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InterMountain Messenger

News from ESRD Network #15

You're the TOPS!

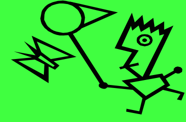
The Dialysis Facility Compare (DFC) website provides information about all Medicare-approved dialyis facilities. In addition to facility characteristics, DFC contains information about three quality measures:

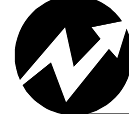
- Percent of patients with Urea Reduction Ratio of 65 or greater
- Percent of patients treated with Epogen® with a hematocrit of 33 or greater
- Patient survival information

Based on data from January 1998 thru June 2000, the DFC database recognized four facilities that are in the top 10% for URR and anemia management and also received a "better than expected" patient survival rating.

Congratulations to these top four facilities—three of which are in Network #15!

- **RMCH-Zuni, NM**
- **FMC West Albuquerque Dialysis Center, NM**
- Richardson Dialysis Center, TX
- **Davita-Littleton, CO**





Nursing Protocol Increases Fistula Placements

The nursing staff at UVA Augusta Dialysis Center, led by Clinical Director Kim Deaver, RN, BSN, CNN, were able to increase fistula use from 51% to 76% of all hemodialysis patients in their unit—and reduce catheters and graft use by half—in just 18 months! Here's how.

T argeted Analysis

In July 2002, Deaver and her staff undertook an analysis of exactly what happened when new dialysis patients came to the center. What they found surprised them. Most patients were in the center for more than a month before the issue of access was addressed. In addition, surgeons, radiologists, and patients were not well informed about reasons for choosing a fistula.

New Protocols

Working together, the staff developed new protocols to ensure that access got more attention. In acute centers, new patients now receive access information right away. Nephrology and surgical consults are set up automatically, vein mapping is always ordered, and patients are discharged with an appointment for access placement. "That eliminates a month of delay right there!" said Deaver.

In the chronic center, a charge nurse evaluates each new patient's vascular access within the first **5** days. Anyone with a catheter automatically gets information about fistula placement and vein mapping, and surgical appointments are scheduled.

Preventive Measures

Treatment protocols routinely include preventive access care, too. Venous pressure monitoring is done at every dialysis treatment, and primary nurses are responsible for tracking average pressure ranges on a monthly basis. Any signs of stenosis are promptly investigated with radiographic testing.

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Nursing Protocol ...

Too much work? Not at all, said Deaver. "We actually have less. Monitoring takes less than 1 minute per treatment, but now we rarely have to deal with the problems of clotted accesses, like difficult needle sticks, longer treatments, or missed and rescheduled treatments." In a unit of 87 patients, Deaver reports only one clotted access every 6 months!

Lots of Education

"We had *many* meetings," said Deaver, "with surgeons, nephrologists, and radiologists in multiple hospitals." And, the dialysis nurses had to provide their professional colleagues with rafts of clinical information, including the K/DOQI guidelines for vascular access.

See page 3 for a list of upcoming vascular access meetings.

"Patient education plays a big part," said Deaver. "We explain to all our patients that catheters are temporary, and really a last resort." The UVA Augusta staff also talk to patients about why it's important to get a fistula, and how to ask for a fistula when they go to the surgeon.

Impressive Results

"It took about 6 months for us to begin to see results," noted Deaver, "but then everything started to fall into place." UVA Augusta now reports 76% AVFs, 6% grafts, and 18% catheters (with only 14% of catheters older than 90 days.)

For more information about the UVA Augusta protocols, contact Kim Deaver at kcd6v@virginia.edu.

(From *Nephrology News & Issues*, August 2003.)

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QI Corner

- In May, all 220 facilities in Network #15 will be sent a complete notebook containing Fistula First resources to go along with the Change Packages that were distributed in a previous mailing. Periodically, updates and letters will also be sent to facilities explaining how to fully implement each of the tools and resources.
- The National Vascular Access Improvement Initiative (NVAII) website has been added to the QualityHealthCare.org site. The NVAII national website houses the Fistula First Project. There are many useful resources, updates, and links available to those seeking additional information and/or guidance. Here are a few starting pointers! At the home page of www.qualityhealthcare.org select ESRD under Topics (left hand margin). Then select "vascular access." From here there are many sub-categories to explore. Remember to utilize the "related information" category located in the upper right corner of each page.
- All but two of the Departments of Health within Network #15 have received information about the Fistula First Project. The information provided will assist them with their facility surveys and help them to better understand this quality initiative.
- Monthly data collection for the Fistula First project began in January. If you are part of a large dialysis organization your vascular access data is being downloaded directly from your corporation. "Independent" and VA facilities are submitting monthly data directly to the Network. This data is used to compile comparative access reports, which can be used in your quality improvement efforts. Baseline data was distributed to all Facility Administrators and Medical Directors in early April. We encourage you to share this data with the surgeons and interventionalists who place vascular accesses for your patients. Expect to receive at least quarterly updates. Congratulations to those facilities who made the "Top Twenty" list, you are doing an exemplary job!
- If you have questions or would like more assistance with this project please contact Karen Strott, Robin Bender, or Lynne Wright at the Network #15 office, phone 303-831-8818. For further information visit our website at: www.esrdnet15.org/.

Upcoming Vascular Access Meetings

Society for Vascular Surgery Annual Meeting 2004
June 3-6, Anaheim Convention Center, Anaheim, CA. Featured speakers include Dr. Lawrence Spergel and Dr. Vo Nguyen. For more info call 978-927-8330.

T he Renal Network 2004 Annual Nephrology Conference
June 10-11, Chicago, IL. Featured speakers include Dr. Lawrence Spergel and Dr. Vo Nguyen. For more info call 317-257-8265 or email: info@nw9.esrd.net.

ESRD - T he Keystone Conference
July 13-16, Kiawah Island, SC. An entire section will be devoted to fistulas. For more info call 800-488-7284 or email dowd@SIRweb.org.

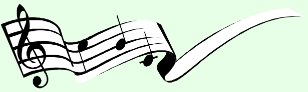
ANNA Dallas and Forth Worth Chapter's Fistula First Meeting (in partnership with Network #14)
July 18, Dallas/Fort Worth. For more info call Network #14 at 972-503-3215 and ask for Bobbie.

ANNA Alamo City Chapter Fistula First Meeting (in Partnership with Network #14)
July 31, Corpus Christi, TX. For more info call Network #14 at 972-503-3215 and ask for Bobbie.

www.qualityhealthcare.org

The official national website for the Fistula First project is now up and running. It contains a vast array of information and we encourage you to visit often.

Data Notes



90 Percent Means 90 Percent!

Remember: CMS requires that 90% or more of your CMS 2728 and CMS 2746 forms be submitted to the Network office on time, complete, and accurate.
* 2728 forms (for new ESRD patients) must arrive within 45 days of the date in field 24.
* 2746 forms must arrive within 30 days of the patient's death.

If your facility falls below 90% compliance, you will be asked to take part in Network #15's Compliance Improvement Project. Contact Sandra Woodruff, Information Systems Manager (303-831-8818), if you are concerned about your facility's compliance and need help identifying ways to improve your rate … before it's too late!

Are Y ou Up to Par???

If you haven't completed and submitted your first Patient Activity Report (PAR), you've already missed the May 10th deadline and can expect to hear from Network #15.

The PAR is a new tool designed to track patient events with accuracy and consistency. Its use is standard across the country—**all chronic facilities, throughout the nation, are required to submit one each month**. The PAR will help facilities define and monitor their patients' activities (transfers in and out, interruptions in service, modality changes, etc.) and help Networks reconcile information for patients who relocate during the year.

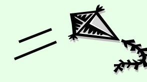
PLEASE contact the Network if you have questions about the PAR, and let us know if you would benefit from a Web-based training session. If there's enough interest, we will try to schedule a tutorial in late May or June.

Hang it Up

Please make sure your "Dialysis Facility Compare" poster (sent in late March) is on a wall and is visible to all patients. The DFC website www.medicare.gov/Dialysis/home.asp lists dialysis facility characteristics (i.e., address and phone number, availability of late shifts, number of hemodialysis stations, etc.) and quality measures such as adequacy of hemodialysis. Medicare wants Networks and dialysis facilities to make sure that patients know this information exists and how to access it.

If you have questions regarding your facility's demographic information, as it appears on the DFC website, contact Sandra Woodruff at the Network office. Please also contact Sandra if you are unable to locate your color poster and need another. It's important that this information be prominently displayed!

Get it From the Get-Go



When a patient arrives at your facility (either as a New Start or Transfer In), you should obtain a copy of his/her Social Security or Medicare card, to be kept in the patient's active chart. This will be sooooo helpful—necessary, really—for verifying and/or correcting disputed information (fields that appear on a "Tiebreaker Report").

In this season of flowers, we ask that you remember to smell the roses.

The articles on this and the next page were written for dialysis patients. Please read the articles carefully, then make copies and distribute them to all appropriate dialysis patients at your facility.

Tools for Improving Life

by Dale Ester

When there is a problem, how do you fix it? It depends upon the type of problem. If your car breaks down, you use tools to take apart broken pieces and then put repaired items back, so the same car now becomes dependable and reliable again. Sometimes the tools we use are more mental, like behaviors and attitudes. I have found that some tools have improved my life, and I believe that these tools can make your life better, too.

Let's create a toolbox of your own, loaded with useful tools! There are many mental tools that can be used to help shape personal attitudes and beliefs, which, in turn, can help you feel more in control of your life.

Knowledge is the first tool to place in your toolbox. Just as a car mechanic must be armed with knowledge before he or she even attempts to begin any repair, so must you educate yourself about dialysis and how to live well with kidney disease. This includes learning the good and bad effects of medications you are prescribed and why you are taking them. Do not just take medicine because the doctor prescribed it. Learn how medicines may react with one another, what not to eat or drink when taking them and take them on time as prescribed.

Respect is the second tool to go into the toolbox. Having respect for yourself, as well as for the members of your health care team, and other individuals in the unit, will help to create an environment that is pleasant and relaxed.

The next tool you will want to add to your toolbox is **responsibility**. It is your responsibility to learn how the hemodialysis machine operates well enough so you can fully understand exactly what the readings mean about your personal treatment. The displays you see during your treatment are all about you. Watching these readings and knowing what each reading means may prevent a mishap from occurring. Accept personal responsibility and learn about what is happening to you while you are on dialysis. Become involved in YOUR treatment.

Accept personal responsibility and learn about what is happening to you while you are on dialysis.

Once you understand what is happening during dialysis, take charge by speaking up about what is happening to you. **Communication** is the next tool in your personal toolbox. Talking with members of the health care team will improve many aspects of your care. By adding communication to your toolbox, you will see your relationships with members of the health care team get better, leading to improved monitoring of your treatment sessions together, in a team approach. A team is successful because members work together to accomplish one common goal. Become an important part of this team and you will win!

One of the most important tools is personal **control**. Each person must control his or her fluid and dietary intake. This means manage what you eat and drink as you are advised, to stay as healthy as possible. Yes, control is difficult, but learning how best to use control will lead you on a path toward a long life filled with pleasure and satisfaction.

Now your toolbox is full. Remember to bring it along with you to the dialysis center every time you go. Do not leave home without it.

Reprinted from *Family Focus,* Vol. 13, No.1 with permission fom the National Kidney Foundation.

Your Access: A Choice for a Better Life

Choosing your vascular access is a life and death issue. A recent study of more than 5,000 hemodialysis (HD) patients showed that people with fistulas lived longest, with grafts placing second, and catheters last of all.

What is a fistula? It's the best type of *vascular access*—a pathway to your bloodstream that makes it possible to do HD. A *fistula* is made by linking two blood vessels: a fast-flowing artery and an easy-to-reach vein. (A *graft* links an artery and a vein with a piece of manmade vein, and a *catheter* is a plastic tube placed into a vein in the neck, chest, or groin).

Fistulas are the "Cadillac" of accesses, mainly because:

- They are less prone to infections, because veins and arteries are part of your body.
- They are less prone to blood clots, because blood vessels have a smooth, inner lining that clots can't stick to.
- They can last a long time, because veins and arteries self-heal after each needle stick.

Fistulas are the "Cadillac" of accesses...

Choose a Fistula

If you don't have a fistula now, but would like one, speak up—this is your lifeline:

- Ask your doctor for a letter telling other healthcare workers not to take your blood pressure or draw blood from your access arm. Keep the letter with you all the time.
- Ask for an *internal jugular* (*IJ*) if you must have a catheter for a while. An IJ is less likely to cause blood vessels in your arm to become too narrow for a fistula.
- Ask your doctor about making a new fistula if a graft or fistula fails.
- Ask to see a vascular (blood vessel) surgeon who creates a lot of fistulas. Some surgeons are better at this than others. You may have to look outside your area for a good fistula surgeon. (Check with your insurer).
- Ask the surgeon to do *venous mapping* or a *venogram*, to see if your blood vessels will work for a fistula.
- Get a second opinion if one surgeon tells you a fistula cannot be done.

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Planning Ahead

Even with the best care, a fistula can fail. Since you have only a few sites where an access can be created, you and your doctor need to think ahead and have a plan. If your fistula fails, where will your next site be? And the one after that? A written plan that is updated any time a fistula problem occurs will help you feel more in control of your access and future.

Learn All You Can

Getting answers to your questions about kidney disease is important to living long and well. To learn more, talk to your doctor or visit these resources:

- Kidney School™ Module 8: *Vascular Access – A Lifeline for Dialysis* at www.kidneyschool.org.
- *Keys to a Long Life* Vascular Access Fact Sheet at www.lifeoptions.org/combined/materials/indexpr.shtml
- *Getting the Most from Your Treatment: What You Need to Know About Hemodialysis Access* at www.kidney.org/general/atoz/
- *Understanding Your Hemodialysis Access Options* at: www.aakp.org/Programs_And_Services.htm

Reference

1 Dhingra RK, Young EW, Hulbert-Shearon TE, Leavey SF, Port FK. Type of vascular access and mortality in US hemodialysis patients. *Kidney Int* 60(4):1443-51, 2001.

(From *Nephrology News & Issues,* August 2003)

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Salivating Over Albumin Magnets

Network #15 sends a big *THANK YOU* to **Lynn Casey, RD** for all her help in creating the albumin refrigerator magnets. The magnets, which depict protein measurements for high-protein foods, have been a huge hit—facilities are clamoring for more! Sad to say, our stock is depleted. However, you or your facility can get additional magnets from the company that produced them:

Karen Amack @ Images Everything
797 Shadowstone Drive
Highlands Ranch, Colorado 80129-1841

The item price will depend on the number ordered, but should be approximately 50 cents apiece.

Did you Know ?

The initial hemodialysis access placed for elderly patients (>67) can impact first-year mortality rates.*

The results...

Patients with fistulas had the lowest likelihood of death compared with patients with synthetic grafts or catheters. Crude one-year death rates were 24.9% for patients with fistulas, 28.1% for patients with synthetic grafts, and 41.5% for patients with hemodialysis catheters.

*Reference: *Journal of Vascular Surgery*
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Getting Carded for Drugs

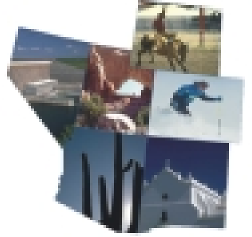
A new bill that adds prescription drugs to Medicare will not go into effect until January 2006; however, patients may begin enrolling in drug discount programs now.

Medicare has contracted with private companies to offer drug discount cards that could save patients 10 to 25 percent on prescriptions. However, discount cards must be purchased (typically costing about $30 per year), and may not benefit everyone. Patients already enrolled in a discount card program or other type of medication assistance should review their options.

For some folks, a $600 prescription credit is also available. Single persons with an annual income (in 2004) under $12,569 and married couples who make no more than $16,862 should contact Medicare to find out if they qualify.

Here are two ways to gather more information about either of these programs:

- Call 1-800-MEDICARE (1-800-633-4227) and ask about "drug savings". TTY users should call 1-877-486-2048.
- Look at www.medicare.gov. Select "Prescription Drug and Other Assistance Programs."



Network #15

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