



Provider eNewsletter

Edition: 3 **September 2018**

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

- In This Issue**
- [Network Updates](#)
 - [Network Quality Improvement Activity \(QIA\) Highlights](#)
 - [CROWNWeb Data Management](#)
 - [Upcoming Events and Webinars](#)
 - [Network 17 Staff Directory](#)

- Quick Links**
- [CROWNWeb Online Help](#)
 - [Dialysis Facility Compare](#)
 - [National Healthcare Safety Network \(NHSN\)](#)
 - [Patient and Family Engagement \(PFE\)](#)
 - [Learning and Action Networks \(LANS\)](#)

From the Executive Director

There are so many exciting things happening at the Network these days and some great resources have been added to the Network’s website! Look for:

- The Network’s 2017 Annual Report. Posted on August 1, it provides an overview of the improvements and hard work dialysis facilities demonstrated during 2017. It also provides geographic and demographic information regarding the ESRD patient population in California, Hawaii, Guam, The Northern Mariana Islands, and American Samoa.
- Resources for [engaging patients at the facility level](#) through Plan of Care meetings, inclusion in Quality Assessment and Performance Improvement (QAPI) and/or governing body meetings, and by establishing and maintaining patient support or educational groups.

As always, Network staff is always available to assist you with patient engagement or other quality improvement needs, so please don’t hesitate to reach out to us.

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

Network Updates

Roles of the Network Council (NC) and MRB

Network 17 strives to improve the quality of care and quality of life for all end stage renal disease (ESRD) patients in its service area. Renal professionals and patients play a key role in meeting this goal. Currently, the Network uses the services of more than 40 professional and patient volunteers who serve on its **MRB and NC**. These important council and board members support the Network in a variety of ways to ensure patients receive quality care.

The NC conducts a meeting at least once annually and provides ongoing support by evaluating and developing educational and outreach materials for patients and providers in the Network service area. The MRB meets at least twice annually and serves as an advisory panel to the Network for quality improvement activities (QIAs) and facility interventions, evaluation and recommendation of sanctions when poor care has been provided, and for the care and placement of patients in the Network area.

If you are interested in volunteering for the NC or MRB please contact the Network 17 Quality Improvement Director at 415.897.2400 or by email at jwilson@nw17.esrd.net.

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](#).

Join Our List

[Join Our Mailing List!](#)

Centers for Disease Control and Prevention's (CDC's) 2018 Vaccination Schedules

In October 2017, the CDC's Advisory Committee on Immunizations Practices (ACIP), approved the 2018 immunization schedule for adults age 19 or older. It became effective in February 2018. That schedule, including this year's changes, can be found on the CDC website, with patient resources, at <https://www.cdc.gov/vaccines/schedules/hcp/adult.html>. A separate Immunization Schedule for Adults Aged 19 or Older with Medical Conditions and Other Indications is also available on the CDC website at <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html>. Both schedules are downloadable/printable.

6 Tips to Prevent Dialysis Infections for Patients with Fistulas or Grafts

The CDC has developed a learning tool for patients on how to monitor and care for their fistula or graft. The tool provides six tips to help patients prevent infections and maintain a healthy permanent access. The CDC recommends that in-center patients:

- Take care of their dialysis access at home.
 - Avoid scratching and picking it.
- Wash their hands often, especially before and after dialysis treatment.
- Wash or cleanse their access site prior to treatment.
- Know the steps their healthcare provider should take when using their dialysis access for treatment.
- Know the signs and symptoms of infection and what to do if they think they might have an infection.
- Know what to do if they have any problem with their dialysis access.

Provide your patients with a copy of these helpful tips and/or have them locate the tip sheet on the CDC website at www.cdc.gov/dialysis/PDFs/Dialysis-Patient-PocketGuide.pdf.

Patient and Family Engagement (PFE)

Doing Our Part to Prevent Involuntary Discharge (IVD)

Behind every chronic illness is just a person trying to find their way in the world. We want to find love and be loved and be happy just like you. We want to be successful and do something that matters. We're just dealing with unwanted limitations in our hero's journey.

—Glenn Schweitzer

End stage renal disease is an “unwanted limitation” of our patients’ lives. That’s what we have to remember—every day—especially in our most challenging moments. When working with chronically ill people, our dialysis patients, we have to guard against allowing our interactions to become more of a process than a relationship. Sometimes that can be difficult; when we focus on the struggles of our clinic, (the staffing, the outcomes, the turnover), it’s easy to forget the struggles of the patient. Sometimes our personal issues (bills, sick kids, dogs eating the couch, our own illnesses) make us forget that when we’re at the clinic, our focus is the patient we are treating. We all recognize that the process of doing dialysis on a good day is complex and challenging—on a good day. Then take into account clinic issues, our personal struggles, and patients dealing not only with their kidney disease but with mental illness, a history of poorly managed anger, loss of control, and possible untreated pain or depression, and it can be a cocktail for disaster. When dealing with difficult patients, having a good day can seem impossible. At the end of the day, however, as

clinic staff, we all have a common goal: to treat people who need treatment and to leave the dialysis clinic feeling like it was a good day—all of us, the patient included.

According to the Preamble to the Conditions for Coverage (CfC) Proposed Rule, January 2005, *Every dialysis facility has the resources and responsibility to work with every patient, including patients perceived to be disruptive or challenging.* Our job is to make it so and deal with the outcomes. Grievances are part of the outcomes. Many grievances are based on professionalism of facility staff, and as such, should be addressed by the medical director. Your medical director sets the stage and clinic attitude around patient retention and tolerance for sub-optimal behaviors. While he or she does not hold direct responsibility for grievances, it is important that grievances be reviewed in Quality Assessment and Performance Improvement (QAPI) meetings by the Interdisciplinary Team (IDT). Consider making grievance review a standing part of your QAPI agenda. Such reviews can help to IVDs, as evidenced by the following list of common causes identified when patients are in jeopardy of an IVD:

- IDT not addressing escalating behavior before discharge event.
- IDT ignoring, minimizing, waiting for someone else to address behavior.
- Physician not involved—belief that it is a facility operations problem, not a clinical one.
- No attempt to obtain results of known mental health evaluation.
- Repeating unsuccessful interventions and expecting different results.

The medical director should reinforce the importance of clear interpersonal boundaries and education on these topics during new employee orientation and ongoing staff training because, in the end, the burden lies with the clinic to meet patients' needs. It is the clinic's responsibility to individualize plans of care (PoCs) and interactions in an attempt to create successful outcomes—for all patients, including those with behavioral challenges.

Be sure to document all facility attempts to assist a patient with their behavior, in adjusting expectations, with care, and all interactions due to a patient's issues in the patient's medical record. This documentation provides an important review of events in the event of IVD consideration and a point of referral when questions arise. Remember, the Network is always available for consultation regarding any difficult patient's behavior.

Make it a great day!

Coming Soon! Medicare Open Enrollment Period for 2019

Help Your Patients Figure Out the Right Plans for Their Needs and Budgets

The upcoming annual Medicare open enrollment period for 2019 begins on **October 15, 2018 and ends on December 7, 2018**. During this time, Medicare beneficiaries can choose health and drug plans for 2019 by comparing their current coverage and plan's quality ratings to other plan offerings, or they can choose to remain in traditional Medicare. The Centers for Medicare & Medicaid Services (CMS) anticipates releasing the premiums and costs for Medicare health and drug plans for the 2019 calendar year in mid-to-late September 2018.

If your patients need help navigating Open Enrollment and Part D coverage, suggest they talk with the facility social worker, their pharmacist, or go to

<https://www.medicare.gov/part-d/costs/part-d-costs.html> for more resources.

NOTE: There are programs in U.S. territories to help people with limited income and resources pay their Medicare costs. U.S. territories include Puerto Rico, The U.S. Virgin Islands, Guam, The Northern Mariana Islands, and American Samoa. Programs vary in these areas. Beneficiaries can call or visit their [Medicaid office](#) to learn more.

Network Quality Improvement Activity (QIA) Highlights: Learning and Action Network (LAN) Resources Available

Use National LAN Resources to Assist Your Facility Quality Improvement Efforts

A LAN is an improvement initiative that brings together healthcare professionals, patients, and other stakeholders to achieve rapid, wide-scale improvement.

In 2018, the ESRD Network National Coordinating Center (NCC) is hosting LANs for each of the following topics:

- HAI
- Home Dialysis
- Transplant
- Patient Experience of Care
- Population Health

Interventions identified from each LAN have been included in QIAs and distributed to all facilities in the Network area. LAN meetings are held every other month via WebEx and meeting invitations are sent to facilities from the Network. To learn more about the LANs, watch meeting recordings and access resources, visit Network 17's [LAN webpage](#).

Data Management

Entering UFR Data in CROWNWeb

What is the UFR?

The UFR measures the rapidity with which fluid is removed during dialysis per unit (kg) body weight in unit (hour) time. It is under control of the dialysis facility providers and is monitored throughout the hemodialysis session.

Why is the UFR Important in ESRD Treatments?

UFRs have been shown in numerous studies to be associated with both Mortality and Recovery times in ESRD Patients. High UFRs have been associated with symptoms such as low blood pressure and dizziness.

CROWNWeb UFR Data Questions & Answers	
Questions	Answers
<i>I have a Monday/Wednesday/Friday patient and Kt/V labs are drawn on a Wednesday. What treatment days do I need to enter UFR data for in CROWNWeb?</i>	You should enter UFR data from the Monday and Friday treatments of that same week when the Kt/V lab was drawn.
<i>If my Monday/Wednesday/Friday patient misses his Friday treatment, what other treatment day during that week do I need to enter in the UFR section in CROWNWeb?</i>	You need to enter the UFR data from the Monday of the week of the Kt/V lab draw. If the patient does not attend any scheduled treatment at your facility during that week, do not enter that data; enter only the data from treatments at your facility.

If a clinic draws labs during the last week of January (29 and 31) for UFR reporting, do we include the UFR treatment from Friday, February 2 of that same week which fell on a new month?

Yes, you can enter the February 2 data, since it was the same week that labs were drawn. You would enter this information for January CROWNWeb clinical data, since the Kt/V lab was drawn in January.

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

CROWNWeb Clinical Closure Dates

Clinical Months	Date for Closure of Clinical Submissions (11:59 p.m. ET)
July 2018 Clinical Month	September 30, 2018
August 2018 Clinical Month	October 31, 2018

National Healthcare Safety Network (NHSN)—New for NHSN Users!

Dialysis Component Roadmap

The *Dialysis Component Roadmap* is an education module that has two sections, **Dialysis Event Module Training Basics** and **Dialysis Event Module Training Guides**. For the best learning experience, start with the Dialysis Event Module Training Basics section. There are four sections; work your way down the list and complete each item. After completing the Basics, select the Dialysis Event Module Training Guide(s) that best meets your needs. The roadmap can be found at:

<https://www.cdc.gov/nhsn/training/roadmap/dialysis-roadmap.html>.

Quality Incentive Program (QIP) Reporting Deadline

To meet the CMS ESRD QIP NHSN reporting requirements for Payment Year 2020, outpatient hemodialysis clinics must submit their second quarter 2018 Dialysis Event data collected from April 1 through May 31, 2018, by **September 30, 2018**. New or revised first quarter data entered into NHSN after September 30 will not be sent to CMS.

CMS Announces the ESRD QIP Proposed Technical Specifications for Performance Years (PYs) 2021, 2022 and 2024

CMS has released the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) Technical Specifications (Tech Specs) for Performance Years (PY) 2021, 2022, and 2024.

All of the technical specifications can be found on the ESRD QIP section of CMS.gov at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality.html.

If you have any QIP questions or concerns, please contact the ESRD QIP team using the [ESRD QIP Q&A Tool](#).

Medicare's Dialysis Facility Compare (DFC)

Dialysisdata.org and DFC Demystified!

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 need assistance with obtaining your Master Account Holder password or accessing your facility's data, please contact your ESRD Network. We are here to help!

- Rosa Rincon @ RRincon@nw17.esrd.net

Below is the latest 2018 QDFC Timeline date:

October 17, 2018 (tentative) CMS Dialysis Facility Compare website updated with DFC measures from QDFC-Preview for October 2018 report

UPCOMING EVENTS and WEBINARS

2018 NKF East Bay Journal Club

Date: September 6, 2018

Time: 5:30–8:30 p.m. PDT

Location: Alameda Contra Costa Medical Center (ACCMA)

For more information: <https://www.kidney.org/events/local-event/2018-east-bay-journal-club-september-6>

BAAKP East Bay Support Group

Date: September 9, 2018

Time: 1–3 p.m. PDT

For more information: contact Riquelen Ngumezi at 714.944.1429

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>

BAAKP Drug-Free Kidney Transplant plus Medicare Benefits

Date: September 23, 2018

Time: 1–3 p.m. PDT

For more information: contact Riquelen Ngumezi at 714.944.1429

PFE Webinar: *How to Develop and Implement a Patient-Focused Group Meeting at the Facility Level and Managing Patients' Psychological Challenges at Dialysis*

Date: September 26, 2018

Time: 3:00–4:30 p.m. ET

For more information: Contact Melissa Perry at 813.865.3368

DPC Call: *Communicating with your Healthcare Team: Top Tips to Prepare for Visits and Partner with Professionals!*

Date: September 27, 2018

Time: 11 a.m.–Noon PDT

For more information: contact Riquelen Ngumezi at 714.944.1429

Dialysis Patient Citizens Education Center: *Communicating with your Healthcare Team: Top Tips to Prepare for Visits and Partner with Professionals!*

Date: September 27, 2018

Time: 2 p.m. ET

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

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>

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

Date: October 18, 2018

Time: 2 p.m. ET

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

Network 17 PAC Meeting

Date: October 23, 2018

Time: 5:00–6:30 p.m. PDT

For more information: contact Riquelen Ngumezi at 714.944.1429

DPC Call: Medication Management and the Role of the Pharmacist

Date: October 25, 2018

Time: 11 a.m.–Noon PDT

For more information: contact Riquelen Ngumezi at 714.944.1429

BAAKP East Bay Support Group

Date: November 4, 2018

Time: Noon–2 p.m. PDT

For more information: contact Riquelen Ngumezi at 714.944.1429

Dialysis Patient Citizens Education Center: *Laugh Will and Testament—Using Humor to Contemplate Mortality and Enjoy Life*

Date: November 15, 2018

Time: 2 p.m. ET

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

Dialysis Patient Citizens Education Center: *What's So Funny About Kidney Disease?*

Date: December 13, 2018

Time: 2 p.m. ET

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

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	hrose@nw7.esrd.net
Jane Wilson, MSN, RN, CNN, RD <i>Quality Improvement Director</i>	650.389.1083	jwilson@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	813.865.3415	bgrasso@nw7.esrd.net

<i>Quality Improvement Manager</i>		
Robert Peck, RN <i>Quality Improvement Manager</i>	813.865.33474	rpeck@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

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-7G0024-08202018-01