Summer 2008 Issue

Network Notes

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Fistula First Update

As of April 2008 the New England Network has a prevalent AV fistula rate of 54.4%, which fell short of the goal set for this Network by the Centers for Medicare & Medicaid Services (CMS) by .2%. If New England is to improve, facilities that have a less than 50% AVF rate will need to self evaluate their barriers. These providers should set goals and create a plan of action to increase their AVF prevalent rate at least 1% a month for the next year. Those dialysis clinics that are greater than 50% are encouraged to continue to seek improvement if possible and sustain the gains made in vascular access management. The following chart depicts the number of facilities by state that fall into each percent range for prevalent AV fistula according to the provider specific reports for April 2008.

AVF Percent	CT	MA	ME	NH	RI	VT	Total
10% or less	0	1	0	0	0	0	1
20-29%	1	0	0	0	0	0	1
30-39%	4	4	0	0	0	1	9
40-45%	5	6	3	0	3	2	19
46-49%	6	14	1	2	1	2	26
50-59%	10	26	6	0	2	2	46
60-69%	7	14	3	6	5	0	35
>70%	2	6	5	2	5	0	20
Total	**35**	**71**	**18**	**10**	**16**	**7**	**157**

As you can see there are 56 dialysis clinics that have less than a 50% rate for prevalent AV fistulas. The Network's Medical Review Board (MRB) is most concerned with facilities that are less than 40%. The MRB has instructed the Network Quality Managers to contact these 11 providers to assist them in creating a plan for improvement. The Medical Directors of the facilities that range between a 40 to 49% AVF rate will be receiving a letter from the MRB requesting quality improvement plans. All providers are monitored on a monthly basis.

One thing to consider when devising improvement plans is to establish a "sleeves up" policy. This translates into examining every patient with a lower arm AV graft for potential upper arm vessels that may be converted to an AV fistula before the AVG fails. The New England region has a prevalent AV graft rate under 17% however there are several clinics with an AVG rate over 30%. There should be a vascular access plan for every patient admitted to the chronic clinic with a catheter only. Within two weeks of admission

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vessel mapping should be schedule to ascertain the patient's suitability for an AV fistula or AV graft. Those AV fistulas that show no signs of maturing within 4 to 6 weeks of creation should be evaluated for revision by the surgeon.

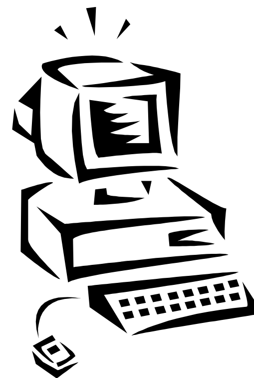
The Network would like to hear from you. Please share your success stories; what changes did you make to improve your fistula rate?

No More Paper – Get Ready for Electronic Data Submission!

The new Conditions for Coverage for dialysis facilities require that all ESRD facilities submit patient information electronically. **NO MORE PAPER SUBMISSION!** In February 2009 "CROWNWeb" – Consolidated Renal Operations in a Web Enabled Network - will be made available to dialysis facilities via an exceptionally secure Internet site. Access to CROWNWeb will require prior registration, and will offer secured HTTP entry, data encryption and decryption, restricted user roles, and audits of all user actions in the system.

In the following months, Network of New England will continue to share information regarding CROWNWeb, and training opportunities to the New England dialysis community. This training will be provided with no direct cost to providers (travel to the training location and hotel accommodations for staff are facility responsibility). Facility staff members who will use CROWNWeb need to be registered as users and will be trained in navigation of the new web-based program either in person or by using Internet training modules. In person training dates will be announced to all providers as soon as dates and locations are finalized. Centers for Medicare and Medicaid Services (CMS) has provided two-hour web based training modules that can be accessed at **http://www.fmqai.com/ESRD/CROWNWeb/Training-Review/**. Please use these training modules to insure understanding of the CROWNWeb data entry process. The following activities MUST be completed BEFORE Feb 1st, 2009:

1. Register users
2. Participate in Alpha testing (voluntary)
3. Participate in training, either web based or in person.
4. Upgrade computer systems to meet technical requirements
5. Be ready to enter data by Feb 1st 2009



In addition to the steps listed, the Network of New England will encourage all dialysis providers to establish policies and procedures designed to protect patient information from unintended disclosure. This is of highest importance in these last months as we all prepare for the deployment of CROWNWeb.

Please visit **www.networkofnewengland.org/CROWNWeb.htm** for updated information from your Network as it becomes available.
If you prefer to ask questions by email or phone please feel free to contact Jaya Bhargava **jbhargava@nw1.esrd.net** or Karen DeGeorge **kdegeorge@nw1.esrd.net** at 203-387-9332.

Save the Date

October 16, 2008
7:30 AM - 3:30 PM
Sturbridge, MA

20th Annual

Network of New England Education Meeting

The meeting will be held at the Sturbridge Host Hotel and Conference Center in Sturbridge, MA

This venue has a 12,000 square foot meeting space where the educational sessions and poster displays will take place. Over 30 exhibitors can be visited in the Grand Ballroom.

There is adequate parking for all attendees, and a range of hotels in the area to fit your budget. Program brochures will be mailed soon, so please plan accordingly.

Call for Posters!!

Share your success stories. Exhibit a poster at the Annual Meeting. Call the Network to enroll your poster. Submission deadline is August 28, 2008.

What Is DPC And Where Is It?: Find It, Learn It, Teach It!

DPC is a staff training educational resource toolkit and it's right there in your facility; somewhere. Maybe on a shelf, in a file cabinet, at the bottom of a stack of papers on your desk, piled in a corner, at the Nurses Station, in the Social Workers' office or even in the Staff break room.

All ESRD Networks and providers of Dialysis care in this country were gifted with a comprehensive staff education resource in the form of a CMS produced toolkit entitled "Decreasing Dialysis Patient Provider Conflict," which our community quickly dubbed "DPC." The DPC product was thoughtfully conceived through the use of a paid consultant, with input from recognized experts and widely distributed at significant cost to Centers for Medicare and Medicaid Services (CMS) in 2005-6. It was then and remains today the best, most comprehensive model for the resolution of conflict in the dialysis healthcare setting. Upon distribution the fate of the toolkit seemed certain: ESRD Networks, Corporations and Independent providers would embrace the DPC by teaching, fostering and promoting the interventional approaches contained within. ESRD Network staff, LDC educators, nurses and social workers were charged with responsibilities to facilitate direct staff teaching and learning of the DPC. That's how things got started in the first year, following a much-heralded roll out. Now, just two years later, we may find ourselves asking a basic question like where we put it and when was the last time we used it for a staff training to maintain positive communication, avert a potential conflict or resolve a full blown problem!

Time passes. Staff in the dialysis clinic has likely turned over – maybe more than once – and conflicts have come and gone, or have remained largely unresolved without any thought of the DPC conflict resolution model contained in the toolkit. Where in the world ARE all those kits? ***As you read this, take a moment right now to locate the DPC toolkit in your facility!***

You may be asking yourself, what's so great about the DPC toolkit anyway? Plenty. A review of the content reveals that it is 100% "clone-able," if you have one complete kit, from it you may reproduce hundreds! The CD-ROMs (2) contained in the kit have the entire trainers booklet, leadership tips and suggestions, a list of supplies needed for each activity, photocopy ready handouts for trainees, software training that can be done on a PC or laptop by individual learners, brochures to describe and promote the training, a poster to inform patients and staff that they are in a clinic that practices DPC, audio video "plays" in which actors depict real world conflict scenarios (followed by Q and A "tests"), a staff training tracking sheet, CQI information and an evaluation tool. The toolkit training modules are formatted into clustered activities:

- Two (2) face-to-face staff meetings (1 hour each)
- Individual software training (1-1 ½ hours depending on learners' speed)
- Eight (8) group sessions (30 – 45 minutes each)
- One (1) optional group session (30 - 45 minutes)

Because decreasing conflict in the dialysis setting is central to the safe, effective delivery of care for the patients we strive to serve, the DPC toolkit is a vital resource. Please find your copy of the DPC toolkit, learn or relearn the content of the kit and then teach it to others in your care team; in fact teach it to everyone in the facility who interacts with patients. Application of the educational resources found in the DPC toolkit will most certainly decrease conflict in your facility. DPC: find it, learn it, teach it!

5-Diamond Patient Safety Program

In April the Network of New England, in collaboration with the Mid-Atlantic Renal Coalition (Network 5), announced the ***5-Diamond Patient Safety Program*** to assist dialysis facilities with increasing both staff and patient awareness of patient safety areas. The program consists of eight educational modules, which include the tools and resources that can be downloaded from the Network website necessary for implementation of each patient safety topic. Facilities may complete any of the modules, with only one module, *Patient Safety Principles*, being mandatory. The module options are as follows:

- Patient Safety Principles
- Decreasing Dialysis Patient-Provider Conflict
- Emergency Preparedness
- Infection Control
- Influenza Vaccination
- Medication Reconciliation
- Sharps Safety
- Slips, Trips, & Falls

For each module successfully completed the facility is awarded a "diamond" culminating in special recognition for the 5-Diamond facilities.

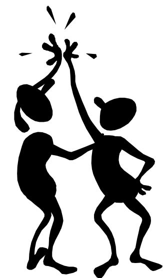
We are pleased to announce that nineteen facilities in Network 1 are participating in the program; two have completed the mandatory module and achieved one diamond status.

Saints Medical Center
in Lowell, MA

New Britain General Hospital
in New Britain, CT

CONGRATULATIONS on your accomplishment and thank you for your devotion to patient safety.

For more information about the program and how to register, please visit the Network website **http://www.networkofnewengland.org/5Diamond.htm**.



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