

MODULES

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

For information about how to register, please visit the Network website.

5-Diamond Patient Safety Program



In April 2008 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 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. For each module successfully completed the facility is awarded a "diamond" culminating in special recognition for the 5-Diamond facilities. The Network is pleased to announce that 40 facilities in Network 1 are participating in the program; 16 have completed the program and achieved 5-Diamond status.

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| <ul style="list-style-type: none"> ▪ Androscoggin Kidney Center ▪ Berkshire Medical Center ▪ Damariscotta Dialysis ▪ Fletcher Allen Healthcare - Barre Satellite ▪ Fletcher Allen Healthcare - North Country Dialysis ▪ Fletcher Allen Healthcare - Rutland Dialysis ▪ Fletcher Allen Healthcare - St. Albans Satellite ▪ Lewiston-Auburn Kidney Center | <ul style="list-style-type: none"> ▪ New Britain General Hospital ▪ New Haven Home Dialysis ▪ New Hampshire Kidney Center (FMC) ▪ Northeast Cambridge Dialysis ▪ Renal Care Partners of Marlborough ▪ Saints Medical Center Dialysis ▪ Saints Memorial/Merrimack Valley Dialysis – Methuen ▪ Southwestern Vermont Renal Center |
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CONGRATULATIONS on your accomplishment and thank you for your devotion to patient safety!

Summer
09
Issue

PROFESSIONAL
NEWSLETTER
FOR THE
RENAL COMMUNITY

NETWORK notes

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ARE YOU LISTENING?

Where's your stethoscope?
Are you listening to each patient's heart, lungs and access?



Fistula First and Catheter Last - What YOU Can Do to Help

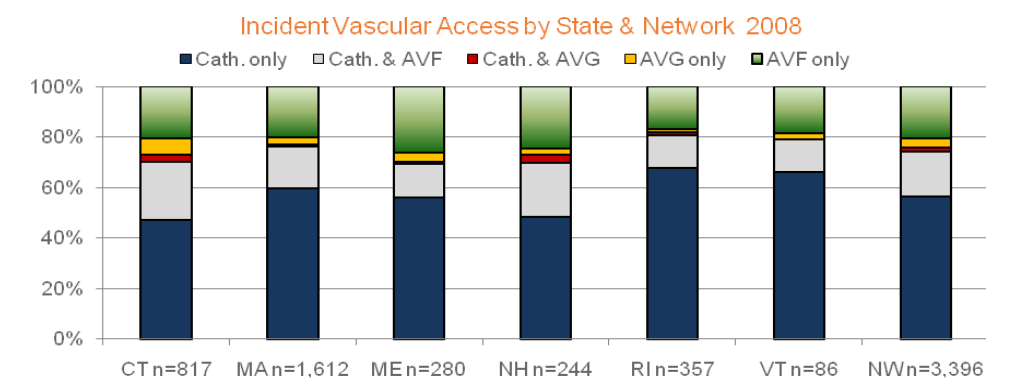
Of major concern to the Network's Medical Review Board (MRB) is the continued high incident catheter rates in New England. Patients initiating chronic hemodialysis with an indwelling catheter have a much higher rate of infection, hospitalization and increased morbidity and mortality. On average in an out-patient setting 20% of patients initiate dialysis with an AV fistula (AVF) compared to the 56% of patients who begin chronic hemodialysis with a catheter. (See chart below)

What can you, as an acute care dialysis nurse or nephrologist, do to help decrease the use of catheters?

- Determine if the patient can be evaluated for an AVF prior to being discharged

- Ensure that appointments are set up for vein mapping and surgical evaluation prior to discharge. Once a patient's GFR is 20 or less they need to be prepared for a surgical appointment for a permanent access. It is in the patient's best interest to have that difficult conversation about vascular access sooner rather than later. The avoidance of catheters needs to be a priority with nephrologists. Early referral to the surgeon would hopefully negate adverse morbidity and mortality events associated with catheters.

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What can you, as an AVPN or PA, working in the nephrologists' office or a CKD clinic do?

- Make it your mission to see to it that patients and their family are educated about hemodialysis and the vascular access of their choice.

What can you do in a chronic dialysis unit to help decrease the use of catheters?

- Once a patient is admitted with a catheter only, a plan should be developed

so that within 2 weeks the patient has had vein mapping performed and an appointment set with the surgeon for AVF evaluation. This would be a perfect Quality Assessment Performance Improvement (QAPI) project.

- The first goal is to have all catheter patients evaluated for a permanent access within 2 weeks of admission.
- The second goal is to educate the patients and family of the risks associated with catheters and the importance of removal ASAP.

If a patient is admitted with a catheter and an AVF or AVG, the goal would be to assess the access for functionality each treatment, and have the catheter removed as soon as possible.

New England has increased its' prevalent AV fistulas to 56.3%, however, the incident and prevalent catheter rates have not significantly changed in four years. Catheters should be our last choice, and only when emergent dialysis is required, or when it is not the best medical option for the individual patient.

Q&A: Conditions for Coverage Quality of Life Assessment

Q.: Do I have to use the KDQOL 36 to assess quality of life of patients?

A.: No. Most social workers report using the KDQOL as the most common assessment tool. Currently CMS is not requiring the use of the KDQOL-36, however in the future it may become mandated. The interpretive guidelines for the Conditions for Coverage 494.90 Patient Plan of Care state: While this regulation allows the social worker to choose a "standardized mental and physical assessment tool", the tool selected by the National Quality Forum and CMS Clinical Performance Measures (CPMs) for adult patients is the KDQOL-36 assessment survey. **In the future**, the percentage of patients taking this assessment survey annually will need to be reported electronically to CMS. Facilities **MAY** chose to use the KDQOL-36 from the implementation date of these regulations in order to have more comparable data once the KDQOL-36 is mandated.

Q.: How do I score the KDQOL if I chose to use it?

A.: There are 2 ways. The first way to score the KDQOL-36 is through <http://www.lifeoptions.org/>, which is the most commonly used method reported by social workers. PRIOR to May 11, 2009, there was no charge to access this scoring application. Through the Life Options website you can now purchase the KDQOL COMPLETE (\$100-\$350 a year, depending on the number of patients), which is a secure, encrypted, easy-to-use online program. The program scores, stores, and trends results for the Kidney Disease Quality of Life (KDQOL) survey and generates quality improvement reports.

The second way to score is by using the free Excel scoring template provided by the KDQOL Working Group. Register for free at <http://qim.med.ucla.edu/kdqol> to download the template and the KDQOL survey. After scoring, compare results to DOPPD data by gender and age in a document published on the "downloads" page to determine risk.



CROWNWeb Update

As of February 1st, 2009 CMS has implemented Phase I of CROWNWeb roll out. Eight dialysis facilities around the country are involved in this phase. Phased implementation will allow CMS to understand how dialysis facilities use the system, cost burdens that using the system may present to the facilities, and how CMS may reduce those burdens. CMS will start Phase II of CROWNWeb implementation in late summer of 2009. In Phase II, 10 facilities per Network Organization will participate. All Networks are in the process of identifying five facilities that belong to large dialysis organizations and five independent facilities. QualityNet Identity Provisioning System (QIPS)

account form has to be completed in order to access CROWNWeb. Every dialysis facility should designate 2 staff members within the facility as their Security Administrators (SA). Dialysis facilities that are affiliated with large dialysis organizations (LDO), such as DaVita, DCI and FMC should complete a CMS-10268, Delegation of Authority Form, to allow for CROWNWeb Batch Data Submission.

For more information, please visit <https://www.qualitynet.org/crown/faq.pdf>. All facilities should continue to meet their requirements of data submission under the ESRD conditions for coverage by following the current process of submitting data to ESRD

Network of New England.

CMS is pleased to offer QIPS/CROWNWeb WebEx-based Training to dialysis facilities. To register for WebEx trainings please go to <http://www.projectcrownweb.org/trainingregister>. Also on line courses can be found at <http://www.projectcrownweb.org/onlinecourses>.

Questions about the technical implementation of CROWNWeb should be directed to the CROWN Help Desk (1-888-ESRD-HD1, or email ESRDHD1@esrd.net).

Please call the Network office at 203-387-9332 for any other questions, or you can go to our website at <http://www.networkofnewengland.org>.

Hepatitis B Vaccine Shortage

In December 2008, Merck advised the CDC that it expected to deplete available adult and dialysis formulations of their hepatitis B vaccine, Recombivax HB® in the first quarter of 2009. Once depleted, these formulations

will be unavailable for the remainder of 2009. Supply of GSK's Adult hepatitis B vaccine (Adult Engerix-B®) and Adult hepatitis A/hepatitis B combination vaccine (Twinrix®) is sufficient to meet demand for routine adult usage

of this vaccine as well as CDC's ongoing High Risk Adult Hepatitis B Initiative.

For more information visit <http://www.cdc.gov/vaccines/ac-gen/shortages/default.htm>.

MISSING THE PATIENT PAGE

Have You Seen it?

In this issue of the newsletter we have decided to omit the Patient Page and begin to think about its revision. After querying several social workers about how the Patient Page has been used, it became evident that changes are necessary.

We are looking for questions, concerns and/or advice on what we at the Network can do to make the Patient Page more useful and relevant to our dialysis patients. Your help is requested! Please send ideas to Amber Maneca, Patient Services Coordinator at amaneca@nw1.esrd.net



SAVE THE DATE

October 15, 2009

21st 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. In addition to the 12,000 square foot exhibit hall for the educational sessions and displaying of posters, this venue has a large ballroom for exhibitors and an area where participants can converse.

There is adequate parking for all attendees, and there are hotels in the area to fit every budget. Registration brochures will be mailed soon, so please plan your time and register early to attend.

CALL FOR POSTERS

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