HSAG HEALTH SERVICES ADVISORY GROUP
ESRD Network 17

Provider eNewsletter

Edition: 2 **June 2018**

Visit the Network 17 website here.

In This Issue

Quick Links

CROWNWeb Online Help

Dialysis Facility Compare

National Healthcare Safety Network (NHSN)

Quality Incentive Program (QIP) Final Rule

PY 2018
PY 2019

From the Executive Director

The Centers for Medicare & Medicaid Services (CMS) recognizes that patients, families, and caregivers are essential partners in the effort to improve the quality and safety of healthcare provided to all patients. It is only by including them as active members of their own healthcare team that quality can be improved, and care become more patient-centered; by fully engaging patients, families, and caregivers in the design, delivery, and evaluation of care, it is made safer, treatment plan adherence is increased, and hospital readmissions are reduced. I encourage you to visit the Network's Patient and Family Engagement website page and use the Tips to Improve Patient Engagement at the Facility Level to establish the genuine engagement with patients that is essential in the provision of high-quality healthcare and to achieve improved healthcare outcomes.

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

Network Updates

The Network and Its Key Players

In 1978, CMS established the End Stage Renal Disease (ESRD) Network Program as part of a national quality improvement initiative to ensure the delivery of safe and effective dialysis care. Network 17 is one of 18 ESRD Networks in the United States and its territories. It covers a service area within the unique geographic locations of American Samoa, Guam, Hawaii, the Mariana Islands, and Northern California. The Network is composed of a variety of seasoned dialysis professionals, such as licensed clinical social workers (LCSWs) and certified nephrology nurses (CNNs). The Network also includes dialysis patients, clinicians, and professionals from the service area who volunteer their time to participate on the various Network committees, boards, and councils. These important groups, the Medical Review Board (MRB), the Board of Directors (BOD), the Network Council (NC) and the Patient Advisory Committee (PAC), provide guidance and technical assistance to the ESRD community. Currently, the Network MRB is developing *Clinical Standards of Care* for the dialysis facilities in the Network 17 service area, that include quality statements describing the care patients should be offered and defining facility requirements. These *Standards* will assist all Medicare-Certified ESRD programs to provide high-quality treatment to their patients.

The Network's primary goals are to:

- Aid and educate ESRD patients and providers
- Resolve patient grievances.
- Spread best practices.
- Promote process improvements at the facility level.

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.

Join Our List

Join Our Mailing List!

Click here to learn more about or volunteer with the Network.

Patient and Family Engagement (PFE)

Grievance Process Improvement: Best Practices and Lessons Learned

The most important member of the dialysis healthcare team is the patient, yet patients often report not knowing their rights when it comes to filing grievances, whom to talk to at the clinic about what, and often keep silent in fear of reprisal. An optimal dialysis environment encourages patients to ask questions, present ideas, and voice concerns. This sets the stage for the provision of great care, excellent outcomes, and maximum patient and staff satisfaction.

In 2016/2017, CMS directed the ESRD Networks to help dialysis facilities improve their internal grievance processes to increase patient satisfaction and engagement with staff. The Network Grievance Quality Improvement Activity (QIA) assisted facilities to identify and address patients' interpersonal and environmental concerns, to resolve those concerns quickly, and to prevent them from occurring in the first place. Facilities nationwide reduced their interpersonal and environmental facility grievances by 20 percent. Facilities within ESRD Network 17's service area reduced these types of grievances by **62 percent**. Thank you to all who participated!

Best practices and lessons learned during the Grievance QIA include:

- Staff should be able to field any grievance conversations and begin the accompanying documentation, not just management or the social worker.
- Ongoing interactive communications skills training, including role play, makes staff more comfortable engaging with distraught patients.
- Staff benefit from discussions about patients' fear of retaliation, especially as many staff do not feel retaliation is a problem in their clinic or practice.
- Staff value concrete skills training, such as verbal de-escalation techniques.
- Care is improved by relationship-building efforts and getting to know your patients.
- Having a good rapport with patients makes them more likely to approach staff early so that concerns do not escalate to the grievance level.
- Positive grievance experiences influence patients' willingness to speak up again and can help spread your "We want to hear from our patients and families!" message.
- Suggestion boxes, conversations about non-dialysis topics, and staff periodically asking patients to give feedback about their care all help to create a care environment where patients feel safe speaking up.
- Reading chapter five from the Grievance Toolkit to patients allows staff to learn/review the grievance process along with the patient.

Network-suggested grievance interventions and resources are available on the Grievance Process Tools to Increase Patient Satisfaction section of the Network 17 website.

Navigating access to Care Issues: Severe and Immediate Threat

In recent years there has been an increasing trend of involuntary discharges (IVDs) due to identification of severe and immediate threats. As incidents of mass shootings occur throughout the nation, so does the concern of dialysis facility staff for their safety when dealing with patients who exhibit the potential for violence. While this concern is valid, there are steps facilities can take to mitigate circumstances before a patient escalates to making a severe and immediate threat. Most importantly, staff need to react to patients in a way that is effective and fosters communication rather than triggering defensive and potentially threatening behaviors. Here are some examples of effective communication:

Say this….	Not that!
"This is difficult to discuss, but I feel we need to address it."	We need to talk about what you did at your last treatment.
"I am concerned about a safety issue that I want to bring to your attention."	You cannot come into the unit before you are called…
"There is an issue that is bothering me, and I feel we need to discuss it."	You have to…
"I am sorry you felt that way. It was not my intention."	I did not mean it that way.
"I can see that you are upset. I would like to discuss this calmly and rationally."	You need to calm down.
"I can see how tough this must be for you."	You are in denial.
"I think there has been a misunderstanding here. I would like to discuss/clarify/clear this up."	You are confused.
"I apologize if I was not clear. Let me explain what I meant."	I did not say that.
"I will check with my supervisor and inform you what I find out."	That's not my job.
"I believe the item we were discussing was ….and …the following solution(s) have been offered…"	You are not listening to me.

In addition to effective communication techniques, the Network has the following recommendations when working with a patient who has the potential for violence:

- Review the *Conflict Resolution Meeting Tip Sheet (NW17)*.
- Meet with the patient (and family, if available) and the Interdisciplinary Team (IDT) to discuss the facility's concerns, as well as any concerns the patient has about their care.
- Request that the physician write an order for a psychiatric evaluation.
- Use open-ended questions to assess a patient's meaning behind vague statements, such as "You'll be sorry" or "You just wait and see," as these are not necessarily severe and immediate threats.
- Change the code to the treatment door and enforce a policy that no one should be entering the treatment floor without a staff member present.
- Consider hiring on-site security.
- Restrict the patient from bringing in a bag or have security search the bag prior to the patient entering the treatment floor.
- Ensure that staff is aware of what actions to take if verbal de-escalation of the situation is not effective:
    - Stop or do not initiate the treatment.
    - Ask the patient to leave and/or contact the police for support.
    - Notify the physician and document notification.
    - Notify the facility administrator, risk management, medical director, and the Network.

There are many resources available on the Network 17 website to further assist facilities in managing these difficult situations.

Emergency Disaster Preparedness

An earthquake is a sudden, rapid shaking of the earth caused by the shifting of rock beneath the earth's surface. Earthquakes strike without warning, at any time of year, day or night. Want peace of mind that you know what to do in the next earthquake? Register yourself and your organization online for the *Drop, Cover, and Hold On* earthquake drills being held on October 18, 2018. Be counted among the millions participating in the Great ShakeOut by learning more and registering at www.ShakeOut.org.

Network Quality Improvement Activity (QIA) Highlights: Treatment Options

Home Therapy: Identifying a Modality Educator in Your Facility

When was the last time you re-thought your approach to providing treatment options education to new in-center hemodialysis patients? Consider how you educate these patients at the time of admission. Studies show that having **dedicated modality staff educators** increases the number of patients choosing a home dialysis modality. (*Nephrol Dial Transplant*. 2011;26(7): 2302-2308. Home dialysis is not the right choice for everyone but make sure your patients understand all of the options available before they make a modality choice. Click here for a brochure that you can use as a conversation starter.

We owe it to our patients to assist them in making an informed decision. The following strategies are being implemented by facilities participating in the Network's Home Modality QIA with the goal of increasing the number of patients training on a home modality. Consider implementing these strategies in your facility:

- Utilizing a team approach.
- Taking the patient's life plan into account when suggesting modalities.
- Using the Match-D tool to identify any barriers to the patient dialyzing at home.
- Having an in-center Home Champion (trained on benefits of home dialysis) or staff from the local home program provide education.
- Collaborating with the patient and nephrologist to discuss candidacy for home dialysis.

To support the Home Modality QIA, CMS initiated a Home Modality Learning and Action Network (LAN), which includes nationwide webinars every other month to share education strategies and best practices. Home Modality QIA resources, including LAN recordings and best practices can be found on the Network 17 website.

Kidney Transplant: Are You in the Know?

Facilities participating the Network's Increasing Patients on a Transplant Waitlist QIA recently asked a number of their dialysis patients why they were refusing to consider transplantation as a modality option. Reasons for rejecting transplant as an option included patients feeling that:

- They were too old.
- They were too sick.
- That there was too much risk involved.

Although all of these reasons could be true for some patients, they may not apply to others.

Did you know:

- **Not all transplant centers have the same criteria for eligibility?**

Some transplant centers have:
  - Removed the age limit from their criteria for transplantation.
  - Increased the body mass index (BMI) weight limit.
  - Do not consider all medical contraindications as absolute.

  Contact your local Transplant Center for specific information. Having up-to-date information from your local transplant center is vital to dispelling any myths that could keep a patient from pursuing a transplant.
- **Ninety-three percent of kidney transplants are working at the end of a year and 83% are working at the end of three years.**
  The United Network for Organ Sharing (UNOS), reports that a total of 34,768 organ transplants were performed in 2017 using organs from both deceased and living donors.
- **Social media has become a way to find a living kidney donor.**
  Some transplant centers offer information on how potential transplant candidates can use social media to find a living donor. Contact your local transplant center to find out if they offer this type of information. Another source of information that discusses using social media to share your story can be found on the UNOS website.

Sources: https://www.kidney.org/transplantation/transaction/TC/summer09/TCsm09_TransplantFails
https://unos.org/deceased-organ-donors-in-united-states-exceeded-10000-for-first-time-in-2017/

Data Management

CROWNWeb and the New Medicare Beneficiary Identifier (MBI)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires that CMS replace the Social Security Number (SSN) based Medicare Claim Number on Medicare cards by April 2019. SSNs are being replaced with a randomly-generated number referred to as the MBI. MBIs will be 11 characters in length and consist of numbers and uppercase letters; they will be visibly different from the beneficiaries' Medicare Claim Number. Removing the Medicare Claim Number from the Medicare card will decrease Medicare beneficiaries' vulnerability to identity theft, protecting healthcare and financial information and benefit payments.

CROWNWeb will use a two-step approach to accommodate the new MBI number.
Step One: The MBI number field will be added to all screens in CROWNWeb that currently have the Medicare Claim Number. During this first phase, either the Medicare Claim Number or the MBI will be accepted.
Step Two: Scheduled for 2019, the Medicare Claim Number will be removed from all screens in CROWNWeb.

Additional information about the MBI can be found at:
https://www.cms.gov/Medicare/New-Medicare-Card/index.html.

Below are three significant and commonly-asked questions that CROWNWeb users have about the MBI:

- **Now that MBI is active on screens in CROWNWeb, how do I use those sections?**
  - CMS has randomly assigned MBIs to the patients currently on Medicare. MBIs are generated automatically and accepted in CROWNWeb. For the next 19 months, current patients may have both a Medicare Claim Number and an MBI in CROWNWeb. As of the end of 2019, the Medicare Claim Number will not display, leaving only the MBI for reference.
- **Do I need to follow different steps with patients that do not have a MBI?**
  - Patients first applying for ESRD Medicare will be entered in CROWNWeb as

usual. The CROWNWeb screens offer options for both the Medicare Claim Number and MBI to be populated. If neither is available at the time, CROWNWeb users will be able to mark the "N/A" Medicare Claim Number or "N/A" MBI check boxes to indicate information is not available and admit the patient. If a patient is being admitted with only an MBI, that information may be entered in the proper field, and then the "N/A" Medicare Claim Number box may be selected.

- **What needs to be done for patients who currently only have a Medicare Claim Number?**
  - For patients currently only having a Medicare Claim Number, no changes will be required.

Sources: http://mycrownweb.org/wp-content/uploads/2018/04/April-Newsletter–508.pdf
http://mycrownweb.org/wp-content/uploads/2017/07/August_Newsletter_508.pdf

CROWNWeb Clinical Closure Dates

Clinical Months	Date for Closure of Clinical Submissions (8:59 p.m. PT)
March 2018 Clinical Month	May 31, 2018
April 2018 Clinical Month	June 30, 2018
May 2018 Clinical Month	July 31, 2018

CROWNWeb Training

Are you having issues with CROWNWeb? Use the MyCROWNWeb educational trainings to learn how to use the software. The *MyCROWNWeb* website contains many tools and videos for training purposes.

If you have any data reporting questions or concerns, please contact the Network at 415.897.2400 and select the Data Department.

National Healthcare Safety Network (NHSN)—Due Date Reminder

The due date for Quarter 1 NHSN data entry (January–March 2018) is June 30, 2018. Do you know how to access an NHSN report to make sure that you have met the requirements for the CMS ESRD QIP? Find easy-to-follow instructions here and make sure that your facility remains compliant.

Please visit the NHSN website or contact NHSN@cdc.gov for additional assistance with reports or other training that is available.

Quality Incentive Program (QIP)

The ESRD Quality Incentive Program (QIP) is a pay-for-performance program developed by CMS to improve the quality of care provided to ESRD patients by providing a financial incentive for renal facilities to deliver high-quality patient care. The program's specific quality measures, standards, weights, and formulas will change from year to year. Payments can be reduced by as much as two percent for ESRD facilities that do not meet certain performance measures. This reduction will apply to all payments for services performed by the facility during the applicable payment year (PY).

For PY 2020 measure information, visit: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/PY-2020-Technical-Measure-Specifications.pdf.

ESRD QIP Q&A Tool

Have you used the new ESRD QIP Q&A Tool? This new resource from *QualityNet* provides

a streamlined process for submitting questions about the QIP. CMS subject-matter experts (SMEs) provide answers in a timely manner on a wide variety of program topics, including issues related to policy, measure specifications, and deadlines. The Q&A Tool also provides immediate answers to commonly asked questions through its Frequently Asked Questions (FAQ) feature. A robust search engine allows users to quickly locate information based on keywords or phrases and provides a convenient summary of relevant answers.

CMS has posted an overview of the Tool in the right-hand "Resources" menu found on the ESRD QIP QualityNet home page, as well as a brief tutorial that can be found at ESRD QIP Q&A Tool tutorial. The tutorial guides users to create an account on the tool, which will enable CMS to communicate directly with them.

Check out the links below to see just some of the questions this tool can answer!
https://cms-ocsq.custhelp.com/app/answers/list/c/1034

Be on the Lookout for Your Performance Score Report (PSR)

The Performance Score Report (PSR) is a document intended to inform a dialysis facility about its performance on quality measures during the Performance Period, its Total Performance Score (TPS), how its score was calculated, and how Medicare payments will be affected as a result. CMS issues a Preview PSR for each facility at the beginning of the Preview Period, and a Final PSR in December. Each year, typically in June or July, facilities receive a PSR based on the previous year's data. PSRs are available for preview by facilities during the designated Preview Period (usually 30 days) at which time facilities have an opportunity to submit comments, clarification questions, or a formal inquiry. In December, the Performance Score Certificate (PSC) will be available on the ESRD QIP website to be downloaded by renal facilities and prominently displayed for patients to view.

For more information, including an example of the PSC, click here.

Medicare's Dialysis Facility Compare (DFC)

Medicare's Dialysis Facility Compare (DFC) is a website that provides consumers and ESRD professionals with information about Medicare-approved dialysis facilities across the nation.

The site allows comparison of characteristics, services, and performance on quality measures from one facility to another. If you have patients who need assistance in choosing a facility or who just want to see how their facility compares to others, direct them to Medicare's DFC. If they need assistance in navigating the website, direct them to the DFC Help page or https://www.youtube.com/watch?v=2lQpZ7Im3xY&feature=youtube.

Facilities always have the opportunity to preview the facility level data that will appear on DFC. A detailed timeline for the 2018–2019 Quarterly Dialysis Facility Compare (QDFC) Reports and FY 2018–2019 Dialysis Facility Reports (DFRs), and State and Region Profiles is available here.

UPCOMING EVENTS and WEBINARS

National Kidney Foundation (NKF) Easy Bay Walk
Date: Sunday, June 3, 2018
Start Time: 9:15 a.m.
Location: Bishop Ranch, San Ramon, CA
To register: http://donate.kidney.org/site/TR?fr_id=8837&pg=entry

NKF Silicon Valley Walk
Date: Sunday, June 3, 2018
Start Time: 10:30 a.m.
Location: Cityview Plaza, San Jose, CA
To register: http://donate.kidney.org/site/TR?fr_id=8865&pg=entry

NKF San Francisco Walk
Date: Sunday, June 10, 2018
Start Time: 10 a.m.
Location: Embarcadero Plaza, San Francisco, CA
To register: http://donate.kidney.org/site/TR?fr_id=8864&pg=entry

American Association of Kidney Patients (AAKP) Annual National Patient Meeting
Date: June 8–10, 2018
Location: St. Petersburg, FL
For more information: https://aakp.org/national-patient-meeting/

Patient and Family Engagement Network Webinar: "Help! My Patients Won't Listen to Me!"
Date: Tuesday, July 31, 2018
Time: 1:00–2:30 p.m. PDT
To register: click here

2018 American Nephrology Nurses Association (ANNA)
Date: September 22–24, 2018
Location: New Orleans, LA
For more information: https://annanurse.org/events/fall-meeting-2018

NKF Annual Medical Symposium
Date: Friday, September 28, 2018
Time: 7:00 a.m.–4:30 p.m. PDT
Location: Crown Plaza, Foster City, CA
For more information: https://education.kidney.org/content/50th-annual-medical-symposium

Find related events on the Network 17 website here.

Network 17 Staff Directory

Name/Title	Direct Phone Number	Email Address
Helen Rose, MSW, LCSW *Executive Director*	813.865.3321	hrose@nw7.esrd.net
Jane Wilson, MSN, RN, CNN, RD *Quality Improvement Director*	650.389.1083	jwilson@nw17.esrd.net

Beverly Whittet, RN, CDN, CPHQ *Special Projects Director*	813.865.3317	bwhittet@nw7.esrd.net
Anne Pugh, MSW, LCSW *Patient Services Manager*	650.389.1082	APugh@nw17.esrd.net
Riquelen Ngumezi, MSW, LCSW *Patient Services Manager*	650.389.1085	RNgumezi@nw17.esrd.net
Bonnie Grasso, MSW *Quality Improvement Manager*	813.865.3415	bgrasso@nw7.esrd.net
Donna DeBello, RN *Quality Improvement Director*	813.865.3363	ddebello@nw7.esrd.net
Rosa Rincon *Data Manager*	650.389.1086	rrincon@nw17.esrd.net
Melissa Johnson *Project Coordinator*	813.865.3559	mjohnson@hsag.com
Iris Gallagher *Administrative Assistant*	813.865.3508	igallagher@hsag.com

This material was prepared by HSAG: ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.
The contents presented do not necessarily reflect CMS policy.
Publication Number: CA-ESRD-7G0024-05242018-01