



InterMountain Messenger

News from ESRD Network #15

Handling the Tiebreaker Report

By now most facilities in Network #15 have received at least one “Tiebreaker Report.” This report is used to notify facilities when there is a discrepancy between information reported to CMS (Centers for Medicare & Medicaid Services) and information reported to Network #15. **This information could affect a patient’s ESRD Medicare payments so it is important to respond quickly to these reports.**

For instance, CMS may show a patient’s name to be “JOHNSON” while Network #15 shows that same patient’s name as “JOHNSTON.” We ask that you verify—by looking at actual documents (preferably a Medicare Card or Social Security Card)—which information is correct. Then attach a copy of this document to the Tiebreaker Report and return both to Network #15.

In addition, the Tiebreaker Report often lists patients presumed to have died. Please remember that you should NOT assume the information is correct. **We ask that you verify BOTH the death event and date of death before returning the Tiebreaker Report to us.**



Contract for Better Conduct

As the renal community begins to take a closer look at the impact of problem behaviors in the dialysis units, contracts are more frequently being used to address and manage those problems. The following guidelines can be used when approaching a behavior contract:

Do We Even Need a Behavior Contract?

Is the behavior changeable?

Consider whether or not there are precipitating factors that make a change in the behavior unreasonable.

EXAMPLE: Mr. Smith has mild mental retardation and cannot understand the terms or consequences of a contract to control his verbal outbursts during treatment.

Is the behavior measurable?

You can’t tell whether or not a behavior contract was successful unless you have something to measure.

EXAMPLE: “Miss Jones is always disagreeable” (A behavior contract will not help her to improve in this area).

Is the behavior persistent?

Unusual circumstances that are not expected to recur might lead to inappropriate behavior from a patient.

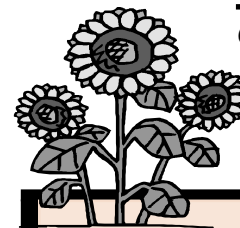
EXAMPLE: Mr. Smith, normally a

very passive person, recently became very angry and yelled profanities while sitting in the lobby. In a discussion with the Social Worker after the incident, it was discovered that he was under a great deal of stress due to a recent death in his family. Instead of using a contract, he was educated about the inappropriateness of his behavior and was referred for counseling.

Alternatives to Behavior Contracts:

Address the problem. Many problems can be resolved merely by bring-

Continued on page 2



Inside This Issue

Data Notes	3
Feet to the Fire	4
Comments Wanted	4
How Do You Rate?	5
Sites to Surf	6



 **Contract ...**

Continued from page 1

ing attention to them. This is especially true when a patient is unaware that his/her conduct is a problem--pointing it out may be the only solution needed.

Meet regularly. If bringing attention to an issue isn't enough, the team and/or parties involved should meet on a regular basis to validate, discuss, and follow up on problems.

Educate all patients. If an issue appears to affect more than just one patient, consider providing education to all patients through memos, meetings, bulletin boards, etc.

Educate the staff. Problematic behaviors in a dialysis unit can be challenging for all staff; dealing with these behaviors is an ongoing learning process. Determine whether or not staff would benefit from additional training and/or education with regards to a problem.

When Developing a Contract ...

Make the contract specific and individualized. The most important thing to keep in mind is that each patient and each situation is different.

EXAMPLE: The team met with Mr. Jones to help him increase compliance with his treatment. After considering all of his barriers they came up with a contract that everyone considered fair and appropriate for him.

Get in the game early! Don't wait for inappropriate conduct to escalate into a difficult or even dangerous situation. It's important to educate all staff about what to do when a patient is displaying inappropriate, difficult, disruptive, abusive,

noncompliant, or unwanted behavior.

EXAMPLE: Jane Doe has been yelling at staff during treatments for the past 3 weeks and has become increasingly loud and aggressive. To prevent further escalation, the team met with Jane and a contract was implemented that gave her a means to address her concerns with staff. It also spelled out consequences in the event that her behaviors continued.

Make the contract measurable and observable. Unless a contract is measurable, all parties will have difficulty knowing whether progress was made.

EXAMPLE: *Rather than:* "Mr. Smith will not be mean to staff."

Try this: "Mr. Smith will speak in a normal tone of voice and refrain from cursing at staff for 2 months."

Make the goal achievable and the expectations reasonable. Remember that the goal of a behavior change is to improve a behavior. Keep in mind that smaller steps allow both parties to share in the success when the goals are achieved.

EXAMPLE: *Rather than:* "Mr. Jones will not miss any of his treatments."

Try this: "Within the next 2 months, Mr. Jones will attend at least 11 treatments per month."

Keep it positive! Avoid using a behavior contract to threaten or intimidate a patient--this will not produce the long-term desired results. Also, avoid wording that is negative--never degrade a patient.

EXAMPLE: *Rather than:* "Jane does not follow the Doctor's orders;

if she misses another treatment she will be discharged."

Try this: "If Jane attends her treatments 20% more often for the next 3 months, her machine will be set up prior to her arrival at the dialysis unit."

Provide appropriate consequences. Consequences should not intimidate, but rather motivate change.

EXAMPLE: "Mr. Jones will refrain from cursing at the staff and patients for the next 6 weeks. If he curses during treatment, the Nephrologist will be notified and John's treatment will be discontinued for the remainder of the day."

Include the patient in the process. Being involved in the goal-setting process will allow a patient to assume responsibility for outcomes, and thus motivate him/her to achieve the goal. Consider having a confidential meeting with the medical team and the patient (including a support person, if the patient desires) in which the contract can be developed.

EXAMPLE: "Jane has been late for treatments for the past several months. The team met with her and her husband to discuss the issue and to come up with a contract that worked for them and the facility."

Include the staff in the process. A contract is an agreement between two parties, so consider ways that the staff can be involved in the patient's process of change.

EXAMPLE: "Mr. Johnson will alert the Tech in a normal tone of voice if he is not feeling well during treat-





ment. The staff will respond to Mr. Johnson within 2 minutes and will notify the Nurse if Mr. Johnson needs additional assistance.”

Provide the patient with appropriate ways to address concerns.

Rarely are patients the only ones involved in problematic behaviors, so consider what the staff can do to make positive changes during the process.

EXAMPLE: “Ms. Smith will address her concerns to the Charge Nurse rather than complaining to the Techs. The Charge Nurse will talk with Ms. Smith to address her concerns at least once a week.”

Provide a time limit and regularly monitor the patient’s progress.

All contracts should have a clear beginning and ending date. Likewise, it’s essential that the patient’s progress be monitored, through meetings, phone calls, correspondence, etc. Gauging a patient’s progress throughout the contract period will encourage him/her to stay on course. A period of between 6 and 12 weeks is usually sufficient.

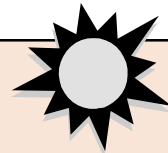
EXAMPLE: “John Smith will refrain from cursing in the lobby for the next 6 weeks. The Nurse Supervisor and Social Worker will meet with John every Wednesday after treatment to monitor his progress.”

Remember to document! Make sure that all of the team’s efforts and the patient’s progress are recorded, and include specific documentation in the patient’s record. ❄

Adapted with permission from the Southeastern Kidney Council (Network #6.)



Data Notes



On PAR and Up to Snuff?

The Patient Activity Report (PAR) is mandated by CMS. It must be sent at the conclusion of each and every month, and is due by the 10th day of the following month. It is ESSENTIAL that you read the PAR instructions/definitions and note distinctions between types of events.

- * Do you understand the difference between Transfer In/Out, Category B, and Interruption in/Resume Service? *Category B means the patient will be receiving dialysis in prison or in another country; Interruption in Service means the patient has moved to an acute care or hospital setting.* Big difference!
- * How about transient patients? *A transient patient is one who arrives at your facility from another outpatient unit and dialyzes for less than 30 days with no intent to be permanent.* You do NOT report transient patients!
- * You SHOULD, however, report ALL patient deaths. For instance, if you report that a patient has discontinued dialysis, you must ALSO report if/when that patient dies (or recovers function, or returns to dialysis).
- * And then there’s Modality Change. This means *the patient remains at your facility but changes his/her long-term dialysis modality.*

Blank copies of the PAR and detailed instructions can be downloaded from our website at www.esrdnet15.org/data.htm. Please submit these reports in a timely, accurate, and legible format. You may choose to fax or mail the form, but do not do both!

Reporting Patient Deaths: It Goes Both Ways

We understand that in some instances dialysis facilities are not immediately notified about deceased ESRD patients. You might learn about deaths from hospitals, family members, or obituaries. OR, you might receive a “Tiebreaker Report” or the new “Death Event Report” (suggested by one of our facilities.) The names and dates on these notifications originate from CMS (Centers for Medicare & Medicaid Services); we hope this information will help you to begin the process of completing a 2746 form.



Feet to the Fire




Please be aware that CMS has intensified its interest in compliance rates. Compliance, in this context, refers to the timeliness and accuracy of CMS 2728 and 2746 forms submitted to Network #15.

Remember:

- 2728 forms are “on time” when they arrive within 45 days of the patient’s first chronic dialysis treatment in your facility (field 24 on the 2728 form).
- 2746 forms are on time when they arrive within 30 days of the patient’s death.
- An accurate form is one that includes all critical data elements and these elements are within acceptable ranges.

Each facility and provider is required to maintain an annual average rate of 90 percent for timeliness, completeness, and accuracy. CMS has instructed the Networks to notify them all “non-compliant” facilities on a semi-annual basis.

If your compliance rate drops below 90%, in addition to notifying CMS, Network #15 will be required to collect information from you regarding what steps you are taking to increase your compliance.

Finally, you should be aware that *“If a facility ... is not making any attempt to improve its performance ... [the Network is to] prepare a sanction recommendation to the Regional Office.”* (CMS quote) 



Comments Wanted

On July 8th CMS announced a draft, revised policy for monitoring claims for erythropoietin (EPO) for ESRD patients.

The draft monitoring policy proposes to consider both hemocrit/hemoglobin levels and EPO dosage levels. The policy seeks to monitor incentives to keep hemocrit/hemoglobin levels in the target range while discouraging excessive dosing of EPO.

The draft policy is posted on the CMS coverage website at <http://www.cms.hhs.gov/coverage/8b.asp>. CMS is inviting public comment on the draft. Instructions on how to submit comments can be found at this site.

The proposed policy was developed after the public solicitation of scientific evidence was issued last fall. CMS will not issue a final EPO monitoring policy until it receives input on this new draft from the ESRD expert community.



VISION

Vital Information System to Improve Outcomes in Nephrology

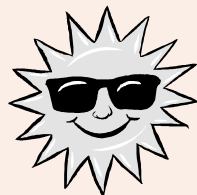
Interested in cutting down on paperwork? VISION is a “stand-alone,” PC-based software application that allows dialysis facilities to electronically enter and transmit data via a secure connection on the World Wide Web. Currently, the Centers for Medicare and Medicaid Services (CMS) is working with corporations like RCG, Gambro, DCI, FMC, and DaVita to incorporate VISION into existing software structures.

As of June 2004, Network #15 had trained 16 independent facilities (37%); 10 of those facilities (63%) are now using VISION to transmit data to Network #15!

If you represent an independent facility and are interested in becoming part of the VISION project, please [email](mailto:info@nw15.esrd.net) us (info@nw15.esrd.net) or call 303-831-8818 and ask for Matt.



Shielding Identity



It is against HIPAA regulations for patient-identifying information to be transmitted via email. To comply with this security requirement, we ask that you exclude patient names and/or social security numbers from any email correspondence to Network #15.

Thank you for your consideration of this policy.



How Do You Rate?



The Fistula First mission is to make sure that every eligible ESRD patient receives his/her optimal form of vascular access (in the majority of cases AVF) and to avoid vascular access complications through appropriate monitoring and intervention. The goal is to increase AV Fistula rates to at least 40% for prevalent patients and 50% for incident patients by June 2006.

Part of Network #15's strategy for accomplishing this goal has been to emphasize improved communication between the nephrologist, the vascular surgeon, the interventional radiologist, and dialysis staff.

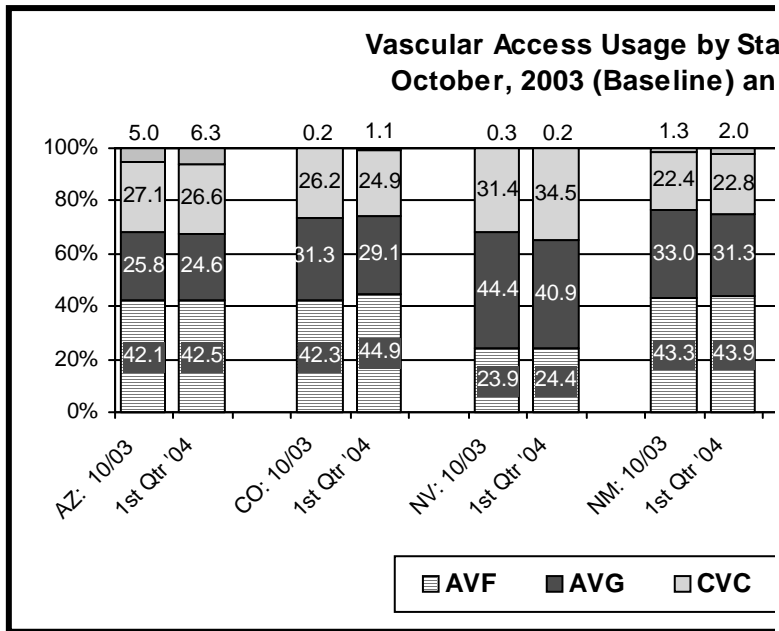
After several months of work on this quality improve-

ment project Network, #15 has been able to compile and analyze results achieved so far. A facility-specific report for the first quarter of 2004 has been mailed to all dialysis facilities in our Network.

See the August 2004 issue of *Nephrology News & Issues* for an article on increasing AFVs written by members of the Network #15 staff!

The chart below is taken from this report and shows the breakdown of vascular access usage within Network #15. For each state there is a comparison between the vascular accesses used in October of 2003 and those used in the first 3 months of 2004. We are excited to see that AVF rates are on the rise in all six states!

We do not, however, want to rest on our laurels. There is still much room for improvement and we look forward to seeing larger increases in the months to come.



Questions? We've got Answers

We often receive questions regarding forms completion, Network policies, and ongoing quality improvement projects.

We are always glad provide answers over the phone, but want to remind you that we also have a website

that's chock-full of this kind of information. Please visit www.esrdnet15.org and see for yourself!

And, if there is additional material you would like to see on the website, please let us know! Email us at info@nw15.esrd.net.





Sites to Surf

www.homedialysis.org

The non-profit Medical Education Institute has launched this new website, *Home Dialysis Central*, to raise awareness and increase use of peritoneal dialysis and home hemo. Site features include “find a center,” a legislative action center, message boards, patient stories, news, and more!

www.cms.hhs.gov/medlearn

On the CMS website you can now find the “Medicare Learning Network” which has CMS education products for fee-for-service providers. Highlights include: general medicare program information, medicare payment policy, and medicare preventive services.

Since we are fast approaching flu season, of special note is the section titled “Immunization: Educational Quick Reference Guide” (at www.cms.hhs.gov/medlearn/refimmu.asp). This includes info on payment allowances and diagnostic codes for influenza virus vaccine claims.

www.vascular-access.info

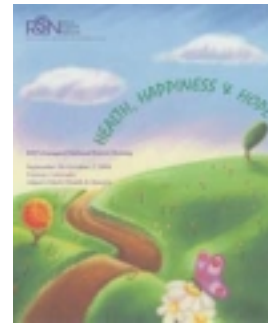
This site provides FREE online access to articles from the Vascular Access Journal. Authors may also use this website to submit original manuscripts for publication consideration.

www.kidneyschool.org

Part of the Life Options website, Kidney School is a web-based learning center for professionals and patients. Nurses and other healthcare professionals can now earn continuing education credits by going to Kidney School. Kidney School CE credits are most appropriate for nurses new to dialysis, or other staff/professionals without renal backgrounds.

www.esrdnet15.org

Divided into sections for patients and professionals within Network #15. Contains info about Network projects and policies, including instructions for all forms, reports, and other Network and/or CMS requirements. ☼



You're Invited

From September 30th to October 2nd, the Renal Support

Network (RSN) will be hosting its inaugural National Patient Meeting, entitled **Health, Happiness & Hope**. It will be held in conjunction with the National Renal Administrators Association (NRAA) national convention, in Denver, Colorado.

This will be the first meeting of its kind; both patients and professionals, from across the nation, will join together to discuss issues that concern kidney patients.

Additional information, including registration forms, may be found at www.renalnetwork.org or by calling 818-543-0896. Please encourage all interested patients to attend; but tell them to get those forms in quickly as registrations are due by September 1st! ☼



Network #15

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ESRD Network #15

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