

# Network Notes

## Inside Network Notes:

# 1

You're Invited to Participate: Fistula First National Vascular Access Improvement Initiative

Network Annual Meeting 2003: The Best Ever!

# 2

New England Patient Safety Campaign Focuses On A Safety Basic - Hand Washing

Season of Change

HHS Sets Medicare Premiums

Patient Signatures Required for CMS 2728 Medical Evidence Form

# 3

Dialysis Patient-Provider Conflict (DPPC) Conference Held

Medicare State Surveys - What's Expected?

US General Accounting Office Report Blasts Dialysis Care

# 4

HAPPY HOLIDAYS from the Network staff!

## Network of New England

30 Hazel Terrace  
Woodbridge, CT 06525  
Ph: 203-387-9332  
Fax: 203-389-9902  
[www.networkofnewengland.org](http://www.networkofnewengland.org)

## You're Invited to Participate

The Centers for Medicare and Medicaid Services (CMS) has launched a new initiative to significantly improve the use of AV fistulae (AVF) for hemodialysis patients. The goal is to achieve an AVF rate of 50% or greater for incident patients, and 40% for prevalent patients. CMS has partnered with all 18 ESRD Networks, the Institute for Healthcare Improvement, and ESRD stakeholders from around the country.

Eleven concept changes have been identified. The Network encourages each provider to review the list and embrace one of these



**FISTULAFIRST**  
National Vascular Access  
Improvement Initiative

concepts as a "doable" local quality improvement project. Network staff are willing to share ideas and tools to help you. The Network is also developing a new database of the

names and addresses of your Vascular Surgeons and Intervention Radiologists to receive information and data feedback on their collective performance in promoting AVF Placement.

### CHANGE CONCEPTS

- ✓ Routine CQI review of vascular access
- ✓ Timely referral to nephrologist by PCP
- ✓ Early referral to surgeon for "AVF only" placement
- ✓ Selection of best surgeon
- ✓ Full range of surgical approaches
- ✓ Secondary AVF placement in patients with AV graft
- ✓ AVF placement in patients with catheters
- ✓ Cannulation training for AV fistulas
- ✓ Monitoring and surveillance to ensure adequate function
- ✓ Education for care-givers and patients
- ✓ Outcomes feedback data to guide practice

## Network Annual Meeting 2003: The Best Ever!

The 2003 Network Annual Meeting was the "best ever" according to attendee evaluations. The event was held again this year at the Crowne Plaza Hotel in Warwick, RI. Emphasis of the daylong conference was "Quality Begins With A Plan."

Keynote speaker, Dr. Godfrey Burns spoke with great compassion about ways of dealing with difficult situations in the dialysis setting. Feedback on his presentation confirms our understanding that topics such as these are urgently needed in the renal clinical

environment.

In terms of participation in the conference the numbers tell the story; a total of 563 professionals and patients were in attendance! There were also a record number of exhibitors- 35- offering educational materials and tools to conferees. The break out of attendees by discipline was as follows: Nurses 63%, Social Workers 13%, Dietitians 11%, Physicians 4%, Patients, Technicians and others made up the remaining 9%. Each year we encourage all New

England renal professionals to participate in this worthwhile educational event. What could be better than a day of learning and networking with colleagues, earning CEUs and spending the day in a beautiful, comfortable hotel conference suite? We had fun; if you missed it this year, be sure to get your name added to our Annual Meeting mailing list by calling 1-203-387-9332, ask to speak to Karen, Terri or Laurie. See you next year at **Sturbridge Host Hotel on October 14, 2004**, mark your calendar NOW!

## New England Patient Safety Campaign Focuses On A Safety Basic – Hand Washing

The Patient Advisory Committee (PAC) of New England continues to target patient safety in its ***BE AWARE, BE SAFE*** educational partnership safety campaign. At the Network Annual conference members of the PAC distributed brochures outlining the importance of hand washing for patients and glove changing for caregivers. The PAC also distributed waterless antibacterial hand washing samples to conferees and roamed the audience in giant “germ colony” costumes to reinforce the concept that germs are everywhere.

Hand washing for patients and glove changing for staff are important “building blocks” in a facility’s effort to establish and maintain a safe clinical setting. The hand washing and glove changing campaign has a free educational brochure and waiting room poster you can order from the Network office or visit our website to download a copy. Hand washing and glove changing would be a great and easy quality improvement project for your clinic. All you would need to do is print enough brochures for your patient census and staff, put the poster up in the waiting area, ***talk*** about the tips



Charles Paige, SR., PAC member, was dressed as a germ at the Annual meeting. Here, he informs Alyssa Auclair, RD, from FMC, on the importance of hand washing.

from the material and schedule a staff in-service on infection control technique; glove changing and hand washing. The PAC encourages

caregivers and all their fellow patients to BE AWARE, BE SAFE by frequent glove changing and hand washing.

## Season of Change

In October 2003 the Network bid adieu to Connie Hill, RN, Quality Manager, as she headed off to a well-deserved retirement. Connie received many cards, flowers, well

wishes and parties in recognition for her 16 years of services to ESRD patients in New England. Connie will be missed by our staff and all those she

assisted over the years.

We are happy to announce that a new Quality Manager has joined the Network staff. Peggy Lynch, RN

comes to us with a long, rich background in dialysis and healthcare quality. We are pleased to have Peggy join the Network team.



## HHS Sets Medicare Premiums for 2004

The monthly premium paid by Medicare beneficiaries to enroll in Part B in 2004 will be \$66.60, and increase of 12.5% from \$58.70 in 2003, the Dept of Health and Human Services announced.

About 95% of Medicare’s 42 million beneficiaries enroll in the program, and nearly 90% have some form of supplemental coverage, such as Medigap or Medicaid, that reduces their out-of-pocket

expenses. HHS also announced that Medicare Part A deductible would be \$876.00 in 2004, an increase of \$36.00 from 2003.

## Patient Signatures Required for CMS 2728 Medical Evidence Form

Due to recent HIPAA regulations and changes in the Renal Data System, it became necessary to have **patient signatures on CMS Medical Evidence Forms (2728)** in order to enter the form into our data system. All the forms that do not have the patient’s signature

will be sent back to the facilities and will be entered on the return date. Forms that require a “send back” for signature could become non compliant in terms of timeliness of submission. To avoid this type of delay please make sure to obtain patient’s signature before

you send the forms to the Network. If the patient cannot sign the form, obtain a family member’s signature. Please call the Network if you need assistance in this matter. Thank you for your cooperation

## Dialysis Patient-Provider Conflict (DPPC) Conference Held

For new dialysis care personnel and veteran workers the problem is the same...what can be done with patients who pose a potential threat to the overall safety of the clinic? As healthcare workers we are struggling to balance the needs of all patients and staff. The problem of unsafe behaviors is growing in terms of severity. Medicare (CMS) has begun to understand that dialysis clinics need more options at their disposal to care for dangerous patients. An environment of conflict has emerged, with the roles of patients and providers cast as adversaries!

On October 2 and 3, 2003 the Forum of ESRD Networks hosted a meeting in St. Louis to explore possible solutions to the problem of patients with dangerous behaviors. The conference entitled: "Dialysis Patient-Provider Conflict (DPPC) Consensus Conference on Designing a Collaborative Action Plan with ESRD Stakeholders" sought to define the problem, identify leadership, clarify roles, actions, commitment level and involve more partners in solutions.

The conference produced a document that identifies the major challenges and

articulates several action items for a definitive solution. The report lists these four key actions as solutions to the problem of DPPC:

- Adoption of national standards of education for technicians
- Increase overall reimbursement for ESRD (composite rate)
- Establish procedures to regulate and limit termination of dialysis services at a facility
- Restore Social Worker role to its intended function under Medicare regulations

If these actions are undertaken and put into place, it is anticipated that a good deal of the conflict in dialysis clinics will be resolved. CMS and other renal stakeholders have this report under consideration, we will report to you any further developments.

*To find out more about DPPC, please contact Roberta Bachelder, MA, at the Network office.*

## Medicare State Surveys – What's Expected?

The Network receives copies of hemodialysis clinic's state surveys for Medicare certification. It might be helpful to have a summary of those areas most frequently identified as problematic. Each New England state and each Surveyor may approach the survey process with some degree of difference or emphasis. The best recommendation is to be prepared in each aspect of care.

### Documentation:

- Long term & short term care plans missing or incomplete
- Lack of individualization for specific patients' needs on STCP
- Missing MD orders
- Vital signs not documented
- Dialysis flow sheets missing signatures

### Water Quality:

- Chlorine/Chloramine testing not done per policy
- Water logs incomplete

### Emergency Preparedness:

- Sprinkler systems, smoke detectors, fire extinguishers & alarms inspections not performed
- Emergency generators not tested
- Voids or breaks in firewalls
- Code carts not checked daily and emergency medications outdated
- Oxygen storage tanks not secured
- Fire drills not conducted and exits blocked

### Infection Control:

- Lack of hand washing between glove changes
- No changing of gloves

between contact with machine and patient

- PPE not disposed of properly

### Unsanitary Conditions:

- Treatment area floors damaged
- Peeling paint in treatment area
- Bicarb carts and or drains encrusted and dirty
- Air vents dusty



## US General Accounting Office Report Blasts Dialysis Care

In a long anticipated General Accounting Office (GAO) report out in October, Medicare (CMS), State Healthcare Departments and providers of dialysis care were blasted for poor quality of patient care. The report cites inadequacies in the patient compliant process and lack of appropriate government funding for the dialysis reimbursement rate, inadequate staff training, and ineffective government oversight. CMS, renal corporations and professional organizations have submitted written responses to the report. Congress will evaluate the report and may seek stronger regulations for dialysis providers. For additional information, check out the GAO website: <http://www.gao.gov/>

**HAPPY  
HOLIDAYS  
from the  
Network staff!**

**Network Notes**

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Roberta Bachelder.....Editor  
Danielle Besnoff.....Designer

**Jenny Kitsen**  
Executive Director

**Cynthia Lambert, BS, RN**  
Medical Quality Manager

**Peggy Lynch, RN, BSN, CNN**  
Medical Quality Manager

**Roberta Bachelder, MA**  
Patient Services Manager

**Jaya Bhargava, Ph.D.**  
Information Systems Manager

**Joan Kliger**  
Financial Manager

**Danielle Besnoff, BS**  
Technical Project Specialist

**Karen DeGeorge, AS**  
Data Specialist

**Terri Azukas**  
Office Assistant

**Laurene Jones**  
Data Clerk

**Sheri Grifa**  
Data Clerk

*Season's  
Greetings*



**End Stage Renal Disease  
Network of New England**

30 Hazel Terrace  
Woodbridge, CT 06525