

Conflicting Information Reports ...page 2



Fistula First Update ...page 3



Quality Improvement ...page 4



Dialysis Facility Compare ...page 5



FMQAI Access

The Florida ESRD Network

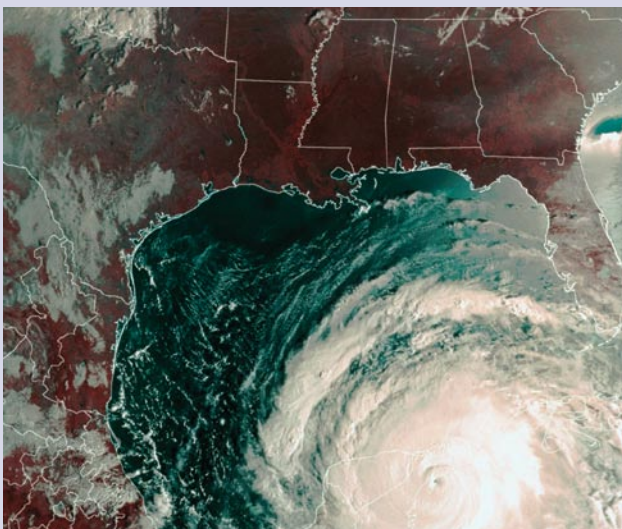
DISASTER COALITIONS

National

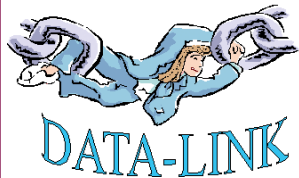
FMQAI: The Florida ESRD Network (NW 7) was requested by the Centers for Medicare & Medicaid Services (CMS) to develop and organize a National Disaster Coalition—Preparedness & Response for the Renal Community. Network 7 was pleased to host the initial meeting of the coalition on January 19, 2006 in Washington, DC. The general objectives for the coalition include:

- Developing a shared plan for national strategic responses in the event of a disaster that includes clear roles and responsibilities for implementing these responses
- Creating priority areas for action that includes a plan for disseminating best practices and strategies at the state and local level
- Building the foundation for formalizing a national coalition and action plans

The coalition is made up of representatives from the renal community (patient and professional organizations, large and independent dialysis organizations, transplant facilities, patient representatives and suppliers, as well as CMS, the Food and Drug Administration, Centers for Disease Control) and other critical strategic partners. From the many lessons learned and best practices identified during Hurricanes Katrina, Rita and Wilma, this coalition has begun to develop a national strategic plan for all types of natural and man-made disasters.



Based on the enormous experience and expertise of the coalition members, eight key response areas were identified. Workgroups for each of the response areas are now taking action steps to fortify the national response mechanism. The eight key response areas are: patient assistance and response, coordination of professional staff: nursing & technical volunteers, physician placement & assistance,



Conflicting Information Reports - What are they and what do I do with them?

These are the faxes you get periodically from us indicating that CMS has different information on file than what you have reported to us for one or more of your patients. Since we don't know which is right, we are asking you to verify which of the indicated values is correct. Making corrections on this report will not affect your forms compliance accuracy rate.

Now, let's take a closer look at the report –

Conflicting Information Report			ATTN: JANET LEA HUTCHINSON	
123 102999 ABC DIALYSIS CENTER			FAX: (813)383-1530	
The Network has received conflicting information regarding the patient(s) listed below from two or more sources. Please CIRCLE the correct value.				
SSN	Name	Element in Question	First Value	Second Value
123456789	SMITH, JULIE	SURNAME	SMITH	SMYTHE
987654321	JONES, SAMMIE	FIRSTNAME	SAMUEL	SAMMIE
012345678	RABBIT, PETER	HIC	012345678T	999888777C3
111222333	PENDRAGON, Uther	DOD		10/06/1066

For the first record, we don't know if Julie's last name is Smith or Smythe. We need you to confirm by circling the correct spelling of the last name.

Similarly, for the second record, we are unable to tell if Mr. Jones has given you his nickname or if his given name is actually Sammie. Circle whichever is his given name. It is also possible that none of the values on the report are correct. If you have subsequently discovered that his name is actually Sam, please write that in and circle it.

The next record is a little trickier. Mr. Rabbit had a temporary HIC Number at one point, but CMS has a match for him as the third child (hence the "C3") entitled to benefits under the Medicare number of a parent. We need you to check his Medicare card and confirm the correct number. Please keep in mind that CMS may have matched him to the wrong beneficiary so we ask you not to

assume the different number is correct. Again circle the correct number.

Last, it seems that someone has reported that poor Mr. Pendragon has died very long ago. We need you to let us know if the patient has died and confirm the correct date of death. If the patient has discontinued dialysis and subsequently died, you need to indicate the discontinue date on this report and complete the 2746 (Death Notification) form. Even if you are unable to confirm the death date, we need at least the date the patient discontinued dialysis. Inaccurate responses here could impact on the patient's benefits and your facility's reimbursement. Please pay particular attention to these records.

Once you have circled the correct response for each record, and made any other annotations necessary, simply fax the form back to the Network office.

FORMS TIPS

2728 Tips

CMS requests that all available lab data be entered on the form, but only the Serum Creatinine is required. Lab Method Used: BCG = bromcresol green and BCP = bromcresol purple. Each lab will probably use one method or the other exclusively. Contact the lab to see which it is, and ask them to notify you if they change their method, or use different methods for each patient.

If the patient is informed of transplantation as a treatment option, either by your facility, their nephrologist, or another party, and as long as you have documentation before submitting the form to the Network, it is acceptable to answer yes.

Commonly missed fields

Length of therapy prior to ESRD:
Indicate how long the patient was

...continued on page 7

Vascular Access

Vascular access has been termed the (lifeline) for a patient on hemodialysis and, as such, should be a primary focus of quality improvement activities. While efforts are underway to improve vascular access outcomes by increasing the use of AV fistulas, a large percentage of patients in the state of Florida (Network 7) continue to dialyze with AV grafts or central venous catheters. Dialysis facility staff and other vascular access team members must work together to:

- Establish the most appropriate vascular access for each patient
- Maintain the access once established
- Minimize the risks associated with each vascular access type
- Preserve future sites for vascular access

These goals may be accomplished through better communication, education, vascular access monitoring, early referral for intervention, and utilization of proper procedures. CMS and the ESRD Networks currently collect data and monitor the following vascular access clinical performance measures:

- **Maximizing placement of AV fistulae** - AVFs have better patency rates, once established, requiring fewer interventions and are associated with decreased costs, complications, risks of morbidity and mortality.
- **Minimizing use of catheters as chronic dialysis access** - Catheters are associated with complications such as: low blood flow rates resulting in inadequate dialysis,

systemic and local infections, central venous stenosis, increased morbidity and mortality.

- **Monitoring AV grafts for stenosis** - The K/DOQI Guidelines recommend weekly physical exam of vascular access plus periodic surveillance for stenosis, in order to correct and improve patency and decrease the incidence of thrombosis.

Tools and Resources

Visit www.fmqai.com/ESRD/FistulaFirstToolKit.htm for a wonderful selection of tools & resources pertaining to hemodialysis vascular access and the Fistula First initiative. For additional information, you may contact FMQAI: The Florida ESRD Network at (813) 383-1530 ext 5.

NATIONAL KIDNEY DISEASE EDUCATION PROGRAM (NKDEP) LAUNCHES NEW SPANISH-LANGUAGE INITIATIVE

A new Spanish-language initiative of the National Kidney Disease Education Program (NKDEP), National Institutes of Health, includes a website and brochure that highlight the connection between kidney disease and its primary risk factors -- diabetes and hypertension. The NKDEP is launching this national effort to raise awareness of kidney disease among Hispanic Americans.

“Many people who have been diagnosed with diabetes or high blood pressure don’t know that these conditions put them at risk for kidney disease,” said Josephine P. Briggs, M.D., a kidney specialist and director of NIDDK’s Division of Kidney, Urologic, and Hematologic Diseases. “These new resources help make that connection. We want people at risk to know that there are steps they can take to help protect their kidneys.”

Hispanics are disproportionately affected by diabetes and hypertension, the two leading causes of kidney disease. Other risk factors for kidney disease include cardiovascular disease and a family history of kidney disease. Hispanics are nearly twice as likely to develop kidney failure as non-Hispanic whites.

The website and brochure provide science-based information on the risk factors for kidney disease, the basic principles of kidney function, as well as the importance of early testing. The materials also stress the availability of medications that can prevent or slow the disease progression. Both resources offer additional Spanish-language resources on diabetes, hypertension, and kidney disease.

“These materials provide critical information to people in the Hispanic community at high risk for kidney disease. Our goal is to encourage Hispanics at risk to talk to their healthcare provider about getting tested,” said Dr. Briggs. “The NKDEP will continue to expand its outreach to additional high-risk audiences.”

The new materials were developed in collaboration with kidney disease experts and community-based organizations serving the Hispanic community. To view the NKDEP Spanish-language website, and to download or order the brochure, visit www.nkdep.nih.gov/espanol. The brochure, along with additional information, is also available by calling the NKDEP toll free number at 1-866-4-KIDNEY (1-866-454-3639). Instructions are available in Spanish and English.

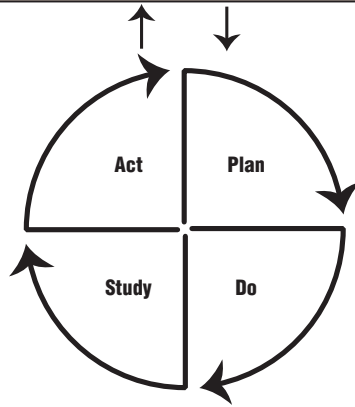
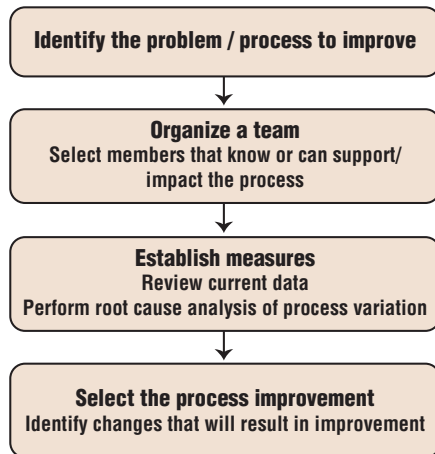
Q

Quality Corner

What is Quality Improvement?

Quality Improvement is a method of planning and implementing continuous improvements in systems or processes in order to provide quality health care reflected by improved patient outcomes.

FMQAI: The Florida ESRD Network bases its improvement process on the Model for Improvement developed by Associates in Process Improvement, and utilized by the Institute for Healthcare Improvement (IHI). This model has two parts:



Test Changes:
The Plan-Do-Study-Act cycle is a method of testing change by planning the change, implementing it, observing the results, and acting on what is learned.

- Establishing what is to be studied and how to measure the improvements; and
- Using the PDSA cycle to test changes

Our QI Plan format utilizes the above methodology to document and analyze the overall process improvement initiative. Visit our Resources & Tools web page at <http://www.fmqai.com/ESRD/QI.htm> to download the form.

SAVE THE DATE



FRAA Annual Meeting July 13-15, 2006

Delray Beach Marriott
10 North Ocean Boulevard
Delray Beach, Florida 33483
Fax: 1-561-274-3202
Toll-Free: 1-877-389-0169

FRAA Room rate \$119.00/night

Questions may be directed to:

Florida Renal Administrators Association (FRAA)
3550 Buschwood Park Dr., Suite 390
Tampa, FL 33618
PH: 813-932-9063 X300
FX: 813-930-0604

SAVE THE DATE

Dialysis Facility Compare: Your First Source for Information

The Centers for Medicare & Medicaid Services (CMS) has an important tool available for you on the internet at www.medicare.gov. It is called Dialysis Facility Compare. This resource gives you detailed information about Medicare-certified dialysis facilities, and lets you compare facilities in your area. The information helps you with facility characteristics and quality measures.

Dialysis Facility Characteristics include:

- Name, address and telephone number of the facility,
- Date the facility first received Medicare certification,
- Shifts starting at 5:00 pm or later,
- Number of treatment stations, and
- Types of dialysis offered.

Quality Measures include:

- Percent of patients at a facility who receive adequate hemodialysis,
- Percent of patients at a facility treated for anemia, whose anemia was adequately managed, and
- Patient survival information.

Each quality measure is explained in detail. You are told how the information is gathered and calculated.

You can compare facility characteristics and quality measures for the facilities you select in your state. This will show you how the facilities you have selected compare with state and national averages.

Dialysis Facility Compare also has other features, such as a **glossary**, a list of **publications**, **helpful contacts**, and **related internet resources**.

FMQAI: The Florida ESRD Network provides a link to Dialysis Facility Compare at <http://fmqai.com/ESRD/patientservices.htm>.

While visiting Dialysis Facility Compare, please take a look at your clinic's characteristic information, to be certain that it is correct. If it is not, you may submit corrections to the Network.

The CMS website, www.medicare.gov, also has other excellent tools for dialysis social workers who are assisting with community resource and long term care planning: Nursing Home Compare and Home Health Compare.

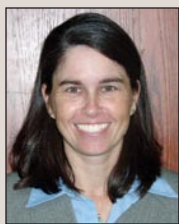
DISASTER COALITIONS *...continued from Page 1*

communications, patient & facility tracking, facility operations & services, federal response, and industry supplies & services.

State

The Florida Kidney Disaster Coalition was formed in November 2005 as a statewide disaster preparedness and response coalition to address the special needs of Florida's dialysis and transplant patients in times of disasters. During the coalition's first two meetings, objectives, vision & mission statements and workgroups were developed and implemented. The workgroups are focusing on the areas of coordination,

communication, education and EOC involvement. Members of the coalition are from across the state and represent renal professionals, hospitals, universities, emergency operation centers, water, utility & transportation companies and other community partners. The Florida Kidney Disaster Coalition will also implement plans that are handed down as best practices from the National Disaster Coalition. For questions regarding future meetings or to obtain a copy of the minutes from prior meetings, please contact Kim Schroeder at (813) 383-1530 ext 3822 or kschroeder@nw7.esrd.net.



FROM THE PROJECT DIRECTOR

I have worked in the Florida renal community for almost 15 years. I began my career by providing direct patient care in a dialysis facility on the east coast of Florida. It was at that time that I understood the importance of helping to educate kidney patients about their disease and its treatment. When I was hired as a member of the Network 7 team, I immediately recognized the wonderful work of two organizations -- American Association of Kidney Patients and National Kidney Foundation of Florida.

American Association of Kidney Patients (AAKP)

www.aakp.org

Founded more than 35 years ago, the American Association of Kidney Patients exists to serve the needs, interests and welfare of all kidney patients and their families. Its mission is to improve the lives of fellow kidney patients and their families by helping them to deal with the physical, emotional and social impact of kidney disease. To accomplish these goals, AAKP engages in a variety of educational and supportive programs, such as Finding Your Strength and Annual Convention. These are designed to:

- Assist patients both to learn more about their disease and to become active participants in planning and managing their treatment;
- Improve patient understanding of and access to rehabilitation;
- Work together for the improvement of public programs that help kidney patients meet their financial and personal needs;
- Reflect the views and concerns of patients to public policy makers and others in the renal community; and
- Provide a lifeline for patients in need of emotional support and reassurance that only other patients can provide.

AAKP is a national organization governed by a board of directors comprised of dialysis patients, chronic kidney disease patients, transplant recipients, healthcare professionals and members of the public concerned with kidney disease. In addition, AAKP has three local chapters, which provide a valuable service to patients by acting as a local resource for education and support. Many Chapters also hold educational

seminars, social functions and support group meetings. Membership is not limited to patients -- renal professionals are also invited and encouraged to participate with AAKP. For more information about AAKP, please call the National office (813-636-8100) or your local AAKP Chapter -- Palm Beach County (Jess Arceneaux 561-434-4559), South Florida (Robert Kirby 305-919-9230), and Tampa Bay (Laurie Shore 813-251-8017).

National Kidney Foundation of Florida (NKFF)

www.kidneyfla.org

The National Kidney Foundation of Florida is one of 51 affiliates of the National Kidney Foundation, which strives to reach its goal of "Making Lives Better." The mission of the NKFF is to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation. Through generous contributions of the public, the NKFF provides programs and services that are very important to patients, their family members and the community at large. These include:

- Research -- Only through research will we be able to continue advancements in the treatment and care of patients with these diseases.
- Professional Education -- By working to supplement the training of health care professionals, NKFF makes an ongoing effort to upgrade the quality of care for patients.
- Public Policy -- The Foundation works to increase awareness of kidney disease and serves as an advocate for kidney patients and transplant recipients.
- Kidney Early Evaluation Program (KEEP) -- In many Florida communities, this free kidney disease screening, provides high-risk individuals with knowledge about their own kidney health.
- Direct Assistance -- This program helps patients who are confronted with financial difficulties through monthly and one-time emergency grants.
- Patient Education -- A wide range of educational brochures and other printed materials are provided at no cost to patients.

...continued on page 7

FROM THE PROJECT DIRECTOR ...continued from page 6

- Kidney Camp -- With the Boggy Creek Gang Camp, children with kidney disease are able to experience the joys of camping under medical supervision.
- U.S. Transplant Games -- This Olympic-style competition for transplant recipients showcases the success of transplantation and brings awareness to the need for organ donors.

The NKFF conducts these programs and fundraising activities, such as the Surf Festival, Cadillac Golf Tournaments and Kidney Walks, in all areas of the state. For more information about NKFF, please contact the Orlando office at 800-927-9659.

A Challenge

Since 1996, I have worked to improve the lives of Florida's kidney patients -- from conducting patient education and quality improvement activities as a Network staff member to fundraising and educational programming as a volunteer for the American Association of Kidney Patients and National Kidney Foundation of Florida. I give back to the community where I live and work, and I know I provide a positive impact to Florida's kidney patients. Whether you become involved with AAKP, NKFF or some other organization, you can make a difference. I challenge you to do so.

Kelly M. Mayo, MS

Conflicting Information Reports ...continued from page 2

receiving EPO (or equivalent) under the care of a nephrologist or kidney dietitian prior to beginning dialysis. If it was less than 6 months and you are using a form that doesn't have a check box for < 6 months, either write in "< 6 months" or indicate that it was less than 6 months in the Remarks section.

Sessions per week and hours per session:

For all hemodialysis patients, it is necessary to enter "how many times per week" and "hours per session," that have been prescribed for the patient. Please round the number of hours to the nearest whole number, ie for 3.5 hours enter 4 hours.

Quick Links

Network Website

<http://www.fmqai.com/ESRD/esrd.htm>

VISION Website

<http://www.simsproject.com/vision.php>.

Download 2728, 2746, and 2744 forms and instructions directly from CMS

<http://new.cms.hhs.gov/CMSForms/CMSForms/list.asp>

FMQAI: The Florida ESRD Network

Presents

PATIENT & FAMILY CONFERENCES

TOPICS:

Connecting the Dots:

The Relationship Between Your Lab Results and Your Diet

Understanding Social Security and Medicare Benefits

Fistula First:

What's All the Fuss?

May 7, 2006

Miami

June 11, 2006

Tallahassee

Watch for flyers with more details or call the Network for further information: 1-800-826-3773

Psychosocial Benefits of Employment

There are many benefits to patients maintaining their employment.

- Employment can help patients to preserve their
 - Confidence
 - Standard of living
 - Health insurance coverage
- Depression is less prevalent due to
 - Increased opportunities to meet people and interact socially
 - Increased income to pay bills and pursue enjoyable activities
- Various studies have confirmed that employed patients have reported higher self-esteem and quality of life than unemployed patients, and have scored higher on measures of medical, psychological, and social adaptation, all of which help predict survival
- Working patients usually have higher adherence rates to their treatment regimens
- Working patients are more likely to have commercial insurance
- Working patients have more income and / or insurance to pay for medications
- Studies have shown that active patients have significantly better relationships with dialysis staff and other patients
- Clinics where patients function at a higher level have happier staff and experience less turnover



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ACCESS

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