NETWORK News

Serving Renal Professionals in Alabama, Mississippi, and Tennessee Spring 2011

Quality Improvement Project Progress Report

Fistula First: Exceeding Expectations

At the beginning of the current contract cycle, there were 165 facilities within the Network 8 region with less than 55% AVF prevalence. These facilities have received monthly progress reports and facility-specific QI assistance over the past several months. Evidencing their commitment to improved vascular access outcomes, 31 of these facilities now meet or exceed the Network 8 goal of 55%. Also noteworthy are the additional 69 facilities that have improved AVF rates by 2.0 percentage points or more. While CMS policy continues to prohibit public reporting of these achievements, we are hopeful that a revised policy will soon allow us to recognize these facilities by name.

Additional efforts were focused on three metropolitan areas within Network 8 with lowest AVF rates: Jackson, MS, Birmingham and Nashville. In addition to submitting a QAPI action plan to Network 8, clinics in these areas also received on-site technical assistance. With the most recent data analysis, the Jackson AVF rate has improved by an incredible 3.42 percentage points since June 2010! Congratulations to those responsible for this remarkable improvement! Additionally, the Nashville AVF rate has improved by 1.01 percentage points and the Birmingham AVF rate has decreased by 0.9 percentage points. Further analysis is underway in an effort to understand and address barriers that continue to stall improvement efforts in both Nashville and Birmingham.

Despite the barriers that persist, we are thrilled to report that as of February, the overall AVF rate in Network 8 has improved by 3.0 percentage points over the past ten months which is a phenomenal achievement!

Best practices identified by NW 8 facilities with AVF rates ranging from 66% to 82% include:

- Nephrologist as leader of vascular access plans and outcomes;
- Surgeon selection based on best outcomes, i.e., willingness and ability to create access as requested by nephrologist; and,
- Early intervention at 4-6 weeks for AVFs that show signs of failure to mature.

Optimizing Anemia Outcomes

The QI work plan for 2010-2011 included 9 focused-review facilities with greater than 15% of PD patients with hemoglobin level less than 10.0. Anemia management strategies for the peritoneal dialysis population differ from those employed in the in-center patient population and have required creative approaches to issues such as transportation, medication compliance and other resource-related barriers. While two clinics have shown marked improvement and have been released from review, the remaining seven clinics continue to work toward meeting the overall goal of < 10% of patients with sub-optimal outcomes.

Best practices identified by NW 8 PD programs include:

- Use current standardized Epogen or Aranesp protocol consistently;
- Increase hgb monitoring to twice per month when hgb drops to ≤ 10 mg/dL;
- Require all new patients and/or those with hgb <10 gm/dL come to clinic for ESA administration;
- Use structured clinic process for lab draw and review prior to monthly visit with low hemoglobin level addressed by PD nurse within 3 days;
- Conduct weekly phone calls for patients with low hemoglobin to verify ESA dose and encourage compliance; and
- Educate patients at each encounter about importance of ESA compliance and need to continue ESA if/when hospitalization occurs.

Reducing Catheter Rates

Using the KDOQI and Conditions for Coverage guidelines recommending that < 10% of patients dialyze via "permanent" catheter, 16 facilities that were unsuccessful in decreasing LTC rates during the previous contract cycle have remained under focused review for the current contract cycle. Each facility has developed an ongoing QI action plan at the request of Network 8 with on-site assistance provided to eleven clinics thus far. With the most recent data review, four clinics have reduced long-term catheter rates to 10% or less. Of the remaining 12 clinics, five clinics show a measurable improvement trend and appear to be on target to meet goal by June 30.

Best practices, as identified by Network 8 facilities, include:

- Nephrologist ownership of outcomes. With active participation and leadership of medical director, one clinic has changed its surgeon referral pattern with resultant decrease in long-term catheter rates.
- Active participation and support of administrator. One clinic has experienced a nine percentage point decrease in LTC rates after a change in administrative focus.
- Data clean-up! One of our most "improved" units actually was never really that bad—the data was. Remember that we report what is reported to us—if your computerized records categorize the catheter as > 90 days due to an incorrect insertion date, we will have to report it back to you as > 90 days.

DFR Details . . .

On March 24, a briefing on the soon-to-be-released Dialysis Facility Report was hosted for the ESRD Networks by the CMS. Each facility nurse manager needs to know:

- The 2011 DFR (reporting outcomes data from January 2007 December 2010) will be available for electronic retrieval on July 15. Beginning in 2010, CMS changed the distribution method from paper to electronic— hard copy reports are no longer distributed. Each facility is responsible for retrieving and printing the report from the UM-KECC secure site. Please know that CMS requires that facilities make the information contained in the DFR available to patients or inform patients on how to contact the Network to obtain this information**.***We will send each unit a memo via fax detailing this process by June 30**. Please make staff members aware that faxes from Network 8 must be routed to the addressee - not discarded since some of them require a reply.

- Around the first of September, each state's surveyors will receive the DFR for all dialysis facilities in their state; the updated quality measures (URR, hemoglobin, and patient survival) in the DFR will be reported on the Dialysis Facility Compare (DFC) website.

- The 30-day DFR comment period will begin on July 15 and end on August 15. It is important to review the report and submit any comments to the University of Michigan-Kidney Epidemiology and Cost Center (UM-KECC). Comments submitted will appear on the state surveyor copy of your DFR; comments will not appear on the DFC website. Information on how to submit comments is located on page one of the report.

Additionally, it is important for facility staff to understand and actively **use** the information contained in the DFR:

- The report is based on data supplied to UM-KECC / Arbor Research by CMS and includes information on patient mortality, hospitalization, transplantation, anemia, infection, adequacy and vascular access. ESRD Networks do not compile or transmit any of the information that is contained in the report.

- The information contained in this report facilitates comparisons of patient characteristics, treatment patterns, transplantation rates, hospitalization rates, and mortality rates to local and national averages. Some of these comparisons account for the patient mix at this facility, including age, sex, race, and diabetic status. This report is provided as a resource for characterizing selected aspects of clinical experience at this facility relative to other caregivers in this state, ESRD Network, and across the United States.

- This report should be reviewed for potential use in quality assessment and performance improvement activities. The Conditions of Coverage interpretive guidance for tag V628, specifically notes: "CMS-generated data reports, including the **Dialysis Facility Reports** (DFR) and other Consolidated Renal Operations in a Web-enabled Network Web (CROWNWeb) provided data reports, **are and will be distributed to facilities to help them focus their QAPI improvement programs**. Each facility should be comparing their performance with community-based standards and with other facilities in their State, their Network and the U.S. and working to improve their outcomes where needed. This comparative data is readily available to all facilities, whether they are corporate owned or independent."

Finally, the QI department is always available to assist facilities with retrieval issues as well as improvement activities that are undertaken as a result of this report. We can be reached at 601-936-9260 or at info@nw8.esrd.net

5-Diamond Patient Safety Program

In January 2010, Network 8 made available the voluntary 5 Diamond Patient Safety Program. The program was initially developed by the Network of New England (NW1) and the Mid-Atlantic Renal Coalition (NW5) and was designed to assist dialysis units with specific areas of patient safety that may be in need of improvement and consistency.

If your facility is interested in participating in the 5 Diamond Patient Safety Program, you can find more information on our 5-Diamond web page by clicking here.

Network 8 would like to recognize the following facilities for achieving Diamond status:

5-Diamond Facilities
FMC - Pell City
FMC - Port City
RAI - Anniston #1
RAI - Jacksonville

4-Diamond Facilities
N/A

3-Diamond Facilities
Blount Dialysis
DCI - Cumberland
DCI - Dickson
DCI - Jackson
FMC - Winona
Methodist Outpatient Dialysis

2-Diamond Facilities
Appalachian Dialysis
DCI - Brownsville
FMC - Pearl River
Morristown Dialysis Center

1-Diamond Facilities
Chattanooga Kidney Center
DCI Maryville
FMC - Montclair
FMC - Sylacauga
Home Dialysis of North Alabama
Knoxville Dialysis Center
Sweetwater Dialysis

Medwatch Warnings

Triad Alcohol Prep Pads, Alcohol Swabs, and Alcohol Swabsticks: Recall Due to Potential Microbial Contamination Triad Group, a manufacturer of over-the-counter products and FDA notified healthcare professionals and patients of the recall involving all lots of alcohol prep pads, alcohol swabs, and alcohol swabsticks manufactured by Triad but sold as private labels at the consumer level. This recall has been initiated due to concerns about potential contamination of the products with Bacillus cereus. This recall involves those products marked as STERILE as well as non-sterile products. Use of contaminated alcohol prep pads, alcohol swabs, and alcohol swabsticks could lead to life-threatening infections, especially in at-risk populations, including immune suppressed and surgical patients. Posted 01/06/11

H & P Industries Povidine Iodine Prep Pads: Recall - Potential Microbial Contamination Use of contaminated Povidine Prep Pads could lead to life-threatening infections, especially in at risk populations, including neonates, immune suppressed patients, and surgical patients. Posted 03/18/2011

American Regent Injectable Products: Recall - Visible Particulates in Products

- Bacteriostatic Sodium Chloride Injection, USP, 0.9%, 30 mL Multiple Dose Vials
- Concentrated Sodium Chloride Injection, USP 23.4%, 30 mL Single Dose Vials and 100mL

Recall initiated because some vials exhibit translucent visible particles consistent with glass delamination. Potential adverse events after intravenous administration include damage to blood vessels in the lung, localized swelling, and granuloma formation. Updated 03/17/11

Warfarin Sodium Tablets (Jantoven), 3mg: Recall - Mislabeled Bottles Containing Higher Dosage
(Expansion of Recall: Affected Products Include Amantadine, Amlodipine, Androxy, Baclofen, Bethanechol, Jantoven and Oxybutynin) Upsher-Smith Laboratories and FDA notified healthcare professionals of the recall of one lot of Jantoven Warfarin Sodium, USP, 3mg Tablets, an anticoagulant, after a single bottle labeled as Jantoven Warfarin Sodium, USP, 3mg Tablets was found to contain tablets at a higher 10mg strength. To date, the company has identified no additional mislabeled bottles. Updated 02/21/2011

B. Braun Outlook 400ES Safety Infusion System, Model Number 621-400ES: Class I Recall - Hardware May Become Unresponsive Software update may cause normal operation to stop with no visual warning signal. Posted 02/01/2011

Fresenius Medical Care North America, CombiSet True Flow Series Hemodialysis Blood Tubing Set with Priming Set and Transducer Protectors for Use with the Blood Volume Monitor: Class I Recall - Potential for Kinking of Arterial Line Kinking can cause the destruction of red blood cells which may result in serious injury and/or death. Posted 01/21/2011

Metronidazole Tablets, 250mg: Recall - Underweight Tablets Tablets may not contain the full amount of active ingredient, which may cause the infection the drug was intended to treat to worsen or recur, which could be life-threatening when treating severe infections. Posted 01/06/2011

Abbott Glucose Test Strips: Recall - False Low Blood Glucose Results UPDATED 02/15/2011. Recall classified as Class I. Falsely low blood glucose results can lead patients to try to raise their blood glucose when it is unnecessary, or to fail to treat elevated blood glucose due to a falsely low reading. Posted 12/22/2010

Baxter Colleague Infusion Pumps: FDA Ordering Recall UPDATED 12/01/2010. Recall classified as Class I. Action based on failure to correct serious problems with infusion pumps. Originally posted 05/04/2010.

Visit http://www.fda.gov/Safety/MedWatch/default.html to view all recalls and warnings for medications and medical devices.

Visit http://www.kcercoalition.com/ to view the most current information on FDA activities, including recalls and warnings for both medicines and medical devices as released by the Kidney Community Emergency Response.

Lending a hand . . .

Network 8 has various tools and resources available to help you with everything from A-Z, literally. For example, A-D includes the following:

A. Atlas of Vascular Access—This new DVD was developed by the Fistula First coalition and all facilities were encouraged to order a copy by completing a request form. If you would like a copy for your facility, please contact cmagee@nw8.esrd.net to request an order form.

Advance Care Planning: For the Dialysis Patient and their Family—This hard-copy brochure, developed by the Mid-Atlantic Renal Coalition, was designed to help dialysis patients start the conversation about end of life wishes.

B. Because You Count—This Network 8 produced DVD was developed as a teaching tool to help patients understand rights and responsibilities and to take an active role in their healthcare. Contact navery@nw8.esrd.net to request a copy for your facility.

Be Aware, Stay Prepared—Hurricane season officially arrives June 1. This disaster preparedness poster lists various tips for providers and patients that will help ensure optimal safety during a natural disaster.

C. CCHT review materials
Conditions of Coverage information
Conflict resolution tools
CQI tools and resources

D. Data-related information—2728 form facts
Dialysis Facility Compare brochure for patients
Dialysis facility staff education—FF tools
Disaster preparedness tools for patients and providers

Many of our resources are available on the Network 8 electronic toolkit, the index of which can be viewed by clicking here. Please contact cmagee@nw8.ersd.net to request a toolkit, DVD, hard-copy brochure or poster.

Assessment Tools for Renal Patients Available on Website

Home Dialysis Assessment Tool

The Medical Education Institute, Inc. in Madison Wisconsin has developed a tool known as MATCH D to help nephrologists and dialysis staff identify and assess candidates for home dialysis therapies (PD and HHD). The tool describes patients that are excellent candidates, those who may need to have a barrier addressed first, and those who may require an alternate modality choice. The tool is available on the Network 8 website in the Provider section under Clinical Issues.

Unit Self-Assessment Manual for Renal Rehabilitation

Assessment is the logical first step for any dialysis unit interested in starting or improving renal rehabilitation programming. This 38 page manual is the complete guide to the use and interpretation of the Life Options Unit Self-Assessment Tool for Renal Rehabilitation (USAT). The manual covers a range of important topics, including the rationale for unit self-assessment, a description of the USAT criteria, and explanation of scoring, suggested action steps based on scores and tips for the use of USAT. The tool is available on the Network 8 website in the Provider section under Clinical Issues.

Tools and Resources for Assessing Functional Status of ESRD Patients

The Clinical Issues section of the Network 8 website's Provider section also has a link to the Northwest Renal Network's website that provides some resources and tools that can aid renal social workers in the assessment of the functional status of ESRD patients. The web address at the Northwest Renal Network is http://www.nwrenalnetwork.org/SW/AssessFunStat.htm.

CAHPS In-Center Hemodialysis Survey Now Available

In November 2006, the CAHPS Consortium, in cooperation with the Centers for Medicare & Medicaid Services (CMS), released the CAHPS In-Center Hemodialysis Survey for public use. This standardized questionnaire was designed to help dialysis facilities and ESRD Networks assess and improve the experiences of their patients with in-center hemodialysis.

The instrument is available in a Kit that can be downloaded from the CAHPS Web site: https://www.cahps.ahrq.gov/cahpskit/ICH/ICHChooseQX.asp. The link is available on the Network 8 website under Clinical Issues.

Keeping Vocational Rehabilitation in the Spotlight

Vocational Rehabilitation (VR) can be defined as the process of facilitating an individual in the choice of, or return to, a suitable vocation. VR can also mean preparing an individual regardless of age, or physical condition to cope emotionally, psychologically, and physically with changing circumstances in life, including remaining at work, school or a work equivalent.

The Conditions for Coverage Tag number V515 states, "It is expected that the IDT would be able to evaluate each patient's activity level to the extent necessary to determine whether the patient is a candidate for referral to the appropriate professional(s) for further evaluation and possible rehabilitation services." Also, the patient plan of care must reflect information from the interdisciplinary patient evaluation/assessment for rehabilitation status. Research shows that people on dialysis who keep working feel better and are more physically able, have less pain, and have better general health and energy. Talk with your patients about the benefits of maintaining an active lifestyle before they make the decision to go on disability. Efforts to promote vocational rehabilitation are important interventions in trying to improve the social functioning of patients.

Network 8 encourages each facility to establish and define rehabilitation goals for their patients and to work with their local VR counselors to determine appropriate referrals. Sometimes patients who are employed will need to dialyze on a certain shift to maintain their working hours and at other times they may need to explore other treatment options that will make it easier for them to be a part of the workforce. You can view VR resources and contact information for state offices on our website at http://www.esrdnetwork8.org/renal-disease_patient-information/voc-rehab.asp.

Central Line Associated Bloodstream Infections

According to the CDC:

- About 350,000 people receive life-saving hemodialysis treatment at any given time. About 8 in 10 of these patients start treatment through a central line.
- Infections are one of the leading causes of hospitalization and death for patients on hemodialysis.
- About 37,000 bloodstream infections occurred in 2008 in hemodialysis patients with central lines.
- A hemodialysis patient is 100 times more likely to get a bloodstream infection from MRSA than other people.

As such, there is an ever increasing emphasis on reducing central line use for dialysis access. Please know that the Network 8 QI team is available to assist with your catheter reduction efforts! You are welcome to contact Kristi, Pam or Sheila if you need QAPI action plan assistance or if you would like to request a copy of the Catheter Reduction Toolkit developed by the Forum of ESRD Networks medical advisory committee. You can "phone a friend" for help at the Network office: 601-936-9260!

Status Report: Elab Project 2011

The 2011 Elab Project, the collection of patient-specific data for fourth quarter 2010, is now complete! For Network 8, this project included 282 facilities owned or managed by FMC, DaVita or DCI (also known as large dialysis organizations or LDOs) and 62 independently operated facilities.

At this time, preliminary reports have been supplied to Network 8 with final reports expected by end of April; these reports will be mailed to each facility by mid-May. Please note that these reports are mailed to the Nurse Manager only; however, **CMS directs facilities to make the information contained in the report available to patients or inform patients on how to contact the Network to obtain this information**. Likewise, Medical Directors and Administrators may obtain a copy of the report from the facility manager or from Network 8 on request.

As in the past, data from the Elab project will be analyzed by Network 8 QI staff and results shared with our Medical Review Board. Working together, quality improvement opportunities will be identified and addressed in our Quality Improvement Work Plan for the next contract cycle, which begins July 1.

While those of you employed by an LDO may not have even been aware that the Elab project was underway, those employed by independent facilities are VERY aware due to the commitment of time and other resources required for obtaining and providing this data to Network 8. We would like to take this opportunity to express our sincere appreciation to the following units for their "hands-on" participation in the 2011 Elab project.

Alabama

DSI Norwood
PCD Anniston #1
DSI Walker County
PCD Talladega
Roanoke Dialysis
Landmark Dialysis
Reliant Renal Care Northridge
Tuscaloosa Neph. Assoc. Home Dialysis
PCD Oxford
PCD Jacksonville
Children's Hospital

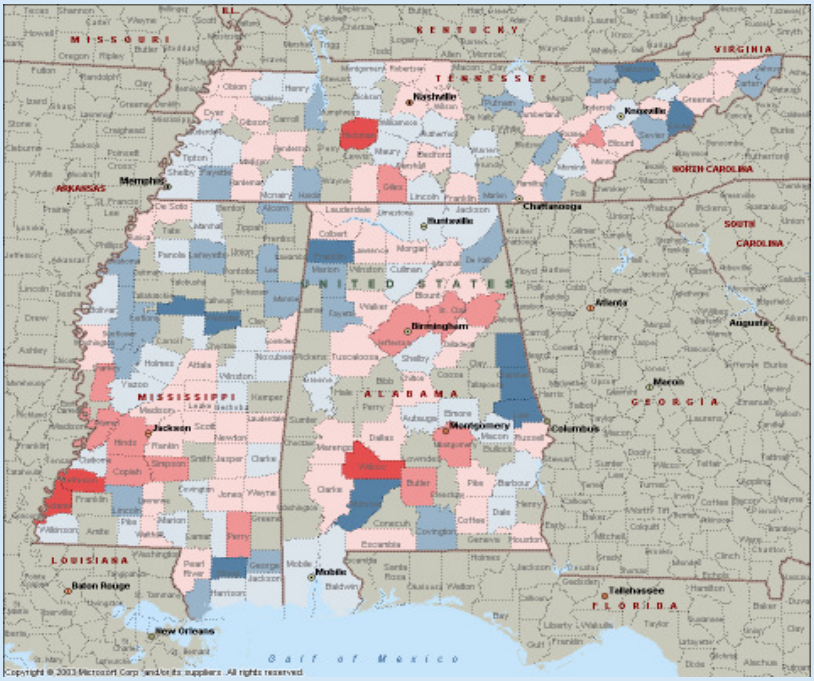
Mississippi

UMC Pediatric Nephrology
DSI Jackson North
Hattiesburg Clinic
Laurel Dialysis
Pearl River Dialysis
DSI Canton
Columbia Dialysis
DSI Jackson Southwest
Waynesboro Dialysis
DSI Jackson South
DSI Lexington
Wiggins Dialysis
DSI Brandon
Mid-Delta Kidney Center
DSI Hazlehurst
Bay Springs Dialysis
RCG Mayersville
Collins Dialysis
Tylertown Dialysis
Richton Dialysis
DSI Carthage
Silver Creek Dialysis
Pachuta Dialysis
DRG Fayette
Medical Mall

Tennessee

Morristown Dialysis
Appalachian Dialysis
DSI Memphis South
East Tennessee Dialysis
DSI Central Memphis
Blount Dialysis
DSI Memphis North
DSI Memphis Midtown
DSI Memphis Graceland
Chattanooga Kidney Center
Crossville Dialysis
DSI Galleria
McMinnville Dialysis
Manchester Dialysis
Harpeth Dialysis
Smokie Mountain Dialysis
Knoxville Dialysis
Sweetwater Dialysis
Clinton Dialysis
Kidney Center of Cleveland
RAI Poplar
RAI Pace
RAI Gallatin
Kingston Dialysis
LeBonheur Children's Hospital
Methodist Outpatient Dialysis

% AVF by County - December 2010



< 35% | 35-45% | 46-55% | 56-65% | 66-75% | > 75%

Information Security Update

Enhanced Security Procedures: In response to recent requests from the Centers for Medicare and Medicaid Services, ESRD Networks are required to expand some of our information security procedures. These enhanced security procedures only relate to sensitive information, such as patient specific information (names, SSN, HICN, diagnosis, lab values, etc). Not every fax or package you receive from Network 8 contains sensitive information. A Sensitive Information Fax cover sheet or a Transmittal and Response Form for Sensitive Information will be used if the information being sent to you by the Network is sensitive and requires special handling.

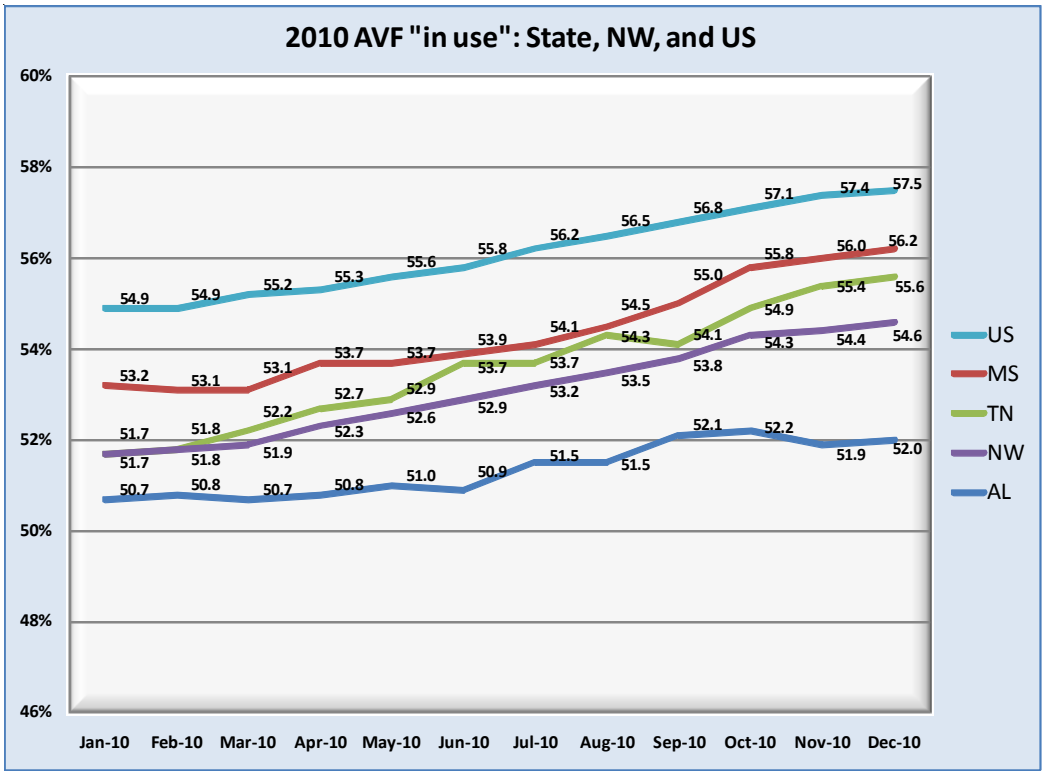
continued on page 6

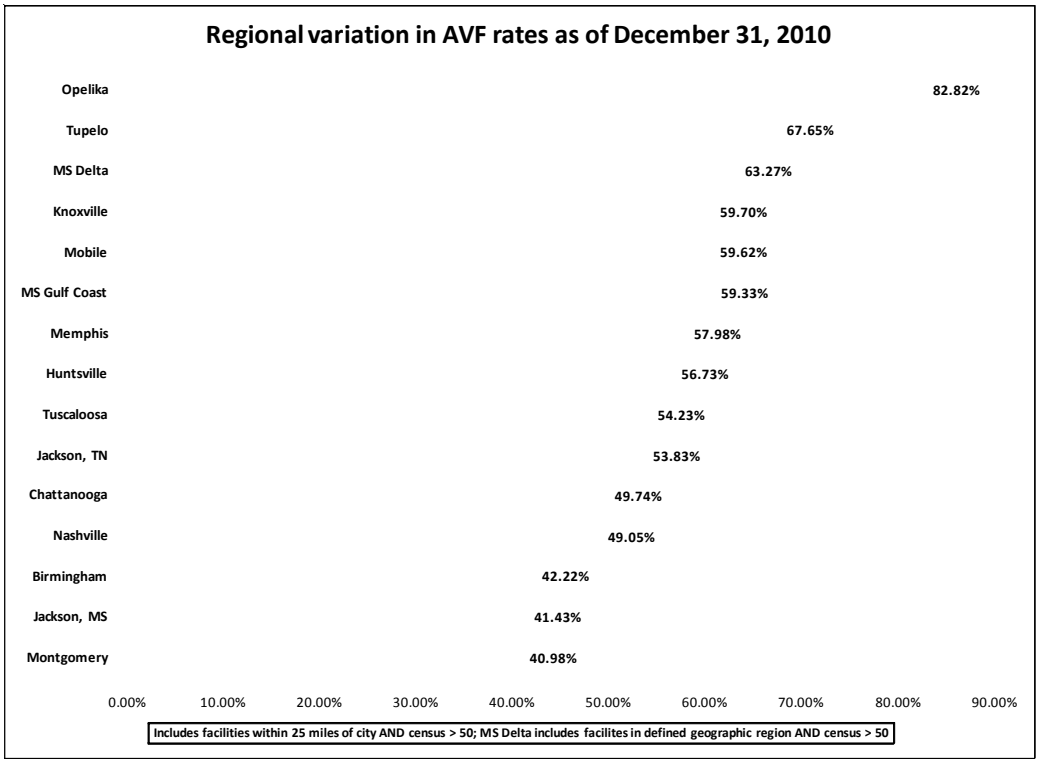
Security Update *continued from page 5*

Sensitive Information Fax: When we send sensitive information to you by fax, we will call you to verify your fax number and to ask you to be ready to receive the information. Once you receive the information we are requesting that you call the Network sender to let them know that you have received the fax. The fax cover sheet will be entitled "Sensitive Information Fax.

Transmittal and Response Form for Sensitive Information: If we send you sensitive information by certified mail or a commercial carrier like FedEx, it will contain a transmittal document entitled, "Transmittal and Response Form for Sensitive Information." This document will list the contents of the package including the number of pages. Please verify the contents of the package, including the number of pages, check the box indicating the inventory is correct, sign, date and fax the form back to the Network.

We have made every effort to minimize the impact and work effort required for facility staff as we comply with the security directives. Let us know if you have suggestions for improving this process.





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