



Provider eNewsletter

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

Edition: March 2019

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

From the Executive Director

We are well into the first quarter of 2019, and Network 17's 2019 Quality Improvement Activities (QIAs) are underway. This year the Network will continue to work to reduce bloodstream infections (BSIs) and long-term catheter (LTC) use, while increasing transplant waitlist and home dialysis rates. New to the Network this year is the Support Gainful Employment QIA. Check out the article below titled, *Supporting Gainful Employment: Understanding Available Programs*, for more information about this exciting new work. The Network also looks forward to bringing you more resources and support for engaging patients at the facility level and preparing your facility and patients for emergencies. As always, we want to hear from you and welcome your feedback. So, after you have reviewed this version of our newsletter, please complete a brief evaluation (find the link under *Please Give Us Your Feedback!* In the sidebar) so we can continue to provide information in a way that is helpful to you and the patients you serve. We look forward to a great year of collaboration as we work together to engage patients in their healthcare and improve the quality of services they receive.

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

Network Updates

Role of the ESRD Networks

The Network performs several roles and has multiple responsibilities to the end stage renal disease (ESRD) community, which include:

- Guiding all dialysis facilities to improve the quality of care and health outcomes for all ESRD patients through the implementation of QIAs.
- Providing educational resources.
- Encouraging facilities to engage patients, family members, and caretakers to participate in the development of the plan of care, patient councils, support groups, and monthly Quality Assessment Performance Improvement (QAPI) and/or governing body meetings at the facility.
- Disseminating and spreading best practices throughout the Network service area.
- Ensuring that facilities enter accurate and complete data into the CROWNWeb system.
- Receiving and addressing patient grievances and access-to-care issues.
- Providing emergency preparedness education and support.
- Serving as a partner in quality improvement efforts with patients, healthcare providers, healthcare organizations, and other stakeholders.

Quality Incentive Program (QIP) Final Rule

[PY 2018](#)

[PY 2019](#)

This year, as the Network continues to collaborate with patient subject matter experts (SMEs) in creating facility resources, the Network is focused on engaging facilities to identify a Patient Network Representative (NPR). Your NPR will serve as the patient voice for your facility's activities, including participation in a Network QIA. More information about the NPR Program, as well as QIA resources can be easily accessed on the Network website [here](#).

The Network is your partner, and we look forward to our ongoing collaboration with you throughout the year.

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

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Patient and Family Engagement (PFE)

PFE—Three Strategies at the Facility Level

The Centers for Medicare & Medicaid Services (CMS) continues to task the ESRD Networks to assist all facilities in their coverage areas with increasing PFE at the facility level. The Networks are to assist the facilities to:

- Create patient councils, support groups, and/or new patient adjustment groups.
- Increase patient and/or family/caregiver involvement in QAPI and/or governing body meetings
- Increase patient and/or family/caregiver involvement in the development of the plan of care (POC) and POC meeting.

To build on the work that was accomplished in 2018, the Network is asking that someone at your facility complete the *2019 Patient and Family Engagement Initial Baseline Reporting and Root Cause Analysis* environmental scan that was sent to all facility administrators via email in February. **The environmental scan only needs to be completed by one staff member at the facility;** please contact the Network if you are unsure if someone at your facility has already completed it.

Following are a few examples of resources developed last year by Network 17 and its Patient Advisory Committee (PAC) to assist facilities with increasing PFE at the facility level:

- [Facilitating an ESRD Support Group 101](#): Assists facilities in establishing a patient council, support group, or a new patient adjustment group.
- [Nothing About Me Without Me](#): Outlines the steps a facility can take to incorporate patients and families into the QAPI Program or governing body in a way that promotes the patient's voice in facility activities.
- [What's Your Plan](#): Assist patients and facility staff with the development of the individualized POC and POC meetings.

Please visit the [PFE section of the Network website](#) for more details and additional resources.

PFE and the NPR Program

In February, all QIA facilities received the following NPR Program materials, along with instructions on selecting an NPR for the facility (Facilities have the option to engage more than one NPR if desired.):

- [NPR Recruitment Flyer](#)
- [NPR Guide](#)
- [NPR Agreement Form](#).

The NPR Program uses a patient-centered approach to:

- Help spread educational information to other patients.
- Provide peer-to-peer support for patients.
- Offer additional support for staff at the dialysis facility.

The Program is intended to help communicate PFE and QIA information from the Network and other sources directly to patients, making NPRs an essential link between the Network, your dialysis facility, and fellow patients. NPRs can also assist facilities in developing support groups, participating in QAPI meetings, and providing feedback on your facility's process for involving patients and their caregivers in the POC and POC meetings.

Please continue to discuss PFE in your QAPI meetings, as these efforts require the entire team's feedback and participation. PFE activities will also be discussed during Network site visits.

What's coming next? After the *2019 Patient and Family Engagement Initial Baseline Reporting and Root Cause Analysis* has been completed, the Network will host a webinar to share best practices identified from the scan, site visits, and feedback received from the PAC and NPRs. More information on this webinar will be forthcoming.

PATIENT SERVICES AND PATIENT CARE

Getting Patients to the Table: Everyone Needs to Understand and Feel Free to Use the Facility Grievance Process

Patients, family members, and caregivers are often silent and give little input about their care. Without the patient and those who care about them at the table, a care team cannot create a [plan of care](#) that will help a patient meet his or her goals. Sometimes patients, family members, and caregivers don't speak up because of concern about retaliation for discussing concerns or complaints. It is up to the professionals to reassure them that this will not happen and to create an inviting environment that encourages feedback.

Vtag 467 (Patient's Rights) from the 2008 Conditions for Coverage (CfCs) states that every patient has the right to:

- Be informed of his or her right to file internal grievances or external grievances or both without reprisal or denial of services; and
- Be informed that he or she may file internal or external grievances, personally, anonymously or through a representative of the patient's choosing.

A robust facility grievance process includes the following provisions:

- Any staff member may start the facility grievance process on behalf of a patient.
- Documentation, including:
 - The date of the incident.
 - The name(s) of staff involved.
 - A description of the incident.
 - The name(s) of any witness(es) who can speak to what happened.
- Education for the patient regarding his/her right to file a grievance either internally with the facility or externally with the regulatory agencies or the Network.
- Information on how a grievance can be submitted anonymously or by a representative of the patient's/family's/caregiver's choice.

If you would like more information on how to address patient grievances, the Network encourages you to watch, *Anonymous Grievances: How to Improve the Process for All*, presented by Heather Ludvigson, LCSW and Dialysis Facility Manager. This webinar outlines the structure of a robust, anonymous grievance process, reviews promising practices for implementation of an anonymous grievance process, and identifies ways to reduce the patient's fear of retaliation.

Click [here](#) for the webinar recording and to earn CEUs for RNs and CHTs at no cost.

NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA)

HIGHLIGHTS

Creating Patient Interest in Home Dialysis: Provide New Educational Resources

Selecting a treatment modality when diagnosed with kidney failure is an extremely personal decision all dialysis patients must make. This decision should support a patient's lifestyle and values, as well as his/her medical condition. As most providers know, the current treatment recommendation is to promote home dialysis by removing knowledge barriers and paving a path to treating kidney failure at home rather than in-center. "Home first" should also be considered for patients who are currently on one modality and wondering if switching to another type of treatment might result in better outcomes or a better lifestyle fit.

To promote awareness about home dialysis and encourage patients to consider it as a treatment option, proper education is important. The Network encourages in-center dialysis facilities to use new or updated educational materials that patients may not have seen before to create new interest in home dialysis, such as the *Uncovering Myths About Home Dialysis-Myth vs. Reality* resource created by patients for patients and available on the [ESRD Network National Coordinating Center's \(NCC\) website](#). This resource helps dispel patient misconceptions about home dialysis and allows them to make a more informed choice.

Supporting Gainful Employment: Understanding Available Programs

The Network is collaborating with 10 percent of facilities in the Network service area to improve patients' quality of life (QOL) by supporting gainful employment in the dialysis patient population. While working offers many benefits, such as emotional and financial stability, there are other work incentives that your staff and patients should know about. Consider using these resources to support your patients in seeking a job opportunity that will fit their schedule and match their abilities:

[Ticket to Work](#) connects Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries ages 18 through 64 with free employment services offered by authorized service providers. Beneficiaries who decide to participate receive services such as:

- Career counseling.
- Vocational rehabilitation
- Job placement.
- Training.

To learn more about the **Ticket to Work** program and how it works, watch this helpful Work Incentive Seminar Event (WISE) titled, *Understanding Ticket to Work: How to Help Your Clients and the People You Serve*, by clicking [here](#).

State Vocational Rehabilitation (VR) Agencies, such as the [California Department of Rehabilitation](#), and the [Hawaii Division of Vocational Rehabilitation](#), help patients who want to return to work but need services such as training, career counseling, rehabilitation services, or vehicle modifications. VR agencies are Ticket to Work-authorized service providers. Click [here](#) to learn more about VR services.

Vascular Access Procedures: Arteriovenous (AV) Fistula and Graft Cannulation/ De-cannulation Tools

The Centers for Disease Control and Prevention (CDC) continue to develop tools to reduce bloodstream infections (BSIs) that can be used by patients and staff.

The CDC's *Arteriovenous (AV) Fistula and Graft Cannulation and De-cannulation* audit and checklist tools are designed to engage and educate direct patient care staff on the steps to keep a patient's permanent access healthy for long-term use. There are three different CDC tools available:

- Audit Tool: Arteriovenous fistula/graft cannulation observations:
<https://www.cdc.gov/dialysis/PDFs/collaborative/AV-Fistula-Graft-Cannulation-Observations-AT.pdf>
- Checklist: Arteriovenous fistula/graft cannulation:
<https://www.cdc.gov/dialysis/PDFs/collaborative/AV-Fistula-Graft-Cannulation-Observations.pdf>
- Checklist: Arteriovenous fistula/graft de-cannulation:
<https://www.cdc.gov/dialysis/PDFs/collaborative/AV-Fistula-Graft-Decannulation-Observations.pdf>

The audit tools and checklists are intended to promote CDC-recommended practices for infection prevention and can be used to assess your staff practices. If you are interested in learning more about these and other tools/resources the CDC provides, please visit the Making Dialysis Safer for Patients Coalition website by clicking [here](#).

DATA MANAGEMENT

CROWNWeb: Completion and Submission of CMS Forms 2728 and 2746

CMS requires the completion/submission of two important forms in CROWNWeb: form 2728, the ESRD Patient Medicare Entitlement and/or Patient Registration and form 2746, the ESRD Death Notification, when appropriate.

The CMS 2728 ESRD Patient Medicare Entitlement and/or Patient Registration form:

- Serves as the Medicare enrollment and patient registry form for all ESRD and kidney transplant patients in the U.S and its territories.
- Is completed and submitted directly to CMS via submissions through CROWNWeb.
- Should be submitted within 10 business days, but no later than 45 days from the first chronic treatment at an outpatient dialysis facility.
 - For example, if a patient started chronic dialysis treatments on 1/1/2019, the CMS 2728 form should be submitted by 1/11/19 and would be considered late after 2/15/19.
- Must be signed (the original) and provided to the Social Security Administration (SSA) by the facility or patient if the patient is applying for ESRD Medicare benefits.

The CMS 2746 ESRD Death Notification form:

- Is completed when a patient dies.
- Is due in CROWNWeb within 14 days of a patient's date of death.

Copies of the printed and signed CMS 2728 form and the printed CMS 2746 form should be kept in the patient's medical record.

CROWNWeb Clinical Closure Dates

Clinical Months	Date for Closure of Clinical Submissions (9:59 p.m. PT)
January 2019	April 1, 2019 at 11:59 p.m. PT
February 2019	April 30, 2019 at 11:59 p.m. PT
March 2019	May 31, 2019 at 11:59 p.m. PT

Quality Incentive Program (QIP) Tools

The [audio recording](#) and [transcript](#) are now available for the CMS ESRD QIP Calendar Year (CY) 2019 requirements call held on [January 15, 2019](#).

The [ESRD QIP Q&A Tool](#) may be used for submitting questions about the ESRD QIP on the *QualityNet* website. The QIP Q&A tool provides a streamlined process to submit questions to CMS subject-matter experts and receive 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 it provides a convenient summary of relevant answers. CMS has posted an overview of the tool in the right-hand “Resources” menu on the [ESRD QIP QualityNet home page](#).

Posting the Facility Performance Score Certificate (PSC)

All facilities should now have the English and Spanish versions of the PSC posted **in a prominent location throughout the entire calendar year of 2019 (1/1–12/31/2019)**. Any facility still needing assistance with obtaining and printing their PSC may contact the QualityNet Help Desk at 866.288.8912.

National Healthcare and Safety Network (NHSN) Reporting Deadline is March 31, 2019

Reminder! The next ESRD QIP NHSN deadline is quickly approaching! By March 31, 2019, all 2018 fourth quarter (October–December 2018) Dialysis Event information, which includes positive blood cultures, intravenous antimicrobial starts, and signs of vascular access infection, must be entered in NHSN.

Here are some links to assist you with accurate reporting:

- Review the *CDC Dialysis Event Surveillance Protocol* at: <https://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf> to ensure all data were correctly reported to NHSN.
- Use *3 Steps to Review Dialysis Event Surveillance Data* at: <https://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf>.
- Use the *How to Create and Read an NHSN Report for CMS ESRD QIP* guide at <https://www.cdc.gov/nhsn/PDFs/dialysis/CMS-QIP-NHSN-report.pdf> to verify your facility has met the minimum CMS reporting requirements.
- Refer to the *How to Create and Read an NHSN Report for Bloodstream Infections* guide at <https://www.cdc.gov/nhsn/PDFs/dialysis/BSI-cheatsheet.pdf> to review your facility’s bloodstream infection rates.

Contact the NHSN Helpdesk at nhsn@cdc.gov with subject line “Dialysis” if you have any questions.

Dialysis Facility Compare (DFC)

Facility Master Account Holders (MAHs) and other staff can find the answers to the questions below (and more!) by using the FAQ tab found on the DialysisData.org website at: <https://dialysisdata.org/content/faq>.

- Is there a relationship between the DFC Star Rating and the ESRD Quality Incentive Program (QIP)?
- Where can I find information from CMS regarding the ESRD quality measures posted on Dialysis Facility Compare (DFC)?
- How is a facility’s performance on the DFC ESRD Quality Measures communicated to the facility and the public?
- What facilities receive a QDFC Preview Period Report?

UPCOMING EVENTS and WEBINARS

Making Dialysis Safer for Patients: Optimal Vascular Access

Date: March 14, 2019

Time: 11 a.m.–12 noon PT

For more information and to register:

<https://annanurse.org/article/webinar-optimal-vascular-access>

Basics of Infection Prevention in Outpatient Hemodialysis Centers

Date: March 18, 2019

Time: 8:30 a.m.–3:00 p.m. PT

For more information and to register:

https://www.surveymonkey.com/r/HAI_2019Hemodialysis

Transplant QIA Learning and Action Network (LAN)

Date: March 19, 2019

Time: 12 noon–1 p.m. PT

For more information and to register:

<https://cc.readytalk.com/r/o255lquji1e6&eom>

NKF Hawaii Kidney Walk: Walk on the Wild Side

Date: March 23, 2019

Time: 11 a.m.–4 p.m. HT

For more information and to register:

<https://kidneyhi.org/wows>

BAAKP: San Francisco Support Group

Date: March 24, 2019

Time: 1–3 p.m. PT

For more information:

<http://www.baakp.org/calendar.html>

Patient Experience of Care (PEOC) LAN

Date: March 27, 2019

Time: 12 noon–1 p.m. PT

For more information and to register:

<https://hsagonline.webex.com/hsagonline/onstage/g.php?MTID=e4804e7c050afaeb23c36bd4c85c08c8a>

DPC Get Your Sweat On! Exercising for Healthier Kidneys

Date: March 28, 2019

Time: 11 a.m.–12 noon PT

For more information and to register:

<http://www.dpcedcenter.org/news-events/education-webinars/>

BAAKP: Peninsula Support Group

Date: April 7, 2019

Time: 1–3 p.m. PT

For more information and to register:

<http://www.baakp.org/calendar.html>

The ESRD QIP: What Every Facility Should Know

Date: April 10, 2019

Time: 1–2 p.m. PT

For more information and to register:

<https://attendee.gotowebinar.com/register/6551857146314183682>

DPC: Relieving Pain through Laughter

Date: April 25, 2019

Time: 11 a.m.–12 noon PT

For more information and to register:

<http://www.dpcedcenter.org/news-events/education-webinars/signup/>**BAAKP: East Bay Support Group**

Date: May 5, 2019

Time: 1–3 p.m. PT

For more information and to register:

<http://www.baakp.org/calendar.html>**NKF Easy Bay Kidney Walk**

Date: June 1, 2019

Time: 8 a.m. check-in and 9:15 a.m. start

For more information and to register:

http://donate.kidney.org/site/TR?pg=entry&fr_id=9014**NKF Silicon Valley Kidney Walk**

Date: June 2, 2019

Time: 9 a.m. check-in and 10:30 a.m. start

For more information and to register:

http://donate.kidney.org/site/TR?pg=entry&fr_id=9041**NKF San Francisco Kidney Walk**

Date: June 9, 2019

Time: 9 a.m. check-in and 10:30 a.m. start

For more information and to register:

http://donate.kidney.org/site/TR?pg=entry&fr_id=9040Find related events on the Network 17 website [here](#).

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