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FMQAI Access
The Florida ESRD Network

Easy Steps to Incorporate New Disaster Preparedness Regulations

The ESRD Conditions for Coverage are the minimum health and safety rules that all Medicare and Medicaid participating dialysis facilities must meet. The April 15, 2008 ESRD Conditions Final Rule modernizes Medicare's ESRD health and safety conditions for coverage and updates CMS standards for delivering safe, high-quality care to dialysis patients.

Paragraph 494.60, Condition: Physical Environment states that dialysis facilities must implement processes and procedures to manage medical and nonmedical emergencies that are likely to threaten the health or safety of the patients, the staff or the public.

The facility must provide appropriate orientation and training to patients, including informing patients of what to do in a disaster, where to go, who to contact and how to disconnect themselves from the dialysis machine if an emergency occurs.

To develop personal disaster plans for staff and patients, visit www.floridadisaster.org and "Get a Family Plan."

This personal plan includes contact information, evacuation routes, what to do before and after a disaster and special medical needs and pet preparedness checklists. Be sure that patients share a copy of their plan with their families and the care team, and that facility staff share their plans with the facility's lead emergency contact person.

The facility must have a disaster plan, evaluate it annually and update the plans as necessary. To assist you in developing facility plans, download the CMS manual, *Emergency Preparedness For Dialysis Facilities: A Guide for Chronic Facilities*, which can be found at http://www.kcercoalition.com/facility.htm

Also, dialysis facilities must contact their local emergency management agency at least annually to ensure the agency is aware of dialysis facility needs in the event of an emergency. To find your local emergency management agency, visit http://www.floridadisaster.org/DirectorOffice/CountyLiason/2008/Maps/EM_managers.pdf or call the Florida Division of Emergency Management, 850-413-9969.

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CROWNWeb is Coming…
CROWNWeb is Almost Here!

Electronic Data Submission Requirement

Part of the new Conditions for Coverage requires the submission and maintenance of electronic patient and provider records for all ESRD dialysis facilities. This requirement takes effect on February 1, 2009. To support this mandate, CMS announced CROWNWeb, a web-based software application that dialysis facilities will use to submit data. **Use of CROWNWeb for data submission by February 1, 2009 is mandatory** to support CMS's goals of quality improvement and performance assessment, as well as to ensure prompt claims processing and reimbursement.

CROWNWeb Overview

CROWNWeb is designed to collect patient records, clinical performance measures (CPMs) and facility data. It includes a listing of dialysis facilities, as well as employees and patients within each facility. Data provided to the Network will be loaded into CROWNWeb and patients will be assigned to the facility primarily responsible for their treatment. Your facility will create 2728 and 2746 forms using this system, and you can print copies of these forms for Social Security before submitting the data electronically. You will be able to transfer patients from one facility to another as required, as currently handled using the monthly Patient Activity Reports (PARs). Once you enter admission information on a patient into CROWNWeb, you will be able to view pertinent information related to his/her ESRD history. In addition, CROWNWeb can generate reports to assist you in maintaining required records and ensuring that Social Security receives required information.

Facility Staff

CROWNWeb contains a facility staff module that tracks your personnel and their roles within your facility. CMS and the Networks grant a facility administrator (an individual responsible for maintaining CROWNWeb data at your facility) permission to add and edit facility staff to the list, and the facility administrator may modify the permissions of facility staff to access certain data within CROWNWeb based on a need-to-see basis.

Patients

Patients are assigned to the facility primarily responsible for their treatment. Facilities can easily transfer patients to other facilities for transient care or in the event of an emergency. Staff members will be able to search for patients within their facilities who meet specific criteria. Once they locate the patient, they can view and edit the information for the selected patient and see a list of any forms that they may need to submit for that patient.

Facility personnel will create and submit 2728 and 2746 forms for patients using an on-screen data entry system. This will include generating an original, as well as submitting a supplemental or re-entitlement form 2728. To save time, CROWNWeb pre-populates the patient information on the form using any data that already exists in the database. If all information needed to complete and submit the form is not available, you can save the form temporarily until you obtain the additional data, then continue to work the form through completion. Once all required information is entered, you can submit the 2728 to CMS and the Networks electronically, as well as print out the paper version for the physician signature (in blue ink), as required by Social Security.

The 2746 form will also pre-populate using any data that already exists in the database, and you can save these for completion later. When you submit either form, the system will review what was entered to ensure all required information has been filled in and will notify you if there is missing data.

Security and Cost

CROWNWeb uses an encryption technology that assures privacy, confidentiality and security for electronic

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FOCUS ON FISTULAS

MAKE A DIFFERENCE!
Adopt Fistula First Change Concepts and Tools.
www.fmqai.com/ESRD/FistulaFirst/FFT/

Carolyn Barclay, RN, CNN, Anne Campbell, MSPH, Lesley Dinwiddie, MSN, RN, FNP, CNN and Mary Lou Pederson, RN, MA

Nephrologists, surgeons, radiologists, primary care physicians and dialysis care professionals must work together as a team to increase the use of fistulas. But patients also play a critical role in making decisions about vascular access.

Why is it important to focus on the patient side of this issue?
From signing on the dotted line for fistula surgery to taking good care of an existing access, patients can influence the success of a team effort to use fistulas. Improved outcomes and good quality of life are tied to patients' active participation in decision-making and adherence to treatment plans. Patients who "buy into" a decision to choose a fistula will be likely to get better results than those who just "do what the doctor tells them."

What is the best way to convince new patients to choose a fistula?
Start early! Ideally, every new patient would establish an access six months before dialysis. The long lead-time allows for education (and repetition), access maturation and problem solving. Even for urgent start patients, timing is important. Start talking about a fistula as soon as possible, and clearly state that catheters are temporary. It often gets harder to convert catheter patients to fistulas as time goes by. Resistance to change and complacency can be real obstacles.

What advantages of fistulas have you found are most appealing to patients?
Although individual patients may vary, many find these arguments compelling:

- Medical benefits—fistulas reduce the risk of serious infection, provide better blood flows for better dialysis, and are associated with feeling better and living longer.
- Fewer surgeries—establishing a fistula usually takes just one surgery, and may help patients avoid multiple de-clotting procedures and additional surgeries for replacement.
- It's my own body—there's nothing "artificial" about a fistula; it's completely natural and uses the amazing biological powers of the human body. Also, there is nothing that "sticks out," like a catheter.

How do you help patients overcome fear of needle sticks?
Cannulation is not pleasant, but it is a means to a better end. De-sensitization with local anesthetics to help patients get used to the process often works. Peer counseling can help, too. Sharing with another patient who has had good results can reduce fears. Also, there is always the option of self-cannulation. Being in control of the situation can help reduce anxiety.

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Easy Steps to Incorporate New Disaster Preparedness Regulations

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The Florida Kidney Disaster Coalition (FKDC) can assist facilities with communicating with local emergency management agencies. For tools and resources, visit www.fkdc.org. Tools also include facility drills to assist in training staff and evaluating disaster plans.

Dialysis Patients' Need for Protein

An interview with Maureen McCarthy, MPH, RD, CSR, LD
"Reprinted with permission of the Medical Education Institute, Inc. from Life Options (www.lifeoptions.org)"

Q: Why do so many ESRD patients fail to get enough protein in their diet?

A: For many, the problem begins before they start dialysis. In Stage 4 CKD, patients often experience a spontaneous decline in protein intake. If, in addition, they overdo recommendations to restrict dietary protein, they arrive at dialysis already undernourished. The problem is likely to worsen in the first few weeks on dialysis because patients lose protein during treatments, but do not regain their appetites for at least 6 – 8 weeks. Even when a taste for food returns, it may be hard to eat enough protein to re-establish good nutritional status.

Q: ***What should dialysis caregivers show about serum albumin and dietary protein?***

A: Many articles in the literature identify serum albumin as the strongest predictor of hospitalization and death in dialysis patients. However, dialysis staff members should recognize that lab values for serum albumin are affected by many factors, including access problems, hospitalizations, infections and more. Nutrition is important, of course, but we must consider a variety of factors when we interpret serum albumin values. Too often, we scold our patients about food choices and eating habits, when there may be other reasons patients fall short of meeting goals for serum albumin values.

It is estimated that about 40% of all dialysis patients are malnourished. Severe calorie malnutrition is not common in the U.S. Every dialysis staff member should be alert to the signs and symptoms of declining nutrition—a drop in intake, sudden changes or absence of interdialytic weight gains, unplanned weight loss, lack of interest in food and others.

Q: What is most important for patients to know about getting enough protein?

A: Probably the biggest thing for patients to know is their own personal goal for protein intake and calories needed. Patients should be sure their dietitian helps them translate the general KDOQI guidelines into specific, personal goals so they know exactly what they are aiming for each day. In addition, patients should work closely with their dietitians to make realistic choices for the best, high-quality protein sources based on their needs, budget and preferences.

Q: What is the best way to help patients get all the protein they need?

A: There is no substitute for monthly, one-on-one sessions with the renal dietitian. She or he can help patients understand goals, but can also work with them to understand why lab values may be up or down. There may be a reason (s) other than diet alone. Dietitians can also provide specific guidance about the best food choices for an individual patient, including the use of nutritional supplements, if necessary. Creative suggestions for food preparation and selection, especially on dialysis days when patients may be too tired to put much effort into cooking, can be a big help.

Q: Does dialysis treatment modality make a difference?

A: Hemodialysis (HD) patients seem to do a little better than peritoneal dialysis (PD) patients in terms of meeting goals for serum albumin levels, but there's lots of room for improvement. This happens because PD patients lose more protein with daily treatments. Of course, daily HD also increases protein losses, but improved appetite often allows a better intake to balance things out.

In one study (Galland et al. Semin Dial 17 (2), 2004), 17 conventional HD patients who converted to short daily HD showed significant increases in daily protein intake, daily energy intake, serum albumin levels and body weight. The authors suspected that "increased frequency was more important than increased dialysis dose," and concluded that "short daily HD appears to be a suitable method to improve nutritional status in dialysis patients." In my own experience, short daily HD patients feel so much better that their appetites are enhanced, and they simply eat better.

FROM THE PROJECT DIRECTOR

Until this year, dialysis providers nationwide had been working under ESRD Conditions for Coverage that had not been updated in their entirety since 1976. These Conditions are a set of minimum health and safety standards that are the foundation for improving care and protecting beneficiaries. Thirty-two years later, on April 15, 2008, the final, updated Conditions for Coverage were published to the Federal Register. The update of the Federal regulations represents an important step forward in providing quality care for our patients; moving from paper reviews and a structural focus, to safety reviews (i.e. water, reuse, infection control) and outcomes based focus that drive improvement in patient care. Additional reasons for the regulation changes include:

- ✓ Changes in technology
- ✓ Differences in care delivery
- ✓ Consensus among the ESRD community regarding minimum standards of care
- ✓ Quality assessment and performance improvement (QAPI) accepted as a process of self-assessment across provider types
- ✓ Electronic data submission required to keep pace with the growing ESRD population and the need for current data

Following is a brief overview of some of the new ESRD Conditions for Coverage:

- ✓ Physical Environment – Every facility must have an AED or defibrillator.
- ✓ Emergency Preparedness – Facilities must contact the local emergency management agency at least annually to ensure the agency is aware of dialysis facility needs in the event of an emergency.
- ✓ Infection Control – Existing facilities must have a separate room or area for Hepatitis B positive patients, and all new facilities must have a separate room.
- ✓ Patient Rights – Patients are to receive information on all treatment modalities, including those that are not provided at the current facility. The facility must make available alternative scheduling options for working patients. Patients are to be informed of the facility transfer and discharge policy and the right to have an advanced directive.
- ✓ Patient Assessment – Must be comprehensive and multi-disciplinary, with the initial assessment completed within the latter of 30 days or 13 dialysis treatments. Required components include anemia, adequacy, access, bone disease, nutrition, home dialysis, transplant status and rehabilitation status.
- ✓ Plan of Care – Must be individualized to address identified patient needs.
- ✓ QAPI – Program must be a data driven process to assess and improve care. The program must be facility wide and include the multi-disciplinary patient care team. The program is expected to measure, analyze and track adequacy, anemia, nutrition, errors/injuries, access, reuse, satisfaction/grievances and prioritize activities.
- ✓ Personnel – New definitions outline individual qualifications for the medical director, nurses, dieticians, and social workers. Qualifications are also provided for patient care technicians (PCTs).
- ✓ Electronic Data Submission – Electronically submit data on all patients, including 2728s, 2746s, and CPMs utilizing CROWNWeb.

For the majority of the Conditions, providers will have 180 days, or until October 14, 2008, to comply with the new regulations. Other Conditions have different timelines, including:

- ✓ Certification of PCTs – Existing PCTs must be certified by 18 months after the October 14 effective date (April 14, 2010). New hires will have 18 months from date of hire to become certified.

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From The Project Director *...continued from page 5*

✓ Life Safety Code and separate room for isolation patients (for existing facilities) – Effective date is 2/9/09.
✓ CROWNWeb – The implementation date is February 1, 2009.

The Network 7 goal is to assist facilities with implementation of the new Conditions for Coverage. To achieve this, the Network offers the following resources:

✓ The Network will be hosting the certification exam for CDNs, CNNs, and CCHTs, which will be offered in conjunction with the Network Annual Forum. A review class for the exams will be offered in September.
✓ The Network currently offers free continuing education via its website (www.fmqai.com/ESRD). Courses that will assist providers in complying with the new regulations include: Identifying and Preparing for Emergencies and Disasters, Water Treatment for Dialysis, Prevention and Treatment of Catheter and Port Complications, and Implementation and Use of the DPC Toolbox.
✓ The Network will be providing communication regarding the progress of CROWNWeb and a CROWNWeb informational website will be launched soon. The Network will also be coordinating training for CROWNWeb, both in-person and web-based. Regularly scheduled WebEx training sessions will be available post-launch.

The updates to the Conditions for Coverage will modernize the Medicare ESRD Program, and provide safer, higher quality-care to dialysis patients. To support ESRD providers as they work to comply with the new Conditions, the Network staff will be available to provide technical assistance, in addition to providing the resources and education listed above. If you have any questions, please contact the Network at 813-383-1530. Thank you for your time and dedication to the Florida renal community.

Kelly M. Mayo, MS

CROWNWeb is Coming *...continued from page 2*

communications consistent with applicable HIPAA and Privacy Act statutes and related regulations. CROWNWeb also meets applicable security criteria included in the CMS Information Security Acceptable Risk Safeguards (ARS) policy, which contains a broad set of CMS security controls based upon National Institute of Standards and Technology (NIST) requirements.

Access to CROWNWeb will be provided to dialysis facilities free of charge once a verification and authorization process is completed.

Training

CMS will offer two types of training on CROWNWeb to Florida ESRD facilities:

- Face-to-face training at several locations throughout the state
- Online training available via a central website 24 hours a day, 7 days a week

Online training will be provided at no cost to the facility. The core CROWNWeb training program will consist of a series of online courses totaling approximately two hours. This core instruction will cover the main functions of CROWNWeb, with additional modules being available. While face-to-face training may require you incurring travel costs, the actual training will be available at no cost to the facility. Attending face-to-face training is not mandatory, but will be available for facilities that prefer this method of instruction.

Training is scheduled to begin in January 2009. Information will be released as soon as dates and locations are confirmed.

Need More Information?

If you have any questions regarding CROWNWeb, please visit our web site at http://www.fmqai.com/ESRD/CROWNWeb/, or contact the CROWNWeb team directly via e-mail at CRAFT@nw7.esrd.net.

End-of-Life Decisions in the Dialysis Unit

Within the body of the new Conditions for Coverage (Subpart C – Patient Rights), published in April of this year, you will find reference to the need for providers to inform patients about their right to execute advance directives. ESRD Network 5 (www.esrdnet5.org) formed the Kidney End-of-Life (EOL) Coalition, which strives to promote effective interchange between patients, families, caregivers, payers and providers in support of integrated patient-centered end-of-life care for chronic kidney disease patients.

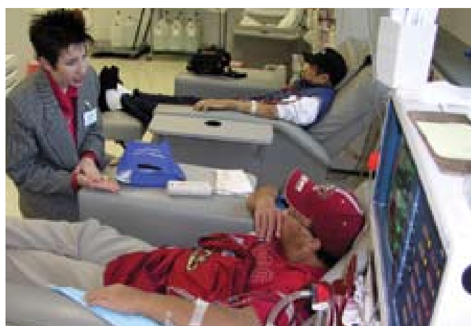
The Kidney EOL Coalition is made up of representatives from all of the Large Dialysis Organizations (LDOs), Renal Physicians Association (RPA), the National Hospice and Palliative Care Organization (NHPCO), Centers for Medicare and Madicaid Services (CMS), attorneys and others who are considered experts in the field. The following tools and resources may be found on the Kidney End of Life Coalition website at www.kidneyeol.org/dialysis.htm.

- Model DNR Policy, developed by the Robert Wood Johnson Foundation's ESRD Peer Workgroup.
- Advance Directive for a Do Not Resuscitate Order in the Dialysis Unit, Model DNR Policy Addendum A, developed by the Robert Wood Johnson Foundation's ESRD Peer Workgroup
- Recommendations for Advance Preparation for Death, Model DNR Policy Addendum B, developed by the Robert Wood Johnson Foundation's ESRD Peer Workgroup

The following forms, developed by the Kidney End-of-Life Coalition, should be included in the policy and procedure for DNR orders and disposition of the expired patient:

- Patient Resuscitation Statement
- Funeral Home Information Form
- Personal Possessions Form

An important skill for staff when discussing advance directives, cardiopulmonary resuscitation (CPR) or DNR orders with patients is to avoid using professional jargon. Words such as *code*, *CPR*, and *vent* should be avoided; instead, use words such as *heart stopped*, *tried to start the heart*, and *breathing machine*. Staff should not be afraid to use the words *died* and *death*; saying only that resuscitation was unsuccessful or that the patient expired will often risk misunderstanding.



- Guide for Planning Memorial Services in the Dialysis Unit
- Quick Reference Card for Pronouncement of Death
- Ways to Provide Support to Staff after Patient Deaths
- Personal Death Awareness Exercises
- Teach Your Patients about CPR

Other educational tools beneficial for staff may be found, as well:

- The National Kidney Foundation's Council of Nephrology Social Workers has prepared a 1-page hospice and dialysis care resource to help educate social workers and others on Medicare coverage for hospice services while receiving dialysis.
- Preparing for a Death in the Dialysis Clinic is a document to help staff be more prepared in responding to a death occurring in the dialysis clinic.
- Network 5's End-of-Life Module is an educational tool that provides a complete in-service training session, which defines palliative care and helps participants identify end-of-life issues that might arise in the facility as well as possible resources and support.
- Understanding End-of-Life Care: The Social Worker's Role is an online course developed and offered by the National Association of Social Workers. Social workers can earn CEUs for participation.
- American Nephrology Nurses' Association's (ANNA) "Techniques to Facilitate Discussions for Advance Care Planning (ACP)" Module is the first in a series of educational modules on EOL Decision Making and the Nephrology Nurse, an in-depth, national program to promote education for nurses and improve end-of-life care.

Source: Kidney EOL Coalition at www.kidneyeol.org/dialysis.htm

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ACCESS

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2008 ANNUAL FORUM

A KICKOFF TO QUALITY

"Scoring Points for Patient Care"

FMQAI: The Florida ESRD Network is pleased to announce its 2008 Annual Forum at the Renaissance Tampa Hotel International Plaza on October 27-29, 2008. The 2008 Annual Forum will provide you with excellent opportunities to learn about the new Conditions for Coverage, share best practices and meet with the leaders in the renal community. Please join the Network, while we focus on the CMS goal of protecting patient safety, enhancing ongoing quality improvement, and improving patients' experience of dialysis care.

Some Presentations Include:

- ✓ New Conditions for Coverage
- ✓ Patient Participation & Care Planning
- ✓ Quality Assessment and Performance Improvement Programs
- ✓ Infection Control
- ✓ Water Treatment
- ✓ Emergency Preparedness

Make Your Reservation Now!

Sleeping rooms at the Renaissance are currently available at a rate of $125.00 a night. To make your reservations, call the hotel directly at 1-813-877-9200 or toll free 1-800-468-3571 and identify yourself as a **FMQAI: Network 7 2008 Annual Forum** attendee. Please be sure to book your reservations **no later than Friday, October 17, 2008.** You can also reserve your room online at www.renaissancetampa.com.

Look for more details in July…

If you need any assistance please call Kolina Ford at the Network at (813) 383-1530 x3884.

Thank you for your support. We look forward to seeing you there!