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Volume IV, Issue 4

FMQAI Access

The Florida ESRD Network

Preparing for the Vascular Access Portion of Your Medicare Survey

The following are areas that may be reviewed during a Medicare survey.

Pre-survey Activities:

- Surveyors may review the facility-specific data report and contact the Network for current information regarding your facility's vascular access rates.

Entrance Conference:

- Surveyors may ask for the patient roster, which includes the type of vascular access.
- Surveyors may interview facility staff regarding facility data reports or information from the Network to verify current patient access data.
- Surveyors may ask to review all quality assurance information pertaining to access monitoring, goals, infection rates, etc.

Tour and Direct Observation:

- Surveyors may observe the staff process of assessing and cannulating vascular access.

Sample Selection:

- Surveyors will select at least a 10% sample for record review, which may include patients with catheters, grafts and fistulas.

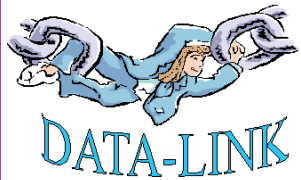
Patient Interviews – Surveyors may ask patients:

- What have they been told and what is their understanding of their options / risks / benefits of various kinds of vascular access?
- How long have they been on dialysis?
- Why they have the access type observed?
- Has anyone talked with them about their access care?

Staff Interviews – Surveyors may ask staff:

- Nurses – Explain how patients are informed of vascular access options.
- Medical Director – Tell me how the facility addresses vascular access. What kind of cannulation training is provided for staff and patients. Describe the access monitoring system.

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Data Compromise Vulnerabilities

An important step in protecting sensitive data, personally identifiable information (PII), electronic protected health information (EPHI) and protected health information (PHI) data is to implement reasonable and appropriate physical and administrative safeguards and guidelines for the processing and / or transmission of these types of critical data.

Data breaches can occur as a result of intentional or unintentional actions. Both can have equally devastating results. Intentional breaches are malicious in nature and can be carried out internally or externally. Unintentional breaches can include, but are not limited to, sending critical PHI data over email.

Never Send: Sensitive Data, PII, EPHI or PHI via Email!

Email uses the Internet to transmit your text to the recipient. Because the Internet is effectively open to everyone, your email could be captured by someone other than the intended recipient exposing sensitive data about you, your patients and your business. Because using email this way is a HIPAA violation, you also expose your organization to possible legal action.

Following these few rules will help us all protect our confidential information:

- Confidential information is not to be sent over the Internet.
- Double check the recipient list before you send – do not send confidential information to list serves or group emails.
- Everything sent over the Internet is open to be captured by others, who are unauthorized to see what is being transmitted.

***DO NOT
Email
Confidential
Information!***

Other Data Compromise Scenarios

Social Engineering

Social Engineering is a collection of techniques used to manipulate people into performing actions or divulging confidential information. Similar to a confidence trick or simple fraud, the term typically applies to trickery for information gathering or computer system access and in most cases the attacker never comes face-to-face with the victim.

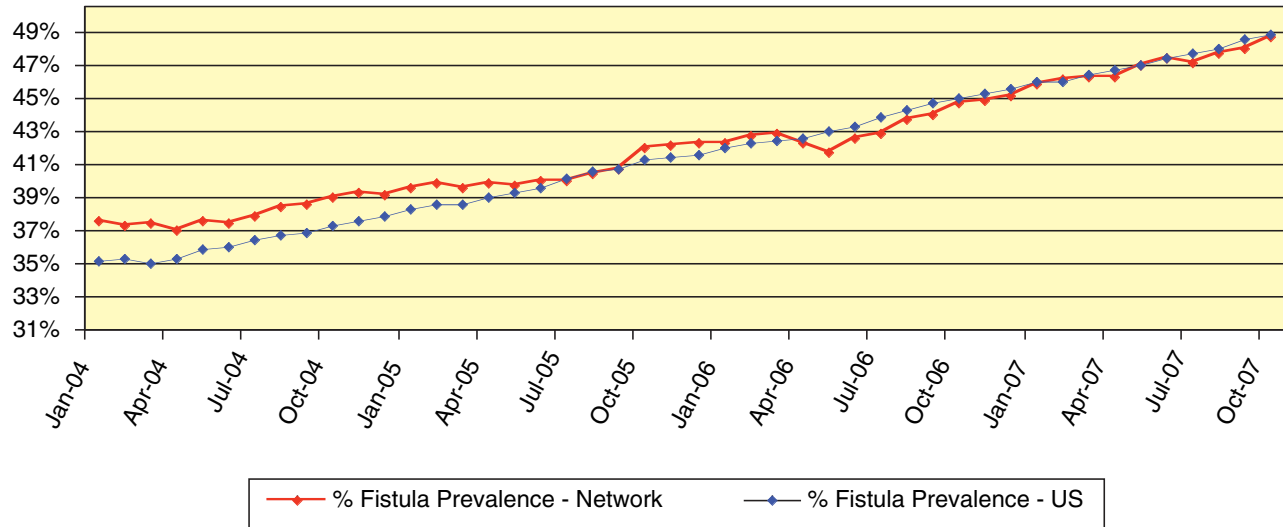
- **Phishing**

Phishing is a technique of fraudulently obtaining private information. Typically, the phisher sends an email that appears to come from a legitimate business—a bank, or credit card company, an attorney, even a physician’s office—requesting “verification” of information and warning of some dire consequences if it is not done.

- **Pre-texting**

Pre-texting is the act of creating and using an invented scenario to persuade someone to release information and is typically done over the telephone. This technique is often used to trick you into disclosing patient information. Pre-texting can be used to impersonate co-workers, police, physician’s office, or insurance investigators—or any other individual who could have perceived authority or right-to-know.

These and other situations are HIPAA violations. The Network is required to report all of these types of incidents to CMS (Centers for Medicare and Medicaid Services) within one hour.



In conjunction with the Fistula First Initiative, the Network has been monitoring vascular access rates for almost four years. As you can see, the state has made significant improvement in its fistula rates during that period. The Network has been maintaining momentum with national rates; we should be very proud!

The Centers for Medicare and Medicaid Services (CMS) has established a Fistula First Breakthrough Initiative stretch goal of 66% AVF use as the primary access for hemodialysis patients by June 2009. As of August 2007, seventeen facilities in the state have either met or surpassed that goal. Congratulations!

Continuing in its efforts to improve the quality of life and quality of care for ESRD patients in the state, Network 7 has been working with previous members of the Fistula First Mini-Collaborative who have AVF rates below 40%. Additionally, AVF rates from across the state were reviewed and *all facilities* with AVF rates below 30% have also been engaged in this quality improvement effort.

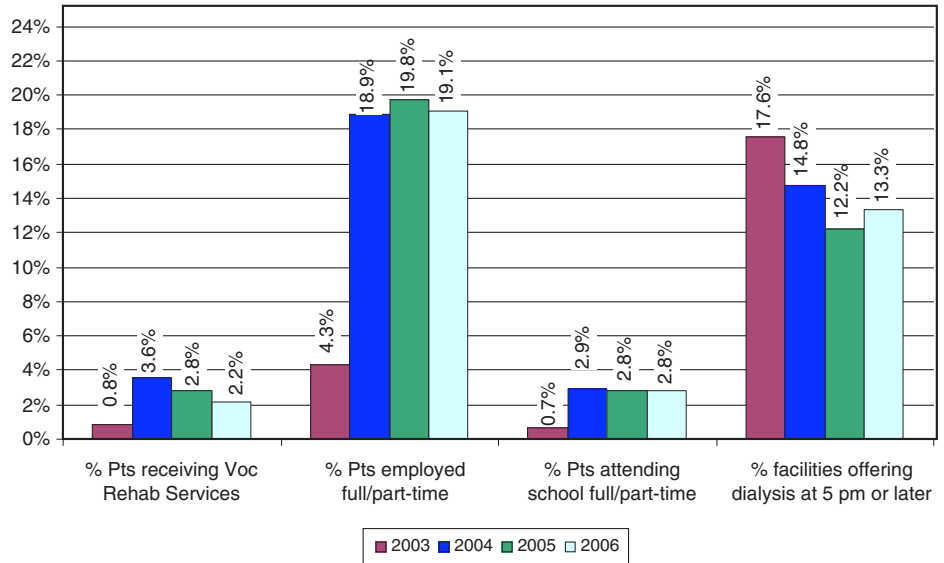
In conjunction with Fistula First, the Network recently conducted nineteen facility visits statewide in an effort to identify gaps and provide technical assistance in areas relating to vascular access. Facilities were contacted in advance of the visit so that arrangements could be made to have, at a minimum, the administrator and medical director present. The Network plans to follow up with these facilities via conference call in the coming months to discuss possible barriers and share best practices.

The 66% stretch goal can be accomplished through better communication, education, vascular access monitoring, early referral for intervention and utilization of proper procedures. The Network Quality Improvement staff is always available to provide technical assistance. If you require support with your vascular access quality improvement initiatives, please don't hesitate to contact us at (813) 383-1530 ext 5.

Network 7 Vocational Rehabilitation 2003 - 2006

The adjacent chart illustrates vocational rehabilitation (VR) data in the Network 7 area from 2003 to 2006. Although there have been significant gains overall in the percentage of patients receiving vocational rehabilitation services, the percentage of patients employed full / part-time and the percentage of patients attending school full / part-time, there is still opportunity for improvement in these critical areas. Additionally, the percentage of facilities offering shifts at 5:00 p.m. and later has declined by 4.3% since 2003, which can make it more difficult for patients that are currently working or attempting to return to work. Offering shifts that enable patients to work and receive dialysis not only benefits the patients and their quality of life, but also offers a benefit to providers, as patients that are able to return to work are often able to receive insurance coverage through Employer Group Health Plans (EGHP).

Network 7 Vocational Rehabilitation 2003 - 2006



Data source:
Network 7 2006 Annual Report

2007 AVF Certificate Winners

Most Improved AVF Rates

(Improvement rates are from 8/31/06 thru 8/31/07)

CENSUS	FACILITY	% IMPROVED
0-50 patients	Highlands Dialysis Center	28.21%
51-100 patients	Sanford DSCF	28.86%
100+ patients	Brevard Kidney & Hypertension Center	14.58%



Fistula First Breakthrough Initiative Winners

(Facility has met or exceeded the 66% Breakthrough Initiative goal of 66% - data as of 8/31/07.)

Central Orlando DSCF	66.20%	Nephrology Center of Crestview	70.00%
Nephrology Center of Century	66.67%	West Pensacola Dialysis Center	70.00%
RCG – Ft Walton Beach	66.67%	VAMC – Bay Pines	70.59%
FMC Dialysis Services – Clewiston	66.67%	West Boca Dialysis Center	70.83%
FMC – Royal Palm Beach	66.67%	Renal Care Group – Navarre	70.83%
Melbourne Kidney Center	66.98%	North Melbourne Dialysis Inc.	71.43%
Brevard Kidney & Hypertension Center	67.18%	Universal Kidney Center of Boynton Beach	74.65%
Ocala Regional Kidney Center North	68.09%	BMA – Boynton Beach	84.21%
Fort Walton Beach Dialysis	69.23%		



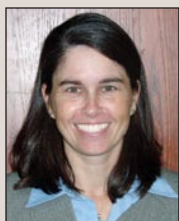
Did you know dialysis patients can work and still keep their Social Security Benefits?

Work Incentives Planning and Assistance (WIPA) Organizations can:

- * Answer your questions about how part-time, full-time, or seasonal work would affect your individual disability benefits and other benefits you may receive from Federal, State and local programs.
- * Respond to your questions about how work would affect your health care.
- * Assist with your questions about SSA work incentives and work incentives of other programs.
- * Discuss your individual employment goals, including possible barriers and the resources or services you would need to overcome any barriers. A WIPA can also help you find those resources and services.
- * Help you plan how to use work incentives or other benefits for a successful return to work.

What are some of the other benefits to working?

- 1) Improved self-esteem
 - 2) Social opportunities
 - 3) Increased independence
 - 4) Insurance coverage
 - 5) People who remain active in work are more likely to be transplanted and to keep their transplants longer
 - 6) Fewer barriers to healthcare, like paying for medicines or medical co-pays
 - 7) Higher income to pay bills and be involved in activities
 - 8) You are less likely to become depressed
- * To locate a WIPA project nearest you, call 866-968-7842 (TTY 866-833-2967). You can also find a list with contact information at www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html
 - * For more information on how you can continue to have an active lifestyle:
 - If you are on dialysis, talk with your social worker
 - FMQAI: The Florida ESRD Network (Network 7) has links and tools for download at www.fmqai.com or patients can call 800-826-3773



FROM THE PROJECT DIRECTOR

As part of our efforts to provide professional education, the Network hosted its 2007 Annual Forum from November 15-16, 2007 in St. Petersburg at the Hilton St. Petersburg Bayfront. Almost 300 people attended this exceptional meeting, which focused on “Meeting the Challenge of Continuous Quality Improvement in ESRD.” The Annual Forum provided presentations from both national and local speakers. Among some of the most stimulating topics and best evaluated speakers were “Rapid Cycle Improvement: Simple Methods, Powerful Results” by Laura Adams; “Legislative Update” by Maureen Michael and Bob Loeper; and “CMS Update” by Glenda Payne, MS, RN, CNN.

In addition to the outstanding educational sessions, FMQAI also presented its annual awards, recognizing excellence in ESRD care. The event honored several outstanding people and facilities for their exceptional work during 2007. Awards were presented for Fistula First Champions, Data Achievement, Community Services, Outcomes Excellence and Volunteer of the Year. The Network also continued to honor the life and work of a Network staff member that passed away in 2006 with a second annual memorial award.

Fistula First Champions

As part of the Centers for Medicare and Medicaid Services Fistula First Breakthrough Initiative, the Network continues to work with dialysis facilities, nephrologists, surgeons and other key partners to reach the goal of 66% of patients with AV fistulas. Network 7 recognized seventeen facilities that have already reached the “Breakthrough Initiative” goal. That number has almost doubled in the last year. Additionally, the Network was pleased to honor three facilities, which showed the greatest AVF improvements during the last 12 months. These three facilities averaged an annual improvement of more than 23% for AVF.

Data Achievement Award

This award was given to thirty-nine ESRD facilities exemplifying excellence in data management. Eleven of those facilities were receiving the Data Achievement Award for the fourth year in a row. Criteria for consideration included the consistent submission of 100% accurate and timely data for all CMS forms (2728s and 2746s) and the Patient Activity Reports.

Community Services Award

The Community Services Award was developed to honor an organization or individual who had made an outstanding effort to improve the quality of services for Florida kidney patients. The Network was pleased to recognize Sue Rottura from American Renal Associates for her time, dedication and passion to improve emergency response and the ESRD data system. Her ability to partner with multiple organizations, including dialysis and transplant centers and CMS leaders, has made a positive impact to our patients, and others around the country.

John Cunio, MD Memorial Award for Excellence

The criteria used in assessing potential candidates for this award were: standardized mortality and hospitalization ratios, anemia management, adequacy of dialysis and AVF rates. Four facilities received honorable mention for their outstanding achievements BMA – South Fort Myers, Miami North Dialysis, North Melbourne Dialysis and West Boca Dialysis Center. Then, the Network presented the John Cunio, MD Memorial Award for Excellence to Renal Care Group - Navarre for its excellence in the management of patient outcomes for Florida ESRD patients.

Volunteer of the Year Award

In appreciation for her valuable leadership, and in grateful acknowledgement of her talents and service so freely and unselfishly given, FMQAI: The Florida ESRD Network presented Stephanie Hull, BSN, RN, CNN with the Volunteer of the Year Award. For many years, she has demonstrated a constant willingness to collaborate and dedication to improve the care provided to our kidney patients, and the education provided to nurses, administrators, dieticians and social workers. Additionally, she contributes to other organizations in the state, including ANNA, NKF, AAKP and the Florida Kidney Disaster Coalition.

Susan V. McGovern, ARNP, MS Memorial Award

For the second year, Network 7 honored the memory of Susan McGovern, a Network staff member who passed away in 2006, with an annual award “honoring the quest for continuous quality improvement, the desire to teach others, and the willingness to serve the renal

community at the highest level.” The Network was pleased to present Liz Howard, RN, CNN with the Susan V. McGovern, ARNP, MS Memorial Award. Liz has the rare qualities that Susan demonstrated on a daily basis. In Florida, with the Network 7 Medical Review Board; and nationally, in multiple settings, Liz has worked for continued improvement in patient care, decrease in patient –provider conflict, use of disaster best practices, and education of state surveyors. Through her expertise and passion, she has improved the quality of care and quality of life for kidney patients.

Overall, FMQAI: The Florida ESRD Network has continued to show improvement in patient outcomes, but this success wouldn’t be possible without all of you. The Network thanks you for your cooperation and support. Together, we improve the quality of care and quality of life for our Florida ESRD patients.

Kelly M. Mayo, MS



FMQAI: The Florida ESRD Network

Presents

2008 PATIENT & FAMILY CONFERENCES

Tampa - February

Melbourne - April

Miami - June

Ft. Myers - March

Panama City - May

Please watch for more information regarding these locations!

(conference dates still to be determined)

For more information, please call:

800-826-3773 or 813-383-1530, ext 3882



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is written, designed and distributed by FMQAI: The Florida ESRD Network.

This newsletter is published while under contract with the Centers for Medicare and Medicaid Services, Baltimore, Maryland
Contract #
HHSM-500-2006-NW007C

Preparing for the Vascular Access Portion of Your Medicare Survey *...continued from page 1*

Clinical Record Review:

- Surveyors may check for documentation of patients' awareness of options, choices and education related to risks / benefits of various vascular access types.

Review Personnel Records:

- Surveyors may look in the staff training history to see if there are specific indications of specialized training in cannulation, assessing sites and the care of maturing and new fistulas.
- Surveyors may look to see evidence of ongoing evaluation of skills.

Quality Assurance – Surveyors may:

- Look for vascular access monitoring systems.
- Look for trends: tracking percent of each type of access and infection rate.
- Look for identified goals for vascular access management and action toward those goals.
- Look to identify how many conversions took place in the last twelve months (ex. catheter / graft to fistula).
- Look to identify systems of consultation with vascular surgeons and how the facility communicates and consults with surgeons.
- Look for supporting documentation on patients with “exhausted sites” or those that are “medically unsuitable” for permanent access.
- Look for evidence of vascular access patient education.