

NETWORK NEWS

Serving Renal Professionals in Alabama, Mississippi, and Tennessee

Summer 2006

Working Together To Improve Quality of Care

Network 8 recently began a new 3-year contract with the Centers for Medicare & Medicaid (CMS) to continue as the quality improvement agency for dialysis facilities in Alabama, Mississippi and Tennessee. Since we are located in Flowood, Mississippi (outside of Jackson), you may wonder how we know who or what is in need of improvement! While CMS directs many of our quality improvement activities, we are allowed to develop individual Network activities as well, using suggestions from the renal community and data from various sources.

This is where we need your help! Most often, you are aware of the problem areas in your facility and the barriers you encounter in trying to deliver quality care. **We welcome your input into our quality improvement plan as you bring these issues to our attention. Give us a call, or send us a note by fax or email directing attention to the QI staff.**

In other instances, such as with inexperienced staff or management, an outsider's opinion, such as the Network's, may be necessary to identify facility problems. In either case, the Network can provide tools and resources to aid in correcting the problems and improving quality of care.

In addition to addressing your concerns and issues, we will conduct the following quality improvement projects as directed by CMS, some of which may directly affect you:

- **Vascular Access Quality Improvement Project: Fistula First**
- **Clinical Performance Measures Project:** based on one or more of the CMS defined clinical performance measures – anemia management, dialysis adequacy, hemodialysis catheter use, or stenosis monitoring. Network 8 will focus on **decreasing catheter use** due to the associated risks of morbidity and mortality.
- **Network Specific Quality Improvement Project:** Networks are allowed to choose from CMS pre-approved topics or submit for approval other ideas, under the direction of the Medical Review Board (MRB). While the majority of the quality improvement projects are based on clinical issues, Network 8 hopes

to develop a patient-centered project, focusing on **promoting self-care, as in home therapies, and/or in-center self-care.**

- **Facility-Specific Quality Assessment and Improvement Projects** – projects with individual facilities based on available data from vascular access and lab data collections, dialysis facility reports, patient/facility complaints and concerns, and referrals from the State Survey Agency.

While many project activities will be conducted in a general manner through provision of educational materials and opportunities, some direct interventions will be implemented with specific facilities for each project. Facilities will be notified by mail when project participation is warranted. Though we aim to minimize the burden on facility staff when conducting these projects, the Network may request participation in educational activities, development of quality improvement plans, and submission of additional data, to increase the likelihood of improved outcomes.

We look forward to hearing from you and working together to improve the quality of care delivered to our patients. Please contact the Network if you have any questions or need assistance in your quality improvement activities.

Educational Opportunity

“Partnering to Manage Chronic Kidney Disease and Its Complications: Evidence for Early Intervention”

September 30, 2006

Peabody Hotel – Memphis, Tennessee

7:30 am – 4:15 pm

Presented by the National Kidney Foundation of West Tennessee and the University of Tennessee College of Medicine

Continuing Education Credit: Physicians – 7 hours credit, Nurses – 8.4 contact hours

Registration fee:

Physicians \$175 (\$200 after 8/30)

Other Healthcare Professionals \$95 (\$120 after 8/30)

Downloadable brochure at <http://www.nkfwtn.org/>

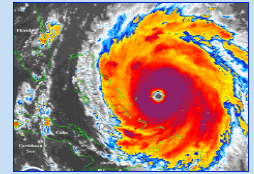


Welcome back, Lynn!

Network 8 is thrilled to announce the return of Lynn Haynes, RN! Lynn is well known to many of you and brings her wealth of dialysis experience and knowledge to her position as QI nurse. Lynn's primary focus will be that of community outreach, though she is quite capable of wearing whatever hat the job requires. We are glad you are here, Lynn!

'Tis The Season...

for hurricanes. As those of you in the Coastal South are well aware, hurricane season officially began June 1 and does not end until November 30. While the National Oceanic and Atmospheric Administration (NOAA) does not predict this year's season to be as active as last year's, NOAA is currently predicting "80% chance of an above-normal hurricane season, a 15% chance of a near-normal season, and only a 5% chance of a below-normal season."



Regardless of the likelihood of another significant hurricane, other types of disasters can and do occur—some without any warning at all. Because of this, we want to take this opportunity to offer the following information to help prepare for both weather-related as well as other potential disasters.

Be Prepared!

Make sure that you have a defined and workable disaster plan that you and your family will follow. As part of the plan:

- Assemble a disaster supply kit (store in covered trash can, covered plastic tote or ice chest), containing:
 - § 3-day supply of water (one gallon per person per day) and non-perishable food. Be sure to include manual can opener, if needed.
 - § One change of clothing and shoes per person as well as one blanket per person. You may prefer to keep these items in backpacks (one per person).
 - § First aid kit. Be sure to include a supply of both prescription and non-prescription medications. Most experts recommend a two- week supply of medications.
 - § Emergency tools such as battery-powered radio and flashlight with extra batteries as well as car charger for cell phone.
 - § Cash, traveler's checks or credit/debit card. Remember, debit cards won't work during a power failure.
 - § Baby wipes and other necessary sanitation supplies. Don't forget toothbrushes and toothpaste.
 - § Spare set of eyeglasses and/or contact lenses with necessary cleaning/saline solution.
 - § Important documents such as insurance policies—sealed in a re-sealable plastic bag or other waterproof container. You may wish to make copies of most important documents and store one copy off-site.
 - § Infant supplies, if necessary, such as diapers, formula, baby food, blankets. Comfort items for babies and small children such as extra pacifiers, small toy, games or crayons and coloring books are nice-to-have items if space allows.
- Choose a contact person, outside of your geographic area, for all family members to call. It may be easier to dial long-distance during a weather disaster, so make sure your contact is not local. All family members should keep a copy of this number with them and should call and give status update as soon as possible after disaster strikes.
- Stay aware of weather conditions. While some disasters occur with no warning, hurricanes, and often flooding, are predicted—allowing for implementation of pre-disaster plans.

During a Hurricane Watch:

- Track hurricane progress. Is evacuation recommended for your area? If so, make decision now and leave as quickly as feasible. Be sure to notify your family contact of your plans, including your evacuation destination, the route you are taking, and time of departure.
- If not evacuating, double-check supplies and restock as needed.
- Fuel vehicle(s).
- Adjust refrigerator and freezer thermostats to coldest settings. Open only when necessary.
- Store extra drinking water. Store additional water for non-drinking in bathtubs/sinks.

During a Hurricane Warning:

- Keep constant track of hurricane. If conditions warrant and time allows, EVACUATE. If time does not allow for evacuation:
 - § Stay inside, away from windows and glass doors.
 - § Keep emergency supply kit close by.
 - § Limit use of cell phones to preserve battery-life. Use landlines only when absolutely necessary.
 - § If in a storm surge area, move to highest point of building.

After the Storm:

- Use caution when venturing outdoors. There may be downed power-lines in addition to other hazardous debris.
- Avoid standing water. Unseen hazards may be present.
- Check for gas leaks. If you smell gas or suspect a leak, get everyone outside and turn off the gas valve as quickly as possible.
- If power is out, turn off major appliance to prevent surge when power is restored.
- If at all possible, do not drive. Roads may be hazardous and emergency vehicles will need access to storm-damaged areas. Also, fuel may be in short supply after the storm—Conserve fuel!
- Notify contact person of your status—ask them to notify other family and friends for you.

There are many, many other disaster resources available via Internet. Some of these include:

- <http://www.72hours.org/>
- <http://www.msema.org/naturalhaz/natmain.htm>
- http://www.ready.gov/america/natural_disasters.html
- <http://www.fema.gov/areyouready/>
- <http://www.avma.org/disaster/> (Veterinary resource)
- <http://www.ama-assn.org/ama/pub/category/6206.html>
- http://www.nhc.noaa.gov/HAW2/english/disaster_prevention.shtml

Just around the corner . . .

- The 2006 Dialysis Facility Report, containing facility data from 2002-2005, will be mailed to each facility by August 11. This is the 18-page report that is produced annually by The University of Michigan Kidney Epidemiology and Cost Center (KECC). The report is based on data supplied by CMS and includes information on patient mortality, hospitalization, transplantation, anemia, infection, adequacy and vascular access. It is important that you review this information. The Dialysis Facility Compare (DFC) information will be posted on the DFC website later this fall—to be used by potential patients to assess the care provided at your facility. Additionally, this is the “report card” that is provided to each State Survey Agency for their review prior to facility survey. The Network does not compile or transmit any of the information that is contained in the report. The first page of the report contains directions on the process for submitting comments or questions about your report—please follow these instructions if you have concerns about your report.



- The new Network 8 Disaster Poster will soon go to print. This year's poster focuses on steps for patients to take prior to and immediately following a weather emergency. This year the poster will be larger and easier to read and will include eye-catching graphics to entice patients to “read and heed” poster content. A copy of the poster for display in the patient waiting room will be mailed to every Network 8 facility as soon as it becomes available.
- Final plans for the Network 8 Annual Meeting, to be held November 8-10 in Nashville, are nearing completion. The agenda has been set and brochures will be mailed to all facilities by mid-August. If you need a brochure and have not received one by that time, please contact Cathy Hartzog or Casey Magee at the Network office.
- For a Fistula First update, watch for the special edition Fistula First newsletter coming soon.

Who you gonna call?



In the event of a natural disaster, if your facility is in need of assistance from an outside agency, do you know who to call and how to reach them? The links below are for the each state emergency management agency in the Network 8 region. Each contact list is organized by county and is formatted for printing.

It is our hope that you will locate and print the directory that applies to you—before a disaster strikes. Furthermore, we recommend that each facility disaster coordinator contact the appropriate county EMA director and introduce yourself, offering to give a primer on dialysis needs to any agency personnel that may need such. If you make contact with the local EMA and are presented with questions that you cannot answer, we will be glad for you to refer them to us as needed.

Local Emergency Management Agency Contacts

MS: http://www.msema.org/documents/PublicEMADirectory_000.doc

AL: <http://ema.alabama.gov/ASP/County%20EMA%20Directory.asp>

TN: <http://www.tnema.org/Misc/LocalEMA.htm>

Your Opinion Counts!

Each issue of the Network News brings a challenge to us. What does facility staff need to know? What does facility staff WANT to know? Do staff members even read the newsletter?

In the era of ever-increasing postage rates, we are acutely aware of the cost associated with printing and mailing 1800 copies of the newsletter 3-4 times per year. Even so, we feel this is a prime medium for reaching all members of the patient care team—a worthwhile expense if it is actually helping keep staff informed of news and issues.

For this reason, we would like to request your feedback to help us determine the future direction of the newsletter.

- Does staff read newsletter?
- Would staff be able to access an on-line version of the newsletter?
- Are there clinical issues that you would like to see discussed in the newsletter?
- Are there other, non-clinical issues that you would like to see discussed in the newsletter?
- What is most helpful to staff?
- What is least helpful to staff?
- How can we re-format the newsletter to make it more beneficial to you?

Please submit any comments to the QI staff via fax at 601-932-4446 or via e-mail at: info@nw8.esrd.net

The Lab Results Are In!

The 2006 Lab Data Collection Project is complete, and the facility reports have been distributed. These data are collected and reported annually to assist facilities and the Network in quality improvement efforts.

Due to an error in the report program, many of the calcium and phosphorus values were excluded. The error has been corrected and revised reports are available to facilities by request.

As anemia management and dialysis adequacy are considered clinical performance measures, the Network will use the data to select facilities for Network quality improvement projects. Facilities eligible for selection are those that failed to meet the following CMS goals for hemoglobin and/or Kt/V (hemodialysis only) plus additional measures. Facilities will be notified by mail if selected.

- Attain/maintain 70% of patients to have a mean Hgb of ≥ 11.0
- Attain/maintain 84% of in-center hemodialysis patients with $Kt/V \geq 1.2$. or 80% of patients with $URR \geq 65\%$

Of the expected 284 facilities, lab data were received from 276 (97%). As shown below, the reported percentage of Network 8 patients meeting the lab indicators decreased in the 2006 collection, and the number of facilities failing to meet goal increased. While the Network quality improvement focus has shifted to increasing AV fistula use, we hope to continue efforts to improve dialysis adequacy and anemia management. Tools and resources are available on the Network website (www.esrdnetwork8.org), and technical assistance is available through the Network QI staff and Medical Review Board.

2006 CPM Process Progress

As many of you are painfully aware, the 2006 CPM data collection project is well underway. This year, 803 patients, selected from 83 clinics in Alabama, 57 clinics in Mississippi and 95 clinics in Tennessee, were chosen at random by CMS for fourth quarter 2005 data reporting. The 803 patients are comprised of 564 patients dialyzing in clinics owned by a Large Dialysis Organization (LDO), 97 patients dialyzing in independently owned clinics, and 142 patients dialyzing at VA clinics. For those of you frustrated by this data collection process, most of you can take comfort in the fact that, on average, non-VA clinics were asked to complete 4 forms or less. Since the Veterans Administration (VA) clinics complete forms on 100% of their patient population, these clinics manually completed between 13 forms (smallest clinic) to 46 forms (largest clinic)—no fields are pre-populated for these clinics. Our special thanks go to Mary Nahmias, RN (33 forms) at the VA



Memphis and Brenda Baker, RN and her staff (38 forms) at the VA Jackson for completing their forms virtually error-free.

As we prepare to go to press with this newsletter, one week after CPM forms were due, 215 forms (27% of forms) have been received late or have not yet been received—81 from Alabama, 25 from Mississippi and 109 from Tennessee. To those of you who made the time to complete the forms and return by the due date, we send out our sincere thanks. We do know that you are busy and that data reporting is probably not one of your top priorities. Even so, several individuals completing the CPM forms for their facilities made it a priority to complete each form correctly and submit forms on or before the due date. We send our gratitude to the individuals listed below. Each will receive a certificate of appreciation for excellence in data reporting for the 2006 CPM project.

Alison Marler, Secretary	DCI	Kimberly Blevins, RN	FMCNA
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Debra Plowman, RN	Gambro	Pat Jackson, CM	FMCNA
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Donna Darnell, RN (PD)	FMCNA	Phyllis Kendrick, CM	FMCNA
Donna Palmer, CM	FMCNA	Regina Armstrong, RN, FA	Gambro
Ellen Hayes, RN, Fac. Mgr.	RCG	Robin Copeland, RN	Gambro
Faye Chavez, RN	DCI	Ruby Adams, FM	RCG
Genevieve Carter, CM	FMCNA	Sandy Noe, RN, CM	FMCNA
Herma Tucker, RN	DCI	Sarah Redman, RN, Nurse Mgr.	DCI
Jennifer Nix, RN	RCG	Sharon Cibulka, RN (PD)	FMCNA
Jennifer Payne, CM	FMCNA	Sharon Rooks, RN, Clinic Manager	RCG
Jennifer Rickard, Facility Adm.	Gambro	Shellie Elrod, RN (HD)	Gambro
Jill Brazeale, RN	Gambro	Sherri Hodges, RN	RCG
Jimmie Dye, RN (PD)	Gambro	Shirley Emberg, CM	FMCNA
Joy Livesay, LPN (PD)	FMCNA	Shirley Mann, Clinic Manager	FMCNA
Joyce Lynch, RN, CM	FMCNA	Sondra Adams, Facility Manager	RCG
Julie Stewart, LPN	Independent	Sue Doolley, Clinic Manager	FMCNA
Katherine Lee, Clinical Manager	RCG	Susan Anderson, Fac. Mgr.	RCG
Katie Buntin, Clinical Manager	FMCNA	Tammy Sexton, RN	RCG
Kay Cronk, CM	DCI	Tara Carr, RN, Nurse Manager	DCI
Kay Rich, Facility Administrator	DaVita	Terri Vojtkofsky, CM	FMCNA
Keith Tice, Administrator	Gambro	Thomasa Padilla, RN, Nurse Mgr.	Independent
Kelly Clark, RD	DCI	Tywanda Hampton, RN	DaVita
Kim Boren, Facility Mgr.	RCG	Vicky Hathaway, RN Mgr. (PD)	Independent

Patient ID Cards Mailed to Clinics

Last month Network 8 mailed patient ID cards for clinics to distribute to patients. These cards contain the essential telephone numbers that patients need to arrange emergency transient dialysis, and the necessary patient information to identify this patient in the ESRD database—name, clinic provider number, and the database ID number. Physician and facility telephone numbers, and basic dialysis prescription are also included.

Every dialysis patient should have and carry this ID card. If your clinic has patients who do not have cards, you can download the card format from the Network 8 website: <http://www.esrdnetwork8.org>. You will need to type in the correct information. Please include your facility's Medicare provider number. Call Network 8 to get the patient's ID number.

In the aftermath of Hurricanes Katrina and Rita last year, it was obvious that ID cards for dialysis patients were needed. Many patients left home and arrived unexpectedly at clinics far away—tired, frightened, out of their routine, and unable to give clear information about their dialysis.

After the hurricane, Network 8 requested that clinics send lists of transient patients so that the Network could help track them and provide information to worried family members, disaster relief efforts, and CMS. With poor information to go on, clinics sent the information they had—often not enough for the Network to identify the patient in the ESRD database.

The new patient ID cards will smooth the patient's transition from home facility to transient facility and increase the accuracy of both care and reporting.



NETWORK 8, INC
 PO Box 55868
 Jackson, MS 39296-5868
 Phone: 601-936-9260
 Email: info@nw8.esrd.net
 Website: www.esrdnetwork8.org

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