



InterMountain Messenger

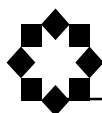
News from ESRD Network #15

No 2728s for Acutes

Network #15 would like to remind all dialysis facilities that 2728 forms should **NEVER** be turned in for patients who are in acute renal failure. (Acute renal failure is a condition in which kidney function is expected to be recovered after a short period of dialysis, i.e., several weeks or months.)

Erroneous submission of a 2728 can severely limit that patient's insurance choices. Once a 2728 is transmitted the patient is presumed to be chronic and he/she could be blocked from ever joining a Medicare-managed care program even if his/her renal failure turns out to be acute.

Remember, it is possible to retroactively declare an acute patient chronic, but it is very difficult to say that a chronic patient is actually acute. So when in doubt, WAIT to turn in the 2728. As long as you include an explanation, your form will not be counted late.



Social Work Practice and NKF-DOQI™:

Social Work Intervention and Vascular Access Guidelines

Renal professionals understand the importance of maintaining an unobstructed vascular access for a hemodialysis patient - this is the patient's "lifeline." What is often overlooked is the vital role that the Nephrology Social Worker (NSW) can play in strengthening this lifeline. Below are some ways for the NSW to accomplish this goal.

- ◆ Educate
 - Reinforce prior education about permanent access selections, risks and benefits of access options, and care for the access.
 - Explore patient's learning ability and style.
 - Address communication barriers.
 - Advise other team members when more education is needed.
- ◆ Counsel
 - Address anxiety about treatment (i.e., hospitalization, surgery for access placement, self image) using
 - relaxation techniques
 - deep breathing
 - guided imagery
 - Address underlying depression that may inhibit decision making.
 - Use brief solution focused therapy.
 - Develop coping strategies to enhance decision-making regarding access placement.
- ◆ Mobilize Community Resources
 - Participate in program's like "People Like Us Live!"
 - Facilitate meetings with other patients.
 - Provide income assistance.
 - Address child-care issues.
 - Explore transportation options.
- ◆ Ensure an early referral to surgeon for access placement (if in pre-dialysis setting).

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❄ Social Work Practice ...

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- ♦ Identify potential barriers to the patient's ability to adhere to treatment recommendations and vascular access care.
- ♦ Empower the patient to take an active role in his or her care.

How to apply to your current work:

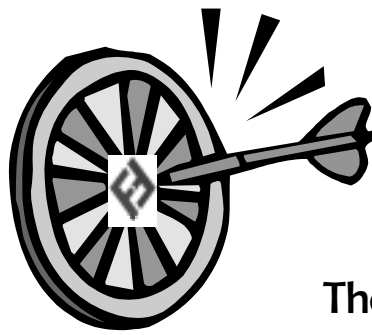
1. Find out how many patients in your unit have a catheter.
2. Select a number of those patients and work rigorously with them for 90 days.
3. Search for patient and staff barriers to AVF.
4. If patient is part of barrier, have weekly meetings with patient to address these issues and any others that may arise.
5. At the end of the 90-day period you can measure your success by doing the following:

Divide the number of patients who were referred for AV Fistula placement (within the 90 days) by the number of patients who were selected for intensive intervention.

Referrals
Interventions

This number will reflect your success rate.

Adapted From: Social Work Practice and NKF-DOQTM: Social Work Intervention and Vascular Access Guidelines. Written by: Rita An Kiely *CNSW Quarterly Review* www.kidnev.org/Drofessionals/CNSW/doai4.cfm



Are you on target to meet the 42.5% prevalent AVF rate?

The data as of June 2004 . . .

- ♦ 110 out of 207 facilities in Network #15 have already reached a 40% AVF rate.
- ♦ 58 facilities have >50% prevalent AVF rates.
- ♦ 17 facilities have >60% prevalent AVF rates.
- ♦ Over the last year CO, NV, and UT have had statistically significant improvements in fistulas placed and used.
- ♦ Arizona has had statistically significant improvement in AVFs placed, and Wyoming showed gains in AVFs used (p-values < .05).

The Medical Review Board of Network #15 challenges you to meet a new goal of 60% prevalent AVFs by 2007. As we approach this new target they would also like to encourage you to monitor patients for AVF complications to ensure that only viable fistulas are being placed.

Network #15's aggregate AVF use rate for prevalent patients in August 2004 is at 43.6%.

Thank you all for your attention to this project!



Increase Patient Satisfaction With New In-Service Training Tool

The Mid-Atlantic Renal Coalition (MARC) has made available to all Networks their in-service training modules called *Dialysis Care: Communication for Quality*.

The modules are specifically targeted to patient-care staff such as dialysis technicians and LPNs. Each module includes exercises and handouts and is designed to provide flexibility for expressing cultural diversity and to incorporate varying facility policies.

The five modules include: 1) Professionalism in Dialysis Care; 2) Patient-Centered Care; 3) When Patients Have Concerns; 4) Fistula First; and 5) Caring Through the End: Final Stage of Chronic Kidney Disease.

MARC developed the modules through funding from the Centers for Medicare & Medicaid Services.

To download the training modules, go to MARC's website www.esrdnet5.org. ■



Guidance for Dialysis Care Providers: *Responding to a “Boil Water Advisory”*

What prompts the advisory?

Representatives from public health agencies, regulatory agencies, and municipal departments agree to release a Boil Water Advisory (BWA) following line breaks or positive sample tests (e.g., for fecal coliforms or changes in turbidity measurements). The BWA alerts the community to the presence of waterborne infectious agents.

Safe dialysis during a BWA – evaluating the system

- Reverse Osmosis (RO) **will** protect the product water from microbial contamination.
- Deionization (DI) tanks, alone, do **not** remove or destroy bacteria. You will also need to place a submicron or endotoxin/ultrafilter downstream of the DI unit.
- If ultraviolet (UV) light is used, position the submicron filter after the UV irradiator.
- Monitor resistivity of the product water to detect any decrease in quality and consider weekly microbial assessment.
- Maintain contact with your municipal water supplier. If the city hyperchlorinates the water system—to comply with acceptable standards for drinking water—it could result in a chlorine/chloramine breakthrough.
- Review your testing procedures and remain vigilant for the presence of chlorine/chloramines, which may compromise your patients' health.

Reaching every patient during a BWA

Remember to contact home dialysis patients—these individuals may require in-center hemo treatments (back up) during a BWA. All home patients should file a letter with local water suppliers, asking to be notified when emergent water issues arise. In the absence of such an alert, the facility may be an individual's sole lifeline!

NOTE: Significant portions of this message originated from the CDC.

Data Notes:



'Tis the season of digestion. Here are a few specific items on which to chew:

2746 Gets a Face Lift

You **MUST** use the NEW CMS-2746 form (effective October 2004) to report ALL of your death-event information. If you have an old form waiting to be sent ... **DON'T DO IT!** Transcribe the info onto the NEW version. You may request blank copies from Network #15 or download a master from our website at www.esrdnet15.org. More points to ponder:

- * The new 2746 asks whether or not the patient discontinued dialysis, the reason for discontinuation, and the date of last dialysis treatment.
- * The 2746 does **NOT** require a physician's SIGNATURE—however, the physician's name should be PRINTED on the form. (Yes, you may get all the pertinent info over the phone and fill out the 2746 yourself.)
- * We ask that you send only the top portion of the form's green page.

2744 Also Receives a Makeover

Please be on the lookout for the newly revised 2744 (Facility Survey) which arrives at the end of the year. The two most noticeable changes will be a request for staffing hours and for vocational rehabilitation info. Network #15 will be sending out detailed instructions regarding these new requirements, but we want you to be prepared in advance for these changes. Sorry to spoil the surprise!

On PAR?

Do you remember to include modality changes on your monthly PAR? Please be sure to report each patient who changes his/her treatment and remains at your facility. Modality changes differ from transfer events, which occur when patients move between dialysis providers.

Also, be sure to include ALL DEATH EVENTS that occur within a given month. When a patient discontinues dialysis, you must follow his/her progress and report a subsequent death event on the PAR.

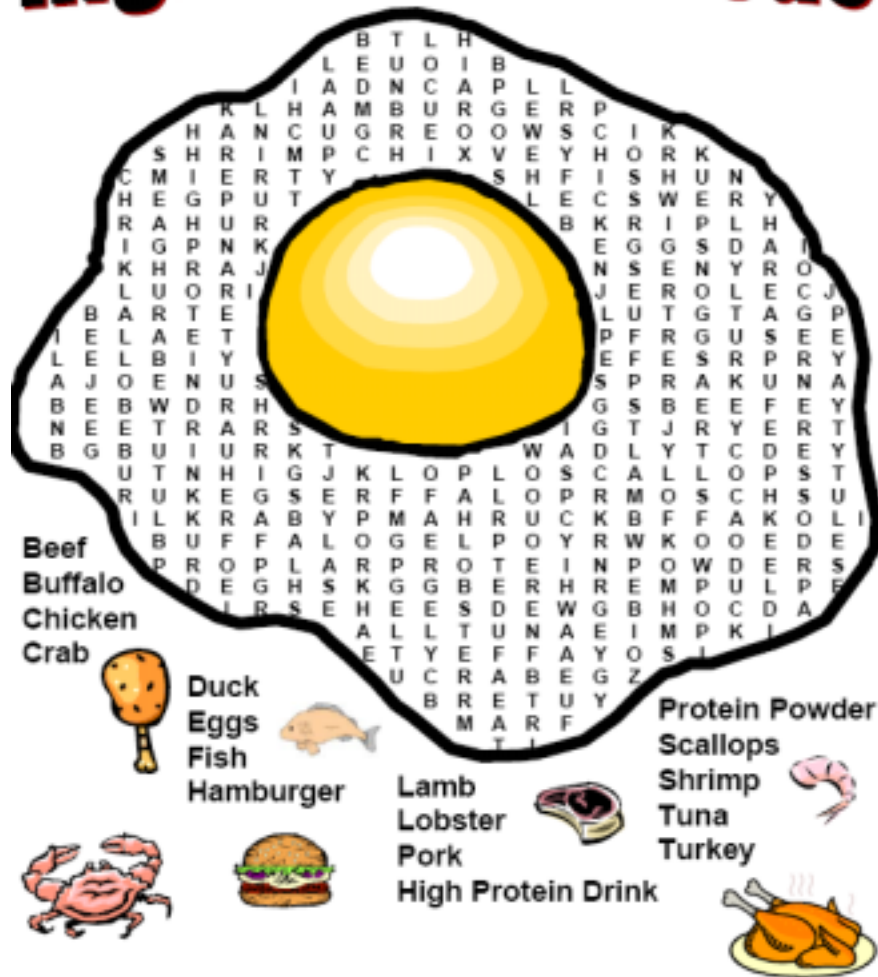
A Final Thought ...



We extend our fervent wishes that your holidays be filled with good friends, good times, and good eats!



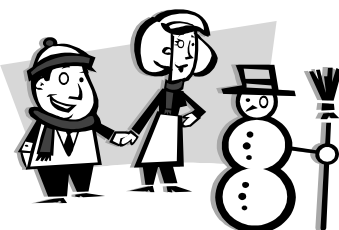
High Protein Foods



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This word search is from a new renal workbook called "FUNDamentals of Learning - Over 100 brainteasers to pass the time and help you learn about Kidney Disease." Covering topics such as albumin, phosphorus, sodium, exercise, and peritoneal dialysis, this workbook is a great way to enhance patient learning and reinforce good habits. If you are interested in ordering this workbook, contact:

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 P.O. Box 823033
 South Florida, FL 33082
 Ph: 954-432-8161
 Fax: 954-432-8075
 renalrd@msn.com



New AAMI Standard for Dialysate

The Association for the Advancement of Medical Instrumentation (AAMI) has released a new standard that provides guidelines for the proper handling and monitoring of hemodialysate. *Dialysate for hemodialysis* addresses the preparation of dialysate for hemodialysis and related therapies, from the point where municipal water enters the dialysis facility to the point at which the final dialysate enters the dialyzer. It looks at:

1. Use, maintenance, and monitoring of equipment that purifies and distributes water used for the preparation of dialysate and other hemodialysis applications.
2. Use, maintenance, and management of equipment that prepares concentrate from powder at a dialysis facility.
3. Guidelines for preparation of the final dialysate from purified water and concentrate.
4. Maximum allowable chemical contaminant levels and bacteriologies of water, concentrate, and dialysate.

The Standard also gives a general description of system components, strategies for bacterial control, and personnel considerations.

For further information or to purchase a copy of this Standard from AAMI, please contact their customer service center at 800-332-2264 xt 217, or email them at customerservice@aami.org.

Moving On ...

Dear All:

It is with a mixture of excitement and sadness that I bid you all goodbye. Over the past eight years I have enjoyed getting to know many of you personally and professionally. Navigating the ever-changing Medicare environment has certainly been made a lot easier by the willing and even enthusiastic cooperation of many of you who are already working so hard to ensure great patient care.

I have accepted a position at the University of Colorado Health Sciences Center, American Indian and Alaska Native program. I will be coordinating a five-year, multi site study of diabetes-related cardiovascular disease in American Indians. I'm looking forward to the opportunity to work in an area that can help to prevent ESRD. Who knows, maybe someday we can even see a decrease in the incidence of ESRD!

Many of you have met and/or spoken to Matthew Howard, our Information Systems Specialist. Matt has had the unenviable task of working with me in just about every capacity over the previous four years (and still manages to come to work every day!). He has accepted the position of Director of Information Systems. Matt's calm demeanor, organizational skills, knowledge of CMS, and IT background make him an excellent fit for this position.

Cynthia Nelson and Virginia Nelson, who make the data department operate as close to the level of a well-tuned machine as possible, will continue to do so. Their knowledge of and dedication to the ESRD program will continue to be a great asset to Network #15.

Thank you for your patience, friendship, suggestions, and even criticisms over the last few years. Indeed, it is only through working together and listening to each other that we learn. And thank you for your dedication to the continuing quality of care for ESRD patients.

For any questions down the road, the crack team of data department experts I have mentioned above will remain only a phone call away.

Buenos Dias,

Sandra Woodruff



Look For It

We encourage you to read the article "Access to Renal Transplantation Among American Indians and Hispanics," published in the August 2004 issue of the *American Journal of Kidney Diseases*.

In this study the authors conclude that American Indians, Hispanics, and whites are similarly likely to be considered acceptable candidates for transplantation. However, whites are more likely to be placed on a transplant waiting list and to receive a renal transplant.

Data was obtained from dialysis facilities in Arizona and New Mexico; coauthors include Network #15's own Andrew S. Narva, MD, and Shelley K. Karp, BA.



Definition of Self-care

"Self-care refers to a patient's engagement in achieving his/her optimal degree of wellness. This represents a continuum of behaviors ranging from displaying increased awareness of the significance of lab values through complete self-dialysis treatment."





Viva Las Vegas

For the past five years the Renal Support Network (RSN) has been hosting an annual Renal Teen Prom, and this year's event promises to be bigger and better than ever. That's because this year the prom is going national, and it's doing it Las Vegas style.

"Viva Las Vegas" will actually be held in Sherman Oaks, CA but it is open to teens across the country. Prom gowns, glamour pho-

tos, limo rides, and special appearances by Hollywood celebrities are all part of the lineup at this free event.

RSN is looking for teens interested in attending, and for donations to help make the Prom a success. Please contact the Renal Support Network at 818-543-0896 or by email at info@renalnetwork.org for more information.



Heads Up Social Workers

The annual vocational rehabilitation survey will be sent out earlier than in years past, and will be due back sooner.

Look for additional information soon.



Happy Holidays

from Network #15



Network #15

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