



NETWORK 12

ESRD Staff Newsletter

Providing education, information and technical assistance to all nephrology disciplines

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From The Desk of the Executive Director



Another season passes as we move toward fall. The region's weather and agricultural economy keep us keenly aware of the routine changes in our natural world here in the Midwest and we're reminded that change is our only constant. We grow older and hopefully wiser with each breath.

Change is a constant at Network #12. The Executive Committee, EC, held a retreat the first of May. With the help of a Board consultant, members focused on how to guide the Network over the next three to five years. Two issues emerged as our areas of interest and expertise, quality of patient care and education. The EC "drilled down" on what comprises these areas of interest and expertise to develop an agenda of activities for the next three years.

Further, they charged the Medical Review Board with the task of developing a quality agenda for care improvement initiatives. With the start of a new federal contract commencing on July 1, 2003, we have begun participating in a national project to increase the placement of native fistulae for hemodialysis access. If you haven't already, you will be receiving further information on this important and exciting initiative. This project's activity will comprise the bulk of the work conducted by the Network's Quality Improvement staff over the next three years.

The Medical Review Board met in August and determined that resources not needed for the National Vascular Access Improvement Initiative (the project to increase fistula creation and use) would be dedicated to improving a short list of patient care issues. These issues include pediatric ESRD care, infection control in dialysis units, nutrition especially protein consumption, grievance mediation and resolution, and vocational rehabilitation. Committees have formed to further define the specific issues related to each area of care and potential interventions. Look for creative solutions from these enthusiastic and motivated committees.

Planning for the 2004 Annual Business Meeting and Clinical Care Conference continues. Save-the-Date reminders were mailed earlier this summer. Look for the registration brochure, scheduled to be mailed at the end of September. The conference will be held January 15-16, 2004, with the administrators' pre-conference workshop on Wednesday, January 14. New this year, the meeting will be at the Westin hotel, part of the Crown Center complex!

On behalf of the patients in our four-state region, thank you for continuing to provide high quality, professional, and compassionate care.



From The Desk of DATA...

...Dinger Database

The Networks' authority to collect data is provided by statute under the Social Security Act, 42 U.S.C. sections 1395rr (c)(2)(F). Congress has directed that the Networks are responsible for "collecting, validating and analyzing such data..."

As mentioned during the annual meeting in January, Network #12 is tracking more information on the timeliness and accuracy of data requests. Specifically the annual survey (CMS form 2744), the monthly roster, the medical evidence forms (CMS form 2728), and the death form (CMS form 2746).

We have created a database to track that information throughout the year. The network's goal is to provide feedback to the facility staff that is peer based to promote improvement in timeliness and accuracy. The report will list all facilities in the four state area by their Medicare provider number and the scoring for each facility.

The first report will be out in late April. It will be addressed to facility administrators as well as other regional officers if that facility is part of a chain that has regional officers. The data that is being collected will also be used in determining what facilities will be singled out for recognition as "Data Stars" during the January 2004 annual meeting.

Staff roster changes must be on company letterhead and signed by the administrator or medical director and faxed to the Network. Failure to correctly follow this procedure results in delays of mailings, additional postage and increased time for your staff and ours in processing the information returned. The changes may be faxed to Marilyn at 816-880-9088.

ADVANCED DIRECTIVES

As part of the Omnibus Budget Reconciliation Act of 1990, the Patient Self Determination Act became law on December 1, 1991. As a result, health care organizations that receive Medicare or Medicaid payments have to provide adult patients with written information about their rights to make decisions about their medical care. ¹

The law states, "The Patient Self Determination Act, 42 U.S.C. §§ 1395cc(f)(1), 1396a(w)(1) and implementing regulations requires medical facilities (hospitals, nursing homes and home nursing programs) to provide patients with written information about their rights under state law, including the right to accept or refuse treatment and to give advance directives. The provider must also document advanced directives in the each patient's record, educate the staff and patients about advance directives and not discriminate in care for or against patients with advance directives." The statute requires every facility to have and to communicate a policy about implementing advance directives.

Unfortunately the law failed to include dialysis providers in the list of Medicare recipients. Therefore, we have a responsibility to provide our patients with information on advanced directives. If you feel overwhelmed at the possibility of speaking with each patient, consider the question, "Would I be surprised if this patient died within the next year?" If your answer is "no", this may be a good place to begin. The next patient newsletter will address end of life care options, living wills and durable power of attorneys. The following are some generalized definitions and information regarding advanced directives:

- Durable Power of Attorney for Health Care – allows you to specify an individual to make health care decisions when you are not able to do so. Durable Power of Attorneys vary from state to state. To view your state specific information, please see <http://www.uslegalforms.com/poweratty.htm>
- Living Wills become effective while you are alive but unable to speak for yourself and
- DNR orders – instruct healthcare personnel that you do not want life saving resuscitative actions. If your facility does not honor DNR requests from patients, it is your responsibility to inform them upon admission to the clinic.
- **The failure of a medical practitioner to respect a patient's advance directive is medical battery. As such, it is justification for a claim of monetary damages.** Advance directives and living wills are beginning to have an important impact on how courts evaluate consent. Some state statutes now expressly authorize civil actions when a practitioner fails to honor an advance directive or a living will.³

For more information on advanced directives, end-of-life care planning and living wills **Caring Conversations**® is a program from the Midwest Bioethics Center in Kansas City, Missouri. They have developed a booklet addressing questions, concerns and examples for conducting a "Caring Conversation" with your patients, family members and staff. They can be located on the web at <http://www.midbio.org/mbc-cc.htm>

"More and more it is arguable that we play God by subjecting people to unwanted and sometimes unnecessary treatment, treatment that unnaturally prolongs the dying process. Our health care system has become obsessed with extending life, at times neglecting the caring component of medicine and trampling the rights of patients." Former Missouri Senator, John C. Danforth.

1. <http://www4.law.cornell.edu/uscode/42/1395cc.html>
2. <http://www.uslegalforms.com/poweratty.htm>
3. <http://www.painlaw.org/medicalbattery.html>

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

The Center for Medicare and Medicaid Services (CMS) has initiated a nationwide effort to increase the use of fistulas as the primary vascular access for dialysis patients. CMS is committed to increasing the use of fistulas for dialysis patients. The details of this project have not been determined at this time, and will be shared at a later date. In preparation for this project, here are a few things to be thinking about:

- ☞ **Assign a Vascular Access Coordinator for the facility**
- ☞ **It has been reported that access-related morbidity is responsible for 25% of all hospitalizations for ESRD patients**
- ☞ **Discuss increasing fistula use at facility CQI meetings**
- ☞ **What barriers prevent your facility from encouraging fistula use?**
- ☞ **How can these barriers be overcome?**
- ☞ **Review the K-DOQI guideline for Vascular Access**
- ☞ **Look at the patient education program for fistula care, maturation, and the possibility of self-cannulations**
- ☞ **Determine what percentage of patients have grafts, fistulas and catheters**
- ☞ **Get “tips” from your most successful stickers**
- ☞ **Encourage your Medical Director to specify “fistula only” when referring to the vascular surgeon for access placement**
- ☞ **In-service staff members on fistula care and cannulation**
- ☞ **When grafts fail, consider an upper arm fistula**
- ☞ **It is well known that the best form of permanent vascular access is the native Arterio-venous fistula (AVF)**

At Network #12 we are excited about this project and look forward to improving the quality of dialysis care given to the patients by decreasing or preventing painful and costly invasive procedures and hospitalizations caused by clotted grafts or complications from dialysis catheters.

POSTER GALLERY

We are planning a poster gallery for next year's annual meeting. Please do not hesitate to participate – let other's see what your facility has done to increase fistula placement and decrease catheter usage!!

DON'T BE SHY!

Remember - The poster creator will receive complimentary registration for the Annual Network Meeting January 15 & 16, 2004!

SAVE THE DATE

15th Annual Business Meeting & Clinical Care Meeting

January 15 - 16, 2004
The Westin Crown Center
Kansas City, MO



Pre-Conference Workshop
January 14, 2004



**Want FREE
Registration?**

Look for Poster Gallery
Information in your
Registration Brochure!

Join us in celebration of 15 years of Renal partnership between 230 facilities in Kansas, Missouri, Nebraska & Iowa and ESRD Network #12. Look for more information in future copies of your Staff Newsletter. Save the Date and updated website information will be available by Summer 2003.

Questions? Contact Katrina Tickles at ktickles@nw12.esrd.net or by phone at 816-880-1705