



DIALYSIS DIALOGUE

Welcome to this edition of *Dialysis Dialogue*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Dialysis Dialogue* is designed to help dialysis departments stay up-to-date on various issues. Please share with your dialysis staff.

CMS UPDATE

Summarized from a presentation by Judith Kari, technical director for ESRD-Centers for Medicare and Medicaid Services, titled "The Changing ESRD Community," at the ESRD Annual Update, April 17-21, 2006, in Chicago, Ill.

The Centers for Medicare and Medicaid Services (CMS), although primarily a reimbursement agency, has been evolving into the role of a public health agency. In this role, the goal is to assist patients and providers in receiving evidence-based, technologically advanced care, while reducing avoidable complications and unnecessary costs. CMS's vision for quality care is:

- **The right care, for every person, every time.**
- **Care should be safe, effective, efficient, patient-centered, timely and equitable.**

What is the survey and certification role?

1. **Through surveys, ensure care is safe, healthy and meets minimum expected standards.**
2. **Work with partners to improve care.**

To ensure safe, healthy care that meets minimum expected standards, CMS uses data to identify needs. Prior to surveys, CMS surveyors review the outcomes list of the facilities in the state, as well as the Dialysis Facility Reports.

CMS also is updating the regulations and working to produce clear, helpful interpretive guidelines. Soon CMS will be implementing the STAR System. This new automated survey process will include use of personal computer tablet technology which will help find practice patterns.

CMS emphasized the growing need to work together as partners to improve health care. Who are the partners?

- Providers
- Manufacturers
- Professional organizations (e.g. –ANNA)
- Patient organizations
- Government agencies (CMS, FDA, CDC)
- Voluntary organizations (NKF, AKF)
- CMS contractors (networks, QIO's)
- Universities

For End-Stage Renal Disease (ESRD), a technical, biological, chemical and clinical knowledge base is required, making it very important to remain current as technology evolves. Working together as partners helps to maximize efforts in moving toward quality, create a shared vision for quality, develop a systematic approach for goal achievement, increase

(Continued on page 2)

Inside this issue:

CMS Update	1-2
Fistula First– National Vascular Access Improvement Initiative	2
Plan of Correction Template now on North Dakota Department of Health ESRD Website	2
Q&A	3

(Continued from page 1)

communication, encourage collaborative problem solving and maximize advocacy efforts.

Partnerships have shared missions, values, goals and measurable outcomes. Partnerships build on strengths and assets, which then result in mutual trust, respect, genuineness and commitment between partners. An example of a successful partnership is the Fistula First Initiative, in which providers, state survey agencies, quality improvement organizations, networks and professional organizations work together to achieve goals.



**Plan of Correction Template
now available on the
North Dakota Department of
Health ESRD Website**

- Go to www.ndhealth.gov
- Click on Health Resources
- Click on Health Facilities
- Click on Kidney Dialysis
- Click on Plan of Correction Template

FISTULA FIRST

National Vascular Access Improvement Initiative

Project Goals:

- CMS: 66 percent AVF use nationally by June 2009
- K/KODQI: AVF placement rates of > 65 percent for prevalent (existing) patients
- Network 11: 4 percent annual increase over next three years to reach 49 percent by June 2009

Network 11 has used a multi-faceted approach to improve arteriovenous fistula (AVF) rates, such as patient education, facility education and intervention, and development of partnerships between nephrologists and surgeons. In addition, Network 11 created a coalition of providers, state survey agencies, quality improvement organizations and others to work towards AVF improvement. Three workgroups in the coalition include:

- CKD Early Referral Workgroup
- CKD Management Workgroup
- ESRD*

*The ESRD workgroup currently is creating tools for dialysis facilities to use in preparation for the survey process, specifically in the area of vascular access improvement. Bridget Weidner, North Dakota Department of Health, ESRD program manager, is a member of this workgroup. The workgroup has developed a providers' guide brochure to help facilities prepare for the vascular access portion of the Medicare survey. This guide will address areas that may be reviewed during the survey, such as patient and staff interviews, sample selection, clinical record review, quality assurance, observation, etc. Please contact your network or the state agency if you have any questions.



Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring ... all of which have the potential to turn a life around. – Leo Buscaglia



Questions and Answers (Q&A)

CMS provides specialized technical ESRD training courses (basic, accelerated and advanced) for state surveyors, as well as an annual ESRD update. During these training courses, surveyors from across the country ask CMS staff members questions regarding the survey process. Although the questions and answers do not represent official CMS policy, they contain valuable information regarding the survey process. The Q&A will be a regular feature of the Dialysis Dialogue newsletter. We hope you find this information interesting and useful.

Q: How often does conductivity have to be checked?

A: Consider:

- Depends on the machine manufacturer's direction and facility policy.
- Policy should match or be more stringent than the manufacturer's guidance. Many manufacturers state to test "at the start," without specifying "at the start of each treatment" or the "start of each day." Facility policy should make this clear.
- If the dialysate concentration is changed during the day (e.g., when the machine is used for a patient needing higher potassium), the conductivity should be rechecked.

Q: Can bicarbonate jugs be rinsed with tap water?

A: No. Equipment and supplies that either provide dialysate components or are exposed to the patient's bloodstream should NOT be exposed to tap water.

Q: Is it okay if the provider uses policies and procedures that are contrary to the manufacturer's guidelines for maintenance of machines, dialyzer reuse, etc.?

A: Consider:

- This is a liability issue, in that it invalidates the manufacturer's guidelines, responsibility for device failure, etc.
- The facility would have to have some validation that the policy and procedures in use have some scientific basis.

Q: Infection control: Shouldn't patients wear gloves to hold their own sites or to insert their own needles?

A: Consider:

- Yes.
- Patients need to use gloves when they are participating in activities that may result in their hands being exposed to blood.
- If not, the patient may touch surfaces with bloody hands, leave the facility and touch other surfaces (e.g., grapes in the grocery store). V266.

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