spreadsheet out and also describes the reason the patient has a catheter greater than 90 days.
5. We have weekly calls for all centers in our region where VA Managers report the progress of all catheter patients.
6. We additionally receive a monthly report that shows our catheter percentages and comparative data.
7. VA Manager notifies the surgeons' office if they feel the patient is not progressing and advocates for patient follow-up.
8. If the patient is hospitalized during the catheter removal process, VA Manager calls the Nephrologists' office and requests that vein mapping or surgery be scheduled while patient is in the hospital.
9. FA reviews all catheters and the catheter spreadsheet with entire QIFMM team once per month.
10. FA also shares Nephrologists' catheter percentages with him/her and compares with other MDs in the division.
11. FA tracks catheter spreadsheet and calls to ensure we are completing all catheter review on time and attending QIFMM regularly.
12. FA refers every patient with exhausted vascular access sites to Peritoneal Dialysis Group FA to ensure patient is evaluated/referred.
13. **Dialysis Team buys small tokens for patients and celebrates once catheter is removed.**
14. Vascular Access Manager keeps FA informed of successes and opportunities.

Kendra Davis, LCSW
Facility Administrator

Satellite Tracy - Tracy, California

Satellite Dialysis of Tracy uses a team approach for permanent access placement and function. Success of the program is due to a great core staff of team members including the Nephrologists, the Vascular Surgeon, Interventional Radiologist and the Registered Nurse. Permanent access is placed prior to initiation of treatment if the patient is seen during early Chronic Kidney Disease (CKD) treatment by the referring nephrologists'. A patient with CKD Stage V is evaluated for access placement early on after the first or second treatment and a referral is made to the vascular surgeon through the Nephrologists. Monitoring of the access is accomplished by the staff using the Transonic HD3 machine and the data is reviewed by the access manager. The access manager reviews and reports abnormalities to the Nephrologists for follow up. The Nephrologists refer the patient to the interventional radiologist for appropriate intervention. It is the commitment and close collaboration of all members of this team that Satellite Dialysis of Tracy is able to achieve great results for our patients. As all team members share the common goal to avoid catheters, the follow through is facilitated and the process to have permanent access other than a catheter is improved.

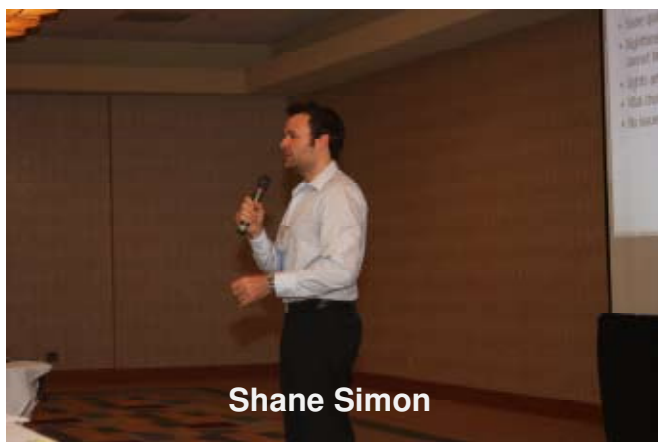
Chris Reicks, RN
Facility Administrator

Network #17 Annual Symposium September 19, 2010

Western Pacific Renal Network #17 held its third Annual Symposium on Sunday, September 19, 2010 at the Crowne Plaza Hotel in Burlingame, CA. Over 250 dialysis professionals attended with evaluations providing the Network with very positive feedback on the presentations. Speakers from across the country and Canada provided the attendees with innovative and exciting educational information. Thank you to all who attended. Below are some of the moments captured from the meeting.



Heather Ashbaugh, RN



Shane Simon



Joyce Hunter, RN



Dr. Steve Tomlanovich



Mark Neumann & Dr. Larry Spergel



Virgie Ponce, RN

Network #17 Annual Meeting cont.



Danny Concepcion, CHDT



Chhaya Patel, RD

Fistula First Champions - Champions 78% & Above



Fistula First—Outstanding Performance 66% - 77%



“Get involved, be proactive, promote FISTULA FIRST.”

Prevalent AVF rates of 66% and above as of September 2010 (greater than 20 patients)

Molokai Dialysis	Red Bluff Dialysis	Plumas Street Dialysis Center	Wellbound of Stockton, LLC
Wellbound of Emeryville	FMC Aloha Dialysis Center	Yosemite Street Dialysis	Satellite Windsor
LBJ Medical Center, AS	DRS/FMC Concord	Walnut Creek Dialysis Center	Tracy Dialysis Center
Burlingame Dialysis Center	FMC Kapolei	Satellite Gilroy	Satellite Central Modesto
South Chico Dialysis Center	Satellite San Mateo	Vacaville Dialysis Clinic	Westborough Dialysis Center
Satellite Watsonville	Satellite Sonora	Rose Garden Dialysis Center	BMA/FMC Santa Rosa
RAI Ocean Avenue	Salinas Dialysis Center	Soledad Dialysis Center	Guam Memorial Hosp Dialysis
David Grant Medical Center	Yuba City Dialysis Center	Daly City Dialysis Center	FMC of Brentwood
Satellite So San Francisco	San Francisco Dialysis Center	FMC Wahiawa Dialysis	Napa Valley Community Dialysis
Chico Dialysis Center	North Merced Dialysis Center	RAI Harding Blvd	Antioch Dialysis Center
Oakdale Kidney Center, LLC	Turlock Dialysis Clinic	RAI E. 14th Street	BMA/FMC Eureka
Mee Memorial Outpatient Dialysis	Los Banos Dialysis Center	RAI Village Lane	Satellite Greenbrae
Oroville Dialysis Clinic	Leeward Dialysis	Mills-Peninsula Dialysis Center	Atwater Dialysis Center

Prevalent AVF rates of 66% and above as of September 2010 (less than 20 patients)

Tokay at Home	FMC San Jose	Wellbound of San Francisco
Wellbound of San Mateo	Wellbound of San Leandro	FMC Lanai Community Dialysis Center
Fresno at Home Dialysis	Wellbound of Santa Rosa	RAI Oakland Home Dialysis
Wellbound of Modesto	Wellbound of San Jose, LLC	Wellbound of Sacramento
Walnut Creek at Home Dialysis	Wellbound of Menlo Park	Kaiser Hospital Hemodialysis
Wellbound of Milpitas, LLC	FMC Santa Rosa North	Colusa Indian Health Dialysis

Honorable Mention Facilities meeting the minimum CMS standards (AVF rates 45%-65%)

RAI Haight St.	FMC Honolulu Dialysis	VHA San Francisco	Cornerhouse Dialysis Ctr
Satellite Blossom Hill San Jose	Satellite Cupertino	Satellite Sunnyvale	Satellite Santa Teresa
Kaimuki Dialysis Facility	FMC Ardenwood	SF Chinatown Dialysis Center	El Camino Dialysis Center
North Hawaii Dialysis	FMC Ko-olau	Carquinez Dialysis Center	Pear Tree Dialysis Center
FMC Los Gatos	RAI Cesar Chavez	Sunrise Community Dialysis	BMA/FMC of Central Valley
California Pacific MC/Dialysis	Satellite Santa Rosa	Livermore Dialysis	VHA Palo Alto
Community Dialysis Ctr Fresno	San Pablo Dialysis Center	Florin Dialysis Center	Hilo Dialysis
DCI Madison Dialysis Clinic	Berkeley Dialysis Center	Guam Renal Care	Yosemite Dialysis, Merced
VHA Pacific Island Health Care	Satellite White Road	DCI Rancho Dialysis Clinic	Kahana Dialysis
Napa Dialysis Center	West Elk Grove Dialysis	Marysville Dialysis Center	Delta Sierra Dialysis Center
FMC Pearlridge, HI	FMC Windward Dialysis	Satellite Stockton	Woodland Dialysis Services
RAI Elk Grove	University Dialysis Center	FMC Fremont	North Highlands Dialysis Center
Pleasanton Dialysis Center	Wellbound of Vallejo	DRS/FMC Walnut Creek	Orangevale Dialysis Center
Waipahu Dialysis	Fairfield Dialysis Center	Evergreen Dialysis	Alhambra Dialysis Center
North Gate Dialysis Ctr	Satellite Redwood City	Selma Dialysis Center	West Sacramento Dialysis Clinic
Natomas Dialysis	Oakland Dialysis Center	West Kauai Dialysis	RAI Secret Ravine Parkway
Satellite Modesto	Antelope Dialysis Center	Benicia Dialysis Center	Waianae Dialysis
Satellite Tracy	Joy of Dixon	Kona Dialysis	West Lake Dialysis Center
Ceres Dialysis Center	Renal Centers of Guam	RAI North California	Lakeport Dialysis Center
Satellite Santa Cruz	Parkway Kidney Center	Clearlake Dialysis Center	Satellite Alexian San Jose
Guam Dialysis Center, Tamuning	Hayward Dialysis Center	Stockton Kidney Clinic	RAI West March Lane
FMC Antioch	Placerville Dialysis Center	Alameda County Dialysis Center	Ash Tree Dialysis
Grass Valley Dialysis Center	Southgate Dialysis	Siemens Dialysis Facility	South Hayward Dialysis
DCI Redding	Vallejo Dialysis Center	So. Sacramento Dialysis Center	San Joaquin General Hospital
Satellite Turlock	Maui Dialysis facility	Satellite Milpitas	Santa Clara Valley Renal Care Ctr
Manteca Dialysis Center	DCI University	San Leandro Dialysis	Sanger Sequoia Dialysis
DRS/FMC Pittsburg	Palm Bluff Dialysis Center	UC Chronic Dialysis/MT. Zion	RAI Piedmont
Monterey Peninsula Dialysis	Modesto Kidney Center	Tokay Dialysis Center	Fresno Dialysis Center
RAI Chadbourne	Commonwealth Hlth Ctr, MP	FMC Berkeley	Lodi Dialysis Center
San Francisco General Hospital	RAI Bancroft	RAI Fairway/Rocklin	Auburn Dialysis Center
Union City Dialysis Center	Manzanita Dialysis Center	Elk Grove Dialysis	FMC Fresno
FMC Petaluma	CPMC Davies Campus	Madera Dialysis	Satellite Dialysis Merced
St. Jude Renal Care Facility, MP	FMC Kapahulu Dialysis Center	Satellite San Leandro	Fort Bragg Dialysis DCI
Concord Dialysis Center	El Cerrito Dialysis Center	Creekside Dialysis Center	Community Dialysis Clovis
RAI Lincoln	Redding Dialysis Center	Sunset Dialysis Ctr	RAI Peralta



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Advisory:

Please be advised that per CMS directives, transmission of documents containing protected patient information via email and unsecured fax is prohibited. If transmission of abovementioned documents is necessary, please

fax to:

(415) 897-2443

You can also send them by mail.

Thank you very much.

Network #17 Staff

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Attention!

Please look for new changes to your **Fistula First** quarterly summary report, arriving late January 2011.



FISTULA FIRST RESOURCES ONLINE

FISTULA FIRST INITIATIVE
www.fistulafirst.org

American Association of Kidney Patients
www.aakp.org

Western Pacific Renal Network
www.esrdnet17.org

Society for Vascular Surgery
www.vascularweb.org

QUALITY IMPROVEMENT NOTES

The Western Pacific Renal Network, LLC Quality Improvement (QI) Department, together with the Fistula First Subcommittee, is continuously developing programs and initiatives to promote the use of Arterio-Venous Fistula (AVF) among eligible ESRD patients. We would like to thank all Network #17 facilities for the efforts they put in to assist us in increasing our prevalent AVF rates. We also would like to take this opportunity to congratulate all facilities who have attained and maintained their prevalent AVF rates above the CMS threshold of 66%. Keep up the good work.

Network #17 Fistula First Upcoming Activities:

- Cannulation, Buttonhole Technique, Catheter Out! Workshops
- Nephrologists, Vascular Surgeons, Interventionalists Symposiums
- Fistula First Quarterly and Monthly Report Mailings
- Facility-Specific "Fistula First" and "Reducing Catheter Projects"
- Continuous participation in the National Fistula First Breakthrough Initiatives (FFBI)

Disclaimer

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