September 2017

SERVING THE ESRD COMMUNITY IN INDIANA, KENTUCKY, AND OHIO

End-Stage Renal Disease
Network of the Ohio River Valley

network9.esrd.ipro.org

Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

Quick Links

IPRO ESRD Program

Click here to learn more about the IPRO ESRD Networks (1, 2, 6 & 9).

Network Boards and Committees: Call for Nominations

Network staff members rely on the end stage renal disease community for guidance on initiatives and goals. To ensure adequate representation of community members in Network activities, the Network is seeking individuals to serve on boards and committees.

For more information on the roles, responsibilities, and time commitments involved, or for candidate nomination forms, please contact the Network at info@nw9.esrd.net.

Network Boards/Committees:

- The ESRD Divisional Board (DB) and Medical Review Board (MRB) are staffed by renal professionals and patients qualified to evaluate the quality and appropriateness of care delivered to ESRD patients. The DB is responsible for the oversight and management of the Network and serves as an expert panel that analyzes and advises the IPRO Board of Directors on quality improvement activities (QIAs) and policies and procedures for the ESRD Network Program. The MRB advises the DB on QIAs and guides the development, implementation, and evaluation of Network projects.
- The Patient Advisory Committee (PAC) assists in identifying and addressing barriers to obtaining quality healthcare from the perspective of ESRD patients. The PAC supports Network activities by assisting with the development of educational materials for patients and providing feedback on the effectiveness of beneficiary-related activities.

- The Network Grievance Committee is an advisory panel to the DB, composed of nephrology physicians, nurses, social workers and patient representatives. The committee investigates and resolves patient grievances in accordance with CMS procedures and Network policies.

Quality Improvement

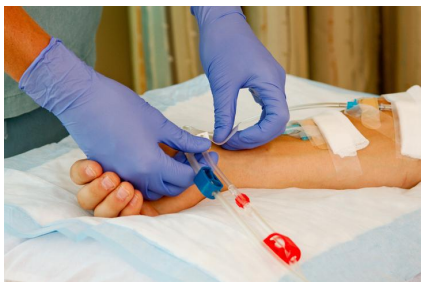
Influenza Vaccinations for Patient and Staff

It is that time of year again! Flu season is right around the corner. According to the Centers for Disease Control and Prevention (CDC), the influenza virus can be active year round, but it is most active in the late fall and winter months. Every flu season is different, but in the United States it can begin as early as October and last as late as May. It is recommended that individuals receive their flu vaccination before the end of September. Reminder: Staff members, as well as patients, should be vaccinated against the flu.

There are many myths that surround the flu vaccine. Please review the CDC links below for resources regarding the influenza.

- Influenza (Flu): https://www.cdc.gov/flu/index.htm
- Key Facts About Seasonal Flu Vaccine: https://www.cdc.gov/flu/protect/keyfacts.htm
- Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease: https://www.cdc.gov/dialysis/PDFs/Vaccinating_Dialysis_Patients_and_Patients_dec2012.pdf
- Surveillance for Dialysis Patient Influenza Vaccination: https://www.cdc.gov/nhsn/dialysis/patient-vaccination/index.html
- Surveillance for Dialysis Healthcare Personnel Vaccination: https://www.cdc.gov/nhsn/dialysis/hcp-vaccination/index.html

The Art of Needle Cannulation - A 10-Step Guide



If you're looking for a primer on needle cannulation, an article in *Dialysis & Transplantation*, Vol. 24 No. 11, 1995, outlines the basic skills needed by all dialysis staff to successfully cannulate an AV fistula or graft. The article provides detailed explanations and illustrations for a 10-step guide to cannulation. Topics covered include determination and direction of flow; assessment, site selection and preparation; and needle selection, placement, and direction. Various cannulation techniques and guidance on preventing, identifying and resolving cannulation complications are also covered in the article.

The Network recommends annual review of this information along with competency testing to ensure staff competencies are maintained. Please review your facility's policy and procedure manuals to determine annual education and competency testing requirements.

Click here to read the full article, "*Cannulation Camp: Basic Needle Cannulation Training for Dialysis Staff*."

Infection Control for Patients with *Candida Auris*

Candida auris is a type of yeast infection that can enter the bloodstream and spread rapidly through the body, causing serious invasive infections. Healthcare facilities in several countries have reported a rapid increase

in this type of infection. *C. auris* has been documented to cause infections in patients of all ages, and according to the Centers for Disease Control and Prevention (CDC), individuals with central venous catheters are among those at greater risk than the generation population for becoming infected with *C.auris*.

Yeast infections do not often respond well to commonly use antifungal drugs making *C. auris* very difficult to treat. According to the CDC, "*C. auris* can spread in healthcare settings through contact with contaminated environmental services or equipment, or from person to person. More work is needed to further understand how it spreads." Good infection control practices and environmental cleaning may help prevent transmission.

- CDC standard hand hygiene practice: https://www.cdc.gov/handhygiene/providers/index.html
- Global Emergence of Invasive Infections Caused by the Multidrug-Resistant Yeast *Candida auris*: https://www.cdc.gov/fungal/diseases/candidiasis/candida-auris-alert.html
- Additional resources for Multi-drug resistant organisms: https://www.cdc.gov/hai/outbreaks/docs/Health-Response-Contain-MDRO.pdf

September is Sepsis Awareness Month: Join CDC's *Get Ahead of Sepsis Effort*

GET AHEAD OF SEPSIS
KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

CDC has launched *Get Ahead of Sepsis*, a national effort to encourage healthcare professionals, patients, and care partners to prevent infections that could lead to sepsis, be alert to the signs of sepsis, and act quickly if sepsis is suspected. Sepsis is the body's extreme response to an infection. It is life-threatening, and without timely treatment sepsis can rapidly lead to tissue damage, organ failure, and death.

As part of its campaign, the CDC has made available educational materials for patients, care partners and healthcare professionals. CDC encourages you to share these resources and opportunities broadly with your colleagues and partners. Thank you for your help spreading the word that sepsis early recognition and timely treatment saves lives.

- Download and distribute new *Get Ahead of Sepsis* educational materials, which include fact sheets and brochures
- Watch and share "The Domino Effect" video public service announcement and "Four Ways to *Get Ahead of Sepsis*" video.

Patient Services

Is Your Facility Ready for the New Emergency Preparedness Final Rule Requirements?

The New Emergency Preparedness Final Rule Requirements go into effect on November 17, 2017. As of that date, surveyors will start to survey and assess this Condition for Coverage (CfC) and can cite for noncompliance. There are many resources available to help staff at your facility ensure compliance to the Final Rule. To review these resources and ensure that your facility is in compliance, see the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, Information Exchange (TRACIE) webpage https://asprtracie.hhs.gov/technical-resources/50/dialysis-centers/47.

Resources for the New Emergency Preparedness Requirements:

- 2017 Surveyor Assessment Tool
- 2017 Emergency Preparedness Final Rule Presentation

- CMS Emergency Preparedness Rule - Resources at Your Fingertips: https://asprtracie.s3.amazonaws.com/documents/cms-ep-rule-resources-at-your-fingertips.pdf

Addressing Patient Placement Challenges: 30 Day Trial Period

In 2016, the IPRO ESRD Network of New York introduced an innovative program to help facilities accept patients who had been previously involuntarily discharged from their dialysis facility. As reported in the April 6, 2016 issue of *Nephrology News and Issues,* through the program prospective dialysis units are offered a 30-day trial period during which they may accept a patient for treatment as if he or she is a "transient" patient. The unit accepts the patient with the understanding that there is no commitment to continue treatment after 30 days; should the patient cause excessive disruption to the unit or exhibit threatening or violent outbursts. Participating units agree that if the patient refrains from these behaviors, the unit will accept the patient as permanent after the 30th day or the 12th treatment. In 2017 the program continues to help patients who have been involuntarily discharged from their dialysis facility, with five patients being accepted permanently in a new dialysis facility, to date. This program helps those patients who have been involuntarily discharged from their unit receive a second chance. Through this second chance, the patient and facility get to know one another and the patient has an opportunity to gain a sense of stability and reliable access to the treatments needed to stay healthy and to survive.

Click here, to read the complete article, *An innovative approach in addressing dialysis patient placement challenges*.

Teleconferencing Can Help You Involve Your Patients in their Plans of Care

Part of the responsibility of the interdisciplinary team (IDT) is to include patients, and if requested, their care partners and family members in both developing/setting goals and reviewing the patient plan of care.

Is it acceptable to hold a plan of care meeting with the IDT and the patient, their care partner or family members (if requested) via telephone conference? As stated in the CMS Interpretive Guidance for the Conditions for Coverage for End-Stage Renal Disease Facilities, the answer is "yes."

"A substitute mechanism for a team conference needs to facilitate discussion among team members about the information gathered from the comprehensive patient assessment and provide the opportunity for team coordination and development of an effective, individualized plan of care for the patient to ensure the desired outcomes are achieved. To facilitate full team participation in conferences, any member, including the patient, may participate through telecommunication."

CMS Interpretive Guidelines (see page205): http://esrd.ipro.org/wpcontent/uploads/2017/08/InterpretiveGuidelines.pdfÂ

For more information on the regulations on plans of care, see the CMS Conditions for Coverage for end-stage renal disease facilities. Subpart C - Patient Care: https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/xml/CFR-2011-title42-vol5-sec494-90.xml

KCER Alerts and Information

August

August 3, 2017: Diocto Liquid and Diocto Syrup by Rugby Laboratories: Recall - Possible Product Contamination

August 7, 2017: Increase in Reported cases of Cyclospora Cayetanensis Infection, United States, Summer 2017
August 10, 2017: Liquid Drug Products Manufactured by PharmaTech and Distributed by Rugby Laboratories and Possibly Other Companies: FDA Advisory - Not to Use
August 11, 2017: Sodium Tablets by International Laboratories: Recall - Mislabeling
August 16, 2017: Lorazepam Oral Concentrate, USP 2mg/ml by Amneal Pharmaceuticals: Recall - Misprinted Dosing Droppers
August 21, 2017: Bella Pharmaceuticals, Inc. Issues Voluntary Nationwide Recall of All Sterile Drug Products Due to Lack of Sterility Assurance
August 29, 2017: Implantable Cardiac Pacemakers by Abbott (formerly St. Jude Medical): Safety Communication - Firmware Update to Address Cybersecurity Vulnerabilities
August 31, 2017: Vancomycin Hydrochloride for Injection, USP, 750 mg/vial by Hospira: Recall - Presence of Particulate Matter
August 31, 2017: Keytruda (pembrolizumab) in Patients with Multiple Myeloma: FDA Statement - Two Clinical Trials on Hold

September
September 1, 2017: Alcohol Pads or Benzalkonium Chloride Antiseptic Towelettes by Foshan Flying Medical Products: FDA Alert - Lack of Sterility Assurance and Other Quality Issues
September 1, 2017: Hospira Issues Voluntary Worldwide Recall For Lots of Hydromorphone HCl Injection
September 5, 2017: Hurricane Harvey-Clinical Guidance for Carbon Monoxide (CO) Poisoning
September 6, 2017: Kayexalate (sodium polystyrene sulfonate): Drug Safety Communication - FDA Recommends Separating Dosing
September 7, 2017: Activase (alteplase) 100mg by Genentech: Recall - Lack of Sterility Assurance

Data Management

REMINDER: NHSN Data Reporting Deadline for Quality Incentive Program (QIP) is Quickly Approaching

September 30, 2017 is the deadline for National Healthcare Safety Network (NHSN) second quarter 2017 Dialysis Event reporting.

Tips for Accurate Reporting of NHSN Data:

- Follow the guidelines provided using the 3 step guide: http://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf
- Run the "Line Listing - CMS ESRD QIP report" to check for compliance: http://www.cdc.gov/nhsn/pdfs/cms/dialysis/cms-qip-nhsn-report.pdf
- Check CCN and CCN Effective Date in the Facility Info page in NHSN: https://www.cdc.gov/nhsn/pdfs/dialysis/dialysis-change-ccn.pdf
- Identify "Acute Kidney Injury" patients in NHSN to be excluded by CDC for QIP measure: https://www.cdc.gov/nhsn/pdfs/dialysis/aki-2017-instructions-enter-patients.pdf

If you have any questions, contact the NHSN helpdesk (nhsn@cdc.gov) and include 'Dialysis' in the subject line.

Click here to open the June 2017 NHSN Newsletter, which provides helpful resources for data reporting.

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Stay Connected

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