



# ESRD Staff Newsletter

*Providing education, information and technical assistance to all nephrology disciplines*  
Volume 3. Issue 1. October 2003 – April 2004

## From The Desk of the Executive Director



Spring reminds us of the cycles of nature through the climate variations brought by each season. Experiencing the cycles of nature through the climate variations brought by each season, keeps us aware that change is our only constant. Our response to change is the only portion of the situation over which we have control.

Change, rapid and often complex change, is a constant at the Network 12 office. The fall Board elections brought new faces to the Executive Committee and Medical Review Board. On behalf of the Boards and staff, I thank our outgoing members for their dedication and support and extend a hearty welcome to our new members. Recent review and interpretation of the bylaws by the Executive Committee meant the naming of many new people to the position of Network Representative within their facilities.

The Network Representative (or Rep.) position can be likened to being a shareholder in a corporation who has certain rights and responsibilities. The Rep. is the person designated to represent the interests of their facility in all Network Coordinating Council business. This includes voting rights in Board elections, any bylaw changes, and other voting issues. The Medical Director and/or Unit Administrator appoint the person who will serve as the Rep.

The Executive Committee (Network Board of Directors) reviewed the bylaws concerning facility representation. They issued instructions clarifying that each facility should have a distinct representative and this person should spend the majority of their time at the facility. As such, we had an influx of new representatives last fall.

The most important right of the Rep. is voting in the Board elections. Held annually preceding the Network 12 Annual Business Meeting, elections replace Board members whose three-year terms will soon expire. Reps. receive the ballot and a short biographical sketch of each candidate. Whereas, the election is confidential, it is not anonymous. The Network staff includes facility identifiers on the ballots for quality control purposes. Specific votes are never shared with anyone other than the assigned staff.

The most important responsibility of the Rep. is that of serving as a conduit for information and communication between Network 12 and the facility. Every facility functions a bit differently; e.g., the head nurse at one unit may be responsible for duties assigned to the dietitian or social worker at another unit. Periodically, the Network calls on the Rep. to disseminate documents or information to the appropriate personnel.

Network 12 has been fortunate to be able to continue subsidizing travel for the Reps. attendance at the Annual Business Meeting. This meeting, usually conducted during lunch, is surrounded by a national-caliber, professional educational conference. The Network charges a registration fee to defray the costs of the educational sessions. If the Network subsidizes travel to any part of the conference, the Rep. is expected to attend the Business meeting.

This is just a brief synopsis of the Network Coordinating Council, Board elections, and the role of the Rep. Please call me if you have any questions. Thank you for your continued support.



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**Quality Improvement**  
**Project 2003:**  
**Increasing Fistula Use!**

Network 12, along with all other Networks, is actively involved in a

multi-year, national quality improvement initiative called "Fistula First" that is sponsored by Centers for Medicare & Medicaid Services (CMS), the Institute for Healthcare Improvement (IHI), and the Forum of ESRD Networks. This initiative, aimed at significantly increasing the use of AV fistulas (AVF) for hemodialysis access, will engage nephrologists, vascular surgeons, dialysis facilities, primary care physicians, and patients in changing practice to assure that AVF's are the first choice for every eligible patient.

The Fistula First project aims to fulfill the goals recommended by the National Kidney Foundation's Dialysis Outcomes Quality Initiative: AVF rates of 50% or greater for incident patients and at least 40% for prevalent patients undergoing dialysis.

Current Network 12 activities include data collection with feedback to be forwarded to facilities in March, educational session at the Network 12 Annual meeting held in January, and a surgeon/nephrologists educational meeting scheduled for April 2004 in Missouri.

**Educational materials on preoperative assessment, placement of fistula, quality improvement activities/multidisciplinary activities, vascular access coordinator, and barriers/problems are available from the Network. The complete list of articles with a tear out request form was included in the annual meeting book. Please fax any requests to Cathy or Sarah at 816-880-9088.**

**If the request form is not available, please call 816-880-1708 (Cathy) for an additional copy.**



## From The Desk of DATA...



The Network continues to receive CMS-2728 forms (Medical Evidence Reports) without patient signatures. CMS prohibits entry of new ESRD patient information into the system if the form does not contain either a patient's or family member's signature. The only exception for submitting a form without a patient's signature is if the patient has already expired, but please note this in Remarks and if possible include the Death Notification. If you discover a missing signature after submitting the form, simply have the patient sign your copy of the form and fax it to 816/880-1775. Delaying submission of this form to Medicare due to lack of patient signature may have an impact on the patient's timely entitlement of Medicare benefits.

Common omissions on the CMS-2728 form which cause your form to be marked as incomplete are:

- The signing physician's UPIN in block #46, and when applicable, the training physician's UPIN in block #43, are required data items. If you do not know the UPIN of the physician signing this form, please contact either Glenda Whittle at 8106/880-1706 or Marilyn Graham at 816/880-1707 to obtain the appropriate number.
- There are seven (7) codes available for the *Primary Cause of Renal Failure* which have a choice of trailer codes. They are 2030, 2395, 5832, 7598, 58381, 5839, and 59381. DO NOT simply write the cause of renal failure in block #12 without giving a code. Only ONE code is allowed.
- A patient's complete address is required, including a correct zip code.
- Completion of Section C pertaining to a patient's previous kidney transplant is now required. You may call Glenda Whittle at 816/880-1706 to obtain the specific date and provider number of your patient's last transplant, but the *Date of Return to Regular Dialysis* (block #34) is your responsibility.
- Lab values, specifically *serum creatinine*, must have been obtained within forty-five (45) days **before or after** the date entered in block #23 (*Date Regular Dialysis Began*).

All forms are marked for timeliness according to the date they were received at the Network, either by mail or by fax. Your facility has forty-five (45) days from the date the patient presents at your facility, the date entered in block #24 (*Date Patient Started at Current Facility*), to submit the CMS-2728 form to the Network. The CMS-2746 must be received by the Network within thirty (30) days of the patient's date of death. Because of data exchanged between Social Security and Medicare, the Network now obtains many patient dates of death before the CMS-2746 is due. If you suspect a patient no longer dialyzing in your facility may have expired, rather than contacting the family, call Glenda Whittle at 816/880-1706 to see if the exact date of death has been reported by Social Security.

The Network also continues to receive CMS-2746 forms (Death Notification) giving the Cause of Death as *Withdrawal from Dialysis*. This is specifically prohibited by CMS - on the current form. The new CMS-2728 and CMS-2746 forms are nearing release, and the new CMS-2746 form will

have a specific code to use for *Withdrawal from Dialysis*. Until then, please don't submit that as a cause of death.

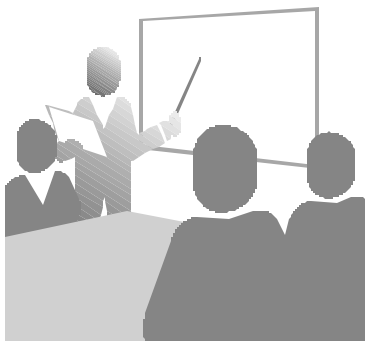
You may download both CMS-2728 and CMS-2746 forms from <http://www.cms.hhs.gov/esrd/5.asp>. The Network accepts faxed copies of both forms (use 816/880-1775 to fax all data related material). If you submit a computer printed CMS-2728 form to Social Security though, the physician MUST sign in blue ink in order to identify an original signature and not a photocopy.

**Please contact the data staff either at their individual telephone numbers or by email with your questions or concerns.**

- ☞ Glenda Whittle, 816/880-1706, [gwhittle@nw12.esrd.net](mailto:gwhittle@nw12.esrd.net)
- ☞ Marilyn Graham, 816/880-1707, [mgraham@nw12.esrd.net](mailto:mgraham@nw12.esrd.net)

**Please do not identify patients in any way in any emails as that is a HIPAA violation.**

**Fax ALL Data information to their new fax number – 816-880-1775**



## **Thanks and appreciation!!**

***The Board Members & Staff of ESRD Network #12 would like to thank all of those that attended and participated in our 15th Annual Business Meeting & Clinical Care Conference held at the Westin Crown Center Hotel, January 14-16th.***

***We appreciate your comments and suggestions and look forward to seeing you again next year!***

***Thank you for your great posters displayed at the Network 12 Poster Gallery during the Annual Meeting.***

**Put your thinking caps on for next year!!**

