



Overview of ESRD Network Organizations

Under the direction of CMS (Centers for Medicare & Medicaid Services), the End-Stage Renal Disease (ESRD) Network Program consists of a national network of 18 ESRD Networks responsible for each U.S. state and territory. ESRD Networks service geographic areas based on the number and concentration of ESRD beneficiaries (patients). ESRD Networks work with consumers, ESRD facilities and other providers of ESRD services to refine care delivery systems to achieve the Vision of the ESRD Network program: *“Making sure that ESRD patients receive the right care at the right time.”*



The Program's responsibilities include:

- ◆ Assuring the effective and efficient administration of benefits
- ◆ Improving quality of care for ESRD patients
- ◆ Collecting data to measure quality of care
- ◆ Providing assistance to ESRD patients and providers
- ◆ Evaluating and resolving patient grievances.

The Program assists providers in transforming quality to make healthcare **safe, effective, patient-centered, timely, efficient** and **equitable**. Through ESRD Networks and in partnership with other stakeholders, the Program assists providers in transforming healthcare quality to:

- ◆ **Improve** the quality of care and quality of life for ESRD patients
- ◆ **Improve** data reporting, reliability, and validity
- ◆ Establish and support partnerships and cooperative activities among ESRD Networks, Quality Improvement Organizations (QIOs), Medicare Advantage organizations, state survey agencies, professional groups, patient organizations, and ESRD facilities/providers.



Susan Tanner

Network #17 Director of Information Services

“I’m thrilled to be bringing my 25 years of experience with the Network as we transition to a new patient data collection system.”

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Bookmark the Network #17 Website!

www.esrdnet17.org

NEW! Web-Ex Recording on Forms

Compliance

Fistula First Initiative

D
P
C

DECREASING
DIALYSIS
PATIENT-
PROVIDER
CONFLICT

Resolving
Conflicts

DATA COLLECTION: 2007 Results

Network #17 held a **CMS Forms Compliance** Web-Ex training workshop on July 19, 2007. Over 75 facility staff members signed up to participate. Since the workshop was recorded, the one-hour session is accessible on the Network website.

To access the Compliance Training workshop:

- 1) Go to www.esrdnet17.org**
- 2) Click on Web-Ex Recording on Forms Compliance under Quick Links**
- 3) Follow the instructions**

CMS Compliance Reports for the first six months of 2007 were sent to all facilities in July. They showed that the Network's average in all categories (CMS-2728 and 2746 accuracy and timeliness) was over 90%; 117 out of 180 facilities (65%) met this threshold.

WPRN reports the following numbers as of July 2007:

- ◆ Network #17 has over 18,600 dialysis registered patients
- ◆ The seven transplant centers across Northern California and Hawaii have performed over 520 kidney transplants this year
- ◆ The Network now has 185 Medicare certified dialysis facilities, 3 VHA facilities, and 6 dialysis facilities with pending certification.



A friendly reminder to all facilities that confidential PHI (Patient Health Information) should be sent **only** to the Data Fax machine at 415-897-2443.

QUALITY IMPROVEMENT: New Director of Quality Improvement Joins NW17

The Network Quality Improvement Department and the Network #17 Providers have been very busy this quarter. Providers are involved in the following projects:

- ◆ Clinical Performance Measure collection (CPM)
- ◆ Fistula First reports
- ◆ Buttonhole Scan
- ◆ Dialysis Facility Report (DFR), and
- ◆ Albumin Education/Magnet project.

A very special *thank you* to all of our facilities for their help and participation.

We have recently formed a Fistula First Subcommittee consisting of doctors and nurses from a cross-section of the Network. The subcommittee is working to assist in defining the Network needs in the Fistula First arena and to provide suggestions to improve our fistula rates Network-wide as well as nationally. The Network has just received the latest edition of the Cannulation DVDs. Mailing to all independent facilities will begin very soon. The Large Dialysis Organizations will receive a delivery at the corporate level from the Fistula First Coalition for distribution.

The Network #17 staff is excited to introduce the new **Quality Improvement Director, Noel De Ocampo, MSN/ED**. Noel comes to the Network after working in dialysis in Northern California for several years. Noel brings additional nephrology skills to our team and will be working with facilities to improve AVF rates. He will also be working with the Fistula First Subcommittee as well as many other Network QI activities. Feel free to call him any time you have questions concerning quality improvement issues. We are very excited that Noel has joined the Network #17 family!

The QI staff recently visited a facility to interview a patient who has been on dialysis for 17 years. This patient is being featured in the patient newsletter. WPRN would like to hear about your patients with dialysis longevity. Please fax or email the information about a patient you would like to see spotlighted and we will feature them in the next edition.

Best Practices

The concept of Best Practices refers to

- ◆ Programs, initiatives or activities which are considered leading edge, or exceptional models for others to follow;
- ◆ Processes and activities that have been shown in practice to be the most effective;
- ◆ Set standards of practice;
- ◆ Methodologies that provide beneficial results; and
- ◆ The best possible way of doing something.

In the dialysis center setting, Best Practices reflects a certain Standard of Excellence by personnel as they carry out the tasks they are charged with providing throughout the ordinary course of a day. Additionally, the concept applies, and is often more apparent, during a crisis. Extraordinary circumstances call for extraordinary responses.

Developing a high level of skill comes with education and experience as well as a willingness to serve with nothing less than excellence in mind. Best Practices involves the ability to perform each duty with professionalism and attention to the human aspect intrinsic to healthcare.

It is optimal that opportunities for education exist for each staff member, and for administration to encourage, support and provide it. This can come in the form of frequent facility staff in-services as well as facilitating staff attendance at educational conferences.

Additionally, positive reinforcement in the form of empowering statements, celebrations, and recognition for a job well done often stimulates a desire to learn more and perform at a higher skill level which in turn affect patient outcomes positively.



Cecilia Escobar, MSW
Receives an award for
Customer Service Hall of Fame
from the
Santa Clara Valley Medical Center
in San Jose, CA



WPRN Director of Patient Services Vernon Silva (fifth from the left) awards staff at RAI-Chadbourne in Fairfield, CA with a Best Practices Recognition Certificate commending them for responding to a recent serious crisis in that facility in the most effective way.

Addressing Conflict: DPC Staff In-Services

The **Decreasing Patient-Provider Conflict (DPC)** project was designed by the DPC National Task Force for the dialysis provider to supply resources to better cope with the conflicts that occur at facility level. The DPC project is a joint effort funded by the Centers for Medicare & Medicaid Services (CMS), undertaken by a majority of key ESRD stakeholders, and coordinated through the Forum of ESRD Networks.

The **DPC Toolbox** was distributed to all major dialysis organizations within Network #17 in 2005 for its dissemination to all individual dialysis facilities. Subsequently, individual orders placed directly to the Network offices have been addressed by having a Toolbox mailed directly to the requesting unit.

If your facility is in need of a Toolbox, notify the Network #17 Patient Services Department.

The Network has provided training information to the dialysis community by way of a Web-Ex presentation in December 2005 and as part of the Network #17 sponsored educational event "Conflict in the Dialysis Facility" provided in January 2007 in Oakland, CA. Future presentations are planned.

The DPC Toolbox contains multiple resources that will help providers train their staff to more effectively cope with conflict, identify the root causes of conflict in an effort to prevent future conflict, and to help staff members grow professionally in their ability to understand conflict. The DPC Toolbox is comprised of various conflict resolution resources that include the following:

- ◆ Provider Manual, to guide implementation of the DPC project, that contains several staff training modules with a trainers guide and quality improvement (QI) tools to track and understand conflicts experienced in the facility setting
- ◆ Interactive CD-ROM staff training program on conflict resolution
- ◆ Brochure about handling conflict
- ◆ Tip sheets for coping with conflict
- ◆ Other practical and easy-to-use conflict resolution resources.

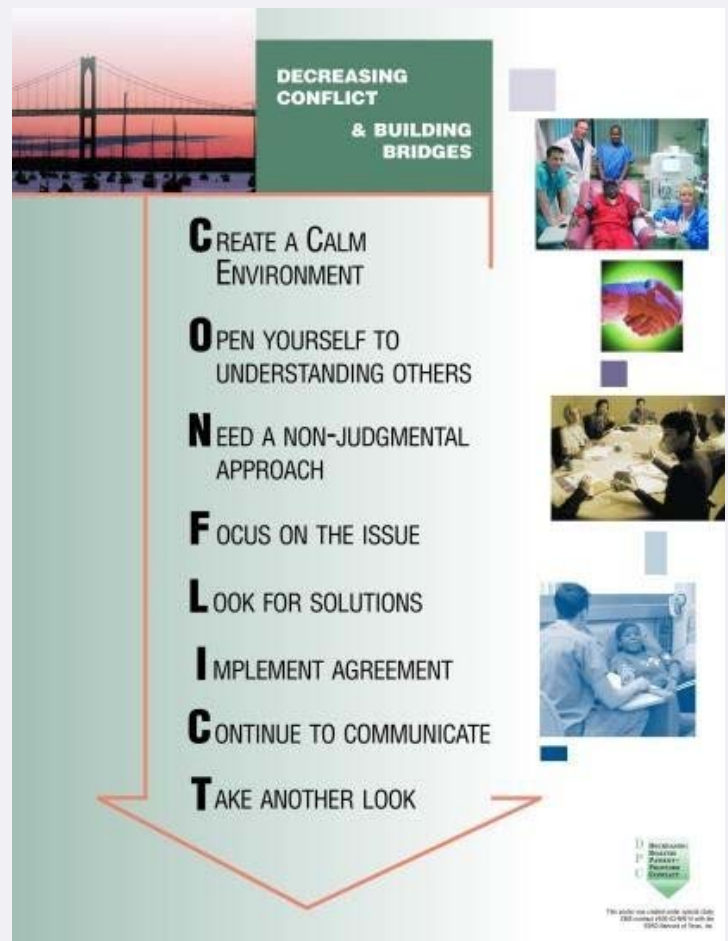
The Provider Manual outlines a specific DPC CONFLICT Interactive Training Program utilizing nine modules to guide dialysis center leadership and the staff responsible for conducting in-service training and quality improvement. The training is designed for all levels of staff with an emphasis on dialysis staff that provide direct patient care and who may not have received training in professionalism or in conflict resolution. The training aims to decrease patient-provider conflict by building conflict resolution skills, improving communication, and increasing understanding of how interactions with patients, their families and friends and other staff may trigger or escalate conflict in the dialysis setting.

The DPC Toolbox is multifaceted with instructions, exercises, training software and master handouts for patient care staff. For planning and implementation purposes, it is carried out in three consecutive steps.

Step I involves orientation and review activities for the facility leadership and quality improvement committee. Step I requires leadership review of the program prior to use so that any needed adaptations or revisions to the training or facility policies, procedures or protocols are made in advance. By the end of Step I, management will be able to:

- ◆ Familiarize facility leadership with overall program;
- ◆ Demonstrate, through group discussion, an appreciation for how the culture and policies of the facility influence patient-provider conflict;
- ◆ Demonstrate, through group discussion, an understanding of the rationale behind the concepts of the program and how management can operate to achieve the highest quality patient care;
- ◆ Identify necessary revisions to policies, procedures and practices to achieve congruence with the DPC program; and,
- ◆ Create retrospective facility DPC data and plan future collection, reporting and review.

Step II and Step III will be addressed in the next issue of the Facility Staff Newsletter.



Network #17 Patient Leadership Committee: Up and Running

The **Patient Leadership Committee (PLC)** is comprised of patients who provide input to the Network on patient concerns and needs. The Committee functions to facilitate and inform the Network regarding patient centered care.

Northern California Group — Twelve patients participated in the first meeting held on June 30, 2007 in Sacramento. The goal of the meeting was to set the foundation for the development of a functioning committee with governing bylaws and parameters. As a result, officers were named and work was begun on articulating a **Mission Statement**, a **Values Statement**, a **Statement of Purpose**, and an overall **Goal**.

In addition, the new Committee began work on identifying three **main issues** to work on that would improve the quality of care that is provided to ESRD patients, and the necessary accompanying **action plans** to address those issues.

Since then, the PLC has met monthly by conference call and has begun forming subcommittees and workgroups. There are 13 active and 7 associate members, plus some family members and loved ones who provide support in many ways.

Pacific Island Group — The first meeting of the PLC comprised of residents of the Pacific Islands is planned to be held in early 2008 in Honolulu. This arm of the PLC will identify and address issues pertinent to residents of the Pacific Islands but will also collaborate with the Northern California Group regarding overlapping concerns.

Interest Forms have been distributed to all social workers who in turn make them available to their patients.



Pakvilai

is a member of the newly formed Network #17 Patient Leadership Committee. She has been an ESRD patient since 1983 and currently receives in-center hemodialysis in Oakland, CA.

Photo by Shar Carlyle

Network #17 Coalition: “CKD Care”

The Network #17 Coalition held its first meeting on June 6, 2007 in Burlingame, CA and came away with the name **CKD Care**. Among the 28 attendees were four patients (representing hemodialysis, peritoneal dialysis and transplant), one renal case manager, six social workers, five administrators, two area / regional managers, and one nephrologist. Organizational representation included the NKF (Hawaii, Northern California), AAKP, California Department of Health Services, and Quality Improvement Organizations (Hawaii, California).



Coalition Consultant Tom Wolfe, Ph.D. led the proceedings along with WPRN Executive Director Darlene Rodgers. CKD Care’s primary focus was identified as **Early Detection of CKD**.

The participants were divided into 2 workgroups — **CKD Early Intervention / Prevention** and **CKD Management / CKD Clinic**. Each workgroup began filling leadership positions, developing a goal as well as a vision/mission statement, and determining its activities.

If you are interested in joining the Coalition and making a difference in early detection of CKD, call the Network office at (415) 897-2400 x116. The next meetings via conference call are coming soon!

PATIENT SERVICES: Guidelines for Documentation

Social workers often ask about their charting, "Does the initial psychosocial assessment have to be completed within 30 days of the patient's admission? Must progress notes be done quarterly?" According to California Department of Health Services Health Facility Evaluator Nurse Helene Billeci, RN, CNN, "The State [of California] uses the federal regulations and the federal regulations are not specific." Therefore, the DHS refers to the documentation schedule policy and practice developed by the facility or its parent corporation when performing any kind of audit. Check with your facility administrator or corporate office to be informed of your schedule. You can also review the Conditions for Coverage online at

http://www.access.gpo.gov/nara/cfr/waisidx_05/42cfr405_05.html (scroll down to section 405.2100) as well as the State Operations Manual at https://www.cms.hhs.gov/manuals/downloads/som107ap_h_esrd.pdf.

Medical Review Board

The Network #17 Medical Review Board (MRB) met July 27, 2007 at the Network offices. The following was included in discussion:

- ◆ **Network evaluation and score** - the Network passed its annual evaluation by CMS
- ◆ **Quality Improvement Work Plan** - the Fistula First Initiative appears successful as reflected by the increasing fistula rates across the Network
- ◆ **Lab Data Collection**
- ◆ **Albumin Project**
- ◆ **Clinical Performance Measures**

The next meeting is scheduled for November.

Western Pacific Renal Network - Network #17

Executive Director Darlene Rodgers, BSN, RN, CNN, CPHQ
Director of Operations Allison Kregness, RN, CNN
Director of Information Services Susan Tanner
Director of Quality Improvement
.....Noel De Ocampo, MSN/ED, RN
Director of Patient ServicesVernon Silva, MSW
Data Specialist Peter Traub
Data Specialist Anne Brush
Administrative Assistant Sage Ryan

If you are interested in joining the WPRN staff as
Quality Improvement Coordinator or
Community Outreach Coordinator
send your resume with salary requirements to:

Search Committee
c/o Intermountain ESRD Network
1301 Pennsylvania St, Suite 750
Denver, CO 80203

*The mission of Western Pacific Renal Network
is to facilitate improvement of quality of care
provided to ESRD patients.*



Western Pacific Renal Network
505 San Marin Drive
Building A, Suite 300
Novato, CA 94945
(415) 897-2400
(415) 897-2422 fax
www.esrdnet17.org

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