

# Network Notes

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Network Notes is written, designed and distributed by the Network of New England. This newsletter is published while under contract with Centers for Medicare and Medicaid Services, Baltimore, Maryland. Contract # HHSM-500-2006-NW001C.

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## Network of New England Surpasses CMS Fistula Goal!

Due to the ongoing efforts of New England dialysis Staff, Nephrologists and Vascular Surgeons the prevalent AVF rate for March 2007 is 51.7%! CMS had set an interim goal for this Network of 51.34% and because of the hard work by dialysis providers; the AVF rate has exceeded the assigned goal. The Network staff extends thanks to all providers who are participating in the Fistula First Initiative – It's all of you who have made it happen! The hemodialysis patients of

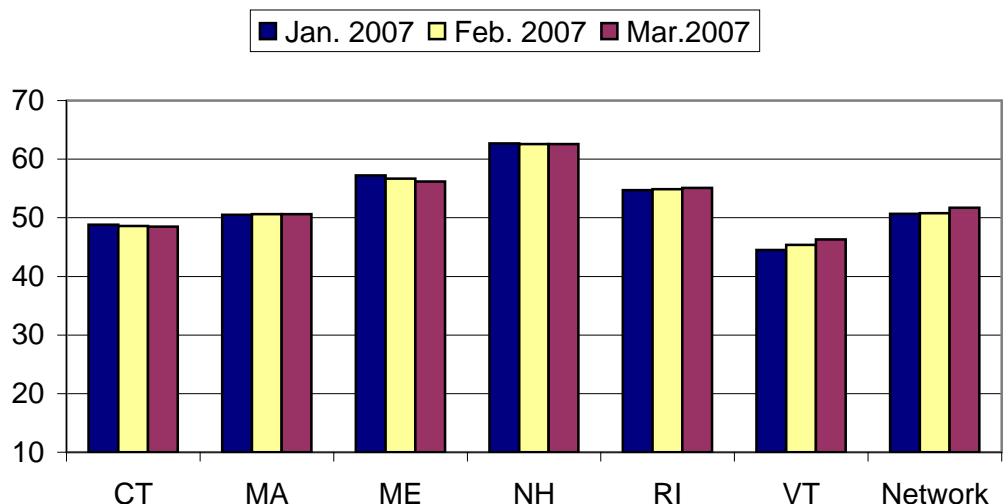
New England who have AV fistulas will benefit from having a Fistula through reduced hospitalizations, reduced morbidity and mortality risks, and a significant improvement in quality of life.

Network Medical Quality Managers analyzed the data for the month of March to determine the source of greatest improvement. The Vermont aggregate AVF prevalent rates had improved the most with an increase of 1.8% between January and March. New

Hampshire dialysis providers continued to lead with a 62.6% prevalent AVF rate and the other states are either holding steady or show a slight dip. As a result of AVF Programs now fully operational we see new gains on the horizon. The chart below displays the overall patterns and State progress.

*Remember the Medicare goal is to reach 66% AVF prevalence by June 2009.*

**Prevalent AVF Rates by State & Network  
Q1 2007**



## “Time Out for Technicians” Enjoys Terrific Turn Out

For the first time Network of New England sponsored a learning event just for dialysis technicians! The response was terrific. The educational, day-long conferences were held in two locations; Milford, MA on April 26, 2007 and May 1<sup>st</sup> in Portsmouth, NH. For the two days, more than 300 technicians from across the six New England states participated. The Network provided Continuing Education Units (CEUs) for attendance at the meetings through partnership with the National Association of Nephrology Technicians (NANT). Topics for the conference included; ESRD Network Overview, Anemia Management, Effective



Communication, Professional Boundaries, Tips on Renal Nutrition and Fistula Care Management. Several well-known New England experts presented sessions throughout the day, with a nice luncheon break hosted by the Network staff. On hand as presenters were Klemens Meyer, MD, Candace Walworth, MD, Sandi

Peckens, MSW, Linda Andrews, RN, Jean Rocap, RD, Maggie Tatatrek, RD, Peter Jerguensen, PA, Patt Ryder, RN and others.

Evaluations for the conference indicated a great need and great appreciation for this type of educational offering – the Network will carefully consider these comments in its

planning for the future. Dialysis technicians provide the essential component in the delivery of dialysis treatment to persons with End Stage Renal Disease (ESRD). Technicians deserve special days of learning where they can gather, network with each other and be honored as guests of the ESRD Network.

## Disaster Planning: What Every Dialysis Staff Member Should Know

It is essential that all staff thoroughly understand their respective roles and responsibilities if disaster threatens. Emergency telephone numbers should be accessible and all employees should know where emergency resources

are located. The Network of New England recommends that the following items be included in new employee orientation and reviewed with all staff on a regular basis.

- Staff responsibilities for

emergency planning

- Plan for staff orientation and training
- Staff duties if a disaster threatens: Patient and staff contact, securing facility; patient scheduling/triage.

- Plan for fire/disaster drills
- Plan for protection of patient records
- Plan for back-up facility
- Emergency supply/evacuation box

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- List of emergency phone numbers, contacts and supplies
- Power failure procedure (with and without emergency generator)
- It is important that the plan includes

the duties and responsibilities of all staff members if a disaster necessitates the evacuation of patients. The following procedures should be a part of initial orientation and reviewed

- periodically with all staff.
- Duties and responsibilities of all staff
- Removal from machine: Blood return procedure; clamp-disconnect procedure
- Instructions for securing building

## New Rules for Transplant Centers: A Patient Complaint Process

The United Network for Organ Sharing (UNOS) and the Organ Procurement and Transplant Network (OPTN) are federally mandated agencies responsible for oversight and regulation of the transplant waiting list and procuring organs for transplantation. UNOS and OPTN set rules and guidelines for transplant centers to follow in their practice of delivering transplant services to the public. In January of this year (2007) UNOS made an important addition to its Patient Notification Bylaws, which addresses the need for people on the waiting list to access a complaint process. Patients on the waiting list have always had certain rights of notification, which include the right to be

notified in ten days that their name has been added to the list, or to be notified in ten days following the conclusion of the evaluation process that they will not be added to the list. Patients have also had the right to be notified in ten days that their name has been removed from the waiting list for reasons other than death or transplant.

The new language in the UNOS Patient Notification Bylaw adds a requirement for transplant centers to notify patients that there is complaint telephone line for patients to call in cases where help is needed. The new language is as follows:

*“Each notification must include the telephone number that is available to patients and others*

*to report concerns or grievances through the OPTN. All candidates currently on the waiting list should be notified by their listing center about the patient notification hotline, or other information as directed by the Executive Committee.”*

UNOS has set up the toll free phone line to assist transplant candidates, recipients, and family members understand organ allocation practices and transplant data. Anyone on the waiting list or any member of the public may call the number to discuss a problem with a transplant center or the transplant system in general.

*The UNOS toll-free number is 888-894-6361.*

## Save the Date

**October 11, 2007  
7:30 AM - 3:30 PM  
Sturbridge, MA**

### ***19<sup>th</sup> Annual Network of New England Education Meeting***

The meeting will be held at the Sturbridge Host Hotel and Conference Center located on picturesque Cedar Lake in Sturbridge, MA. This venue has a large hall for displaying posters and exhibits and an area where participants can enjoy refreshments.

In addition to the 12,000 square foot Exhibit Hall for the educational sessions, lunch will be served in the Grand Ballroom.

There is adequate parking for all attendees, and there are a range of hotels in the area to fit your budget. Registration brochures will be mailed in July, so please plan your time and registration fees now.

## Call for Posters!!

Share your success stories. Exhibit a poster at the Annual Meeting. Call the Network office to enroll your poster 203-387-9332.

## Educational Materials

Remember!  
The Network is a great source for "no cost" patient and professional educational materials. Call today for a FAX order form 230-387-9332.



## Get Ready For Secure Internet Data Submission

Title XVIII of the Social Security Act (the Act) Sections 1881(b)(5)(B) through (D) require ESRD healthcare providers to furnish all necessary information to Centers for Medicare and Medicaid Services (CMS), ESRD Networks, and State Survey Agencies. Moreover, existing regulations (405.2133) require that each ESRD facility furnish data and information in a manner and frequency specified by the Secretary of Health and Human Services (HHS). CMS is expected to release new

Conditions for Coverage for End Stage Renal Disease Facilities in the fall of 2007. Under the new Conditions for Coverage facilities will be required to provide data and other information - in electronic format - including clinical performance measures (CPM) data, necessary for the administration of the ESRD program. In order to accomplish this electronic submission of data CMS is developing a web based data entry system called CROWN Web. Large Dialysis

Corporations will provide data to CMS directly utilizing the CROWN Web secure Internet portal. Independent ESRD providers not associated with Large Dialysis Corporations should prepare to submit data electronically using this web-based application. Please contact your Network about technical expectations for this new federal government requirement.

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