

## From the Executive Director's Desk.....



*Harriet L. Edwards, MSW/MSG  
Executive Director*

Happy Halloween to Everyone:

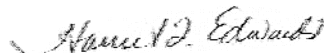
It is hard to believe that Halloween has arrived and that the Holidays are approaching so quickly. This is also the time of year that Southern California can expect to have some type of situation arise that will trigger a need for Emergency Preparedness.

I would like to announce that Network 18 has received the CMS publication, **Disaster Preparedness: A Guide for the Chronic Dialysis Facilities-Second Edition**. Please take a moment and go to Network 18's website: <http://www.esrdnetwork18.org> and take a look at this publication. You will also find other information that we have placed on the website which is important to our facilities in case of emergencies. It is always better to be prepared in case we do experience some type of emergency.

I wanted to bring to your attention that Network 18 and The Kidney Community of Southern California will no longer be holding the Emergency Preparedness Conference. We regret to inform you that due to unforeseen circumstances, we are cancelling the Emergency Preparedness Conference to be held at the Braille Institute on Thursday, November 10, 2011.

This year Network 18's staff participated in the Los Angeles 2011 Kidney Walk held by the National Kidney Foundation.

*Sincerely,*



*Harriet L. Edwards, MSW/MSG  
Executive Director*

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## Fistula First Updates

**Network 18 AVF Goal = 62.6% by March 31, 2012**

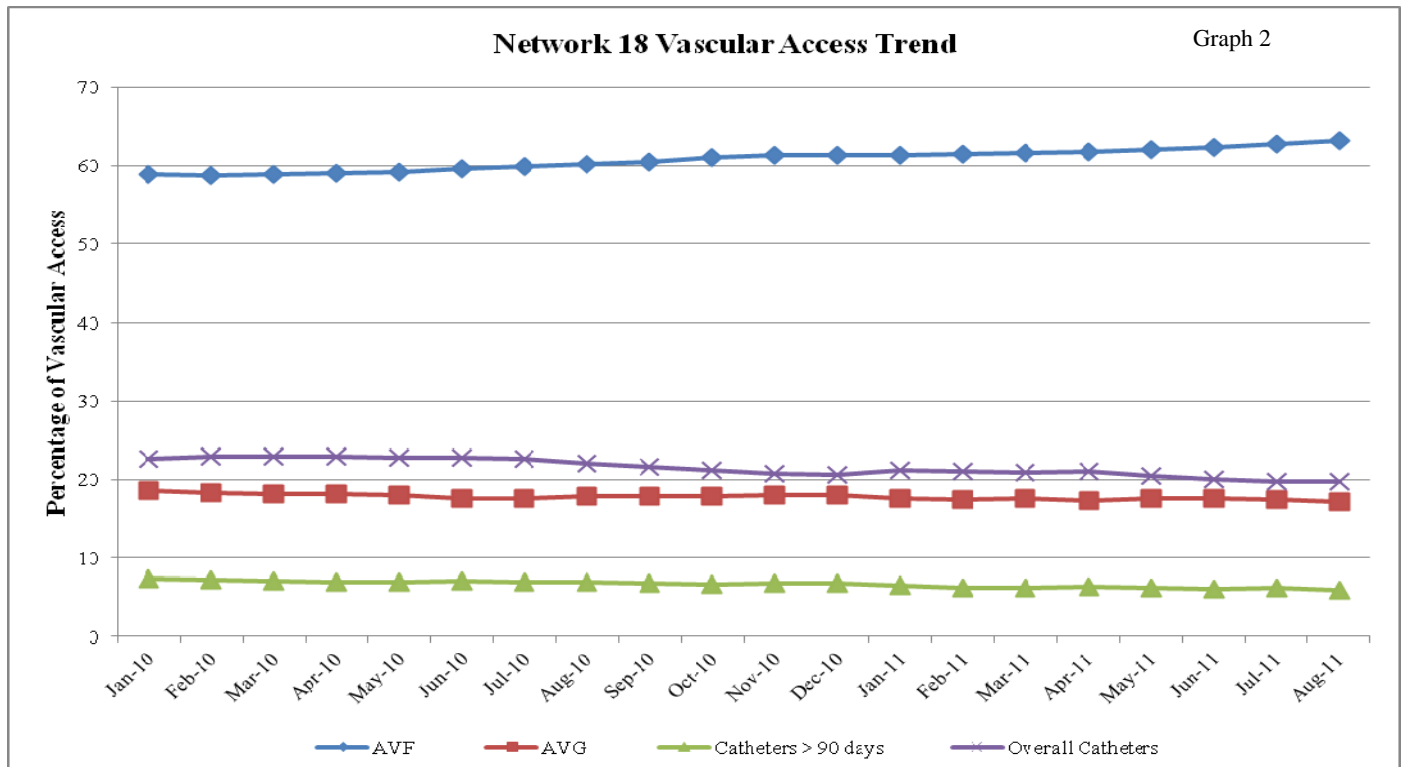
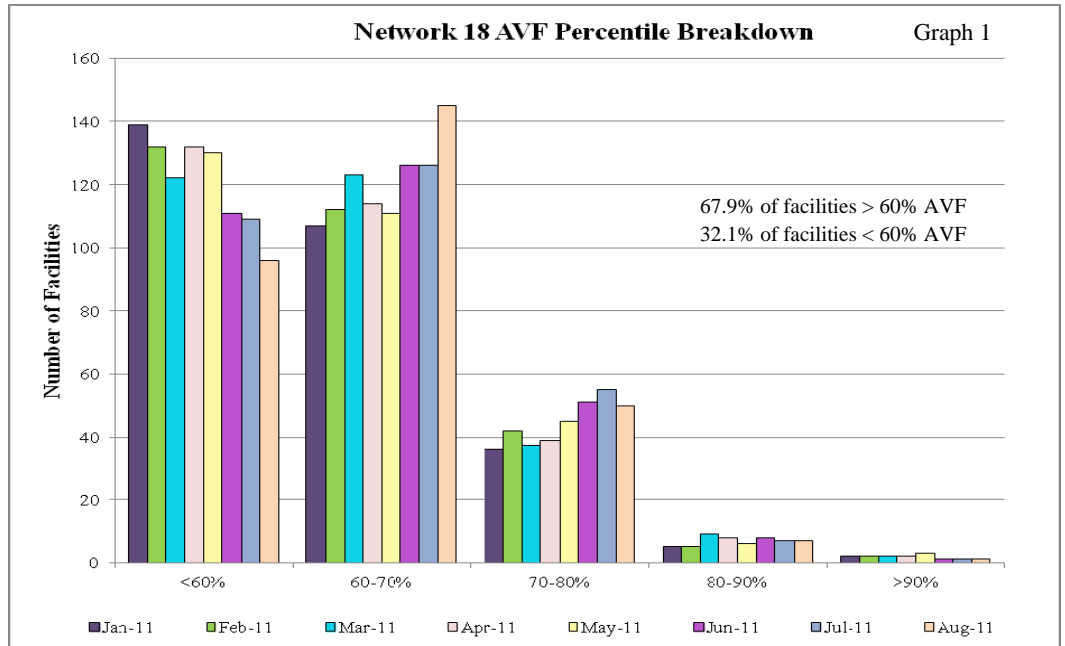
Network 18 Stretch AVF Goal = 63%

CMS AVF Goal = 66%

Network staff and/or included in a Network-driven Quality Assessment and Performance Improvement Project. Review your facility-specific reports and see how your facility compares?

The current Network AVF rate is 63.2% as of August 2011. We are 2.8 percentage points away from CMS's goal of 66%. Network 18 is currently tied for the 3<sup>rd</sup> highest AVF rate nationally. If you would like to view the other Network's AVF rates, you can find it on the Life Options website at [www.lifeoptions.org/letstalk](http://www.lifeoptions.org/letstalk).

Graph 1 shows the AVF percentile breakdown in Network 18 as of August 2011. Graph 2 shows the vascular access trend for Network 18 as of August 2011. Please remember that the AVF monitoring point is AVF rates < 60%. Facilities not meeting this minimum AVF rate may be followed up by the



## Fistula First Updates Cont'd

### 2011 Fistula First Comprehensive Fistula Construction and Management Program For Surgeons – How To Make Fistulas That Work

The Mid-Atlantic Renal Coalition (Network 5) and the Southern Kidney Council (Network 6) with the assistance of the Fistula First Breakthrough Initiative (FFBI) are sponsoring a one-day comprehensive surgical training session on Friday, December 1, 2011 in Atlanta, Georgia. This training is for surgeons who perform vascular access surgeries for hemodialysis patients. Registration materials were faxed to all Network 18 hemodialysis facilities. Registration is also available online at <http://events.r20.constantcontact.com/register/event?llr=bzprggcab&oeidk=a07e4zla0nm130db543>. Please share this information with your surgeons.

### Let's Talk About Fistulas

The Fistula First website has a 3 minute video for patients titled "Let's Talk About Fistulas" regarding an AV fistula versus a

catheter access. Please utilize this video as necessary as part of your facility's educational materials for your patients. This video can be found on the Life Options website at [www.lifeoptions.org/letstalk](http://www.lifeoptions.org/letstalk).



## Other Quality Improvement News

**The 2011-2012 QIWP (Quality Improvement Work Plan) projects have started. Facilities selected to participate in these projects should have already received notices of their participation in a project. Facility selection for a project was based on specific criteria for each project. This year the Network will be conducting 5 QIWP projects.**

### 1. Mentoring Project

This is a Fistula First project in which low performing AV fistula rate facilities (facilities with AVF rates < 50%) will be paired with high performing AV fistula rate facilities (facilities with AVF rates > 63%) in their local area/county. Project facilities were matched as best possible to the same corporate affiliations within their area. During the project the mentoring facilities will assist the project facilities with developing vascular access plans (QAPI – Quality Assessment and Performance Improvement), implementing processes, sharing best practices, brainstorming ideas/solutions for issues experienced, sharing of tools and resources, communication and connection with other renal resources such as successful surgeons, vascular access centers, vessel mapping, stenosis monitoring, etc. Project facilities will be responsible for developing QAPI plans based on their root-cause analysis and implementing that plan – revising it as necessary during the project to ensure achievement of their facility-specific goals. They are also responsible for communicating with their Mentoring facility to seek assistance regarding their vascular access program/process as well as with other renal resources (surgeons, vascular access centers, etc.) to improve vascular

access outcomes. Although the Network is readily available to assist facilities with their vascular access programs, it may be easier for some facilities to communicate with fellow facilities regarding issues dealt with at the facility-level. Overall, the Network would like to use this mentoring program as an alternative source of resource for facilities with the hopes of achieving improved outcomes for project facilities. There are 10 project facilities selected for this project along with 10 mentoring facilities.

### 2. QAPI Project

This is a 2<sup>nd</sup> Fistula First project which we will be working with facilities whose AVF rates have not improved or declined within the last year. The project format is replicated from last year's < 55% AV Fistula Project. The project facilities will conduct a root-cause analysis (RCA) and develop a Quality Assessment and Performance Improvement (QAPI) plan with their Interdisciplinary Team. The facilities will implement those plans and adjust it as necessary to achieve their goal. Bi-monthly (every other month) conference calls will be conducted to allow for sharing of best practices, discussion of issues/concerns by the facilities, brainstorming for solutions to problems encountered and for follow up on facilities' progresses. There are 23 facilities selected to participate in this project.

### 3. Bone and Mineral Project

This is the Network's Clinical Performance Measures (CPM) project. In reviewing the Q4 2010 ELab Report, it was noticed that the Network's calcium rate has been declining in the last

## Other Quality Improvement News Cont'd

few years – although we are still above the National average. The MRB and the Network decided to conduct a project to improve bone and mineral metabolism. We will be focusing on three elements: calcium, phosphorus and PTH. This project is modeled after last year's TSAT Project. Facilities will be required to conduct a root-cause analysis, develop a Quality Assessment and Performance Improvement (QAPI) plan with their Interdisciplinary Team using the PDSA (Plan-Do-Study-Act) model or equivalent and submit monthly calcium and phosphorus data along with quarterly PTH data (PTH is usually drawn quarterly) utilizing a Data Collection Form. There are 47 facilities selected to participate in this project.

### 4. Psychonephrology Project

This project falls under our Network-wide QIP (Quality Improvement Project) which means all facilities are included in this project. This year the Quality Improvement Department has collaborated with the Patient Services Department in conducting this Network-wide QIP. It was brought to the Network's attention that many calls received by our Patient Services Department have been related to mental health disorders. It is highly possible that facilities are not conducting a thorough mental assessment for each patient which would identify those patients that are presenting with mental disorders. This being a vast field, the MRB and the Network with encouragement from our Project Officer decided to conduct a project focused on the topic of Depression since studies show that Depression has been identified as the most common psychiatric illness among ESRD patients. The Network would like to find out if patients are being assessed for depression, and if they do present with signs of depression – are they being referred and treated. The referral process should be a routine practice. We do anticipate multiple issues with treatment and compliance due to a lack of coordination of care between dialysis facilities and mental health agencies. Network 18 will encourage all dialysis facilities to incorporate one (1) of the three (3) self-evaluation assessment documents: Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI) or the Geriatric Depression Scale (GDS) into their patient assessments 30 days after admission, 90 days after admission, monthly until stable, and annually thereafter. The Network will follow and monitor the progress of patients admitted during June-August 2011.

### 5. Decreasing Hospitalization Project

This project is the Network's Facility-Specific QIP. Concerns were brought up to the MRB regarding transition and coordination of care between the dialysis facilities and other health care providers. Upon review of the 2010 Dialysis Facility Reports, there were 10, 095 30-day readmissions for 2010. Among the various reasons for possible readmissions, transition and coordination of care may be one of them. This year's project will focus on decreasing hospital readmission within 30-days rates through transition and coordination of care between the

dialysis facilities and other health care providers. During this project facilities will conduct a root-cause analysis (RCA) on their high number of readmissions within 30-days and develop a Quality Assessment and Performance Improvement (QAPI) plan on decreasing it. As part of this plan, the facilities must include an element of coordination of care with other healthcare providers – including but not limited to sharing of medical records (i.e. hospital discharge records, medication lists, laboratory/procedure results, etc.) and communication with a patient's other healthcare providers (i.e. cardiologist, primary care physician, mental health services, skilled nursing facility, etc.). There are 27 facilities selected to participate in this project.



### Immunization & Infection Control Mailing

The Network mailed out the annual Immunization Mailing to all Network facilities on September 30, 2011. This year the mailing included infection control flyers related to immunizations. Please utilize these materials as appropriate for your facility. The documents included in the mailing were:

- 2011-2012 Influenza Pocket Guide
- Pneumococcal Vaccine Pocket Guide
- Summary of Recommendations for Adult Immunization
- VIS: Inactivated Influenza Vaccine 2011-2012 (English)
- VIS: Inactivated Influenza Vaccine 2011-2012 (Spanish)
- "Fight the Flu" Flyer
- "Fever and Cough?" Flyer
- "Cover Your Cough" Flyer (English)
- "Cover Your Cough" Flyer (Spanish)
- "Hand Hygiene How-To" Flyer
- "Wash Your Hands" Flyer
- How-To Guide: Improving Hand Hygiene, A Guide for Improving Practices among Health Care Workers
- Infection Control Resources

### Fistula First Construction Class

In recent months, the Network has received several calls of fistulas being placed but are not maturing. Patients with multiple surgery sites, leaves no more opportunity for fistula placement. The Network as a whole has continuously improved the vascular access rate to 63.2 percent, at this high percentage rate, it is imperative that each fistula that is placed is matured and

## Other Quality Improvement News Cont'd

utilized. Placing a fistula is wasteful if it is not functional. Network 18 has the 3<sup>rd</sup> highest fistula rate in the country for prevalent patients and we must continue to progress to 66% (as per the CMS Fistula First Initiative). "Every Fistula counts."

Please forward the enclosed information "How to Make Fistulas That Work" to your Vascular Surgeons and Interventional Nephrologists so that they may participate in this fistula construction and management program.

## Patient Services Corner— Discharges

In recent weeks, the Patient Services Department has had an increase in consultation with facilities regarding discharges due to an immediate threat. We would like to remind facilities of the protocols that have been put in place to address this issue. Per the Conditions for Coverage, § 494.180 Condition: Governance, (f) *Standard: Involuntary discharge and transfer policies and procedures*, (5): an "immediate severe threat" is considered to be a threat of physical harm. For example, if a patient has a **gun or a knife** or is **making credible threats of physical harm**, this would be considered an "immediate severe threat." **An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.** In instances of an immediate severe threat, facility staff may utilize "abbreviated" involuntary discharge or transfer procedures. These abbreviated procedures may include taking immediate protective actions, such as calling "911" and asking for police assistance. In this scenario, there may not be time or opportunity for reassessment, intervention, or contact with another facility for possible transfer. After the emergency is addressed and staff and other patients are safe, staff must notify the patient's physician and the medical director of these events, notify the State agency and ESRD Network of the involuntary discharge, and document this contact and the exact nature of the "immediate severe threat" in the applicable patient's medical record.

What does **credible** mean? A credible threat may be considered if a person brings in a knife, begins waving around and says that he/she is going to stab someone. If a patient has a known **violent** history whereby he/she has acted upon previous threats, this may be considered a credible threat. A patient with "a criminal background," without knowledge of what crimes have been committed, does not automatically insinuate that he/she has a violent background and will act upon a threat. Knowing that the patient has the means and motive to carry out a threat may be considered a credible threat. A patient saying "I'm going to get you" is not necessarily a threat that may be acted upon.

Although ESRD Network 18 does not support violence and we empathize with what may be experienced by others as extremely frightening, we are mandated to ensure that each facility is following the strict guidelines set forth in the Conditions for Coverage to ensure that all patients are provided quality care,

even those that may experience a lapse in judgment. As CMS moves more and more towards patient-centeredness care, stricter guidance and investigations into involuntary discharges will increase. A patient simply stating that "I will kill you" is not reason enough to involuntarily discharge the patient. An analysis of the events that led up to this statement is necessary. What led to the patients' outburst? Was this a one-time occurrence? Is the patient experiencing a psychotic episode? Please consider the following scenarios before attempting to initiate an abbreviated discharge:

- A patient becomes angry and begins yelling, swearing excessively, and threatens to "harm" staff. Were the police contacted? If the police are contacted and they do not believe that this patient is an eminent threat to others, an abbreviated discharge will not be supported.
- If the patient has a psychotic history and is assessed for danger to self/others and is it determined that the patient is in fact NOT a danger to self or others, an abbreviated discharge will not be supported.

Keep the following in mind when documenting these events:

**Witness reports/statements:** It is understandable that other patients/staff may become fearful if there is angry outburst or threat of harm by a fellow patient. Patients should be allowed to express their fear if they so choose. In reviewing documentation in order to determine if an abbreviated discharge due to threat is supported, the facts must be reviewed in what is documented. If a facility is going to solicit witness statements, it is in the best interest of the facility to ask for what was specifically witnessed, first hand account. Reviewing documentation that simply says "I was scared" does not inform the reader what was said or done by the threatening party.

**Documentation of the Incident from Staff Members** Typically documentation shows the Social Worker has reported the incident as a third party. Documentation must show direct knowledge and descriptive information regarding the incident. The person the threat was made to must be extremely detailed as to what the patient said and did in their documentation of the events. It is understandable that a staff member may be "shaken-up" after an incident and therefore may not detail every piece of the event that occurred. Allow the staff member some time to re-group. The staff member should document within at least

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## Patient Services Corner— Discharges Cont'd

one hour of the incident. Remember to document objective, clear, concise statements of the events that took place. If the staff member feels that there may have been statements that were not included in the original progress note, inserting an addendum should be done within 24 hours of the event. A California state standard guideline for documentation is within

24 hours. This is based on clinical guidance that events are typically not documented accurately past 24 hours.

Please contact the Patient Services Department should a situation arise that may meet criteria for an abbreviated discharge.

## Data Updates

The Data Department at Network 18 puts great effort in assisting facilities in attaining and maintaining an Accuracy & Compliance rate above 90%. The following provides a brief review of recommendations for all facilities to improve their A&C and timeliness:

- Facility staff should become familiar with the Information Management (Data) section of the Network 18 Website: [www.esrdnetwork18.org/professionals/Information\\_Services\\_Data/Tips\\_and\\_Problem\\_Solving.php](http://www.esrdnetwork18.org/professionals/Information_Services_Data/Tips_and_Problem_Solving.php). This section contains everything you need to know to fill out CMS Forms 2728/2746 and PARs including:
  - Forms Deadlines Calendars,
  - PARs Deadlines Calendars,
  - Forms/PARs Power Point Presentations, Business Rules, FAQs.

The Network has recently hosted a WebEx titled: **“Preventing Security Violations at Your Facility.”** The power point

presentation and video are posted on the website under the Information Management section.

- All new staff **are required** to review the presentation and submit the Log Sheet by fax to the Network,
- All Security Violations by the facilities will now put the facility on a Corrective Action Plan.

The Network will not be accepting incomplete forms. Any late forms will reflect negatively on your facility's compliance.

- Incomplete CMS 2728/2746 Forms are not processed without a Medical Director Signature.
- At the end of the calendar year all facilities with an Accuracy & Compliance rate < 80% will be put on a Corrective Action Plan.
- We strongly suggest that facilities fax all CMS 2728/2746 Forms and PARs to the Network, so that you have proof of what was sent, when it was sent, and whom it was sent to.

## Lab Data Collection Update

Keep a look out! The Annual ELab (Lab Data Collection) Project will be arriving at your facility around November 2011. This project has been a yearly activity in collecting patient specific laboratory values for the months of October through December. The facility-specific reports generated from this project provides the dialysis facility and providers with information to assist them in Quality Assessment and Performance Improvement (QAPI) activities within patient care processes and outcomes and allow them to compare their facility results with the Network/National average and the CMS/Network 18 goals within each Core Indicator element.

In preparation for this project, please maintain all patient medical records on site to obtain all required lab data values. Please keep an eye out for this packet. The packet will arrive via Certified Mail.

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### *Schedule of Events*

- 11/02/11 Mentoring Project Conference Call (Project and Mentoring Facilities only)
- 11/05/11 Monthly Patient Activity Report Due
- 11/07/11 Fistula First Vascular Access Monthly Report Due (Independent and Temporary Fistula First Facilities only)
- 11/11/11 Bone and Mineral Project QAPI Due
- 11/16/11 QAPI Project Conference Call (Project Facilities only)
- 11/18/11 Reducing Hospitalization QAPI Due
- 11/30/11 Board of Directors/ Medical Review Board Ballots Due
- 12/05/11 Monthly Patient Activity Report Due
- 12/05/11 Fistula First Vascular Access Monthly Report Due (Independent and Temporary Fistula First Facilities only)
- 12/29/11 Annual Facility Mailing
- 12/30/11 Master Account Holder Quarterly Updates Due