

Out With The Old

I know they say 'Old soldiers never die; they just fade away'. Wonder what happens to old Executive Directors? My newest mission is to find the answer to this vital question!

It is with joy, sadness and trepidation that I am retiring from Network 13 on February 29, 2008. It has been my pleasure and privilege to serve in two capacities with the Network in the past 28 years ... as Data Manager from 1980-1995 and as Executive Director since 1995.

I can truly say the work is never boring or mundane. I don't think a day goes by I don't learn something new...about an employee; about CMS' expectations; about members of the renal community; about our Statement of Work; how to do something on the computer; what NOT to do on the computer. The challenges for personal growth are ever present and keep one interested and alert.



I find it satisfying to reminisce about the changes in the Network from 1980 to today. I find it even MORE satisfying to recognize the changes and improvement in data management from 1980 to now from using 4 x 6 file cards as our patient database ... to SIMS currently ... with CROWN-Web on the horizon. And even more satisfying is looking back to the changes we have made and continue to make in our processes to become more efficient and effective in our Tasks. My Executive Assistant and I have a lot of 'do you remember when....' moments.

WHAT AM I GOING TO DO AFTER RETIRING?

Family: My first husband, Wonderful Wayne, and I will celebrate our 48th wedding anniversary in October. We have a son, Marvelous Michael; four grandchildren, Audrey, Beth, Caleb and Derek. We have two great grandchildren, Elizabeth, and Little Michael. I have two special children at home ... my cats, Reeper and Rascal. They are such a joy and I am so lucky they have chosen me as their 'personal staff' to serve and protect.



Interests: I am a voracious reader. I enjoy working crossword puzzles and cryptoquotes. For a change of pace, I love to go to casinos and gamble but probably can't afford to do that very often after retiring. When I'm at home and the weather permits, you will find me out on my covered deck with my Rascal kitty, a good book, and a tall glass of ice tea. My idea of heaven on earth. You are welcome to drop by!

OPEN HOUSE

Please join the Network 13 staff in wishing our Executive Director, Patricia Philliber, a fond farewell at a retirement open house in her honor. We will be celebrating Patricia's **more than 27** years of service to the Network 13 organization and her unwavering dedication to the ESRD communities of Arkansas, Louisiana and Oklahoma.

Tuesday, February 26th, 3:00 to 5:00 p.m.
ESRD Network 13 Office
4200 Perimeter Center Drive, Suite 102
Oklahoma City, OK

In With The New

Sandra Woodruff, formerly of Denver, Colorado, has recently joined the staff of Network 13 in the role of Associate Director. Sandra has an undergraduate degree from Adams State College (Colorado) in Recreation with an emphasis on Recreation for Special Populations, and a Master of Science of Public Health (MSPH) from the University of Colorado Health Sciences Center. She was previously employed by the American Indian Alaska Native Programs at the University of Colorado, as coordinator of a 30-site project designed and funded by the Indian Health Service to reduce cardiovascular disease risk factors in American



Indians with diabetes. Prior to her three years with the University, Sandra worked for 9 years as the Director of Information Systems at the Intermountain End-Stage Renal Disease Network (ESRD Network 15), in Denver. Other professional positions she has held include: research analyst for the Colorado Department of Health's state diabetes program, Congressional Fellow/Legislative Assistant for US Congresswoman Connie Morella, and Research Associate for the Lovelace Medical Foundation in Albuquerque, NM.

Sandra is an avid snow skier, and spent 9 years teaching skiing to disabled individuals in Colorado and New Mexico. In New Mexico she was a co-founder of the Lovelace/Sandia Peak Handicapped Ski Program, which started in 1985 and is still in existence today. She also bicycles regularly, and looks forward to her yearly week-long bicycle rides (away from phones and email!). Sandra and her husband Mark, a licensed electrician, have settled in NW Oklahoma City. She is excited to be back involved in efforts to assure the best possible care for individuals with End-Stage Renal Disease.



It's time for the 2008 Spring Mentoring Workshops!

Bring your "TEAM" and come learn the "FUN"damentals of great teamwork!

DATES:

- Baton Rouge, Louisiana March 13, 2008 7am-4pm
- Little Rock, Arkansas March 27, 2008 7am-4pm
- Oklahoma City, Oklahoma April 8, 2008 7am-4pm

• For agenda, registration form or more information, visit www.network13.org/workshop.asp

• OR

• Contact Jacki Winn at 405-948-2241 or jwinn@nw13.esrd.net

THIS WILL BE THE LAST HARD COPY OF *NEWS YOU CAN USE*. LOOK FOR OUR *E-NEWS YOU CAN USE* STARTING APRIL 2008. IN ORDER TO RECEIVE THE NEWSLETTER, PLEASE REGISTER YOUR EMAIL ADDRESS BY EMAILING IT TO:
nycu_editor@nw13.esrd.net

Vinegar Alert!

This is to alert everyone to a recent event where vinegar was found to be causing serious machine issues and bacterial contamination. Thanks to Network 14 for this information.

Basic Information: Vinegar is made using biological processes that result in the action of harmless microorganisms (yeast and "Acetobacter") that turn sugars into acetic acid. Although these microorganisms are harmless when ingested, they are DEADLY when introduced into the bloodstream. The vinegar contains bacteria that can form a slimy mass called "*Mother of Vinegar*". "Mother" is actually a cellulose (a natural carbohydrate which is the fiber in foods like celery and lettuce) produced by the harmless (if ingested) vinegar bacteria. Most manufacturers pasteurize their product before bottling to prevent these bacteria from forming "mother" while sitting on the retail shelf. Some brands of vinegar have a tendency to produce these bacteria, so caution is required when using this product for machine maintenance.

The Problem: The "*Mother of Vinegar*" slime can inadvertently be pulled into the machine through the wands and then into the dialysate pathway. Once in the pathway it will move along until, hopefully, it is caught in the internal machine filter. However if the slime advances to the filter it will clog the filter and cause many maintenance issues. Additionally, and more importantly, the slime can also release gram-negative bacteria into the dialysate pathway potentially exposing the patient population to serious infections. Vinegar is frequently used as an acetic acid in dialysis centers to prevent bicarb precipitate from building up in the bicarb or dialysate lines. Facilities using vinegar for machine maintenance should exercise extreme caution in the use and storage of the vinegar to prevent bacterial slime build-up. Please review your HD machine maintenance manual and/or contact your machine vendor for their recommendations on how to safely use vinegar during machine cleaning.

General Housekeeping Guidelines for Vinegar Use in Hemodialysis

- 1) Be sure to inspect vinegar prior to use – check for slimy or goopy substances or globs of thick material "*Mother of Vinegar*" in the liquid.
- 2) Check to make sure the vinegar does not have a bad smell – a bad odor is a sign that the vinegar is no longer useable and should be discarded immediately.
- 3) Ensure all wands are thoroughly cleaned and decontaminated after each use to remove potential bacterial growth on the wands.
- 4) **NEVER** pour leftover amounts of vinegar into one communal bottle or container – **ALWAYS** discard the leftover portions.
- 5) Keep the vinegar tightly closed between uses to prevent excessive bacterial growth in the liquid.
- 6) Never leave multiple jugs or open bottles of vinegar standing around. Open only as many bottles of vinegar as needed during the day.
- 7) Use proper Personal Protective Equipment (PPE) when using the vinegar product, to prevent harm to you and to prevent contamination of the vinegar container.
- 8) Take precautions to prevent introduction of other bacteria into the vinegar.
- 9) **NEVER** store bleach and vinegar in the same cupboard or area. If accidental mixing of the two occurs, the mixture would form chlorine gas.
- 10) If you are having issues with frequent clogging of the internal dialysate pathway filters, check to see what the practice patterns for vinegar use are within your facility.

QUALITY OF LIFE

There are many excellent resources available on "Quality of Life". These resources should assist dialysis health care team members in the development of care plans to best meet the patient's needs.

Web Links:

[Rand Organization Quality of Life tool](http://www.rand.org/health/surveys_tools/mos/index.html)

http://www.rand.org/health/surveys_tools/mos/index.html

[SF 36 Quality of Life Tool](http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html)

http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html

[Consumer Assessment of Health Care](http://www.caahps.org/CAHPS/CAHPS_In-Center_Hemodialysis_Survey)

[Providers and Systems \(CAHPS\)](http://www.caahps.org/CAHPS/CAHPS_In-Center_Hemodialysis_Survey)

[CAHPS In-Center Hemodialysis Survey](http://www.caahps.org/CAHPS/CAHPS_In-Center_Hemodialysis_Survey)

<https://www.caahps.ahrq.gov/content/products/ICH/>

[PROD_ICH_Intro.asp?p=1022&s=222](https://www.caahps.ahrq.gov/content/products/ICH/PROD_ICH_Intro.asp?p=1022&s=222)

[Kidney Disease Quality of Life \(KDQOL\)](http://www.gim.med.ucla.edu/kdqol/)

<http://www.gim.med.ucla.edu/kdqol/>

[Duke Health Profile](http://healthmeasures.mc.duke.edu/)

<http://healthmeasures.mc.duke.edu/>

REHABILITATION

Here are resources to encourage your patients to live life to the fullest they are able. Rehabilitation encompasses more than just returning to work, although that can provide a more stable and fulfilling life. Rehabilitation is getting back to the activities and experiences that brought patients joy and satisfaction in their lives. It also includes exploring new activities and experiences. Patients are not their disease; their disease is just a small part of who they are.

Rehabilitation Web Links

Arkansas

<http://www.arsinfo.org/>

Louisiana

http://www.dss.state.la.us/departments/lrs/Vocational_Rehabilitation.html

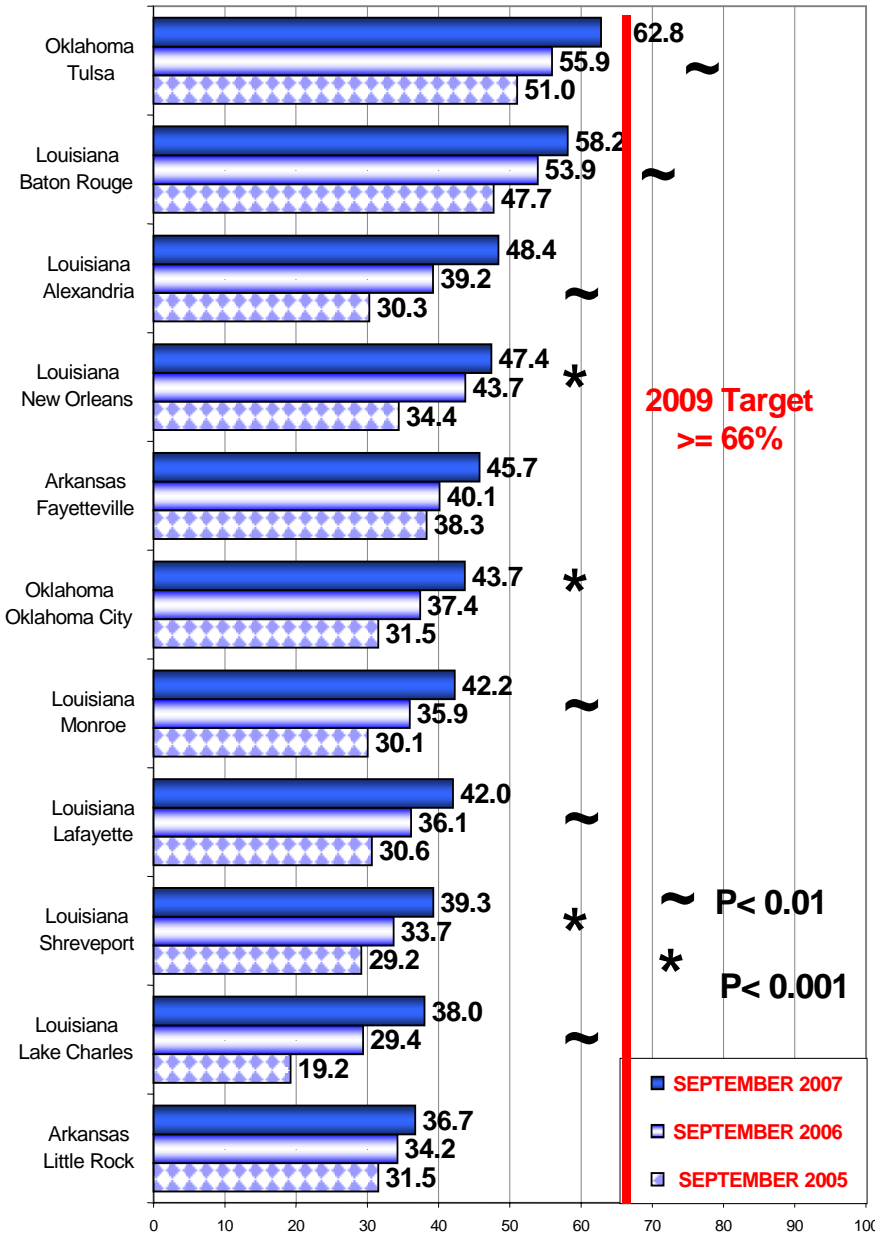
Oklahoma

<http://www.okrehab.org/>

Comparison of Prevalent AVF Utilization Rates by Urban Area in Rank Order



**arteriovenous
FISTULA FIRST**
AVF – The first choice for hemodialysis

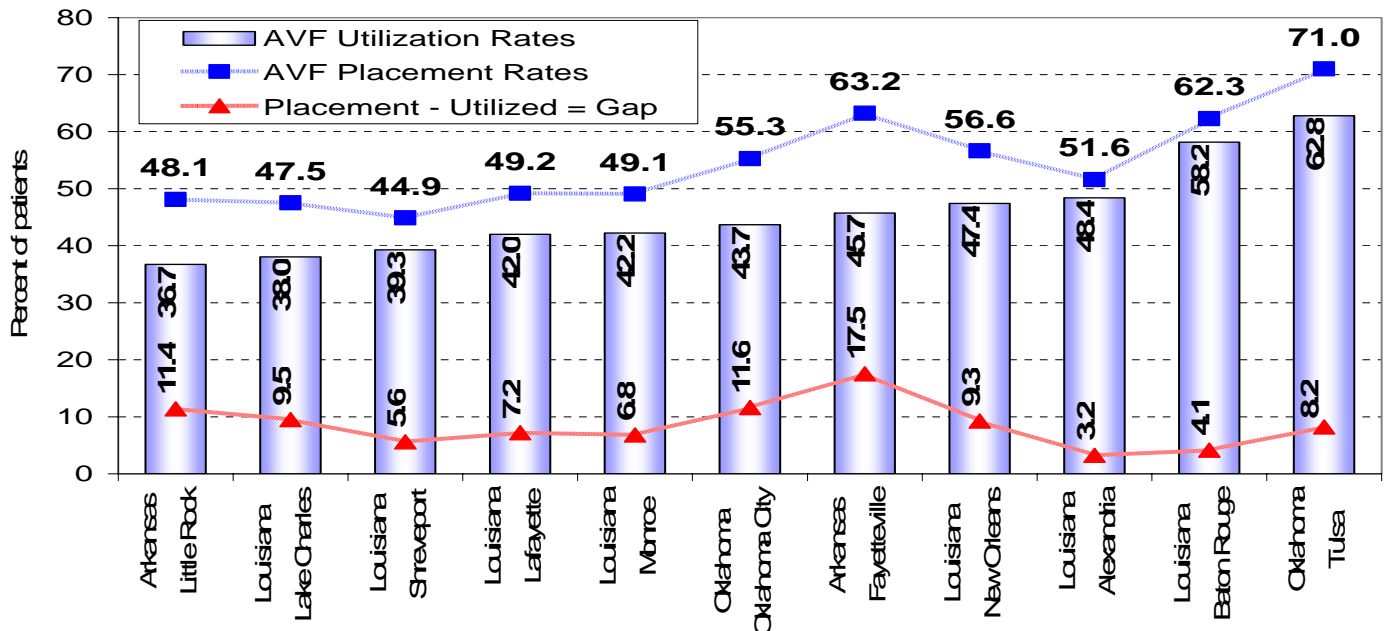


The National "FISTULA FIRST" Breakthrough Initiative (FFBI) is the National Quality Improvement (QI) project focused on increasing AVF placement and utilization rates for all eligible hemodialysis (HD) patients. Our efforts to date have been to engage nephrologists, surgeons who perform hemodialysis vascular access procedures, interventional radiologists, interventional nephrologists, dialysis providers, and patients in updating and changing practices and/or processes to assure that arterio-venous fistulas (AVF) are the first consideration for hemodialysis vascular access.

The 48 month Network 13 Vascular Access Trends Reports are being distributed to all participants. Be looking for two other items SOON.

- 1) REPORT: YOUR facility-specific vascular access trends report
- 2) INVITATION TO LEARN: "Best Practice – AVF's" WebEx sessions on February 12, 13, & 14, 2008.

Prevalent Hemodialysis Patients Reported with AVF's Placement and Utilization by Urban Area, September 2007



IMPORTANT: Notify ESRD Network 13 of All Involuntary Discharges

ESRD Networks nationwide are collecting information regarding involuntary discharges in an ongoing effort to inform the Centers for Medicare & Medicaid Services (CMS) about the extent of this problem. These data can assist in efforts to identify the following ongoing issues:

- There is a growing number of reports of abusive, disruptive, substance-abusing and severe mentally-ill patients.
- There is a need for development of additional training and educational opportunities to improve ability for facility staff to manage these patient situations and provide the needed interventions to prevent discharge.
- Providing necessary services for these patients may be difficult with current staff-to-patient ratios.

Involuntary Discharge is defined as:

- **Transfer of a patient to another facility when the patient has not requested the transfer.** The facility needs to be able to document a patient transfer request, including a patient signature, for the transfer not to be considered involuntary.
- The discharge of a patient from care when the patient has not requested termination of dialysis services.

If your facility is contemplating terminating dialysis services for a patient, contact Patrick Murphy at 405-948-2255. **Do not send patient identifying information via email.** Additionally, once a patient has been discharged, *even if the patient has transferred to another dialysis facility*, the event should be reported on the Network Patient Activity Report (NPAR) as an Involuntary Discharge [LOSS 6C] and a reason for the discharge noted.

Development of an internal process to notify ESRD Network 13 of involuntary discharges will assist Network 13 in its effort to inform CMS of the scope of this issue and make recommendations to address the needs of these patients.

ARE YOUR PATIENTS GETTING INADEQUATE DIALYSIS?

What does Network 13 require?

- 90% of in center HD patients with URR \geq 65 **OR**
- 94% of in center HD patients with Kt/V \geq 1.2

Five Major Barriers to Delivering Adequate Dialysis:

- Weight
- Treatment Duration
- Blood Flow Rates
- Dialysate Flow Rates
- Dialyzer Size

E-News You Can Use **NEEDS YOU!**

This professional newsletter is published quarterly by the staff of ESRD Network 13. The next edition is scheduled for Spring/April 2008. If you are interested in contributing, please call us at **405.948.2241**, fax us at **405.942.6884**, email us at nycu_editor@nw13.esrd.net, or send any articles, materials and/or ideas to:

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This material was prepared by Network 13 under contract #HHSM-500-2006-NW013C with Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

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1/08 NYCU