From the Executive Director

End Stage Renal Disease (Chronic Kidney Disease—Stage 5) Treatment Options

Anyone who has received the news that they have “Stage 5 kidney disease” has also been told that his or her kidneys have lost nearly all their ability to do their job effectively. “What now?” is generally the question that comes to the patient’s mind. How do you as the renal healthcare community answer the “What Now?” question? Education, resources, and time (e.g., for discussion, listening) are the initial responses.

In 2018, the Network will be focusing quality improvement efforts on two ESRD treatment options to help you with both answers and resources, so that patients/families can make the decision that is best for their quality of life.

To replace kidney function, treatment options center on dialysis (hemodialysis [HD] or peritoneal dialysis [PD]) and kidney transplant. So how are we doing as a Network in the areas of home modality and transplant wait-listing? The areas of focus are as seen in the following comparative graphs from 2016. Note that the information is from CMS-2744 (ESRD Annual Survey), and the home modality graph reflects patients on home therapies.

ESRD Rate of Total Patients with a Home Modality by Network and National Rates, Ranked by Rate for 2016
ESRD Transplant Wait-List Rate Trend for 2016 by National vs. ESRD Network, Ranked by Rate

While recognizing that the data in the graphs are not current, it is obvious that improvement can and should be a goal in both areas. We look forward to working with many of you on these efforts and sharing what is learned with everyone in the near future. Further discussions about the quality improvement activities (QIAs) underway to improve referrals for transplant and home modality are in this newsletter.

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Patient Services

What is a grievance?
According to the Centers for Medicare & Medicaid Services (CMS), a grievance is defined as:

“A written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant’s expectations with respect to safety, civility, patient rights, and/or clinical standards of care.”

CMS has heightened its emphasis on the need for facilities to provide patients with a mechanism to file a grievance anonymously within their own facility. A robust internal process for an anonymous grievance should include, at minimum:

- Date of the incident.
- Staff involved.
- Description of the incident.
- Any witnesses.
- The process by which the grievance can be submitted in order to maintain anonymity.
Process Options to Consider:
- Provide/publicize an 800 number for filing grievances anonymously.
- Make grievance forms readily available for patients to complete and place in the facility suggestion box.
- Post general outcomes of grievances and/or suggestions on the bulletin board in the lobby for patients to be able to review facility actions.

Tools Available to Assist Patients in Navigating Grievance Process
Consider providing patients with:
- The *Dialysis Patient Grievance Toolkit* (http://www.esrdnetworks.org/resources/toolkits/patient-toolkits/dialysis-patient-grievance-toolkit-1), created by patients for patients, provides detailed information about how to use the grievance process.
  - This may encourage the grievant to work with you or your staff prior to taking concerns to outside agencies like Network 13 or the state health department.
  - This will help patients to better understand the role of the Network in the grievance process.

Patient and Family Engagement (PFE) at the Facility Level
CMS has an increased focus on PFE and has set expectations for the Networks to help facilitate PFE activities at the facility level.
Network 13 has three objectives for assisting all QIA facilities to implement their PFE activities. The Network will assist facilities to:
1. Establish and/or market patient councils, patient and family support groups, and/or new patient adjustment groups.
2. Incorporate patient, family, and caregiver participation in the Quality Assessment and Performance Improvement (QAPI) Program and/or governing body of the facility.
3. 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, etc.). A PFE WebEx will be presented to all QIA facilities mid-project to help provide ideas and educational tools to help facilities understand and then implement activities based on the three objectives. The Network will ask participating facilities to make good faith efforts to meet these expectations. The Network wants to help facilities, patients, families, and caregivers improve, foster, and sustain patient-engaged environments to meet the heightened focus on patient and family-centered care.

Network Patient Representative (NPR) Program
Network 13 and the Patient Advisory Committee (PAC) have worked hard to revive the NPR program, which has proven to help communicate information from the Network and other sources directly to patients. The NPR Program is an essential link between Network 13, the dialysis facility, and NPRs’ fellow patients. All QIA facilities are being asked to nominate at least one NPR to represent their facility and
to assist in facilitating patient engagement with QIA activities. Facilities will have a monthly reporting mechanism to document all NPR activities. Facility project leads will be responsible for facilitating any communication regarding NPR/QIA activities.

**NPR Participation Ideas to Consider**

There are many ways that NPRs can actively assist your facility, including:

- Sharing Network 13 educational materials at your own facility (e.g., passing out flyers to patients with staff permission).
- Participating in National Learning and Action Network (LAN) phone calls with patients and providers from all over the United States to receive and then share education and best practices.
- Helping your facility social worker distribute Network 13 patient newsletters.
- Providing the patient perspective on QIAs in which your facility may be participating with Network 13.
- Participating in QAPI meetings.
- Supporting new patients at your facility, including helping to establish a support group and/or new patient adjustment groups.
- Helping staff members decorate for special events/holidays.
- Helping with lobby day education.
- Developing a patient bulletin board.
- Joining the PAC as a Patient Subject Matter Expert (PSME) for all of Network 13 and getting involved at a state-wide level.

The NPR role does not have to be limited to just these activities. Discuss any additional ideas you or your NPR may have. The idea is that the NPR will help facilitate/increase patient engagement at the facility level. The Network encourages you to continue NPR activities even when the QIA is completed.

To learn more about the NPR Program, please visit the guidebook on the Network 13 website at:
https://www.hsag.com/contentassets/4c0779ee2b064b909e0b167b5b17f5b4/nw13nprguidefinal508.pdf

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**Patient Safety: Healthcare-Associated Infections (HAIs)**

In an effort to provide technical assistance and resources to reduce HAIs, the Network will be interacting with facilities to:

- Support National Healthcare Safety Network (NHSN) by:
  - Supporting completion of NHSN Annual Training
    - All dialysis facilities will be required to provide a copy of their certificate to the Network following completion of this training for reporting to CMS.

- Review NHSN data reporting monthly.
  - Electronic notices are sent to applicable facilities with focus on identified issue(s) such as ID facilities:
    - With unusual monthly vascular access data.
– That have not reported Dialysis Events (DEs) ≥ three months.
– With potentially erroneous bloodstream infection (BSI) rates.

**BSI QIA**
This QIA is intended to reduce and prevent the occurrence of BSIs within the adult hemodialysis (HD) patient population. Twenty percent of the facilities with the highest BSI rates were selected to participate in this activity (n=62). The goal is to achieve a 20% or greater relative reduction in the semi-annual pooled mean in the cohort compared to the previous year. Multiple activities are planned with patients to educate them about infection protection processes.

**Reducing Long-Term Catheter (LTC) Rates (>90 days) QIA**
The Network had to identify 50% of facilities with the highest BSI rates (n=156), and facilities with greater than 15% LTC rates were to be included in the Reducing LTC Rates QIA. Thirty-nine facilities were identified to participate in this activity. The goal of this QIA is to achieve a 2.0 percent reduction from activity baseline of 20.6% (June 2017) by September 30, 2018.

**Increase Number of Adult Patients in Outpatient HD Dialyzing at Home QIA**
This QIA is intended to increase the number of patients dialyzing at home. Facility selection included 30% of the Network service area (n=93). Facility cohort will demonstrate a 10 percentage point increase in rate of patients that start home dialysis training based on data available in October 2018. A tracking tool will be utilized to identify barriers to achieving dialysis at home based on these seven steps:
1) Patient interest in home dialysis.
2) Educational session to determine the patient’s preference of home modality.
3) Patient suitability for home modality determined by a nephrologist with expertise in home dialysis therapy.
4) Assessment for appropriate access placement.
5) Placement of appropriate access.
6) Patient accepted for home modality training.
7) Patient begins home modality training.

**Improve Transplant Coordination QIA**
This QIA is intended to increase the rate of adult dialysis patients on a kidney transplant waitlist. Facility selection included 30% of the Network service area (n=94). The QIA goal is to demonstrate a 10% increase in the rate of eligible patients placed on the waitlist for kidney transplant by the end of September 2018.

A tracking tool will be utilized to identify barriers to increasing the number of patients on the transplant waitlist based on these seven steps:
1) Patient suitability for transplant.
2) Patient interest in transplant.
3) Referral call to transplant center.
4) First visit to transplant center.
5) Transplant center work-up.
6) Successful transplant candidate.
7) On waiting list/potential living donor.

**Population Health: Positively Impact the Quality of Life of the ESRD Patient with a Focus on Mental Health**
The Network will work with dialysis facilities that have the highest response rate to either CROWNWeb question #6, Clinical depression screening not documented and no reason given, or #3, Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given, with baseline data provided by the ESRD NCC from October 2016–June 2017. The goal of the project is to decrease positive screenings with no documented follow-up plan by 10% from baseline (CROWNWeb #3) and decrease the number of patients not screened and no reason given to zero (CROWNWeb #6).

The project will focus on improving screening rates by identifying processes in the facilities for depression screening, creating action plans, and building referral resources for those patients who have positive screening results. There are 1,672 patients in the 32 participating facilities that could potentially be impacted by this project. The Network has identified an age disparity showing fewer depression screenings of patients aged greater than 65 years vs. those under 65 years of age. The Network will begin to address this disparity by looking at facility-specific screening rates by age.

**TMF Quality Innovation Network Campaign for Kidney Health**

**TMF Begins Initiative to Screen At-risk Patients for Chronic Kidney Disease (CKD)**

TMF Health Quality Institute, a leading non-profit health care consulting company based in Austin, Texas, is leading a project to promote the early diagnosis and treatment of chronic kidney disease (CKD) among patients with diabetes and hypertension. CKD affects about 47 million people in the United States, nearly 15 percent of the population, and diabetes and hypertension contribute to two-thirds of CKD cases.

TMF has designed an integrated, systemic and comprehensive community approach to this effort. TMF is providing additional training on CKD for about 400 of its diabetes self-management education and support instructors in order to augment patient understanding and engagement in early detection and treatment of CKD. In addition, TMF is implementing a provider approach focused on enhancing office processes to increase CKD screening and provide appropriate treatment.

TMF is working with 125 primary care practices, specifically in rural areas and medically underserved communities in Arkansas, Missouri, Oklahoma and Texas, to improve staff awareness of CKD clinical guidelines, implement an electronic health record (EHR)-enabled workflow and apply patient engagement strategies.

It is reported that in Arkansas only 32 percent of Medicare beneficiaries at-risk with diabetes are getting screened for CKD and only 11.9 percent of Medicare beneficiaries at-risk with hypertension are receiving CKD screening. TMF is recommending two key tests to improve annual CKD screenings, urine albumin-to-creatinine ratio (UACR) and the estimated glomerular filtration rate (eGFR), based on the National Kidney Foundation Kidney Disease Outcomes Quality Initiative guidelines.

CKD is a major public health concern. It is associated with significant health care costs, morbidity and mortality. Those at-risk for CKD are patients who have diabetes, hypertension, are age 60 years or older, have a family history of CKD or are members of a minority ethnicity.

This two-year Special Innovation Project, the Campaign for Kidney Health, is provided under a contract with the Centers for Medicare & Medicaid Services (CMS).
TMF has been designated by CMS as the Quality Innovation Network Quality Improvement Organization (QIN-QIO) for a region comprised of Arkansas, Missouri, Oklahoma, Texas and Puerto Rico. The TMF QIN-QIO strategy is to team with national partners to align subject matter experts, resources and tools to support providers, educators and community partners. To learn more or to join the Campaign for Kidney Health, email or call 1-800-725-2633, ext. 1686. (Reprinted with permission).

Bed Bugs—An Increasing Problem in Dialysis Units

Is your dialysis unit experiencing problems with bed bugs? The Network is receiving an increasing number of calls on this topic. It is important that providers have a plan/procedure in place to address any bug problem. Know who to notify in your organization if you find bugs in your unit. Typically, a bug will be sent to a lab to identify exactly what kind it is.

While bed bugs do not carry or spread disease, their bites cause irritation, and the itching can cause people to scratch the bites, which can lead to secondary skin infections. It is important to know that bleach will not kill bed bugs, but 91 percent alcohol or steam cleaning will. Bed bugs are wingless and therefore do not jump or fly; they are passive travelers, hitching a ride on rough surfaces. Typically, they crawl from 5–20 feet when active, but have a difficult time climbing.

Some best practices that have been utilized in dialysis facilities to address a bed bug problem include:

- Having patients change into paper scrubs upon arrival at the unit.
- Providing plastic containers with a tight-sealing lid to store belongings in during dialysis.
- Covering dialysis chairs with white paper to help identify if there are bed bugs.
- Limiting personal belongings being brought into the facility (e.g., blankets, bags, purses, wheelchairs).
- Wiping down the dialysis chair with 91 percent alcohol and/or steam cleaning after each treatment.
- Locating a patient who is known to have bed bugs at the end position in the unit, or utilizing your isolation room if there are no hepatitis B patients on your roster.
- Keeping everything off the floor.
- Providing instructions to patients who have had bed bugs on the treatment of home and belongings.
- Eliminating chairs in the waiting area that are made of cloth or have piping.
- Checking your facility for poorly sealed baseboards, window frames, painted walls, etc.
- Providing community resources for home treatment.
  - Department of Health, Department of Aging, National Kidney Foundation, American Kidney Foundation

It is important for you to know that it is not appropriate to involuntarily discharge (IVD) a patient for having bed bugs; it does not meet the criteria for IVD under the Conditions for Coverage. Consult the resources listed below to assist you in better planning for this issue.

Resources:
Bed Bug FAQs
Bed Bugs - CDC Environmental Health Services
March is National Kidney Month
The National Kidney Foundation suggests three ways to celebrate National Kidney Month.

- **Bring urgency to kidney health on social media.** Share our message by signing up for the 2018 World Kidney Day Thunderclap via Twitter, Facebook, Tumblr or all three, and get the word out to your friends and followers to do the same. On **March 8th**, watch as everyone’s messages are blasted out simultaneously at 12PM!

- **Change your profile photo.** Show your kidney pride on your social media profile. Use the National Kidney Foundation Heart Your Kidneys profile frame on Facebook to demonstrate your commitment to kidney health all month long – beginning March 1st.

- **Watch and share** a PSA featuring Angelica Hale, our first-ever NKF Kid-Ambassador. Knowledge is power; let others know how to protect their kidney health with this star-studded video.

### Job Descriptions for Network Communications
It is important to have each staff identified in the correct job description for communications from the Network. If you have questions about the correct job title, please contact the Network.

The **Administrator (ADMIN)** oversees all staff, including the head nurse (nurse manager), at the facility. He/she may oversee multiple facilities. Titles may differ from one organization to another, however. For instance, at:

- **FMC** the administrator is the **Director of Operations**.
- **DaVita** the administrator is the **Regional Operations Director**.
- **DCI** the administrator is the **Administrator**.

While the title of the position differs for all three organizations, the responsibilities are the same, the direction/management of the facility managers.

The **Head Nurse (HDNUR)** is responsible for overseeing all QI activities and manages all floor nurses and technicians. This position requires an RN degree. Examples may be found below. At the facility level at:

- **FMC** the head nurse is the **Clinic Manager**.
- **DaVita**, if the head nurse is a registered nurse (RN), he/she is the **Facility Administrator (FA)**. If the FA is not an RN, he/she is the **Clinical Coordinator**.
- **DCI** the head nurse is the **Nurse Manager**.

**CROWNWeb Data Contact (Data):** Staff responsible to do data entries in CROWNWeb and/or oversee all CROWNWeb data entry.
**Master Account Holder (MAH):** Individual at the facility that has an account to access the Dialysis Facility Reports (DFRs), Quarterly Dialysis Facility Compare (QDFC), and Quality Incentive Program (QIP).

**NHSN Updates**

**New Instructional Guidance on the Re-consent Process!**
The NHSN team has published some informational guidance on our 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 FAs 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 both 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.

**Patient Safety Component Annual Surveys DUE SOON!**
The deadline to complete the mandatory 2017 Patient Safety Annual Survey March 1, 2018. All active facilities must successfully submit their survey in NHSN by that date. Facilities not meeting this deadline will be unable to complete and edit monthly reporting plans. If you have any questions about completing the survey, 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’ 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](https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm556435.htm)
- [FDA: Drug Shortages](https://www.fda.gov/Drugs/Shortages/)
- [ASPR TRACIE: Saline Shortages - A Three Step Action Plan](https://www.asprtracie.org)
- [ASPR TRACIE: Select Materials on Drug Shortages and Scarce Resources](https://www.asprtracie.org)
- [FDA Commissioner Scott Gottlieb, M.D., Updates on Some Ongoing Shortages Related to IV Fluids (January 16, 2018)](https://www.fda.gov/Drugs/Safety/ListofRecentDrugProductShortages/ShortagesIVFluidsJanuary162018/)
- [New England Journal of Medicine: Rationing Salt Water - Disaster Planning and Daily Care Delivery](https://www.nejm.org/doi/full/388/18/1324)

**Reporting Changes in Ownership—Reminder**
A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. **Providers must update their enrollment information to reflect changes in ownership within 30 days.** Owners are individuals or corporations with a five percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges.
CROWNWeb Data Management Guidelines can be found at this [here](#).

### COMING EVENTS and WEBINARS

**Annual Dialysis Conference (ADC)**
*Date:* March 3–6, 2018  
*Location:* Orlando, FL

**Renal Physicians Association (RPA)**
*Date:* March 15–8, 2018  
*Location:* Orlando, FL

**National Association of Nephrology Technicians/Technologists (NANT)**
*Date:* March 20-23, 2018  
*Location:* Las Vegas, NV

**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

American Association of Kidney Patients (AAKP) 43rd Annual National Meeting
Date: June 8–0, 2018
Location: St. Petersburg, FL

2018 Nephrology Nursing Practice, Management, & Leadership (ANNA)
Date: September 22–24, 2018
Location: New Orleans, LA

National Renal Administrators Association (NRAA) 2018 Annual Conference
Date: October 17–20, 2018
Location: Boston, MA

American Society of Nephrology (ASN) Kidney Week
Date: October 23–28, 2018
Location: San Diego, CA