HEARTLAND HEADLINES

Renal Professionals Newsletter

Winter 2010

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Heartland Kidney Network… "We're Here For You"

Just as you do, Heartland Kidney Network strives to provide quality services. Your feedback is invaluable to us in providing you with effective educational resources. Give us your input by volunteering to participate in a Toolkit review and/or share some ideas about what you'd like to learn more about through the monthly Webinar Educational Series.

Involuntary Discharges and the Tool for Prevention

Understanding, appropriately responding to, and resolving conflict is a difficult task that requires training, practice, and experience. The Decreasing Dialysis Patient-Provider Conflict (DPC) resource toolkit uses the acronym, CONFLICT to provide a framework to use when involved with a conflict. In addition to the training component, the Toolbox contains some valuable tools including tips for cultural awareness and a common situations and suggestions tool and a conflict tracking tool to document, log, classify, and graph conflicts.

Heartland Kidney Network encourages dialysis facilities to consider using the DPC resource as part of their Quality Assessment and Performance Improvement (QAPI) and Continuous Quality Improvement (CQI) programs to help in preventing Involuntary Discharges. In the last quarter, the Network has been experiencing an increase in the number of reported physician initiated discharges with the main reason for discharge being "non compliance with treatment". The DPC developed several tools to assist providers in addressing conflict. The DPC offers a toolkit that can be used in training staff to address patient-provider conflict thus preventing challenging patient situations from escalating to an involuntary discharge.

The ESRD Federal Regulations stipulate that a facility may involuntarily discharge or transfer a patient under the following conditions (V776 & V777): "The medical director ensures that no patient is discharged from the facility unless –

(1) The patient or payer no longer reimburses the facility for the ordered services;
(2) The facility ceases to operate;
(3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or
(4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the medical director ensures that the patient's interdisciplinary team-
  (i) Documents the reassessments, ongoing problem(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record
  (ii) Provides the patient and the local ESRD Network with a 30-day notice of the planned discharge.
  (iii) Obtains a written physician's order that must be signed by both the medical director and the patient's attending physician concurring with the patient's discharge or transfer from the facility;
  (iv) Contacts another facility, attempts to place the patient there, and documents that effort; and
  (v) Notifies the State survey agency of the involuntary transfer or discharge.
(5) In the case of immediate severe threats to the health and safety of others the facility may utilize an abbreviated involuntary discharge procedure.

Involuntary Discharges and the Tool for Prevention cont'd

Although a certified facility cannot provide dialysis without a treating physician, the regulation does not include physician discharge as an acceptable reason for involuntary discharge. Rather, both the physician and facility are required to assist the patient in securing life saving treatment with another facility and/or nephrologist. As cited in the Executive Summary of the DPC National Task Force Position Statement on Involuntary Discharge, "the physician may terminate the physician-patient relationship only after taking steps necessary to fulfill ethical obligations and to avoid legal abandonment of patients. It is unethical for patients to be left without treatment based solely upon non-adherent behaviors that pose a risk only to them i.e. nonadherence to medical advice." For more information and download the DPC visit http://www.esrdncc.org/index/decreasing-dialysis-patient-provider-conflict. Considering the impact Involuntary Discharge has on the life of the patient affected the DPC is a tool worth revisiting to help prevent Involuntary Discharges from occurring in your facility.

By, DeeDee Velasquez-Peralta, *LMSW-Patient & Community Services Specialist, Heartland Kidney Network*

Source: Conditions for Coverage- CMS/ESRD Final Regulations Released October 14, 2008;

Decreasing Dialysis Patient-Provider Conflict (DPC), www.esrdncc.org/index/decreasing-dialysis-paitent-provider-conflict.

Communication Skills for Providing Quality Care

Many of the complaints the Network gets from patients and their families is regarding how they are treated by staff within the facilities. Many of the complaints could have been avoided if the communication had been better by all the staff members involved. Fortunately, there is a comprehensive in-service training available on "Communication Skills for Providing Quality Care." Please visit the Network website http://www.5diamond.heartlandkidney.org/dpc.html to access these resources from the Decreasing Patient Provider Conflict module available as one of the 5 Diamond Patient Safety Modules. Dialysis Care Communication for Quality In-Service Training Modules includes:

1. Professionalism in Dialysis Care
2. Patient Centered Care
3. When Patients Have Concerns
4. Fistula First
5. Caring Through the End: Final Stage of Chronic Kidney Disease

To download the modules go to http://www.esrdnet5.org/inservice.asp

2011 Heartland Kidney Educational Conference: Developing Best Practices in Renal Therapy

A new conference format with three Pre-Conference Workshops, five Discipline Tracks, and three Themed Breakout Sessions will provide more educational and networking opportunities for all renal professionals. Mark your calendar and plan to bring your entire team to attend the 2011 Heartland Kidney Educational Conference: Developing Best Practices in Renal Therapy, January 12-14, 2011 in Kansas City, Missouri.

All renal professionals are invited to attend a Pre-Conference Workshop on Wednesday, January 12th. Participants will have the option to choose from:

- Explore Transplant One-Day Training
- Administrators Workshop
- Vascular Access Evaluation & Cannulation Training/PCT Certification 101

On Thursday, January 13th participants will have the opportunity to attend the Discipline Track of their choice: Nurse/Technician, Medical Director, Nurse Practitioner, Social Worker, or Dietitian. Then, the fun and education continues on Friday, January 14th with the option to attend a Themed Breakout Session: Exploring Home Therapies, Quality That Works, or Overcoming Challenging Facility Issues.

Heartland Kidney Network is also excited to introduce a new Poster Contest that will offer facilities an opportunity to earn great prizes and recognition by their peers. The poster presentation has been changed to a poster contest, and Heartland Kidney Network will offer one complimentary conference registration (one per dialysis facility) for poster submissions. All poster submissions should be about a "best practice" at the facility. During the Educational Conference, attendees will have the opportunity to vote for their favorite poster. Prizes (valued at $60, $30, and $15 respectively) and certificates will be given to 1st, 2nd, and 3rd place.

With a variety of educational topics and nationally and locally known speakers, this is the Educational Conference that you won't want to miss. Visit www.heartlandkidney.org to register online or contact Kristen Oehlert, 816-880-1704 or koehlert@nw12.esrd.net, for more information. We look forward to seeing YOU in January!

What if it was ME?

If I were faced with a condition that altered my lifestyle, my eating habits, and my mobility how would I feel? How would YOU feel? What can WE do to make the PEOPLE in our care feel truly cared about?

- I WOULD NOT…want to hear sympathy in your voice.
- I WOULD …want to hear a friendly tone.
- I WOULD NOT…want to be just another body in the chair.
- I WOULD…want you to take time to talk.
- I WOULD NOT…want you to look at the clock.
- I WOULD…want you to take the time to nurture.
- SIT DOWN…ask me questions about something other than my condition.
- SIT DOWN…tell me what you are doing while you are working even if this is my tenth visit.
- SIT DOWN…share the latest news about diet, modalities, or exercise pertaining to MY health.
- SIT DOWN…ask me about the book or magazine I am reading.
- LOOK…in my eyes as I am a person.
- LOOK…at the latest picture of my grandchild, niece/nephew, friend.
- LOOK…at more than my numbers because I am more than my condition.
- I NEED…you to be friendly, motivational, honest, and professional.
- I NEED…you to share a little of yourself with me.

This will give me confidence in YOU and faith in myself and my ability to live to tell the tale. This will set me at ease so I will tell you about how my CKD affects my life. Talk to me about what I can do to help within the unit, how I can get involved in the ESRD community, how I can help you help me, and how I can be a positive influence to those around me. **Ask yourself…what if it was ME?**

By, Anita Cramer – Project Specialist
Heartland Kidney Network

CROWNWeb Update

The start of CROWNWeb Phase 3, also known as CROWNWeb 2.0 has been pushed back to April or May 2011. The delay is primarily because QIMS (QualityNet Identity Management System), the replacement for QIPS, is not yet ready. Training for Phase 3 has been put on hold until a specific date has been set by CMS (Center for Medicare and Medicaid Services). All Vision users should continue to use Vision until further notice. QIPS forms will continue to be accepted and are available at www.heartlandkidney.org/information/crownweb.html.

By, Jeff Arnall, *MCSE, PMP- Information Systems Director*
Heartland Kidney Network

Dietitian Corner:

Educating Your Patients About Phosphorus

Information and Resources You Can Share

Phosphorus is a mineral which is important for teeth, bones, and our cell's energy cycle. In kidney disease, the kidneys are not able to excrete the excess phosphorus in a patient's diet.

What foods are high in phosphorus?

Phosphorus is found in many foods, especially dairy products, dried beans, nuts, cola drinks, bran, whole wheat products, and processed foods.

What should a patient's serum phosphorus level be?

A patient's phosphorus level should be 3.5 – 5.5.

What happens if a patient's phosphorus level is too high?

If a patient's phosphorus level in his/her blood becomes too high, it can cause calcium to be removed from his/her bones, causing weak, brittle, and easily broken bones. High serum phosphorus levels can also cause damage to the heart and blood vessels due to the excess phosphorus and calcium depositing in soft tissues. Some symptoms of this include red eyes; itchy, bumpy skin; painful joints; and possible sores.

How can patients keep their phosphorus in range?

1) Stay for their entire dialysis treatment.
2) Limit high phosphorus foods in their diet.
3) Take their binders with each meal and snack.

The bottom line is: Live stronger and longer by keeping your phosphorus level between 3.5 – 5.5.

By Sally Tyner, MS, RD, LD

Heartland Kidney Network,
Medical Review Board Member

Hand Washing is still #1 Defense in Infection Control

Hand hygiene can be a problem in busy health centers and clinics (such as dialysis facilities) where patients are seen in increasing numbers and treated in rapid succession. Prevention and control of infection spreading activities are designed to provide a safe environment for all patients. Today, with the emergence of antibiotic resistant organisms, effective infection control measures are essential to prevention. Still with all that has been learned regarding infection control the number one defense is hand washing. Sadly, infection control is still one of the most cited V-tags in state surveys of dialysis facilities. In the surveys reported in the Heartland Kidney Network for 2010, 17% of the citations involve infection control. The importance of infection control does not stop with the dialysis facility staff; patients must be ever vigilant in their own infection control to protect their vital vascular access.

Remember to practice these important hand washing techniques:

1. Wet hand with warm, running water.
2. Add soap.
3. Rub hands for 20 seconds and make sure you wash all surfaces including:
   a. The backs of your hands
   b. Your wrists
   c. Between your fingers
   d. The tips of your fingers
   e. Your thumbs
   f. Under your fingernails (best to use a nailbrush)
4. Rinse thoroughly keeping your fingers pointed down.
5. Dry with a paper or clean cloth towel.
6. Turn off the faucet and open the door with a towel to prevent contamination after washing.

Hand washing is an essential part of vascular access care and helps to prevent infection to the access site. Although we pay particular attention to hand hygiene before dialysis, it also is important to be mindful of hand hygiene even when not at dialysis. You spend more of your time away from dialysis than you do at dialysis. Your dialysis access is your lifeline. Take time to learn about it and care for it properly.

Source: Centers for Disease Control and Prevention, www.cdc.gov

MedWatch Warnings

To view a list of safety alerts issued by the FDA, visit the MedWatch website by clicking here, or go to http://ww.fda.gov/ Safety/MedWatch/ default.htm

Welcome, DeeDee Velasquez-Peralta, to the Network

DeeDee Velasquez-Peralta, LMSW, Patient & Community Services Specialist, joined Heartland Kidney Network in October. She brings more than 16 years of social work experience. DeeDee worked as a nephrology social worker for over 8 years in Tucson, Arizona prior to relocating to the Kansas City area. She will serve as specialist in responding to and investigating patient complaints and grievances, emergency preparedness activities, facilitate patient and staff education as well as provide other services to the dialysis and kidney transplant community. DeeDee can be reached at 1-800-444-9965.

Is Your Facility Participating in the 5 Diamond Patient Safety Program?

Promoting Patient Safety One Diamond at a Time

To help promote a culture of patient safety, the Network has implemented the voluntary 5 Diamond Patient Safety Program. The program tools and resources are now available on our website.

Please complete the application on the following page and submit it to the Network Office. Participants must complete the Patient Safety Principles module first, however once completed, you may complete other modules in any order. We encourage you to submit your outcomes upon completion of each individual activity. If you have any questions please contact Anne Karanja at 816-880-1709 or email akaranja@nw12.esrd.net

ARE YOU READY?

Some things in life are unpredictable but there's one thing you can predict about winter in the Midwest… you have to be prepared for anything. Whether it's severe weather, a fire or terrorism, all facilities need to have Emergency Plan in place to ensure patient and staff safety. The Conditions for Coverage published in April 15, 2008 specified additional Emergency Preparedness Rules and Regulations including Staff and Patient Training, Emergency Equipment and Emergency Plans. In terms of Emergency Plans [494.60 (d)(4)], the facility must:

- Have a plan to obtain emergency assistance when needed
- Evaluate at least annually the effectiveness of emergency and disaster plans and update them as necessary
- Contact it's local disaster management agency at least annually to ensure that such an agency is aware of the dialysis facility needs in the event of an emergency

The Heartland Kidney Network has information available on Disaster Planning on our website at www.heartlandkidney.org. Here are a few additional links to consider when reviewing your plan.

www.kcer.com: The Kidney Community Emergency Response (KCER) Coalition provides technical assistance to ESRD Networks, Medicare organizations, and other groups to ensure timely and efficient disaster preparedness, response, and recovery for the kidney community. Resources for patients, providers, ESRD Networks, and emergency management are available on the website. Check out the Dialysis Facility Disaster Plan Template.

http://emergency.cdc.gov: CDC Emergency Preparedness and Response.

www.disasterprepped.com/: Emergency Preparedness Tools & Disaster Solutions for Organizations and Families.

www.redcross.org/ : Workplace Disaster Supply Kit and additional resources available to be prepared.

www.fcc.gov/pshs/health-care.html: FCC Public Safety and Homeland Security Bureau, Emergency Planning Guidelines provide a framework for emergency preparedness which organizations can use to develop emergency communications plans.

Kidney End of Life Patient Education Resources

Did you know over 45% of people receiving dialysis therapy in the United States are over the age of 60? Despite many dialysis patients having significant co-morbid conditions that affect their care, they have a high quality of life and can be expected to enjoy extra years of life afforded by dialysis. However, this is not true for all patients. About 20% of patients withdraw from dialysis prior to death, and many die from heart disease, infections, and other causes while continuing dialysis. For these patients, end-of-life care is an important part of their treatment plan. The Kidney End of Life Coalition website offers a wealth of information on advance care planning, hospice and palliative care, pain and symptom management, and more. For more information, see the attached copy of the website outline. Visit the website at www.kidneyeol.org.

Heartland Kidney Network Quality Improvement Projects Update

Fistula First project

As of the latest data available (September 2010 data) the Network has improved the percentage of hemodialysis patients accessing with an Arteriovenous Fistula to 56.2. The Centers for Medicare and Medicaid have set the Network goal at 56.6 percent by March 31, 2011. The United States as a whole is currently at 56.8 percent. We are moving the numbers up in Iowa and Missouri; however, Nebraska and Kansas both dropped by 0.2 percentage points between August and September data. In July the Network sent each facility its own Facility Specific Goal (FSG) for Arteriovenous Fistula. Great strides have been made in many of our facilities and 60.2 percent of all facilities have met their FSG at least once since receiving their goal.

This contract cycle the Network is focusing interventions and education on facilities with greater than fifty patients with Arteriovenous Fistula percentages below fifty percent. The program is named AVF 50/50. Currently the facilities involved in this project have improved the baseline fistula percentage by three (3) percent.

All other projects

The Network developed four (4) other projects for this contract cycle. The projects are: Increasing Serum Albumin in Adult Hemodialysis Patients, Adequacy focusing on Missed and Shortened Treatments, and two (2) QAIP projects (Anemia Management and Catheter Reduction). The Albumin project is on target as of September 2010 data. The baseline was 22.3 percent of patients within the target range for the facilities participating in the project. The goal is 26.3 percent of patients within the target range by March 31, 2011. September data self-reported from the project facilities was 24.1 percent of patients within the target range. This is 45.0 percent of the total goal. The Network did present a webinar on “How Infection and Inflammation impact Albumin” on November 18, 2010. The webinar was recorded and can be accessed at anytime on the Network website.

The Adequacy project has two (2) goals. The missed treatment goal is to reduce missed treatments from a baseline of 19.2 percent of patients missing to 17.3 percent of patients missing by March 31, 2011. September data shows a slight improvement of 19.1 percent which is 5.2 percent of the total goal. The shortened treatment goal is to reduce shortened treatments from a baseline of 24.3 percent to 21.9 percent by March 31, 2011. As of September we have reduced the shortened treatments to 23.8 percent or 20.6 percent of the entire goal.

The last two (2) projects are designed as hands on QAIP training. A training session was held at the Network office on November 23, 2010 for the Anemia Management QAIP. The small group of four (4) have met all the expectations of the project to date. The Network is currently working with six (6) facilities to provide on-site training for the Catheter Reduction QAIP.

For more information on Quality Improvement Projects, please contact QI staff;

Katherine Brown, BS
Quality Improvement Director
816-880-1706
kbrown@nw12.esrd.net

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Quality Improvement Coordinator
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The Network is Seeking for Your Professional Input

Heartland Kidney Network publishes the Heartland Headlines Professional and Patient Newsletters each winter and summer session. Do you have a passion for writing? The Network is seeking for your input in writing on renal related topics on that impact the renal community you serve as well as your role as renal professionals. Please write an article and submit it for review and approval for publication in our next Newsletter release. Do not hesitate to contact the following Network staff with questions, comments and or for more information relating to the Newsletters.

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Trait of a Professional: Effective Listener

Are you ready for the answer?

How many times has someone greeted you with the phrase, "Hi, how are you?" as they continue walking, not waiting for the answer the question they just asked. Sometimes, you just respond with a hello in return, but when you want to talk about how you are, the lack of a response can feel like the person really doesn't care, making you feel sad or angry. For a person with ESRD coming to your facility, asking how they are feeling can be a loaded question, and as a professional you need to be ready to listen and respond to the answer. Of course during any assessments nursing staff naturally asks the question and responds appropriately. However, I would challenge you to consider how causally asking "how are you" and not waiting for the answer, can cause hurt feelings and potential conflicts to arise. Good communication is something we all need to strive for as professionals. Effective listening is key to good communication. We need to recognize how our verbal and non-verbal (gestures and body language) responses affect the message we are trying to relay. So, if your message is to acknowledge someone with a hello, say just that, or say, "Hi, it's nice to see you". If you are going to ask how someone is, be prepared to **and** take the time to listen and respond appropriately. Be prepared that if they are not feeling well that the response may be negative, what will your response be to make that patient feel like they have been listened to and are cared about. Professionalism is for everyone, from the technician to the unit administrator; sometimes showing you are a professional is conveyed by a simple hello.

Check out these tips from the DPC (Decreasing Dialysis Patient-Provider Conflict) on how to become more effective listeners:

- Treat every interaction as if it's important. This shows respect for the person speaking and will help the person to feel heard.
- Look at the person speaking and focus on what is being said. Repeat or paraphrase what was said to be sure you heard what the other person was trying to explain.
- Be aware of the person's nonverbal behavior- and yours as well. What is communicated nonverbally often speaks louder than words. Use body language to show you're following what they are saying (ex. eye contact, facing the patient, nodding in agreement, not crossing your arms).
- Listen to both the words being said and the feelings being expressed by the person. Tell the patient the feelings that you're hearing them express. For example, you could say, "It sounds like you're feeling tired of this routine."
- Don't impose your own feelings, attitudes or solutions on the other person, especially if they are talking about a problem. It's easy for us to forget this when our patients make choices that are bad for their health, but we need to remain open to listening to what they are saying.
- If you don't understand something the person said, ask them to explain it again. And to make sure the person understands you, ask the person about what you said to see if it was clear to them.
- It is important to remain professional, especially if the patient is being critical. Don't argue; instead, accept that what is being said is from the patient's point of view. Try to understand what the patient is saying and look into the matter before it becomes a bigger issue.

To download the DPC go to **http://www.esrdncc.org/index/decreasing-dialysis-patient-provider-conflict**

By, DeeDee Velasquez-Peralta, *LMSW- Patient & Community Services Specialist, Heartland Kidney Network*

Source: Decreasing Dialysis Patient-Provider Conflict (DPC), www.esrdncc.org/index/decreasing-dialysis-paitent-provider-conflict.

Save The Dates:

Heartland Kidney Network (ESRD Network #12)
2011 Educational Conference
"Developing Best Practices in Renal Therapy"
January 12-14, 2011
Kansas City, Missouri
www.heartlandkidney.org

American Nephrology Nurses Association (ANNA)
42nd National Symposium
March 27-30, 2011
Boston, Massachusetts
http://www.annanurse.org

The 31st Annual Dialysis Conference
February 20-22, 2011
Phoenix, Arizona
http://som.missouri.edu/Dialysis/

National Association of Nephrology Technicians
The 28th Annual National Symposium
March 8-10, 2011
Las Vegas, Nevada
http://dialysistech.net

National Kidney Foundation (NKF) 2011 Spring Clinical Meeting
April 26-30, 2011
Las Vegas, Nevada
http://www.kidney.org

Renal Physicians Association
2011 Annual Meeting
March 17-20, 2011
Washington, DC
http://www.renalmd.org

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