



NRAA
OBESITY IS A RISK FACTOR FOR CHRONIC KIDNEY DISEASE

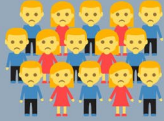


World Kidney Day




COMPARED TO INDIVIDUALS WITH A HEALTHY WEIGHT, THOSE WHO ARE OBESE HAVE AN **83% HIGHER RISK** OF HAVING CHRONIC KIDNEY DISEASE

600 MILLION INDIVIDUALS WORLDWIDE ARE OBESE




2.6 MILLION INDIVIDUALS HAVE CHRONIC KIDNEY DISEASE. THIS NUMBER IS EXPECTED TO DOUBLE BY 2030

24.9% OF FEMALE
 13.8% OF MALE



CHRONIC KIDNEY DISEASE PATIENTS ARE OBESE

YOU CAN FIGHT OBESITY!
 ADOPT A HEALTHY LIFESTYLE, INCLUDING REGULAR EXERCISE. GET UP AND #MOVE4KIDNEYS



Learn More at WorldKidneyDay.org

2016 WEBINAR WEDNESDAYS
 TAKE ACTION **OBESITY & CKD**
 MARCH 29, 2017 | 1:00PM EST

Register Today at NRAA.org

Recognizing Patients' Rights and Responsibilities in ESRD Management

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Objectives

- Define 3 key partners in managing challenging patients in an ethical manner.
- Identify 2 steps required before an involuntary discharge from dialysis can be completed.
- Outline 2 areas for engaging patients in their care.



No Conflicts

- Images may be of products/supplies, reference tools, but no financial interest in those identified through discussion.

Regulatory Guidance

Patient Rights – Vtag 450-470

Subpart C—Patient Care		
V450	§ 494.70 Condition: Patients' rights.	This Condition requires the facility to provide respect, privacy, information, and appropriate services for their patients, as well as an internal grievance mechanism and information about external grievance mechanisms.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCletter09-01.pdf>

Resources for Survey

- Prepare patients and staff
- <https://qsep.cms.gov/welcome.aspx>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/ESRD-Core-Survey-Data-Worksheet.pdf>

V 451

Per interview with TLA ON 8/18/14 AT 11:16 AM, TLA stated there is no suction available.

494.70 PR-PTS INFORMED OF RIGHTS WHEN BEGIN TX

The dialysis facility must inform patients (or their representatives) of their rights (including their privacy rights) and responsibilities when they begin their treatment and must protect and provide for the exercise of those rights.

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to ensure Pts are provided all their rights upon admission, in 1 of 1 interview (B).

Findings include:

Per review on 8/18/14 at 6:00 PM of the Pt rights provided to Pts upon admission, the following right is not include:

The right to be informed about Pt care policies and the right to be informed about medical status.

This is confirmed in interview with Mgr B on 8/19/14 at 9:00 AM, agreeing the information is

not listed in the rights.

V 450 494.70 CFC-PATIENTS- RIGHTS

This CONDITION is not met as evidenced by:

Based on record review and interview, the facility failed to ensure patients receive Dialysis patient rights upon admission, and the rights are not posted in areas the patients may view them, in 1 of 1 Patient Rights and Responsibilities brochure reviewed, and 1 of 3 areas observed (Peritoneal Waiting area). This cumulative effect of these deficiencies affects all 16 peritoneal dialysis patients receiving training and ongoing monitoring at the facility.

Findings include:

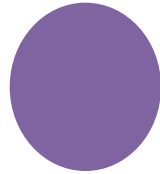
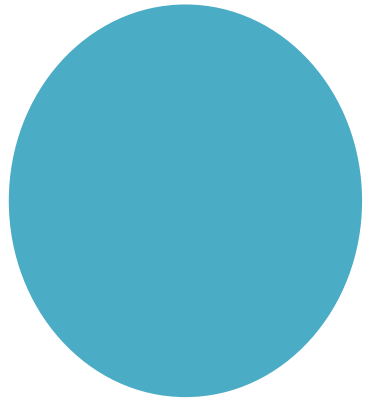
The facility failed to ensure patient's receive a copy of their rights as a dialysis patient, in 1 of 1 Patient Rights brochure given at time of admission to the facility. See Tag 451.

The facility failed to ensure dialysis patient rights are posted in areas where they can be viewed by patients, in 1 of 1 observation (Peritoneal Waiting area). See Tag 470.



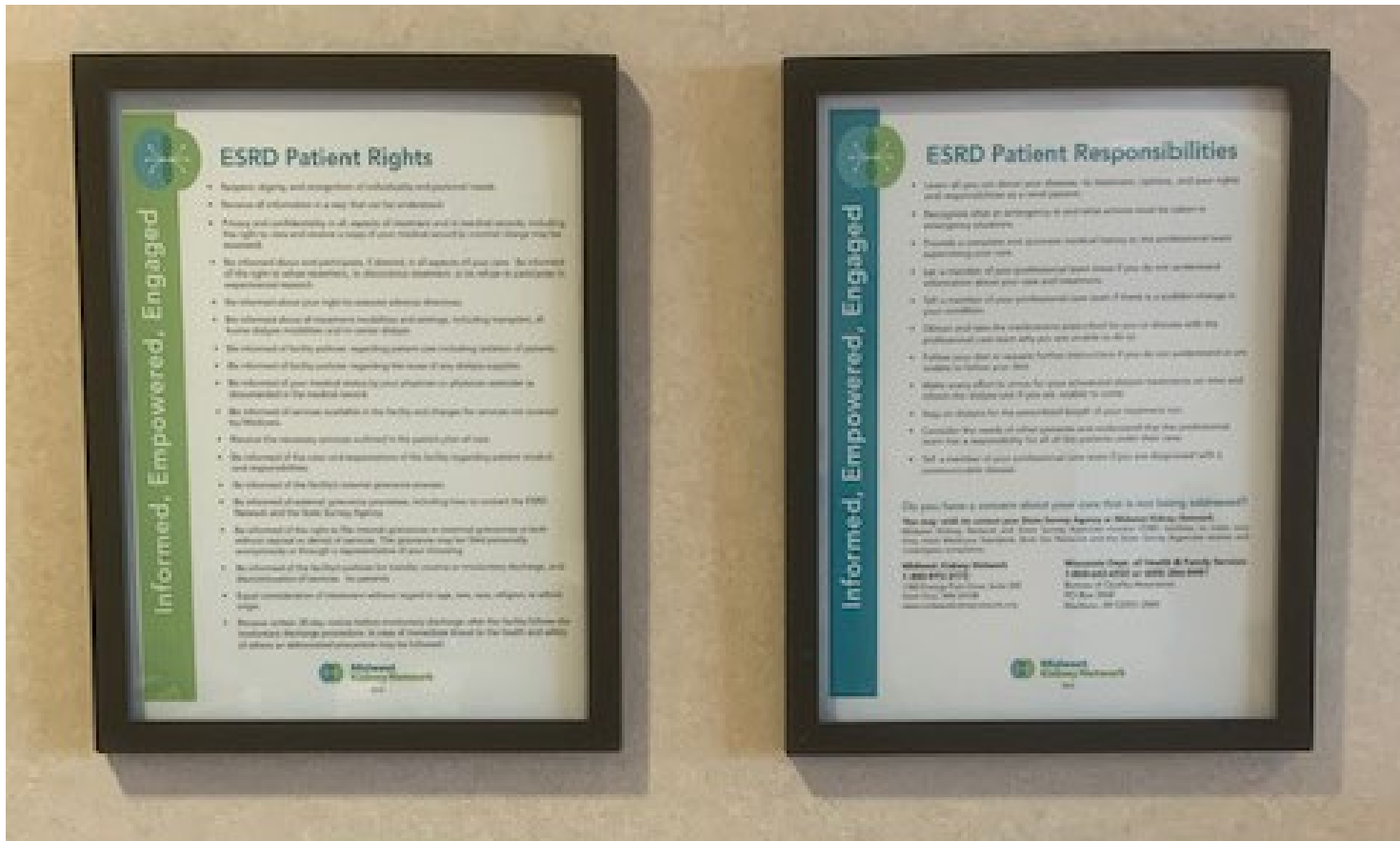
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THE PATIENT'S RIGHTS AND RESPONSIBILITIES

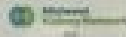




Informed, Empowered, Engaged

ESRD Patient Rights

- Express liking and acceptance of individualized patient needs.
- Receive information in a way that can be understood.
- Money and confidentiality in all aspects of treatment and in medical records including the right to see and receive a copy of your medical record to correct change your file.
- Be informed about and participate, if desired, in all aspects of your care. Be informed of the right to refuse treatment, to discontinue treatment, or to refuse to participate in experimental research.
- Be informed about your right to receive advance directives.
- Be informed about all treatment facilities and settings, including exceptions, all forms and procedures involved in your care.
- Be informed of facility policies regarding patient care including admission of patients.
- Be informed of facility policies regarding the issue of any advance directives.
- Be informed of your medical status by your physician or physician assistant as described in the medical record.
- Be informed of services available in the facility and charges for services not covered by Medicare.
- Receive the necessary services outlined in the patient plan of care.
- Be informed of the rules and regulations of the facility regarding patient conduct and responsibilities.
- Be informed of the facility's internal governance structure.
- Be informed of external grievance procedures, including how to contact the ESRD Network and the State Survey Agency.
- Be informed of the right to file internal grievances or external grievances or both without retaliation or denial of services. This procedure may be filed primarily electronically or through a representative of your choosing.
- Be informed of the facility policies for handling complaints or grievances, including the identification of services to patients.
- Equal consideration of treatment without regard to race, sex, religion, or ethnic origin.
- Receive notice of any notice of material adverse change when the facility follows the applicable change procedure. In case of immediate threat to the health and safety of others or emergency circumstances, notice may be delayed.



Informed, Empowered, Engaged

ESRD Patient Responsibilities

- Know if you are doing your disease, life, treatment, options, and your rights well and appreciate the medical process.
- Recognize when an emergency is potential without need to inform in emergency situations.
- Provide complete and accurate records of history to the professional health care management team.
- Be a participant in your professional care team if you do not understand information about your care and treatment.
- Tell a member of your professional care team if there is an advance change in your condition.
- Discuss and sign the advance directives and inform your doctor with the professional care team why you are unable to do so.
- Explain your plan to receive further interventions if you do not understand or are unable to follow your plan.
- Make every effort to come for your scheduled blood treatments on time and attend the dialysis unit if you are unable to come.
- Stay on schedule for the scheduled length of your treatment run.
- Consider the needs of other patients and understand that the professional team has a responsibility for all of the patients under their care.
- Tell a member of your professional care team if you are dissatisfied with a communication about:

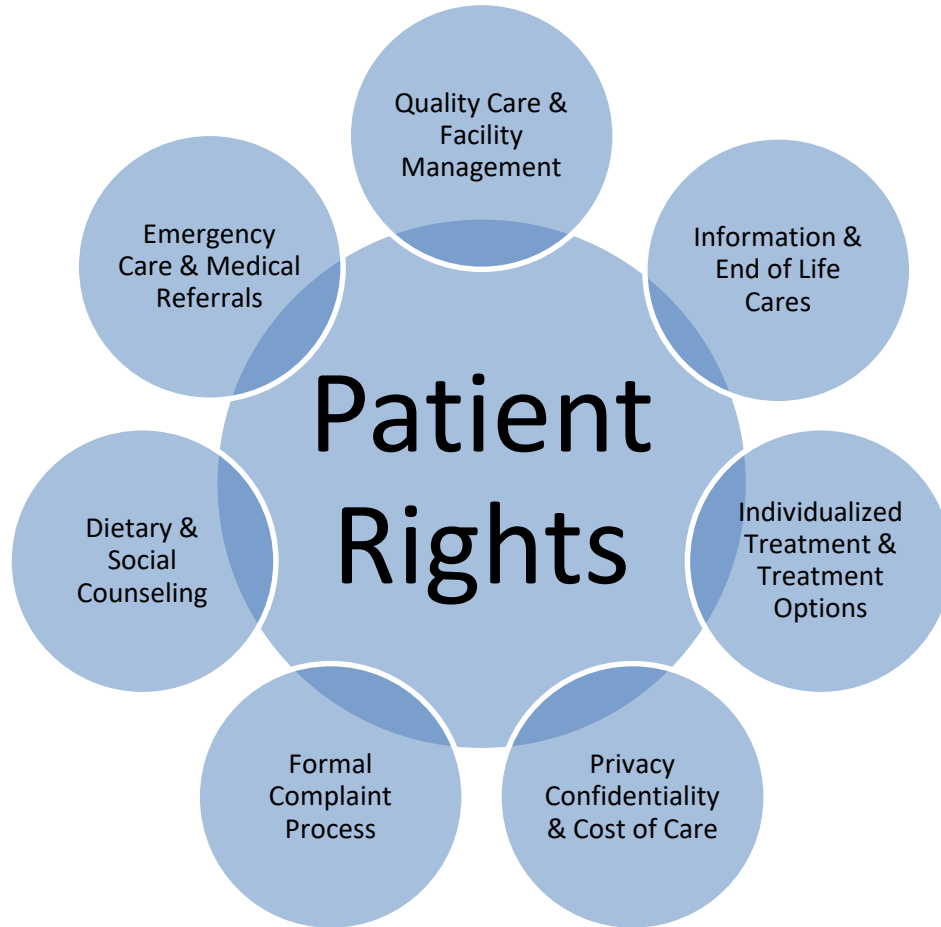
Do you have a concern about your care that is not being addressed? You may wish to contact your State Survey Agency or National Kidney Foundation (NKF) Survey Agency and State Survey Agency. Please contact us for more information. You may also contact the State Survey Agency, write and file a grievance.

National Kidney Foundation
 1-800-696-6172
 4001 Longacre Road, Suite 1000
 Bethesda, MD 20814
 nationalkidneyfoundation.org

Western Cape of Health & Family Services
 1-800-663-6762 or 0210 266 6662
 4000 Main Road, Suite 100
 Cape Town, 7800
 WesternCape.gov.za



Patients Rights



Reference: National Kidney Foundation
Dialysis Patients' Bill of Rights and Responsibilities

Patient Responsibilities



Reference: National Kidney Foundation
Dialysis Patients' Bill of Rights and Responsibilities

Patient Rights & Responsibilities



What has changed?

- Consumerism in healthcare
- Entitlement
- Lack of boundary

Patient Rights & Responsibilities

Facility
Expectations



Patient
Expectations

VS

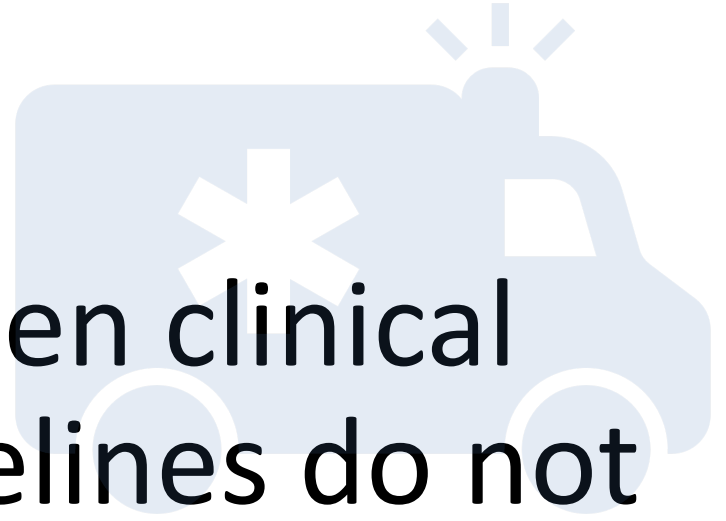
Facility
Expectations



Patient
Expectations



Dilemmas when clinical practice guidelines do not support patient-centered care.



Involuntary Discharge

- Vtag 766 & 767
- Check list
- Partner with kidney network

Dilemmas

- Ethics

Balancing the needs/desires of one patient
over that of the whole
consistency

Ethical issues

Ethical beliefs of patient vs ethical beliefs of health care providers

Whose needs do we meet?

Ethical Challenges



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DOING GOOD / DO NO HARM

- Profit vs. not for profit (mission required \$)
- Do we treat the rich the same as our poor?
- Non compliance? VS defeated attitude
- End of life care
- Moral distress

Dilemmas

- Ethics conflict with patient centered care
- Patient wants to pick their chair in the unit....set their spot
- Patient choice for treatment time
- POA wants us to do everything, patient wants nothing
- Personal ethics conflict with patient centered care.
- Healthy patient who says they have had enough
- Ethics consult/invite partners
- Patients who no-show and then hospitalized

What can we do?

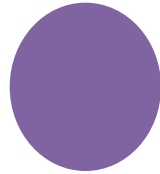
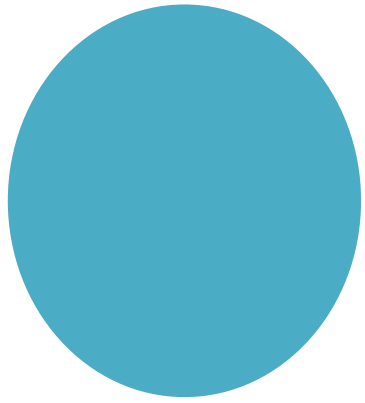
- Resources
- Ethics consult
- Support group/ debrief
- Have a plan in place for Ethical decision making/discussion

Final points

- Coordination of care - 24/7 communication with an on call schedule (MD's and RN's).
- IDT collaboration

Lost to Follow-up

- Not considered an involuntary discharge.
- Document as lost to follow-up.
- Remove or will impact your QIP scores (no labs = hit to the score).



PANEL DISCUSSION.

