Vol. XXII No.3 December 2002

Resource Reminder

For Patients

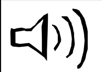
The booklet "Medicare Coverage of Kidney Dialysis and Kidney Transplant Services" should be given to all interested patients. Copies are available in English, Spanish, large print, or large-print Spanish. To obtain a free copy call 1-800-633-4227 or, for the hearing and speech impaired, 1-877-486-2048.

Another outstanding resource is *Family Focus,* a quarterly newspaper published and distributed by the National Kidney Foundation (NKF). Social workers should give copies to all interested patients. NKF requests that facilities contact them (1-800-622-9010) if additional newspapers are needed. Free home subscriptions are also available.

Network #15 has a new pamphlet, *Waiting for a Transplant*, available by request. This comprehensive guide covers a range of issues, from making the transplant decision to what to expect after receiving a transplant.

For Facility Staff

"Improving Sensitivity – A Guide for the Dialysis Team" addresses the unique challenges that dialysis caregivers face. This training package contains a video along with a 40-page Leader's Guide, and is available from the Network #15 lending library. To request this, or see an inventory of other available titles, please contact the Network at 303-831-8818.



Attention Social Workers!

Reminder about Eligibility Criteria for Medicare Immunosuppressive Drug Benefits

We wish to again call attention to the fact that there are eligibility criteria to *qualify* a patient for the immunosuppressive drug benefit following a kidney transplant. We are not talking about the *extension* of benefits, but the *eligibility* for the drug benefit, which may not be automatic under Medicare.

While eligibility rules are not new, they are often misunderstood. One criterion specifies that a patient must "*be enrolled in Medicare Part A at the time of the transplant and ... enrolled in Medicare Part B at the time that the drugs are dispensed.*" The only other recourse is to make coverage retroactive within 12 months following the transplant.

This is vital information for transplant and dialysis social workers. Patients need to be told that **having Medicare at the time of a transplant is essential to receiving immunosuppressive drug benefits.**

Reminder: it is not advisable to elect Medicare Part A without Part B (to avoid paying the Part B premiums) since patients can *only* apply for Part B during the Open Enrollment months of January-March. Then coverage is delayed until July and is subject to premium penalties.

This is especially important for patients who have employer group health plans. These patients may believe they can wait a full 30 months to apply for Medicare and still be eligible to receive immunosuppressive drug benefits. This is NOT true. All patients must apply for Medicare within 12 months of a transplant, or they won't be eligible for the Medicare drug benefit—ever!

If you have any questions about this complicated issue, please call the Network at 303-831-8818 and ask for Barb Campbell.

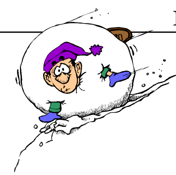
Inside This Issue

A Focus on Safety 2

Self-Care Corner. 2

Data Notes 3

Help Prevent Infection . . 4



A Focus on Safety

Is Your Dialysis Unit at an Increased Risk for Health-Care Errors?

The National Quality Forum (NQF) consensus statement identifies factors that increase the occurrence of health care errors. The environment in many of today's dialysis units definitely lends itself to these risks.

(*Bulletin points courtesy of NQF supplemented by Network #15 staff where text appears in italics.*)

Factors associated with increased risk include:

- Many and varied interactions with diagnostic and/or treatment technology; many different types of equipment being utilized.
- Multiple individuals involved in the care of individual patients;
- High acuity of patient illness or injury
- Ambient environment prone to distractions.
- Need for rapid care management decisions; being time-pressured.
- High volume and/or unpredictable patient flow.
- Use of diagnostic or therapeutic interventions having a narrow margin of safety, including the use of high-risk drugs.
- Communication barriers with patients and/or co-workers.
- Teaching setting, with inexperienced care-givers.

How can you create a safe environment for your patients?

Audit your unit with the goal of implementing safe practices as soon as possible. Consider having a "work-group" of patients help you identify areas where *they* feel at risk. This can help you prioritize what to focus on first.

The article, "Patient Safety: A Call to Action--A Consensus Statement From the National Quality Forum," by Kenneth Kizer lists several examples of recognized safe practices that can be applicable in the dialysis setting with some minor modifications.

Some examples of safe practices:

- Explicitly educate patients and their family members about medications; make relevant information about medications available at the point of care (*the dialysis unit*) and the point of dispensing (*the pharmacy*).
- Don't keep high-hazard medications (*e.g., concentrated potassium chloride that might be used for your PD patients, or concentrated epinephrine chloride*) on general patient-care units.
- Use protocols for highly toxic drugs or those with a narrow therapeutic range (*gentamicin, Vancomycin, dopamine*).
- Use pre-printed orders (*so that everything important to your dialysis treatment is ordered correctly every time*).
- Use weight-based heparin protocols. *Do you have a policy for administration of heparin that is approved by your medical director?*
- Prominently display patient-specific critical information (*e.g., known drug allergies*) on every patient record or with the patient himself *(i.e., use color-coded labels to identify patients with drug allergies). Is your reuse label system effective? How do you make sure that dialyzers will not be mixed up for patients with similar names?*

Continued on page 3

Self-care Corner

Self-care defines a patient's interest and ability to participate in his or her own treatment. For people on dialysis there is tremendous benefit in partnering with care providers to achieve a comfortable level of self-care. Health care providers also benefit because they are dealing with patients who are generally healthier and have a more positive outlook.

In the April 2002 issue of the IM we provided a list of topics to be discussed with patients in an effort to engage their partnership and encourage self-care. These topics provide a good starting point, but dialysis professionals should continue this effort by asking themselves the following questions:

- Do you provide any printed educational materials (e.g., books, pamphlets, brochures, newsletters) for patients?
- Do you have a special orientation program for new patients?
- Do you have educational programs for patients' families or other social support persons?
- Do you sponsor educational programs for members of the healthcare team?
- Do you have any facility-specific educational materials?
- Do you have/provide any educational videos for patient use?
- Do you provide or have any other kinds of educational strategies/programs that were not covered in the above items?

Continued from page 2

- Utilize pharmacy-based intravenous solution admixture programs.
- Eliminate the use of abbreviations when writing prescriptions and orders for care. (*At a minimum, eliminate the use of error-prone abbreviations such as "u" for units.*)
- Standardize prescription writing and prescribing rules.
- Avoid verbal orders whenever possible. Reserve verbal orders only for those situations in which it is impossible for the prescriber to write the order or enter it into the computer. If verbal orders are utilized, then use "repeat back."
- Standardize processes for drug storage locations, internal packaging or labeling, and delivery. (*Are you following the manufacturer's recommendations for storage of medications, including storing them at the correct temperature?*)
- Label IV solutions on both sides of the container (*at different levels so that the labels do not overlap each other*).
- Limit the number of dosages and types of infusion pumps used for intravenous solutions; *make sure that all applicable staff are proficient in their use.*
- Utilize unit dosing of drugs.
- Utilize computerized drug profiling.
- Utilize prescriber computer order entry.
- Use clinical guidelines and critical pathways to guide care (*K-DOQI*).
- Utilize machine readable labeling (*bar coding*) for blood and plasma transfusions (*i.e. reuse systems that have bar coding for dialyzers*).

And last but not least:

- Implement non-punitive error reporting. When you find an adverse occurrence (*a problem*), focus on the system first, **not** the individual! Accountability is important, but the system must be examined for weaknesses that allow errors to occur.

Know Your Safety "P's" and "Q's"

a.k.a. "What the heck does that stand for?"

IOM=Institute of Medicine
NQF=National quality Forum
QuIC=Quality Interagency coordination Task force
ISMP=Institute for Safe Medication Practices

Data Notes

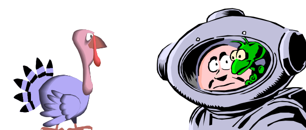
2003: A *Cyber* Space Odyssey

♪ Remember HAL? The talking computer? Pretty freaky.
Our language, in the Data Department at least, has become fat with computer-speak. SIMS? VISION? (ESRD?) What do all those acronyms mean? Maybe it would be helpful to have a glossary. Yes! The Network is compiling a list of baffling terms: words we keep throwing your way, and some that you sling back. Phone the Network to get a copy of this glossary. [The first five people to call will be recognized in some special way, which we haven't talked about yet.] Let's ALL get on the same page!

♪ Can you enVISION the future? It may not be pretty … but maybe it doesn't need to be. Maybe it just needs to be functional. VISION stands for the Vital Information System to Improve Nephrology. This computer system will eventually be used by ALL facilities to collect patient data and electronically transmit it to the Network. No more carbon-copy forms! No more U.S. postal service! No more paper cuts on your tongue, from licking envelopes! Here is a direct quote from the first facility staff member to experience VISION: "Wow!" (She really used that word.) The Network will introduce this product to three more facilities before the end of the year. The future is in our line of VISION.

♪ Speaking of space, it's almost time for the Year-end Facility Survey. Remember: **You must verify every chronic, non-transient patient assigned to your dialysis facility (including PD folks) as of 12/31/2002.** Here is an example of an unacceptable excuse for not knowing these names: "Oh, like, I totally spaced out who was here that day." The Network will send you a starting roster and further instructions prior to December 31st.

♪ Hold onto your astronaut caps, and have Happy Holidays!



Nephrologists *Help Prevent Infection*

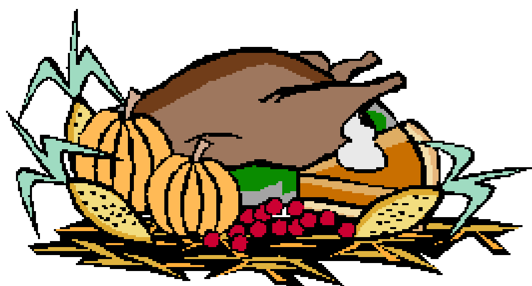
Antimicrobial resistant infections in healthcare settings are a major threat to patient health. In addition to a campaign aimed at all healthcare settings, the Centers for Disease Control and Prevention (CDC) is focusing specifically on actions to prevent antimicrobial resistance in dialysis patients. The following 12 steps are provided to help Nephrologists protect their patients from this ongoing risk:

1) Vaccinate Staff and Patients
2) Get the Catheters Out
3) Optimize Access Care
4) Target the Pathogen
5) Access the Experts
6) Use Local Data
7) Know When to Say "No" to Vancomycin
8) Treat Infection, Not Contamination or Colonization
9) Stop Antimicrobial Treatment
10) Follow Infection Control Precautions
11) Practice Hand Hygiene
12) Partner With Your Patients

For more information including fact sheets, pocket cards, posters, and slides please visit the CDC website at: www.cdc.gov/drugresistance/healthcare/patients.htm.

A Cornucopia of

Season's Greetings



from,

Network #15

Bicarbonate Update

Good News! Key data results show progress in Network #15's albumin rates for the first time in six years. However, there is always room for improvement, and preventing acidosis is a good place to start.

Measuring serum bicarbonate is an easy way to assess acidosis—and studies indicate that acidosis inhibits protein and albumin synthesis, causes a loss of lean body mass, and interferes with nitrogen balance. High protein foods contribute a higher acid load than do other foods, so excessively high protein diets may worsen the acid-based balance.

K/DOQI recommends that bicarbonate levels remain above 22. If a patient drops below this level, changing to a dialysate with higher bicarbonate content may help. Dialysate bicarb levels for hemodialysis are generally set at 35 mEq/l, but can be bumped up to 40 mEq/l when needed.

There is some speculation that storage, shipping, and processing of blood samples decreases the bicarb level. If you suspect this, consider using a local lab to verify the accuracy of the readings.

Special thanks to Lynn Casey, RD, for the substance of this article.

Network #15

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ESRD Network #15
1301 Pennsylvania St., #750
Denver, CO 80203-5012