



Provider eNewsletter

Edition: **November 2018**

Visit the Network 17 website [here](#).

From the Executive Director

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Greetings,

Thank you to all the dialysis providers who participated in the Network's 2018 quality improvement activities (QIAs). During 2018, Network QIA facilities:

- Reduced bloodstream infections (BSIs) by .48 percent and long-term catheter (LTC) use by 2.90 percent.
- Increase patients on a kidney transplant wait list in QIA facilities by 2.22 percent.
- Improved the number of patients with missing pain assessments in the QIA group from 1,903 at baseline to zero missing by the end of the QIA.

These are just a few successes we have had this year and we look forward to our continued work together to improve dialysis care throughout Network 17.

Stay tuned for new and innovative interventions and patient-focused resources that will assist your facility in addressing facility-specific goals, as well as the goals put forth by the Centers for Medicare & Medicaid Services (CMS) and the Networks.

Best wishes to all as we move out of 2018 and into the new year!

Helen Rose, MSW, LCSW
Executive Director
Phone: 415.897.2400 | hrose@hsag.com

- Quick Links**
- [CROWNWeb Online Help](#)
 - [Dialysis Facility Compare](#)
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Network Updates

Importance of Disease Management: Heart Health and Ultrafiltration Rates (UFRs)

Fact: The ESRD population is at a higher risk for cardiovascular disease than the general population.

Fact: Over half of all ESRD dialysis deaths are cardiovascular related.

One factor commonly overlooked when managing an ESRD patient's cardiovascular health is the dialysis UFR. The UFR indicates the rate at which fluid is removed from a patient while receiving dialysis. The higher the UFR, the greater the risk for hypotension, which may reduce blood flow to the heart, leading to myocardial stunning (or tissue damage) to the heart. Repeated episodes of cardiac stunning can ultimately lead to cardiac dysfunction. In a recent study, 64 percent of dialysis patients tested had significant

Quality Incentive

Program (QIP) Final Rule

[PY 2018](#)

[PY 2019](#)

PLEASE GIVE US YOUR FEEDBACK!

In an effort to improve our Provider eNewsletter, please complete this short [survey](#). Thank you!

Recurring Topics

In-Center Hemo CAHPS

For the most up to date information on ICH CAHPS click [here](#).

PATIENT EDUCATION

Find Network 17 Patient Newsletters [here](#).

SPOTLIGHT ON MODALITIES

Patient Transplant resources are available on the United Network for Organ Sharing (UNOS) [website](#).

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episodes of myocardial stunning during hemodialysis.

The new Centers for Medicare & Medicaid Services (CMS) metric for reporting UFR for dialysis patients recommends an average UFR rate no greater than 13 ml/kg/hr to avoid cardiac stunning. However, if an average UFR of less than 13ml/kg/hr cannot be achieved, justification should be documented in the patient's medical record by a registered nurse or nephrologist. To access the CMS memorandum pertaining to the UFR clinical indicator click [here](#) or visit the [CMS.gov website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html).

Smoking Cessation: Centers for Disease Control and Prevention- (CDC-) Suggested Interventions

Thanks to the addictive power of nicotine, quitting smoking is difficult for most people. According to the CDC, however, there are some interventions that have been shown to be effective in helping people to quit:

- **Counseling**, such as one-on-one, group, or teleconference therapy, can be effective.
 - Medicare Part B recipients can even receive up to eight smoking cessation face-to-face counseling sessions a year, if provided by a Medicare-approved practitioner.
- **Prescription and over-the-counter (OTC) medications** have also been proven effective.
 - These include the patch, gum, and bupropion SR (Zyban®).
- **Combining counseling and medications** is more effective than using either one alone.

For online resources to help your patients on their journey to quit, please go to smokefree.gov and cdc.gov/tobacco/.

Diabetes Self-Management: The Importance of Foot Care

Many dialysis patients who also have diabetes often neglect critical foot care. The National Diabetes Education Program (NDEP) provides tips on how dialysis patients with diabetes should take care of their feet. Let your patients know that it is important for them to:

- Check their feet every day.
- Wash their feet every day.
- Use lotion daily.
- Smooth corns and calluses gently.
- If they can see, reach, and feel their feet, trim their toenails regularly.
- Wear shoes and socks at all times.
- Protect their feet from hot and cold.
- Keep the blood flowing to their feet.
- Be more active to keep blood flowing to their feet.
- Be sure to ask their healthcare team to:
 - Check your feet frequently for discoloration or sores that are not healing.
 - Check your sense of feeling and pedal pulses at least once a year.
 - Refer you to a foot doctor if needed.
- Take care of their diabetes.

Let your patients also know that Medicare Part B insurance may cover some of the cost of

special shoes or inserts. Encourage them to ask how they can get the special footwear.

Patient and Family Engagement (PFE)

Helping ESRD Patients to Actively Pursue a Better Quality of Life

Kidney disease can take a significant toll on the minds, bodies, and souls of ESRD patients. As providers, we cannot lose sight of what our patients are going through on a daily basis, even when we, ourselves, are overworked and overwhelmed. While our facility social workers collaborate with patients throughout the year on quality of life goals using tools such as the Kidney Disease Quality of Life (KDQOL) survey, **improving patients' quality of life can and should be a goal for the entire care team.** What can we do to help our patients, who have genuine physical barriers, to improve their quality of life?

The first thing we can do is to start from a place of empathy as opposed to one of sympathy. Rather than feeling sorry for our patients, we need to try to imagine what they might be going through and how difficult it would be for us in the same situation. Patients sense when medical professionals have genuine empathy. In the following short video (less than three minutes), Brené Brown, LMSW, PhD, defines the difference between empathy and sympathy, and why empathy is so much better: brenebrown.com/videos/rsa-short-empathy/.

The next thing we can do is help patients to change their perspective and/or find new ways to enjoy the activities that they love. Following are a few examples of how we can help patients to shift their focus from grieving the activities they've lost to finding new activities they can enjoy.

A patient used to love to:	The patient might now enjoy:
Garden.	<ul style="list-style-type: none">• Starting a window herb garden.• Growing flowers and/or trees in containers.
Cook.	<ul style="list-style-type: none">• Teaching their grandchild to cook.• Writing their favorite recipes in a book to share with family.
Work on cars.	<ul style="list-style-type: none">• Building model cars.• Going to car shows.

On average, we all get 112 waking hours per week. On average, patients spend 12 hours per week on dialysis. Our mission: help our patients to see what they can do with the other 100 hours available to them.

The California Department of Rehabilitation (DOR)

The DOR is an employment and independent living resource that assists eligible Californians with disabilities to obtain and retain employment and to maximize their equality and ability to live independently in their community. Provided services include:

- Employment counseling.
- Training and education.
- Mobility and transportation aids.
- Job search and placement assistance.

A vocational rehabilitation team works closely with each job seeker to establish the best combination of services and resources necessary to prepare for, find and retain employment.

The California DOR administers the largest vocational rehabilitation program in the country. Their mission is to provide services and advocacy that assist people with disabilities to live independently, gain employment, and have equality in the communities in which they live and work. You can find additional information on the Division of Vocational Rehabilitation by visiting www.dor.ca.gov/. Visit www.rehab.cahwnet.gov/DOR-Locations/index.asp, for a list of DOR office locations.

Keep Facility Details in CROWNWeb and PART Current

All facilities are responsible for ensuring that their clinic's details are current in CROWNWeb. The ESRD Networks rely on the CROWNWeb facility details when attempting to make contact for projects, data entry completion, and during/after disasters. Make sure you review and update your facility's:

- Phone number
- Fax number
- Address
- Email address
- Key personnel contacts

Users are also required to verify their facility's PART (Patient Attributes and Related Treatment) data in CROWNWeb at the end of each month, but no later than the fifth business day of the following month. Keeping your PART information up-to-date helps to reduce the number of patients who fall into a Gap. Gap patients are patients who are not currently admitted to a permanent facility in CROWNWeb. Maintaining your facility's PART ensures that CMS and the ESRD Networks know where all ESRD patients are located and can account for every patient in the event of an emergency. In order for support teams to properly assist both facilities and affected patients during a disaster, it is imperative that all CROWNWeb facility data and PART information are correct and up-to-date.

CROWNWeb Clinical Closure Dates

Clinical Months	Date for Closure of Clinical Submissions (9:59 p.m. PT)
September 2018	November 30, 2018

The National Healthcare Safety Network (NHSN) Internal Validation Toolkit Is Now Available!

The *2018 NHSN Internal Validation Toolkit and the Guidance for Facility Data Quality Checks* are now available on NHSN's webpage at www.cdc.gov/nhsn/validation/index.html. This toolkit provides guidance for conducting routine data by healthcare facilities quality checks to ensure that data reported to NHSN are accurate.

The intended audiences for this toolkit includes nurses, infection preventionists, and quality of care professionals at facilities, including acute care hospitals, inpatient rehabilitation hospitals, and long-term acute care facilities reporting selected data to NHSN.

Routine planned data quality checks are useful for:

- Identifying and understanding systematic weaknesses in facility-specific healthcare-associated infection (HAI) reporting.
- Assuring that the facilities' surveillance data are of high quality, complete, timely, and accurate.
- Promoting coordination and partnership between stakeholders.
- Building confidence in your own facility data.

Quality Incentive Program (QIP) Tool and Assistance Available

Please be sure to check out the ESRD QIP Q&A Tool introduction video that can be viewed [here](#), along with the *ESRD QIP Quick Start Guide* that can be downloaded from mycrownweb.org by clicking [here](#). As a reminder, your ESRD Network is also available to assist with ESRD QIP technical assistance!

Medicare's Dialysis Facility Compare (DFC): Important Dates

Make note of these important dates for DialysisData.org:

	Quarterly DFC (QDFC)—Preview Reports for January 2019 available to dialysis facilities and Networks on the website
November 1, 2018	December Quarterly Update of the FY 2019 Dialysis Facility Reports (QDFRs) for State Surveyors available to dialysis facilities on the website
	QDFC/QDFR Comment Period opens at 12:01 a.m. ET*
November 15, 2018	QDFC/QDFR Comment Period ends at 5 p.m. ET* (Report still available to view and download)

DFR Frequently Asked Question (FAQ) Link Available

Have you reviewed your DFR?

Do you know what a DFR is?

Do you need to add a user to your Master Account?

Do you know what a Master Account is?

This FAQ link (dialysisdata.org/content/faq) provides answers to your most commonly asked questions about DFRs and how to access them, as well as contact information for technical assistance—For technical support, contact the University of Michigan-Kidney Epidemiology and Cost Center (UM-KECC) at DialysisData@umich.edu or call **855.764.2885**, Monday through Friday, 9 a.m. to 5 p.m. ET. Your ESRD Network is also available to assist you and can be reached at 813.383.1530, Monday through Friday, 8 a.m. to 5 p.m. ET.

2019 Performance Score Reports (PSRs) Will Be Available Soon

The 2019 Final PSR documents your facility's performance during the 2017 Clinical Year and any payment reduction that may result from not meeting a CMS performance threshold. It also reflects any revisions to your facility's performance scores from the Preview Period. The Medicare Improvements for Patients and Providers Act ([MIPPA](#)) of 2008 requires that CMS and facilities inform beneficiaries about facility performance

under the ESRD QIP. CMS ensures this requirement is met by:

- Posting information to the [Dialysis Facility Compare](#) website.
- Requiring dialysis facilities to post their Performance Score Certificate (PSC), outlining how well the facility performed under the ESRD QIP. Every facility is required to download, print, and post both the English and Spanish versions of the PSC in a prominent patient area within fifteen business days of their availability. The PSC must remain posted throughout 2019. It is recommended that facilities save an electronic copy of their PSCs for reference, reprinting, and reposting throughout the year as the need arises.

Note: The 2019 PSCs will be available in the ESRD QIP system until the 2020 Preview Period begins in summer 2019. After the Review Period, facilities will need to contact the QualityNet Help Desk (qnetsupport-esrd@hcqis.org) to acquire a copy of the PSC.

UPCOMING EVENTS and WEBINARS

Bay Area Association Kidney Patients (BAAKP) - East Bay Support Group

Date: November 4, 2018

Time: 1 p.m. PT

For more information: <http://www.baakp.org/calendar.html>

Introduction to the NHSN Dialysis Event Surveillance Protocol

Date: November 6, 2018

Time: 1 p.m. PT

For more information and to register: cc.readytalk.com/r/9t1ebcqv5ow&eom

Introduction to the NHSN Dialysis Event Surveillance Protocol

Date: November 7, 2018

Time: 1 p.m. PT

For more information and to register: cc.readytalk.com/r/grkyb4rhvvn9&eom

Advanced NHSN Dialysis Event Surveillance Reporting and Introduction to NHSN Reports

Date: November 13, 2018

Time: 1 p.m. PT

For more information and to register: cc.readytalk.com/r/r0jffifi0ahrp&eom

Advanced NHSN Dialysis Event Surveillance Reporting and Introduction to NHSN Reports

Date: November 14, 2018

Time: 1 p.m. PT

For more information and to register: cc.readytalk.com/r/julxp0uzttsb&eom

Your Presence is Our Present ESRD Network Webinar

Date: November 15, 2018

Time: 11:30 p.m. PT

For more information and to register: [Your Presence is Our Present](#)

Dialysis Patient Citizens Education Center: Medication Management and the Role of the Pharmacist

Date: November 15, 2018

Time: 11 a.m. PT

For more information and to register: <http://www.dpcedcenter.org/education-call-rsvp>

A Nephrology News & Issues Companion Webinar Series: Mapping the Future:

Implementation Strategies for Kidney Supportive Care

Date: November 15, 2018

Time: 12 noon ET

For more information and to register: [https://qualitynet.webex.com/mapping the future](https://qualitynet.webex.com/mapping%20the%20future)

BAAKP – San Francisco Support Group

Date: December 2, 2018

Time: 1 p.m. PT

For more information: <http://www.baakp.org/calendar.html>

Dialysis Patient Citizens Education Center: What’s So Funny about Kidney Disease?

Date: December 15, 2018

Time: 11 a.m. PT

For more information and to register: <http://www.dpcedcenter.org/education-call-rsvp>

BAAKP - Peninsula Support Group

Date: January 13, 2019

Time: 1 p.m. PT

For more information: <http://www.baakp.org/calendar.html>

2019 CMS Quality Conference

Date: January 29-31, 2019

Time: 3-day conference

For more information and to register: <https://www.cmsqualityconference.com/>

Find related events on the Network 17 website [here](#).

Network 17 Staff Directory

Name/Title	Direct Phone Number	Email Address
Helen Rose, MSW, LCSW <i>Executive Director</i>	813.865.3321	hrrose@nw7.esrd.net
Jane Wilson, MSN, RN, CNN, RD <i>Quality Improvement Director</i>	650.389.1083	jwtilson@nw17.esrd.net
Beverly Whittet, RN, CDN, CPHQ <i>Special Projects Director</i>	813.865.3317	bwhittet@nw7.esrd.net
Anne Pugh, MSW, LCSW <i>Patient Services Manager</i>	650.389.1082	APugh@nw17.esrd.net
Riquelen Ngumezi, MSW, LCSW <i>Patient Services Manager</i>	650.389.1085	RNgumezi@nw17.esrd.net
Bonnie Grasso, MSW <i>Quality Improvement Manager</i>	813.865.3415	bgrasso@nw7.esrd.net
Robert Peck, RN <i>Quality Improvement Manager</i>	813.865.33474	rpeck@nw7.esrd.net
Kristine Johnson, RN, MSN <i>Nephrology Nurse</i>	813.865.3461	kjohnson@nw7.esrd.net
Rosa Rincon <i>Data Manager</i>	650.389.1086	rrincon@nw17.esrd.net
Melissa Johnson <i>Project Coordinator</i>	813.865.3559	mjohnson@hsag.com
Iris Gallagher <i>Administrative Assistant</i>	813.865.3508	igallagher@hsag.com

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