

ESRD Network #17
Quarterly Update



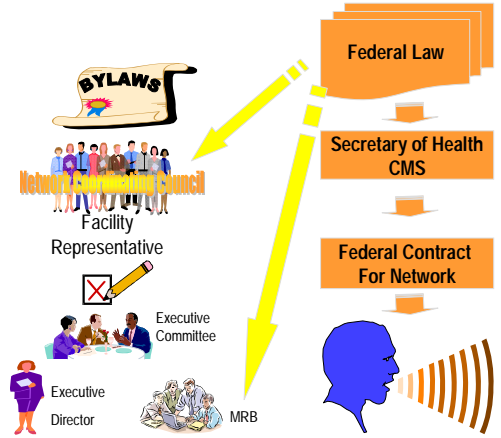
APRIL 07 FACILITY STAFF NEWSLETTER VOLUME 1, NUMBER 2

Western Pacific Renal Network, LLC

The Role of ESRD Network #17

The **Statement of Work** from the Centers for Medicare and Medicaid Services (CMS) delineates the activities, functions and responsibilities to be conducted by each ESRD Network to meet the federal statutes, regulations and directives related to **improving the quality of care of patients** with ESRD through to the end of life. This includes the following:

- Encouraging the participation of patients, providers of services, and renal disease facilities in **vocational rehabilitation programs** and **volunteerism**.
- Developing criteria and standards relating to the quality and appropriateness of patient care and with respect to the placement of patients in **home therapies, in-center self-care** settings, and undergoing or preparing for **transplantation**.
- Evaluating the procedure by which facilities and providers in the Network assess the appropriateness of patients for proposed **treatment modalities**.
- Evaluating and resolving **patient grievances**.
- Conducting on-site reviews of facilities to assure **proper medical care**.
- Collecting, validating, and analyzing **data**.
- Identifying facilities that are not cooperating toward meeting Network goals and assisting such providers in developing appropriate **plans for correction**.



(continued on page 4)



Allison Kregness, RN, CNN

Network #17 Director of Quality Improvement and Operations

“Nephrology Nursing has been my passion for almost forty years. Delivering the highest quality of care to our ESRD beneficiaries is the top priority of our Network and my career goal.”

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The Network #17 Website Is Expanding!

www.esrdnet17.org

Visit the Network’s website which includes sections for “Professionals” as well as “Patients”. You will find pages on...

- Fistula First
- Vocational Rehab
- Resolving Patient Conflicts
- Guidelines for Vaccinating Patients
- Increasing Albumin Levels
- Disaster Preparedness
- Patient Support Group List
- CMS Forms 2728 / 2746
- Facility Newsletter January 2007
- NPAR / TAR Forms
- Network #17 Brochure
- Dialysis Dictionary

DATA COLLECTION: CMS Facility Survey

The focus of the Network #17 Data Department during the first months of 2007 has been the completion of the **Annual CMS Facility Survey**.

This survey counts all patients at every dialysis facility by modality, all kidney transplants performed during 2006, vocational rehabilitation referrals, and staffing.

Preliminary results indicate a population of **18,040 dialysis patients** as of 12/31/2006 who receive treatment in 181 Medicare-certified facilities and two Veterans Affairs chronic dialysis facilities. During 2006, **889 kidney transplants** occurred throughout nine transplant centers.



The Network sent each facility its 2006 CMS forms compliance results as required by the Centers for Medicare and Medicaid Services. **Over 55% of Network #17 facilities met the CMS required threshold of 90% of forms being on time and accurate.** The Network #17 Data Department presented an in-service at the Network office in Novato, CA in early May to train new facility staff and will conduct a Web-Ex session in June on form requirements for all pertinent facility staff members. Watch for the announcements.



The Network will be participating in testing of the new CROWN-Web (Consolidated Renal Operations in a Web Enabled Network) data entry process being developed by CMS. Three of the Network #17 facilities have volunteered to participate — Santa Clara Valley Renal Center (Steve Fast), Satellite Windsor (Pat Williams), and Guam Renal Care (Alan Ramirez) — and the Network certainly thanks them for their assistance. CROWN-Web is scheduled for initial rollout in 2008.

Watch for announcements from the Network and **if you are interested in scheduling a training, please call (415) 897-2400.**



QUALITY IMPROVEMENT: Sonora Tops 80% FF Rate

The Network Quality Improvement (QI) department has been very busy developing tools to help all of our ESRD providers better understand the information concerning Fistula First, the Lab Data Collection Project, the CPM process and much more. It is through education and technical assistance that together we will achieve the goals set by CMS and the Network.

All facilities should have received their copy of the new Fistula First (FF) Summary Feedback Report. It is a detailed report and clearly demonstrates your FF facility position and where you need to be to reach the CMS goal. If there are questions concerning the report, please feel free to call the Network office at any time. The Network is available to present FF workshops for facilities who haven't been able to reach the CMS/Network minimum goal of a 45% prevalent fistula rate. The Network staff can present educational offerings on Sunday if that is a better time to assemble your employees.

The Fistula First Newsletter will be coming out soon and the top story will be recognizing Fistula First Champions. Currently and for all of last year, 2006, the top performer is **Satellite Dialysis of Sonora** with an outstanding **80% prevalent AVF rate** as of March 31, 2007. Our congratulations on a job well done!



In June, the Network will announce the start of an Albumin Project that will assist the Renal Nutritionists to promote better protein intake to ESRD beneficiaries and promote a better foundation in nutritional status. Each facility will receive a packet of information and colorful refrigerator magnets for all patients. If your facility dietitian or the CRN representative would like to contribute to the packet, the Network welcomes your contribution.

The QI staff would also like to take this opportunity to thank all of Network #17 facilities that participated in the Lab Data Collection project. The Network had an excellent response from 95% of our facilities and certainly appreciates all the time and effort that goes into collecting the information and data requested. It is important for Network #17 patients to be counted in the nationwide results, so once again we sincerely thank you.

Please feel free to call your Network #17 office if you have information you would like to share with your peers in newsletters or any quality of care concerns. Quality Improvement can be reached at (415) 897-2400 x109.

PATIENT SERVICES: Considerations for Resolving Common Facility Concerns

One of the ways Network #17 serves as a resource to ESRD patients and providers is by **providing consultation services** for at-risk patient situations. A large number of calls that are received by the Network involve challenging situations. These calls come from both patients and facilities. Network #17 works proactively with patients and providers to discuss difficult situations, to review options and make suggestions for effective interventions, and **to help all parties to resolve issues** before they escalate to a formal complaint or involuntary discharge.

Though each call is unique and the appropriate solutions may vary, there are common themes and corresponding resolutions. The following are five common categories of provider concerns along with tips to consider when working toward resolution:

1) Disruptive / Abusive Behavior By Patient

- ▶ Intervene early and appropriately.
- ▶ Allow the patient to vent his/her feelings.
- ▶ Support the feelings behind the behavior but be clear and directive on facility expectations.
- ▶ Consider the precipitating factors leading to the behavior.
- ▶ Remain calm and open to compromise.
- ▶ Involve the social worker in addressing patient stressors, changes in status such as recent losses or financial concerns, substance use, and mental health issues.
- ▶ Remind the patient of proper channels to file grievances with the facility and the Network.
- ▶ Consider a team meeting with the patient.
- ▶ Allow time for the patient to share his/her viewpoint.
- ▶ Consult the facility's risk management department or legal counsel and be certain to enforce the facility's policies equally for all patients.
- ▶ Thoroughly document all incidents and facility interventions.
- ▶ Assist staff to deal with difficult situations by providing in-services in communication, professionalism and patient sensitivity.
- ▶ Reinforce any positive changes in the patient's behavior.



2) Disruptive Behavior By Caregiver



- ▶ Be certain that facility policies and possible consequences of violation are clearly communicated to the caregiver; remember to equally enforce policies for all loved ones.
- ▶ Be sure to consider the patient's needs and behaviors separate from the caregiver's.
- ▶ Have the social worker assess the caregiver's emotional needs and intervene appropriately, keeping in mind that controlling behavior on the part of the caregiver is often related to fears and anxiety.
- ▶ Invite the caregiver to participate in the care planning process.
- ▶ The suggestions listed for disruptive / abusive behavior by patients are also important components in working with caregiver conflict.

3) Non-Adherent Behavior By Patient

- ▶ Assess the patient's capacity to understand the risks of non-adherence.
- ▶ Provide education to the patient regarding risks and optimal outcomes.
- ▶ Have the social worker address psychosocial barriers to adherence.
- ▶ Detect patient depression early and refer for treatment.
- ▶ Ask each team member to assist the patient in staying on track.
- ▶ Give the patient the opportunity to make choices and have control where possible.
- ▶ Identify creative ways to motivate the patient.
- ▶ If the patient's non-adherence is disrupting facility operations, adjust schedules or wait to set up until the patient arrives.
- ▶ Reinforce patient achievements or successes, no matter how small.



4) Patient Will Allow Only Certain Staff To Provide Treatment

- ▶ Explore why the patient is refusing certain staff. This is usually related to personality clashes, ethnic or gender concerns, or proficiency of staff cannulation.
- ▶ Address the patient concerns and facilitate resolution, such as in-servicing staff on patient sensitivity and professionalism or mentoring a staff member until they are more proficient with cannulation.
- ▶ Educate the staff on ways to handle the patient's rejection professionally so that they do not enter into, or contribute towards, conflict with the patient.

(continued on page 6)

Network #17 Coalition: Early Identification of CKD

The **Strategic Partnership for Change** is an initiative put forth by CMS to all Networks to support **strategic partnerships and coalitions among the renal community** through national and local training, and on-going consultative support. The Network is responsible for assembling and sustaining an active coalition working with CMS specified contractors. In fulfilling this CMS requirement, it is expected that the Network shall...



Tom Wolff, Ph.D.

is a nationally recognized consultant on coalition building and community development, with over 30 years' experience training and consulting with individuals, organizations and communities across North America.

Tom Wolff's writings include the popular book [From the Ground Up: A Workbook on Coalition Building and Community Development](#) (1997 with Gillian Kaye) and [The Spirit of the Coalition](#) (2000 with Bill Berkowitz).

1. Create a coalition that goes beyond just promoting information exchange between entities but **promoting collaboration between entities which enhances the capacity of each entity**
2. Have an established vision, mission, goal, and operating procedure for the coalition that is jointly agreed to by coalition members, and an established agenda for coalition meetings
3. Identify and recruit key partners to engage in **collaborative problem-solving of jointly shared problems that results in innovative solutions** that lead to problem-solving actions.

Western Pacific Renal Network kicks off its coalition building activities on Tuesday, June 5, 2007 with an organizational meeting in the Bay Area headed by nationally-recognized consultant on coalition building Tom Wolff, Ph.D. Among the attendees will be medical directors, nephrologists, vascular surgeons, transplant surgeons, regional directors, facility administrators, patient care technicians, social workers, and dialysis and transplant patients as well as representatives from patient organizations, quality improvement organizations, laboratories, marketing firms and health insurance companies.

The Role of ESRD Network #17 (*continued from page 1*)

The **Statement of Work** outlines **tasks** that each ESRD Network is responsible for completing under the following task categories:

- **Task 1 - Network Quality Improvement (QI) Program**: facilitation of QI projects that are national, local, and facility/provider specific including **Fistula First**, Clinical Performance Measures (CPMs), Network Specific Quality Improvement Projects (QIPs), and Facility Specific Quality Assessment and Improvement Projects (QAPIs).
- **Task 2 - Community Information and Resources**: provision of educational information (new patients, on-going patient, facilities/providers) and technical assistance, coalition building activities, responsibilities in a disaster, and resolution of difficult situations / complaints / grievances.
- **Task 3 - Administration**: establishment of an organizational structure, basic administrative staff, and infrastructure to support its operations in order to meet the statutory requirements. Each Network is required to establish various boards and committees and specify appropriate roles and functions for these entities — the Network Council, Board of Directors, Medical Review Board, and Patient Leadership Committee.
- **Task 4 - Information Management**: maintenance of an ESRD patient and facility database; ensuring the confidentiality, integrity, timeliness, accuracy, and security of the databases; and ensuring current patient events are reported to CMS timely.
- **Task 5 - Special Projects**: Network special studies as directed or approved by CMS.

WPRN Network #17 Staff

- **Executive Director**
Darlene Rodgers, BSN, RN, CNN, CPHQ
- **Director of Operations & Quality Improvement**
Allison Kregness, RN, CNN
- **Director of Information Systems**
Susan Tanner
- **Director of Patient Services**
Vernon Silva, MSW
- **Data Specialist**
Peter Traub
- **Data Specialist**
Anne Brush
- **Administrative Assistant**
Sage Ryan

Network #17 Outreach and Involvement

In collaboration with the California Dialysis Council, Network #17 held a multi-faceted educational event titled “**Conflict in the Dialysis Facility**” on January 12, 2007 at the Park Plaza Hotel in Oakland, CA.

The presentations included the following:

- “**News from the State Capitol**” – a California legislative update by lobbyist Michael J. Arnold
- “**Potential for Harm in the Dialysis Facility**” – a case study of an at-risk patient situation by Melissa Ridge, LCSW and mental health worker Art Smith
- “**Federal Regulations & CMS Expectations Related to Discharge**” – a review of regulations by CMS Officer Ed Japitana, RN, MPA
- “**Decreasing Dialysis Patient-Provider Conflict**” – an introduction to the Decreasing Patient-Provider Conflict (DPC) toolbox by Network #17 Patient Services Coordinator Vernon Silva.



Continuing Education Units (CEUs) were awarded through the California Board of Registered Nursing for 4.2 contact hours and the California Board of Behavioral Sciences for 3.0 contact hours.

WPRN Network #17 Available Positions

- **Director of Quality Improvement**
- **Quality Improvement Coordinator**
- **Community Outreach Coordinator**

All positions require some travel, excellent oral and written communication skills, and ability to interact effectively and work in a team environment.

Familiarity with Microsoft Outlook, Work, Excel and PowerPoint preferred.

Please send resume with salary requirements to:

*Search Committee
c/o Intermountain ESRD
Network, 1301 Pennsylvania St,
Suite 750, Denver, CO 80203
or e-mail to info@nw15.esrd.net
or fax to 303-860-8392.*

In early February 2007, Western Pacific Renal Network conducted its **Annual Mailing of Patient Resource Materials**. The 28-item package was addressed to each facility social worker and included...

- **Network #17 Information** - Network brochure, facility waiting room posters, a list of in-services the Network offers
- **Information Related to Complaints and Grievances** - Network Board of Directors position statement, protocol for evaluation of patient complaints/grievances, patient grievance protocol sheet, “How to Handle Problems in Your Facility” brochure, statement of patient rights and responsibilities, list of state survey agencies
- **Patient Empowerment** - advance directive resources, information on home dialysis / kidney school website / vascular access / employment
- **Patient Groups** - Network #17 Patient Leadership Committee interest form, list of Patient Support Groups
- **Resources from Patient Organizations** - National Kidney Foundation (NKF), American Association of Kidney Patients (AAKP), Renal Support Network
- **Emergency Preparedness** - CMS booklets order form, Helpful Tips patient card, “Steps to Consider for Disaster Planning” sheet
- **Transplant** - references offered by United Network for Organ Sharing (UNOS)
- **Medicare Information** - including Dialysis Facility Compare (DFC) and prescription drug coverage

If your facility hasn’t received this mailing, please notify the Network office.

The Network #17 Medical Review Board (MRB) met March 9, 2007 at the Network offices and discussed Fistula First as well as future MRB activities and potential QI initiatives.



ESRD Network #17 Quarterly Update

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Network #17 Seminars

As per the Network's contract with the Center for Medicare & Medicaid Services (CMS), **Western Pacific Renal Network** supports all providers by offering education to dialysis and transplant centers in the form of educational materials and live presentations. Each facility receives periodic mailings from the Network which include brochures, flyers, posters, booklets and resources.

**Facilities are encouraged to call Network #17
to request educational materials
and to arrange in-center educational seminars.**

Network #17 seminars offered include:

- **Network #17 Update**
- **Intro to Decreasing Dialysis Patient-Provider Conflict (DPC)**
- **The Social Worker in All of Us**

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as ESRD Network #17

www.esrdnet17.org

PATIENT SERVICES: Considerations for Resolving Common Facility Concerns

(continued from page 3)

4) Patient Will Allow Only Certain Staff To Provide Care *(continued)*

- ▶ Adhere to the facility policy related to patient special requests, and administer it evenly with all patients.
- ▶ Involve the social worker in addressing the patient's emotions related to treatment and relationships with the staff.

5) Patient Is In Need Of Someone To Stay With Them During Treatment Due To Incapacity / Safety Concerns

- ▶ Consult with the nephrologist to determine the etiology of the incapacity, particularly if there has been a change in mental status.
- ▶ Inquire of the nephrologist if something can be prescribed for the patient to keep him/her calm during treatment.
- ▶ Consider a change in the patient's dialysis time to accommodate for the sitter's schedule (for instance if the family member works).
- ▶ Consider home dialysis options.
- ▶ Determine whether the patient is appropriate for referral to Hospice.
- ▶ If the patient is in a nursing home, coordinate care with their staff in arranging a sitter.

The above information is not meant to be an exhaustive list of solutions, as every patient and facility situation should be considered on an individual basis. Provider calls are welcomed at the Network so that together work can be done towards achieving the goal of optimal care and successful adjustment for your patients.



Special appreciation to Network #7 FMQAI: The Florida ESRD Network for permission to reproduce this article.