NETWORK 13 NEWSLETTER

NEWS YOU CAN USE...

Issue 29 Fall/October 2007

Information for the Dialysis Professional

Access Awareness Training

On October 11, 2007 Network 13 held the first of many to come Access Training Sessions. The response was overwhelming and encouraging to the Network staff. Cheryl George and Shelly Valadez, QI Nurses for Network 13, heard a need and attempted to meet it head on. The Network 13 nurses knew that the needs of so many could not be met from behind their desk. They knew that yet one more piece of paper sent to the clinics from Network 13 was not going to cut it this time. So, with arms in tow (literally) they hit the proverbial access highway to vascular training. The nurses will be in your area soon so watch for postings in your facility.

Some of the highlights that were covered came from Dr. Beathard's resource guide to Physical Examination of Dialysis Vascular Access. Participants learned valuable information about the physical examination of the dialysis vascular access. The importance of access preservation, stenosis monitoring and proper assessment of arterial blood flow is just a part of what was covered. A short history lesson on the buttonhole technique ensued followed by information on creating a buttonhole.

It is important to note that the same staff member must cannulate the buttonhole in the **same** spot at the **same** angle and at the **same** depth each and every time until the tract is formed. The tract is usually formed after 6 to 12 cannulations depending on the patient.

Once the AVF is funtional, it is associated with fewer problems than seen with grafts, but problems can occur. That is where you, as the front man/woman on the floor, play a critical role. A physical exam plays a major role in the evaluation of potential problems. The most common complications associated with AVF's are venous stenosis, thrombosis, ischemia, aneurysms and infection.

The tools required for a physical exam are free and you have them with you at all times: your eyes, fingers and ears. Look, listen and feel the access before each and every cannulation. Learn the process to a thorough physical exam by watching the cannulation video (coming your way soon), attend the Network 13 Access Training, or go to www.fistulafirst.org and download the information. Even if you have been working in dialysis for 15 years, you will find this information excellent both as a review and as a resource for new information. Please call Shelly Valadez (405.948.2250) or Cheryl George (405.948.2249) at Network 13 for additional information. △

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In other words…When Patients and Providers Talk About Health

By Helen Osborne, M.Ed., OTR/LPresident of Health Literacy Consulting

Health communication can be difficult for everyone. Healthcare providers and patients alike may struggle to communicate clearly, and both can walk away from conversations unsure about whether they understand what was said or were understood themselves.

The ESRD (End Stage Renal Disease) Network 13, based in Oklahoma City, Oklahoma, worked to improve this situation by offering three pairs of communication workshops in their service area (Arkansas, Louisiana, and Oklahoma). Each included one session for patients and caregivers, and another for healthcare providers and administrators. The patients are dealing with kidney failure and undergoing dialysis; the providers work at treatment facilities for dialysis patients. I had the privilege of speaking at all of these workshops.

To better understand the communication concerns of both providers and patients, I took part in a conference call with several members of the ESRD staff. The participants included Shelly Valadez, RN, BS (quality improvement nurse), Jacki Winn (outreach coordinator), and Carolyn Wilson (data support), who is also a dialysis patient. Valadez, Winn, and Wilson agreed that once a patient needs dialysis, things change forever for that patient. Without a kidney transplant, patients need some form of ongoing dialysis. Most start with hemodialysis, a four-hour treatment three days a week given at a treatment facility. Some later opt for peritoneal dialysis, which they do everyday at home. Regardless of which treatment patients decide to have, they will work closely with healthcare providers for the rest of their lives. In the conference call, we focused on ways that patients and providers can work together to improve health communication at all phases of treatment and care.

Start From the Beginning

Wilson says that when patients learn they need dialysis, some incorrectly assume they need just one treatment. Conversely, providers may assume patients know they need dialysis for the rest of their life or until they can have a kidney transplant. Rather than assuming what patients already know, Valadez and Winn say providers should start important conversations about new diagnoses, medications, or procedures with the basics. That way they can ensure everyone is on the same page.

Teach at a Pace People Can Learn

There is no benefit in providing too much information too fast. Patients are often acutely ill when they start dialysis. They also are likely to be flooded with new information about procedures, providers, and routines. Valadez, Winn, and Wilson agreed there is only a limited amount of information that patients can absorb in the first few weeks.

Review Information Together

Good health communication involves more than just giving patients brochures to read. Providers need to help patients know why these materials are worth paying attention to. Wilson estimates that in her 13 years of dialysis treatment, she has accumulated at least two big boxes of papers, notebooks, pamphlets, and forms — all of which remain unread. When asked why, she says, “I haven’t gotten to them yet.” The real reason, all three say, may be that no one has yet made a compelling case why she *should* read them.

Provide Clear, Specific Instructions

Patients, even those in treatment for many years, may not always understand what certain medical terms mean, or how to follow through with lifestyle recommendations. One example that Valadez cites is “eat protein.” She points out that there is no “protein aisle” in a grocery store. Providers, she says, can be more specific by telling patients to eat more eggs, soy, and meat.

Help Patients Understand Why You Need Information

At all points of care, patients are asked to complete health histories and other forms. Wilson says she is often leery about filling out these forms. A common fear is that a “wrong” answer could lead to additional tests. →

At a recent patient/caregiver session, the topic of why people are reluctant to ask questions came up. Patients said they are concerned that asking too many questions may result in longer appointments. They also worried that providers are too busy to answer them.

Confirm Understanding

Valadez, Winn, and Wilson all say this principle goes two ways. Patients need to understand what providers are explaining or asking them to do. Likewise, providers need to understand what patients are saying. For example, when a patient says she has a "poor appetite," the provider should confirm whether this means she is eating less than three meals each day, or just having smaller portions, or has no interest in food at all. Good communication is important for everyone. As Wilson so eloquently states, "Once you open the door to learning, patients will take it from there." △

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Are You Prepared for the Unexpected?

All ESRD facilities are required to develop policies and procedures for emergency/disaster preparedness. To meet the unique needs of ESRD patients and providers and to minimize the effects of an emergency, one must plan ahead to be prepared BEFORE an emergency strikes.

This article is to assist ESRD facilities in the development and improvement of their facility-specific emergency preparedness plan. As you know, the Federal regulations, as well as the Interpretive Guidelines are utilized by State Survey Agencies in their certification activities. The following guidelines refer to the regulations and should be considered minimum standards. Federal guidelines emphasize that policies must be written that drills be conducted (at least annually), and that staff and patients be trained in emergency procedures.

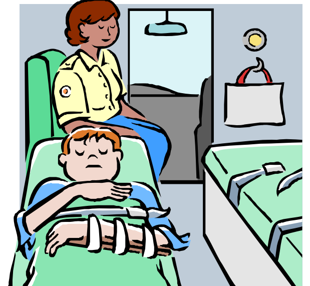
Written policies and procedures specifically define the handling of emergencies, which may threaten the health and safety of patients. Such emergencies would exist during a fire or natural disaster or during functional failures in equipment. Specific emergency preparedness procedures exist for different kinds of emergencies. These are reviewed and tested at least annually and revised as necessary by, or under the direction of, the chief executive officer. All personnel are knowledgeable and trained in their respective roles in emergency situations.

(1) There is an established written plan for dealing with fire and other emergencies which, when necessary, is developed in cooperation with fire and other expert personnel.
(2) All personnel are trained, as part of their employment orientation, in all aspects of preparedness for any emergency or disaster. The plan should provide for orientation promptly and correctly carries out specified roles during an emergency.
(3) There is available at all times on the premises a fully equipped emergency tray, including emergency drugs, medical supplies & equipment, and staff are trained in its use.
(4) The staff is familiar with the use of all dialysis equipment and procedures to handle medical emergencies.
(5) There is enough staffing to allow for coverage of unit, as well as to handle any medical emergency, which may arise.
(6) Patients are trained to handle medical and non-medical emergencies. Patients must be fully informed regarding what to do, where to go, and whom to contact if an emergency occurs. Communication should also occur with families and significant others, as applicable.

Ascertain whether there are set procedures for emergencies (fire, disaster, and medical), whether everyone knows their role in such emergencies and whether there is an emergency tray with drugs kept current. Patients who are undergoing dialysis must be aware of procedures for disconnecting themselves from the dialysis equipment in case of fire or other natural disaster. Drills are essential in maintaining assurance that responses will be automatic when an emergency does arise. The Life Safety Code does not have a specific requirement for outpatient clinics or dialysis activities. Consequently, because of the nature of the ESRD patients being artificially restrained by means of the dialysis mechanism, certain facility requirements for drills are pertinent. There may be a need to demonstrate all of the techniques required for fast, safe and efficient completion of the process of disconnection secondary to the occurrence of an emergency. Drills are to test the efficiency, knowledge, and response of personnel. The purpose is not to disturb or excite patients. The regulatory requirement is that the procedures for different types of emergencies be tested at least annually. →

Planning for alternative transportation is an absolute necessity. "Normal" transportation will most likely be disrupted by the disaster itself. Discussions should take place between the social worker and patient/family about emergency transportation options. Your facility may want to generate and distribute a "tip sheet" for each patient, which lists emergency phone numbers, community resources, etc. In the event that the social worker has responsibilities for more than one dialysis unit, contingency plans should be included in policies/procedures to address need for assisting social worker as necessary.

Possible resources for emergency shelter include friends, relatives, American Red Cross shelters (check with local chapter), motels/hotels, churches, schools, and vacancies at local apartments/condos. Possible resources for emergency transportation include military reserve units, bus/taxi, area agency on aging, church affiliated groups, ambulance, highway departments and, as a last resource, your local police. The police are usually extremely busy in a time of community crisis. Along with these concrete tasks of assisting with shelter and transportation, the social worker has an important role to alleviate the stress inherent in the situation. Any type of change in routine can cause stress for patients and staff alike. The change in routine that a disaster can cause in a dialysis unit can be immobilizing. The social worker, as a mental health provider, can assist in helping patients, families, and staff members effectively cope.



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ACKNOWLEDGMENTS: This resource was developed after reviewing many materials generated from other Networks, CMS, FEMA, and the American Red Cross. Thanks to all.
For additional information see the Facility Resource Materials at:
http://www.network13.org/QI/Facility_Info_Packet/8-disasterplanningresource/8A_New_Disaster_Planning_Resource.pdf Δ

Take Time To Smile

When a physician remarked on a new patient's extraordinarily ruddy complexion, he said, "High blood pressure, Doc. It comes from my family."
"Your mother's side or your father's?" I asked.
"Neither," he replied. "It's from my wife's family."
"Oh, come now," I said. "How could your wife's family give you high blood pressure?"
He sighed. "You oughta meet 'em sometime, Doc!"

Be looking for information on the upcoming ESRD Spring Mentoring Workshops in your area early in 2008. Dates are: March 13, 2008 Lafayette, LA; March 27, 2008 Little Rock, AR; and April 8, 2008 Oklahoma City, OK. This will be an exciting workshop with valuable information to take back to your clinic and build an even better team! As details become available, it will be mailed to facilities or it will be on our website: http://www.network13.org/workshop.asp. Check out the website for all the latest information on medication alerts, educational materials for patients and professionals, and much more. Go ahead, check it out! Δ

Are You Ready For A Change?

Network 13 will soon be changing the way you receive the professional Newsletter, News You Can Use. Beginning in 2008 the newsletter will be electronically mailed to dialysis professionals in the Network 13 coverage area. PLEASE make sure that your e-mail addresses are kept up-to-date so you don't miss the latest news. For those of you without access to e-mail, call Shelly Valadez at 405.948.2250 and you will be mailed hard copies each quarter. ALSO, do you feel the newsletter doesn't give you the information you need? Do you ever open the newsletter and say, "I wish there was something about (insert desired topic) in the newsletter"? Well here is your opportunity to make a difference. Simply call Shelly at the number above or send an e-mail to svaladez@nw13.esrd.net with your ideas. If you are really up for a challenge, write an article for the newsletter. Learning is best done when we learn from each other. Δ

PATIENT PRESPECTIVE

ESRD And Spirituality: Three Patients Talk About Coping with ESRD

Andrea Vidrine Social Worker
DCI Opelousas, Opelousas, LA

There is so much suffering in the world; illness, financial hardship, tragedy. How do we make sense of it? How do we live through the 'why me's' and the 'what if's'? For people living with ESRD, first the diagnosis comes, then the shock and the sadness. It is an extraordinarily helpless feeling to be so out of control. Where is God in all of this? You pray, "Help me. Please help me. If You can hear me, if You care about me at all, help me."

This article is about end-stage renal disease (ESRD) and using spirituality as a coping mechanism. It's different for everyone, isn't it? Some people accept their circumstances quickly and begin the process of adjustment. Others never have peace and continue to ask, "Why me?" If you believe that we are mental, physical, and spiritual beings, then answering this spiritual question is crucial to peace of mind. How you make sense of it all contributes to your overall health and well-being. In this article, we will hear about how two dialysis patients use their spiritual beliefs to help them cope with their illness, and we will talk about the role that one's perspective on life plays.

Vincent Thomas is a spry, fit man that has been on dialysis since 2005. He lights up any room into which he walks, has a spring in his step, and a smile on his face. One can't help but feel a little bit lighter after talking with him. When I spoke with him about what helps him cope with having ESRD, he remembered the example that his father set for him. Vincent said, "My dad would pray a lot, and I would hear him praying at night. It had to be heart-sent because he didn't have the education to get in the Bible and read. He would never complain. I could see the inner peace that he had. That inner peace helped me look at what is happening in my life. He would commune with God through regular talk."

When Vincent first began dialysis, he had to draw on the strength he gained from his father's example. He reflected, "The onset of having renal disease is very deep to take. I really questioned, 'why me.' I took what I believed, and I prayed upon it. I took that, and I turned it over. It made me have a different point of view on life in general." Vincent said that he believes that one's course in life is set from the beginning, that each of us has a destiny. He also stated, on the other hand, "I've accepted my illness, but I also believe in the power of healing and prayer. I've also had visions or dreams of not being a patient. I pray for that all the time."

In Vincent's "quiet time" he "gets into his own spirit to talk to God." He smiled as he told me, "I can't help but give Him the glory for carrying me through. I'm blessed to be where I am. I don't point fingers or wonder about what if."

Dorothy Smith has also been on dialysis since 2005. She is a strong woman who believes in living life to its fullest, despite adversity. When she was first diagnosed with ESRD she didn't want to begin dialysis. She shared, "I didn't want to come until I prayed and asked God to lead me in the right direction because I told them that was my last resort."

Prayer is Dorothy's main coping skill. She said, "Every day I pray. I try to get to church every Sunday and every holiday and stay up with my religion." She doesn't let the circumstances of her illness keep her down.

Howard Woods is a lean and tall 29 year old that has been on dialysis since 2004. His spirituality is what helps him cope with the rollercoaster ride of ESRD. He shared, "My encouragement of spirituality is to always give God thanks for healing your body even if you're down and out, because one day you'll wake up feeling so good you'll just know you have been touched by something that feels so good that doctors won't understand—just like me."

It all comes down to what you believe. For my part, I believe that there is a God who loves us unconditionally and has a positive plan for our lives, and that all things work together for good. When we suffer hardship, illness, or adversity, it's just part of being a human being on the planet. It's not a personal attack. It's just life dancing. Like LeeAnn Womack sang, we can "sit it out or dance."

**Courage is not the towering oak that sees storms come and go;
it is the fragile blossom that opens in the snow.
----Alice Mackenzie Swaim**

Choosing faith instead of fear is a simple concept, but it's not easy. There is nothing easy about keeping your hands open to accept what comes and believing that it is all working out for good. It is especially difficult when you are tired, lonely, bed-bound, or in pain.

Here are a few spiritual practices from around the world that can offer solace:

- Pray.
- Recite the rosary.
- Read the Bible or other sacred scripture.
- Participate in formal praise and worship at a church service.
- Say positive affirmations daily.
- Sing happy songs.
- Meditate.
- Practice gentle yoga stretching.
- Do volunteer work.
- Count your blessings every day.
- Take your eyes off of your circumstances, and focus your mind on the good in your life.
- Purpose to be a blessing to someone else, even if it is only to smile.

> To succeed... you need to find something to hold on to, something to motivate you, something to inspire you.
> ...Tony Dorsett

What brings comfort to one person may be very different from what works for someone else. Vincent, Dorothy, and Howard have found that prayer and faith continue to carry them through all that patients living with ESRD have to endure. Ultimately if we want a peaceful life on this planet, then we all have to learn to play with the hand that is dealt to us—for better or for worse. Life is precious, and we aren't even guaranteed today. Let us determine to make the most of what we have. △

New Tools for Fistula First!

As most of you are aware, Network 13 facilities have made HUGE improvements in the Fistula First Initiative. In 2002, ESRD Network 13 only had 25.4 percent of patients utilizing a Fistula. Today, the Network 13 fistula rate is a whopping 45 percent! Still shy of the 66 percent required by CMS, but much improved! Congratulations! Give yourself a hand! While the Network continues to see a slow but steady increase in fistulas being placed, utilization has not kept up. If fistulas are being placed, why aren't they being used? Good question! Network 13 is working on drilling down to find the problems that may answer that question. Two new tools have been developed to help facilities determine and track barriers and improve fistula rates.

Catheter Reduction Tool:

The first tool is a revised Catheter Reduction Tool. This tool looks at all patients who have catheters, how long they have been in use (</> 90 days), the reason the patient has a catheter instead of an AVF or AVG, and if referred to a surgeon… the outcome. Once catheter patient data is entered, it should only take a few minutes each month to update this tool, using a drop down box to select answers. A report is automatically generated for monthly CQI.

AVF Functionality Tool:

The second tool is a newly-developed tool for use once the patient has their fistula placed. This tool tracks: patient status; nephrologist; surgeon; date of access placed; projected date of first cannulation; if vessel mapping was done prior to placement; if AVF is being utilized; if catheter has been removed; and, reason/intervention if unable to utilize AVF by projected cannulation date. This tool was created with fields that can be modified by the facility to enter their own physicians, and uses a drop down box to select answers. This tool will help your CQI committee drill down to issues that are preventing fistula utilization in your facility.

If your facility is interested in these tools, you can find them on the Facility Resource Materials CD which was recently mailed to your facility manager or on the Network 13 website at http://www.network13.org/facility_handbook.asp in Section 3 - Continuous Quality Improvement (CQI). A CD with all of the CQI tools from the Facility Resource Materials is available upon request. Call Cheryl George, RN, at 405-948-2249 or Shelly Valadez, RN, at 405-948-2250.

ACCELERATING QUALITY IMPROVEMENT (Rapid Cycle Improvement)

Process Improvement is a simple yet powerful tool for accelerating improvement. The model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement. This model has been used very successfully by health care organizations in many countries to improve many different health care processes and outcomes.

The model has two parts:

- Three fundamental questions (see below), which can be addressed in any order.
- The 'Plan-Do-Check-Act (PDCA) cycle to test and implement changes in real work settings. The PDCA cycle guides the test of a change to determine if the change is an improvement. Including the right people on a process improvement team is critical to a successful improvement effort. Teams should be built to suit the needs and can vary in size & composition.

FORMING THE TEAM:

1. First, review the aim.
2. Second, consider the system that relates to that aim. What processes will be affected by the improvement efforts?
3. Third, be sure that the team includes members familiar with all the different parts of the process — managers and administrators as well as those who work in the process, including nephrologists, surgeons, dialysis nurses, dialysis technicians, social workers and dietitians. Are patients to be involved and/or familiar with the processes?

Setting Aims: Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures: Teams use quantitative measures to determine if a specific change actually leads to an improvement.

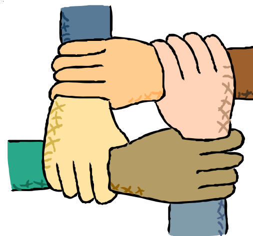
Selecting Changes: All improvement requires making changes, but not all changes result in improvement.

Testing Changes: The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Spreading Changes: After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

FREE CEU'S AVAILABLE

HDCN is honored to provide the opportunity for nurses and technicians to get free ANNA-sponsored CEs on-line. These programs either were originally presented at the ANNA National Symposium or Fall Meeting, or took place elsewhere, but CEs are approved by ANNA in its role as accredited approver.
http://www.hdcn.com/symp/anna_ce/freece.htm



ESRD NETWORK 13 MISSION STATEMENT

To assess and improve the quality of care provided to individuals with End Stage Renal Disease.

New Immunization Web Sites

Immunization and vaccination (easier to find in one location: Overview, common questions, why immunize? How do vaccines work, etc.)

http://www.cdc.gov/vaccines/bac-gen

Recommendations and guidelines (ACIP, vaccine management, vaccine storage and handling, provisional recommendations, VFC Resolutions, reminder systems, recalled vaccines, etc.)

http://www.cdc.gov/vaccines/recs

Patient-education materials for providers (now find them all in one place)

http://www.cdc.gov/vaccines/ed/patient-ed.htm

Do You Know About Dialysis Facility Compare (DFC)?

This website provides important information and resources for patients and family members who want to learn more about chronic kidney disease and dialysis. Look at the information on Dialysis Facility Compare carefully. This information is for patients to help them find a center that best meets their needs and stay informed. There is a link to the DFC Website at http://www.network13.org or go to www.medicare.gov/dialysis. △

Surfin' The Web

National Kidney Foundation Spring Clinical Meetings: 2008 in Dallas TX

The 2007 National Kidney Foundation 2007 Spring Clinical Meetings held at Walt Disney World in April 2007 presented an excellent opportunity for renal professionals to attend an array of clinical presentations on the pertinent issues faced in the provision of care for chronic kidney disease. The meeting presented an opportunity for professionals to network to share new ideas and rekindle friendships. Another anticipated portion of the meeting is the exhibit area, which displays the latest and innovative educational, pharmacological, and technical devices and materials available for the treatment and care for chronic kidney disease.

Social Workers had an opportunity to attend sessions to enhance their skills and expand their practice knowledge. Areas included pediatric nephrology social work, transplant, ethics, end-of-life care, cognitive behavioral therapy, team building, outcomes-driven nephrology social work, psychosocial barriers and stressors for patients, research methods, conflict mediation, compassion fatigue, rehabilitation, disaster preparedness, chemical dependency, and dialysis in Mexico. All sessions had continuing education credits through the Association of Social Work Boards available. The NKF Spring Clinical Meeting is a rare opportunity to get such a vast array of clinical topics covered at one time.

Network 13 renal professionals have a great opportunity to attend the exciting and enriching experience of the National Kidney Foundation 2008 Clinical Meeting.The meeting will be held in Dallas, TX at the Gaylord Texan on April 2-6, 2008. Mark your calendars now and make your arrangements to attend. For more information check on the National Kidney Foundation Web site at www.kidney.org, go to tab 'news and events' and click on 'meetings'.

National Kidney Foundation
2008 Spring Clinical Meetings
Save the Date!
April 2-6, 2008
Gaylord Texan
Dallas, Texas

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 Winter/January 2008. 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:

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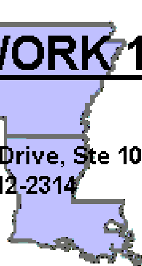

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