



NETWORK 12

ESRD Staff Newsletter

Providing education, information and technical assistance to all nephrology disciplines

Volume I, Issue 2

September – December, 2002

From The Desk of the Executive Director

Greetings.

The Network #12 office continues to be a dynamic place with many timely and important initiatives intended to improve patient care. An exciting project has been the new Network #12 website now found at www.network12.org. See the adjacent box for a partial list of information and materials available on the site. Our goal is increase your access to important information on a round-the-clock-basis.

The Centers for Medicare and Medicaid Services (CMS) has developed a new system for supplying the patient data submitted to Networks on the CMS forms. The CROWN and VISION Program is a computer-based, software and internet system that allows one to enter and submit CMS forms data electronically to the Network. CMS is working directly with five national dialysis corporations including Renal Care Group, Dialysis Clinics Incorporated, Gambro, Fresenius, and DaVita. The Networks will be responsible for training all other units to use this innovative system. Currently, we are gathering information from all eligible facilities to assess systems readiness and whether or not your unit would like to participate. Initial training will be conducted during the fall of 2002 with additional training dates to follow. Involvement in the program is voluntary, but it offers many benefits to participants. More detailed information will be forwarded to your unit.

Network #12 Website Features

- ☞ Timely and important notices
- ☞ Dialysis patient prevalence by zip code
- ☞ Patient and staff newsletters
- ☞ 2000 Annual Report
- ☞ Facility roster
- ☞ Long-term program form
- ☞ Conditions for Coverage (ESRD Medicare Regulations) under FAQ's
- ☞ Overview of Network #12
- ☞ Board and staff rosters
- ☞ Grievance form and summary of grievance process
- ☞ Monthly roster supplemental form
- ☞ Links to other useful websites

The 14th Annual Network Business and Educational Meeting will be held **January 16 – 17, 2003** at the Kansas City International Airport Hilton Hotel. Topics will include the following:



- ☞ Controlling Cardiovascular Risk Factors
- ☞ Preventing Intradialytic Complications
- ☞ Transplantation Update
- ☞ Fostering Patient Compliance and Managing Challenging Behaviors
- ☞ Nutritional Issues
- ☞ End-of-Life Care
- ☞ Patient Safety
- ☞ Acute Renal Failure and ICU Management

In order to accommodate the travel needs of our participants, this year's seminar will begin on Thursday morning and conclude Friday after the speaker and business meeting at lunch.

The National Renal Administrator's Association (NRAA) is planning a pre-conference meeting for Wednesday, January 15 at the same hotel.

RIGHTS AND RESPONSIBILITIES

§405.2140 Condition: Physical Environment

The physical environment in which ESRD services are furnished affords a functional, sanitary, safe and comfortable setting for patients, staff and the public.

With the recent surge of phone calls to the Patient Services Department regarding threatening, violent and/or abusive patients, we felt propelled to reiterate the Executive Committee's Guideline on Threats and Violence in the ESRD facilities. We encourage you to attempt mediation with the patient prior to the escalation of events, adequately train staff in mediation techniques and follow the Conditions of Coverage – Interpretive Guidelines for End Stage Renal Disease Facilities.

GUIDELINE ON THREATS AND HARASSMENT IN THE ESRD FACILITY

All individuals have the right to be safe and protected from abuse.

It is the responsibility of those who manage, own, direct, or provide professional services in ESRD centers to safeguard the health, welfare, and human rights of their patients, employees, medical staff and visitors.

The following actions are intolerable if they result in real or perceived harm to the victim(s):

- ☞ Acts of physical violence
- ☞ Actual or implied threats
- ☞ Sexual or emotional harassment

A prompt recognition and response by the medical director or chief executive officer are critical to the protection of all concerned and for the orderly provision of services.

The Network #12 Executive Committee recommends that ESRD facility management:

- ☞ Develop a formal health and safety program that includes preventing and dealing with violence in the ESRD facility.
- ☞ Provide formal orientation and training for its staff in the handling of such incidents.
- ☞ Identify appropriate community resources.
- ☞ Utilize the services of public and private security personnel or police departments when circumstances require intervention.

Further, the facility should reserve the following:

- ☞ The right to discontinue or not initiate a dialysis treatment on a given day in such instances.
- ☞ The right to proceed with the steps necessary to dismiss and transfer a patient when necessary.
- ☞ The right to proceed with the appropriate employee disciplinary action when necessary.

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Stenosis Monitoring Quality Improvement Project:

November marks month 10 of this project. The facilities, which have been participating in this project, should have received their 6-month comparative graph. The Unit Administrator, Medical Director, and Corporate QI contact person (if applicable) were provided with the graphs. Thus far, there are signs of the following:

- ☞ **More patients are being monitored for stenosis**
- ☞ **More referrals are being made to investigate access problems**
- ☞ **Many facilities are either beginning or fine-tuning their stenosis monitoring programs**

We are very pleased by these early findings and would encourage everyone--whether involved in the project or not--to continue to strive for excellence in vascular access care and monitoring! There is still time remaining in the project for participating facilities to improve their standings if need be!

POSTER GALLERY

Some facilities have **already** reserved **POSTER GALLERY** space, but we are looking forward to receiving more entries! This is a fun and exciting activity and wonderful opportunity to share information with the *entire Network!*

DON'T BE SHY!

Remember - The poster creator will receive complimentary registration for the Annual Network Meeting January 16 & 17, 2003!

CMS Clinical Goals Contest

We would like to take this opportunity to say "Thanks!" to everyone who has already submitted an entry in this contest! **(Yes, there is still time to enter!)** The tips, suggestions, and visual aids have been fun to review! It will be difficult to choose winners!

ESRD Networks and State Survey Agencies

Did you know that ESRD Networks and State Survey Agencies (SSA) are in close communication? This allows both entities to be aware of happenings in the ESRD community that will allow us all to better serve you. Both the SSA's and ESRD Networks operate under the guidance of the Centers for Medicare & Medicaid Services (CMS). At Network #12 (NW12), we are finding new ways to keep the state survey agencies "in the communications loop"! Here are some of them:

- ☞ The SSA's receive copies of the Patient and Staff Newsletters that we produce. Quality improvement project updates and information on other quality initiatives are forwarded to the SSA's
- ☞ Joint conference calls with the SSA's and CMS, and NW12 are held.
- ☞ Both CMS and the SSA's are invited to attend our meetings
- ☞ ESRD Networks, SSA's, and CMS meet to discuss issues of mutual concern (These meetings are usually held in Baltimore, Boston, or Washington DC)
- ☞ The SSA's are invited to visit or call the Network 12 office



From The Desk of DATA...

...Finessing the Forms

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...". Below is an article provided to assist you and your staff with completion of the forms required by Centers for Medicaid & Medicare Services. Consider copying this information for future use.

A Medical Evidence form (CMS-2728) is required to be submitted by the Medicare-approved, ESRD facility that provides an ESRD patient's **FIRST** outpatient treatment, **regardless** if the patient will remain with that facility or not. If your facility is a hospital that provided one outpatient treatment before releasing the patient, the form is required by your facility. If your facility admits a patient recently released from a hospital, check to see if one outpatient treatment was provided by the hospital. If not, your facility is required to do the form. **DO NOT** send either the yellow copy or a photocopy of the CMS-2728 form along with the green copy to the Network. **One good legible copy is sufficient.**

Our new system now counts the following omissions as **INCOMPLETE** on the 2728 form:

- ☞ Missing patient zip codes
- ☞ Missing PD training information, (if applicable). This is **REQUIRED regardless** of Medicare status (*as the form erroneously says*).
- ☞ Missing physician's UPIN, **EVEN** if the physician's signature is legible enough to determine the name.

An updated CMS-2728 is required on **ANY** patient whose rejected transplant occurred more than three years after their transplant. All new information is required to '**re-register**' them as an active ESRD patient. Blocks #27 - 29 are the only historical information requested. Skip Blocks #30 - #32, but fill out the rest of Section C. If the patient rejected the transplant in less than three years, submit a "*partial*" form to Social Security so the patient's benefits are not terminated at their 3-year anniversary. **Partial** means you can skip Blocks #10 through #18 since the form will not be resubmitted to CMS by the Network.

Lab values may be given on the 2728 form if taken within forty-five (45) days **AFTER** the date of the first ESRD treatment (entered in Block #23). (*The directions say only before that date.*)

A blank Death Notification (HCFA-2746) form can be **photocopied, filled out, & faxed** to the Network **whenever** a patient expires. Keep the original for your records. The form **DOES NOT** have to be green or mailed. **Please don't send the yellow copy.** If you fax a death notice, **DO NOT** submit a supplemental roster sheet on the patient.

Any Death Notification received that gives a code #98 (Other identified cause of death) as ESRD, renal failure, complications from diabetes or hypertension, or withdrawal from dialysis will automatically be marked as **INCORRECT**, and a code #99 (cause unknown) will be entered. **CMS DOES NOT ACCEPT GENERALIZED DISEASES DIAGNOSES, (e.g. RENAL FAILURE), THEY REQUIRE THE SPECIFIC CAUSE OF DEATH, (e.g. ACUTE MYOCARDIAL INFARCTION) regardless** of the requirements for an actual Death Certificate. If the specific cause of death is unknown, using code #99 is quite acceptable.

If you have any questions regarding this information, do not hesitate to contact Glenda or Marilyn from the DATA department at 816-880-9990, extension 14 or 19.

