



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

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

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BONENT 2018 Midwest Regional Seminar

The Board of Nephrology Examiners Nursing and Technology (BONENT) will host a regional educational presentation. Click [here](#) to register now.

Sunday, June 10, 2018

7:45 am-5:00 pm

Chicago Marriott Southwest at Burr Ridge

1200 Burr Ridge Parkway

Burr Ridge IL 60527



The single day seminar will provide 8 CEUs for Technicians, Nurses and BioMed Technicians. Topics include: Vascular Access, Fluid Management, Transplant, documentation and the evolving Role of a Dialysis Technician.

CDC Extends Deadline for NHSN Agreement to Participate and Consent Form to June 15, 2018

The Centers for Disease Control and Prevention (CDC) has extended the deadline for completing the online National Healthcare Safety Network (NHSN) Agreement to Participate and Consent form, referred

to as the Consent in this announcement. **The new deadline for completing the Consent, June 15, 2018, applies to ALL facilities reporting data to NHSN** including those for the following Centers for Medicare and Medicaid Services (CMS) programs:



- Hospital Inpatient Quality Reporting Program
- Hospital Outpatient Quality Reporting Program
- Ambulatory Surgical Center Quality Reporting Program
- Inpatient Psychiatric Facility Quality Reporting Program
- End Stage Renal Disease Quality Incentive Program
- Long Term Care Hospital Quality Reporting Program
- Inpatient Rehabilitation Facility Quality Reporting Program

The Consent is accessible to only the NHSN Facility Administrator or Primary Contact user. The new deadline provides additional time for each facility's NHSN Facility Administrator or Primary Contact to complete the online Consent and avoid any interruptions in access to the NHSN application, including access for purposes of submitting data to meet local, state, or federal reporting requirements. **If the Consent is not completed by the new deadline, access to NHSN will be temporarily suspended.** Additionally, users will receive an error message when they attempt to log into NHSN, redirecting them to the Facility Administrator or Primary Contact.

CMS quality reporting deadlines for NHSN measure reporting are not affected by this extension.

NHSN provides assistance to address any questions or concerns you may have regarding the Consent process. For more information on how to complete the NHSN Agreement to Participate and Consent process, please visit, <https://www.cdc.gov/nhsn/about-nhsn/faq-agreement-to-participate.html>. You may also direct questions to NHSN@cdc.gov.

Is the information about the NHSN deadline extension useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select



Quality Improvement

Protect Yourself, Your Family and Your Patients: Get to Know the Symptoms of Sepsis

According to the CDC, more than 1.5 million people in the United States get sepsis every year. More than 250, 000 Americans die of sepsis each year. Sepsis is the body's most

extreme reaction to an infection. It is life-threatening, and should be considered a medical emergency. If it not treated in a timely manner and with the appropriate therapies it will lead to organ failure, tissue damage and possibly death.

Anyone can get an infection, and almost any infection can lead to sepsis. Some people are at higher risk of infection and sepsis, including:

- Adults 65 or older
- Immunosuppressed populations:
- People who have chronic conditions
- Children under one year

Taking the time to learn the symptoms of sepsis can save a life.

There is no single sign or symptom of sepsis. Early signs of sepsis involve a combination of symptoms that can include infection (suspected or confirmed) **and*** :

- Confusion or disorientation (the patient that “just isn’t right”)
- Shortness of breath
- Rapid heart rate
- Fever with or without uncontrollable chilling, “can’t get warm”
- Extreme pain or discomfort
- Clammy and sweating skin.
- Patient will often voice that “something is wrong:”

*People with sepsis typically have more than one of these symptoms.

Any individual with this combination of symptoms requires an immediate assessment at an emergency department for evaluation and appropriate treatment. The required treatment cannot be provided in an outpatient ambulatory clinic.

For more resources for staff and patient education please visit the CDC website. <https://www.cdc.gov/sepsis>

Is the information about the symptoms of sepsis useful to you?

Yes Select

No Select

Not applicable to my scope of work Select

Vascular Access: CROWNWeb Definitions and You

Is the information about CROWNWeb definitions useful to you?



The importance of accurately reporting vascular access data in CROWNWeb (CW) is crucial. Facilities are held accountable for maintaining accurate reporting of the access types used for their patients. Incorrect reporting in CW of vascular access can cause errors, and ultimately payment reductions, under the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) measures.

CROWNWeb has specific definitions for the different vascular access types. According to the [Project CROWNWeb Vascular Access Type Definitions](#) document, “the vascular access choices in CROWNWeb refer to the access currently in use for dialysis, not for any other accesses that may be present. Indicating the correct vascular access choice at the start will decrease confusion and allow CROWNWeb to disclose the correct fields for each patient, helping facilities provide the most accurate data.”

For additional information on Vascular Access Reporting in CROWNWeb please visit

- CROWNWeb Kidney Data Definitions: <http://mycrownweb.org/help/release-documents/kidney-data-dictionary/>
- CROWNWeb Reporting Definitions: <http://mycrownweb.org/help/release-documents/requirements/>
- ESRD QIP Summary, Payment Years 2016-2020: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/ESRD-QIP-Summary-Payment-Years-2016—2020.pdf>

Yes

Select

No

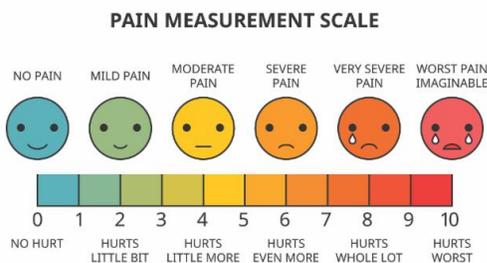
Select

Not applicable to my scope of work

Select

Don't Miss Out on QIP Points

The timely completion and reporting of Quality Incentive Performance (QIP) measures ensures that a facility has the maximum opportunity for Medicare reimbursement. Facility staff members need to make sure they are aware of all the deadlines associated with each reporting measure. QIP scores are not only valuable for the facility; they are also beneficial for the patients.



Effective in Calendar Year 2016, Payment Year 2018, CMS expanded the non-laboratory-based area of the ESRD QIP by adding several additional measures. Two examples of these reporting measures are “Pain Assessment and Follow-Up” and “Clinical Depression Screening and Follow-Up.” Both of these measures were designed to determine whether facilities regularly assess their patients’ pain

and depression, and whether they develop follow-up plans as necessary.

Patients in the dialysis facility must have two completed pain assessments, the first one must be completed by **July 31, 2018**, and the second by **January 31, 2019**. Depression Screening must be completed once per year and entered into CROWNWeb by **January 31, 2019**.

Is the information about QIP points useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select

NCC QIA LAN Information and Resources

All facilities are invited to participate in the National Coordinating Center (NCC) Learning & Action Networks (LANs) to support Quality Improvement Activities (QIA). LANs provide a forum for bringing together healthcare professionals, patients, and other stakeholders around an evidence-based agenda to achieve rapid-cycle, wide-scale improvement.



WebEx Recordings:

Bloodstream Infection (BSI)

- January 29, 2018: [BSI QIA LAN](#)
- April 3, 2018: [BSI QIA LAN](#)

Home Modality

- February 5, 2018 : [Home Modality QIA LAN](#)
- April 10, 2018: [Home Modality QIA LAN](#)

Transplant

- February 20, 2018: [Transplant QIA LAN](#)
- April 17, 2018: [Transplant QIA LAN](#)



Patient Services

Shared Decision Making: The Pinnacle of Patient-Centered Care

In 1988, researchers from the Harvard Medical School, on behalf of the Pickler Institute,



developed the model known as the Eight Dimensions of Patient-Centered Care. The model challenges clinicians to cultivate a better understanding of a patient's illness and address their needs. Secondary to knowledge gain, patients are viewed as equals to clinicians when making decisions about their healthcare.

A component of patient-centered care includes the concept of shared decision making or a process where patients work alongside their clinicians to make decisions about their treatments and care plans. Clinical evidence is reviewed to weigh the risks and outcomes associated with the decisions keeping a focus on the patient's preferences and values. Benefits that come from patients engaging in the shared decision process include understanding their health along with the pros and cons of different options, being better prepared to collaborate with their healthcare team, and most importantly they are more likely to follow through on their decisions. For more information and tools on shared decision making, visit the New England Journal of Medicine at www.nejm.org and the National Learning Consortium at www.healthit.gov.

Is the information about patient-centered care and shared decision making useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select

Offering Support for Patients Beyond the Dialysis Center

When starting dialysis, patients are often overwhelmed with the adjustment to their new lifestyle. Navigating end stage renal disease, especially for new patients, can become frustrating, and sometimes can lead to patients feeling defeated by their chronic illness. Additionally, patients experience feelings of loneliness or isolation.



According to the American Association of Kidney Patients (AAKP), becoming involved in a support or adjustment group offers patients emotional support, reduces the feelings associated with loneliness, and provides a safe and secure platform to discuss feelings and emotions commonly associated with the diagnosis of renal failure. A patient making the decision to attend a support or adjustment groups signifies the first step towards acceptance and understanding of their diagnosis.

Initiating, implementing, and sustaining a support group can have its challenges. AAKP offers the

Community Patient Support Group Guidebook. The resource was created to assist patients, family and caregivers, and dialysis providers with starting patient support or adjustment group in your service area. The AAKP website offers several ideas for session topics and patient education materials. Visit <http://www.aakp.org/> for additional information or call (800)749-AAKP.

Is the information about patient support groups useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select

KCER Alerts and Recalls

- Click [here](#) for up-to-date KCER Alerts and Recalls.
- For professional and patient KCER resources, please click here.



Is the information about KCER Alerts and Recalls useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select



Data Management

CMS Introduces the ESRD QIP Listserv on QualityNet

Effective at the end of April 2018, CMS will distribute program updates and other important communications exclusively via the End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

listserv. This listserv will replace current email blasts from the ESRD QIP mailbox.



Signing up is easy! Simply go [here](#) to create your ESRD QIP listserv account by selecting the option for the ESRD QIP. CMS will use the online listserv to distribute communications about changes to ESRD QIP policy and process to the ESRD QIP stakeholder community. You will need to create a user account to receive future communications from the listserv.

If you have any additional questions or concerns, please contact the ESRD QIP team using the [ESRD QIP Q&A Tool](#).

Is the information about the ESRD QIP Listserv useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select

NHSN Dialysis Event Surveillance Training Webinars

The CDC National Healthcare Safety Network (NHSN) Dialysis Team will provide live webinars in May for new or experienced NHSN users. CDC subject matter experts will be available to answer your questions about NHSN Dialysis Event Surveillance.

Introduction to the NHSN Dialysis Event Surveillance Protocol: NHSN Dialysis Event Surveillance reporting is required for Centers for Medicare and Medicaid Services (CMS) End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) rule. This session will provide a complete introduction to the NHSN Dialysis Event reporting requirements and the surveillance definitions necessary to complete accurate monthly reporting.

- **Wednesday, May 9 Webinar, 3:00-4:00pm EDT:** Pre-registration is required: <https://cc.readytalk.com/r/mhswldan75ri&eom>

Advanced NHSN Dialysis Event Surveillance Reporting and Introduction to NHSN Reports:

Learn how to apply NHSN Dialysis Event Surveillance definitions through case studies that address common reporting questions. The session also will include an introduction to running and interpreting the most popular NHSN reports so you can review your facility's data, including Dialysis Event bloodstream infection rates.

- **Monday, May 14 Webinar, 3:00-4:00pm EDT:** Pre-registration is required: <https://cc.readytalk.com/r/p5zna81z7cox&eom>
- **Tuesday, May 15 Webinar, 3:00-4:00pm EDT:** Pre-registration is required: <https://cc.readytalk.com/r/69dkytpcemmj&eom>



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Is the information about NHSN Surveillance Training useful to you?

Yes

Select

No

Select

Not applicable to my scope of work

Select

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