



# HEARTLAND HEADLINES

*A Quarterly Newsletter for Renal Professionals*

**DECEMBER 2008**

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## **SPECIAL POINTS OF INTEREST**

### **Facts about Diabetes & Kidney Disease**

- ❖ Risk factors for kidney disease include: diabetes, high blood pressure, family history of kidney disease, and old age.
- ❖ Diabetes affects nearly 24 million people in the United States, an increase of more than 3 million in approximately two years.
- ❖ In addition to the 24 million with diabetes, 57 million people are estimated to have pre-diabetes.
- ❖ Diabetes is the seventh leading cause of death in the United States.
- ❖ Almost 25% of the population 60 years and older had diabetes in 2007.
- ❖ 26 million American adults have Chronic Kidney Disease (CKD).
- ❖ Early detection can help slow or stop the progression of kidney disease to kidney failure.
- ❖ Glomerular filtration rate (GFR) is the best estimate of kidney function

Source: Centers for Disease Control (CDC) & National Kidney Foundation (NKF)

## **New ESRD Conditions for Coverage: Impact on Social Workers**

The new ESRD Conditions for Coverage (CfC) became effective on October 14, 2008 for providers of outpatient dialysis treatment. The new CfC represents a major revision to the original guidelines for the delivery of dialysis care.

### **Main Areas of Impact for Social Workers**

The main areas of impact in the new ESRD CfC for dialysis social workers are Patients' Rights, Patient Assessment, Patient Plan of Care, Professional Qualifications, and new requirements for involuntary discharge of patients. Imbedded in the Patients' Rights section is new language and intent by CMS to inform patients about their rights in relation to end-of-life planning. CMS regulation protects the patient's right to establish an Advance Directive, if they so wish. Patients also have the right to be notified about a clinic's policies regarding Advance Directives. The CfC also specify new requirements for quality and performance improvement, which will impact the entire dialysis interdisciplinary team.

The new CfC restates 20 explicit rights that a patient has in a Medicare-certified dialysis facility. Listed here are 17, with three others listed in the next section of this document that are specific to involuntary discharge.

1. The right to receive respect and dignity based on needs, psychological status, and coping ability.
2. The right to be given information in an understandable way.
3. The right to personal privacy and confidentiality.
4. The right to privacy and confidentiality of medical records.
5. The right to be informed, participate in, refuse, or discontinue all aspects of dialysis care.
6. The right to establish an Advance Directive, and be advised of the facility policy regarding such Advance Directives.
7. The right to be informed about all ESRD treatment modalities: hemodialysis, peritoneal dialysis, and transplantation.
8. The right to receive a treatment schedule change to accommodate a work schedule.
9. The right to be informed about all services available in the dialysis facility

*Promoting and facilitating high quality standards for dialysis and kidney transplant patients in Iowa, Kansas, Missouri, and Nebraska.*

and the cost of services that are not covered by Medicare.

10. The right to receive services as ordered in the Patient Plan of Care.
11. The right to be informed of rules regarding conduct, behavior, and responsibilities.
12. The right to be informed about the facility's complaint process.
13. The right to be informed about the external complaint processes that are available through ESRD Networks and State Survey Agencies (SSAs).
14. The right to file a complaint of any type without reprisal or denial of services.
15. The right to be informed that any type of complaint can be filed anonymously or through a third-party representative of the patient's choosing.
16. Right to be informed about right to file internal grievances or external grievances or both without reprisal or denial of services.
17. The right to informed that they may file internal or external grievances, personally, anonymously or through a representative of the patient's choosing.

### **Involuntary Discharge of Patients - Important New Rules for Social Workers and Medical Directors (under Facility Governance)**

Because CMS and the ESRD Networks are concerned about patients being involuntarily discharged from dialysis care, there are three new rules designed to protect patients' rights and protect facility safety:

1. The patient has the right to be informed about facility policies for transfer, involuntary discharge, and discontinuation of services.
2. The patient has the right to receive an advance warning 30 days preceding an involuntary discharge. (A threat to the safety of the facility may result in shorter notice.)
3. The patient has the right to see a copy of the facility's Patients' Rights policy prominently displayed, along with telephone numbers and mailing addresses for both the ESRD Network and the SSA.

Because an involuntary discharge of a patient is an extremely serious matter, the new CfC have reemphasized the role of the facility's medical director in these rare discharge procedures, and allowed involuntary discharge only under these circumstances:

- The patient or payer no longer reimburses the facility for the ordered services.
- The facility ceases to operate.

- The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs.
- 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. If this is the case, the following steps must be taken: the medical director ensures that the patient's interdisciplinary team documents the ongoing problem(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record; the facility provides the patient and the local ESRD Network with a 30-day notice of the planned discharge; both the medical director and the patient's attending physician sign written orders concurring with the patient's discharge or transfer from the facility; the facility contacts another facility, attempts to place the patient there, and documents that effort; and the facility notifies the SSA of the involuntary transfer or discharge.
- In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure.

### **Conducting Patient Assessments**

Patient assessment in the dialysis setting is conducted by the dialysis facility's interdisciplinary team, which consists of the patient (if willing), and nephrologist, nurse, social worker, and dietitian. Each patient must have an individualized and comprehensive assessment of his or her needs. The patient assessment must guide and inform the patient's Plan of Care and provide the basis for patient expectations. The role of the social worker in contributing to the patient assessment is evaluation of the patient in the following areas:

- Psychological needs
- Functional status, abilities, interests, preferences, and goals
- Desired level of participation in the healthcare process
- Modality preference (hemodialysis, peritoneal dialysis, transplantation)
- Setting preference (home or in-center)
- Expectations of treatment
- Suitability for transplant referral
- Presence of social supports (family, friends)
- Physical activity level
- Preference for vocational or physical rehabilitation referral

The patient's initial assessment must be conducted within the first 30 days of affiliation with the facility, or before completion of 13 dialysis treatments whichever comes first. A comprehensive reassessment must occur within the first three months of a patient's first date of dialysis in the outpatient setting. Stable patients must be reassessed annually, and unstable patients must be reassessed monthly. Suggested criteria to identify unstable patients are extended or frequent hospitalizations, a marked decline in physical/social/nutritional/mental status, and/or poor lab results.

### Patient Plan of Care

The dialysis interdisciplinary team, inclusive of the social worker, must develop and implement a written, individualized, comprehensive Plan of Care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition. The Plan also must include measurable and expected outcomes and estimated timetables to achieve these outcomes, which must be consistent with current evidence-based, professionally accepted clinical practice standards. The social worker's contribution to the patient's Plan of Care must include the following:

- Application of a standard practice measurement tool to determine a patient's psychosocial status. (Kidney Disease Quality of Life: KDQOL-36 is recommended.)
- Developing a plan of intervention to assist the patient in achievement of a healthy psychosocial status, if indicated.
- Supporting the patient while developing plans to achieve his or her desired treatment modality time-defined goals (home care, in-center, peritoneal dialysis, nocturnal, or transplant referral)
- Supporting the patient while developing plans or interventions designed to assist the patient in achievement of desired and various rehabilitation time-defined goals.
- Ensuring that all members of the dialysis interdisciplinary team, inclusive of the willing patient, sign the Plan of Care.
- Ensuring that implementation of the Plan of Care is initiated in the first 30 days, or by the end of 13 dialysis treatments. When reassessment is conducted (monthly for unstable patients and annually for stable patients), the Plan of Care must be adjusted as appropriate within 15 days.
- If time-defined goals outlined in the patient's

Plan of Care are not achieved within the specified time frame, adjusting the Plan of Care, or filing documentation as to why the goal is not attainable.

- Documenting referral, following-up with the transplant center if a patient's Plan of Care includes the desire for transplant. The social worker must monitor the status of patients on the transplant waiting list and communicate with the transplant center any changes in status.
- Including patient and family, if available and willing, dialysis education components in the Plan of Care.

### Personnel Qualifications for Social Workers

All dialysis facility staff must meet the applicable scope of practice board and licensure requirements in effect for the state in which they are employed. The dialysis facility's staff (employee or contractor) must meet the personnel qualifications and demonstrated competencies necessary to collectively serve the comprehensive needs of the patients. The dialysis facility's staff members must have the ability to demonstrate and sustain the skills needed to perform the specific duties of their position. A social worker practicing in a certified Medicare ESRD facility must hold an M.S.W. from an accredited academic institution or have been in renal social work practice since 1974 and have a current consultative relationship with a qualified social worker (grandfather clause).

### Quality and Performance Improvement Work Plans for the Interdisciplinary Dialysis Team

Under the new CfC there are requirements for social workers and all other members of the interdisciplinary dialysis team—doctors, nurses, and dietitians—to ensure the quality of care rendered to patients and the work performance of caregiver staff. Toward this goal, CMS requires the following activities to be undertaken and documented:

- The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team. The program must reflect the complexity of the dialysis facility's organization and services (including those services provided under arrangement) and must focus on indicators related to improved health outcomes

## ADJUSTING TO CHANGE

Lots of changes have taken place in the renal community with the new Conditions for Coverage (CFC) on the scene. Here are a few tips from the Quality Improvement department of the Network to help facilities deal with the changes.

- Read and be familiar with the Conditions for Coverage
- Ask questions if something is unfamiliar
- Work with your team to find creative ways to accomplish tasks
- Don't get stuck in a "we have always done it this way" mentality
- Learn to think "outside of the box" (brainstorm)
- Keep your Medical Director involved and aware of unusual situations
- Document, document, document!
- Increase communication with staff and patients
- Change your perspective – try to look at situations differently
- Place more emphasis on positive clinical outcomes
- Work with the patient to set clinical achievement goals
- Update policies and procedures if needed
- Think of QAPs as a puzzle to solve
- Use conflict resolution skills (in-service staff again)
- See the big picture: Quality patient care!
- Increase staff morale
- Encourage high visibility of the management staff

We hope these help you and your facility as you adjust to the new Conditions for Coverage. Change is difficult, but it can be managed. An open mind will help you to adjust and willingness to try new things will help you to adapt to change.

*By: Sarah Yelton, RN, CNN, CPHQ, Quality Improvement Director*

and the prevention and reduction of medical errors. The dialysis facility must maintain and demonstrate evidence of its quality improvement and performance improvement programs for review by CMS.

- The dialysis facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. The program must address the following: patient satisfaction, complaints, and grievances.
- The dialysis facility must continuously monitor its performance, take actions that result in performance improvements, and track performance to ensure that improvements are sustained.
- The dialysis facility must set priorities for performance improvement, considering prevalence and severity of identified problems and giving priority to improvement activities that affect clinical outcomes or patient safety. The facility must immediately correct any identified problems that threaten the health and safety of its patients.

*Thanks to ESRD Network of New England for sharing this resource.*

## Tell Us About Your Best Patient Care Technician

Help us find the top 10 outstanding Care Technicians to honor at the 2009 Heartland Kidney Network's Annual Business Meeting & Awards Ceremony. Winners will be recognized during the Awards Ceremony on Wednesday, January 7, 2009 at the Ritz Charles in Overland Park, KS.

Winners will receive complementary admission to the Conference along with one-night hotel accommodations, honors and recognition for outstanding contributions, and a special lapel pin.

Facility Staff are asked to write a letter of 250 words or less explaining how your Patient Care Technician goes above and beyond. We anticipate several hundred responses. The Patient Services Coordinator, along with the Quality Improvement Staff will review each letter submitted and narrow the nominees

to a list of 25. The entire Network staff will then review the nominees and cast a vote for the top 10 entries. The Network will then contact the administrators of the top 10 winning entries and a special acknowledgement and invitation will be provided to the Patient Care Technicians.

Deadline for submission ----- December 1, 2008

Fax entries to 816-880-9088 or

E-mail entries to [akaranja@nw12.esrd.net](mailto:akaranja@nw12.esrd.net) or

Mail entries to:

Heartland Kidney Network

ATTN: Anne Karanja

7505 NW Tiffany Springs Pkwy. #230

Kansas City, MO 64153

# Preparing For Winter Weather...

The two most important terms are Winter Storm Watch and Winter Storm Warning.

A Winter Storm Watch indicates that severe winter weather may affect your area.

A Winter Storm Warning indicates severe winter weather is in the area or expected immediately.

## Before the winter storm:

- Buy a tone alert weather radio and extra batteries for your regular radio.
- Listen to your weather radio, local AM/FM radio or television station for the latest weather updates.
- Have appropriate cold weather clothing available.
- Secure an alternate fuel source such as firewood or a generator.
- Make sure your fireplace functions properly.
- If you have a generator, make sure you have fuel and your generator functions properly.
- If you have a kerosene heater, refuel your heater outside and remember to keep the heater at least 3 feet away from flammable objects.
- Insulate attics and windows.
- Avoid the rush, purchase snow shovels for your home and your car.
- Winterize the family car.
- Keep a winter car kit in the trunk of the car. The car kit includes a blanket, a spare radio with batteries, snacks or energy-type food, jumper cables, a shovel (if you get stuck in the snow), sand or shingles to give your tires traction.
- Fill your vehicle's gas tank before the snow starts falling.
- Have rock salt to melt ice, and sand or kitty litter to give you traction as you walk on ice.

## During and after the winter storm:

- During a winter storm, read your newspaper, watch the television or listen to the radio. Your local emergency management agency provides the media with emergency sheltering or alternate travel information.
- Wear several layers of loose fitting, lightweight warm clothing rather than one layer of heavy clothing.
- Wear mittens rather than gloves.
- Wear a warm, woolen cap on your head.
- Conserve fuel by reducing your home thermostat and close unused rooms.
- Do not overexert yourself when shoveling snow.
- Do not use charcoal or gas grills to cook or heat indoors.
- Check on your elderly neighbors.
- Watch children playing outside for signs of frostbite or hypothermia. Symptoms include uncontrollable shivering, slow speech, memory loss, stumbling, drowsiness and exhaustion.

## Driving during a winter storm

- Stay on the main roads
- If you must stop your car, remain inside your car. Use a bright distress flag or your hazard lights to draw attention.
- If trapped in a blizzard, clear your tail pipe and run your engine and heater for 10 minutes every hour. Open your window slightly.
- During the night hours, keep the dome light on in your car so that rescue workers can see your car.
- If your car has 4-wheel drive, remember speed and ice are a dangerous combination.
- Make sure you can get to your

car safety kit (flares, shovel, sand for traction, battery cable, blankets, and snacks).

## Winter Precipitation

*SnowFlurries:* Light snow falling for short durations. No accumulation or light dusting is all that is expected.

*Showers:* Snow falling at varying intensities for brief periods of time. Some accumulation is possible.

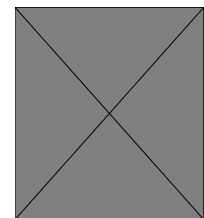
*Squalls:* Brief, intense snow showers accompanied by strong, gusty winds. Accumulation may be significant. Snow squalls are best known in the Great Lakes region.

*Blowing Snow:* Wind driven-snow that reduces visibility and causes significant drifting. Blowing snow may be snow that is falling and/or loose snow on the ground that is picked up by the wind.

*Blizzard:* Winds over 35 mph with snow and blowing snow reducing visibility to near zero.

*Sleet:* Rain drops that freeze into ice pellets before reaching the ground. Sleet usually bounces when hitting a surface and does not stick to objects. However, it can accumulate like snow and cause a hazard to motorist.

*Freezing Rain:* Rain that falls onto a surface with a temperature below freezing. This causes it to freeze to surfaces, such as trees, cars, and roads, forming a coating or glaze of ice. Even small accumulations of ice can cause a significant hazard. ■



# — CROWNWeb Coming in 2009 —



Have you signed up for the CROWNWeb Learning Management System (LMS)? CROWNWeb activity is heating up as we move towards the 2/1/09 roll out date. Right now two activities have started, enrollment for the instructor-led training in January, and creation of CROWNWeb user accounts.

A four page memo was sent to all facilities in early October from CMS (This memo is on the main page at [www.HeartlandKidney.org](http://www.HeartlandKidney.org)). The memo outlines how to access the LMS, which is the central area for all things related to CROWNWeb, including online registration for the instructor-led training in January. Please sign up soon as seats are limited to a first come first serve basis.

The LMS will also contain the online training modules for those facilities that choose online training instead of instructor-led training. The modules last about 20 minutes each and are role

based so that the user only needs to train on the parts of CROWNWeb that he/she will be using. Online training will always be available to your staff for refreshers and for new hires.

Creation of CROWNWeb user accounts is the other big activity starting up. Each facility or group of facilities must select a Security Administrator (SA) who will be responsible for adding and deleting all user accounts for that facility(s). A fax was sent out in early October asking facilities to designate an SA for the SA WebEx training that occurred on October 29th. If for some reason you missed this training, a recorded session is available to you via WebEx. Details on viewing the recorded session are on our website. Facility SA's should be able to start creating user accounts in November. Notarized applications are part of the process. ■

*By Jeff Arnall, MSCE, PMP, Director of Information Systems*

## CROWNWeb Features

- Submit CMS form data for 2728, 2746, 820 & 821
- Search for providers and patients
- Manage facility and personnel information
- Submit patient lab and treatment data
- Batch submittal of facility and patient data
- Comparative reporting for HD, PD and Fistula First

## State Agency Contacts

### IOWA

Iowa Department of Inspections & Appeals  
Health Facilities Division  
3rd Floor  
Lucas State Office Bldg.  
321 East 12th Street  
Des Moines, Iowa 50319-0083  
Phone: 515-281-8632

### KANSAS

Bureau of Health Facilities  
Division of Health  
Kansas Department of Health and Environment  
1000 SW Jackson, Suite 330  
Curtis Office Bldg.  
Topeka, Kansas 66612-1365  
Phone: 888-842-0078

### MISSOURI

Bureau of Hospital Licensing & Certification  
Missouri Department of Health  
912 Wildwood  
P.O. Box 570  
Jefferson City, Missouri 65102-0570  
Phone: 573-751-6303

### NEBRASKA

Health Facility  
Licensure & Inspection  
Nebraska Department of Health  
P.O. Box 95007  
Lincoln, Nebraska 68509-5007  
Phone: 402-471-0555



### Questions/Comments?

Please contact:  
Anne Karanja  
Patient Services Coordinator  
Heartland Kidney Network  
Office: 816-880-9990

# How safe are Patients at Your Dialysis Facility?

Keeping patients safe while in the dialysis facility environment is a topic of great concern for patients and providers. Oversight agencies such as the ESRD Network, State Survey Agencies, and the Centers for Medicare and Medicaid Services (CMS) treat this matter very seriously as well. Some common sources of injuries are listed below:

- Patient Dialyzer
- Patient Falls
- Hand Hygiene
- Medication Errors
- Adherence to Procedures

By examining each of these individually, identifying the common root causes of errors and accidents and developing practical solutions to prevent future errors can help decrease and positively prevent these accidents.



Source: <http://www.kidneypatientsafety.org>

## UPCOMING LOCAL AND NATIONAL EVENTS

- **JANUARY 8-9, 2009** Heartland Kidney Educational Conference - Overland Park, KS. For more information call (816) 880-9990 or visit [HeartlandKidney.org](http://HeartlandKidney.org) to register.
- **DECEMBER 10, 2008** National Kidney Foundation (NKF) Renal Round Table - Wichita, KS. For more information call (913) 262-1551 ext. 11.
- **DECEMBER 11, 2008** NKF/Renal Table - Kansas City, MO. For information call (913) 262-1551 ext. 11.

## NATIONAL EVENTS

- **MARCH 25-29, 2009** National Kidney Foundation (NKF) - Spring Clinical Meeting - Nashville, TN. For more information call (800) 622-9010.
- **MARCH 8-10, 2009** 29th Annual Dialysis Conference, 15th International Symposium on Hemodialysis, 20th Annual Symposium on Pediatric Dialysis, Houston, TX. For more information call (573) 882-4105.
- **MARCH 20-30, 2009** Renal Physicians Association Annual Meeting, Baltimore, MD



## **Heartland Kidney Network**

**We're Here For You.**

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