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Volume VI, Issue 2

# FMQAI Access

The Florida ESRD Network

## Celebrate National Preparedness Month with Free CE's

September is National Preparedness Month. This month of awareness is designed to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and communities. September 2009 is the sixth annual National Preparedness Month. This year will focus on changing perceptions about emergency preparedness and helping Americans understand what it truly means to be “ready.”

Your facility can make a difference by promoting disaster education for your staff. FMQAI is pleased to host two free online courses, which are available for continuing education.

**All Hazards I: Identifying and Preparing for Potential Emergencies and Disasters:** This all hazards course provides an introduction to disasters, how to identify them, how they can impact a community and how to prepare and respond to them. Dialysis and transplant facilities can use this course to orient their staff to disaster basics and assist facilities in developing patient education materials on disaster preparedness.

**All Hazards II: Conditions for Coverage and Emergency Preparedness:** The purpose of this course is to provide an overview of the Conditions for Coverage relating to emergency preparedness, and offer options for dialysis facilities to incorporate resources into their disaster plans.

Each of these courses has been approved for 1.0 continuing education credit for the following Boards: Nursing; Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling; Florida Council of Dietetics and Nutrition; and the Florida Board of Nursing Home Administrators. To access these courses and other free CE's, visit <http://edu.flqio.org/> and click on “ESRD Courses.”

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## Now Available - Interactive Online Training

Online Training for completing 2728 (Chronic Renal Disease Medical Evidence) and 2746 (ESRD Death Notification) forms is now available. Whether you are new to completing these complex forms or just want a refresher, you can now take an interactive training course that walks you through completing the form field by field. You can access this training from FMQAI's ESRD Data Management page at [www.fmqai.com/data-management.aspx](http://www.fmqai.com/data-management.aspx).

On that page you will also find tools to assist you in meeting forms compliance requirements. CMS compliance requirements only allow one form in ten to be late or have an error. The 2728 must be received by the Network within 45 days of the first treatment at your facility and the 2746 must be received within 30 days of the patient's death. The most common problems on these two forms are:

### Common 2728 Errors

- |                           |   |                    |   |
|---------------------------|---|--------------------|---|
| <b>A</b>                  | <p><b>Initial</b> – For patients who initially receive a kidney transplant instead of dialysis and for patients entering an outpatient dialysis setting for the first time ever</p> <p><b>Re-entitlement</b> – For those patients returning to dialysis after recovering kidney function for more than 12 months or receiving a kidney transplant where the transplant functioned for more than 3 years</p> <p><b>Supplemental</b> – For those patients who receive a kidney transplant or are trained for self-care dialysis within the first 3 months after the first outpatient dialysis</p> | <b>19</b>          | <p><b>All Fields</b> – Dates for labs must be before physician signature date in field 50</p>   |
| <b>9</b>                  | <p><b>Country/Area of Origin</b> – If Hispanic, Latino, Native Hawaiian or Other Pacific Islander, indicate country of origin</p>   | <b>26 &amp; 27</b> | <p><b>Has patient been informed of kidney transplant options</b> – If patient not informed of transplantation, indicate why</p>                                     |
| <b>16</b>                 | <p><b>Employment Status</b> – Indicate status <u>both</u> six months prior to the patient becoming ESRD and currently</p>   | <b>50 &amp; 55</b> | <p><b>Physician and Patient Signature</b> – Dates must be on or after the first date as the unit in field 25</p>  |
| <b>18a, 18b, 18c, 18d</b> | <p><b>Prior to ESRD therapy</b> – If yes, indicate how long</p> <p><b>What access was used on first outpatient dialysis</b> – Only applies to vascular access--if peritoneal access, do not check Catheter, leave blank</p> <p><b>If not AVF...</b> – Indicate Y/N for AVF maturing and Y/N for graft maturing--both questions must be answered, even if Graft was checked as access first used</p>   | <b>51</b>          | <p><b>Recertification</b> – To be signed by physician who is currently following the patient, if the patient had chosen to delay applying for Medicare benefits</p> |

### Death Notification Form (CMS-2746-U3) 2746

Discharged patients are required to be followed for 30 days unless they are transferred to another Medicare provider who is approved for ESRD services. This applies to all patients, including those who discontinue dialysis or who transfer to Hospice. Additionally, if the patient dies within that time, Centers for Medicare and Medicaid Services (CMS) requires the last provider of ESRD service to submit an ESRD Death Notification form (CMS-2746) to the Network office.

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**Q: We have been told that women, patients with diabetes and elderly patients are not good AV fistula candidates. Is this true?**

A: Studies have come to different conclusions on these issues. What is key is that strategies such as vessel mapping and vein transpositions will definitely increase the opportunities for all patient groups to have an AV fistula - regardless of demographics, co-morbidities or other factors.

**Q: What are vein transposition AV fistulae and how successful are they?**

A: When suitable superficial veins are not available for AV fistula construction, there are usually deeper veins that are suitable. These veins and their suitability can be identified by vessel mapping and then surgically repositioned (transposed) to a superficial location suitable for cannulation. Transposition can also be done for veins that may be superficial enough but not positioned for safe cannulation.

In general, the success rates of vein transposition AV fistulae are similar to those of the conventional simple direct AV fistulae. What is critically important is that vein transpositions have expanded the AV fistula opportunities and options for patients who would otherwise receive an AV graft or catheter if only the more conventional constructions were employed.

**Q: Do vein transposition AV fistulae require a longer maturation period or special care?**

A: In some cases the maturation period is longer (three months or more) because some of the deep veins used for transpositions are initially more delicate and thin-walled. Cannulation technique and protocol is the same as for conventional AV fistulae.

**Q: We have many patients with permanent catheters because of exhausted permanent access sites. Is an AV fistula still an option for these patients?**

A: In most cases, yes. In fact, studies have shown that when patients considered to have exhausted permanent access sites are re-evaluated and undergo vessel mapping, at least two-thirds are found to be candidates for an AV fistula. Vessel mapping is critical in identifying these AV fistula candidates.

**Q: Why is it so important to remove a central venous catheter as soon as possible?**

A: Complications, including infection, catheter failure, thrombosis, inadequate dialysis, and central venous stenosis and occlusion, occur frequently with catheters, and the complication rate rises sharply with duration of use. Studies have also reported that catheter use is associated with an increased mortality risk.

*(Source: [www.fistulafirst.org](http://www.fistulafirst.org))*





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## FROM THE DIRECTOR

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The Network has always encouraged year round, all-hazards disaster preparedness. This year, however, the concept took on even greater importance. As many Floridians were beginning preparations for the 2009 Hurricane Season, a new threat was identified – the “Swine Flu”. The H1N1 Swine Flu is a new influenza virus that was first detected in the United States in April 2009. Other countries, including Mexico and Canada, also reported people sick with this new virus.

The H1N1 virus highlighted issues of concern around the country in addressing the need for community planning and relief efforts in the event of a major emergency or disaster. Additionally, the new ESRD Conditions for Coverage detail specific responsibilities related to emergency preparedness for providers:

- ✓ The dialysis facility 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 dialysis facility must provide appropriate training and orientation in emergency preparedness to the staff. Staff training must be provided and evaluated at least annually and ensure that staff can demonstrate a knowledge of emergency procedures, including informing patients of what to do, where to go and whom to contact.
- ✓ The facility must provide appropriate orientation and training to patients, including what to do, where to go and whom to contact.
- ✓ The facility must have a plan to obtain emergency medical system assistance when needed.
- ✓ The facility must evaluate at least annually the effectiveness of emergency and disaster plans and update them as necessary.
- ✓ The facility must contact its local disaster management agency at least annually to ensure that the agency is aware of dialysis facility needs in the event of an emergency.

As we have learned from the H1N1 virus experience, disasters, both natural and man-made, are not limited to hurricanes. Network 7 has developed a variety of patient and provider educational materials, tools and resources to assist providers in meeting the new Conditions and preparing for emergencies and disasters. These tools may be found on the Network website at [www.fmqai.com/ESRD](http://www.fmqai.com/ESRD).

If you have any questions or would like additional information, please contact the Network at 813-383-1530. Through partnership, education and the dedication of all stakeholders, we will work to create a community better prepared for disaster.

*Kelly M. Mayo, MS*

## Now Available - Interactive Online Training (cont'd)

### Have You Registered for a QIPS/CROWNWeb UserID?

Every facility (whether they are an independent, a regional chain or part of a large dialysis organization) will need to request access to CROWNWeb by completing a QualityNet Identity Provisioning System (QIPS) Account Form. This form was previously called a CROWN Authentication Service (CAS) form. This is an online PDF available at [www.qualitynet.org](http://www.qualitynet.org) under the ESRD link. If your facility does not register for an account, it will not be able to submit data electronically to CMS and will be unable to comply with new Conditions for Coverage for electronic data submission. (If you previously registered using the CAS form, you do not need to complete a new form.)

Get all of the latest news and information about CROWNWeb from the Project CROWNWeb website at [www.projectcrownweb.org](http://www.projectcrownweb.org), where you will find all of the latest news and information about CROWNWeb including

training, online courses, newsletters and much more. You can sign up to receive the CROWNWeb Newsletter and participate in the monthly conference calls about CROWNWeb by sending an email to [CRAFT@nw7.esrd.net](mailto:CRAFT@nw7.esrd.net). The calls are the third Thursday of every month from 3:30 – 4:30 and the phone number to call is (866) 699-3239; the access code is 20052312.

### Quick Links

#### Network Website

[www.fmqai.com/esrd.aspx](http://www.fmqai.com/esrd.aspx)

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

[www.cms.gov/CMSForms/CMSForms/list.asp](http://www.cms.gov/CMSForms/CMSForms/list.asp) and do a search for items containing the word ESRD.

#### Dialysis Facility Compare

[www.medicare.gov/dialysis](http://www.medicare.gov/dialysis) to learn more about dialysis facilities across town or across the country.

## The Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment. To view questions and answers regarding health care advanced directives, please visit [www.floridahealthfinder.gov/reports-guides/advance-directives.shtml](http://www.floridahealthfinder.gov/reports-guides/advance-directives.shtml).

## Celebrate National Preparedness Month with Free CE's

*(continued from page 1)*

The following are some other helpful hints to make a successful National Preparedness Month:

- Review your disaster plan. Make sure the information is current and make sure that staff are trained on their roles and responsibilities during an emergency.
- Educate your patients about the many types of emergencies that could limit their access to care, such as floods, tornadoes and hurricanes.
- Encourage your patients to share their disaster plans, such as how they will evacuate if they are

told to do so, and where they will go during an emergency.

- Review the Florida Kidney Disaster Coalition (FKDC) guidance on disaster-related Conditions for Coverage at [www.fkdc.org](http://www.fkdc.org). There are free tools and resources to help you meet these requirements.

Are you looking for information on other disaster topics, or a potential CE course? Let us know! Network 7 can answer your questions and offer technical assistance on disaster preparedness and response. Call us at 813-383-1530, extension 8 or email [sburris@nw7.esrd.net](mailto:sburris@nw7.esrd.net).

# Q

## Quality Corner

### Handwashing is the most important thing you can do to prevent infection!

*(This article was previously published in the March 2009 edition of the Patient Newsletter)*

#### Medicare Regulation:

*“Wear disposable gloves when caring for the patient or touching the patient’s equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.”*

#### What Patients Should Expect:

**Gloves are required whenever caring for a patient or touching the patient’s equipment.**

Examples of when gloves should be worn:

- Caring for patient’s dialysis access
- Setting up re-used dialyzers before treatment
- Putting in or taking out dialysis needles
- Connecting the dialysis lines to the access lines
- Touching the machine, dialyzer or lines during or after treatment
- Giving IV medication or injections
- Cleaning the dialysis machine and chair after treatment

Gloves must be provided to patients and visitors if they are self-cannulating (putting dialysis needles in access) or holding a dialysis access after treatment.

Examples of when gloves should be changed:

- When soiled (with blood, dialysate or other body fluids)
- When going from a “dirty” area or task to a “clean” area or task
  - “dirty” - used (soiled / blood-stained) supplies / equipment
  - “clean” - unused supplies / equipment
- When moving from a “contaminated” body site to a clean body site of the same patient
  - For example, gloves should be changed after removing an old catheter bandage, before cleaning the catheter site
- After touching one patient or their machine and before arriving to care for another patient or touch another patient’s machine
- A new pair of clean gloves must be used each time for access site care, cannulation (putting needles

into access), giving IV medications or injections or performing an invasive procedure

Hand washing includes:

Washing hands with soap and water, or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content. Hands should be washed with soap and water, if visibly soiled. The Center for Disease Control (CDC) recommends that hand washing include rubbing hands together “vigorously” for 15 seconds, and that the use of alcohol-based rubs includes covering all surfaces of hands and fingers, until hands are dry. According to the CDC, even with glove use, hand washing is necessary after glove removal because hands can become contaminated through small defects in gloves and from the outer surface of gloves during glove removal.

Examples of when hand washing should be performed:

- After touching blood, body fluids, secretions, excretions and potentially contaminated items
- Before and after direct contact with patients
- Before performing any invasive procedure such as vascular access cannulation (putting needles into access) or administration of IV medication or injections
- Immediately after gloves are removed
- After contact with medical equipment or surfaces at the patient station
- Before entering and on exiting the patient treatment area
- When moving from a contaminated body site to a clean body site of the same patient
- Hand washing is important after touching the chair-side computer and before touching the patient, regardless of whether the contact with the computer was with gloved or ungloved hands

## Much Needed Medigap Legislation Passed

In Florida, of the more than 20,000 ESRD patients, over 11,000 are Medicare beneficiaries, and approximately 2,000 have no secondary insurance coverage. (Source: [www.kidneyfla.org](http://www.kidneyfla.org))

Legislation giving these patients greater access to medical coverage was unanimously approved by the Florida House of Representatives. This bill (HB 675), is known as the “Alonzo Mourning Access to Care Act.” Alonzo Mourning is a former Miami Heat player, a kidney transplant recipient and advocate for patients suffering from kidney disease and kidney failure. (Source: [www.kidneyfla.org](http://www.kidneyfla.org))

The bill comes into effect on October 1, 2009 and will have a huge impact on the disabled who have Medicare Part A & B. Previously, they could not get a supplemental policy if they were under the age of 65. Patients that became eligible for and enrolled in Medicare Part A & B due to disability or end stage renal disease prior to October 1, 2009 will have a six month period starting October 1 in order to obtain a guaranteed issue policy. All companies that sell Medicare Supplement policies in Florida will have to offer the policies to those under age 65.

## Disaster Preparedness & Readiness

Each new dialysis patient receives a copy of “*Preparing for Emergencies: A Guide for People on Dialysis*” from Network 7 in their new patient packet, within three months of initiation of dialysis in a chronic facility. To download additional copies of this guide, which is available in English and Spanish, visit FMQAI’s emergency information web page at [www.fmqai.com/esrd-emergency-info.aspx](http://www.fmqai.com/esrd-emergency-info.aspx).

### WIN BIG WITH QUALITY

“Raising ESRD Care to a New Level”

2009 ANNUAL FORUM



Make Your Reservation Now!

We are pleased to announce that  
*Online registration & payment* are available!

Please visit: <http://fmqai.com/esrd.aspx> & click on the 2009 Annual Forum banner at the **bottom** of the page to begin the registration process. Hotel reservations may also be made via this website.

Sleeping rooms at the Renaissance are currently available at a rate of \$130.00 a night. To make your reservations, call the hotel directly at 1-813-877-9200 or toll free 1-800-468-3571 & identify yourself as a **FMQAI: Network 7 2009 Annual Forum** attendee. Please be sure to book your reservations **no later than Friday, October 2, 2009.**



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

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



# Do You Know Someone Who May be at Risk for Chronic Kidney Disease?

26 million Americans have chronic kidney disease and most people don't even know about it. You are at risk if you have:

- Diabetes
- High blood pressure
- Family history of diabetes, high blood pressure or kidney disease

People with an increased risk of chronic kidney disease include:

- African-Americans
- Hispanic Americans
- American Indians
- Pacific Islanders

Early detection and treatment of chronic kidney disease, including lifestyle changes and medications, may slow or prevent its progression to kidney failure and lessen the risk of cardiovascular disease.

The Kidney Early Evaluation Program or KEEP is a free screening for individuals at increased risk of developing kidney disease. The program seeks to prevent or delay kidney damage by screening, educating and encouraging “at risk” individuals to visit a doctor and follow the recommended treatment plan.

Tests provided at the KEEP include one or more the following: blood pressure, blood glucose, hemoglobin, urine dipstick for albumin to creatinine ratio, serum creatinine and calculated creatinine clearance.

The National Kidney Foundation of Florida has screened more than 7,000 people statewide since the KEEP began. Statistics through the end of July 2008 indicate that 92% of the people screened learned of a new condition. Of these, 70% learned that they may have kidney disease, 13% learned that they may have high blood pressure and 7% learned that they may have diabetes. One in 9 American adults has kidney disease and most don't even know it.

**To obtain more information on KEEP, call the National Kidney Foundation of Florida at (800) 927-9659 or visit [www.keeponline.org](http://www.keeponline.org).**

*Source: [www.kidneyfla.org](http://www.kidneyfla.org)*

## TELL US WHAT YOU'RE DOING!

Are you implementing any QI projects that are having a positive impact on patient outcomes or internal processes? Let us showcase your successes in our newsletter.

*Contact:* Cindy Woodward, QI / Community Services  
By phone: (813) 383-1530 ext. 3882 or  
E-mail: [cwoodward@nw7.esrd.net](mailto:cwoodward@nw7.esrd.net)

Newsletter  
Submittals

Newsletter  
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