



InterMountain Messenger

News from ESRD Network #15

No Contest: Fistulas Rule!

Lately there has been much discussion—preaching, if you will—about arterial venous fistulas (AV fistulas), the Fistula First Breakthrough Initiative, the “buttonhole” technique, and the “On Course With Cannulation” workshops. Our message has been: New patients, and those with grafts, should have fistulas. After all this one-way talk, Network #15 decided to ask patients what they thought.

In February 2006, Network #15 launched a Faithful Fistula Contest (all patients with 10-year-old AV fistulas were eligible). The Network asked patients to share their individual experiences and to announce the “age” of their working fistula. Stories were gathered and prizes awarded to the three persons with the longest lasting AVFs. With patient permission, the Network can now disclose that these remarkable individuals were: **Winona Harrison** from Loveland, CO (28 years + 8 months); **Roanne Faith Dale** from Salt Lake City, UT (27 years + 6 months); and **Adelina Pineda** from Carlsbad, NM (26 years + 11 months).

Network #15 was overwhelmed by the positive response from so many interesting and inspiring patients, and is proud to be involved in the Fistula First Initiative. The Network is pleased to work with facilities and caregivers who recognize the enduring value of AV fistulas.

When it comes to vascular access, there’s no contest: AV fistulas are the best.

Recovered Function and Fraud

Network #15 has seen an alarming increase in the number of patients who “recover function” shortly after a nephrologist has signed a CMS-2728 Form, declaring the patient to be chronic. Please review the following information, which addresses the question of when a patient is to be considered chronic:

The *Instruction Manual for Renal Providers* states:

The [CMS-2728] Form SHOULD NOT be completed for those patients who are in acute renal failure. Acute renal failure is a condition in which kidney function can be expected to recover after a short period of dialysis, i.e., several weeks or months.

Furthermore, the physician attestation on the 2728 Form includes this statement:

Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand ...that any falsification, misrepresentation, or concealment of essential information may subject me to

fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

We always recommend that a physician wait to fill out the 2728 Form until he/she determines that a patient is truly chronic. As long as the form includes an explanation, your 2728 will not be counted late. Likewise, the Patient Activity Report (PAR) should ONLY include patients who have officially been diagnosed as chronic by a nephrologist.

You should consult your state’s Medicare fiscal intermediary or the patient’s private insurance company if you have questions regarding provisions for dialysis of acute renal failure patients.

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Birdie! Spare! Bogie! Split!



If we knew anything about golf, we'd use clever metaphors to punctuate this column, which spotlights the Patient Activity Report or PAR. Unfortunately, none of us play golf. We know nothing about the sport and regularly confuse it with bowling. This is a real shame, because now you won't benefit from anything clever or catchy or golf-related.

Nonetheless, we implore you to read on! Every month we see problems with the PAR, usually because people are confused by event definitions and distinctions ... often because people have not read the PAR instructions. So, included in this newsletter you will find a special PAR insert that reinforces Instructions and Frequently-Seen Problems. Please give your full attention to the enclosed insert. Tattoo the information onto your brain and keep the page at your facility. In the meantime, here are a few ...

Gutter Balls That Sabotage the PAR Course:

- * **PAR One: Provider Number.** Do you know what it is? Your "Provider Number" is a six-digit, Medicare-assigned number ... NOT a corporate code. The provider number will begin with 03, 06, 29, 32, 46, or 53, depending on your state (AZ, CO, NV, NM, UT, WY). For example, Arizona facilities will have a number that resembles 032555.
- * **PAR Two: Patient Social Security Number.** Do not invent one! This number MUST come from a social security card. If a patient does not have a social security number, just leave the field blank.
- * **PAR Three: Discontinue vs. Death.** You must always report death events. If you report that a patient has discontinued dialysis you must ALSO report the death event (when applicable.)
- * **PAR Four: Modalities.** The second-to-last column asks for "Modality." Remember to indicate a current modality for ALL patients listed on the PAR. The "Modality Change" indicates that a patient has changed dialysis (i.e. from CAPD to Hemo) and remains at your facility. (By extension, this means that a facility must offer PD and Hemo in order to list a Modality Change event.)

These are just a few of the sand pits we see each month. There are many other shanks that we have not listed. Please read the PAR instructions and phone the Network when you have questions about how to list PAR events. We are always happy to discuss specific situations and advise your choices. (Think of us as your caddy.)

In the meantime, keep your eye on the pin!

Linking to Learning

- * The training module "Creating AV Fistulas in All Eligible Hemodialysis Patients" is now available free of charge from the Medicare Learning Network. You can request this module through the CMS Web site: www.cms.hhs.gov/MLNGenInfo. From this general information page, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."
- * The Board of Nephrology Examiners, Inc. Nursing and Technology (BONENT) has a new address at www.bonent.org. This Web site contains over 50 pages of information, including practice examinations, exam schedules, applications, forms, and handbooks.
- * CMS has released an electronic version of "Your Medicare Rights and Protections" which has information about a patient's: right to file a complaint, right to get health care services, and right to privacy. The Original Medicare Plan, other Medicare Health Plans, and the Medicare Drug Plan are all discussed in this booklet. The publication can be downloaded from the CMS Web site at: www.medicare.gov/Publications/Pubs/pdf/10112.pdf.
- * Are you considering providing self-care as an option for your patients? You will find an abundance of information about kidney treatment and home care on the Web site www.homedialysiscentral.org. Among the topics covered on this site are:
 - Information on different types of home dialysis
 - Cannulation techniques
 - A link to patient success stories
 - Dialysis equipment used for home therapies
 - Information on how to start a program
 - A "Virtual Dialysis Museum"



EXCERPTED PAR Instructions *(Save These!!)*

The PAR should be completed at the end of each month and faxed to Network #15 by the 10th of the following month. ONLY include patients who have been diagnosed as chronic by a nephrologist.

1. At the top of the page, write your **FULL** Provider Name, your **6-digit** Medicare-assigned Provider Number, your own name, you facility phone number, and the reporting month.
2. Enter the patient's name, SS #, Date of Birth, Gender, and local Zip Code in the first 5 columns.
3. Enter the date the event occurred and the type of Addition, Loss, or Neutral Event. See the definitions below for detailed descriptions of all patient events.
4. Remember to enter the patient's current modality. If you are reporting a modality change you should enter the NEW modality.
5. Enter the provider number or name of the sending/receiving facility for all patients who are coming from or going to another facility.

EVENT DEFINITIONS -

Read carefully before selecting appropriate event!

Additions

1 = New ESRD Patient—Patient has been diagnosed as End-Stage and receives his/her first-ever outpatient, chronic dialysis treatment. *Complete a CMS-2728 form for these patients.*

2A = Transfer In, Category A—Patient transfers into dialysis facility on a permanent basis having previously dialyzed at an ESRD-Medicare Certified Provider.

2B = Transfer In, Category B—Patient transfers into dialysis facility on a permanent basis having only previously dialyzed chronically in another country or in prison. This will be the Patient's first outpatient, chronic dialysis at an ESRD-Medicare Certified Provider. *A CMS-2728 form must be submitted for all Category B Patients. List the country patient is transferring in from in the comment field.*

3 = Restart—Patient previously stopped dialysis treatment and is now resuming long-term, outpatient dialysis. This does not include patients returning to dialysis after transplant.

4A = Dialysis After Transplant Failed in US—Patient has rejected a transplant received at a Transplant Hospital within the US and is receiving his/her first post-transplant, outpatient dialysis.

4B = Dialysis After Transplant Failed outside of US—Patient has rejected a transplant received at a hospital outside of the US and is receiving his/her first post-transplant, outpatient dialysis.

Losses

5A = Transfer Out for Transplant within US—Patient leaves facility to receive a kidney transplant at a hospital inside the US.

5B = Transfer Out for Transplant outside of US—Patient leaves facility to receive a kidney transplant at a hospital outside of the US. *Include the country where transplant hospital is located.*

6A = Transfer Out, Category A—Patient transfers long term/permanently to an ESRD-Medicare Certified Dialysis Provider.

6B = Transfer Out, Category B—Patient leaves facility and will be receiving long-term dialysis (more than 30 days) in prison or another country.

6C = Transfer Out, Category C—Patient has been discharged from facility against his/her wishes. Use this event for all involuntary discharges, regardless of where patient will receive services after discharge.

7 = Discontinue— Patient stops dialyzing after the decision to permanently stop dialysis has been specifically articulated. **If patient subsequently dies, the death must ALSO be reported on a PAR.**

8 = Death—Patient died. A CMS-2746 form must be submitted for all death events.

9 = Recover Function—Patient regains renal function of his/her native kidney and is able to survive without ESRD therapy.

10 = Lost to Follow Up—Patient stopped attending dialysis and his/her whereabouts are unknown. Facility should make every effort to locate the patient. *This event should rarely be used.*

Neutral Events

11 = Modality Change—Patient remains at the treatment facility and changes his/her anticipated long-term dialysis modality.

15 = Interruption in Service—Patient is receiving long-term dialysis (greater than 30 days) at an acute care setting or rehabilitation facility.

16 = Resume Service—Patient returns to the outpatient dialysis facility from an acute care setting or rehabilitation facility.

FAX the PAR to
Network #15
at 303-860-8392

Do you know
your 6-digit
Medicare-
Assigned
provider
number?

Call Network
#15 if you are
unsure of this
number!

Tips On Completing The PAR (*Save These!!*)

1. **Please either PRINT legibly or, better yet, use the Excel Spreadsheet** version of the PAR which can be downloaded from our Web site at ww.esrdnet15.org/data.htm#big.
2. **Always put your 6-digit Medicare Provider Number at the top of the page.** Facilities in AZ always have 03 as the first two digits, CO starts with 06, NM starts with 32, NV starts with 29, UT starts with 46, and WY begins with 53. Do NOT use a 3 or 4 digit "corporate" number.
3. **Include your FULL Provider name**—"RCG Dialysis" or "Davita Dialysis" is not acceptable.
4. **You should ONLY report patients who have formally been diagnosed as chronic (or End-Stage) by a nephrologist.**
5. **Be sure to complete every applicable column on the PAR.** People frequently forget to include a patient's current modality and/or the sending/receiving facilities for patients who have transferred in or out.
6. **Do NOT report Transfer In/Out events for transients/visitors.** The PAR should not include people who were visiting for less than 30 days with no intention of permanently changing facilities.
7. **New ESRD vs. Transfer In:** "New ESRD" means that your facility is the first chronic OUTPATIENT unit to provide dialysis. If a patient started chronic dialysis at a different outpatient dialysis facility, list the person as a Transfer In.
8. **Interruption in Service vs. Transfer Out:** If a patient enters a hospital, rehab facility, or other long-term care unit this should not be reported as a transfer out on the PAR, even if your facility has "discharged" the patient. This is considered an Interruption in Service and should be listed on the PAR using the date the patient actually left your unit (not 30 days after the patient left, or when your facility officially "discharged" the patient).
9. **For patients who discontinue dialysis you must ALSO report the patient's death** (if applicable). Always.
10. **Regarding Modality Changes:** Modality Change ONLY pertains to people who are still at your unit, but have changed the type of dialysis they are getting. ** If your unit doesn't have both a PD and an incenter hemo department then you would NEVER have any modality change events.
11. **Restart vs. Resume Service:** Restart applies only to people who have completely stopped dialysis for some period of time. Resume service pertains to patients returning from a hospital or other acute setting who were previously reported as interruption in service



Network #15 Transplant Facilities

Patients or family members often contemplate the possibility of kidney transplantation. The following is a list of transplant facilities in Network #15:

Arizona Transplant Centers

Banner Good Samaritan Transplant Services (Phoenix)
800-554-1923
Contact: Sarah Hackney
www.bannerhealth.com

Mayo Clinic Hospital-Kidney Transplant Unit (Phoenix)
480-301-4337
Contact: Lynn Clossway
www.mayoclinic.org/scottsdale

University Medical Center Tucson /Transplant Services
520-694-4984
Contact: Constance Glasby
www.umcarizona.org

Phoenix Children's Hospital
602-546-4705
Contact: Mary Murphy
www.phoenixchildrens.com

Colorado Transplant Centers

The Children's Hospital in Denver
303-764-8463
Contact: Diane Dovel
www.thechildrenshospital.org

Portercare Transplant Services (Denver)
303-778-5797
Contact: Carrie Boysen
www.porterhospital.org

Presbyterian/St. Luke's Medical Center-Transplant Center (Denver)
800-758-1005 1-303-869-2155
Contact: Transplant Coordinator
www.pslmc.com

University of Colorado Hospital/Solid Organ Transplant (Denver)
303-372-8733
Contact: Vonnie Bagwell
www.uch.edu

Nevada Transplant Centers

Sunrise Hospital & Medical Center/Kidney Transplant Program (Las Vegas)
702-731-8659
Contact: Claudia Swift
www.sunrisehospital.com

University Medical Center-Nevada/Transplant Services (Las Vegas)
702-383-2224
Contact: Lisa Batton
www.umcsn.com

New Mexico Transplant Centers

Presbyterian Hospital/Renal Transplant Services (Albuquerque)
505-841-1434
Contact: Transplant Coordinator
www.phs.org/facilities/kidney

The University of New Mexico Health Sciences Center (Albuquerque)
505-272-2583
Contact: Charlotte Horton
No Web site

Utah Transplant Centers

University of Utah-Hospital/Transplant
801-581-2634 (Salt Lake City)
Contact: Anne Hansen
www.uuhsc.utah.edu/transplant

LDS Hospital/Renal Transplants
801-408-3090 (Salt Lake City)
Contact: Cary Wall
www.intermountainhealthcare.org

For additional information about transplant facilities see www.unos.org

Educate Patients About Albumin

Important facts for your patients from the Dialysis Outcomes and Practice Patterns (DOPPS) study:

- Relative Risk of death is 40% greater for patients with albumin levels < 3.5 g/dL (BCG)¹
- For patients with serum albumin levels that did not meet the NKF-K/DOQI target (≥ 4.0 g/dL), the mortality risk was:²
 - 22% greater in patients with albumin levels of 3.7 to < 4.0g/dL.
 - 42% higher for patients with albumin levels of 3.3 to < 3.7 g/dL.
 - 112% higher in patients with albumin levels less than 3.3 g/dL

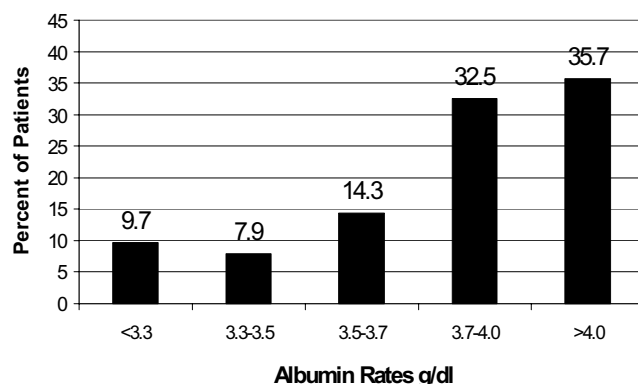
¹ Port FK, Pisoni RL, Bragg-Gresham JL, et al. DOPPS estimates of patient life years attributable to modifiable hemodialysis practices in the United States: *Blood Purif.* 2004, 22:175

² Pifer TB, McCullough KP, Port FK, et al. Mortality risk in hemodialysis patients and changes in nutritional indicators: DOPPS. *Kidney Int.* 2002; 62:2238-2245

NKF-K/DOQI Recommendations:

- Maintain serum albumin at or above 4.0g/dL (BCG)
- Patients with serum Cr < 10 mg/dL should be evaluated for protein energy malnutrition (PEM)
- Non-fasting serum cholesterol should be maintained at or above 150-180 mg/dL

**Distribution of Albumin Rates for Network #15
October 2004 - December 2005**



The “Black Ribbon Campaign”



It is vital that dialysis patients receive all of their prescribed treatments!

Ramona Jansen and Bonnie Reimer, of Denver’s FMC Rocky Mountain (formerly RCG), hope to spread this message. To help patients understand the ramifications of missed treatments, Ramona and Bonnie initiated a quality improvement project: “The Black Ribbon Campaign.”

THE IDEA

Staff wanted to raise patient awareness about the prevalence of missed treatments and help patients understand the physical consequences of skipping and/or shortening dialysis treatments.

THE PLAN

Whenever a patient misses dialysis, facility staff will place a simple black ribbon on their lab coats. When a patient asks about the ribbon, staff will explain that they are concerned about individuals who have missed treatments that month. This will be an opportunity to educate patients about the importance of consistent dialysis and to articulate the reasons for following treatment prescriptions.

KEY EDUCATION POINTS

- Without sufficient dialysis, patients

feel tired and sick, and may have trouble breathing; they may gain too much weight, suffer heart strain, and experience restless leg syndrome.

- According to at least three studies patients that miss entire treatments or shorten their duration have an increased risk of death.
- Patients who skip dialysis treatments are 2.5 times less likely to receive a kidney transplant.
- Predictors of skipping treatments include; young age, black race, tobacco use, and illicit drug use.
- Staff should encourage patients to reschedule rather than skip or shorten treatments.
- Dialysis removes potassium. Symptoms of high potassium include extreme muscle weakness, heavy limbs, and abnormal heart rhythm.
- Patients who are under-dialyzed suffer more infections and are hospitalized more often.
- Adequate Dialysis or “enough” dialysis is determined by specific measurements. To remain healthy, a patient should maintain a URR >70 and a Kt/V >1.4. To achieve

these measurements, patients must adhere to the full duration of all prescribed dialysis treatments.

THE HOPE

In addition to educating patients, Rocky Mountain hopes to learn more about patients’ perspectives—specifically, the reasons for missed dialysis treatments.

THE TOOL

Staff developed a tool for tracking patients’ missed treatments and the reasons given. Staff will use this information to tailor interventions pertaining to the quality improvement project.



Have you been involved in a quality improvement project that has made a difference to your patients? Would you be willing to share your experience with the rest of the dialysis community? Network #15 wants your story!

Please contact Robin Bender or Karen Strott (303-831-8818) if you have a project that we can spotlight in a forthcoming issue of the InterMountain Messenger. THANK YOU!



Network #15

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