

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. TRN represents two of 18 networks nationally operating 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.

The Renal Network, Inc.

Who works at The Renal Network? Allow us to introduce ourselves. Our office employs 19 full-time staff members, divided into several departments.

Susan Stark, Executive Director, is responsible for the overall operation of all functions of the Network.

Bridget Carson, Assistant Director, provides back-up in administrative duties. She coordinates the Pediatric Renal Group, the Nominating Committee and the annual Nephrology Conference.

Jan Nagle, Office Manager, is responsible for the operation of the Network office including bookkeeping and personnel.

Dolores Perez, Director of Communications, maintains our Network Web sites, publications and resource information and assists with implementation of all patient activities. She is responsible for enhancing community outreach and collaboration activities of the Network.

Rick Coffin, Data Services Director, is responsible for all programming needs and oversees the staff of the Data Department.

Christy Harper, Data Manager, oversees the day to day operation of the Data Department and is responsible for overseeing the Network Data system.

Marietta Gurnell, Information Management Coordinator, is responsible for administering data validation tools and CMS notifications to correct errors in the system.

Roianne Johnson, Data Specialist and **Helen McFarland**, Special Projects Coordinator, are responsible for tracking patients for Network 10 facilities.

Debbie Laker and **Ameron Harris**, Data Specialists, are responsible for data entry, forms tracking and compliance in Network 9 facilities.

Kathi Niccum, Ed.D, Patient Services Director, oversees all patient services activities, including the resolution of complaints, grievances, and facility concerns; facilitates the PLC, conducts training programs including conflict resolution and develops educational resources for patients and staff.

Kalisha Nance, MSW, Patient Services Coordinator, was recently hired to respond to grievances, complaints, and facility concerns and other department activities.

Katie Stark, Patient Services Operational Coordinator, assists Patient Services Department Operational activities.

Raynel Kinney, RN, CNN, CPHQ Quality Improvement Director, oversees all QI projects and intervention activities & coordinates the clinical performance measures project.

Mary Ann Webb, MSN, RN, CNN, QI Coordinator, assists with quality improvement and intervention activities and grievance resolution..

Janie Hamner, QI Assistant, is responsible for support to the department.

Rita Cameron, office secretary, is responsible for reception and secretarial support.

We are currently interviewing for a renal nurse. Go to our Web site for details.
www.therenalnetwork.org

Short Subjects

Decreasing Dialysis Patient-Provider Conflict (DPC): Decreasing Dialysis Patient-Provider Conflict National Task Force Position Statement on Involuntary Discharge Executive Summary is now on the Network Web site at <http://therenalnetwork.org/PatientServices/DPC.html> The main parts of the DPC Toolbox are also on the Website and can be downloaded and copied. Additional toolboxes and posters are available through the Network office.

DPC Train the Trainer Programs are now being scheduled for 2007. The program, which will be Webex training, are scheduled for May 8, August 23, and November 9 from 10-11:30 am. Staff may register by contacting the Network office.

Network Trends: In 2006, the Network received 128 complaints from patients and/or their family members. Their primary categories of concern included 1) Treatment/Quality of Care, 2) Staff related, 3) Patient Transfer/Discharge, and 4) Admission Barriers. The Network staff provided resources and referrals, coached patients on how to talk to facility staff, and acted as a go-between when needed.

During the past year, there were two formal grievances. One grievance was related to being involuntarily discharged. This was substantiated. The second grievance related to sexual harassment by the staff was not substantiated.

There were 53 patients reported as involuntarily discharged from Network facilities in 2006. The majority of those discharged were between the ages of 18-54. About 75% were male and approximately 66% were black. The reasons for discharge ranged from threatening behavior to noncompliance. According to the Federal Guidelines 405.2138(5) (b) (2) *“All patients treated in the facility are transferred or discharged only for medical reasons or for the patient’s welfare or that of other patients, or for nonpayment of fees (except as prohibited by title XVIII of the Social Security Act) and are given advance notice to ensure orderly transfer or discharge.”* CMS does not support discharging patients for noncompliance or anything other than what is stated in the guidelines.

There were 56 patients reported to the Network who experienced problems being admitted to outpatient dialysis facilities. The reasons ranged from medical conditions that could not be accommodated in an outpatient unit to behavior issues of patients. Although the Network did not have any information on 15 of the patients (new to dialysis or patient was anonymous), the rest of the patients who were not new to dialysis and who could not find a facility were: a) between the ages of 18-54, b) male, and c) black.

The Federal Guidelines 405.2136 (3) states *“Admissions criteria that insure equitable access to services are adopted by the facility and are readily available to the public.”* It could be helpful for facilities to review their admission policies to ensure that 1) they are specific about the type of conditions they cannot accept and 2) that they do not discriminate against people requesting admission.

The 2007 Nephrology Conference is scheduled for March 14-16 at the Drake Hotel in Chicago. The third annual Midwest Nephrology Fellows Research Day, a pre-conference event, will be held March 14th. The main conference activities will begin on March 15th with The Nephrology Update. Friday, March 16th, full-day breakout sessions will be held for Administrators, Nurses & Technicians, Dietitians, and Social Workers. State Surveyors may attend free of charge! Call the Network office for details.