May 2017

From the Executive Director

It is hard to believe that we are already into the second quarter of the year, but in Florida, Spring is upon us! As the Summer approaches, the Network continues to collaborate with Florida dialysis facilities to make a difference in patients’ lives through implementation of quality improvement activities (QIAs) that incorporate a focus on patient and family engagement.

For example, the 20 facilities in the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) QIA have improved the way they provide patient education related to peritoneal dialysis by 48% since February. Additionally, the aggregate long-term catheter (LTC) rate for facilities identified as over 10% as of September 2016, has improved by 1.3%, with four months left to make continued gains.

The Network encourages you to explore areas for improvement in your facility and can provide technical assistance to help you reach your goals. Thank you for all you do to improve the lives of Florida's end stage renal disease (ESRD) patients. Have a safe and fun summer!

Helen Rose, MSW, LCSW
Executive Director
Phone: 813.383.1530 | HRose@hsag.com

AIM 1

Better Care for the Individual through Beneficiary- and Family-Centered Care

The Florida Network's Role in the End Stage Renal Disease (ESRD) Network Program
HSAG: The Florida ESRD Network (Network 7) assists the Centers for Medicare & Medicaid Services (CMS) in improving:

- The safety of dialysis-related services for ESRD patients
- The independence, quality of life, and rehabilitation (to the extent possible) of ESRD patients
- ESRD patient perception/experience of care, including resolution of patient complaints and grievances
- Collaboration with and amongst providers to achieve CMS ESRD Program strategic goals
- The collection, reliability, timeliness, and use of data to measure process of care and outcomes

We are here to assist you, the provider, by offering and/or overseeing ongoing:

- Quality improvement activities
- Data management assistance
- Technical assistance
- Patient and provider education
- Grievance investigation/resolution

If you have questions or need any assistance from the Network 7 staff, please do not hesitate to contact us at 813.383.1530.

**Highlight Your Facility's Grievance Process: It's a Requirement**

Every ESRD patient and family member/caretaker involved in a patient’s care has the right to express concern or displeasure, in other words, to "grieve," about care or conditions at your facility. It is your responsibility to ensure that a documented grievance process is in place and that all patients are aware of it. A copy of the policy must be placed in a location accessible to all patients and visitors to the facility. Additionally, each year, a copy of the policy must be provided and explained to each patient during his or her Plan of Care (POC) meeting.

Your internal grievance process must include:

- A clearly defined procedure for the submission of a grievance
- Specified time frames for review of the grievance
- A description of how the patients or the patient’s designated representative will be informed of steps taken to resolve the grievance

Remember, while patients are encouraged to use a facility's internal grievance process, they have the right to bypass the facility and go directly to the Network.
The Patient Grievance Toolkit and Patient Rights Poster can be accessed on the ESRD Network 7 website.

Access to Care: Reducing Involuntary Discharges (IVDs)

One of the most difficult situations a facility can encounter is the need to involuntarily transfer or discharge a patient. While no facility staff should ever have to work with a severe threat of any kind, the decision to pursue an IVD should always be an option of last resort. Before considering an IVD, a facility's interdisciplinary team (IDT) should ensure that all attempts at resolution have been exhausted, because the discharge of a non-compliant ESRD patient puts that patient at higher risk for morbidity and mortality.

Find the complete Network 7 IVD Process for Dialysis Facilities and IVD Checklist here.

Vascular Access/LTC Reduction QIA

For 2017, CMS has established specific goals regarding vascular access reporting and the reduction of LTC rates, including:

- Achieving a 2 percentage point reduction in the aggregate LTC rate (≥90 days) among facilities with a rate of greater than 10% as of September 2016.
- Ensuring that 95% of facilities are reporting 95% of vascular access data for all eligible patients each month.

As of January 2017, the QIA facilities reduced their LTC rates by 1.3%, reaching an aggregate rate of 15.2%, compared to the September 2016 baseline of 16.4%. The goal of the project is for the facilities to achieve an overall LTC rate of 14.4% by September 2017. The Network congratulates these facilities on their hard work to improve health for patients who have catheters.

All facilities should be discussing patients without a permanent access each month at their Quality Assessment and Performance Improvement (QAPI) meetings and creating detailed plans on how they are going to move those patients to permanent accesses.

The Network is available to provide technical assistance via phone and email to help you meet your vascular access reporting and LTC reduction goals. In addition, the following tools, and more, are available on the Network 7 website:
Patient- and Family-Centered Care Begins with You: Increasing Health Literacy

More now than ever, patients are expected to take an active role in their healthcare. The question is, are they really equipped with the knowledge they need to make informed decisions? That's where you come in. Nurses must be able to assess patients' health literacy and provide information accordingly.

Poor health literacy can lead to:

- Poor patient outcomes
- Higher hospitalization rates
- Higher re-admission rates
- Ineffective management of chronic illnesses
- Higher healthcare costs

Read more about what you can do to assess and increase health literacy for your patients at The Role of Nurses in Increasing Health Literacy.

Hospital Sinks May Be Awash in "Superbugs"

A MedlinePlus article regarding research recently published in Applied and Environmental Microbiology suggests that E. coli and other "superbugs" colonize in drainpipes and quickly grow (1" per day) toward sink strainers. Additional studies are being conducted in conjunction with the Centers for Disease Control and Prevention (CDC) to determine how these bacteria are transmitted to patients.

Network 7 is conducting a pilot project to reduce hospital utilization by ESRD patients through implementation of evidence-based practices for improving care coordination and reducing hospital admissions and readmissions. The Network identified a focus group of 15 dialysis facilities in the Orlando area that are utilizing the Forum of ESRD Network’s Transitions of Care Toolkit as part of the project, a resource that can help all facilities with their quality improvement activities. The toolkit includes a post-hospitalization checklist that can assist facility staff with addressing the needs of patients in order to avoid re-hospitalizations.

**Counseling Helps Patients to Reduce Their Salt Intake**

A recent study, funded in part by the National Institutes of Health (NIH), indicates that having clinical dieticians counsel kidney patients about ways to lower their sodium intake has an impact on helping patients to stick with a low sodium diet. Reducing salt intake reduces fluid intake, thereby lowering blood pressure and reducing the risk of cardiovascular complications. The key, according to researchers, is in engaging patients; motivating them to change their behavior.

Read more [here](#).

**AIM 3**

*Reduce Costs of ESRD Care by Improving Care*

**Always Be Survey Ready**

Although you never know when the State Agency (SA) may arrive at your facility for a visit, you can be prepared for when it happens! Being "survey ready" means your facility always provides the safest and highest quality of care to your kidney patients. The purpose of the ESRD core survey is to ensure that every facility provides the best environment for delivery of patient care.

The survey process includes separate survey protocols, each serving a different purpose and used under specific circumstances:

- **Initial**: Conducted as first-time surveys for new ESRD providers
- **Follow-up**: Conducted when condition-specific issues are identified that require additional investigation
• Recertification: Conducted at least once every 3.5 years after initial survey
• Relocation/Expansion: Conducted if a facility physically moves its location or expands its operations
• Complaint: Conducted when a complaint alleging regulatory non-compliance is received

The survey focuses on outcomes; and facilities that demonstrate positive outcomes and have processes in place that support ESRD patient safety may experience a survey that is less rigorous. Facilities with outcomes that indicate the presence of triggers will be investigated more thoroughly.

To read more about the Survey and Certification Program and its requirements, and to obtain laminates of the survey guidance, go to the CMS Survey & Certification Guidance to Laws and Regulations for Dialysis page.

National Healthcare Safety Network (NHSN) Data Submission

Do you know how to access an NHSN report to make sure that you have met the requirements for the CMS ESRD Quality Incentive Program (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 available training.

Quarterly Dialysis Facility Compare (DFC) Update

Medicare's DFC is a website tool on www.Medicare.gov 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. Newly added measures include:

• National Healthcare Safety Network (NHSN) Standardized Bloodstream Infection (BSI) Ratio
• The Pediatric Peritoneal Dialysis (PD) Kt/V

Data on DFC comes from several sources of Medicare data, including CROWNWeb.
As of October 2016, CMS added patient experience of care survey information from the ICH-CAHPS to the DFC website. While ICH-CAHPS survey data will not be included in determining star ratings, the data provide important information that you can use to implement changes at your facility that will increase/improve patient experience of care.

You will always receive an opportunity to preview the data from your facility that will appear on DFC. For example, the quarterly DFC Preview for data that will appear in July 2017 began at 12:01 a.m. ET on May 1 and ran through 5 p.m. ET on May 15, 2017. The next Preview Period will be for data that will appear in October 2017 and will be available for preview in July.

DFC is accessed by going to www.medicare.gov and scrolling down under Search Tools to Compare Dialysis Facilities in Your Area or linking directly from www.medicare.gov/Dialysis Facility Compare.

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 the DFC Help page for assistance in navigating the website.

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**CROWNWeb Updates**

**Data Management Guidelines for Facilities** are available at mycrownweb.org.

**CROWNWeb Clinical Closure Dates**

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<th>Clinical Month</th>
<th>Closing Date</th>
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<tr>
<td>March</td>
<td>May 31</td>
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<td>April</td>
<td>June 30</td>
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<td>May</td>
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<td>June</td>
<td>August 31</td>
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<td>July</td>
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**CROWNWeb Training**

Are you having issues with CROWNWeb? Use the MyCROWNWeb educational trainings to learn how to use the software. The next live New User Training session will be on Tuesday, June 13, 2017.

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.

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**Network 7 Staff Directory**
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<thead>
<tr>
<th>Name/Title</th>
<th>Direct Phone Number</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>Helen Rose, MSW, LCSW Executive Director</td>
<td>813.865.3321</td>
<td><a href="mailto:HRose@nw7.esrd.net">HRose@nw7.esrd.net</a></td>
</tr>
<tr>
<td>Beverly Whittet, RN, CDN, CPHQ Patient Services Director</td>
<td>813.865.3317</td>
<td><a href="mailto:BWhittet@nw7.esrd.net">BWhittet@nw7.esrd.net</a></td>
</tr>
<tr>
<td>Donna DeBello, RN Quality Improvement Coordinator</td>
<td>813.865.3363</td>
<td><a href="mailto:DDebello@nw7.esrd.net">DDebello@nw7.esrd.net</a></td>
</tr>
<tr>
<td>Ruth Dawson, RN, CNN Nephrology Nurse</td>
<td>813.865.3343</td>
<td><a href="mailto:RDawson@nw7.esrd.net">RDawson@nw7.esrd.net</a></td>
</tr>
<tr>
<td>Bonnie Grasso, MSW Patient Services Manager</td>
<td>813.865.3415</td>
<td><a href="mailto:BGrasso@nw7.esrd.net">BGrasso@nw7.esrd.net</a></td>
</tr>
<tr>
<td>Melissa Perry, MSW, LCSW Patient Services Coordinator</td>
<td>813.865.3368</td>
<td><a href="mailto:MPerry@nw7.esrd.net">MPerry@nw7.esrd.net</a></td>
</tr>
<tr>
<td>LeChrrystal Williams, BS Data Manager</td>
<td>813.865.3323</td>
<td><a href="mailto:LWilliams@nw7.esrd.net">LWilliams@nw7.esrd.net</a></td>
</tr>
<tr>
<td>Melissa Johnson Administrative Assistant</td>
<td>813.865.3559</td>
<td><a href="mailto:MJohnson@hsag.com">MJohnson@hsag.com</a></td>
</tr>
<tr>
<td>Iris Gallagher Administrative Assistant</td>
<td>813.865.3508</td>
<td><a href="mailto:IGallagher@hsag.com">IGallagher@hsag.com</a></td>
</tr>
<tr>
<td>Katie McDonald, BS Communications Project Coordinator</td>
<td>813.865.3184</td>
<td><a href="mailto:Katie.McDonald@hsag.com">Katie.McDonald@hsag.com</a></td>
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May 16, 2017, 2-3 p.m. ET
Home Health Quality Improvement (HHQI) Webinar
For more information or to register, click here.

National Renal Administrators Association (NRAA) Spring Meeting
May 24-25
Washington, DC

Transplant Conference UVA
June 29, 2017
Charlottesville, VA
For more information, click here.

Florida Renal Administrators Association (FRAA) 44th Annual Meeting
July 20-22, 2017
Jupiter, FL 33477
For more information, click here.

This material was prepared by HSAG: ESRD Network 7, 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: FL-ESRD-7G024-05162017-01.