

# NETWORK CONNECTIONS

*Working together for kidney patients*



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*Network Connections* is a quarterly publication designed to promote communication between agencies.

**WHO ARE WE ?** The Renal Network (TRN) is a non-profit organization under contract by CMS to monitor quality of care to renal patients in Indiana, Illinois, Kentucky and Ohio. We are two of 18 networks nationally who operate under the direction of a Medical Review Board and Board of Trustees made up of volunteers: physicians, nurses, administrators, social workers, dietitians, technicians, and patients. TRN collects data, performs quality improvement projects, provides patient education, and investigates complaints and concerns from patients, staff and family members.

## *Dialysis Patient-Provider Conflict*

The Renal Network continues to assist patients and facility staff in resolving complaints and grievances. Calls to the Network regarding involuntary discharges continues to increase, although the reasons behind the increase are unclear. One reason may be simply that more facilities are notifying us or calling for advice. The other reason may be that in fact more patients are indeed being involuntarily discharged. For the first 6 months of 2005 over 50 patients have been identified as being involuntarily discharged in the states of Indiana, Illinois, Ohio and Kentucky.

In 2003, a national conference was convened, sponsored by the Forum of ESRD Networks and funded by a grant from Network 12, to explore dialysis patient-provider conflicts. Forty-six renal stakeholders from 27 different organizations met in St. Louis for a conference titled ***Dialysis Patient-Provider Conflict: Designing a Collaborative Action Plan with the ESRD Stakeholders***. The reasons for conflict in the dialysis unit and solutions for decreasing conflict were discussed. As a result of this conference, the **Decreasing Dialysis Patient-Provider Conflict (DPC)** was initiated with funding from CMS and guidance of co-chairs Glenda Harbert, RN, CNN, CPHQ and Richard Goldman, MD. A national task force and subcommittees were formed to examine the legal, ethical and regulatory issues of entitlement and to produce a statement for national consideration. The goal of the DPC was to provide the dialysis community with resources to manage and decrease conflict.

Outcomes of this project include a DPC Poster on Conflict that was mailed to dialysis facilities in June. The poster was entitled *Decreasing Conflict and Building Bridges*. In addition, a DPC Toolbox was developed. The Toolbox contains conflict resolution resources for the dialysis professional including A Provider Manual, Brochures, Pocket Guides, CD-Rom on DPC Conflict Interactive Training Program, and a CD-Rom containing DPC Conflict Resolution Resources for Dialysis Professionals Program Documents. The resources are to help train staff to more effectively cope with conflict, identify the causes of conflict, and help them grow professionally in their ability to understand conflict.

The Provider Manual contains nine Modules addressing various issues such as ***Create a Calm Environment*** with the purpose of exploring current and new strategies for remaining calm in tough situations and ***Open Yourself to Understanding Others*** in order to learn techniques for effective listening and to identify factors that affect how people hear information. The toolboxes will be mailed to dialysis providers in September. Training sessions both on-site and through Webex are being scheduled to help staff use the resources.

The Renal Network has also developed a publication to assist facility staff in developing *Alternative Solutions* to discharge. Alternatives include offering home dialysis therapies to difficult patients. This resource will be also be mailed to dialysis facility administrators in September.

Short Subjects

**1. Hurricane Katrina.** The Network is anticipating the arrival of dialysis patients displaced due to Hurricane Katrina. Dialysis facilities are being instructed to accept transient patients without medical records or advance notice. Networks will be tracking information on patient activity and have developed a form for the facilities to use for this purpose. Information for both patients and providers has been distributed and posted on our web site [www.therenalnetwork.org](http://www.therenalnetwork.org). Updates will be provided when available.

**2. Nursing Home Project.** ESRD Network 9/10, in collaboration with Network 1, has been approved by CMS to develop a model for delivery of dialysis within the Skilled Nursing Facility. This project officially began July 1, 2005 and will run through June 30, 2006. A Technical Expert Panel (TEP) will convene in January consisting of representatives from CMS, State Departments of Health, Private Insurers, QIO's, Nursing Home staff, Physicians, LDO, Patients, DME suppliers, ANNA, and NRAA. Recommendations will be made in the areas of certification, program structure, medical oversight, staffing, coordination of care, equipment and supplies, water quality, back up facilities, reimbursement, patient eligibility, data collection, and oversight.

**3. Phosphorus Management Project.** In May 2005, The Renal Network, Inc. (TRN) in collaboration with Genzyme, began a patient focused plan to improve knowledge and compliance in controlling serum phosphorus. The K/DOQI recommends an Intact PTH level of 150-300pg/ml, a serum phosphorus level of 3.5-5.5mg/dl, and a serum calcium level of 8.4-9.5mg/dl to maintain adequate bone health in the dialysis patient. Genzyme has designed an education program for staff and patients that will promote bone health.

Two hemodialysis facilities in Network 9/10 volunteered to pioneer this important project. The education sessions began in May 2005, and will end September 2005. During this time period patients and staff will be instructed in ways to modify behavior and increase self-care. Aggregate lab data will be screened monthly to monitor the progress of the participants. This program was planned to be compatible with patient and staff schedules and will provide enjoyable learning techniques including games, contests, and rewards. The goal of TRN and Genzyme is to provide a good learning experience for all participants with positive patient outcomes as the result.

Announcement

In 2003 CMS suspended the collection of Clinical Performance Measures (CPMs) on 100% of our facilities. In the past, Facility Specific Reports were generated from this data and distributed to all facilities and nephrologists. The last report mailed reflected analysis of data collected in Oct-Nov-Dec of 2003. Currently the only data being collected and distributed is in regard to Fistula First. Since the suspension, CMS has standardized the data collection efforts nationally but has only authorized the collection of hemoglobins and pre and post BUN's on hemodialysis patients, and hemoglobins, Kt/V and CrCl on PD patients. The collection of 2004 data is still in progress. It is still unknown if we will be able to collect 2005 data.

TRN is aware that many surveyors request to see these reports when surveying facilities. Please bear with us and hopefully in the future we will be able to resume sending out a modified report.