



Provider eNewsletter

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

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- In This Issue**
- [Network Updates](#)
 - [Patient and Family Engagement](#)
 - [Vascular Access](#)
 - [Population Health](#)
 - [CROWNWeb Data Management](#)
 - [Upcoming Events and Webinars](#)
 - [Network 17 Staff Directory](#)

From the Executive Director

We are well into the first quarter of 2018, and Network 17’s 2018 Quality Improvement Activities (QIAs) are underway. 2018 is all about bold goals and big spread for the Network. Some of these goals include:

- Reducing bloodstream infections (BSIs) by 20% in 123 Network facilities.
- Reducing long-term catheter (LTC) use by 2% in 11 Network facilities.
- Increasing rates of patients on a transplant waitlist by 10 percentage points in 87 Network facilities.
- Increasing rates of patients dialyzing at home by 10 percentage points in 74 in-center Network facilities.
- Improving pain assessment and follow-up in 28 Network facilities

The Network 17 staff and I look forward to working with all of you on achieving our QIA goals for 2018. We’ll keep you posted on our progress.

Helen Rose, MSW, LCSW
Executive Director
Phone: 813.865.1530 | hrose@hsag.com

- Quick Links**
- [CROWNWeb Online Help](#)
 - [Dialysis Facility Compare](#)
 - [National Healthcare Safety Network \(NHSN\)](#)

Network Updates

Keeping It Straight

The Roles of Network 17 and the State Survey Agency (SA) in Monitoring Dialysis Care for California

As one of 18 ESRD Networks in the United States and its territories, Network 17 serves over 281 facilities and approximately 28,000 patients. The Network assists its ESRD facilities, patients, and other providers of ESRD services, to ensure that ESRD patients receive the right care at the right time.

California’s SA, frequently referred to as “the state,” is Licensing and Certification, a branch of the California Department of Public Health (CDPH).

What is the difference between the “state” and the Network?

The “state,” or SA, is regulatory and conducts certification, re-certification, and complaint surveys of dialysis facilities. These surveys verify that facilities are following the minimum health and safety rules that all Medicare and Medicaid participating dialysis facilities must meet, as set forth in the ESRD Conditions for Coverage (CfCs). By conducting and following-up on these surveys, Licensing and Certification, CDPH, as the SA for California, ensures that ESRD patients receive safe, high-quality care.

Quality Incentive Program (QIP)
Final Rule
Measures
[PY 2018](#)
[PY 2019](#)

The Network promotes and supports dialysis facilities in the provision of quality dialysis care and the achievement of positive health outcomes for dialysis patients. It assists facilities with quality improvement efforts by providing educational materials for both staff and patients; and acts as a mediator between facilities and patients in the event of disagreements or grievances. The Network sometimes collaborates with the “state” to achieve these ends. To learn more about Network 17 and the SA click [here](#).

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

**ESRD—Top 10 Most-Cited Deficiencies in California
January 1– December 31, 2017**

Recurring Topics

ESRD—Top 10 Most-Cited Deficiencies in California January 1– December 31, 2017			
Rank	Tag Number	Description	Frequency
1	V0122	IC—Clean, Disinfect Surfaces & Equipment/Written Protocols	70
2	V0503	Appropriateness of Dialysis RX	57
3	V0504	Assess B/P & Fluid Management Needs	53
4	V0113	IC—Wear Gloves/Hand Hygiene	50
5	V0403	PE— Equipment Maintenance—Manufacturer's DFU	49
6	V0115	IC—Wear Gowns, Shields/Masks; Staff Not Eat/Drink in TX Area	47
7	V0401	PE—Safe, Functional, Comfortable Environment	47
8	V0543	Manage Volume Status	45
9	V0407	PE—Hemodialysis Patients in View During Treatments	45
10	V0726	Medical Records—Complete, Accurate, Accessible	41
TOTAL			504

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
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Patient and Family Engagement (PFE)

CMS and Networks Encourage Dialysis Facilities to Provide Patients with an Anonymous Grievance Process

Network 17 and CMS encourage all dialysis facilities to develop an internal process for accepting and investigating anonymous grievances. An anonymous grievance occurs when the identity of the patient or other grievant filing the grievance is unknown to the facility. While the facility should foster an environment that encourages patients, family members, and care partners to voice their concerns directly to staff, the facility should also have a process in place to address anonymous grievances, as patients may be hesitant to report a concern due to fear of retaliation.

The facility's process to address anonymous grievances may include:

- Educating patients and staff regarding the facility's grievance process, including how to submit an anonymous grievance.
- Making grievance forms or comment cards readily available for patients to use to submit an anonymous grievance.
- Providing patients with information regarding the facility or company compliance phone line.
- Documenting the details of the grievance.
- Investigating the grievance, including but not limited to, staff and patient interviews, review of medical records, and review of facility policies and procedures.
- Documenting the findings of the investigation and sharing them with patients and staff.
- Conducting educational or QIAs based on investigation findings.
- Reviewing anonymous grievances and quality improvement outcomes during Quality Assurance and Performance Improvement (QAPI) meetings.

To support the facility grievance process, the Network also recommends the following:

- Establishing a patient representative or mentor that can bring grievances reported by patients to facility management.
- Displaying Network 17 grievance posters in an area that is visible to all patients and visitors.
- Providing patients and family members with the [Dialysis Patient Grievance Toolkit](#) created by patients, for patients, with information about how to use the grievance process.

If you have questions or need facility specific support regarding difficult patient situations or grievances, please call the Network at 415.897.2400.

PFE at the Facility Level

The Networks have been tasked with assisting facilities to implement PFE activities at the facility level. Network 17 will assist all QIA facilities to:

- Establish and/or market patient councils, patient and family support groups, and/or new patient adjustment groups.
- Incorporate patient, family, and caregiver participation in the QAPI program and or governing body of the facility.
- Develop policies and procedures related to patient, family, and caregiver participation in patients' care and in the development of individualized plans of care and plan of care meetings.

QIA facilities will be asked to complete a PFE scan at the beginning of the QIA project to establish a baseline. The same PFE scan will also be completed at the end of the project to see if various recommendations were incorporated (e.g., facility had a patient attend the QAPI meeting, etc.). PFE webinars will be presented to all QIA facilities during the year to provide ideas and educational tools to assist facilities implementing the three activities above. Additional technical assistance will be provided as needed. To get started on implementing PFE activities at your facility, visit the Network PFE [webpage](#) today.

Vascular Access

After Treatment Hours Vascular Access Tips for ICHD Patients

Home dialysis patients have access to help that most in-center hemodialysis (ICHD) patients do not have—the ability to contact an on-call home dialysis nurse if something critical arises at home. However, ICHD patients need information and direction when serious complications occur outside of the dialysis facility, too; and it is the responsibility of all facility staff, including nurses, patient care technicians, facility administrators, nephrologists, and clinical staff to routinely review the actions patients, family members, and caregivers should take both to prevent and/or respond to the following serious and sometimes life-threatening problems a dialysis patient might encounter with a vascular access when outside of the dialysis unit.

Problem	Prevention Measures to Care for Your Access	Action Measures
Hemorrhage from the Dialysis Access Site	<ul style="list-style-type: none"> • Avoid sleeping on the same side as the access arm • Protect the access site from inadvertent trauma or manipulation • Report if the access site has scabs, thin or shiny skin, increasing bulging or firmness. 	<ul style="list-style-type: none"> • Cover site with clean gauze or a clean cloth and apply firm, continuous pressure for at least 10 minutes • Call 911 or have someone drive you to the emergency room (ER) if the bleeding does not stop and/or a large amount of blood loss has occurred
Vascular Access Line Infection and Sepsis	<ul style="list-style-type: none"> • Keep your access clean and dry at all times. • Never remove your catheter dressing or do your own dressing changes. 	<ul style="list-style-type: none"> • Do not wait; call your dialysis facility immediately to report: <ul style="list-style-type: none"> ○ Tenderness ○ Warmth/hot to the touch ○ Swelling ○ Discharge ○ Any changes in skin around the access site. • If it is the weekend and the dialysis facility is closed, make sure the patient knows to go to urgent care or the ER.
A Clotted Vascular Access Site	<ul style="list-style-type: none"> • Daily checks to feel for a thrill (slight vibration) and a bruit (swooshing sound) over the access site • Keep a stethoscope at home to do daily bruit checks. 	<ul style="list-style-type: none"> • Do not wait, call your dialysis facility immediately, if you do not feel a thrill or hear a bruit. • If it is the weekend and the dialysis facility is closed, make sure the patient knows to go to urgent care or the ER.

Population Health

Spotlight: 2018 Population Health Focused Pilot QIA

CMS has established new and ambitious goals for the ESRD community in 2018. The more notable changes include:

- An increase in the number of facilities participating in the ESRD Network QIAs, with most facilities participating in at least *one* QIA.
- A heightened focus on PFE efforts, including patient participation in QAPI.
- New QIA topic areas, including:
 - Increasing home dialysis utilization
 - Increasing the number of patients on a transplant waitlist
 - Improving patient pain assessment, a population health-focused pilot QIA (PHFPQ).

The Network's PHFPQ will focus on assisting facilities with completing and reporting pain assessments. Based on QIP requirements, dialysis facilities must ensure that these assessments are conducted at least twice annually, once during January–June 2018 and again during July–December 2018. The QIA includes 28 Network dialysis facilities that had the lowest completion rates for pain assessments during the October–June 2017 baseline time period. The ESRD Network will strive to achieve the following pain assessment goals by September 2018:

- Decrease the number of patients with no documented assessment and no reason given to zero.
- Decrease the number of patients with a positive assessment for pain and a follow-up plan is not documented and no reason is given by ten percent.

The ESRD Network will also work with QIA facilities to address and reduce health disparities. In fact, the Network identified over a 6% disparity rate in the number of completed pain assessments and follow-up plans between Caucasians and the Non-white populations (i.e., African Americans, Asian Americans, Asian Pacific Islanders, and Native Americans). The Network will be focusing on ways to decrease this race disparity and sustain the improvement by using various interventions and resources to assist the QIA facilities.

NHSN Updates

New Instructional Guidance on the Re-consent Process

The NHSN team has published informational guidance on their website to assist users with completion of the updated NHSN Agreement to Participate and Consent. A 5-minute video informs users of the new Consent purposes and the simple process for accepting the Consent electronically. Furthermore, a step-by-step guidance document provides detailed instructions and screen shots for what facility administrators and primary contacts can expect to see when they begin the re-consent process in the NHSN application. A link to the video and the guidance document can be found in the [FAQs About NHSN's Agreement to Participate and Consent](#). As a reminder, the deadline for accepting the updated Consent is April 14, 2018, for all components except Long-term Care, which has a deadline of June 15, 2018. If you have any questions about the re-consent process, please email the NHSN helpdesk at nhsn@cdc.gov.

Intravenous (IV) Saline Shortage Resources

The Health and Human Services (HHS) Critical Infrastructure Protection (CIP) Program is continuing to monitor the ongoing nationwide IV saline shortage. The Food and Drug Administration (FDA) is aware of the impact that this year's severe flu season may have on the IV saline shortage and any shortages of empty IV bags. Healthcare organizations

and hospitals are encouraged to [contact the FDA directly](#) if they aren't receiving the products they need. Below are several links to mitigation information and resources:

- [FDA: Extension of Shelf Life Provided by Baxter Healthcare Corporation to Assist with IV Solution Shortages](#)
- [FDA: Drug Shortages](#)
- [ASPR TRACIE: Saline Shortages - A Three Step Action Plan](#)
- [ASPR TRACIE: Select Materials on Drug Shortages and Scarce Resources](#)
- [FDA Commissioner Scott Gottlieb, M.D., Updates on Some Ongoing Shortages Related to IV Fluids \(January 16, 2018\)](#)
 - [Medscape/FDA: Critical Intravenous Solution Shortages](#)
 - [New England Journal of Medicine: Rationing Salt Water - Disaster Planning and Daily Care Delivery](#)

CROWNWeb Data Management

CROWNWeb Data Submission Stopwatch



CROWNWeb Data Management Guidelines can be found [here](#).

Clinical CROWNWeb Clinical Closure Dates

Clinical Months	Date for Closure of Clinical Submissions (11:59 p.m. ET)	Extension to Report for FEMA-Designated Disaster Areas
December 2017	February 28, 2018	April 30, 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 813.383.1530 and select the Data Department.

UPCOMING EVENTS and WEBINARS

Board of Nephrology Examiners Nursing and Technology (BONENT) Western Regional Seminar

Date: April 22, 2018

Location: San Mateo Marriott San Francisco Airport

National Kidney Foundation (NKF) 2018 Spring Clinical Meetings

Date: April 10–14, 2018

Location: Austin, TX

American Nephrology Nurses Association (ANNA) National Symposium

Date: April 15–18, 2018

Location: Las Vegas, NV

Vascular Access Society of the Americas (VASA)

Date: May 10–12, 2018

Location: New Orleans, LA

National Kidney Foundation Bay Area Walks

Date: June 3, 2018

Location: San Ramon, CA & San Jose, CA

Date: June 10, 2018

Location: San Francisco, CA

2018 Nephrology Nursing Practice, Management, & Leadership (ANNA)

Date: September 22–24, 2018

Location: New Orleans, LA

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
Donna DeBello, RN <i>Quality Improvement Director</i>	813.865.3363	ddebello@nw7.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
Jane Wilson, MSN, RN, CNN, RD <i>Quality Improvement Director</i>	415.897.2400	jwilson@nw17.esrd.net
Rosa Rincon <i>Data Manager</i>	813.865.3323	lwilliams@nw7.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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