



SERVING THE ESRD COMMUNITY IN INDIANA, KENTUCKY, AND OHIO



End-Stage Renal Disease
Network of the Ohio River Valley

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Provider Insider

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Website Information

Click on the link below to visit the [Network website](#)

Register Now for the Kidney Foundation of Ohio (KFO) Regional Symposium



KIDNEY FOUNDATION
OF OHIO, INC.

Please Join the Kidney Foundation of Ohio for the 42nd Annual Renal Symposium taking place September 14 & 15, 2017. Located at Wagner's of Westlake. Contact hours are available for dietitians, nurses, social workers, technicians & transplant coordinators.

Click [here](#) to register for the 42nd Annual Renal Symposium.

Quality Improvement

Central Venous Catheters in Dialysis: The Good, the Bad and the Ugly

Central venous catheters (CVC) continue to remain a common modality of vascular access in end stage kidney disease patients maintained on hemodialysis. The increased morbidity and mortality associated with CVC, when compared to arteriovenous fistulas and grafts, is a serious health problem and a big challenge to the nephrology community. An article "[Central Venous Catheters in Dialysis: The Good, the Bad and the Ugly](#)" written by **Nabil J. Haddad, Sheri Van Cleef, Anil K. Agarwal** and published in the Volume 10, 2017 issue of The Open Urology & Nephrology Journal, presents the pros and cons of CVC, in addition to the different complications and excessive economical costs related to their use.

According to the authors, a CVC is placed in the acute setting when immediate treatment can be lifesaving. For long term therapy though, the complications can be life threatening secondary to a poorly functioning catheter, central venous stenosis or blood stream infection (BSI).

The dysfunctional catheter leads to suboptimal dialysis clearance and impacts on the patients general wellness and quality of life. If bacteremia is noted by positive blood cultures the course of treatment requires long-term antibiotic therapy with

the possibility of sepsis and extended hospitalization. Lastly the central venous stenosis (CVS) may require the patient to undergo both endovascular procedures and surgical intervention to correct the stenosis.

The authors conclude the best plan of care for the patient who requires renal replacement therapy is early referral to a nephrologist and vascular surgeon for placement of an arteriovenous fistula or a graft. Early intervention decreases the incidence of morbidity and mortality with the goal of improving patient outcomes, quality of life and financial stewardship of healthcare resources.

The full article can be found in *The Open Urology & Nephrology Journal*, 2012, 5, (Suppl 1: M3) 12-18, at <https://benthamopen.com/FULLTEXT/TOUNJ-5-12>



Utilizing Attributes to Improve Care

All Quality Improvement Activities (QIAs) led by the Network incorporate the following six attributes, as directed by CMS, to support and improve QIA initiatives. The six attributes are:



- 1. Rapid Cycle Improvement:**The Network regularly assesses the value of interventions and technical assistance used our QIAs. Interim adjustments are made based on feedback received from participating facility staff and patients/family members/care partners as well as from ongoing monitoring of performance.
- 2. Customer Focus:**Patients representing the diversity of the population in the Network's service area, as well as other stakeholders, are involved in all aspects of Network QIAs. This "customer" input helps to shape the design and the ongoing operations of activities
- 3. Ability to prepare the field to Sustain the Improvement:** The Network provides a framework and education for participating facility staff that will support them in sustaining or continuing improvement once the formal Network QIA is completed.
- 4. Valued placed on Innovation:**The Network encourages ideas and suggestions from the community we serve, and we strive to create an environment that nurtures and promotes suggestions that would enhance the value of our work with the facilities in our service area. In this way we solicit and/or create new ideas that maximize improvement.
- 5. Commitment to Boundarilessness:**The Network strives to identify and engage all members of the care team, patients, care partners and other representatives of stakeholder that can contribution to the success of QIAs. .
- 6. Unconditional Teamwork:** The Network is committed to work with all stakeholders to share best practices and spread effective improvement activities.

The Network encourages dialysis facility staff members to incorporate these attributes in all aspects of your day to day practices. Commitment to activities that

support these attributes will help identify gaps in care, assist in engaging patients to embrace change, and achieve improvement goals.

Patient Services

Emergency Preparedness for Healthcare Providers



People are exposed to many different types of emergencies. Weather related emergencies can include, but are not limited to, hurricanes, blizzards, earthquakes, and flooding. Additional emergencies can include terrorist attacks, illness pandemics, as well as many other scenarios. Emergency situations can lead to increased emergency department visits, hospitalizations, and even an increase in mortality rate. Medicare- & Medicaid-participating providers and suppliers are required to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems in order to meet the needs of patients. Dialysis facility leadership should ensure that all staff members have adequate training on the facility's emergency response plan, and have a clear understanding of response functions and/or roles during an emergency. Staff should be able to identify gaps and lessons learned from previous disasters as a way to continuously improve their facility's emergency response plan.

To read about lessons from Sandy and how healthcare systems can prepare for future disasters, click [here](#).



Get Started Today! Exploring CMS New ESRD Patient Orientation Packet (NEPOP)

After beginning hemodialysis treatments, all new end-stage renal disease (ESRD) patients receive a mailing from CMS, the federal agency that administers the Medicare program. The New ESRD Patient Orientation Packet (NEPOP) is distributed through a collaborative effort among CMS, the 18 ESRD Networks, and the ESRD National Coordinating Center (NCC).



The NEPOP includes materials to help new patients understand and manage their plan of care. One way for patients to feel better and be healthier is to learn as much as they can about their illness. Materials included in the NEPOP are valuable resources to help people living with ESRD obtain the information needed to make informed choices about their care.

The ESRD Network and each state's Survey Agency (SA) can also help patients find services, solve care-related problems, and obtain educational information.

To learn more about NEPOP or access the packet enclosures, please visit the ESRD NCC website at:

<http://www.esrdncc.org/en/resources/patients/starting-treatment/>



Improve the Safety of the Care You Provide with a Focus on Vaccinations

The vaccines needed to maintain health and well-being are determined by your

age, life style, health conditions, job, and international travel. There are many vaccines adults need to catch up on as their childhood immunity can wear off over time. As adults you are still at risk for acquiring a variety of diseases that can be prevented with vaccination. Vaccination is one of the most convenient and safest preventive care measures available for you and your patients.

Focusing on vaccination as a method to improve safety for your staff and patients will help prevent the spread of disease in the healthcare setting and improve vaccination rates.

One of the most important vaccines for your patients and staff to receive annually is the influenza (FLU) vaccine. It is recommended for all age groups and is especially important for those with end stage renal disease since they are at greater risk than the general population for contracting contagious diseases.

Now is the time to discuss with your medical director which flu vaccine is preferred for your clinic and how many doses will be required to vaccinate the patients and staff. The period to pre-order vaccines will begin in early July and continue through August. Planning today will help you be prepared to start vaccinating when the influenza season begins in September.

Please click [here](#) to take a fun quiz to determine what vaccines are recommended for adults based on age, health conditions, job, lifestyle and other factors.

To read more about vaccinations, please click on the CDC link below:
<https://www.cdc.gov/vaccines/adults/rec-vac/index.html>

Data Management



Updated EIDM Password Policy Requirements

"Enterprise Identity Management (EIDM) has implemented a Dictionary word exclusion password policy. A restriction has been placed on passwords by prohibiting the use of any password that contains words consisting of three letters or more that form dictionary words."

The new password needs to be random letters, numbers, a special character, and capital letter. An example, of a password that is acceptable is Hbfc#8675.

To learn more about acceptable passwords for EIDM.

Please [click](#) on link to read CROWN Memo.



National Healthcare Safety Network (NHSN) Reporting Requirements



To meet the Centers for Medicare & Medicaid Services (CMS) ESRD Quality Incentive Program (QIP) National Healthcare Safety Network (NHSN) reporting requirements for Payment Year 2019, outpatient hemodialysis clinics must submit first quarter 2017 Dialysis Event data collected from January 1, 2017 through March 31, 2017, **by Friday, June 30, 2017**. New or revised first quarter data entered into NHSN after June 30, 2017 will not be received by CMS. Therefore, please be aware that any changes or corrections to first quarter 2017 data should be made prior to the reporting deadline.

The following steps are recommended to review your data before the deadline. Additional resources can be found on the [Dialysis Event homepage](#):

- Review the [NHSN Dialysis Event Protocol](#) to ensure all data were correctly reported to NHSN.
- [3 Steps to Review Dialysis Event Surveillance Data](#)
- Use the [How to Create and Read an NHSN Report for CMS ESRD QIP](#) guide to verify that your facility has met the minimum CMS reporting requirements.
- Refer to the How to [Create and Read an NHSN Report for Bloodstream Infections](#) guide to review your facility's bloodstream infection rates.

Please contact the NHSN Helpdesk at nhsn@cdc.gov include 'Dialysis' in the subject line) with any questions.

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Stay Connected

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