



# PROGRESS NOTES

ESRD Network 9/10

Winter 2004/Vol XI, No.1

## 2004 Nephrology Conference Set for Chicago, IL

The 2004 Nephrology Conference of The Renal Network, Inc. will be held on June 10 and 11 at the Sheraton Hotel & Towers.

The schedule is set as follows:

### Thursday, June 10:

**Nephrology Update:** Full-day seminar for nephrologists, administrators, nurses, social workers, technicians, and dietitians. Continuing education credits and CMEs will be awarded. The Network Awards Luncheon will take place during this program.

### Friday, June 11:

**Full day sessions will be held for:** administrators, nurses, technicians, social workers and dietitians. Continuing education credits will be awarded.

**Physician Satellite Symposia:** Satellite programs are being planned with the University of Chicago, including a dinner meeting on June 10 and an afternoon session on June 11.

### Registration:

Nephrology Conference Registration information will be available online. Check the Web site for updated Conference details: [www.therenalnetwork.org](http://www.therenalnetwork.org).

Hotel reservations should be made directly with the Sheraton at **(800) 325-3535**. Be sure to ask for The Renal Network block to secure the group rate of \$199 per night.

Hotel reservations can also be made on-line using a secure Sheraton Web site especially created for the Nephrology Conference. Log

on to [www.therenalnetwork.org](http://www.therenalnetwork.org) and follow the links for the Nephrology Conference and use the Password: B4333.

### Additional Conference Activities:

**Poster Session:** A poster session will be held during the Conference.

If your dialysis unit is making innovations in an aspect of care

we invite you to share your successes through a poster presentation.

The *Poster Display Registration Form* is available online at [www.therenalnetwork.org](http://www.therenalnetwork.org).

**BONENT Certification Test:** The Network will co-sponsor BONENT certification testing for technicians and nurses on Wednesday, June 9, 2004 at the Sheraton Chicago Hotel and Towers.

Contact BONENT for more information and to register, phone **(913) 541-9077**. The deadline for test registration is Friday, April 23.



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## Network Participates with CDC in Infection Surveillance System

The Dialysis Surveillance Network is a voluntary national surveillance system monitoring bloodstream and vascular infections sponsored by the Centers for Disease Control. Network 9/10 is currently coordinating a “pool” of interested dialysis facilities to enroll in this system. Both adult and pediatric dialysis centers are welcome to participate.

Bacterial infections, especially those involving the vascular access site, cause considerable morbidity and mortality in hemodialysis patients. Despite the frequency of infection, little recent information has been available of bacterial infections in hemodialysis patients, and no standardized surveillance methods existed. To address these concerns the Surveillance Network has three goals:

- To provide a method for individual hemodialysis centers to record and track rates of vascular access infections, other bacterial infections, and intravenous antimicrobial starts.
- To provide rates for comparisons among various dialysis centers (benchmarking).
- To use these data to motivate practice changes and to prevent infections, especially those caused by antimicrobial resistant organisms.

Participating centers may enter data on paper forms provided by CDC and receive a data analysis report every quarter. Alternatively, they may use the Internet-based system for data entry and analysis and generate and print reports whenever desired.

There are no fees or financial remuneration for participating in this system. While summary data are released, the data from individual centers are confidential and cannot be released to anyone other than the dialysis center reporting it.

Anyone interested in more information, or to enroll a dialysis facility should contact Bridget Carson in the Network office, (317) 257-8265 or email [bcarson@nw10.esrd.net](mailto:bcarson@nw10.esrd.net).

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## Hemodialysis Adequacy

**Reminder:** For accurate measurement of pre and post serum BUN's in hemodialysis patients, the blood must be collected properly. Improper technique can lead to inaccurate results, frequently reported as a false low BUN. Consequently, the patient's dialysis prescription may then be adjusted incorrectly based on these false numbers.

The K/DOQI Clinical Practice Guidelines for Hemodialysis Adequacy recommend:

“BUN samples should be drawn immediately prior to dialysis, using a technique that avoids dilution of the blood sample with saline or heparin. Post dialysis BUN samples should be drawn using the slow flow/stop pump technique that prevents sample dilution with recirculated blood and minimizes the confounding effects of urea rebound.”

*For more details regarding the slow flow/stop pump technique, please refer to K/DOQI guidelines available on the National Kidney Foundation Web site [www.kidney.org](http://www.kidney.org). You may also access this information through renal links on The Renal Network Web site: [www.therenalnetwork.org](http://www.therenalnetwork.org).*

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## Transplant

This past June, The Renal Network distributed Facility Specific Transplant Process Reports to the medical directors and administrators of dialysis facilities.

These reports examined the 5 steps in the transplant process (medical suitability, patient interest, work-up, waiting list and transplant). Information was based on data collected from facilities transplant status reports.

The Standardized Step Ratio (SSR) was utilized to examine the observed versus the expected completion at each step. The SSR compares step completion among patients at a specific facility with patients across all four states of the same mix of age, race, sex and cause of renal failure.

An SSR not significantly different than 1.0 indicated that patients at the facility have a completion rate similar to what would be expected. An SSR of 0.70 indicated that patients at that facility have a 30% lower completion rate at that step than would be expected.

A total of 452 reports were mailed. Of these reports 19.5% showed significance at step A (suitability); 18% were significant at step B (interest); and 8.4% at step C (work-up).

It was hoped that the information could be used to guide quality improvement efforts to examine transplant related issues in each facility although it is noted that factors beyond the control of dialysis facilities may also have a role in completion of specific steps.

In addition, there were some limitations in interpretation of the results that could be corrected if the reports were to be re-issued in the future.

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## Vocational Rehabilitation Data Collection

The CMS ESRD Steering Committee's Data Review Subcommittee approved an ESRD Network 5 request to collect individually identifiable vocational rehabilitation patient data on behalf of all Networks. The data collected will be used for the completion of the ESRD Networks respective annual reports.

Previously, permission was granted for each of the Networks to provide facilities with a printout of patients ranging in ages from 18 to 54 who were currently dialyzing at their facilities. The facility would check the appropriate category for each patient and report aggregate data to the Network.

Networks have argued that it would be more burdensome for facility staff to aggregate the data than to merely return the completed list to the Network and have the Network aggregate the data.

The Committee has taken this facility burden into account and is granting permission for all Networks to have facilities return the printouts with the identifiable data on a voluntary basis for the purpose of the Networks aggregating the data needed for their annual report. (See related article on page 6.)

# # #

## Network to Develop APN Group

The Network is developing a special interest group for advance practice nurses (APN).

The goal of the group is to provide networking and educational opportunities for these renal professionals.

For more information or to join the group, contact Bridget Carson in the Network office, call (317)257-8265 or email [bcarson@nw10.esrd.net](mailto:bcarson@nw10.esrd.net).

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# FISTULA FIRST - Our CMS National

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In July of 2003, The Renal Network, Inc. in compliance with CMS (Center for Medicare/Medicaid Services), instituted the Network 9/10 **National Vascular Access Improvement Initiative (NVAII)**, now known as the **Fistula First** project.

This is a national project mandated by CMS. The Network goal of the project is to increase the incident and prevalent rate of AV fistulas in our network by 5% per year.

The Network, as a whole, has been averaging an increase in AV Fistulas of approximately 2% per year. This goal is to be achieved by 2006, making the Network total AVF prevalence 40%, and AVF incidence 50%.

In order to facilitate this process the Network developed a plan for the period of 2003-2004. This plan includes education for providers, physicians, vascular access surgeons, and interventionalists.

The objective is to assist these disciplines in developing an improvement strategy to increase the placement of, and extend the life of, av fistulas.

The first step was to invite renal professionals to join a Vascular Access Advisory Panel (VAAP). This panel is made up of nephrologists, surgeons, interventionalists, and nurses.

Their job is to oversee the project and report to the Medical Review Board of The Renal Network. The next step was to plan and prepare educational offerings. The Network was divided into five regions encompassing all of the Health Service Areas (HSAs).

A "Vascular Access Learning Session" was scheduled, and planned, for centrally located cities in these five areas.

These educational offerings are designed to assist the practitioner with QI activities for the

facility by providing, a project overview, ideas for the initiation of QI projects, protocols for future reference, and a "think-tank" approach to discuss innovations presented by physicians from that area.

The last Learning Session scheduled for the first year of the project is in Springfield, Illinois on April 21, 2004. Registration forms are available on the Web site: [www.therenalnetwork.org](http://www.therenalnetwork.org).

The Network goals also consisted of providing a monthly educational initiative to all medical directors, nurse managers, and advanced practice nurses for their facilities.

*In July 2003*, an introductory letter, explaining the project was mailed to this group along with the "11 Step Change Package" developed by CMS. This mailing also included an announcement of the planned Learning Sessions.

*In August 2003*, the Network placed an announcement in *Progress Notes*, the staff newsletter of Network 9/10, introducing the project and introducing information provided by the Network.

*In September 2003*, a message was sent announcing the first scheduled Learning Session. The videos and audio that are available on the Web site were also announced.

*October, 2003* brought the first Learning Session to life. In anticipation of this inauguration a letter was sent to all medical directors with their facility specific incident and prevalent rates of AVFs and catheters.

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# Vascular Access Improvement Project

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The Learning Session was held in Cincinnati, Ohio and had a total attendance of 60.

*In November 2003* the Patient Leadership Committee (PLC) developed a calendar for 2004 with the accent on the Fistula First project. A letter was sent to the Nephrology community providing Web site “links” to tools and plans for the Fistula First Quality Improvement Initiative.

The second Learning Session in Chicago was presented, with an attendance of 68.

*In December 2003*, the Fistula First calendar was sent to the facilities, with our plan to focus educational offerings on the monthly calendar topic.

*In January 2004*, an article titled “What’s Your Accessibility” was sent as the monthly educational initiative. This article is a user friendly tool that staff and patients alike will find helpful.

The third Learning Session, Indianapolis, Indiana, was presented in January 2004, with an attendance of 70.

*In February 2004*, an algorithm was developed to assist access coordinators with their access monitoring.

*In March 2004*, a protocol for “the referral process” was offered. A member of the VAAP developed and implemented these protocols in his facilities. He has found the protocols to be successful.

We have created a contact list for access coordinators/managers. You may register using the eSubscription form found on [www.therenalnetwork.org](http://www.therenalnetwork.org).

We will use this list to provide educational materials and offer opportunities for continuing education.

The goals set by CMS and The Renal Network, Inc., for the Fistula First Project, are attainable.

Quality Improvement is a creative process. Following the steps from the beginning is like planting a seed and watching it grow.

We are all in this area of healthcare for the benefit of the patients we care for. Keep up the good work!

# # #

## Network 9/10 Works to Adopt VISION Software

The Network is still in the process of adopting the VISION software for its dialysis facilities to meet CMS-Network reporting requirements. VISION is the CMS sponsored software which is being implemented nationally. Currently, the software is being updated so training has been suspended. The new version is expected by late spring; a new training schedule will be announced as soon as the software is available.

The software is only for use by independent dialysis facilities which are not affiliated with a large dialysis provider (LDO) including Fresenius, Gambro, RCG, Davita, and DCI. A separate data delivery method is being designed for units in the LDO groups.

To date, the Network has trained and enrolled 35 of its 184 units which are eligible to participate. Through VISION, the Network has received a total of 1,193 events, and logged 416 CMS 2728 Medical Evidence Report Forms and 303 2746 Death Notifications.

For more information or questions, contact Christy Harper, Data Manager, at the Network office (317) 257-8265 or [charper@nw10.esrd.net](mailto:charper@nw10.esrd.net).

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## Vocational Rehabilitation Summary

The use of vocational rehabilitation services continues to be a challenge to many of the Network's facilities. According to those who completed the 2002 Vocational Rehabilitation Form, a required document by the Center for Medicare and Medicaid Services (CMS), 153 facilities did not refer anyone between 18 – 55 years of age to vocational rehabilitation services for that year. Of those 153 facilities, 27 reported that they had shifts that started after 5 p.m. There were 15 facilities that referred 50% or more of their patients to vocational rehabilitation services.

In the year 2001, of those who completed the Vocational Rehabilitation Form, 126 facilities did not refer anyone to vocational rehabilitation services and 24 of those reported that they had shifts after 5 p.m. Although a number of speculations can be made about the reasons over 40% of the Network's facilities who completed the survey have not made any vocational rehabilitation referrals during this two-year span, those will not be addressed in this article.

Rather, we would like to focus on two other issues here. First, we want to encourage you to do functional assessments to determine who might be eligible for voc rehab services. We encourage you to use the resources at Life Options and The National Kidney Foundation (KDOQI). A number of Patient Satisfaction Questionnaires contain questions regarding functional status and often present an opportunity to talk to patients about returning/entering the workforce. Review on a regular basis a patient's potential for work in his/her long-term care plans and offer voc rehab information. You may want to start a peer support program for patients who do work to mentor other patients who are considering work. Also, get to know the voc rehab counselors in your area. You may want to invite one of them to a support group meeting or set up a special patient meeting with guest speakers from voc rehab and the social security office to answer questions about work.

Second, we would like to learn from you the barriers to referring patients to vocational rehabilitation. Also, it would be helpful to hear from the facilities that do refer to vocational rehabilitation frequently – what makes it work for you? Please email your comments to Kathi Niccum at [kniccum@nw10.esrd.net](mailto:kniccum@nw10.esrd.net) or fax them to Kathi's attention at 317-257-8291. The more we can learn firsthand from our facilities regarding the frustrations of vocational rehabilitation as well as the successes of vocational rehabilitation, the more we will be able to address the issues to benefit both facilities and patients.

We encourage you to call the Life Options Rehabilitation Program (800-468-7777) or visit their Web site at [www.lifeoptions.org](http://www.lifeoptions.org) for helpful resources in the area of rehabilitation. Life Options has recently updated their primer: *Employment: A Kidney Patient's Guide to Working and Paying for Treatment*. Topics include employment and vocational rehabilitation; Medicare, Medicaid, and health insurance; and disability programs. The booklet also includes a glossary of terms and a list of resources. Also available is the *Unit Self-Assessment Tool (USAT)*, which can help you track the rehabilitation activities of your facility.

In an attempt to help vocational counselors understand the needs of kidney patients, the state vocational rehabilitation agencies have been sent a copy of the publication *Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Failure* to assist them in understanding how people with chronic kidney disease can be assisted to achieve employment. During 2004, the Network will publish stories from patients who are working or going to school, will develop motivational material for patients, and will address the topic of rehabilitation in this newsletter and the patient newsletter. In addition, we are always available to assist facilities in using tools to assess the functional status of patients and in developing rehabilitation programs in their facilities. For more information, visit our Web site [www.therenalnetwork.org](http://www.therenalnetwork.org).

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## Grievances, Complaints and Concerns in 2003

There were seven patient grievances filed in 2003. There were an additional eight cases that were carried over from 2002 and resolved in 2003. There were no cases opened at year's end. The Renal Network also logged 95 patient complaints and 133 facility concerns last year.

When comparing 2003 to 2002, the number of new grievances decreased by 44% in 2003. Grievances were reduced in part owing to a new procedure established by the Patient Services Department, which sought to assist both patients and facilities to resolve their complaints and concerns through early intervention.

By providing educational tools and resources and by engaging concerned parties in negotiation and mediation, potential grievances were resolved earlier and in a more cooperative manner.

In 2003 the number of calls we received from facilities with concerns about patient behavior increased by 62% from 2002.

However, there seemed to be more calls asking for suggestions on how to work with patients to prevent discharging them as opposed to calls to inform us that patients were being or had been discharged.

An increase in calls from facilities seeking technical assistance for conflict resolution and dealing with disruptive behaviors is a positive step towards coping with these important issues.

For more information, log on to [www.therenalnetwork.org](http://www.therenalnetwork.org) for a more detailed description of the types and frequency of issues and concerns mentioned as either primary or secondary.

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## Involuntary Patient Discharge Survey

The issue of involuntarily discharged patients is perceived to be a growing concern that has received increased national attention.

Twelve out of 18 Networks participated in an Involuntary Patient Discharge Survey with the objectives to:

- 1) determine the number of patients that have been involuntarily discharged within a Network,
- 2) gain an understanding of the reasons patients are being discharged from the dialysis clinic setting,
- 3) gain a better understanding of the characteristics (age, race, gender, ethnicity, principle of diagnosis, duration, modality, setting) of the discharged patient population, and
- 4) identify the placement outcome for the discharged patient.

In December, all facilities were asked to complete the involuntary discharged patient survey. All information was strictly confidential.

Overall, 80% of our facilities responded to the survey, with the range from 87% returned from Kentucky to 72% returned from Ohio.

The data are still being reviewed and additional information will be shared at a later date.

The information we gain from the survey will assist the Network in providing additional resources to facilities.

# # #

## National CPM Data Collection

This table displays the results of the national CPM data collection from the 4<sup>th</sup> quarter of 2002. This data is comparing Network 9 and Network 10 outcomes with those of the nation. You can use this data to compare your facility outcomes and to assist you in your internal quality improvement program. We are available for technical assistance if you have any questions regarding the data and/or a quality improvement initiative for your facility. Please call our network office at 317-257-8265 if you need assistance in these areas.

	Network 9	Network 10	Nation
<b>Adequacy</b>			
% Pts with Mean Kt/V e <sup>+</sup> 1.2	89	88	89
Median Kt/V	1.54	1.5	1.52
% Pts with Mean URR e <sup>+</sup> 65%	84	87	86
Median URR %	84	87	86
<b>Vascular Access</b>			
% of Prevalent Pts with AVF	30	31	33
% of Incident Pts with AVF	22	28	27
% of Prevalent Pts with Catheter	33	29	27
% of Prevalent Pts with Catheter e <sup>+</sup> 90 days	28	21	21
<b>Anemia Management</b>			
Median Hgb (g/dL)	12	12.1	11.8
% Pts with Mean Hgb e <sup>+</sup> 11g/dL	77	82	79
% Pts with Mean Hgb 11 – 12.0 g/dL	31	28	36
% Pts with Mean Hgb < 10 g/dL	7	7	7
Median wkly IV EPO dose units/kg/wk	223.0	206.5	198.9
Median wkly SC EPO dose units/kg/wk	109.3	190.4	156.2
<b>Iron Management</b>			
% Pts with Mean TSAT e <sup>+</sup> 20%	77	79	80
% Pts with Mean Ferritin e <sup>+</sup> 100 ng/mL	95	94	92
<b>Albumin</b>			
% Pts with Mean serum albumin e <sup>+</sup> 4.0/3.7 g/dL (BCG/BCP)	32	45	35
% Pts with Mean serum albumin e <sup>+</sup> 3.5/3.2 g/dL (BCG/BCP)	76	83	81

## PROGRESS NOTES

### Address Service Requested

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