

Information for the Dialysis Professional

Recommendation: Involuntary Discharge of Patients

Background: The number of patients involuntarily discharged from facilities is a concern in Network 13 and throughout the country. Discharged patients are at high risk for morbidity and mortality. Any ESRD patient without access to regular chronic dialysis and the necessary support services is at increased risk. An unknown number of deaths have occurred due to lack of access to dialysis. Although the number may be small, these deaths may have been preventable. **They evoke disturbing ethical questions, particularly in the case of any discharge for non-adherence.**

Recommendations:

- 1. NOTIFY THE NETWORK PRIOR TO AN INVOLUNTARY DISCHARGE:** ESRD Network 13 recommends notification prior to the involuntary discharge of any patient. This provides an opportunity for the Network Patient Services Coordinator to review the issue(s) with facility staff and to review the actions/interventions taken to address the situation and outcomes of the actions/interventions. The Network Patient Services Coordinator and facility staff can explore if other actions other than discharge might be utilized. The facility staff should have thoroughly documented the patient's behavior — steps taken to assist the patient in addressing and modification of the problematic behavior; and referral assistance provided and outcomes of those referrals. The Network reserves the right to request this documentation be submitted for review.
- 2. TRAIN FACILITY STAFF:** ESRD Network 13 recommends that all facility staff receive training in conflict management techniques and this training is documented and reviewed annually. The Network reserves the right to request this documentation be submitted for review.
- 3. REPORT INVOLUNTARY DISCHARGES TO THE NETWORK:** Any discharge of a patient, where the patient has not requested it, is to be reported to the Network as an involuntary discharge regardless if the patient was transferred to another dialysis facility. This is to be reported in the Network Patient Activity Report (NPAR) submitted by the facility, providing the reason for the discharge. The facility will be contacted if the discharge and reason are not reported correctly and be required to submit the corrected information.

- 4. INVOLUNTARY DISCHARGE SHOULD BE THE OPTION OF LAST RESORT:** All efforts and options need to be put forth to prevent involuntary discharges from occurring. CMS regulations need to be followed on allowable discharges. If a discharge occurs, the facility and physician have an ethical obligation to actively participate in the placement of the patient in a new facility and with a new physician. Upon discharge, contact information for ESRD Network 13 Patient Services Grievance information will be provided to the patient, to include the Patient Toll-Free Number. These patients have a higher risk of increased morbidity and mortality without access to chronic dialysis services.



Difficult patients? Conflicts that seem impossible to resolve? Call Network 13 office prior to an involuntary discharge or conflicts that are unable to be resolved within the clinic. Δ

Web-Ex News

Thanks to all that participated in the Network 13 June Web-Ex training on Management of Secondary Hyperparathyroidism. Network 13 will be using this arena more in the future as a conduit to provide education and information to facilities. As soon as dates are set, we will send out a blast fax and provide you with this information. Please contact Network 13 if you have suggestions.Δ

News You Can Use Evaluation Forms

Did you receive a News You Can Use in April? There was an Evaluation inside for readers to fill out and fax back to the Network office at 405.942.6884.

If you did not get an opportunity to complete, please do so. If you no longer have a copy, you can find one on the Network Website at:

http://www.network13.org/Newsletters/newsyoucanuse/NYCU_07_04.pdf

PROFESSIONAL BEHAVIOR IN A DIALYSIS CLINIC

By Maria Sands

I) Introduction:

Professional behavior includes behavior that is courteous, respectable and decent. By its very nature, a chronic outpatient dialysis clinic is an environment in which caregivers are in positions of power and control. Those receiving the care are in positions of vulnerability. The health and well being of these patients depend upon the quality of the medical care they receive. In order to be effective as a treatment team, the staff members must maintain a level of professionalism that helps patients to feel safety and trust.

II) Professional Behavior:

In an ESRD Network Workshop on Workplace Professionalism, the presenter notes "professional behavior" creates an atmosphere of safety and trust for patients, maintains the caregiver/patient relationship, maintains boundaries and encourages open communication and questions. Displaying professional behavior is particularly important in areas such as appearance, communication, workplace practices and maintaining caregiver/patient relationships.

- A) **Professional Appearance:** In the same workshop on workplace professionalism, the presenter states that appearance includes not only how we dress but how we behave, as well.
- B) **Professional Communication:** How we communicate with each other can affect patients' feelings of safety. Communication is verbal and nonverbal. If the treatment team appears to be working as a team, patients are more likely to feel safe. As members of the treatment team, it is important to be respectable, civil and decent in regard to our behavior toward the patients as well as toward each other.
- C) **Professional Work Practices:** Professional work practices include punctuality, patient confidentiality and personal accountability. These practices should be patient focused. Keeping work practices patient focused can help staff to avoid crossing or violating professional boundaries.
- D) **Maintaining Professional Caregiver/Patient Relationships:** Because of the frequency and duration of dialysis treatments, the dialysis setting fosters a sense of familiarity. As a result, it is extremely important for the staff in the clinic to set professional boundaries which are clearly defined and diligently maintained.

III) Set Clearly Defined Professional Boundaries:

Sue Hartley, MEd, provides a clear definition of professional boundaries, "boundaries are defined as lines that we draw to help define our roles and interactions in relationships." Hartley further states that, "In addition, therapeutic relationships are goal-directed to promote (patient) self-care and independence." Acting in patients' best interests is the responsibility of the professional in the therapeutic relationship.

The Golden Rule of Boundaries: Do or say nothing in private or in public which cannot be documented in the client's record.

IV) Types of Boundary Violations:

In order to enforce policies regarding professional behavior, staff members must be given clear guidelines to follow. There are three concepts or types of over-involvement to be aware of as professionals in a dialysis clinic. Sue Hartley provides excellent definitions and examples of these types of over-involvement.

A) **Boundary Crossings** are brief excursions across boundaries...which result in a return to established boundaries. "Example: Mr. Jones is in the hospital for the third time this month. You know he's been very depressed so you send him a card to let him know the staff wishes him well." This may not seem to be a boundary issue. However, there is a danger that this behavior could be interpreted as showing partiality. The only way to avoid this interpretation would be to send a card to every patient, every time they are hospitalized.

B) **Boundary Violations** occur when there is confusion between the needs of the staff and those of the client. This type of over-involvement is "characterized by excessive personal disclosure, secrecy or reversal of roles".

Example: Self-disclosure to meet the professional's needs. Nurse Betty has been having some problems at home. Patient Jim is studying psychology and plans to pursue a career in counseling. Nurse Betty begins her assessment by asking Jim how he is feeling. Jim tells her that he is feeling quite well. Patient Jim then asks Nurse Betty how she is doing. Nurse Betty pulls a stool to Patient Jim's chair side and begins telling him about her personal problems at home. At one point, she pulls out a tissue to wipe the tears from her eyes.

C) **Professional Sexual Misconduct** includes any behavior that is seductive, sexually demeaning or harassing. It is a breach of the patient's trust. Example: Openly flirting with a patient and/or expressing sexual interest in or attraction to a patient. This may have begun with talking to a patient about your personal life. It may have escalated into talking with the patient about your intimate life.

V) Set Limits or Boundaries:

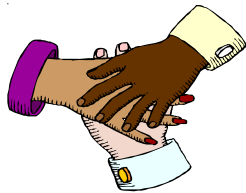
The safest way to avoid these types of boundary crossings or violations is to set limits or boundaries regarding appropriate professional behavior from the beginning. Sue Hartley, MEd, recommends the following limits or guidelines.

- 1) **Limit physical contact** to that which is therapeutic.
- 2) **Limit social contact** to "on-duty" time.
- 3) **Avoid financial dealings.**
- 4) **Limit self-disclosure** to superficial information.
- 5) **Avoid making a client's problems your own.**

VI) Professional Employee Relations:

In the ESRD Network Workshop on Workplace Professionalism, the presenter notes fostering professionalism in employee relations involves encouraging the staff to treat other staff as you like to be treated, respecting the rights of other staff members and speaking positively about other employees.

Treating other staff as you like to be treated encompasses the rest of these aspects. Respecting the rights of other staff members includes using professional work practices: being punctual, remaining patient focused and maintaining patient confidentiality. Speaking positively about other employees' displays teamwork. Working as a team increases patients' feelings of safety and trust. Δ



Emergency Preparedness

CMS emergency preparedness recommendations and tools for State Survey Agencies, health care providers, and additional resource information, is posted on the CMS Survey & Certification Emergency Preparedness Website, located at:

<http://www.cms.hhs.gov/SurveyCertEmergPrep/>.

You may also download a color copy of a Patient Emergency Preparedness Color Poster from the Network Website at:

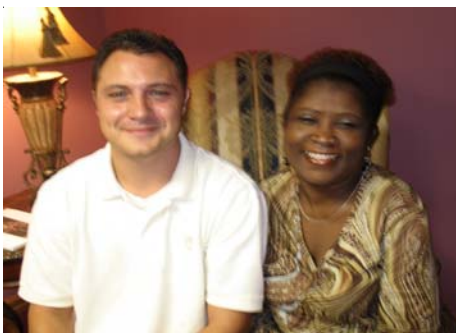
http://www.network13.org/disaster_resources.asp

New Network Staff

Network 13 has two new employees working in the Data Department. Please help us welcome them to the staff. Some of you may have already had the opportunity to talk to them.

Sean Rosales has worked at Network 13 for 6 months. He is currently working on a degree in psychology and a minor in business at the University of Central Oklahoma. Sean was recently married. His hobbies include fishing, camping and sports.

Carolyn Wilson has recently transferred to the Data Department. She has worked for the Network for eight months. She retired from Department of Human Services after 14 years of employment. She has been on peritoneal dialysis for 14 years and is also a member of the PAC (Patient Advocacy Committee). Her hobbies include singing, traveling, bowling, reading and basketball. She has a 16 year old son that also keeps her busy. What does she do in her spare time? "WHAT SPARE TIME?" she yells! Δ



The ESRD Network 13 Medical Review Board (MRB) recently upgraded the following Peritoneal Dialysis Recommendation to a Standard

STANDARD: PERITONEAL DIALYSIS (PD)

At initiation of PD therapy, total Kt/Vurea, total Ccr, and PNA (with all its components) should be measured within the first two months and then every four months.

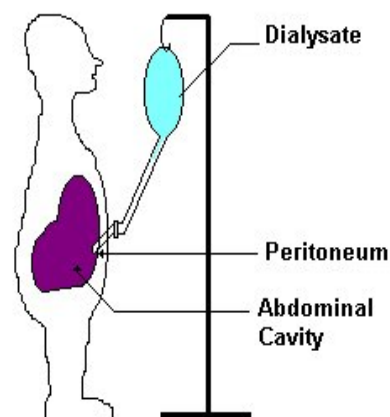
If there is a change in prescription or a major change in clinical status (i.e., hospitalization, weight loss), **but in the absence of peritonitis**, measurements of delivered weekly Kt/Vurea and total weekly Ccr should be performed within the next four weeks and then resume adequacy testing at 4-month intervals.

CRITERIA: All PD patients (adult & pediatric).

RATIONALE:

- Measurements of delivered PD dose and total solute clearance are easy to perform, but require attention to detail and precision in techniques for patients and dialysis staff. It is imperative that these measurements become a routine for the patients and facility staff. The 4-month interval is recommended because it strikes a balance: every four months is often enough to be clinically helpful, but not so often as to be intrusive into a PD patient's lifestyle.
- The impact of a change in prescription should be assessed within 2 to 4 weeks in order to determine if the recommended change has actually been executed and if it has accomplished its goal. The promptness of the assessment is important because clinical events could postpone the measurement or confound the results. Δ

Peritoneal Dialysis



Mark your calendar: August 9 is the date for CDC's live satellite broadcast "Immunization Update 2007"

The live satellite broadcast and webcast "Immunization Update 2007" will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza, rotavirus, varicella, and zoster vaccines; the safety of thimerosal-containing vaccines; and other emerging vaccine issues.

The 2.5-hour broadcast is scheduled for August 9 from 8AM to 10:30AM CDT; it will be re-broadcast later in the day from 11AM to 1:30PM CDT. Both broadcasts will feature a live question-and-answer session in which participants nationwide can interact with the course instructors on toll-free telephone lines.

Faculty. The course instructors include William L. Atkinson, MD, MPH; Donna L. Weaver, MN, RN; and Andrew T. Kroger, MD, MPH. All are with the CDC's National Center for Immunization and Respiratory Diseases.

Audience. The program's intended audience includes physicians, nurses, nurse practitioners, physician assistants, Department of Defense paraprofessionals, pharmacists, health educators, and their colleagues who either administer vaccines or set policy for their offices, clinics, or communicable disease or infection control programs. Private and public healthcare providers, including pediatricians, family practice specialists, residents, and medical and nursing students are encouraged to participate.

Registration is not required. **HOWEVER, ONLINE REGISTRATION IS REQUIRED TO RECEIVE CONTINUING EDUCATION CREDITS.** To register, go to:

<http://www2a.cdc.gov/phtnonline>

Individual registration begins July 12.

Questions. For additional registration information, email ce@cdc.gov or call (800) 418-7246. For additional program information, send an email to nipinfo@cdc.gov △



Transplant Tidings

The Medical Review Board (MRB) has developed standards and criteria for patients and providers of ESRD care that encourage consideration for renal transplantation.

STANDARD: 100% of patients with ESRD will have documentation reflecting an annual evaluation and/or consideration for renal transplantation.

CRITERIA: The MRB has established a goal that the Network will meet or exceed the national average of ESRD patients undergoing or preparing for a transplant. Documentation of review for Transplantation is to be located on all dialysis patients' Long Term Programs. Documentation shall be specific to:

1. Modality option being offered with patient decision accordingly.
2. Current listing for transplant, or;
3. Contraindications to transplantation (absolute or relative) that may exempt the patient from this treatment modality. Please note that relative contraindications should be listed and re-evaluation for transplantation may be appropriate between annual modality reviews.

EVALUATION: The MRB requires the Network staff to evaluate facilities for compliance with this established standard and criteria. The year-end facility survey will be reviewed by the MRB to ascertain facility transplant rates. △

Did you know?

- ◆ A dialysis patient should eat no more than 12/14mg/kg of phosphorous a day.
- ◆ Hemodialysis removes approximately 3mg/kg of phosphorous each week with three treatments a week. Peritoneal dialysis removes only slightly more.
- ◆ An ESRD patient should eat approximately 1.2mg/kg of protein each day.

After two days in the hospital, I took a turn for the nurse. ~W.C. Fields

Recommendations for the Prevention of Infections

Target the Pathogen – Obtain appropriate cultures prior to administration of antibiotics:

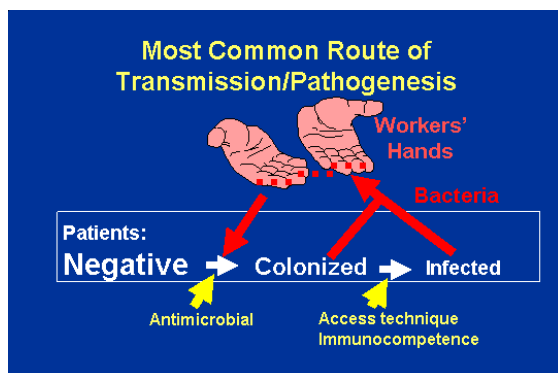
- One blood culture; a blood sample drawn from a single site or with a single venipuncture regardless of the number of blood cultures bottles into which the specimen is placed
- Preferable to obtain 2 blood cultures from different sites at different times
- Obtaining cultures through peripheral vein versus through the catheter

Prevention of Peritoneal Dialysis Catheter-Associated Infections:

- Use double-cuffed catheters
- Immobilize the catheter in the postoperative period (at least 3 to 4 weeks), cover with several layers of gauze (avoid occlusive dressings), and keep dry.
- Restrict catheter care to experienced staff and patients
- Use aseptic technique with sterile gloves and facemasks when performing exit-site care in the post-op period
- Use liquid soap or cleansing solutions regularly, but avoid irritating the exit site.
- Once the exit site has healed, wash the exit site daily.
- Review patient's exchange techniques and reeducate.

Prevention of Hemodialysis Catheter Infection:

- Sterile technique
- Limit use of femoral vein catheters to 5 days.
- Limit use of non-cuffed central venous catheters to 4 weeks.
- Use the catheter ONLY for hemodialysis
- Restrict catheter manipulation and dressing changes to trained personnel.
- Examine exit site for infection at each dialysis treatment.
- Consider soaking caps or blood catheter connectors in povidone-iodine for 3 to 5 minutes prior to separation.



The number ONE prevention of infection is
HANDWASHING!!! Δ

Educational Opportunity for Technicians

Hemodialysis Patient Care Technician

Online Training from Lake Superior College (LSC). The Lake Superior College Hemodialysis Patient Care Technician program is an online program which offers an exciting opportunity for students to become certified technicians in this growing field. The program is a certificate program offered in two formats:

Hemodialysis Patient Care Technician Theory Certificate

This 16-credit certificate provides students with the fundamental theoretical knowledge only. Students completing this certificate would still require on-the-job clinical training upon hire at a dialysis facility.

Hemodialysis Patient Care Technician Advanced Certificate

This 21-credit certificate provides the student with the fundamental theoretical knowledge and also includes a structured clinical internship experience, arranged by the student at a dialysis facility. Students completing the advanced certificate will require minimal additional training upon hire at a dialysis facility.

You can begin by contacting Lake Superior College's Student Services department to find out specific admissions information. This program requires that students test at a certain level in reading, writing, and math when taking the LSC placement test. For more details, look online at www.lsc.edu or call 1-800-432-2884 ext. 7601.Δ

Greater In Relative Risk Of Mortality

Skipped Treatments	Mortality Increase	Treatments
2/ year	2.3%	
4/ year	4.7%	
6/ year	7.0%	
8/ year	9.3%	
10/year	11.7%	
12/year	14.0%	
14/year	16.4%	
16/year	18.6%	
18/year	21.0%	
20/year	23.4%	
22/year	25.6%	
24/year (2 per month)	28.0%	

Use the chart above to show patients the importance of being adherent to their treatment regime. If a hemodialysis patient misses 2 treatments per month their mortality risk increases to 28% for that year.

Use soft words and hard arguments.
--English Proverb

You Might Work in A Dialysis Unit If...

You have ever slept your entire day off.

The sight of blood spewing does not mean you are at a horror movie.

If people think your favorite cologne is Eau de Toilette Spray by Chlorox .

All your scrubs have bleach stains.

You know details of your patients' lives better than you know your own families.

You have ever made a squirt gun out of a 30cc syringe.

You have ever told a patient, "Milk, it DOESN'T do a body good."

You have had a patient tell you "thank you" for saving their life.

You have stood for 12 hours and when you get home your feet are flatter and tougher than Fred Flintstone's.

You have the bladder capacity of 5 people or the size of a Winnebago gas tank.

You are the only one at the dinner table NOT allowed to talk about your day.

Your family members must have a fever of 105 or missing a limb with active bleeding in order to receive your sympathy.

You have ever been telling a work story at a restaurant and had somebody at the next table throw up.

Part of your daily vocabulary is, "I will be right there to get you off!"



Online Books and Resources for Kidney Patients

Kidney Cooking: A Family Recipe Book for Dialysis Patients

National Kidney Foundation of Georgia

NKF of Georgia
2951 Flowers Road South
Suite 211
Atlanta, GA 30341
(800) 633-2339
(770) 452-1539

Fax: (770) 452-7564

www.kidneyga.org (free download) 166 pages



Kidney Friendly Comfort Foods: A Collection of Recipes for Eating Well with Chronic Kidney Disease

Reviewed by Cathi J. Martin, RD, CSR, LDN

Order a free copy

www.Phosphoruscontrol.com

www.Fosrenol.com

Living Well on Dialysis: A Cookbook for Patients and Their Families

Council on Renal Nutrition - National Kidney Foundation,
2002 (3rd Edition)

National Kidney Foundation, Inc.

30 East 33rd Street

New York, NY 10016

(800) 622-9010

www.kidney.org (free download)



Southwest Cookbook for People on Dialysis

El Paso Chapter Council on Renal Nutrition- NKF of Texas, Inc.

Free download

www.epogen.com

54 pages

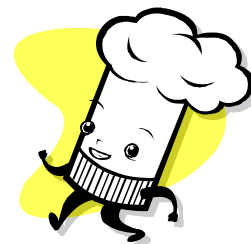
Available in English and Spanish

Recipes from Davita

Free Download

(800) 244-0680

www.davita.com



Avoid fruits and nuts. You are what you eat.

~Jim Davis



SAMPLE PROCEDURE: Peritoneal Equilibration Test (PET)

Purpose:

To assess the peritoneal membrane characteristics for individual patients.

Materials Needed:

2 liter bag of 2.5% dialysate

Transfer set with drain bag , disinfectant

Sterile gauze, lab tubes for dialysate samples (3 or 4 samples)






Lab tube for one blood sample

Personal Protective Equipment Recommended:

Gloves, apron, mask, and safety glasses or full-face shield

NOTE: The patient should be instructed to report to the clinic with the overnight dwell in the abdomen.

The nurse will drain the overnight dwell in the clinic.

	STEP		RATIONALE
1	Put on personal protective gear	1	To comply with infection control policy
2	Prepare 2 liter bag of 2.5% dialysate	2	To be used for procedure
3	Drain overnight dwell completely with the patient in an upright position. Record drain volume. The overnight dwell must be at least 6 hours.	3	To empty the abdomen of the equilibrated effluent. 
4	Infuse the 2 liter 2.5% solution with the patient in a supine position. Infuse the solution as rapidly as possible (400 ml every 2 minutes). Instruct the patient to turn from side to side every 2 minutes during the infusion.	4	To infuse dialysate in a manner that allows the greatest contact of dialysate with the peritoneal membrane. 
5	Dialysate samples will be drawn at time 0, 2 hours, and 4 hours. An optional sample at time 1 hour may be drawn. Time 0 dwell occurs IMMEDIATELY after the dialysate is infused and time 4 hour dwell is at the completion of the 4 hour drain.	5	Effluent must be obtained to perform analysis of urea, creatinine, and glucose. 
6	To obtain effluent samples: Soak the medication port for 5 minutes with gauze soaked with disinfectant. Drain 200 ml into the drain bag, agitate the bag. Draw a 10 ml sample of effluent from the medication port using aseptic technique. Place sample into properly labeled lab tube. Reinfuse the remaining effluent.	6	Aseptic technique must be maintained to prevent the introduction of bacteria into the peritoneal membrane. 200 ml will provide an adequate amount of effluent to sample. Lab tubes must be labeled correctly otherwise results will not make sense. 
7	Draw a blood sample when the 2 hour effluent sample is drawn. Send blood for urea, creatinine, and glucose.	7	A blood sample must be obtained to calculate Dialysate/Plasma (D/P) ratios.
8	At 4 hours, completely drain the patient. Allow 20 minutes to drain. Agitate the drain bag, draw an effluent sample. Record effluent drain volume.	8	To complete the PET the abdomen must be drained. 

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News You Can Use **NEEDS YOU!**

The Professional Newsletter is published quarterly by the staff of ESRD Network 13. The next edition is scheduled for Fall/October 2007. If you are interested in contributing to this newsletter, please call us at **405.948.2250**, fax us at **405.942.6884** or send any articles, materials and/or ideas to:

News You Can Use

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NYCU 07/07

Change Service Requested