

Your Guide to **KIDNEY HEALTH**



Quality
Insights

Renal Network 3

ESRD QUALITY OF CARE

Dialysis facilities have federal and state regulations to follow as well as recommendations and guidelines from Medicare and their Networks. A facility's performance is given a score to help evaluate different patient care areas and determine if minimum care standards are met.



- A copy of a facility's current "Total Performance Score" – also called a QIP Certificate – is available at the beginning of each year and is required to be posted in the facility.

TIP1 - Identify your facility's QIP Certificate or ask a staff member to show you where it is located.

An example of a measure that makes up the facility's Total Performance Score is:

Dialysis adequacy – How well a patient's blood is cleansed during treatment. Two methods generally used to assess dialysis adequacy are:

- **Urea Reduction Ratio (URR)** - A patient's average URR should exceed 65%
- **Kt/V** (kay• tee•over•vee) - A patient's average Kt/V should be at least 1.2
 - K: Clearance - Amount of urea your dialyzer can remove (liters/minute)
 - T: Time - Duration of treatment (minutes)
 - V: Volume - Amount of body fluid (liters)

TIP2 - A patient's URR or Kt/V can be improved by increasing/completing time on dialysis. Do not cut your treatment time.



GRIEVANCES

All dialysis patients have the right to file a complaint/grievance at their dialysis facility. Family members may also file a grievance. The facility administrator, nurse manager or social worker will work with you to investigate and resolve any concerns brought to their attention.

TIP 1 - Do not hesitate to speak with the staff at your facility.

TIP 2 - Do not fear retaliation or reprisal.

TIP 3 - Know your rights and responsibilities as a dialysis patient.

TIP 4 - Ask your facility for its grievance process.

TIP 5 - You can also present your grievance over the phone or in writing.

TIP 6 - Presenting a grievance is not negative. Present it to the staff as constructive feedback.

Dialysis patients and family members can contact their state Department of Health or Quality Insights Renal Network 3 for assistance if they are not satisfied with the outcome of the facility investigation into their concerns/grievance.

New Jersey Department of Health (NJDOH): **1-800-792-9770**

Puerto Rico Department of Health (PRDOH): **787-782-8013**

Quality Insights Renal Network 3: **1-888-877-8400**

PATIENT SATISFACTION

The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) is a patient satisfaction survey. This is the first survey focusing solely on the in-center hemodialysis patient's perspective of dialysis care.

The Centers for Medicare and Medicaid Services (CMS) require dialysis providers to conduct this survey twice per year for all in-center hemodialysis patients.

The survey includes questions about:

- Nephrologists and facility staff communication and caring
- Operations of the dialysis facility
- Patient's knowledge of treatment options
- Handling of patient problems

PATIENT AND FAMILY ENGAGEMENT

Do you consider yourself a Subject Matter Expert?
Yes you are!

Patient, family and staff engagement is a key element for the achievement of patient-centered care at the facility level. Greater patient, family and staff engagement leads to:

- Better clinical outcomes
- Increased collaboration
- Increased patient satisfaction with their care
- Better performance results for the entire dialysis facility



TIP1 - Ask your facility administrator, nephrologist, or social worker how you can help them understand what is important to patients.

TIP2 - Ask if you can become a patient representative and promote positive communication between patients and staff.

TIP3 - Share useful ideas and experiences with the interdisciplinary team during monthly quality meetings.

TIP4 - Serve as a role model to other patients.

TIP5 - Assist your facility staff in the development of a Patient and Family Representative Guide for the role of Subject Matter Experts (SMEs) at the facility level.

The survey may not be given by any facility staff person and may not be given in the dialysis facility. This helps avoid any bias in responses. Therefore, dialysis facilities will contract CMS-approved survey vendors to conduct the survey on their behalf.

There are three approved modes of administration:

1. Mail Only
2. Telephone Only
3. Mixed (mail followed by telephone)

TIP1 - Your feedback is kept confidential.

TIP2 - Your answers to the ICH CAHPS helps the facility address areas in need of improvement.

TIP3 - Be sure to complete the whole survey.

INFECTION PREVENTION

Three main types of germs that cause infection in dialysis patients are:

- **Bacteria** – Examples are infections in the blood called “staph” or “strep” and pneumonia. MRSA is a type of infection caused by a type of bacteria called staph. Staph bacteria in a MRSA infection does not respond to many antibiotics used to treat staph infections. For peritoneal dialysis patients, infections in the belly are called “peritonitis.”
- **Viruses** – Most often known for causing colds and the flu as well as gastrointestinal problems.
- **Fungi** – Not as common in causing infections but can cause an infection under a dressing or in a peritoneal dialysis patient’s catheter.

TIP1 - Washing hands frequently is the MOST important way to prevent infection. Use anti-bacterial soap if available. You can also use hand sanitizer.

TIP2 - Let your team know if you experienced fever or chills at home or if you were in the hospital or emergency room since your last treatment.

TIP3 - Protect yourself and others around you. Cover your cough to avoid spreading germs. Request a mask if available.

TIP4 - Don’t scratch your access. Germs could be introduced to your bloodstream.

TIP5 - Before a going to the dentist, check with your doctor about taking antibiotics.

VACCINATIONS

Your immune system needs help protecting you from being exposed to infections in a clinic, your home or community. Three vaccinations are recommended as long as you are not allergic or had a reaction in the past.

- **Hepatitis B Vaccine:** Protects you from a virus that can hurt your liver.
- **Pneumonia Vaccine:** Protects you from a serious lung infection caused by bacteria.
- **Flu (influenza) Vaccine:** Protects you from viruses most likely to be “active” each flu season. You need to get one each year since the active type of flu can change from year to year.

TIP1 - Ask your care team if you have received the vaccinations listed above.

TIP2 - Speak with your doctor about other vaccinations you may need if you plan to travel out of the country.

TIP3 - If you receive any vaccinations outside of your dialysis center, ask for a copy and give it to the staff.

TREATMENT OPTIONS

I. DIALYSIS

In-center Hemodialysis is dialysis performed for you in a clinic by trained staff through your fistula, graft or catheter. Your involvement may vary.

TIP - Check with your clinic staff to see how you can participate in your treatments.

Home hemodialysis uses a machine that works the way the clinic machines work and treatments run the way they do at clinic. If your doctor thinks you are a good candidate for a more frequent dialysis schedule, “short daily” or “nocturnal” dialysis can be prescribed for home which can decrease or eliminate your need for some medications such as blood pressure pills and phosphorus binders.

Peritoneal dialysis or “PD” is another form of dialysis done at home every day. PD is done using a catheter (tube) that a surgeon places into the belly or abdomen. It is a process that removes waste products and extra fluid from the blood through fluid exchanges. PD can be done manually, called Continuous Ambulatory Peritoneal Dialysis (CAPD) or with a machine while you are sleeping, Continuous Cycling Peritoneal Dialysis (CCPD).

TIP - Not every clinic has a home program, but yours can put you in touch with someone who can help you learn more and help you decide if it is right for you.

II. KIDNEY TRANSPLANT

If you qualify, a kidney transplant is a healthier option than dialysis because a transplanted kidney works 24/7 and does the kidneys’ other jobs of preventing anemia and keeping your bones healthy.

The transplant team at a transplant center will:

- Educate you about transplant
- Answer questions about kidney transplant, the waiting list, living donors and deceased donor kidneys
- Help you understand how a transplant will affect your life and finances
- Review your insurance and financial resources to help you understand what you need for your transplant

TIP - Once listed, be sure to be as healthy as you can. Follow your dialysis schedule. Take your full dialysis treatments. Take your medicines and follow your diet and fluid guidelines.



VASCULAR ACCESS

A hemodialysis catheter may be used when one does not recommend catheters for long-term hemodialysis.

A fistula is the best type of access for three reasons:

1. Your veins and arteries are part of your body.
2. Your veins and arteries self-heal after each use.
3. A fistula provides excellent blood flow when used.

Not everyone has blood vessels that will work for a fistula or graft. Your doctor and surgeon will check to see if you are a good candidate.

TIP1 - Review the steps you will need to complete. See the My Access Plan table.

TIP2 - If you do not have a catheter, make sure to get one.

TIP3 - If you have a complication at home:
a. Contact your dialysis center staff, nurse, or doctor.
b. Go to an emergency room.

Step #	Step Name	Date Scheduled
Step 1	Making an Access Plan	
Step 2	Finding the Best Place for My Access	
Step 3	Going to See the Surgeon	
Step 4	Going for Surgery	
Step 5	Waiting for My Access to Mature or Heal	
Step 6	Using My Access	
Step 7	Getting My Catheter Out	
Step 8	Taking Care of My Lifeline for a Lifetime	

must begin dialysis before a fistula or graft has time to mature. Hemodialysis experts do dialysis.

ons:

y, so a fistula is less prone to infections or blood clots than other types of access. needle stick, so a fistula can last a long time. ready for use.

or a fistula. Another option is a graft that uses a plastic tube to connect the vein and the e what access type is best for you.

te in the process toward a permanent access. Track the date you completed each step.

to “look-listen-feel” your access daily and report any changes to your dialysis care team.

phrologist or vascular surgeon

MY ACCESS PLAN

What does this step mean for me?	Date Step Completed
This step shows you what is in an access plan. Once you review the plan, you will see what step you are on.	
This step tells you how the surgeon finds the best place for your access.	
You will need to go see the surgeon before you get scheduled for your surgery. This step tells you how to prepare for the visit and what will happen on the visit.	
This is a big step, so make sure you read it carefully. You will learn what will happen when you go for surgery and about going back to see the surgeon.	
How long this step takes will depend on what kind of access you have. Your dialysis care team will help you understand what this means for you.	
This step tells you what to expect when the dialysis care team starts to use your access for your dialysis. They will have a plan for how to do this.	
Once you are using your access without any problems, you will need to have your catheter taken out.	
This step tells you how to do your daily one-minute access check. Your care team will teach you how to do the check.	

VOCATIONAL REHABILITATION

A great number of End Stage Renal Disease (ESRD) patients give up their jobs or reduce work hours before or after initiating dialysis. Once out of the job market, many are not able to re-enter due to physical demands placed on them by the disease and the dialysis treatment needed to survive. Although this may be the case, there are opportunities for dialysis patients to recover gainful employment and begin a new career path.

Vocational rehabilitation services are available to any dialysis patient who is on Social Security Disability (SSD) or Supplemental Security Income (SSI) and is able and/or interested in returning to work.

These services are available through each state's Division of Vocational Rehabilitation Services (DVRS). Additionally, the federal government offers assistance to SSD/SSI recipients through the Social Security Ticket to Work program. These agencies work with SSD/SSI recipients to help them train and obtain gainful employment.

TIP 1 - Speak with your facility's social worker to identify resources in your community.

TIP 2 - Locate your local DVRS so you can set up an appointment with a counselor.

TIP 3 - Enroll in services to begin the journey towards job training and employment.

SOCIAL SECURITY TICKET TO WORK PROGRAM

Phone: 1-866-968-7842 • <https://www.ssa.gov/work/>

NEW JERSEY

Division of Vocational Rehabilitation Services

<http://www.state.nj.us/humanservices/cbvi/services/vocation/>

Vocational Rehabilitation Services

http://careerconnections.nj.gov/careerconnections/plan/foryou/disable/vocational_rehabilitation_services.shtml

DVRS Field Office Locations

http://careerconnections.nj.gov/careerconnections/plan/foryou/disable/dvrs_field_office_locations.shtml

PUERTO RICO

Administración de Rehabilitación Vocacional

www.arv.pr.gov

U.S. VIRGIN ISLANDS

Department of Human Services, Division of Disabilities and Rehabilitation

<http://www.dhs.gov.vi/disabilities/index.html>



Quality
Insights

Renal Network 3

Cranbury Gates Office Park
109 South Main Street, Suite 21
Cranbury, NJ 08512
(609) 490-0310
(609) 490-0835 (Fax)
(888) 877-8400 (Patient Toll-Free Line)
www.qirn3.org

This material was prepared by Quality Insights Renal Network 3 under contract with the Centers for Medicare & Medicaid Services (CMS). The contents do not necessarily reflect CMS policy. Publication No. ESRD3-020918