



Kidney Chronicles

WPRN E-newsletter

CMS Contract # HHSM-500-2010-NW017C

Volume 1, Issue 1

Fall, 2011

The Great California
Shake OutTM

**October
21 & 22, 2011**

Visit the WPRN
Website to Register:
www.esrdnet17.org

Inside this Issue

Emergency Preparedness	2
Medical Review Board	2
Fistula First Project	2
Infection Control	3
Vascular Access Workshop	3
Water Safety	3
News & Book Review	4

CMS Prepares Facilities for QIP 2012

The ESRD Quality Incentive Program (QIP) is a program designed to encourage high quality care for dialysis patients. CMS established the program in accordance with Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Under the ESRD QIP, CMS awards points to facilities based on their performance on three quality of care measures—two anemia management measures and one dialysis adequacy measure. Specifically, CMS assesses the percentage of patients with a hemoglobin (Hb) < 10 g/dL, the percentage of patients with a Hb > 12 g/dL (low percentage is desired for both Hb measures) and the

percentage of patients with a urea reduction ratio (URR) over 65% (high percentage is desired).

CMS compares each facility's performance in the Performance Period (calendar year 2010) to a performance standard to calculate scores for each measure. The individual measure scores are then weighted and combined to derive the facility's Total Performance Score. Facilities with a Total Performance Score below 26 (out of 30 possible) points will have their Medicare payments for dialysis services delivered during the payment year (PY) 2012 reduced on a sliding scale.

Beginning January 1, 2012, facilities may be subject to a payment re-

duction of up to two percent on Medicare claims determined by their performance on quality measures established by CMS.

Delivering the highest quality of care to the individual receiving dialysis treatment is the goal of the CMS QIP process. This program will give every facility the opportunity to review their current practices and make improvements in their quality of care processes.

The Network highly encourages each facility to review the details of the CMS QIP program. The link to the QIP can be found on the WPRN website:

www.esrdnet17.org

WPRN Welcomes New Employees

WPRN warmly welcomes Jack Gadilauskas, BA, BSN, RN, as our new Quality Improvement Coordinator, along with Jenese Turnage and Rosa Rincon as Data Specialists.

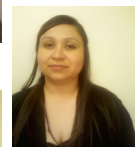
Jack has been a RN for many years and has spent the last fifteen years working specifically in dialysis, most recently as a Facility Administrator and brings many talents to the Network. We are so excited to have Jack as our newest QI colleague.

Jenese and Rosa bring many years of combined data expertise to the Network Data Department along with fresh ideas and a collaborative spirit vital to our patients and facilities.

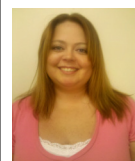
Welcome Jack, Jenese & Rosa!



Jack

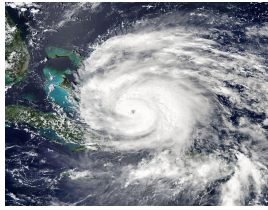


Rosa



Jenese

Hurricane Irene 2011



“Preventing the loss of life and minimizing the damage to property in a disaster is the responsibility that is shared by all.”

**Get a Kit
Make a Plan
Be Informed**

www.esrdnet17.org

Emergency Planning Before the Disaster Strikes

Disaster can strike at any time and sometimes with no warning. Being prepared at all times can make the difference in outcomes following an emergency. Network #17 has continuously tried to keep all of our facilities and patients aware of the importance of emergency preparedness and once again we are providing the necessary information needed to plan for a disaster.

The links to our website and other important emergency preparedness websites, should provide you with the necessary information to: **Get a Kit; Make a Plan; Be Informed.**

As we recently witnessed an earthquake and hurricane in the Eastern portion of the United States, this serves as a reminder to all of us that disaster can happen at any time.

As a famous philosopher, Howard Ruff once said “It wasn’t raining when Noah built the Ark”. Everyone should be prepared at all times for an emergency to happen. If you live in earthquake country, here are three items to start your list: 1) keep shoes by your bed at all times; 2) keep some cash on hand as ATMs don’t work without electricity; and 3) Talk with your family and make your plan.

“The positive thinker sees the invisible, feels the intangible, and achieves the impossible”



Medical Review Board Nominations Now Open

Nominations will begin October 1, 2011 for new members of the Network #17 Medical Review Board (MRB). Each Facility Administrator will be sent an email containing a brief description of the MRB responsibilities along with a nominations form to be faxed back to the Network. We are looking for those nephrology professionals who are totally committed to the quality of care delivered to the patient with ESRD or transplant.

Clinical outcomes based on performance standards set by CMS are reviewed by the MRB. The work of the MRB is a portion of the Network’s annual CMS evaluation.

The MRB plays a vital role in Network operations and we are looking to add a CHDT to the roster as well as the other open positions on the nominations form.

Completed forms can be faxed to the Network at: **415-897-2422.**

Fistula First “You’re an Essential Piece” Project 2011-2012

Network #17 will begin its new Fistula First initiative for 2011-12 entitled **“You’re an Essential Piece”** beginning in October 2011. NW #17 has met our CMS goal for FF in 2011 however, we have fallen to fifth place in NW standing across the country for the first time since the beginning of the FF initiative in 2003.

The project will involve both patients and facilities within our Network to exceed our previous fistula standing. Our current prevalent AVF rate is 61.9% and our goal for 2012, as set by CMS, is 62.6% with a stretch goal of 62.7%. It will require all of us to examine our current practices and remind our patients physicians and surgeons that AVF is the “Gold Standard” for vascular access in dialysis. The Network will provide cannulation camps and physician/surgeon support on a regular basis or as requested by facilities.

Watch your mail and email for the formal “roll-out” as AV Fistula patients will receive a starter gift. Network#17 is very excited about the project and know that we are all “essential pieces” of the Fistula First program.



Infection Control Update from CMS/DPH

During a recent review of the State Department of Health facility certifications and re-certifications, it was determined that the #1 reason for citation was facility infection control issues.

Surveyors observe facility staff during their site visits and record violations in infection control practices as part of the process. The most common infraction occurs in the area of hand-washing with clean versus dirty being the primary reasons for citation.

The Network encourage all facilities to go back and review the CfC (VTag 110-148) on infection control. Important things to remember:

- Provide a safe environment
- Prevent the spread of infection to patients & staff
- Reduce mortality rates due to infection

Please visit the Network #17 website for additional resources:

www.esrdnet17.org

How to wash YOUR HANDS ?

- 1 Wet hands with warm running water
- 2 Apply soap
- 3 Rub hands for 20 seconds (wash all surfaces thoroughly, including forearms, wrists, palms, back of hands, fingers and under fingernails). If necessary, use a nail brush to clean nails. However, the brush must be kept clean and sanitary.
- 4 Rinse hands thoroughly
- 5 Dry hands with a paper towel (the paper towel can then be used to turn off the tap)
- 6 Turn off the tap with the paper towel

Please display at suitable locations for food handlers' reference

Vascular Access Coordinator Workshop

On November 4, 2011, the WPRN Quality Improvement Staff will hold a workshop specifically designed for the dialysis facility Vascular Access Coordinator (VAC).

Network #17 feels very strongly about the importance of the VAC role in the dialysis facility and feels that a workshop devoted to the fostering of current VAC positions and inspiring others to develop their own VAC program, with the sole purpose of increasing the AV Fistula rates in their facilities, should be

very successful. The Network would like to see all facilities reach the CMS goal of 66% for prevalent AVF rates.

Guest speakers will include experts in Vascular Access and Vascular Access Coordinators demonstrating "best practices" in AVF rates of 66% and above. The program will also include the methods on how to setup a sustainable VAC program and VAC positions.

The program will begin at 8:30

AM and conclude at 3:30PM with a continental breakfast and lunch provided

CEUs will be awarded with the number of hours to be determined.

A formal announcement with all the necessary information will be sent to currently identified in facility VAC positions and Facility Administrators for those who do not have a VAC.

See You on November 4, 2011!

Water Treatment Safety Alert!

The Network has been notified by several of our state surveyors that dialysis providers have been cited for not taking the extra safety step of verifying dialysis machine conductivity & pH by a separate meter prior to the onset of treatment. This is a CMS safety regulation and AAMI standard (VTag 175-278) and is required for all dialysis providers. For more information about water treatment safety, visit the Conditions for Coverage and Interpretive Guidelines on the WPRN Network website at:

<http://www.esrdnet17.org>





**WESTERN PACIFIC RENAL
NETWORK**

505 San Marin Dr.
Suite A-300
Novato, Ca. 94945
Phone: 415-897-2400
Fax: 415-897-2422

www.esrdnet17.org

WPRN Staff

*Darlene Rodgers, RN, BSN,
CNN, CPHQ
Executive Director*

*Allison Kregness, RN, CNN
Director of Operations/
Acting Director of
Information Services*

*Marlene Magaraci
MSN, RN
Director of Quality
Improvement*

*Jack Gadilauskas, MSN, RN
Quality Improvement
Coordinator*

*Connie Lorenz, MSW
Director of Patient Services*

*Peter Traub, BS, BA
Community Outreach
Coordinator*

*Position Open
Director of Information
Services*

*Jenese Turnage
Sr. Data Specialist*

*Rosa Rincon
Data Specialist*

*Maggie Gelosi, BA
Admin Assistant*

Network Position Open: Director of Information Services

The Director of Information Systems will assume the responsibility for all day-to-day data collection/reporting activities related to the Centers for Medicare & Medicaid Services (CMS) data deliverables as described in the Network contract, serve as primary Network point of contact for the Consolidated Renal Operations in a Web-enabled Network (CROWN) program, serve as liaison between CMS and dialysis/transplant facilities for CMS required data activities, act as the Security Point of Contact (SPOC) for the organization and provide technical and analytical data support to Quality Improvement, Patient Services and Administration.

Qualifications: (Brief Description)

- Bachelor's degree and 2+ years experience in directing personnel involved in data collection, entry and analysis;
- Knowledge of Microsoft Office Suite (Word, Excel, Access, Outlook), Internet Explorer and dBase III, FoxPro, SPSS database software; and Windows NT telecommunications and data transmission software

Please direct inquiries about this position to the Network #17 office at 415-897-2400.

Book Review

***“Dialysis Without Fear”* by Dr. Daniel Offer**

Dialysis is a subject cloaked in alarming myth and misconceptions. That's the central message of Dr. Daniel Offer's remarkably readable book on dialysis: Life goes on, just as full and rewarding as it was before dialysis.

Dr. Offer is a psychiatrist by trade, and he thoroughly explains how to work through the usual psychological responses to going on dialysis, on the part of both the patient and the patient's family.

Dr. Offer, a dialysis patient himself, has undergone dialysis at over forty different clinics in his travels, and not a one was less than clean, professional, and downright comfortable.

He also describes all the physical implications of dialysis, the dietary changes, and precisely

how the whole thing works. Numerous engaging interviews with both patients and professionals weave into the narrative, and the exhaustive factual information is as pertinent to clinic workers as it is to patients.

Dialysis Without Fear is a “must read” for dialysis staff as well as patients. We often times forget the patient's perspective about dialysis and all the emotional aspects that accompany them to the facility as well as at home.

As dialysis professionals it is extremely important to establish a trusting relationship with our patients to make them feel safe. When people are fearful, they can't focus on anything else, such as diet, fluids, medications, etc. Florence Nightingale once said, “*How very lit-*

tle can be done under the spirit of fear” and when patients are afraid, everything else disappears.

It is the job of all dialysis staff to talk to patients, reassure them when alarms sound, encourage them to express their fears and demonstrate your compassion and understanding by listening. All of the above are essential parts of the patient's total care plan as well as medication and treatment plans. Remember that patients are people too.

