

IPRO ESRD Network of New York — Empowering More than 31,000 Renal Patients in New York State



End-Stage Renal Disease Network of New York network2.esrd.ipro.org

Long Island

# **Provider Insider**

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

#### September 2020

Provider Insider is a monthly electronic newsletter for renal care professionals that provides general information, upcoming events, and educational resources that are beneficial to both patients and providers within the ESRD community we serve.

#### In this Issue

Please select "view entire message" link at bottom to see all content

- ESRD Network Technical Assistance
- September is National Preparedness Month
- COVID-19 Status Communication Form
- National Immunization Awareness Month (NIAM)
- What is a Grievance?
- COVID-19 Mental Health Toolkit
- PFE in the COVID-19 Landscape
- Understanding Peer Mentoring
- It's Influenza Vaccination Time!
- Explore New Non-Surgical Fistula Options
- Promoting Transplant as a Treatment Option
- Telehealth is Here to Stay in Home Dialysis
- Transient Patient Clean Up >30 Days

## **Upcoming Events**

See what's happening this month.

#### **Alerts and Recalls**

Visit the **KCER Coalition website** for the latest alerts and recalls.

## Our Hearts are with the ESRD Community

During this unprecedented time in our country, we would like to take a moment to extend our sincere condolences to our ESRD family for the passing of patients and healthcare workers in our community. No one ever has the right words to say. We just want to say you are in our hearts, prayers — and we thank you for the care you provided during this healthcare crisis.

## **COVID-19 Resources for Patients and Professionals**

COVID-19 resources can be accessed on the Network website by clicking the icons below.







#### **ESRD Network Technical Assistance**

The below CMS announcement is to provide dialysis facilities additional information about ongoing targeted technical assistance efforts by the ESRD Networks.

As the COVID-19 pandemic continues, ESRD Networks are being tasked by CMS to provide targeted technical assistance to slow and stop the spread of COVID-19 in the dialysis population. This technical assistance is focused on infection control and may include training, education, and dissemination of guidance or other focused assessment. ESRD Networks are using a data-based methodology to determine where to focus their efforts. This includes a review of doubling days for dialysis COVID-19 cases, hotspot data, and information from local health departments.

We appreciate your efforts as we continue to work together on COVID-19 efforts and ask for your continued engagement in ongoing ESRD Network activities to slow and stop the spread of COVID-19 in the dialysis population.

Please review the <u>CMS Checklist for Dialysis Facilities in COVID-19 Hotspots</u> for a summary of key actions dialysis facilities should take when there is a surge or resurgence of COVID-19 cases in their community.



### **September is National Emergency Preparedness Month**

Is your facility prepared for Multiple Emergencies? Now is the time to do a high level overview of your facility's Emergency Preparedness.

- Review your Communication Plan
- Update staff contact lists
- Educate your patients on how to communicate with facility staff during an emergency
- Do you update facility voicemail when the facility is closed?

Now is the time to review your Facility's Closed/Altered Status reporting responsibilities. If you need assistance, please reach out to Network staff.

- Does your facility have a designated Disaster Contact listed in CROWNWeb?
- Does your facility have a Disaster Contact Backup listed in <u>CROWNWeb</u>?
- Does your staff know how to report facility closure/altered Status to the Network?
- Does your staff know how to report closed/altered status to the State Department of Health?

#### To Report Closed/Altered Facility Status:

- Network: Reporting worksheet; Report online
- State DOH: NYPORTS
- If your facility does not have NYPORTS Access, you can request an account here.

Dialysis staff and patients are encouraged to visit the <u>Kidney Community</u> <u>Emergency Response (KCER) Coalition website</u> for detailed emergency preparedness resources.



#### **Know All the Details: COVID-19 Status Communication Form**

During the COVID pandemic there has been increased stress on improving communication between facilities that share patlents to ensure a smooth

transition of care. This is especially important for facilities who have large groups of patients in close proximity to one another such as skilled nursing facilities (SNF) and dialysis facilities. In an effort to cohort and triage patients as quickly as possible, <a href="The National Forum of ESRD Networks">The National Forum of ESRD Networks</a> has created a <a href="COVID-19 Status">COVID-19 Status</a></a>
<a href="Communication Form">Communication Form</a> specifically for symptoms and test dates that can be utilized by staff at the SNF and dialysis facilities to ensure continuity of care and the safety of all staff and patients.



### **National Immunization Awareness Month (NIAM)**

This annual observance highlights the efforts of dialysis healthcare professionals to protect patients of all ages against vaccine-preventable diseases through on-time vaccination. During NIAM, the IPRO ESRD Network Program encourages dialysis facilities to ensure that patients are up to date on recommended vaccines. Research has consistently shown that healthcare professionals are the most trusted source of vaccine information for parents and patients.

Use NIAM as an opportunity to access Centers for Disease Control and Prevention (CDC) educational resources like the <u>#HowlRecommend</u> video series, which offers simple and practical guidance for having successful vaccine conversations with parents and patients. These short videos demonstrate how to make effective vaccine recommendations, address common vaccine questions, and take a teambased approach to vaccination.

#### **Quick Facts:**

- Every year, thousands of adults in the United States become seriously ill and are hospitalized because of diseases vaccines can help prevent. Many adults even die from these diseases.
- Adult vaccination rates are low in the United States. Most adults are not aware that they need vaccines.
- Adults with chronic conditions like diabetes or heart disease are at greater risk for severe complications from certain vaccine-preventable diseases.
- Some vaccine-preventable diseases, like flu, can make glucose control more difficult for diabetics or increase the risk of another heart attack for those with heart disease.

#### **Patient Services**



#### What is a Grievance?

According to the Centers for Medicare & Medicaid Services, a grievance is defined as follows:

"A written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant 'expectations with respect to safety, civility, patient rights, and/or clinical standards of care."

A grievance is any concern or issue that a patient may have about the care they receive from their dialysis facility. Patients, family members, and/or care partners who have concerns about a facility may submit a grievance. They may request an investigation of a complaint about a possible risk to the health, safety, or well-being of a patient.

Please see the <u>Kidney Chronicles</u> patient publication that should be provided to patients for their support.



Recently, the NCC finalized the <u>COVID-19 Mental Health Toolkit</u> for healthcare providers. Networks provided input on the content of the toolkit that supports dialysis facilities as they work with the dialysis community composed of patients, caregivers, and staff.

The toolkit provides reference materials regarding mental health, as well as best practices on dissemination of the resources. Telehealth is discussed, and how the facility can use this alternative platform.

The toolkit assists facilities with creating their own mental health strategy for their patients, caregivers and staff with an emphasis on encouraging staff to connect with outside resources to stay up to date with new resources, treatments, and best practices.



## Patient and Family Engagement (PFE) in the COVID-19 Landscape

COVID-19 has changed the way dialysis facilities interact with patients. But, it has also redefined the way patients interact with each other. Peer Mentorship is a crucial piece to raising affinity between patients and improving the quality of their care. Peer Mentorship, resource sharing, and in-person patient support groups have all had to be re-imagined due to the presence of COVID-19 in the dialysis landscape.

The ESRD Network Program is working with both facilities and patients to learn more about challenges and barriers to virtual engagement, as well as how best to support the improvement of care for patients in this new social environment. Resources for facilities and patients on engagement best practices will be developed in collaboration with Patient Subject Matter Experts over the coming months.

Each year, the ESRD NCC hosts National Patient and Family Engagement Learning and Action Network (NPFE-LAN) groups, called Affinity Groups, focused on specific areas of dialysis and transplant care. The groups meet monthly by webinar (phone and/or computer) to share experiences and discuss ways to improve the quality of care for kidney patients and meet the Centers for Medicare & Medicaid Services (CMS) quality improvement goals. Here is a link to newly released resources to help patients stay connected to their care. Click the caret beside each Affinity Group to reveal the list of resources. Please share these resources with staff and patients in the facility.



## **Promoting Virtual Peer Mentorship**

The <u>Peer Mentoring Program</u> seeks to empower End-Stage Renal Disease (ESRD) patients to continue to strive in their treatment and daily lives. The day-to-day hardships and stressors of dialysis can take a toll both physically and mentally on a patient. Peer mentoring provides additional support from individuals that have progressed through similar experiences. Peer Mentors provide parallel experiences and offer patients access to someone who can understand their concerns.

The IPRO ESRD Network Program provides an interactive online peer mentoring training program to provide patients with the necessary tools to become effective peer mentors. This program in collaboration with Network resources and facility social worker support can lead to the following goals:

- Improving patients' access to support services and educational resources
- Enhance patients' goal setting and decision making skills
- Develop patient self-management skills
- Increase patients' ability to manage their complex illness

### **Quality Improvement Initiatives**



#### It's Influenza Vaccination Time!

With Autumn rapidly approaching, it is time for dialysis facilities to identify the number of Influenza vaccination doses required and order them accordingly. It is recommended that all adults receive an influenza vaccine by the end of October. Influenza vaccines are known to cause an elevation in temperature. Elevated temperature is a measure used to screen for COVID 19. Vaccinations are recommended to be administered on the last dialysis treatment day of the week, either Friday or Saturday to prevent irregularities in the pre-treatment screening process.

The COVID-19 pandemic has caused healthcare providers to change how they operate to continue to provide essential services to patients. Ensuring immunization services are maintained or reinitiated is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks and reducing the burden of respiratory illness during the upcoming influenza season. A collection of federal resources designed to guide vaccine planning during the COVID-19 pandemic can be found <a href="here">here</a>.

The attached <u>Vaccination Toolkit</u> from The National Forum of ESRD Networks is a great staff refresher course on the specifics of vaccinating ESRD patients.



## **Explore New Non-Surgical Fistula Options**

In the past there have been dialysis patients who have been deemed ineligible for vascular access surgery because they were not cleared by the Anesthesiologist or Cardiologist. With advancements in creation of arteriovenous fistula (AVF) creation there may be new options for those patients. A non-surgical procedure has been developed that will allow medically fragile patients the option to remain awake during the minimally invasive procedure to create an AVF.

The Network is asking that Nephrologists identify any vascular surgeon groups that may be utilizing this new procedure and refer patients for a reevaluation.

Please view the EverlinQ Endo AVF creation video.



## **Promoting Transplant as a Treatment Option**

After a drop of kidney transplants during the months of April and May at the beginning of the COVID-19 pandemic in the US, kidney transplants have come back to normal rates in much of the nation. The United Network for Organ Sharing (UNOS) has made this **data dashboard** available, showing that kidney transplantation is back to the normal average of ~450 transplants per week as of August 2020. In addition, rates of patients previously inactivated from the transplant waitlist due to COVID-19 precautions have been minimized to 2% (14) patients this month at a national level.

The ESRD Network thanks you for your commitment in continuing these efforts. As a result of your work, there has been a total of 818 patients in our region that have been added to the transplant waitlist from January-July 2020, which represents a 2.34% of our total population. However, even with this improvement, living donor transplants continue to be lower than 2019 historical values. We encourage you to focus education efforts on living donation alternatives, such as <u>paired exchange</u> programs!

To further support your work in educating patients about transplant through these difficult times, the <u>ESRD National Coordinating Center (NCC)</u> has prepared a patient educational tool: 11 Things You Can Do to Get Ready for a Kidney Transplant During COVID-19.

Please review these resources and share with your patients:

- 11 Things You Can Do to Get Ready for a Kidney Transplant During COVID-19 Handout (English | Spanish)
- 11 Things You Can Do to Get Ready for a Kidney Transplant During COVID-19 <u>Video</u>

For other additional transplant resources, visit our website <u>here</u>.



## **Telehealth is Here to Stay in Home Dialysis**



The Centers for Medicare & Medicaid (CMS) has advocated for the increased use of telehealth with home dialysis patients throughout the pandemic to offer a safe and effective way for patient's to discuss their care with healthcare providers. After the patient has transitioned to home for 3 months, CMS allows a home modality facility the option to conduct two out of three clinic visits via telehealth. The desired outcome of a telehealth visit with the interdisciplinary team is to keep patients and care partners comfortable in their own homes providing continuity of care without the additional risk associated with travel or exposure to adverse health concerns.

In response to the CMS recommendations to promote and sustain the use of telehealth in home modality clinics, the IPRO ESRD Network Program has developed a patient and provider checklist focused on preparing for a successful home dialysis telehealth visit. We have also assembled a comprehensive toolkit to educate you on using the tools as well as provide additional information.

The patient and provider toolkits contain a recorded rollout presentation and resource guide for you to learn about the tools. Specific informational fact sheets and clinic checklists have been developed to streamline and improve processes.

Provider Resources (listed below) will focus on the benefits of telehealth, tips to engage patients, considerations for success and guidance to make telehealth a permanent part of your daily program.

- Telehealth Provider Fact Sheet
- Telehealth Provider Checklist
- Resource Guide
- Recorded Rollout Presentation

Companion Patient Resources will provide tips for set up, general guidelines and a checklist to serve as a guide to compile successes, challenges, findings and needs to share with the dialysis team.

## **Data Systems and Reporting**



## Transient Patient Clean Up: Please Ensure There are No Transient Patients >30 Days at Your Facility

The Centers for Medicare & Medicaid Services (CMS) transient patient policy indicates that a patient is transient if he/she is treated at a unit for less than 30 days OR less than 13 treatments. A transient patient that stays at a unit for more than 30 days or more than 13 treatments must be counted as a permanent patient. The facility must record the permanent admission date as the date of the first treatment. Please click <a href="here">here</a> for more information on how to change the status.

### **Information Systems Technical Assistance**

The IPRO ESRD Data Department provides technical assistance using a customer support system. This is one place for your data submission needs for various systems such as CROWNWeb, NHSN, Dialysis data or Quality Incentive program. In order to meet the needs of our facilities, the new system will provide support:

- Email: To reach the Network Data Support Team by email, send requests for assistance to <u>NW2Help@iproesrdnetwork.freshdesk.com</u>. The help can be a return email providing information about the data submission from our knowledge base or a phone call from the staff.
- Support Portal: By registering for the IPRO ESRD Network Support Portal, you will be able to quickly and easily submit questions and requests for assistance directly to the Network Data Support staff. You can register for the portal by going to <a href="http://help.esrd.ipro.org">http://help.esrd.ipro.org</a> and selecting "Sign Up".
- Knowledge Base: The Network Data Team has documented answers to a
  multitude of "Frequently Asked Questions" and have posted them to the
  Knowledge Base on the Support Portal. You can browse the different
  knowledge items, and if you still need help, you can register for the portal
  and submit a ticket for help. The Knowledge Base can also be located
  at <a href="http://help.esrd.ipro.org">http://help.esrd.ipro.org</a>.

**NOTE:** When submitting a request to the Network, you should **NEVER** include any patient-specific information such as Name, Date of Birth, Social Security Number, Medicare Claim Number, etc. The only patient identifier that can safely be communicated is the Unique Patient Identifier (UPI) from CROWNWeb.

For more information, please visit the Network website.

## **Network Staff Directory**



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