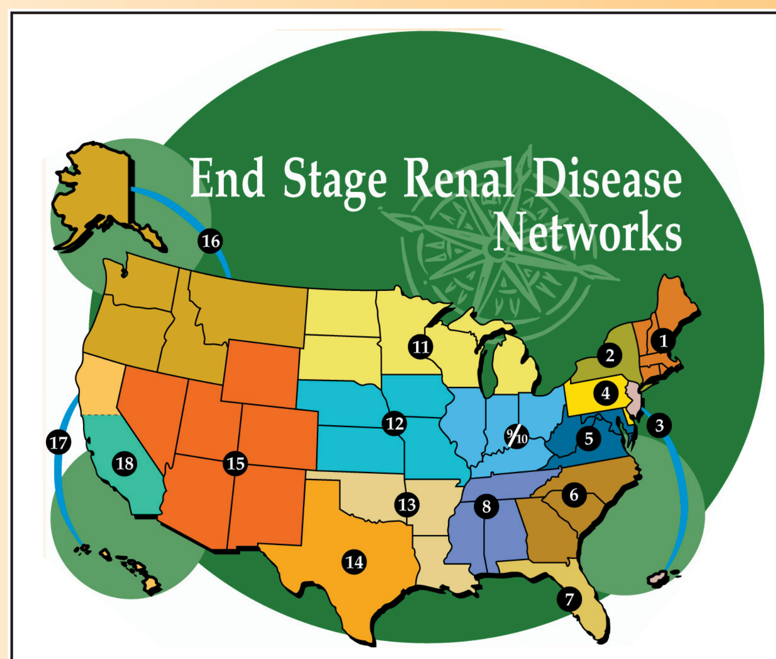
SUMMARY REPORT of the End Stage Renal Disease (ESRD) Networks' Annual Reports



2004

Prepared by: The Forum of ESRD Networks

December 2005

ESRD Networks are required by contract with the Centers for Medicare & Medicaid Services (CMS) to submit an Annual Report covering their activities during each calendar year. This Report summarizes those Annual Reports and is submitted to CMS as a contract deliverable by the Forum Clearinghouse of ESRD Networks. This document covers the time period of January 1, 2004, through December 31, 2004.

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SUMMARY REPORT
of the
End Stage Renal Disease (ESRD) Networks'
Annual Reports

2004

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EXECUTIVE SUMMARY

The Medicare End Stage Renal Disease (ESRD) Program, a national health insurance program for people with end stage renal disease, was established in 1972 with the passage of Section 299I of Public Law 92-603. The formation of ESRD Network Organizations was authorized in 1978 by Public Law 95-292 which amended Title XVIII of the Social Security Act by adding section 1881. Thirty-two ESRD Network areas were initially established. In 1986, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) amended section 1881c of the Social Security Act to establish at least 17 ESRD Network areas and revised the Network Organizations responsibilities.

On July 1, 1988, CMS awarded contracts to 18 geographically designated Networks to administer various aspects of the ESRD program. In 1989 §1881(c) of the Act was amended by P.L. 100-239 to specify confidentiality and the extent of Network liability. Since 1990 CMS has awarded three-year contracts to the Networks.

Today, the eighteen (18) ESRD Networks under contract to CMS serve as liaisons between the federal government and the providers of ESRD services. The Networks' responsibilities include the quality monitoring and improvement of the care that patients with ESRD receive, the encouragement of the appropriate modality options, management of complaints and grievances, the collection of data to administer the national Medicare ESRD program, and the provision of technical assistance to ESRD patients and providers. All ESRD Networks are members of the Forum of ESRD Networks. Each of the Networks' websites may be accessed from the Forum of ESRD Networks' website: http://www.esrdnetworks.org.

GOAL ONE: Improve the quality of health care services and quality of life for ESRD beneficiaries

The Networks serve as liaisons between CMS and ESRD providers, and also between providers and the patients with ESRD under their care. CMS, providers, and patients all have a vested interest in achieving optimal treatment, and the Networks serve as a vital link in the quality chain. Network organizations accomplish their quality mission by:

1. Collecting and validating data
2. Distributing data feedback reports for facilities to use in improving care
3. Conducting quality improvement activities focused on specific areas of care
4. Providing professional educational materials and workshops for facility staff
5. Providing patient educational materials and workshops to facilities and directly to patients
6. Offering technical assistance to dialysis and transplant facilities
7. Evaluating and resolving patient grievances

Networks are to assist ESRD providers in assessing and improving the care provided to Medicare ESRD beneficiaries. Networks accomplish this by:

- Establishing a Network quality improvement program which includes quality improvement projects (QIPs) in the following areas:
    - Anemia Management - Percent of patients with mean hemoglobin ≥ 11 g/dL improved from 43% (1997) to 80% (2003)

- Adequacy of Dialysis - Percent of patients with single session, single pool Kt/V ≥ 1.2 improved from 43% (1997) to 91% (2003)
- Vascular Access (Fistula First) - Percent of prevalent patients dialyzing with an AV fistula improved from 32.4% (2002) to 37.5% (2004)

- The collection, monitoring, and improvement of clinical performance measures (CPMs). The data from 2003 (2004 CPM Report) documents the following:
  - 87% of patients received adequate hemodialysis (defined as URR > 65%), representing an increase of 44% since 1994
  - 90% of blacks (54% increase since 1994) and 91% of whites (44% increase since 1994) received adequate hemodialysis,
  - 80% of patients had a mean hemoglobin ≥ 11, representing a significant increase since 1994
  - 6% of blacks and 6% of whites were severely anemic (hemoglobin <10%), representing decreases since 1994
- Conducting other quality improvement activities and information collection activities, as approved by CMS

GOAL TWO: Improve data reliability, validity, and reporting among ESRD providers/facilities, Networks, and CMS (or other appropriate agency)

The information tracked within Network databases is collected from the ESRD provider through the Medical Evidence Report Form (CMS 2728), the Death Notification Form (CMS 2746), patient event tracking forms, and facility rosters. The majority of this information is collected via paper form. Some data is submitted electronically by corporate offices that own dialysis centers and some is submitted electronically through VISION software. In 2004, Networks processed 101,792 Medical Evidence forms, 69,426 Death Notification forms, 4,829 Annual Facility Survey forms, 221,881 Patient events (changes in treatment type and location), 10,334 CPM forms, and 28,650 personnel and provider changes.

Each of the 18 Networks use the Standardized Information Management System (SIMS) to manage the data collected. This system allows for the entry, storage, and reporting of information and connects to a central repository of the data which CMS can access. The central repository links directly to the Renal Beneficiary Utilization System (REBUS), which is then linked to Medicare's Enrollment Data Base (EDB). This system allows Networks to track patients through the continuum of care and keep accurate records of patients. Patient grievance calls and facility staff information are not stored on the repository and are only accessible to the Network that entered them.

GOAL THREE: Establish and improve partnerships, coalitions, and cooperative activities. These activities may include ESRD Networks, Quality Improvement Organizations (QIOs), State Survey Agencies, ESRD providers/facilities, Medicare Advantage organizations, ESRD facility owners, national and/or local renal related professional organizations, and patient organizations

The ESRD Networks are actively involved with both quality-related and renal-related organizations to facilitate cooperation and joint ventures. Each Network creates unique partnerships with organizations to

help provide better care for the ESRD patient population, including renal groups, professional organizations, dialysis corporations, and pharmaceutical companies.

The 2004 CMS/Forum of ESRD Networks' Annual Meeting "Collaborating to Improve Care: Everyone Counts" drew representatives from CMS, Networks (data, quality, patient services, executive staff, and Network Medical Review Board Chairs), as well as renal community members to discuss issues impacting the ESRD Networks. Other activities in 2004 included the interactive partnerships with renal community members such as NKF, AAKP, RPA, MEI, RPA, and large dialysis organizations; the updating of the New Patient Orientation Packet materials for Year Five of the project; and the Decreasing Dialysis Patient-Provider Conflict (DPC) project.

GOAL FOUR: Support the marketing, deployment, and maintenance of CMS approved software (e.g. CROWN - Consolidated Renal Operations in a Web-Enabled Network)

CMS has sponsored development of several ESRD data systems with companion functions. In 2002, they consolidated these into the Consolidated Renal Operations in a Web Enabled Network (CROWN) system.

The purpose of the CROWN system is to enable the entry/import, validation, analysis, and reporting of ESRD data. The key components of the system, which are under the guidance of CMS, are SIMS (Standard Information Management System), VISION (Vital Information System to Improve Outcomes in Nephrology), REMIS (Renal Management and Information System), and Quality Net Exchange. Other systems which are not under CMS but which link to the CROWN system include the USRDS (United States Renal Data System) and UNOS (United Network for Organ Sharing). The Kidney Epidemiology and Cost Center receives data from the CROWN system to produce the annual Unit-Specific Report and the clinical data for Dialysis Facility Compare (DFC). The facility demographic data comes directly from the CROWN system.

The data collected and managed through the CROWN system serves multiple functions and has many users. CMS is a primary user of the data. One important purpose is determining eligibility of Medicare benefits for ESRD patients, from the initial certification of ESRD until the patient dies or is no longer eligible for benefits (e.g. when patient has been transplanted successfully for more than three years). The CROWN system provides a registry of all patients, including those who are not eligible or not applying for Medicare coverage. This data supports program analysis, policy development, and epidemiological research by CMS, the Networks, researchers, and health planners.

GOAL FIVE: Evaluate and resolve patient grievances as categorized in CROWN and other ADP systems as directed by CMS

The Networks assume a proactive role in the prevention, facilitation, and resolution of complaints and grievances, including implementing educational programs that will assist facility staff in diffusing conflict and handling difficult situations. Networks also conduct trend analysis of reported situations to detect patterns of greater concern. Networks follow the CMS national policy in the ESRD Network Organizations Manual, for evaluating, resolving, and reporting patient grievances and facility concerns. Within 24 hours of receipt, Networks refer immediate and serious grievances to the appropriate CMS Regional Office and State Survey Agency. On request from CMS, Networks assist the State Survey Agency with the investigation of a complaint.

Each Network has a formal grievance resolution protocol, which is approved by CMS. A formal beneficiary grievance is a complaint alleging that ESRD services did not meet professional levels of care. The formal grievance process requires the Network to conduct a complete review of the information and an evaluation of the grievance, which may require the involvement of a Grievance Committee and/or the Medical Review Board. During 2004, Networks processed 45 formal beneficiary grievances in comparison to 40 in 2003. It is estimated that ESRD Networks process over 7,000 patient concerns annually. Less than 1% of patients file a formal grievance at the Network level, indicating that the Networks effectively respond to complaints before they become formal grievances.

SUMMARY REPORT
of the END STAGE RENAL DISEASE (ESRD) NETWORKS' ANNUAL REPORTS

INTRODUCTION

The Medicare End Stage Renal Disease (ESRD) Program, a national health insurance program for people with end stage renal disease, was established in 1972 with the passage of Section 299I of Public Law 92-603. The formation of ESRD Network Organizations was authorized in 1978 by Public Law 95-292, which amended Title XVIII of the Social Security Act by adding section 1881. Thirty-two ESRD Network areas were initially established. In 1986, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) amended section 1881c of the Social Security Act to establish at least 17 ESRD Network areas and revised the Network Organizations responsibilities.

On July 1, 1988, CMS awarded contracts to 18 geographically designated Networks to administer various aspects of the ESRD program. In 1989 §1881(c) of the Act was amended by P.L. 100-239 to provide Networks both confidentiality in the medical review process and limitation on liability. Since 1990 CMS has awarded three-year contracts to the Networks.

Today, the eighteen (18) ESRD Networks under contract to CMS serve as liaisons between the federal government and the providers of ESRD services. The Networks' responsibilities include the quality monitoring and improvement of the care that patients with ESRD receive, the encouragement of the appropriate modality options, management of complaints and grievances, the collection of data to administer the national Medicare ESRD program, and the provision of technical assistance to ESRD patients and providers. All ESRD Networks are members of the Forum of ESRD Networks. Each of the Networks' websites may be accessed from the Forum of ESRD Networks' website: http://www.esrdnetworks.org.

The Forum of ESRD Networks (The Forum) is a not-for-profit organization that advocates on behalf of its membership and coordinates projects and activities of mutual interest to ESRD Networks. The Forum facilitates the flow of information and advances a national quality agenda with CMS and other renal organizations. This Report, which summarizes the Annual Reports submitted by these 18 Network organizations for calendar year 2004, is prepared in the Forum Office under CMS contract 500-02-NW18CH. Internet addresses are provided for additional information about the ESRD Networks and the ESRD program.

ESRD POPULATION & CHARACTERISTICS

Although the ESRD population is less than 1% of the entire U.S. population, it continues to increase at a rate of 1% per year and includes people of all races, age groups, and socioeconomic standings. Because the Networks cover all 50 states plus the District of Columbia, Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands, much variation is seen in both the overall population and the ESRD population. While California (Networks 17 and 18) had the largest state population, Network 6 had the largest population on dialysis. At the end of 2004 there were 321,539 patients being dialyzed of which 104,056 were new (incident) ESRD patients. (Appendix A). The following table portrays the ESRD incident patient rates per million population by Network.

TABLE 1

ESRD INCIDENT PATIENT RATES PER MILLION POPULATION BY NETWORK CALENDAR YEAR 2004

NETWORK	INITIATED ESRD THERAPY	GENERAL POPULATION	INCIDENCE RATE PER MILLION POPULATION
1	3,786	14,221,651	266
2	6,963	12,689,048	549
3	4,633	19,280,727	240
4	5,147	13,224,540	389
5	6,453	15,409,451	419
6	8,413	21,656,579	383
7	6,665	17,385,430	383
8	5,338	13,319,451	401
9	7,981	12,712,016	628
10	4,485	21,818,515	206
11	7,264	22,111,214	329
12	4,016	13,193,837	304
13	4,543	10,780,231	421
14	7,969	22,471,549	355
15	4,722	17,504,199	270
16	2,833	12,778,224	222
17/18 *	12,845	37,410,969	343
TOTAL	**104,056**	**297,967,631**	**6,108**

Source: Networks 1-18 Annual Reports, 2004 and U.S. Census Bureau population data from 2004

*Networks 17 and 18 have been combined to incorporate the state of California. Hawaii and American territories are included.

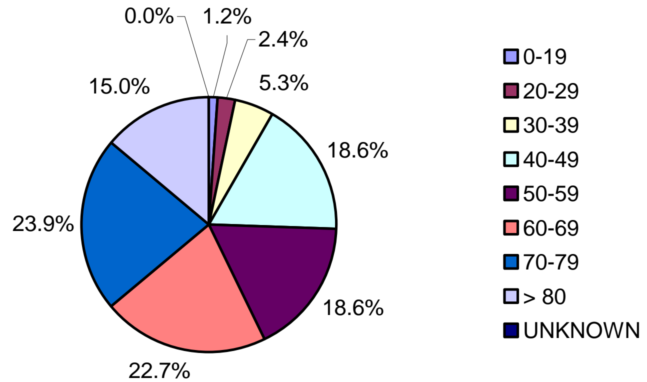
AGE

The age distribution for the ESRD incident population is described in Appendix B. In 2004 46.5% of incident ESRD patients were between the ages of 60 and 79 and the pediatric population remained relatively small with 1.2% of the ESRD incident population under 20 years old. These distributions have remained constant over the past five years and in 2004.

The age distribution of the dialysis prevalent population is described in Appendix C.

GRAPH 1

2004 ESRD Incident Dialysis Patients by Age
Calendar Year 2004



RACE

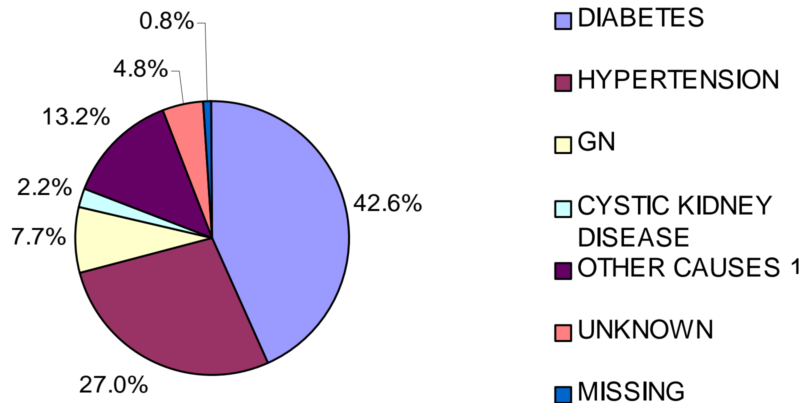
While the majority of dialysis patients are White, ESRD rates among Blacks and Native Americans are disproportionately high. While Black Americans comprise nearly 12.3% of the national population, they make up 36.4% of the total dialysis prevalent population. Network 6 has the largest population of Black patients and Network 15 is home to the largest number of Native American patients. Appendices D and E present tables comparing the incident and prevalent populations by race and Network.

DIAGNOSIS

The leading cause of renal failure in the United States is diabetes. A list of primary causes for ESRD can be found in Appendix F. Graph 2, below, portrays the breakdown of incident dialysis patients by primary diagnosis.

GRAPH 2

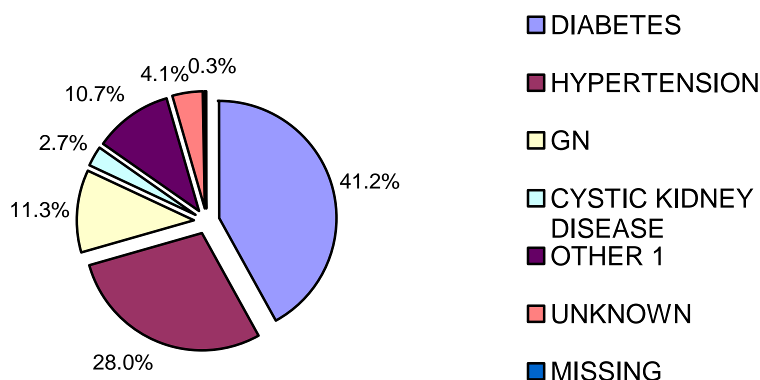
2004 ESRD Incident Dialysis Patients by Primary Diagnosis
Calendar Year 2004



Appendices G and H describe dialysis patients by primary diagnosis and Network. Given the diverse patient populations seen within each geographic region it is surprising that there is little variation among the Network populations with respect to the diagnosis of their prevalent populations. All Networks reported diabetes as the primary cause of renal failure in 2004. Network 14, with 14,176 patients , had the highest number of prevalent patients with this primary diagnosis. Network 6 had the highest number of patients with hypertension, with 9,745.

A primary diagnosis of diabetes represented 41.4% of the prevalent dialysis patient population in 2004. Hypertension followed with 28.2%, glomerulnephritis with 11.3%, and other causes accounted for 10.7% of the dialysis population. Cystic kidney disease accounted for 2.7% of the dialysis patient population. 4.1% of patients had an unknown primary cause. The percentage of patients with a primary diagnosis of diabetes remained relatively constant from 2003 to 2004.

GRAPH 3
Prevalent Dialysis Patients by Primary Diagnosis
December 2004



GENDER

In 2004, males represented over half of the ESRD incident (52.6%) and prevalent (51.9%) populations. With the exception of Network 6, all Networks reported a higher ratio of males to females on dialysis (Appendices I and J).

TREATMENT MODALITY

Today, ESRD patients have a variety of choices for outpatient renal replacement therapy that include dialyzing at home, in a hospital-based facility, or at an independent facility. Some transplant centers, in addition to providing kidney transplants, offer dialysis services. Appendices K and L display the number of dialysis patients in each Network by modality.

In-Center hemodialysis is the most predominate modality (Appendix M). The number of patients undergoing continuous cycling peritoneal dialysis (CCPD) in a self-care setting decreased 1% between 2003 and 2004, and the number of continuous ambulatory peritoneal dialysis (CAPD) patients decreased 4% between 2003 and 2004 (Appendix N).

Table 2A lists Medicare Approved ESRD Providers by Type of Service and Network. There were 249 transplant centers within the United States in 2004. Network 14 has the largest number of transplant facilities, with 23, followed by Network 11, with 21. Network 3 has the fewest transplant facilities, with

6. As expected based on patient populations, Network 6 has the largest number of dialysis providers (450) and Network 16 has the smallest number of providers (121).

TABLE 2A

ESRD PROVIDERS BY TYPE OF SERVICE AND NETWORK
AS OF DECEMBER 31, 2004

NETWORK	DIALYSIS	TRANSPLANT	HOSPITAL	INDEPENDENT	STATIONS
1	146	15	44	102	2,618
2	232	15	101	131	4,246
3	154	6	48	106	2,910
4	233	16	25	208	4,111
5	281	13	51	230	4,822
6	450	10	37	413	8,851
7	267	10	8	259	4,915
8	293	14	9	284	5,277
9	339	15	42	297	5,660
10	164	8	24	140	2,671
11	339	21	106	233	4,905
12	232	18	29	203	3,423
13	249	15	13	236	4,045
14	343	23	18	325	7,241
15	215	15	30	185	3,453
16	121	8	25	96	1,912
17/18*	419	27	46	373	8,228
TOTAL	**4,477**	**249**	**656**	**3,821**	**79,288**

Source: SIMS/CSC

* The totals for Networks 17 and 18 have been combined to accurately reflect the totals for California, which crosses both Networks.

TABLE 2B
ESRD PROVIDERS BY TYPE OF SERVICE AND STATE
DECEMBER 31, 2004

STATE	HOSPITAL	INDEPENDENT	TOTAL	STATIONS	TRANSPLANT	TOTAL PROVIDERS
Alabama	6	102	108	1,652	3	111
Alaska	0	4	4	70	0	4
Arizona	7	84	91	1,420	4	95
Arkansas	5	55	60	903	3	63
California	35	362	397	7,750	26	423
Colorado	7	34	41	748	5	46
Connecticut	6	24	30	631	2	32
Delaware	3	13	16	248	1	17
District of Columbia	3	17	20	382	4	24
Florida	8	259	267	4,915	10	277
Georgia	24	194	218	3,756	4	222
Hawaii	9	8	17	390	1	18
Idaho	0	9	9	146	0	9
Illinois	24	140	164	2,671	8	172
Indiana	10	80	90	1,512	2	92
Iowa	16	37	53	737	4	57
Kansas	1	41	42	616	2	44
Kentucky	8	58	66	1,043	2	68
Louisiana	2	129	131	2,200	7	138
Maine	9	9	18	237	1	19
Maryland	19	93	112	1,818	2	114
Massachusetts	20	48	68	1,190	9	77
Michigan	26	110	136	2,507	9	145
Minnesota	22	50	72	852	5	77
Mississippi	1	66	67	1,495	1	68
Missouri	4	100	104	1,655	10	114
Montana	10	5	15	166	0	15
Nebraska	8	25	33	415	2	35
Nevada	1	21	22	397	2	24
New Hampshire	1	8	9	187	1	10
New Jersey	35	76	111	2,120	5	116
New Mexico	6	24	30	532	2	32
New York	101	131	232	4,246	15	247
North Carolina	8	132	140	3,280	5	145
North Dakota	10	2	12	114	2	14
Ohio	24	159	183	3,105	11	194
Oklahoma	6	52	58	942	5	63
Oregon	4	39	43	628	3	46
Pennsylvania	22	195	217	3,863	15	232
Puerto Rico	11	29	40	760	1	41
Rhode Island	4	12	16	314	1	17
South Carolina	5	87	92	1,815	1	93

South Dakota	11	10	21	192	1	22
Tennessee	2	116	118	2,130	10	128
Texas	18	325	343	7,241	23	366
Utah	6	16	22	302	2	24
Vermont	4	1	5	59	1	6
Virgin Islands	2	1	3	30	0	3
Virginia	24	104	128	2,257	5	133
Washington	11	39	50	902	5	55
West Virginia	5	16	21	365	2	23
Wisconsin	37	61	98	1,240	4	102
Wyoming	3	6	9	54	0	9
American Samoa	1	0	1	17	0	1
Guam	1	2	3	57	0	3
Mariana Islands	0	1	1	14	0	1
	656	**3,821**	**4,477**	**79,288**	**249**	**4,726**

Source: SIMS/CSC

Appendix O lists the number of renal transplant recipients by donor source and Network. According to the annual facility surveys conducted by the Networks:

- 16,619 transplants were performed within the United States during 2004.
- Of these transplants, 10,090 were from deceased donors while 4,211 were from living related donors and 2,318 from living non-related donors.
- Deceased donors represent 60.7% of transplants performed.
- The percent of living and living unrelated donor transplants have increased in recent years and in 2004 represented 39.3% of all transplants performed.

The transplant centers in Network 11 performed 1,834 transplants in 2004, the largest number of transplants among the Networks. Network 11 also had the largest number of transplants by living related donor, 609, and the largest number of transplants by a living unrelated donor with 298. Network 3 had the fewest total number of transplants with 532 occurring.

A large number of patients are on waiting lists for kidney transplants. According to the United Network for Organ Sharing (UNOS), as of December 31, 2004, there were 64,310 potential kidney recipients on the Organ Procurement and Transplantation Network (OPTN) national patient waiting list (*Source: United Network for Organ Sharing).*

NETWORK DESCRIPTION

The ESRD Network program began in 1977 when the Department of Health and Human Services (formerly the Department of Health, Education and Welfare) published the final regulations establishing 32 Network Coordinating Councils to administer the newly funded program. With only 40,000 dialysis patients receiving care in 600 facilities, the Networks' responsibilities focused on organizational activities, health planning tasks, and medical review activities.

By December 31, 1987, the ESRD program encompassed 98,432 patients and 1,701 facilities administering renal replacement therapy. At this time, Congress consolidated the 32 Networks into 18, redistributing and increasing their geographical areas as well as their program responsibilities. Funding mechanisms changed when Congress mandated that $ 0.50 from the composite rate payment from each dialysis treatment be withheld and allocated to fund the ESRD Network program. In 1988 CMS began formal contracting with the ESRD Networks to meet their legislative responsibilities. These contracts

placed greater emphasis on quality improvement activities and standardized approaches to quality assessment and data analysis; health-planning functions were reduced.
In 2004, the ESRD program encompassed 321,539 patients and 4,477 ESRD providers. The Networks now operate on a three-year Statement of Work (SOW) cycle with one base year and two option years. The 2003 - 2006 SOW was implemented in July 2003. At the time of the contract renewal, CMS provided an updated ESRD Network Organization Manual that provided background and articulated responsibilities of the Networks as well as modifications to some requirements of the ESRD Network program. This manual provides additional direction for contract responsibilities.

As specified in the Statement of Work, each Network is responsible for conducting activities in the following areas:

1. Quality Improvement
2. Community Information and Resources
3. Administration
4. Information Management
5. Special Studies

CMS contracts require each Network, at a minimum, to have the following staff: an Executive Director/Project Director, a Quality Improvement Director/Quality Improvement Coordinator, an individual responsible for data related activities (i.e. Data Manager), sufficient support staff (including a registered nurse with nephrology experience), and a full time Patient Services Coordinator with a Masters in Social Work or equivalent qualifications. The role of the Executive Director is to coordinate the activities of the Network. The Quality Improvement Director coordinates quality-related requirements and creates and implements quality improvement projects. The role of the Data Manager is the accurate recording and transmission of data between the facilities, the Network, and CMS. The Patient Services Coordinator is responsible for resolving patient and/or facility complaints and grievances and conducting educational training on managing difficult patients and conflict resolution.

In addition to these staff members, Networks employ enough other individuals to accomplish contract responsibilities. Though these positions vary from Network to Network, additional staff in the areas of quality improvement, data, and patient services are essential for the coordination of the many Network activities.

Table 3 shows the Network staff by function and full-time equivalence (FTE).

TABLE 3
NETWORK STAFF BY FUNCTION AND FTE
AS OF DECEMBER 31, 2004

NETWORK	DIALYSIS PREVALENT POPULATION	ESRD PROVIDERS	ADMINISTRATIVE	QUALITY IMPROVEMENT	DATA	PATIENT SERVICES	TOTAL STAFF
1	10,886	153	2.25	2.55	3.30	1.20	9.30
2	22,348	242	3.00	2.00	4.00	1.50	10.50
3	13,424	152	1.30	1.50	3.00	0.50	6.30
4	14,297	240	3.00	2.00	4.00	1.00	10.00
5	19,411	300	3.00	3.00	3.50	1.00	10.50
6	30,096	446	3.85	4.75	4.65	2.20	15.45
7	18,672	285	1.75	2.75	2.25	1.25	8.00
8	18,051	300	2.00	3.50	3.90	1.00	10.40
9/10	36,356	539	4.00	4.00	7.00	3.00	18.00
11	19,757	368	2.00	2.50	5.00	1.00	10.50
12	11,995	258	4.00	1.75	3.00	1.25	10.00
13	13,504	262	2.25	4.75	2.50	1.50	11.00
14	27,554	375	2.50	2.50	4.00	1.50	12.00
15	14,294	221	3.00	2.50	3.50	1.00	10.00
16	8,470	123	1.55	1.75	2.80	1.00	7.10
17	16,759	167	2.00	2.60	3.00	1.20	8.80
18	25,665	274	3.90	2.90	4.00	1.00	11.80
TOTAL	**321,539**	**4,259**	**41.50**	**42.55**	**58.75**	**19.90**	**164.20**

Source: Networks 1-18 Annual Reports, 2004, with clarification from Network Executive Directors

As seen in Table 3, Networks operate with a relatively small number of staff for the size of the ESRD patient population served. On average each Network has 9 staff members. The average number of staff per Network has grown only slightly since 1988 despite a 154% provider increase and a 202% patient increase in the same time period. The staffing pattern is similar across the Networks, with respect to the number of staff assigned to the various functional categories, however there are still regional variations.

Most Networks are not-for-profit organizations with governing boards (Boards of Directors) that are responsible for their business and contractual obligations. They have Medical Review Boards with responsibility for quality improvement and oversight initiatives in their geographic region. Both Boards meet statutory requirements with respect to composition and adhere to strict conflict of interest guidelines. Consumers are represented on these Boards and most Networks rely upon Patient Advisory Committees to increase patient involvement. Networks appoint other standing or ad hoc committees as needed to perform their work. The dialysis and transplant providers in each Network comprise the Network Coordinating Council and are offered opportunities to appoint representation to the Network. Providers are required by regulation to participate in Network activities, and rarely has lack of active cooperation been an issue in the Network community.

Board members are all volunteers who contribute an enormous number of hours to the Network program. It is estimated that for the year 2004 Board of Directors/Trustees and Medical Review Boards alone donated about 10,000 hours, the equivalent of just under $1 million. This figure would significantly

increase if other committee volunteers were included. This unprecedented volunteerism is frequently overlooked as an important contributor to the program's success and has allowed the Networks to function effectively with limited government resources.

Each Network is required by contract to specify appropriate roles and functions for its committees. Each Network is required to have the following:

- **Network Council:** A body comprised of renal providers in the Network area that is representative of the geography and the types of providers/facilities in the entire Network area. The Council also includes at least one patient representative. The Network Council serves as a liaison between the provider membership and the Network.

- **Board of Directors (BOD):** A body comprised of representatives from the Network area, including at least one patient representative. The BOD (or Executive Committee) supervises the performance of the Network's administrative staff in meeting contract requirements and maintaining the financial viability of the Network.

- **Medical Review Board (MRB):** A body comprised of representatives of each of the professional disciplines (physician, registered nurse, social worker, and dietitian) and at least one patient representative that is engaged in treatment related to ESRD and qualified to evaluate the quality and appropriateness of care delivered to ESRD patients.

- **Any other committees** (or subcommittees) necessary to satisfy requirements of the SOW. These committees are designated by the Network and/or BOD and may include, but are not limited to, patient advisory, grievance, organ procurement, transplant, finance, and rehabilitation.

CMS NATIONAL GOALS AND NETWORK ACTIVITIES

The ESRD Network Statement of Work outlines five goals to provide direction to the national ESRD Network program. These goals outline the basic Network functions allowing each Network to customize its activities to meet and exceed CMS' expectations.

GOAL ONE: **Improve the quality of health care services and quality of life for ESRD beneficiaries**

GOAL TWO: **Improve data reliability, validity, and reporting among ESRD providers/facilities, Networks, and CMS (or other appropriate agency)**

GOAL THREE: **Establish and improve partnerships, coalitions, and cooperative activities. These activities may include ESRD Networks, Quality Improvement Organizations (QIOs), State Survey Agencies, ESRD providers/facilities, Medicare Advantage organizations, ESRD facility owners, national and/or local renal related professional organizations, and patient organizations**

GOAL FOUR: **Support the marketing, deployment, and maintenance of CMS approved software (e.g. CROWN - Consolidated Renal Operations in a Web-Enabled Network)**

GOAL FIVE: **Evaluate and resolve patient grievances as categorized in CROWN and other ADP systems as directed by CMS.**

These goals and how the Networks accomplished them are discussed in this Summary of Annual Reports which is a compilation based on the eighteen ESRD Networks' annual reports. Each ESRD Network's annual report includes:

1. Network's goals and activities conducted to meet Network goals
2. Data on the comparative performance of facilities with respect to patients in self-care settings, transplantation, and vocational rehabilitation programs
3. Identification of facilities that have failed to cooperate with Network goals
4. Recommendations for additional or alternative ESRD services or facilities in the Network area

GOAL ONE: IMPROVE THE QUALITY OF HEALTH CARE SERVICES AND QUALITY OF LIFE FOR ESRD BENEFICIARIES

The Centers for Medicare & Medicaid Services (CMS) contract with the 18 ESRD Networks to design and administer quality improvement/assessment programs. The structure and composition of the Networks place them in a unique position to accomplish this purpose. The Networks are not-for-profit organizations, led by volunteer boards and committees comprised of nephrology patients and professionals. The Social Security Act and Regulation outlines the broad expectations for Networks and CMS following regulation specifies projects and tasks in the ESRD Network Statement of Work (SOW). The geographic distribution of the 18 Networks allows each to design projects most appropriate for the population served. The Networks can adapt projects for the different cultural and clinical needs of the area and take advantage of local resources to advance the project. Networks must determine which projects can have the broadest impact on improving quality of care. Networks share project ideas with one another so successful projects can be duplicated, and at times where warranted conduct projects nationally with each of the 18 Networks participating.

The Networks serve as liaisons between CMS and ESRD providers, and also between providers and the ESRD patients under their care. CMS, providers, and patients all have a vested interest in achieving optimal treatment, and the Networks serve as a vital link in the quality chain. Network organizations accomplish their quality mission by:

1. Collecting and validating data
2. Distributing data feedback reports for facilities to use in improving care
3. Conducting quality improvement activities focused on specific areas of care
4. Providing professional educational materials and workshops for facility staff
5. Providing patient educational materials and workshops to facilities and directly to patients
6. Offering technical assistance to dialysis and transplant facilities
7. Evaluating and resolving patient grievances

COLLECT AND VALIDATE DATA

ESRD Networks routinely collect, validate, and report patient-specific and facility-specific data for many uses. Data collected by the Networks provide CMS and other agencies with information for operational activities and policy decisions. Networks also supply data and/or support to the United States Renal Data System (USRDS) and to other CMS-approved research organizations. Data collected by the Networks are used to report on trends to the renal community and beyond. Examples of data collected by the Networks are listed in Table 4 below.

TABLE 4
DATA COLLECTED BY NETWORKS
AS REQUIRED BY CONTRACT
2004

Standard CMS Forms	CMS - 2728: Medical Evidence CMS - 2746: Death Notification CMS - 2744: Annual Facility Survey	Demographics and pre-ESRD clinical data for all new ESRD patients Date and cause of death Reconciliation of patient activity
Minimum Data Set (No Standard Forms)	Non-Clinical Patient Events Facility Characteristics and Staff	Allows Networks to place patient on any given day by treatment center and type of modality Size, ownership, staffing
Standard CMS Clinical Performance Measures	CMS - 820: In-Center Hemodialysis CPM Data Collection Form 2004 CMS - 821: Peritoneal Dialysis CPM Data Collection Form 2004	Clinical performance forms collected once per year on a sample of patients in each Network

ESRD Networks also use data in their individual quality improvement projects. Quality improvement data and identifiable data collected for Network quality improvement activities are protected from release to the public.

National ESRD Clinical Performance Measures (CPM) Project

The Balanced Budget Act of 1997 required CMS to develop a method for measuring and reporting the quality of renal dialysis services provided to persons covered by Medicare. Sixteen (16) clinical performance measures, based on Kidney Disease Outcomes Quality Initiative (K/DOQI) Practice Guidelines, were developed. This project, formerly known as the National ESRD Core Indicators Project, involves the collection and reporting of data and provides the foundation for many of the Network quality improvement activities. It provides important feedback and advice to CMS on outcome measures at both the national and Network levels. The four areas of care identified by CMS for the focus of this project are listed below:

- Adequacy of dialysis measured by URR and Kt/V (hemodialysis) and weekly Kt/V_{urea} and creatinine clearance (peritoneal dialysis)
- Nutritional status measured by albumin
- Anemia management measured by hemoglobin, serum ferritin, and transferrin saturation
- Vascular access (hemodialysis only)

For each project year, CMS selects a random sample of adult patients who were alive and on dialysis as of December 31st of the previous year. Facility staff complete forms on selected patients and submit them to the Networks, which review the forms, clarify questionable entries, input the data into the Network database using the Standard Information Management System (SIMS), and transmit the data to the CMS contractor. CMS and/or its contractor then selects a random national representative 5 percent sample for reliability. Network staff re-abstract data for cases in the reliability sample (either on-site or via mailed medical record copies), computerize the information, and transmit it to the CMS contractor.

This Project provides national and Network-specific rates based on the clinical performance measures employed in the four areas of care. CMS uses these data to assess the quality of care being delivered to Medicare beneficiaries and to evaluate the effectiveness of the Network program in improving care. Networks use the Report, in combination with other feedback reports, to select areas for quality improvement/assessment projects and activities. Since the sample size is insufficient to provide facility-

specific reporting, many Networks collect data on a broader sample in order to produce facility-specific rates on outcome measures. Methods used for this include:

- 100% of patients from 100% of facilities
- Sample of patients from 100% of facilities
- Aggregate facility data from 100% of facilities

The project cycles of ESRD CPM Project activities is clarified in the table below.

TABLE 5
ESRD CPM PROJECT CYCLES

Project Year	HD Data From	PD Data From	Data Collected	Report Issued
Year 1	Oct-Nov-Dec 93	- - -	Summer 1994	December 1994
Year 2	Oct-Nov-Dec 94	Nov94 -Apr95	Summer 1995	January 1996
Year 3	Oct-Nov-Dec 95	Nov95 - Apr96	Summer 1996	January 1997
Year 4	Oct-Nov-Dec 96	Nov96 - Apr97	Summer 1997	December 1997
Year 5	Oct-Nov-Dec 97	Nov97 - Apr98	Summer 1998	Spring 1999
Year 6	Oct-Nov-Dec 98	Oct98 - Mar99	Summer 1999	Spring 2000
Year 7	Oct-Nov-Dec 99	Oct99 - Mar00	Summer 2000	December 2000
Year 8	Oct-Nov-Dec 00	Oct00 - Mar01	Summer 2001	December 2001
Year 9	Oct-Nov-Dec 01	Oct01 - Mar02	Summer 2002	December 2002
Year 10	Oct-Nov-Dec 02	Oct02 - Mar03	Summer 2003	Spring 2004
Year 11	Oct-Nov-Dec 03	Oct03 - Mar 04	Summer 2004	Summer 2005

A national random sample, stratified by Network, of adult in-center hemodialysis patients was drawn. The sample size of adult in-center hemodialysis patients was selected to allow estimation of a proportion with a 95% confidence interval (CI) around that estimate no larger than 10 percentage points (i.e. ± 5%) for Network-specific estimates of the key hemodialysis CPMs and other indicators. Additionally a 30% over-sample was drawn to compensate for an anticipated non-response rate and to assure a large enough sample of the adult in-center hemodialysis patient population who were dialyzing at least six months prior to October 1, 2003, for the 2004 ESRD CPM Project. The final sample consisted of 8,881 adult in-center hemodialysis patients.

The peritoneal dialysis patient sample included a random selection of 5% of adult peritoneal dialysis patients in the nation. Additionally, a 10% over-sample was drawn to compensate for an anticipated non-response rate. The final sample consisted of 1,453 peritoneal dialysis patients for the 2004 ESRD CPM Project.

All pediatric (aged < 18 years) in-center hemodialysis patients in the U.S. (n=809) were included in the 2004 ESRD CPM Project.

Selected findings from the 2004 ESRD Clinical Performance Measures Project are highlighted below. Important improvements in adequate therapy and anemia management have been realized since the onset of this project. It is important to note that although the project year is 2004, the data are from 2003 (Refer to Table 5 for clarification). When years are noted in the information below, it refers to the year the data are from, not the project year.

Adequacy of Dialysis: Hemodialysis

- Mean number of URRs collected has increased each year from 63% in 1993 to 72% in 2003.
- The proportion of patients with mean URRs ≥ 65 has also increased steadily from 43% in 1993 to 87% in 2003.
- 91% of prevalent patients had a mean delivered calculated, single session adequacy dose of $_{sp}Kt/V \geq 1.2$ in 2003, representing a 23% increase from 74% in 1996 when Kt/V was introduced in the project.
- The mean $_{sp}Kt/V$ was 1.53.

Adequacy of Dialysis: Peritoneal Dialysis

- Adequacy of dialysis was assessed during the study period (October 2003 - March 2004) for an estimated 86% of patients. This is a dramatic increase from 66% in 1994-1995 when a peritoneal dialysis cohort was first added to the project, but a decrease of 2% from the 2003 ESRD CPM study.
- 70% of CAPD patients had both a mean weekly $Kt/V_{urea} \geq 2.0$ and creatinine clearance ≥ 60 $L/wk/1.73m^2$ or there was evidence that dialysis prescription was changed if the adequacy measurements were below these thresholds during the six-month study period. (PD Adequacy CPM III) This is a decrease of 1% from the 2003 ESRD CPM study.
- 62% of cycler patients (no daytime dwell) had a mean $Kt/V_{urea} \geq 2.2$ and a mean weekly creatinine clearance of ≥ 66 $L/wk/1.73m^2$ or there was evidence that the prescription was changed according to NKF-K/DOQI recommendations during the study period. (PD Adequacy CPM III) This is a decrease of 5% from the 2003 ESRD CPM study.
- 65% of cycler patients (with daytime dwell) had a mean $Kt/V_{urea} \geq 2.1$ and a mean weekly creatinine clearance of ≥ 63 $L/wk/1.73m^2$ or there was evidence that the prescription was changed according to NKF-K/DOQI recommendations during the study period. (PD Adequacy CPM III) This is a decrease of 1% from the 2003 ESRD CPM study.

Nutrition: Serum Albumin - Hemodialysis

- The percent of patients with mean serum albumin values ≥ 4.0 (BCG) or 3.7 (BCP) remained the same in 2003 as in 2002 at 39%, compared to 27% in 1993. This represents a 4% increase from 2002.
- The percent of patients with mean serum albumin values ≥ 3.5 (BCG) or 3.2 (BCP) in 2003 was 81%, compared to 78% in 1993.
- Mean serum albumin value in 2003 with bromcresol green (BCG) laboratory method was 3.8 gm/dL.
- Mean serum albumin value in 2003 with bromcresol purple (BCP) laboratory method was 3.5 gm/dL.

Nutrition: Serum Albumin - Peritoneal Dialysis

- The mean serum albumin value for the 2004 ESRD CPM study was 3.6 gm/dL (BCG) and 3.3 gm/dL (BCP).
- The percent of patients with mean serum albumin values ≥ 4.0 (BCG) or 3.7 (BCP) was 20%, a 35% increase since 1995 and a 2% increase from the 2003 ESRD CPM study.
- The percent of patients with mean serum albumin ≥ 3.5 (BCG) and 3.2 (BCP) was 63%, a 16% increase since 1995 and a 3% increase from the 2003 ESRD CPM study.

Anemia Management: Hemodialysis

- In 2003, the proportion of patients with a three-month mean hemoglobin ≥ 11 was 80%, compared to 59% in 1998.
- The mean hemoglobin for all patients was 11.9 gm/dL in 2003.

Anemia Management: Peritoneal Dialysis

- The mean hemoglobin for all patients in the 2004 ESRD CPM study was 12.0 gm/dL.
- 82% of patients had a six-month mean hemoglobin of ≥ 11 gm/dL, compared to 55% in the 1998 ESRD CPM study.

Vascular Access: Hemodialysis

- 35% of incident patients were dialyzed via A-V fistula; this was an 8% increase from 2002.
- 35% of prevalent patients were dialyzed via A-V fistula; this was a 2% increase from 2002.
- 20% of prevalent patients were dialyzed via chronic catheter continuously for 90 days or longer; this was a 1% decrease from 2002.
- 75% of prevalent patients with an A-V fistula or A-V graft were routinely monitored for the presence of stenosis.

Year 11 of the ESRD CPM Project also included 100% data collection in dialysis facilities operated by the Veterans Health Administration (VHA). Facility personnel abstracted required information from patient medical records and returned completed data forms to the Networks. Network staff clarified all questionable entries with facility staff, entered the data into a file, and transmitted the data to CMS for analysis. VHA facility-specific reports were returned to each Network for dissemination.

NOTE: Data for Year 11 of the ESRD Clinical Performance Measures Project were collected in the summer of 2004 and findings were distributed to the Administrator, Head Nurse, and Medical Director of all dialysis providers in summer 2005. The ESRD CPM report, entitled "*2004 Annual Report - ESRD Clinical Performance Measures Project*," contains details regarding the background and design of the project as well as conclusions. The *2004 Annual Report - ESRD Clinical Performance Measures Project* was published as a supplement to *American Journal of Kidney Diseases* (AJKD) in October 2005. A supplement to AJKD has been published every year since 2001 (1999 CPM data).

Graphical representations of several measures of the ESRD CPM Project are provided below.

TABLE 6

PERCENT OF ADULT HEMODIALYSIS PATIENTS HGB ≥ 11 (HCT ≥ 30)
National Data over 11 Years of the ESRD CPM Project

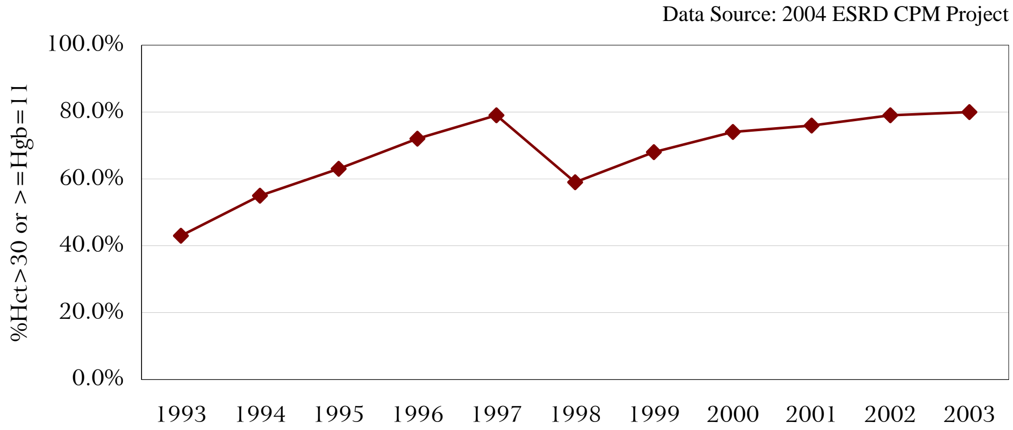
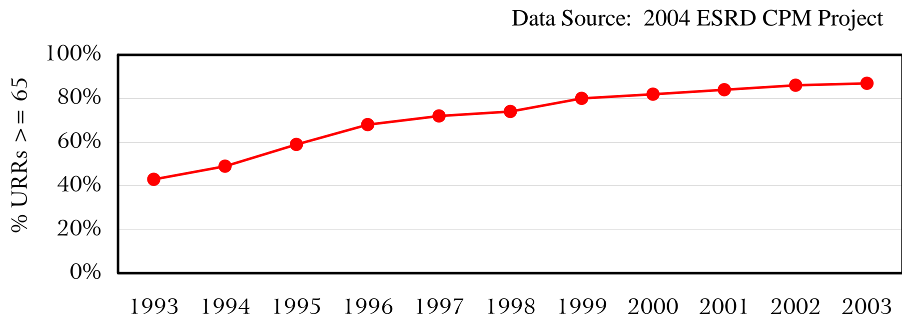


TABLE 7

PERCENT OF ADULT HEMODIALYSIS PATIENTS WITH URR ≥ 65
National Data for 11 Years of the ESRD CPM Project



Information on the type of vascular access for the adult hemodialysis cohort was collected for the first time in Year 6 (data from 1998), and continues annually. Table 8 below provides a comparison of Network data to the recommended National Kidney Foundation's Dialysis Outcomes Quality Initiative (K-DOQI) Guidelines (40% of prevalent hemodialysis patients dialyzing by A-V fistula).

TABLE 8
PERCENT OF ADULT PREVALENT PATIENTS DIALYZING BY A-V FISTULA
All Networks - 6 Years of ESRD CPM Data Collection

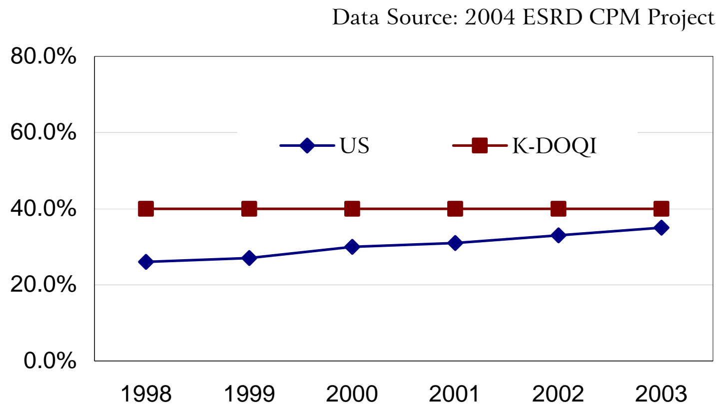


TABLE 9
PERCENT OF ADULT PATIENTS DIALYZING BY CATHETER ≥ 90 DAYS
All Networks - 6 Years of ESRD CPM Data Collection

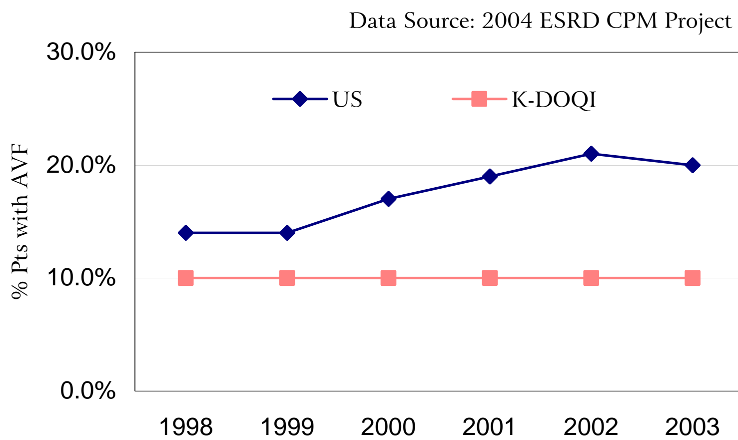


TABLE 10
PERCENT OF PREVALENT ADULT HEMODIALYSIS PATIENTS WITH SERUM ALBUMIN
≥ 4.0/3.7 BCG/BCP and ≥ 3.5/3.2 BCG/BCP
All Networks - 11 Years of the ESRD CPM Project

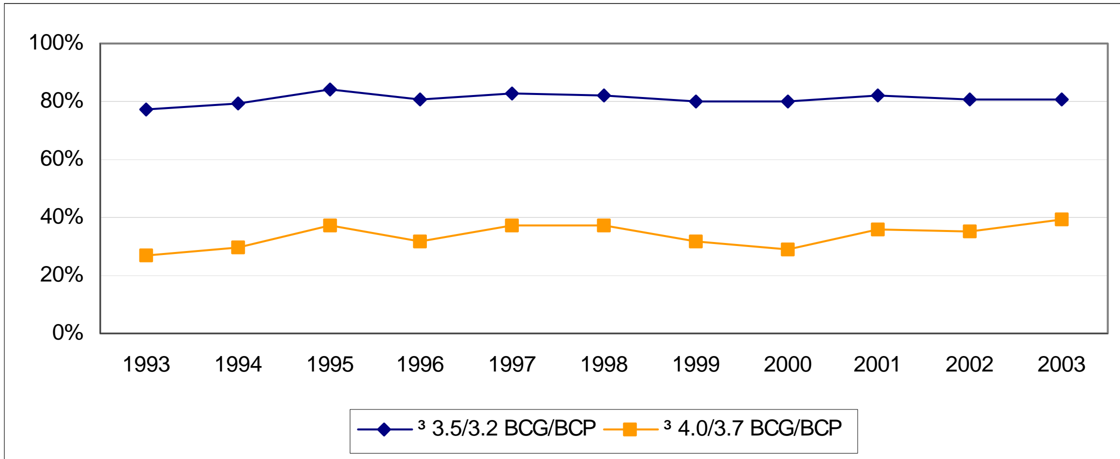
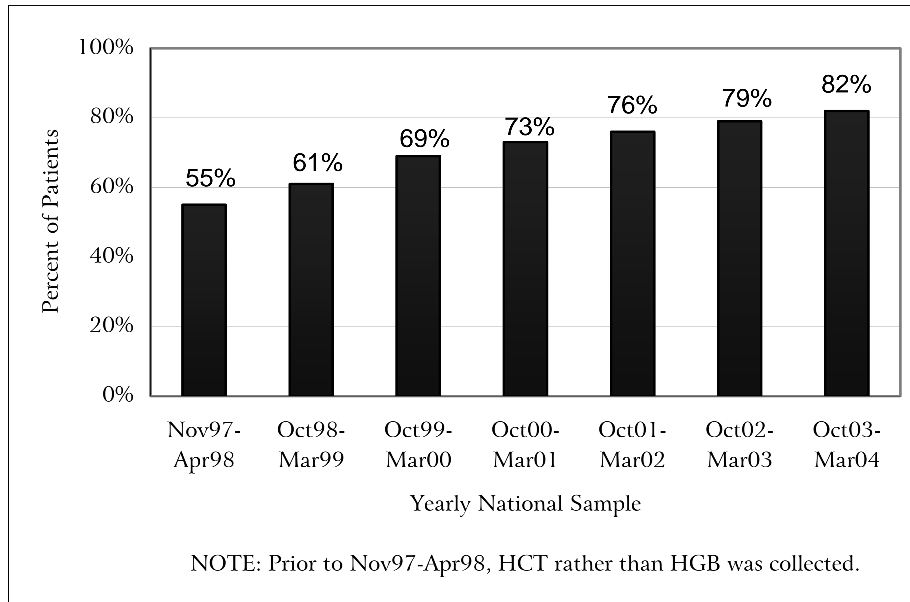


TABLE 11
PERCENT OF PERITONEAL COHORT WITH AVERAGE HGB ≥ 11
National Sample Compared Yearly



NOTE: Prior to Nov97-Apr98, HCT rather than HGB was collected.

In Year 11, 100% of pediatric (defined as age < 18) hemodialysis patients were included in data collection. Although there are no practice guidelines for pediatric dialysis patients, the K-DOQI Guidelines are used to describe several parameters of care for this population in the graph below.

TABLE 12

CLINICAL PARAMETERS FOR ALL (n=678) PEDIATRIC PATIENTS (Age < 18)

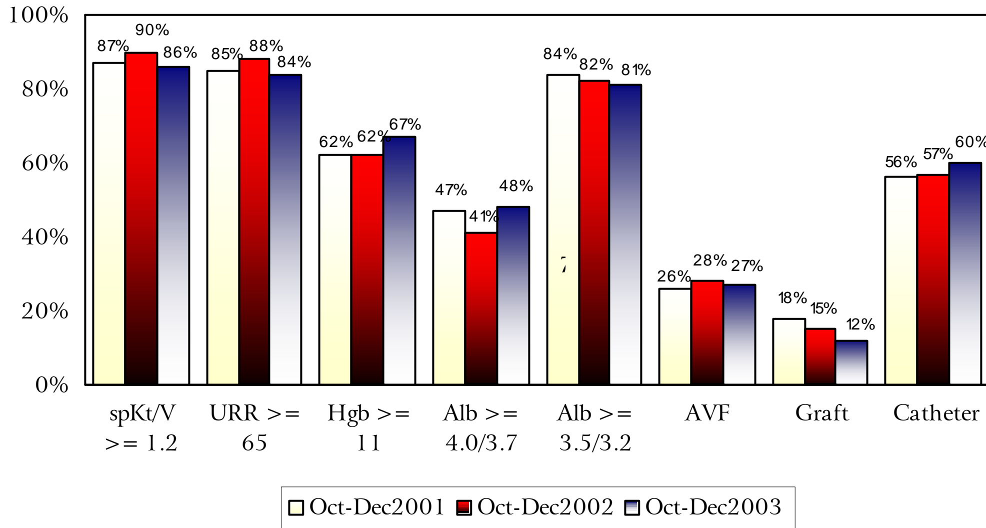
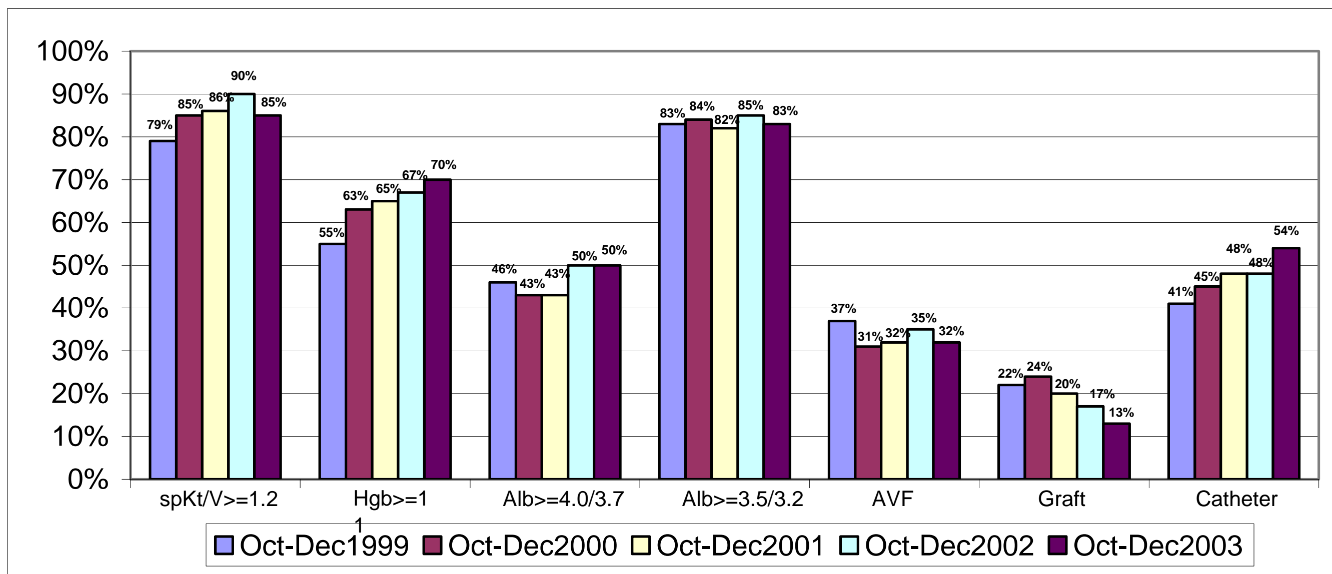


TABLE 13

CLINICAL PARAMETERS FOR PEDIATRIC PATIENTS (Age ≥ 12 < 18)
Data from the 2004 ESRD CPM Project



CONDUCT QUALITY IMPROVEMENT PROJECTS (QIPs) AND ACTIVITIES FOCUSED ON SPECIFIC AREAS OF CARE

CMS Quality Improvement Projects

Networks are to assist ESRD providers in assessing and improving the care provided to Medicare ESRD beneficiaries. Networks accomplish this by:

- Establishing a Network quality improvement program which includes quality improvement projects (QIPs)
- Collecting, monitoring, and improving clinical performance measures (CPMs)
- Conducting other quality improvement activities and information collection activities, as approved by CMS

Historically, the Networks conduct at least two Quality Improvement Projects (QIPs) during the three-year contract period. These projects address an area of care for which clinical performance measures and indicators have been developed. Each Network defines the opportunity for improvement, employs both outcome and process indicators, prepares a project design and methodology that supports statistical analysis, proposes intervention activities, and includes an evaluation mechanism. For 2002, CMS requested all Networks conduct a QIP on Vascular Access Management while work continued on the 2001 QIP on Adequacy of Dialysis. In 2003, CMS and Networks initiated a new collaborative initiative on increasing the rate of Arterio-Venous (AV) fistula. This initiative - FistulaFirst, the National Vascular Access Quality Improvement Initiative (NAVII) - was designated in 2005 as a CMS Breakthrough Initiative.

In 2002, CMS instructed all Networks to conduct a quality improvement project focused on vascular access management because of its importance in the overall clinical treatment of hemodialysis patients. Three projects were proposed for these studies:

- Increasing A-V Fistulas - This project addressed one of three vascular access measures in the ESRD Clinical Performance Measures Project: Vascular Access CPM I, Maximizing Placement of Arterial Venous Fistulae. This measure follows Guideline 29 of the National Kidney Foundation's Dialysis Outcomes Quality Initiative (NKF-DOQI) 2000 Update.
- Vascular Access Monitoring - This measure addressed Vascular Access CPM IV: Monitoring Arterial Venous Grafts for Stenosis and follows Guideline 10 of the K-DOQI as contained in the July 21, 2000, Medicare ESRD Network Organizations Manual: Monitoring Dialysis A-V Grafts for Stenosis.
- Reduction of Catheters in Hemodialysis - This project is designed to lower the Network catheter rate to the K-DOQI guideline of <10% per facility. The project addressed the assessment of patients who had catheters as the primary vascular access for more than 90 days, the employment of appropriate clinical processes to ensure appropriate and timely referral for an access (graft or fistula), and a concomitant reduction of catheters in hemodialysis (HD) patients.

CMS Quality Improvement Projects (QIP) - Performance Based

With the implementation of the 2003 - 2006 ESRD Network contracts, CMS mandated that the Networks should develop and implement quality improvement projects with dialysis providers in the area of vascular access as part of the National Vascular Access Improvement Initiative (NVAII) for at least the first two years of the SOW. Project design and other implementation considerations are developed in conjunction with dialysis providers and other stakeholders collaborating in the Institute for Healthcare Improvement (IHI) -facilitated national "FistulaFirst" project on vascular access.

The FistulaFirst project, a new initiative in 2003, is aimed at increasing the use of Arteriovenous Fistulas (AVFs) for hemodialysis access. Patients who receive dialysis with an access other than a fistula have a

20 to 70 percent greater chance of death in the first year after their placement. Currently, only a third of patients are dialyzed with a fistula, compared with 60 to 90 percent in other countries. This difference in practice patterns is one of the primary reasons why the unadjusted mortality rate for ESRD patients is much higher in the U.S. (about 21 percent) than in Europe (about 16 percent) and is associated with over 5,000 potentially preventable deaths each year. NOTE: In 2005, FistulaFirst project was designated as one of several CMS Breakthrough Initiatives.

The FistulaFirst project aims to fulfill the goals recommended by K-DOQI: AVF rates of 50% or greater for incident patients, and at least 40% for prevalent patients undergoing hemodialysis. This constitutes a significant increase over national averages, which were 29% for incident patients and 31% for prevalent patients at the project's initiation.

TABLE 14

NATIONAL VASCULAR ACCESS IMPROVEMENT INITIATIVE - FISTULAFIRST

Project Goal: Fulfill the goals recommended by the NKF K-DOQI™ Guidelines: AVF rates of at least 40% for prevalent patients and 50% or greater for incident patients

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
1	• To increase the prevalent AVF rate to 45% through education and feedback	• Throughout 2004 the awareness/educational program on NVAII was increased. The Network mailed out quarterly feedback reports to all participating providers, had articles on the FistulaFirst Initiative in each of our newsletters, in regional patient newsletters as well as a national renal publications. The Network's web site was enhanced to include FistulaFirst Updates; the initiative was highlighted at our annual meeting in poster and speaker presentations. The providers increased the prevalent AVF rate to 45.8% by Dec. 2004.
	• To expand the FistulaFirst message to a venue outside the Network's normal purview	• A database of vascular surgeons was compiled through the feedback of the hemodialysis providers when the directory was updated. This allowed the Network to mail out comparative data to 239 vascular surgeons. The Network had a FistulaFirst exhibit booth at the New England Vascular Society's annual meeting. The RPA included the Network designed tools: "The Vascular Passport" & the vein preservation card in their CKD tool kit. The Quality Improvement Organizations have been consulted for data analysis as well as other planned collaborative efforts.
	• To develop a patient education video	• Interviews and filming started in the fall of actual dialysis patients explaining their experiences with vascular access. The benefits of the AVF and complications of catheters was the main theme. By December the rough cut will be edited.
	• To develop a staff education power point on all vascular accesses	• Completed and distributed at the Annual meeting as well as upon request throughout the year. Positive feedback from providers received.
	• To utilize early adapters to "spread" the FistulaFirst message	• Once identified, the nephrologists and vascular surgeons gave presentations on the FistulaFirst Initiative for educational dinner meeting for nephrologists and vascular surgeons. They conducted several hospital surgical rounds in various states and also presented to nephrology nurses.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
1 cont.	• Establish focused educational programs for providers with less than 40% AVF rates	• Met with the Quality Directors and developed vascular access management plans for low performing clinics based on over coming barriers utilizing the 11-point change package.
2	42%	45.2% of patients with an AVF reported by 73% of eligible facilities. This represents a 6.3% increase from baseline (38.9%)
3	40% of prevalent patients and 50% of incident patients will utilize an AVF for hemodialysis.	37% of patients within the Network utilize a fistula for hemodialysis. Rates for New Jersey, Puerto Rico and the United States Virgin Islands are 36.7%, 37% and 24% respectively
4	36%	36.6% as reported from the FistulaFirst Dashboard results Data has been submitted by Network 4 from 98% of eligible facilities according to SIMS
5	31.6%	31.2% prevalent fistula rate by December 2004
6	33.2% prevalent fistulas by June 2006 (4% increase)	34.9% prevalent fistula rate by December 2004
7	Increase the percentage of prevalent patients using AV fistula by at least 4% over the 2002 Centers for Disease Control (CDC) data (34.6% in 2002 to at least 38.6% in 2006) via: • Implementation of an Institute for Healthcare Improvement (IHI)-like Breakthrough Series Collaborative model approach called the FistulaFirst Mini-Collaborative • Statewide spread activities	Network 7, utilizing a two-pronged approach - the FistulaFirst Mini-Collaborative (target group) and statewide spread activities - achieved its contract goal with an AVF rate of 38.6% by the end of 2004. • A total of 47 (18%) dialysis facilities participated in the Mini-Collaborative. They worked on a rapid cycle improvement process, shared information with other participants and learned how to apply a variety of change strategies within their systems. Participants developed and submitted monthly quality improvement plans. • Two learning sessions (workshops) were provided to introduce the Fistula First initiative, review the improvement process, introduce the change concepts and tools, and problem solve barriers to improving care. The second learning session "Collaborating to Overcome Barriers" was open to statewide provider attendance. • Tools were posted on the Network website for review and download

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
7 cont.		• The following activities were also employed: Monthly conference calls were held with the participants to discuss best practices and to share information; the Mini-Collaborative facilities served as the early adopters of best practices and key strategies from the Change Concepts; distributed quarterly feedback reports for all dialysis facilities, including national state and facility-specific AVF data; created and distributed with the quarterly feedback reports a data map of the state of Florida with AVF rates by county; requested improvement plans and provided feedback to facilities with less that 25% AVF rates; authored an article "FistulaFirst Initiative" published in *RenaLife*, a monthly publication for the American Association of Kidney Patients (AAKP); presented Change Concepts and best practices through articles in *"Access"*, the Networks provider newsletter, published quarterly; distributed a biweekly faxblast called "Focus on Fistula". Each issue highlighted a Change Concept, barriers to change, strategies to overcome barriers and included a related tool; statewide spread activities included focused educational activities for physicians; "FistulaFirst: Strategies to Meet the Challenge" was presented at the Network 7 Annual Forum, by Jack Work, MD; presented at FMQAI (Florida QIO) Educational Summit - "Collaborating for Improvement: Improving Arteriovenous Fistula Rates; exhibited at the Florida Vascular Society Scientific Session; surgeon Brochure "Arteriovenous Fistulas - The ESRD Challenge of the Decade…Be a Champion for Change" was developed and mailed to approximately 1500 nephrologists and surgeons. Also included in that mailing were "A Practitioner's Resource Guide to Hemodialysis Arteriovenous Fistulas" and "A Practitioner's Resource Guide to Physical Examination of Dialysis Vascular Access (shared by the ESRD Network of Texas); FistulaFirst and quality improvement
8	Increase the prevalent AV Fistula rate by 5%, from 26.3 in 2002 to 31.3%, by June 2006	Fourth quarter 2004 data revealed a prevalent AVF rate of 31.5%, a 5.2% increase from baseline.
9	Increase the prevalent AV Fistula rate by 4% (30.3% in 2002 to 34.3% in 2006)	Utilizing the Fistula First Outcomes Dashboard - prevalent AV Fistula rate increased from 30.3% in December 2002 to 34.7% in December 2004.
10	Increase the prevalent AV Fistula rate by 4% (33.3% in 2002 to 37.3% in 2006)	Utilizing the Fistula First Outcomes Dashboard - prevalent AV Fistula rate increased from 33.3% in December 2002 to 36.5% in December 2004.
11	Increase the AVF rate among the prevalent hemodialysis patients from the rate of 31.3% (2002 CDC data) to at least 35.3% by June 2006	In December 2004, the AVF rate in Network 11 was 35.1%

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
11 cont.	• Create and build awareness of the FistulaFirst project by communicating with the facility, medical directors, surgeons, and patients	• Network 11 focused two editions of the patient newsletter, *Common Concerns* on vascular access education. This newsletter is distributed to Network 11's 35,000 patients. • Network 11 conducted five facility workshops for facility nurses, medical directors, and vascular access coordinators to focus on incorporating concepts from the national FistulaFirst change package into their facilities to achieve improvement in AVF rates. • A pilot surgeon workshop was conducted in 2004 in Detroit, Michigan to focus on partnering nephrologists with surgeons to increase AVF placement and use. • Network 11's Annual Meeting included plenary sessions from Marc Webb, MD, Vascular Access Surgeon, Leslie Dinwiddie, MSN, and Donna Mapes, DNSc about vascular access and improvement strategies for AVF rates. • Network 11 distributed copies of Dr. Lawrence Spergel's presentation on the eleven Change Concepts of the FistulaFirst project. • Network 11 began production of a patient video, entitled *Access to Success*, which highlights the patient's perspective on vascular access. This video will be completed and distributed to all dialysis facilities in 2005.
	• Identify best-practice facilities and share their experiences and successful strategies with other Network 11 dialysis facilities	• Conference calls were conducted with facilities that either had high AVF rates or had achieved significant improvement in AVF rates to discuss strategies they used to impact improvement. To spread these effective strategies, conference calls were then conducted using these best practice facilities with other facilities that were struggling to improve in AVF rates. • A FistulaFirst electronic newsletter, highlighting strategies of best practice facilities, was distributed to all dialysis facilities within Network 11.
	• Build a data collection and reporting system to support FistulaFirst activities	• Network 11 created and maintained a dashboard, which included data analysis and reporting trends for Network 11 facilities. • Network 11 collaborated with 188 non-Large Dialysis Organization (LDO) facilities to assist them with monthly data collection, and changed collection from quarterly to monthly. Reporting rates improved 12%. • Facility-specific AV fistula rate reports were shared with each dialysis facility quarterly.
12	To increase the absolute percentage of prevalent patients using AVF by four percent over the 2002 data from the Centers for Disease Control annual dialysis unit practices survey by March 2006	ESRD Network 12 met and sustained the CMS goal of 35% during the fourth quarter of 2004.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
13	• Fulfill the goals as recommended by the NKF K/DOQI™ Guidelines: AVF rates of 50% or greater for incident patients, and at least 40% for prevalent patients undergoing hemodialysis • Fulfill the percent of improvement as established by CMS.	• Project underway • Greater than 5% improvement accomplished
14	• Raise awareness of the National Vascular Access Improvement Initiative in the nephrology community • Maintain database of vascular access surgeons and interventionalists associated with Texas dialysis facilities • Promote ongoing spread and adoption of change concepts #3, #4, #5, #6, #7, #9 by vascular access surgeons through provision of targeted educational topics • Empower dialysis facilities to identify their prevalent AVF ranking as opposed to other facilities and utilizing the CQI process, identify opportunities for improving facility AVF rates • Focused intervention with providers having consistently low AVF rates	• FistulaFirst resource packet distributed to all Texas dialysis facilities, marked attention: Medical Director, Nurse Manager, and Facility Administrator during first quarter 2004. Facilities were asked to identify their vascular access surgeons and a discipline-specific FistulaFirst resource packet was sent to each surgeon's office practice. Status ongoing • Database, updated on a quarterly basis as needed, contains the names of 620 surgeons and interventionalists. Status ongoing • Surgeons associated with facilities that have achieved a prevalent AVF rate of 40% or higher for two consecutive months are highlighted on a "Benchmark" list that was distributed quarterly during 2004 to dialysis facilities, surgeon's offices and the Texas nephrology community. Status ongoing • Aggregate and surgeon specific Medicare Part B vascular access placement data distributed to surgeons twice during 2004. A mailing of updated surgeon specific Medicare Part B VA placement data is planned for the spring/summer 2005. • Vessel mapping instruction and coding guidance resources distributed to surgeons, interventionalists, nephrologists, vascular access coordinators and dialysis facilities. Status ongoing • Facility-specific comparative data charts sent to all facilities on a quarterly basis. This mailing includes List of Best Practices" from nephrologists and nurses at facilities with $\geq$ 40% prevalent AVF rates and a list of facilities achieving "Benchmark" status during that reporting period. Status ongoing • Quarterly facility-specific data mail-out contained notification from Medical Review Board (MRB) for facilities with <20% prevalent AVF rate that there was a concern about the facilities inability to increase their AVF rate. MRB recommended these facilities develop and implement a Quality Improvement Plan to increase AVF rates within their facility. Status ongoing

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
14 cont.	• Increase spread and adoption of change concepts by nephrology community through educational outreach and collaboration	• Ten regional meetings held during 2004 for physicians, surgeons, nurses and PCTs, with total attendance of 800 nephrology professionals. • Self-Evaluation checklist distributed to educational program participants to increase awareness of current level of adoption of recommended change concepts. • Collaborated with University of Texas Southwest Medical School on 2-day access conference for nephrologists and surgeons. • Presented three sessions on AVF at Network Annual Meeting in October 2004. • Incorporated and indexed FistulaFirst policies and procedures, tools and resources into Network 14 website.
	• Increase knowledge of AVF assessment and cannulation at the facility level	• Educational video of presentation by a nationally renowned vascular access nurse produced and distributed to all facilities. Video discusses assessment and care of AVF, and cannulation strategies. Type II certificates and evaluations included with video to encourage viewing by facility staff.
	• Evaluate quality, usability and applicability of FistulaFirst project resources to facility processes and practices	• OMP approved questionnaire distributed to facilities and surgeons during 1st and 2nd quarters 2004. Affirmative responses included: 98% - information easy to understand; 97% - content relevant to practice; 97% - planned to discuss with colleagues; 87% - affected perspective on AVF; 88% - change practice.
15	To increase AVF rates within Network 15 to exceed those set by DOQI	CDC Baseline AVF rate for prevalent patients was 39.6% in December 2002. Data collection for the project started in October 2003 with the AVF rate at 38.6%. CMS determined that the Network #15 project goal is an AVF rate of 42.5% by March 2006. In December 2004 the Network had met the CMS target (44.9% for prevalent patients within Network #15) and continued above the expected AVF rate. Network 15 continues it's 3-pronged approach to the Fistula First project as directed by it's Medical Review Board. The focuses continue to be disseminating information to all facilities in Network 15, a more focused initiative in a single Network state and a collaborative effort with the Indian Health Service (IHS).
16	• Increasing the prevalent AVF rate by 3% from December 2002 baseline of 48.5%	• As of December, 2004, 57.5% of prevalent hemodialysis patients were dialyzing via AVFs in our Network – exceeding the CMS contract performance goal of increasing our prevalent AVF rate to 51.5% by March 2006. Data was collected from 100% of independent and LDO facilities.
	• Achieve 60% AVFs in incident hemodialysis patients.	• Based on available data at 12/31/2004, 41.4% of incident hemodialysis patients were utilizing AVFs.
	• Continue to track the impact of our 2002 QIP on increasing AVFs ("Back to the Basics") by evaluating progess of intervention facilities.	• As of December 2004 we measured an accelerated rate of increase in prevalent AVFs among facilities that had participated in our *Back to the Basics* program in 2002 of 72.7 % in three years compared to 30.2% for all Northwest Renal Network facilities during the same time period. • Monitored vascular access outcomes at all Network facilities on a monthly basis, and provided feedback data to participating facilities. Posted updates to AVF outcomes on the Network's website.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
16 cont.	• Focus AVF promotion efforts on three priority areas: physician/surgeon education, patient education, and cannulation training. • Provide data and information to physicians, surgeons, dialysis facility administrators, medical directors, and vascular access coordinators to continue to stimulate the increased use of AV fistulas.	• QI Coordinator conducted 27 training programs for facility staff at regional locations within our Network and in collaboration with other Networks. Topics addressed: the national Fistula First Initiative, improving cannulation techniques ("On Course with Cannulation") and using the buttonhole technique for cannulation of AVFs. • Developed patient and staff education materials on: using the buttonhole technique for cannulation of AVFs and keeping vascular access sites exposed during dialysis. Posted information to the Network's website and disseminated hard copy. • Aggregate data on AVF outcomes was posted and updated on our website. A *Fistula First Status Report* with coded, facility-specific data was disseminated to Medical Directors, Facility Representatives, vascular access managers and other key clinical staff. Individual providers were not identified by name on the graphs, but were given a "key" so they could identify their facility and its relative ranking. The Report covered AVF outcomes for January - August 2004, and was accompanied by resource materials. These resources tools, other Network publications, Institute for Healthcare Improvement documents and background on "Back to the Basics: Increasing the USE of AV Fistulas" were posted and updated on our website.
17	CMS goal to increase AVF rate from 35% in 2002 to 38.9% by June 2006	Phase I activities (set-up and general communication and identification of Early Adopters) completed in 2003. Phase II (strategies to get Adopters to Action, and Feedback Loops for Level 3 activities) initiated at the beginning of 2004. A vascular surgeon database was developed and two dinner meetings sponsored. At the end of the fourth quarter 2004, the Network reported an AVF rate of 41.6%. Seventeen meetings held with Health Maintenance Organizations, State Health Departments, and professional organizations to advance FistulaFirst goals. Five workshops held on cannulation techniques.
18	Our goal was to increase the AVF rate from 35.7% at baseline in December 2002 to 39.7% by June 2006.	Network 18 had 41.4% AVF as of December 2004 compared to 35.7% at baseline in December 2002.

Source: Networks 1-18 Annual Reports, 2004

The table below provides an overview of the additional CMS-approved QIPs by area of care.

TABLE 15
ADDITIONAL CMS-APPROVED QIPs BY AREA OF CARE

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
VASCULAR ACCESS MANAGEMENT: REDUCTION OF CATHETERS (2003 QIP)		
1	Prevalent Patients with Catheter $\geq$ 90 days Target = 10%	Per the CMS/CPM Preliminary 2004 Report which is data from the last quarter of 2003: 18% of Network 1's prevalent patients had catheters compared to the National rate of 20%.
3	Reduction in the catheter rate for prevalent patients to 25%	As of December 2004, the catheter rate within TARC was 34.95%. This rate is an increase of 7% over the previous year.
8	Decrease rates of long-term ($\geq$ 90 days) catheter use to < 10% in chronic HD patients.	December 2004 FistulaFirst data revealed 11% of Network 8 patients dialyzing via vascular catheter for $\geq$ 90 days, a decrease of 1.0% from December 2003.
11	Network 11 dialysis facilities will have no more than 10% of prevalent patients dialyzing with a catheter as sole access	Dialysis facilities receive comparative reports to help them identify the percent of patients dialyzing with a catheter as part of the FistulaFirst Project. In December 2004, the Network 11 had 17.9% of patients dialyzing with catheter as sole access.
14	Decrease catheter utilization, through strategies designed to minimize catheter placement and to shorten time interval when catheter is necessary	• As a component of the FistulaFirst project, quarterly facility specific comparative data charts highlighting facility catheter utilization compared to state, national averages and K/DOQI Guidelines. Ongoing status. • Included with comparative data charts were practice recommendations, tools and educational materials targeted to nurses, nephrologists and surgeons. Ongoing status. • Facilities reporting catheter in place $\geq$ 90 days for 10% and 20% of their patients were identified. During planned intervention during 2005, these facilities will be asked to submit root cause analysis of high catheter rate and submit an improvement plan to the Network Quality Improvement staff. Additionally, facilities reporting more than 20% of patients will receive focused interventions from Network Quality Improvement staff including monthly trending of catheter rates, educational initiative aimed at nurses, nephrologists, surgeons and patients, and on-site or phone consultation by Quality Improvement staff or Medical Review Board (MRB).

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
ADEQUACY OF PERITONEAL DIALYSIS (PD)		
1	No target established nationally	70% of CAPD patients had a mean weekly Kt/V ≥2.0 65% of CCPD patients had a mean weekly Kt/V ≥ 2.1. Data collected for the last quarter of 2003 and the first quarter of 2004.
9	• All patients measured for adequacy every four months. • ≥ 85% of patient population will achieve weekly creatinine clearance ≥ 60L/bsa or weekly Kt/V ≥ 2.0 for CAPD and ≥ 63L/bsa or weekly Kt/V ≥ 2.1 for CCPD.	• 4th quarter 2003 data was analyzed and reviewed. 83% of peritoneal dialysis patients were measured for adequacy during the data collection period. • 4th quarter 2003 data was analyzed and reviewed. 87% of peritoneal dialysis patients achieved the adequacy goals. Awaiting CMS collection tool in order to collect data for October - December 2004.
10	• All patients measured for adequacy every four months. • ≥ 85% of patient population will achieve weekly creatinine clearance ≥ 60L/bsa or weekly Kt/V ≥ 2.0 for CAPD and ≥ 63L/bsa or weekly Kt/V ≥ 2.1 for CCPD.	• 4th quarter 2003 data was analyzed and reviewed. 83% of peritoneal dialysis patients were measured for adequacy during the data collection period. • 4th quarter 2003 data was analyzed and reviewed. 87% of peritoneal dialysis patients achieved the adequacy goals. Awaiting CMS collection tool in order to collect data for October - December 2004.
11	≥ 80 % of peritoneal dialysis patients will have a weekly Kt/V of ≥ 2.0 (CAPD) or 2.1 (CCPD)	Per 4th quarter 2003 Elab data, 58% of patients met these criteria, however, there is some concern regarding the completeness of these data. Improved data collection from the LDOs as part of the Lab Data Collection Project for the 4th quarter 2004 should identify where improvement can be made with PD adequacy outcomes.
14	Annual quality improvement initiative with ongoing goal of increasing conformance to K/DOQI Practice Guidelines and CMS-CPM targets via the collection of facility-specific outcome data, establishment of Network average, and distribution of facility-specific trend charts that compare facility outcomes to statewide and recommended clinical practice guidelines. Facilities identified as having a quality of care concern are notified and directed to implement quality improvement activities.	Although the 2004 Quality Improvement Report (QIR) includes facility specific outcomes data on anemia, albumin, and bone metabolism outcomes for Peritoneal Dialysis, the QIR does not include peritoneal dialysis adequacy results (Kt/V and Creatinine Clearance). The inability to report PD adequacy data is a result of Elab limitations and CMS restrictions on Peritoneal Dialysis data collection from non-Elab facilities. The yearly collection and trending of peritonitis rates was also discontinued as a result of the new CMS data collection policy.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
ADEQUACY OF HEMODIALYSIS		
1	• Adequacy & Albumin Management: Determine if low albumin levels & low Kt/V levels were a marker of poor quality care • URR% >65% Target 80% • Kt/V>1.2 Target 84%	• Serum Albumin Levels: As part of the annual CPM Quality Improvement Plan the Medical Review Board (MRB) requested a review of Hemodialysis (HD) & Peritoneal Dialysis (PD) providers with a census > 5 patients that had serum albumin levels < 3.5 (BCG) or > 3.2 (BCP) in relationship to dialysis adequacy: KTV < 1.2 (HD) or < than 2.1 (CCPD), < 2.0 (CAPD) as well as < 1.8 for all of PD patients. The MRB was concerned that a low serum albumin linked with a low KT/V could be a potential marker for poor quality management in a provider. Q4/02, Q2/03 and Q4/03 data was reviewed and out of 114 providers reviewed only one provider met the criteria. In Q4/02 and then improved in the next two quarters. The MRB decided that no further monitoring was necessary. • 90% of Network 1 hemodialysis patients had a URR > 65% • 93% of hemodialysis patients had a Kt/V >1.2
3	80% of hemodialysis patients will have a URR of ≥ 65%	The second quarter of 2003 QIP revealed that 87.1% of patients within TARC achieved this goal. Reported within the 2004 CPM data the percent of patients achieving this goal was 86%.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
7	• Within one year, improve the quality of healthcare received by the ESRD population in Network 7 reflected by increased hemodialysis adequacy rates. This was measured by the percentage of patients with a URR≥ 65%. The target Network goal was 87%. • Identify facilities with historically lower hemodialysis adequacy rates (using URR from the 2003 Dialysis Facility Reports) and provide targeted educational opportunities related to increasing hemodialysis adequacy. • Assist the targeted facilities in identifying opportunities for improvement related to hemodialysis adequacy (i.e. individual facility Quality Improvement Plans). • Provide various educational opportunities to all facilities within the Network to assist them in improving their hemodialysis adequacy rates.	The baseline 2003 CPM measure demonstrated 85% of patients in Network 7 had a URR ≥ 65%. The 2004 CPM data increased to 87% of patients with a URR ≥ 65%. • Baseline average for the target group was 67% of patients had a URR≥ 65%. Re-measure in December 2004 demonstrated that 77.7% of patients in the target group had a URR≥ 65%. Technical assistance and education were provided to the providers in the project. • Quality improvement plan format and sample plan were distributed to facilities included in the project. • Hemodialysis Adequacy Monitoring Form was posted on the website to assist facilities with submitting data. • Facility site visits by the Network staff provided technical assistance for those facilities that were not progressing as reflected by improved adequacy results. • One-to-one phone assistance was provided to facilities as needed. • A continuing education course (one nursing CEU), "Improving Adequacy of Hemodialysis," was created and made available on the website. • An educational handout called "Strategies for Improving Adequacy of Hemodialysis" and information regarding the continuing education course, "Improving Adequacy of Hemodialysis," was included in the 2004 Annual Forum binder distributed to all attendees of the meeting in November. • From October - December 2004, adequacy of hemodialysis education was included as part of eight facility visits. • Adequacy online educational program reminder was distributed by fax blast. • "Hemodialysis Adequacy" article included in "Access," the Network 7 newsletter. • "What is Quality Improvement?" was included in the Network provider newsletter and made available on the Network's website. The Network's 2004 CPM Project will not be completed until early 2005. By the end of December 2004, five dialysis providers completed the project with >80% of patients with URR results at ≥ 65% for 3 consecutive months. The remaining nine dialysis providers will continue to participate in the project through March 2005.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
8	$\geq$ 84% of HD patients will achieve a Kt/V of $\geq$ 1.2.	2003 CPM data revealed 89% of Network 8 patients meeting goal, a decrease of 1.0 % from the previous year.
9	• ≥ 95% of patient population achieve URR ≥ 65%. • ≥ 95% of patient population achieve $Kt/V_{Daugirdas\ II}$ ≥ 1.2.	• 4th quarter 2003 data was analyzed and reviewed. 87.7% of hemodialysis patients achieved URR goal. Awaiting CMS collection tool in order to collect data for October - December 2004. • 4th quarter 2003 data was analyzed and reviewed. 90.9% of hemodialysis patients achieved $Kt/V_{Daugirdas\ II}$ goal.
10	• ≥ 95% of patient population achieve URR ≥ 65%. • ≥ 95% of patient population achieve $Kt/V_{Daugirdas\ II}$ ≥ 1.2.	• 4th quarter 2003 data was analyzed and reviewed. 87.7% of hemodialysis patients achieved URR goal. Awaiting CMS collection tool in order to collect data for October - December 2004. • 4th quarter 2003 data was analyzed and reviewed. 90.9% of hemodialysis patients achieved $Kt/V_{Daugirdas\ II}$ goal.
11	Recommended goal is ≥ 80% of patients with URR ≥ 65% and best practice goal is > 85%.	Hemodialysis adequacy has been monitored in the past through the Elab Project. In the 4th quarter 2003, 85.3% of patients in Network 11 had a URR ≥ 65%. Those facilities falling in the lowest quartile are asked to complete an action plan for improving hemodialysis adequacy. Four facilities received a focused on-site review for being in the lowest quartile for both hemodialysis adequacy and anemia management. Those facilities requiring action plans will be reviewed in 2005 for results in the 4th quarter 2004.
13	Maintain and/or exceed 80% of the incenter hemodialysis patient population with URR $\geq$ 65%	Activities to stimulate and assist as necessary with ongoing facility-specific quality improvement processes in hemodialysis adequacy remain underway.
14	95% of chronic hemodialysis patients will have URR of $\geq$ 65%	• Annual quality improvement initiative (Quality of Care Indicators Report) continued in 2004 with ongoing goals of increasing conformance to K/DOQI Practice Guidelines and CMS-CPM targets via the collection of facility specific outcomes data, establishment of Network facility averages and distribution of facility specific trend charts that compare facility outcomes to state outcomes and recommended clinical practice guidelines. • Percent of patients with URR $\geq$ 65% for CPM data collection year 2003 was 91%, while Network 14 Quality of Care (Elab) Report reflected 92.2% of patients with URR $\geq$ 65% in collection year 2003.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
14 cont.		• Facilities identified as having 20% or more patients with a URR less than 65% were targeted for improvement and requested to implement QIP activities. Facilities were offered QI facilitation and monitored by the Network and Medical Review Board (MRB) until improvement noted. In 2004, 13 (4%) facilities were targeted for improvement. Ongoing status
ANEMIA MANAGEMENT		
1	• Hgb>11gm/dL Target=70% • Anemia Management: The Medical Review Board (MRB) reviews all pertinent clinical information. The MRB set a target for anemia that 70% of each provider's dialysis population would achieve a Hgb of equal to or greater than 11 gm/dL in minimally two out of three quarters reviewed. • GFR: To increase the awareness level of the renal community on the formulas used for determine GFR & appropriateness of starting renal replacement therapy	• 81% of hemodialysis patients had a Hgb > 11 gm/dL • The voluntary data indicators from Q4/02, Q2/03 and Q4/03 revealed 20 hemodialysis providers out of 149 did not meet the target in two out of three quarters. The MRB instructed the quality improvement managers to contact 14 of the providers to review their anemia protocols. The remaining 6 providers were to be monitored as their hemoglobins were trending up each quarter. The majority of the providers contacted had either changed their anemia protocol due to a deficient patient response or reinforced to their staff that the anemia protocol must be adhered to. Theses actions had caused more than 70% of their dialysis patients to have a Hgb greater than 11 gm/dL by mid 2004 according to the nurse managers contacted. The peritoneal dialysis providers Hgb were also reviewed. Eight providers did not meet the criteria however all had a very low census. The MRB decided no further monitoring was necessary • The Medical Review Board of Network 1 decided that there was a need for education on how CMS determines the appropriateness of the initiation of dialysis or kidney transplant. The Network staff wrote an article in the 2004 Summer/Fall newsletter on helpful tools for calculating the GFR. Feedback indicated providers found this very useful.
3	80% of patients will have a hemoglobin of ≥ 11gm/dL	The second quarter QIP data showed 78.8% of patients achieving this goal. The 2004 CPM data indicate that 82% of patients have achieved this goal.
8	≥ 70% of patients will attain/maintain of Hgb of ≥ 11.0 gm/dL.	2004 CPM data revealed 76% of Network 8 patients meeting the goal.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
9	≥ 85% of patient population achieve hemoglobin ≥ 11 gm/dL.	4th quarter 2003 data was analyzed and reviewed. 81% of hemodialysis patients achieved anemia management goal (81.2% for combined Network 9/10). 81.6% of peritoneal dialysis patients achieved anemia management goal (81.3% for combined Network 9/10). Awaiting CMS collection tool in order to collect data for October - December 2004.
10	≥ 85% of patient population achieve hemoglobin ≥ 11 gm/dL.	4th quarter 2003 data was analyzed and reviewed. 82% of hemodialysis patients achieved anemia management goal (81.2% for combined Network 9/10). 80% of peritoneal dialysis patients achieved anemia management goal (81.3% for combined Network 9/10). Awaiting CMS collection tool in order to collect data for October - December 2004.
11	Recommended goal is ≥ 80% of patients with Hgb ≥ 11 gm/dL, and best practice goal is > 85%.	Anemia management workshops were held through out Network 11 in 2003. Anemia management has been monitored through the Elab Project. For the 4th quarter 2003, 81.5% of patients had hemoglobin of ≥ 11. 4th quarter 2004 data will be reviewed, based on the lab data collection project, in 2005.
13	Maintain and/or exceed 70% of the patient population with Hgb ≥11gm/dL.	Activities to stimulate and assist as necessary with ongoing facility-specific quality improvement processes in anemia management remain underway.
14	≥ 85% of chronic hemodialysis and peritoneal dialysis patients will have HGB ≥ 11g/dL and < 6% of chronic hemodialysis and peritoneal dialysis patients will have HGB <10 g/dL	• Annual quality improvement initiative (Quality of Care Indicators Report) continued in 2004 with ongoing goals of increasing conformance to K/DOQI Practice Guidelines and CMS-CPM targets via the collection of facility specific outcomes data, establishment of Network facility averages and distribution of facility specific trend charts that compare facility outcomes to state outcomes and recommended clinical practice guidelines. • Percent of patients with HGB ≥ 11g/dL for CPM data collection year was 79%, while NW Quality of Care (ELAB) Report reflected 82.2% of patients with HGB ≥ 11g/dL in collection year 2003. • Percent of patients with HGB < 10/dL for CPM data collection year was 6%.

NETWORK	GOAL	STATUS AS OF DECEMBER 2004
14 cont.		• Facilities identified as having 30% or more patients with HGB less 11 g/dL and/or 11% of patients with HGB less than 10 g/dL were targeted for improvement and requested to implement QIP activities. Facilities were offered QI facilitation and monitored by the Network and Medical Review Board (MRB) until improvement noted. In 2004, 26 (8.3%) facilities were targeted for improvement based on the HGB < 11g/dL criteria; 24 (7.6%) facilities were targeted for improvement based on HGB <10g/dL criteria. All were monitored for improvement. Ongoing status

Source: Networks 1-18 Annual Reports, 2004

Other 2003 - 2006 Contract Quality Improvement Projects - Non-Performance Based

In addition, each Network developed a written plan that assessed the relative and historical performance of each Clinical Performance Measure (CPM) indicator (below) and prioritized/planned/designed improvement activities, as resources allow. The plan must be submitted to the Project Officer no later than 60 days after CPM data is delivered to the Networks in each contract year after the SOW begins. Any additional data collection outlined in the Network's plan (elements and/or frequency), that is not required in the SOW, must be approved by the Project Officer. These non-performance-based CPM QI projects should include quantitative targets, as with any quality improvement project. The timing of this plan (deliverable) is designed to allow assessment of the most current annual CPMs for each Network (available through annual CPM s report - preliminary results). Annually this plan shall be reviewed and updated as needed by the Network and submitted to the Project Officer for approval within 60 days after CPM data is delivered to the Networks.

Additional topics are limited to:

- Adequacy of Dialysis (In-Center Hemodialysis Patients) CPMs I-V
- Adequacy of Dialysis (Peritoneal Dialysis Patients) CPMs I-III
- Anemia Management CPMs I-III
- Other measures/indicators identified by CMS

Quality Improvement Activities

The Network may develop other improvement activities focused on ESRD care within its community. Networks are encouraged to form partnerships and collaborations with other entities (Quality Improvement Organizations (QIO), State Survey Agencies, Medicare and Choice Organizations, national and/or local renal-related organizations, providers, patients, other Networks, and CMS when appropriate). The Network shall have and maintain the capacity to respond to local needs upon request by facilities or when poor performance/problems are identified in conjunction with the responsibilities set forth in section C.3.B. These other Quality Improvement (QI) activities may differ from Network to Network depending upon local needs, variation in patient outcomes and practice patterns (processes of care). Other QI activities may be tailored to specific target areas, such as geographic area, provider group (dialysis and/or transplant), or specific clinical domains. Other QI activities may be developed in collaboration with CMS, the QIO, or the Network Medical Review Board (MRB). Any additional data collection being considered for these activities (elements and/or frequency) that is not required in the SOW must be approved by the Project Officer. The objectives of these QI activities are to assist in the development of local (i.e., facilities, clinics, etc.) capacity to conduct internal quality improvement

activities, which may include measurement and improvement of local/internal processes and outcomes of care. Network MRBs also conduct quality assessment and improvement activities to address areas of concern and opportunities for improvement. These utilize individualized approaches and may be specific to the Network area. In 2004, Networks conducted numerous quality activities employing various approaches that included distributing data feedback reports, disseminating information using hardcopy or electronic transmission, patient counseling, benchmarking, and knowledge management. An overview of these activities is described in the table below, by area of care.

TABLE 16

SUMMARY OF OTHER NETWORK QUALITY ACTIVITIES CONDUCTED IN 2004

AREA OF CARE	NETWORKS
Glomerular Filtration Rate (GFR) Review	All Networks
Patient Support	1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 15, 18
Patient Safety	1, 2, 3, 9, 10, 14, 15, 16, 17, 16, 18
Modality Selection Study	3, 18
Renal Osteodystrophy	4, 8, 9, 10, 12, 14, 15
Bacteremia and/or Infection Control	1, 3, 9, 10, 14, 18
Vocational Rehabilitation/Employment	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 16, 18
Immunizations	1, 3, 4, 5, 6, 7, 12, 14, 16, 18
Transplantation	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18
Continuous Quality Improvement/Quality	1, 2, 3, 6, 7, 8, 9, 10, 11, 14, 15, 16
Pediatric Dialysis	2, 3, 4, 9, 10, 14
Early Referral/ Early Renal Insufficiency	3, 8, 9, 10, 14
Hepatitis B and/or Hepatitis C	3, 9, 14, 10, 18
Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 16, 18
Quality Awards	1, 2, 5, 6, 7, 8, 9, 10, 14, 17
Electronic Transmission of Laboratory Data	1, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14, 15, 17, 18
Technician Training Project	14
Common Practices	2, 3, 9, 10, 11
Knowledge Management Program (KMP)	1, 5, 14
Home Dialysis	2, 3, 11, 12, 14, 15, 18
Amputation	3
Challenging Patients	1, 2, 3, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18
Depression in the ESRD Patient	2, 7, 14, 15
USRDS Acute Myocardial Infarction Study (AMI)	2, 4, 7, 8, 9, 10, 12, 14, 18
Quality Oversight & Monitoring	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15
National Health Care Quality Week	5
Nutrition	2, 7, 9, 10, 11, 12, 14, 15, 18
Standardized Mortality Rates	2, 3, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16
Preventive Care	3, 5, 14
Ethical Issues	1, 3, 5, 9, 10, 14
Prescribed Hours of Dialysis	8, 14, 15, 16
Mineral Metabolic Management	9, 10, 15

AREA OF CARE	NETWORKS
End of Life Issues	1
Social Workers Survey	1, 16
Monitoring Water Treatment Systems In Hemodialysis	1, 16
Renal Palliative Care	2
Disaster Planning	2, 17
Anemia Management	5
Bone and Mineral Metabolism	11
Developing additional CPMs on medications, transplant referral, and bone disease	8, 9/10, 11
National Nurses' Day (May 5, 2004)	12
Regained Kidney Function Analysis	14
Involuntarily Discharged Patients	11, 14
In-Center Self-Care Dialysis	15
Unit-Specific reports	All Networks

Source: Networks 1-18 Annual Reports, 2004

Community Information and Resources

Each Network is to assist providers and patients in its area to improve the quality of care and the quality of life of ESRD patients by providing informational material and technical assistance on ESRD related issues. In carrying out the activities under the task, a Network shall perform the following functions:

- Encourage participation in vocational rehabilitation programs and develop criteria and standards relating to this effort (See Appendix P)
- Evaluate the procedures used by facilities and providers in the Network in assessing patients for placement in appropriate treatment modalities
- Implement a procedure for evaluating and resolving patient grievances
- Establish and/or maintain a national user-friendly toll-free number to facilitate communications with beneficiaries within its Network area
- Develop and/or maintain a website that follows CMS standards and guidelines
- Comply with laws that prohibit excluding or denying individuals with disabilities an opportunity to receive the same information and assistance provided to other patients without disabilities.

The Networks are committed to patient quality of life as indicated by patients maintaining active lifestyles. Each Network is required by federal legislation and contract requirements to encourage dialysis facility staff to assist patients in rehabilitation. On an annual basis, Networks make patients and providers aware of vocational rehabilitation programs that are available in their area. Facilities are surveyed by the Network to determine how many patients aged 18-54 years are working, in school, or referred to a vocational rehabilitation program. A comparative analysis by Network is provided in Appendix P.

PROVIDE PROFESSIONAL EDUCATIONAL MATERIALS AND WORKSHOPS FOR PROVIDERS/FACILITIES

The principles of quality improvement compel the healthcare team to identify opportunities for improvement and develop appropriate interventions. ESRD Networks are a vital resource to facilities, providing educational materials and workshops. Under contract to CMS, Networks are to provide, at a minimum, the following materials:

1. The Annual Report (either by hardcopy and/or referral to the Network's web site), which contains CMS and ESRD Network goals, the Network activities conducted to meet these goals, and the Network's plan for monitoring facility compliance with the goals
2. Regional and national patterns or profiles of care as provided in the Clinical Performance Measures Annual Report
3. Results of Network quality improvement projects
4. As directed, appropriate, and/or necessary (necessity would result from, for example, a substantive change to a grievance process that resulted in updated informational material on this process), the Network organization shall provide any updated information to providers/facilities in its Network area with a directive that each provider/facility make the information available to its patients or inform its patients how to contact the Network organization to obtain the information
5. Special mailings (up to two per year) as directed by CMS, including duplication of materials, as necessary
6. Annual printing and distribution of Dialysis Unit Specific Reports. Annually, within 30 days of receipt of the Dialysis Unit Specific Report (by hard copy or electronic) produced by the University of Michigan Kidney Epidemiology and Cost Center (or other CMS designee) for the dialysis facilities within the Network's area, the Network shall print and distribute two copies of the facility's Report to the individual facilities, to the attention of the Medical Director and the Unit Administrator. Each facility shall only receive a copy of its own report. Additionally, a copy of the report should be sent to national, corporate owners of a facility upon request of the provider
7. Annual notification of the updated Quality Measures for Dialysis Facility Compare. Annually, within 30 days of receipt of the Dialysis Unit Specific Report (by hard copy or electronic) produced by the University of Michigan Kidney Epidemiology and Cost Center (or other CMS designee) or other report that describes the three updated quality measures to be posted on Medicare's Dialysis Facility Compare (DFC) web site for the dialysis facilities within the Network's area, the Network shall notify the applicable dialysis facility of its updated DFC quality measures. The notification shall also include instructions as to how the dialysis facilities can provide comments to CMS regarding its updated measures. CMS, or its designee, shall provide the Network with instructions for preparing the notification to the dialysis facilities
8. Information on the importance of immunizations, as directed by CMS
9. Other materials (such as journal articles or pertinent research information) that providers/facilities can use in their quality improvement programs
10. Information on how to access and use Medicare's Dialysis Facility Compare (DFC) website and how to submit corrections to the Network on its facility characteristics that are displayed on DFC

The Networks develop materials as well as serve as clearinghouses for materials developed by others. A variety of communication formats and vehicles are used to disseminate these materials including hard copy, Network website postings, electronic mail, and broadcast fax. Highlights of new professional workshops and educational materials offered by Networks are highlighted in Appendix Q by category: clinical, continuous quality improvement, patient-related issues, communication/crisis management, general, psychosocial/rehabilitation, and other.

In addition to the professional educational sessions offered to facility personnel and the educational materials distributed, several Networks published journal articles, displayed posters, and gave presentations at professional meetings during 2004. A list, by category, is provided in Appendix R.

PROVIDE EDUCATIONAL MATERIALS AND WORKSHOPS TO PATIENTS

ESRD Networks also develop and serve as a clearinghouse for patient education materials. Some materials are sent directly to patients, while others are distributed to facilities for use in patient education efforts. All Networks have toll-free numbers for patients and respond to numerous requests for patient assistance.

Many Networks utilize Patient Advisory Committees (PACs) and/or patient representatives at the facility level to gather patient concerns and distribute information. All Networks use a variety of media and dissemination methods to provide patients with information such as: meetings, teleconferences, direct mailings, booklets, posters, brochures, videos, training manuals, and website updates with items of interest to patients. Several Networks publish newsletters for patients (e.g., *Patient REMARCS, Renal Health News, The TransPacific Renal Newsletter, Lone Star Newsletter, Renal Roundup, Network News, Renal Outreach, Kidney Koncerns, Common Concerns, Nephron News and You*). Network personnel present information at conferences and participate in patient programs sponsored by other renal-related organizations (such as area transplant and dialysis support groups, civic organizations and church groups, NKF Patient Education Seminars, AAKP, community awareness seminars, and patient services symposiums).

Some of the new patient educational workshops and materials offered by Networks are highlighted in Appendix S by general category: access, adequacy of dialysis, other clinical issues, communication and psychosocial, diet and nutrition, disaster/emergency preparedness, general, grievances and patient concerns, treatment options/transplant, and vocational rehabilitation/employment/finances/exercise.

New Patient Orientation Packets

Since the beginning of the fourth quarter of 2000, new patients with ESRD have been sent a package of orientation materials. This process was accomplished through a collaborative effort among the Networks, CMS, and the Forum Clearinghouse. New patients are identified upon entry into the Network data system (via the CMS 2728 Form). In the fourth year of the project, a total of 99,144 new patient orientation packets were distributed. The package of orientation materials was revised in Year Four (October 2003 - September 2004) of the project to include:

- A Medicare beneficiary letter from the administrator of CMS
- A letter from the Network Executive Director
- “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services” (CMS booklet)
- “Preparing for Emergencies: A Guide for People on Dialysis” (CMS booklet)
- “You Can Live” (CMS booklet)
- “The Voice The Home The Hope” (NKF brochure)
- “AAKP Resources” (AAKP brochure)
- “Vascular Access” (CMS flyer)
- “Dialysis Facility Compare” (CMS brochure)

OFFER TECHNICAL ASSISTANCE TO DIALYSIS AND TRANSPLANT FACILITIES

Annually, a Network shall notify its providers, facilities, and patients, that it is available to provide technical assistance, guidance, and/or referrals to appropriate resources upon request. At a minimum, a Network shall:

- Identify available providers and/or facilities to patients seeking ESRD services (including transient patients) and
    - refer those patients to the Medicare.gov Dialysis Facility Compare website
    - educate dialysis facility professional staff regarding the use of the information on Dialysis Facility Compare in assisting patients to make choices about dialysis facilities to

participate in decision making regarding their treatment, and other applicable uses per guidance set forth in the ESRD Network Organizations Manual
    - provide, upon request or inquiry, assistance in understanding the information provided on the Dialysis Facility Compare page of the Medicare.gov website per guidance set for the in the ESRD Network Organizations Manual
- Assist providers/facilities in developing community and patient education programs
- Promote patient education regarding kidney transplantation and self-care home dialysis
- Encourage and assist providers/facilities to do timely patient assessments thus promoting appropriate referrals for kidney transplant
- Address impediments to referrals and/or transplantation, as appropriate and feasible
- Assist providers/facilities in accessing the functional status of patients
- Assist providers/facilities in defining or establishing rehabilitation goals for referring suitable candidates to vocational rehabilitation programs
- Assist providers/facilities (that are having difficulty in meeting Network goals) in developing appropriate plans for correction
- Assist providers/facilities in developing local disaster plans that include planning for emergencies such as floods, earthquakes, hurricanes, etc.

In order to respond to the technical needs of the renal community appropriately, Networks employ qualified personnel with expertise in dialysis and transplant nursing, renal social work, patient advocacy, healthcare quality, and data management. Technical assistance is provided using a variety of vehicles and venues, including (but not limited to) telephone consultation, on-site visits, meetings, distribution of materials, referral to individuals with additional expertise in the area queried, conference calls, and educational workshops (described in a previous section). If multiple queries are received on one topic, an educational offering or other activity may be conducted to address the issue with a broader audience.

The functionality of SIMS and its expanded capability to enter "contacts" pertaining to issues other than patient concerns and grievances has enhanced the Networks' ability to track the nature of technical assistance provided, as well as the time required. An overview of issues referred to Networks for advice and assistance during 2004 is provided below. (This list is only an overview, and in no way represents all of the issues addressed by every Network during 2004.)

Abusive Patients
Data Request
Dialysis Compare Website
Disruptive Patients
Information
Non-Compliant Patients
Patient Transfer/Discharge
Physical Environment
Quality Improvement Project
Reimbursement/Financial
Request for Educational Materials
Request for Forms
Requests for Technical Assistance
Staff-related
Transients
Treatment-related/Quality of Care

GOAL TWO: IMPROVE DATA RELIABILITY, VALIDITY, AND REPORTING AMONG ESRD PROVIDERS/FACILITIES, NETWORKS, AND CMS (OR OTHER APPROPRIATE AGENCY)

Information management and reporting activities are core functions of the ESRD Networks. ESRD Network responsibilities for data processing, information management, and reporting are to:

1. Adhere to the policies and procedures outlined in the ESRD Network Infrastructure Operations and Support Manual, the Information Technology Administration Manual, and the QualityNet System Security Policies Handbook issued by CMS at all times during the contract, unless directed otherwise by CMS. These manuals delineate the roles and responsibilities for ESRD Network users, systems administrators, CMS personnel, and CMS supporting contractors.
2. Effectively manage the collection, validation, storage, and use of data, including data provided by CMS, for review, profiling, pattern analysis, and sharing appropriate data with the CMS Regional Office and the State Survey agency for use in their ESRD Medicare survey and certification activities
3. Ensure timely and accurate reporting by the providers/facilities
4. Train facilities in the proper procedures for completing and transmitting forms electronically and/or manually
5. Maintain an ESRD patient and facility database and ensure the confidentiality, integrity, and accuracy of the databases
6. Ensure the quality and accuracy of the CROWN database for inclusion in the ESRD Program Management and Medical Information System (PMMIS) and the United States Renal Data System (USRDS)
7. Ensure current patient events are reported to CMS timely for appropriate enrollment into and disenrollment from the Medicare program for ESRD benefits
8. On a quarterly basis, at a minimum, verify with dialysis facilities, patient event data maintained in CROWN
9. On an annual basis, profile facilities based on glomerular filtration rates to ensure the appropriateness of renal replacement therapy. The results of this activity shall be reported annually in the last quarter (April-June) of the Network quarterly report deliverable. The profile tables shall be made available to CMS upon request.

The information tracked within Network databases is collected from the ESRD provider through the Medical Evidence Report Form (CMS 2728), the Death Notification Form (CMS 2746), patient event tracking forms, and facility rosters. The majority of this information is collected via paper form. Some data is submitted electronically by corporate offices that own dialysis centers and some is submitted electronically through VISION software. In 2004, Networks processed 101,792 Medical Evidence forms, 69,426 Death Notification forms, 4,829 Annual Facility Survey forms, 221,881 Patient events (changes in treatment type and location), 10,334 CPM forms, and 28,650 personnel and provider changes. Table 17 shows the number of Medical Evidence forms and Death Notification forms transmitted to CMS in 2004.

TABLE 17

CMS DATA FORMS PROCESSED
CALENDAR YEAR 2004

NETWORK	MEDICAL EVIDENCE (CMS 2728)	DEATH NOTIFICATION (CMS 2746)	TOTAL
1	4,103	3,000	**7,103**
2	6,910	4,761	**11,671**
3	4,898	3,882	**8,780**
4	5,904	4,427	**10,331**
5	6,682	4,603	**11,285**
6	8,918	6,627	**15,545**
7	6,349	4,662	**11,011**
8	5,711	4,320	**10,031**
9/10	12,111	8,077	**20,188**
11	8,798	6,019	**14,817**
12	6,318	2,837	**9,155**
13	4,681	3,653	**8,334**
14	9,561	5,573	**15,134**
15	5,065	3,185	**8,250**
16	3,105	2,114	**5,219**
17	4,899	3,305	**8,204**
18	8,794	5,730	**14,524**
Total	**112,807**	**76,775**	**189,582**

Source: Networks 1-18 Annual Reports, 2004

Each of the 18 Networks use the Standardized Information Management System (SIMS) to manage the data collected. This system allows for the entry, storage and reporting of information and connects to a central repository of the data which CMS can access. The central repository links directly to the Renal Beneficiary Utilization System (REBUS), which is then linked to Medicare's Enrollment Data Base (EDB). This system allows Networks to track patients through the continuum of care and keep accurate records of patients. Patient grievance calls and facility staff information are not stored on the repository and are only accessible to the Network that entered them. The five major components of SIMS are:

Patient Data

- 2728 Medical Evidence form - enters patient in registry and serves as medical evidence for those patients applying for Medicare benefits
- 2746 Death Form - filled out when a patient dies
- Patient Events - modality shift, transfer in or out of a provider, transplant, discontinue, recover function, etc., that a patient has during their course of treatment
- 2744 Facility Survey - reconciliation of the patient events that is performed once a year by all facilities

Provider and Personnel

- Facility files housing data on providers including address information, name, affiliation, certification dates, services offered, shift information, etc.

- Personnel files contain data on the majority of personnel at the facility level. Also tracks Network board members and other entities that need to be on mailing lists

Contacts
- Any complaint, inquiry, grievance, or concern coming in from any patient, provider, family member, or member of the renal community

Reports (all exportable for customization of the data presentation)
- Annual reports (incidence, prevalence, transplants, etc)
- Quarterly reports (form counts and some portions of the contacts reporting)
- Listing of providers, their staff, and services
- Miscellaneous reports

Utilities
- Data Cleanup utilities to verify and validate data
- CPM patient population files
- CMS output files including a termination candidate file, patient census files and current patient status file
- Administrative utilities (mailing label export, internal reports)

In calendar year 2004, there were 1,387,005 unique patients and 4,734,667 unique patient events in SIMS.

Additional information regarding the SIMS project and all deliverables is available to CMS and the Networks at http://simsproject.com.

GOAL THREE: ESTABLISH AND IMPROVE PARTNERSHIPS, COALITIONS, AND COOPERATIVE ACTIVITIES. THESE ACTIVITIES MAY INCLUDE ESRD NETWORKS, QUALITY IMPROVEMENT ORGANIZATIONS (QIOs), STATE SURVEY AGENCIES, ESRD PROVIDERS/FACILITIES, MEDICARE ADVANTAGE ORGANIZATIONS, ESRD FACILITY OWNERS, NATIONAL AND/OR LOCAL RENAL RELATED PROFESSIONAL ORGANIZATIONS, AND PATIENT ORGANIZATIONS

The ESRD Networks are actively involved with both quality-related and renal-related organizations to facilitate cooperation and joint ventures. Each Network creates unique partnerships with organizations to help provide better care for the ESRD patient population, including renal groups, professional organizations, dialysis corporations, and pharmaceutical companies.

The 2004 CMS/Forum of ESRD Networks' Annual Meeting "Collaborating to Improve Care: Everyone Counts" drew representatives from CMS, Networks (data, quality, patient services, executive staff, and Network Medical Review Board Chairs), as well as renal community members to discuss issues impacting the ESRD Networks. Other activities in 2004 included the continued focus on patient conflict in the dialysis facility, End of Life Care, use of technology, i.e. the VISION software, and renewed partnerships with renal community members such as NKF and AAKP.

Networks continue to develop relationships and partner with the Quality Improvement Organizations (QIOs) to improve the care received by individuals with renal disease.

Networks communicate with State Survey Agencies (SSAs) through the exchange of newsletters, Annual Reports, and other appropriate quality reports. This communication helps to facilitate the exchange of ideas on issues of quality improvement and patient grievances. Networks also work with their constituent State Survey Agencies in resolving patient grievances and assisting facilities in resolving performance issues.

Table 18 provides a summary of collaborative activities that Networks conducted in conjunction with their area QIOs, SSAs, and the renal community during 2004.

TABLE 18
NETWORK COLLABORATIVE ACTIVITIES IN 2004 BY NETWORK

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
QIO COLLABORATION		
All Networks	QualityNet Conference	Attended QIO/Network Meeting in Hunt Valley, Maryland
1	Qualidigm: Connecticut QIO	Statistical Analysis for FistulaFirst Data was done through a collaboration with this Connecticut QIO
2	Island Peer Review Organization	Surgeon specific vascular access comparative reports
4	Quality Insight of Pennsylvania	Influenza materials (posters, patient chart reminders & patient brochure on the need for influenza immunization) were obtained and distributed to dialysis facilities
5	• VHQC • WVMI	• Biostatistical support • Planned possible collaborative projects (patient safety & physician reporting)

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
6	• North Carolina, South Carolina, Georgia QIO • North Carolina QIO • North Carolina QIO	• Influenza Immunization Quality Improvement Activity • Mammography • Lipid management
7	Florida Medical Quality Assurance, Inc. (FMQAI) - Florida QIO	• Network 7 and FMQAI, the Florida QIO, jointly presented to the CMS Contract Office staff; a demonstration of the synergy possible between a Network and QIO and how it can work for the benefit of the ESRD patient. • The QIO's Planning and Evaluation Team and Network 7 conducted a WebEx demonstration of the FMQAI Internal Quality Control Database open to all ESRD Networks. The database was distributed to all interested Networks. • FMQAI presented "Network and QIO Synergies" at the 2004 Quality Net Meeting in Hunt Valley. The presentation explained how by working together, morbidity, hospitalization and infection can be reduced, which ultimately will improve the quality of life for the ESRD patient. • Staff attended a Leadership Advisory Council meeting each week with Community of Practice Leaders from the QIO. • The Network collaborated with the QIO on grievance processes, especially on cases from Spanish-speaking patients increasing the efficiency and effectiveness of our services. • The QIO Nursing Home and Home Health Teams helped promote the ESRD Network and its role as a Medicare contractor by distributing 1-page flyers to their providers. The goal was to inform Florida nursing homes of the available Network 7 resources. • The Network presented at the FMQAI Educational Summit on the topic of FistulaFirst. Approximately 150 professionals attended the QIO-focused event. • Network staff worked collaboratively with the QIO statistician to develop facility feedback reports using Elab data. • The QIO assisted in analyzing FistulaFirst AVF data and developing a state data map displaying AVF rates by county. • Network staff and a MRB nephrologist collaborated with the QIO Outreach Team to develop and record the "Medicare Minute" on the topic of kidney disease. These were broadcast as public service announcements on radio and have been printed and distributed in newsletters. The nephrologist also conducted a radio broadcast on kidney disease as part of this collaboration. • FMQAI was invited to present "Network and QIO Synergies" at the Forum of ESRD Networks Board of Directors Meeting in Orlando. The presentation provided an update to how the QIO and Network teams are working for the overall good of the Medicare ESRD patient.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
7 cont.		• The Network collaborated with the QIO's Planning and Evaluation team to develop four concept papers – depression, disaster planning, ESRD surveyor education and patient job retention. • ESRD and pre-ESRD materials were displayed at the QIO's Festival Medicare, which was a health fair aimed at Hispanic Medicare beneficiaries. • The Nursing Home team provided information about the Network as a resource to Florida Nursing homes during Agency for Health Care Administration meeting. The link for American Nephrology Nurses Association's educational modules on "Hemodialysis in the Long Term Setting" was also shared. • The Network submitted an article on diabetes and kidney disease for the Medicare Advantage Team's diabetes publication
8	• Information and Quality Healthcare (IQH) - Mississippi QIO • Qsource - Tennessee QIO • Alabama Quality Assurance Foundation (AQAF)	• FistulaFirst; Consumer Advocacy Council • FistulaFirst • FistulaFirst
9	Health Care Excel (Indiana and Kentucky QIO).	Network 9/10 is represented on cooperative committees organized by Health Care Excel
10	Health Care Excel (Indiana and Kentucky QIO).	Network 9/10 is represented on cooperative committees organized by Health Care Excel
11	• South Dakota QIO • Michigan QIO	• Submitted concept paper to improve diabetic care for Native Americans • Submitted concept paper to improve AVF rates in Detroit by working with primary care physicians
12	• Kansas Foundation for Medical Care, Inc. • Missouri PRO • CIMRO of Nebraska • Iowa Foundation for Medical Care	• 10/04 Network QI initiative packets mailed to each of the four QIOs as an introduction and update on Network 12 activities • The Missouri QIO (Primaris) visited the Network 12 office on December 10, 2004, to discuss collaborative opportunities • In October 2004, the QIOs were requested to provide contact information for the Network liaison. (Network12) • A link was posted on the Network 12 website for each of the four QIOs in 2004. Each of the QIOs provided the Network with contact information
13	• Oklahoma Quality Improvement Organization • Arkansas, Louisiana, Oklahoma QIO's	• Complaint about the care a physician provided at his office • FistulaFirst

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
14	Texas Medical Foundation (TMF)	• Through the continuing partnership with TMF to educate ESRD patients and professionals about the importance of receiving recommended vaccines (flu vaccine and pneumococcal vaccine during the fall and winter months, Network distributes TMF educational resources and refers dialysis facilities to their organization for additional vaccination related materials. Ongoing status • Executive Director serves on the TMF Consumer Advisory Committee. Ongoing status • Upon request of the Network, TMF provided surgeon specific claims data on vascular access placement for use in the NVAII QIP • MRB facilitated provision of education for management of CKD patients to the Primary Care Physician through collaborative review and revision of TMF "Diabetic Management Flow Sheet" • Network distributed TMF "Diabetes Mellitus Eye Exam" flyer to each dialysis facility's Medical Director • During the last quarter of 2004, the Quality Management Coordinator met with TMF Nursing Home Initiative Project Director to discuss the lack of dialysis services available to nursing home residents and possible collaborative efforts to address this issue. Ongoing status
15	• Colorado Foundation for Medical Care (CFMC - Colorado QIO) • Health Services Advisory Group (HSAG – Arizona QIO) • HealthInsight (Utah, Nevada - QIO)	• Dialysis Facility Compare Report collaboration • Promotion of the FistulaFirst project • FistulaFirst project collaboration
16	QualisHealth (Washington)	• The Executive Director attended "Transformational Strategies for Quality Improvement" sponsored by QualisHealth, in Seattle, Washington • The Network joined QualisHealth and the Immunization Action Coalition of Washington in outreach to providers on immunization practices regarding influenza and Pneumococcal vaccination in July-September, 2004. An initial mailing was sent to Washington state ESRD facilities in July, alerting facility staff to the availability of a free tool kit for planning immunization activities for patients and staff. To clarify the special needs of ESRD patients, our Quality Improvement Coordinator collaborated with the Project Manager from the QIO to develop a follow-up letter, which went to all Washington facilities on September 24, 2004. The Network also provided the QIO with mailing labels for this outreach effort. Our Quality Improvement Coordinator was identified as the contact person for questions about vaccinating renal patients.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16 cont.	 • QualisHealth (Idaho) • HealthInsight (UT)	• The Network's Quality Improvement Coordinator provided suggestions to a QualisHealth Project Manager for participants to serve on a Technical Expert Panel (TEP) examining billing data from surgeons to develop measures of AVFs placed, access rates in hospitals, and the amount of time elapsed between patients' initial assessment and the start of dialysis. • In July and August, 2004, Executive Director and Quality Improvement Coordinator discussed the potential and feasibility of a collaborative project examining multiple interventions for infection control in a dialysis patient population with Kurt Stevenson, MD, MPH, the Medical Director for Healthcare Improvement & Research for QualisHealth, Boise, Idaho. The possible role of the Network and Idaho providers was discussed as well as constraints against Network involvement in research. Further initial exploration of the project was to be conducted by Dr. Stevenson. • The Executive Director and Patient Services Coordinator participated in the "Human Factors, Patient Safety, and Health Care Quality Improvement" workshop held in Seattle, WA, presented by HealthInsight, a QIO based in Salt Lake City, Utah.
17 and 18	California QIO	Preliminary meetings with QIO principals to explore the possibilities of FistulaFirst collaboration
LARGE DIALYSIS ORGANIZATION (LDO) COLLABORATION		
All Networks	Fresenius Medical Care (FMC), DaVita, Renal Care Group (RCG), Gambro Healthcare	Participation in electronic data collection projects with LDOs, including the Lab Data Collection Project, Clinical Performance Measures (CPMs) and FistulaFirst. Ongoing status
1	Fresenius Medical Care (FMC) & Gambro Healthcare	Improving vascular access management in their dialysis clinics that had perceived barriers to obtaining a 40% prevalent AVF rate
2	Fresenius Medical Care North America (FMC-NA)	Assisted facility in placing patients after closure by the Department of Health
3	LDO Administrator Meeting	Initiated periodic LDO meeting to address administrative issues and information sharing.
4	• DCI • FMC	• DCI representatives and members of the Network's Rehabilitation Committee funded the development and printing of the Network's "Rehabilitation: Getting Back to Work!" brochure. • Met with facilities with low mean fistula rates & area corporate administrators to identify barriers and solutions
5	Renal Care Group (RCG), Fresenius Medical Care (FMC), Gambro Healthcare, and DaVita	Conduct semi-annual meetings to discuss areas of mutual interest/concern
7	DaVita, Gambro Healthcare, Renal Care Group, Fresenius Medical Care	Collaborate on FistulaFirst project, including data collection
8	Dialysis Clinics, Inc., Fresenius Medical Care, Gambro Healthcare, National Nephrology Associates, Renal Care Group	FistulaFirst

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
9	LDOs in Illinois, Indiana, Kentucky, and Ohio	Conducted conference calls and Web-Ex calls with regional LDO administrators and quality personnel to identify initiatives to increase fistula rates, partner in other endeavors and provide technical assistance to corporations
10	LDOs in Illinois, Indiana, Kentucky, and Ohio	Conducted conference calls and Web-Ex calls with regional LDO administrators and quality personnel to identify initiatives to increase fistula rates, partner in other endeavors and provide technical assistance to corporations
11	• Fresenius Medical Care • DaVita	• Conducted a FMC-specific facility workshop related to FistulaFirst • Presented to national QI staff regarding Network activities
13	LDO's within our Region (DaVita, DCI, FMCNA, Gambro, and RCG)	FistulaFirst
14	• Fresenius Medical Care (FMC), DaVita, Renal Care Group (RCG), Gambro • FMC	• Network initiated meetings with LDO regional and national leadership representatives to discuss collaborative efforts for improving communications and improving quality of care. Ongoing status • In response to a pattern of complaints identified in three dialysis facilities under supervision of same corporate regional administrator, the Director of Patient Services initiated a collaborative partnership with the regional administrator to facilitate internal complaint resolution at the identified facilities. This collaboration incorporates consultation, mentoring, mediation and patient/staff education. Ongoing status
15	Individual providers within LDO and non-LDO organizations	FistulaFirst project collaboration as well as E-Lab, CPMs, unit-specific CQI initiatives, immunization vaccine shortage assessment, vocational rehabilitation, Medicare Modernization Act (MMA) updates, forms compliance project
16	• Pacific Northwest Renal Services (RCG), Fresenius Medical Care and non LDO Puget Sound Kidney Centers • DCI, DaVita, Fresenius Medical Care (FMC), and Renal Care Group (RCG)	• *Monitoring Your Dialysis Water Treatment System.* Chief technicians from each of these providers served on our collaborative team that developed a resource manual and poster for staff responsible for water testing and water treatment systems in hemodialysis facilities. The Chief tech from RCG provided all the artwork and illustrations for our poster and manual, with the permission of RCG. • Patient Services Coordinator conducted regional training programs professionalism and dealing with challenging persons. QIC conducted regional training programs on cannulation, Fistula First, and infection control
17	LDO	Network facilitated an agreement to allow involuntarily discharged patients to seek admission to another facility owned by the same corporation
18	Fresenius Medical Care, DaVita, Gambro Healthcare	• A group of 26 LDO and Independent facilities piloted data collection forms and the "Tool Kit" of resources for the FistulaFirst Project • Network 18 staff attended and presented information on the NVAII/FistulaFirst Project at the regional meetings of FMC, DaVita, and Gambro

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
18 cont.		• Network 18 partnered with LDO's to identify opportunities for collaboration on increasing AVF rates. The Network started sending regular facility-specific data to all LDO facility Regional Directors, quality improvement staff, and other Managers
STATE SURVEY AGENCY (SSA) COLLABORATION		
1	All New England State Department of Public Health (DPH)	• The Network receives calls from the state surveyors regarding provider's history on quality care prior to Medicare survey. Several state DPH share survey results with the Network. The Network maintains contact with the state DPH during any changes in water that may affect dialysis patients. Worked with the Connecticut DPH to create an amendment to the health code allowing patient care technicians to administer certain medications and require a phased in certification process. This was to help the staffing shortage in Connecticut & improve patient access to care, reducing hospital stays. • Network Executive Director met with Survey Branch Chief, at the regional office to explore topics of mutual concern in the ESRD program and to discuss a more effective means of communication.
2	New York State Department of Health (NYSDOH)	Formal cooperative agreement between Network 2/NYSDOH/CMS Regional Office II
3	• New Jersey Department of Health (NJDOH) • Puerto Rico Department of Health (PRDOH)	• Interacted with members of the NJDOH to review facility specific issues and communicate TARC projects • Interacted with members of the PRDOH to review facility specific issues and communicate TARC projects
4	• Pennsylvania and Delaware State Survey Agencies, CMS Regional Offices in Boston and Philadelphia • Pennsylvania State Agency	• Network 4 continues to participate in monthly conference calls. Topics of discussion during these calls included the results of a Network 4 facility site visit, concerns found in outpatient dialysis facilities, and the FistulaFirst project. • Compared lists of self-care dialysis providers
5	Washington, DC, Maryland, and Virginia	Routine communication with generic facility feedback reports, the annual Dialysis Facility Report (UMKECC), CPM reports, complaint assistance/referrals, meeting notices, technical assistance
6	North Carolina, South Carolina, and Georgia State Agencies	Patient Complaints and Quality of Care Concerns
7	Florida Agency for Health Care Administration (AHCA)	• Network 7 and AHCA developed and signed a Memorandum of Understanding • Collaborated during hurricane emergency operations to ensure information and resources were provided to dialysis centers in Florida. Worked to ensure all patients received their necessary dialysis treatments in the aftermath of the hurricanes

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
7 cont.		• Network staff consulted with the State Agency and shared ideas/information related to the flu vaccine shortage. An Influenza Bulletin was sent to facilities to keep providers informed. Additionally, an article "The Flu Vaccine Shortage: What Do I Do Now?" was written and published in the Network patient newsletter providing alternative measures while waiting for the vaccine • AHCA reported to the Network that the new Florida Health Care Clinic Act did not specifically exempt dialysis facilities and required that clinic license applications be filed by all dialysis centers. With input from the State, FMQAI notified all Florida dialysis and transplant centers to advise them of the new licensure issue • The Network continued to enhance its good working relationship with AHCA and shared appropriate data upon request
8	• Tennessee • Alabama, Mississippi, & Tennessee • CMS regional office	• Facility survey/quality concerns • Hurricane season disaster preparedness • Facility quality of care concern
9	Illinois, Indiana, Kentucky, and Ohio departments of health.	Resource and expert adviser for the technical aspects of dialysis, complaints, grievances, and facility concerns
10	Illinois, Indiana, Kentucky, and Ohio departments of health.	Resource and expert adviser for the technical aspects of dialysis, complaints, grievances, and facility concerns
11	• 5 State Survey Agencies (SSAs) • SSA in three states	• Worked collaboratively to receive, collaborate, and resolve patient concerns • Collaborated on three specific quality of care referrals
12	State Survey Agency and CMS Region VII office	Network 12 held quarterly teleconferences on 2/17/04, 5/11/04, 8/9/04, and 12/14/04.
13	• Arkansas State Survey Office • Louisiana State Survey Office • Oklahoma State Survey Office	• Complaint calls and Recertification Surveys • Complaint calls, information on opening new facilities, notification of closures of facilities, and regulations for water treatment systems. • Complaint calls, regulations on opening a nursing home and setting up a Peritoneal Dialysis program
14	Texas Department of State Health Services (DSHS)	• Collaboration in facility survey activities. Ongoing status • Medical Review Board reviews and recommends CAP interventions for DSHS dialysis facility referrals that involve potential or actual threat of harm to patient safety and quality of care • Technical assistance and participation on rule development task forces. Ongoing status • Collaboration with Texas Kidney Health Care program through sharing of data and information. Ongoing status • Participate in monthly pre-survey presentation to corporate and facility personnel planning to open a new facility. Ongoing status • Refer regulatory concerns and complaints to DSHS for survey activity. In 2004, Network referred twelve concerns to DSHS for investigation and provided phone consultations with surveyors. Ongoing status

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
14 cont.		• Ongoing education to DSHS ESRD surveyors through dissemination of Network project results and educational materials. Ongoing status • Provide annual opportunity for DSHS to present survey findings and recommendations to minimize survey deficiencies to renal community during Network Annual Meeting. Ongoing status
15	• State Survey Agencies (SSAs) from Arizona, Nevada, New Mexico, Colorado, Wyoming, and Utah • SSAs from Arizona and Nevada	• On-going "Improving Communication" project • Quarterly ROSAN calls
16	• Oregon Department of Human Services-Health Services • Idaho Department of Health	• *Monitoring Your Dialysis Water Treatment System.* A State Survey Team member served on our collaborative team that developed a resource manual and poster for dialysis staff responsible for water testing and water treatment systems in hemodialysis facilities. This project was undertaken in direct response to Network review of citations made by State Survey Agencies in our region, regarding water quality monitoring and the set up of water treatment systems. The goal was to provide all facilities with information that would improve the quality of care and enhance the safety of all patients. The Quality Improvement Coordinator met with Oregon State Surveyors to discuss educational programs being conducted by the Network, Oregon laws on the role of dietitians, and the state's technician certification and dialysis facility certification requirements. A member of the Oregon State Survey Team was tapped for a presentation to our Board of Directors and Medical Review Board on the STAR program and future directions for State Survey efforts. (Held on December 10, 2004) • The Executive Director and Quality Improvement Coordinator met with Idaho ESRD state surveyor and discussed State survey practices, the national Fistula First initiative and the Network's progress on increasing the use of AVFs. The surveyor was also provided with the Network's "On Course With Cannulation" materials

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16 cont.	• State Survey Agency Teams from Alaska, Idaho, Montana, Oregon, and Washington	• The Network's CMS Project Officer continued to host teleconference meetings that included Network staff, State Survey Team representatives, Regional Office Survey and Certification Staff and invited speakers with special expertise. Network staff and/or members of the Medical Review Board provided input to State Survey Teams in the review of patient concerns about quality of care at individual dialysis facilities, including releasable profile data, data compliance statistics, aggregate mortality data, findings from recent CPM studies, and other outcome measures. The Network's QI Coordinator, QI Consultant, PSC and members of the Medical Review Board also provided technical support on clinical concerns. State Agencies reported their site visit survey results to the Network, which allowed the Network to identify areas where it could assist in addressing deficiencies through provision of technical assistance or educational materials to facility staff, or where broader educational outreach to our renal community would be beneficial. An example: a special project on monitoring dialysis water treatment systems, which was stimulated by our observation of deficiencies cited in our region.
18	Department of Health Services Licensure and Certification (DHS L& C)	• Network 18 staff collaborated with State Agency Officials on issues/approaches to infection control oversight in the absence of the CDC Dialysis-Associated Disease Surveillance data • Network 18 communicated with CMS and DHS regarding facilities that have survey deficiencies and face potential de-certification • DHS L&C staff routinely contacted the Network during facility surveys to ascertain compliance with Network goals and other information that may merit examination during the site visit. DHS L&C offices also provided copies of survey findings for Network consideration of areas of widespread/reoccurring non-compliance and resources allocation • Network 18 staff collaborated with CMS and Local State Agency Officials on Influenza Vaccination activities by sending memos to dialysis providers on how to obtain the vaccine and otherwise serve as a clearinghouse during the vaccination shortage in late 2004
RENAL COMMUNITY COLLABORATION		
All	CMS/Forum of ESRD Networks' Annual Meeting "Collaborating to Improve Care: Everyone Counts"	Topics included: ESRD: The CMS 2004 Perspective and Medicare Modernization; Kidney Disease Outcomes Quality Initiative (K/DOQI) Clinical Practice Guidelines for Bone Metabolism and Disease in Chronic Kidney Disease; FistulaFirst; The Patient's Perspective: Creation of a Standardized Survey for the Dialysis Population; The Impact of Cultural Differences in Providing and Receiving Care; STAR: An Automated Tool for ESRD Surveyors; Forum Membership Meeting; Best Practices in Patient Safety; Unexpected Outcomes of the Dialysis A-V Graft; and Decreasing Dialysis Patient-Provider Conflict (DPC)

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
1	• Connecticut National Kidney Foundation (NKF) • National Kidney Foundation (NKF) • Connecticut Renal Social Workers and the New England Renal Nephrology Councils • Connecticut Coalition for Organ & Tissue Donation (CCOTD) • Patient Advisory Committee (PAC) • The Kidney Transplant/Dialysis Association, Inc. (KT/DA)	• Participated in the Patient Services Committee whose purpose is to assist and collaborate with the NKF to develop, foster, and promote, CKD & ESRD patient education. Active in the KEEP Program, which promotes early detection of CKD, "Kids Needs" program for children & family of ESRD patients. The Patient Service Manager was honored with an award for patient advocacy • Contributed articles on preparing for emergencies for the NKF "Family Focus" newsletter • Network worked with these groups to develop a survey & study tool to evaluate New England social worker's experience of their ability to meet required Medicare services to ESRD patients in the outpatient dialysis setting • The Network Executive Director and Patient Service Manager have supported this group to foster awareness, education & support for organ donation • The Network Patient Services Manager holds telephone conference calls and in person meetings for this patient standing committee to provide to the Medical Review Board and Board of Directors the patients perspective on quality improvements. The PAC has developed patient safety programs, on preventing falls, written articles for the Network newsletter on the renal diet and patient's "dry weight". Created a patient education cartoon for the FistulaFirst Initiative: "The Adventures of Freddy & Freda Fistula" published in the newsletter • The Network has written articles for this Massachusetts patient support group's newsletter. The Network chair did a presentation at their monthly meeting, "How to Measure Quality"
2	National Kidney Foundation	Network helped to publicize and participated in Annual Kidney Walk
3	New York Regional Office of CMS	Facility specific intensive on-site program conducted
4	• National Kidney Foundation (NKF) • National Kidney Foundation (NKF) of Western Pennsylvania Amgen, Highmark Blue Cross Blue Shield • Pennsylvania Chronic Renal Disease Advisory Committee • Altoona Hospital: ANNA ESRD Day • Medicare + Choice Organization	• Network staff continued its partnering relationship with the local chapters of the National Kidney Foundation in Pittsburgh & Philadelphia by providing the chapters with information and assistance as needed. Network staff volunteered at the NKF of Western Pennsylvania's Kidney Day at Kennywood Amusement Park in Pittsburgh • Partnered on a Chronic Kidney Disease Symposium for Primary Care Physicians held in Pittsburgh on November 6, 2004 - provided information on the FistulaFirst Project • The Patient Services Coordinator served as an observer at the Pennsylvania Chronic Renal Disease Advisory Committee Meeting in Harrisburg, Pennsylvania • Displayed the FistulaFirst poster & distributed handouts relating to patient safety; distributed CDs with Network 4 information and its programs to several State Representatives and other interested parties who attended • Actively responded to written requests to verify patient status

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
4 cont.	• CNSW Network 4 East Chapter • Medical Education Institute, Inc. MEI) /Life Options Renal Advisory Council • Renal Round Table and the ANNA-Three Rivers Chapter	• Co-sponsored workshop to orient new social workers • Signed agreement with MEI to include the LORAC handbook, "A Kidney Patient's Guide to Working & Paying for Treatment" on NW 4's Information CD for distribution to dialysis & transplant facilities • Executive Director served on the Planning Committee for the 25th Annual Horizons in Dialysis Professional Development Seminar for renal nurses in Western Pennsylvania
6	• National Kidney Foundation (NKF) of South Carolina; National Kidney Foundation (NKF) of Georgia • Local chapter of ANNA	• Patient Workshops • Annual Meeting
7	• Gulf Coast of Florida Council of Nephrology Social Workers • National Kidney Foundation / CNSW / Florida Council for Renal Nutrition • Florida Renal Administrators Association • American Association of Kidney Patients (AAKP) • National Kidney Foundation (NKF) • Kidney Transplant/Dialysis Association	• Network staff member served as Chair of the council • Staff served as Co-Chair for the Planning Committee for the Renal Professional Forum a statewide conference • Network provided an update on current projects and dealing with difficult people/situations at its Summer Meeting in Orlando • Network staff collaborated with AAKP to plan its Annual Convention. The Convention was cancelled due to Hurricane Frances • Network staff serves on the AAKP Board of Directors • An article written by a Network staff member was published in AAKP Kidney Beginnings titled "Healthy Living With CKD." • Authored an article "FistulaFirst Initiative" published in RenaLife, a monthly publication for the American Association of Kidney Patients (AAKP) • Network staff member served on the NKF of Florida Board of Trustees, including the Policy, Education, Direct Aid, Ethnic Outreach and Executive Committees • The Network worked cooperatively with AAKP and NKF on a regular basis to promote programs in the state. Both organizations are invited to exhibit at all Patient and Family Conferences • With NKF of Florida, Network 7 promoted the January 2005 "People Like Us Live" program • Network staff met with personnel from the National Kidney Foundation of Florida to assist them in facilitating the referrals to the appropriate resources, such as the QIO or the Network • Network staff published an article on "Treatment Options for Kidney Disease" in the Kidney Transplant/Dialysis Association's RenalGram in Fall 2004

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
8	• National Kidney Foundation (NKF), Renal Physicians Association (RPA), American Association of Kidney Patients (AAKP), American Nephrology Nurses' Association (ANNA), American Society of Nephrologists (ASN) , Nephron, HDCN, and RenalWeb • National Kidney Foundation (NKF) of Mississippi, Alabama Kidney Foundation, University of South Alabama Transplant Program, Middle Tennessee Chapter of AAKP • NKDEP, National Kidney Foundation (NKF) of Mississippi, UMC, IQH, ADA, AHA	• ESRD Outpatient Medications Project • Patient Meetings (4) • NKDEP
9	• National Kidney Foundation (NKF) • University of Michigan Kidney Epidemiology and Cost Center (KECC) • United States Renal Data System (USRDS) • United Network for Organ Sharing (UNOS) • Indiana National Kidney Foundation (NKF) and Genzyme	• Provides resources and contacts • Provides resources and contacts. Disseminates materials a requested. • Provides resources and contacts. Disseminates materials as requested. • Provides resources and contacts • Co-sponsored program for patients and staff on "Beating the Odds: With Spirited Joy"
10	• National Kidney Foundation (NKF) • University of Michigan Kidney Epidemiology and Cost Center (KECC) • United States Renal Data System (USRDS) • United Network for Organ Sharing (UNOS)	• Provides resources and contacts • Provides resources and contacts. Disseminates materials a requested. • Provides resources and contacts. Disseminates materials as requested • Provides resources and contacts
11	• Bone and mineral metabolism • Kidney transplant centers	• Invited the renal community to comment on developing CPMs. Presented results to the Technical Expert Panel and to CMS • Facility-specific first-year transplant outcome reports
12	• National Kidney Foundation (NKF) • American Society of Nephrology (ASN) St. Louis, Missouri	• Network 12 provides support to the local NKF affiliate in organizing and holding their annual renal education seminar targeting primary care physicians and nurse practitioners. The PSC hosted a network vendor booth at the NKF Shirley Melton Awards Banquet on 10/10/04. • Network 12 staff members hosted the Forum of ESRD Networks Fistula First booth. Surgeons and nephrologists representing fourteen countries visited the booth. Nine hundred and fifty (950) pieces of printed materials were distributed.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
12 cont.	• Missouri Kidney Program	• Network 12 representatives attend educational meetings as participants and Advisory Council meetings as non-voting members.
14	• Patient Support Organizations: National Kidney Foundation (NKF) Texas and National Affiliates, American Association of Kidney Patients, American Kidney Fund, Renal Support Network, Life Options and Rehabilitation Resource Center (LORAC), Home Dialysis Central	• Network Executive Director, Quality Management Coordinator and Assistant Quality Management Coordinator participate as presenters, contributors, board members, committee members, meeting coordinators, exhibitors or volunteers in these organizations. Ongoing status
	• Professional Nephrology Associations: American Nephrology Nurses Association (ANNA), International Society for Peritoneal Dialysis (ISPD), Council of Nephrology Social Workers (CNSW), Council or Renal Nutrition (CRN), CNNT, NANT, NRAA, Texas Renal Physicians Association, Texas Rehabilitation Commission, Texas Transplant Society, UNOS	• Network Executive Director, Quality Management Coordinator and Assistant Quality Management Coordinator participate as presenters, contributors, board members, committee members, meeting coordinators, exhibitors or volunteers in these organizations. Ongoing status.
	• Forum of ESRD Networks	• Network Executive Director sits on Forum of ESRD Networks' Board of Directors.
	• Regional Medicare Fiscal Intermediary (FI) - Trailblazer	• Executive Director and Quality Management Coordinator serve on advisory committees and provide periodic phone consultations on ESRD facility specific practices or billing concerns. Ongoing status • Network reviews applicable draft ESRD local medical review policies with Medical Review Board (MRB) and members of dialysis community for their input and provides comments to Trailblazer. Ongoing status. During 2004, Network and MRB provided opinions on proposed changes regarding vascular access procedure that could potentially impact quality of care. • Worked with the Texas Transplant Society to inform FI regarding policies that impacted payment for certain kidney transplant procedures.
	• Caring Through the End: Palliative Care Along the Continuum of CKD	• Network Executive Director, Quality Management Coordinator and Assistant Quality Management Coordinator attended the December 2-3, 2004, conference in Orlando, Florida.
	• University of Michigan Kidney Epidemiology and Cost Center (KECC)	• Provides resources and assist dialysis providers in interpreting and utilizing data provided by KECC. Disseminate materials as requested. Ongoing status.
	• National Kidney Foundation (NKF) *Family Focus* Newspaper	• Assistant Quality Management Coordinator serves as *Family Focus* Nursing Editor and contributes a quality-based patient education article to quarterly publication. Ongoing

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
14 cont.	• Institute for Healthcare Improvement (IHI) • Network Organizations	• Collaborated with IHI on the NVAII. Executive Director served on NVAII Implementation Workgroup, Quality Management Coordinator served on NVAII Measurement Workgroup and Assistant Quality Management Coordinator served on NVAII Tools and Resources Committee. Ongoing status • Collaborated with other ESRD Networks to share Quality Management project documents, CMS/SIMS data collection and analysis tools and patient/staff education materials. Network 14 also collaborated with the other ESRD Networks in the Electronic Transfer of Laboratory Data (ELAB) Project, Decreasing Dialysis Patient-Provider Conflict Project (DPC), and the National Vascular Access Improvement Initiative. Ongoing status
15	• AAKP, ANNA, NKF, NRAA, RPA, OPO • Southwest Nephrology Conference • Renal Support Network (RSN) Conference	• On-going communication and collaboration with local chapters of these organizations • Assistance with conference mailings, speakers etc. • Planning committee, on-site support and speakers
16	• University of Michigan Kidney Epidemiology and Cost Center • United States Renal Data System (USRDS) • The Forum of ESRD Networks and Other Networks	• The Network disseminated the University of Michigan Kidney Epidemiology and Cost Center (KECC) facility-specific reports on mortality, hospitalization, and transplantation to key clinical staff at every facility. • Network staff completed data collection for the (USRDS) Cardiovascular and Comprehensive Dialysis Study. Network Board of Directors' Treasurer John Stivelman, MD, was appointed to serve on the USRDS External Advisory Committee. • A "Strategic Thinking Survey" was completed for the Forum of ESRD Networks. Information on the Network's process for gathering vocational rehabilitation data for Table 8 in its Annual Reports was shared with Emory University and The Mid-Atlantic Renal Coalition in the preliminary phase of a potential USRDS special study on voc rehab. Executive Director served as a reviewer for the Forum of ESRD Networks' Grant Process. Northwest Renal Network elected to participate in a collaborative project developed by the Mid-Atlantic Renal Coalition (Network 5) on pediatric care/quality of life after review of the proposal by Medical Review Board members and the Network's Executive Director. Patient Services Coordinator (PSC) and Quality Improvement Coordinator (QIC) attended the Mid-Atlantic Renal Coalition's conference: "Caring Through the End: Palliative Care – the Final State of CKD" in Orlando, Florida, December 2-3, 2004, and their respective professional peer group meetings (PSC and QID). The QIC presented cannulation training programs at venues sponsored by Networks 15 and 17.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16 cont.	• Amgen Corporation • National American Nephrology Nurses' Association (ANNA), Regional ANNA and Council of Nephrology Social Workers (CNSW) Chapters • Oregon Council on Renal Dietitians and Northwest Renal Dietitians • National Kidney Foundation (national and regional chapters); American Association of Kidney Patients (AAKP); Medical Education Institute/Life Options; Renal Support Network; American Kidney Fund • United Network for Organ Sharing (UNOS) • National Renal Administrators' Association (NRAA)	• Network staff met with Amgen reps to discuss new products and educational resources for patients and providers, including profile reports that could be used to track outcomes in the region. • PSC and QI Coordinator served on planning committee, and as presenters for the Northwest Renal Update: "Heart, Soul and Nitty-Gritty of Renal Care" held March 18-19, 2004, in Federal Way, Washington, in collaboration with regional CNSW and ANNA Chapters. In the fall of 2004 they served on the planning committee for the March 2005 Northwest Renal Update: "TLC - Teamwork, Leadership & Commitment." The Quality Improvement Coordinator, Lynda Ball, RN, BSN, CNN served as ANNA Western Region Vice President, and on the Board of Directors of the American Nephrology Nurses Association. Network staff presented educational programs at ANNA Chapter meetings in Alaska, Idaho, Montana, Oregon, and Washington. • Network committed financial and program planning support for Annual Meeting, posted meeting materials and registration packets, and participated in meeting • Disseminated information, provided resources and contacts, linked to website • Supported data gathering and follow-up • Membership and dissemination of resources and materials
17	• California Dialysis Council • National Kidney Foundation (Hawaii and California), ANNA, CRN, CNSW, AKF, and AAKP	• Maintain a liaison with industry members and obtain educational materials for facilities and patients • Active liaison
18	• Donate Life Coalition • California Dialysis Council (CDC) • Renal Support Network Local Chapters of the National Kidney Foundation	• Network 18 is a member of the Donate Life Coalition of Southern California, a group dedicated to improving organ donation • Network 18 Executive Director regularly attends the CDC Board of Directors meetings to present updates on CMS/Network activities and maintain an ongoing personal interaction with key provider community officials • Network 18 staff presented the FistulaFirst Project to local organizations patient meetings
OTHER COLLABORATIONS		
1	• Massachusetts Water Resource Authority • New England Vascular Society	• Water Safety alerts for hemodialysis providers • FistulaFirst Initiative

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
1 cont.	• Consumer Assessment of Health Plan Study (CAHPS) • UMASS Research Project	• Arranged for facility site visits at two Connecticut dialysis clinics to facilitate focus group sessions to collect input from patients on the content of the draft questionnaire. When the survey is complete it is expected to be added as a quality measurement tool on the Dialysis Facility Compare (DFC) website • The Network sent an informational memo with materials to Boston Metro Renal Social Workers introducing a research project for hemodialysis patients. UMASS behavioral research was seeking Spanish-speaking patients to test understandability of survey questions for a patient satisfaction tool
2	Mayor's Office of Emergency Management	Collaboration in early notification to providers of possible emergency conditions
3	Forum of ESRD Networks	Attended Quality Improvement Director retreat with other Network representatives. Participate in task groups with CMS and other Networks
4	• Area Health Plan • Network Organizations • Network Organizations • Forum of ESRD Networks • Forum of ESRD Networks • CMS/Forum of ESRD Networks	• Met to explore process changes for early referral • Network 4 staff (Quality Improvement Director, Data Director, Information Services Director and Patient Services Coordinator) served on several Network/CMS task groups • The Executive Directors from Network 4 & Network 14 represented the Networks by staffing a display table at the Annual RPA meeting that provided materials on FistulaFirst • The Executive Director & Medical Review Board (MRB) Chair were re-elected to serve on the Forum Board of Directors. The Network 4 MRB Chair served as the Chairman of the Forum's MRB Chairs' committee until July 2004 • The Network 4 Executive Director and Information Services Director served on the Forum Annual Report Documentation Subcommittee • The Executive Director and Patient Services Coordinator served on the Planning Committee for the 2005 CMS/Forum Annual Meeting
5	• Public utility • AED	• Water change information • "Dialysis Provider Quality Education Project" that resulted in four dialysis facility staff teaching modules available in hardcopy and via MARC website
7	• Networks 6, 8, 13, and 14 • Other Networks	• Network 7 provided a "Disaster Planning - Best Practices/Lessons Learned" conference call regarding Hurricane/Disaster planning in September 2004 • Staff presented "Depression Tools" during the Patient Services Coordinators Retreat in Orlando • Network 7 participated with the Patient Services Coordinators Task Force to develop a collective, national "FistulaFirst Newsletter" for patients • Network staff participated on various conference calls and workgroups (SIMS / VISION) with other Networks

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
7 cont.	 • CMS Atlanta Regional Office • State of Florida Emergency Operations Center (EOC)	• FMQAI assisted Network 5 (Virginia, West Virginia, Maryland and the District of Columbia) by distributing materials and advertising for the End of Life Conference held in Orlando • Network 7 and Network 8 (Mississippi, Alabama and Tennessee) collaborated to host a Patient and Family Conference in Mobile, Alabama. Patients living in the Florida Panhandle were invited to attend. This meeting was rescheduled due to the landfall of Hurricane Ivan • Network 7 and four other Networks conducted a pilot test of remote e-mail access • Collaborated disaster response with billing issues for patients receiving services temporarily in facilities following the hurricanes • The Network coordinated with the EOC and dialysis centers in response to the four hurricanes that hit Florida within 45 days of each other during the summer
8	Mississippi State Hospital Association	FistulaFirst
9	• Forum of ESRD Networks • Indiana Alzheimer's Association and Indiana University Hospital • New Media Department, School of Informatics of IUPUI at Indianapolis	• Participated in Forum-sponsored activities related to challenging patients, including the Decreasing Dialysis Patient-Provider Conflict, and the Forum Patient Services Coordinators Group's development of an internal tool kit for non-adherence • Conference entitled Journeys through the Maze of Dementia • Development of CD-ROM and interviews with patients on their issues and concerns
10	• Forum of ESRD Networks • Illinois Dept of Health and CMS	• Participated in Forum-sponsored activities related to challenging patients, including the Decreasing Dialysis Patient-Provider Conflict, and the Forum Patient Services Coordinators Group's development of an internal tool kit for non-adherence • Participated in meeting that included dialysis facility and local advocacy group to discuss long-standing concerns of specific patient group
11	eSource/Computer Sciences Corporation	Assisted in transition to the Core Data Set. Collaborated with CSC and other Networks to collect, process and interpret non-national data for Elab reports
14	• University of Texas Southwestern Medical School Continuing Education Department • CME Consultants, Inc.	Collaborated with these two organizations to develop and provide continuing medical education (CME) credits for physicians attending Network educational meetings
15	• Other ESRD Networks • CMS, AHRQ, Networks 1, 5, 14 Harvard, RAND, and AIR	• On Course with Cannulation with Network 16 • Vaccination Shortage with Network 6 et al. • Data Manager support for new data manager in Network 8 • Elab with Network 11 et al. • FistulaFirst project • ICH-CAHPS QI initiative coordination

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16	• Washington State Department of Health Certificate of Need Program • Institute for Healthcare Improvement (IHI)	• Provided with patient profile data and facility treatment volume data for its use in review of certificate of need applications for new and/or expanded ESRD services in Washington. Network's Executive Director participated on State-sponsored Kidney Dialysis Methodology Committee re-evaluating the certificate of need program ant its impact upon ESRD services • The Quality Improvement Manager and Quality Improvement Coordinator attended CMS/Network/IHI Meeting in San Antonio, Texas, January 12-14, 2004. A refresher on the Spread Framework was presented by the Institute for Healthcare Improvement. Network staff collaborated with IHI on the National Vascular Access Initiative**,** including participation in all conference calls with IHI staff, other Networks & CMS and the NVAII Workgroup meetings, Tools and Resources Committee and subcommittee meetings. QI Coordinator served as Co-Chair of a NVAII Tools and Resources Committee. Materials used in our "Back to the Basics" quality improvement project, our "On Course with Cannulation" training pamphlet and our patient education brochure: "Using the Buttonhole Technique for Your AV Fistula" were added to the resources available to all Networks.
17	• Hawaii Department of Health, Office of Health Care Assurance in cooperation with CMS Region IX • Hawaii Organ Procurement Organization	• Attended the 2004 Pacific ESRD Conference "Recognizing Today's Challenges and Making Them Tomorrow's Opportunities". Network Executive Director and Quality Improvement Director did presentations • Exploration of the feasibility of an organ procurement program based at Guam Memorial Hospital
18	• All Network 18 facilities • Renal Support Network • American Association Of Kidney Patients (AAKP) • American Kidney Fund • Health Insurance Counseling and Advocacy Program (HICAP) • Council of Nephrology Social Workers (CNSW) local chapters • ROSAN Meetings - CMS Regions IX and X, State Agency, ESRD Networks	• "Oldest AV Fistula" Contest": Network 18 held a contest to identify the longest functioning AVF in Network 18. The winner was a patient who had the same functioning AVF for 33 years • Network 18 assisted with the annual Renal Prom and other patient and professional education activities that this organization provides • Network assists with dissemination of information for local AAKP chapter educational workshops • Network 18 assisted with resources on AKF workshops in the local area • Network 18 works with HICAP to assist persons to obtain Medicare and secondary insurance coverage • Provide technical assistance on communication techniques, challenging patients and professional boundaries and other issues regarding patient care • Representatives of these agencies confer on a quarterly basis to review ESRD licensure/certification issues and other current issues that impact ESRD facilities' operations and provision of care. ESRD Social Worker qualifications, home hemodialysis licensure issues and provision of dialysis in nursing homes were among the key issues considered

Source: Networks 1-18 Annual Reports, 2004

Networks actively seek partnerships and conduct activities with renal-related organizations and quality associations, and have also have forged relationships with advocacy and research organizations. Several organizations with which Networks participated during 2004 are listed below.

Renal Community

- American Association of Kidney Patients
- American Nephrology Nurses' Association
- American Society of Nephrology
- Assoc. of Health Facility Survey Agencies
- Independent Dialysis Organizations
- Large Corporate Dialysis Organizations
- Life Options Rehabilitation Advisory Council, Medical Education Institute
- National Assoc. for Technicians/Technologists
- National Kidney Foundation
- National Renal Administrators Association
- NIH/NIDDK
- Renal Physicians Association
- United Network for Organ Sharing
- United States Renal Data System

Non-Renal Related

- American Society of Quality
- American Healthcare Quality Association
- Centers for Disease Control and Prevention
- Food and Drug Administration
- Institute for Healthcare Improvement
- National Association for Healthcare Quality
- National Quality Forum

Many of the ESRD Network personnel are actively involved on renal community boards and committees. The following are some of the organizations in the renal community with whom Networks serve on boards and committees: National Kidney Foundation (NKF), the American Association of Kidney Patients (AAKP), the American Nephrology Nurses' Association (ANNA), the Renal Physicians Association (RPA), and NIDDK's National Kidney Disease Education Program (NKDEP).

GOAL FOUR: SUPPORT THE MARKETING, DEPLOYMENT, AND MAINTENANCE OF CMS APPROVED SOFTWARE (e.g. CROWN - CONSOLIDATED RENAL OPERATIONS IN A WEB-ENABLED NETWORK)

CMS and its contractors have developed several ESRD data systems. In 2002, they consolidated these into the Consolidated Renal Operations in a Web-Enabled Network (CROWN) system.

The purpose of the CROWN system is to enable the entry/import, validation, analysis, and reporting of ESRD data. The key components of the current CMS CROWN system are SIMS (Standard Information Management System), VISION (Vital Information System to Improve Outcomes in Nephrology), REMIS (Renal Management and Information System), and Quality Net Exchange. Other systems which are not under CMS are dependent on the CROWN system include the USRDS (United States Renal Data System), the Social Security Administration (Master Beneficiary Record), and UNOS (United Network for Organ Sharing). The Kidney Epidemiology and Cost Center (KECC) also receives data from the CROWN system and standard Medicare Claims data to produce the annual Unit-Specific Report and the clinical data for Dialysis Facility Compare (DFC). The facility demographic data comes directly from the CROWN system.

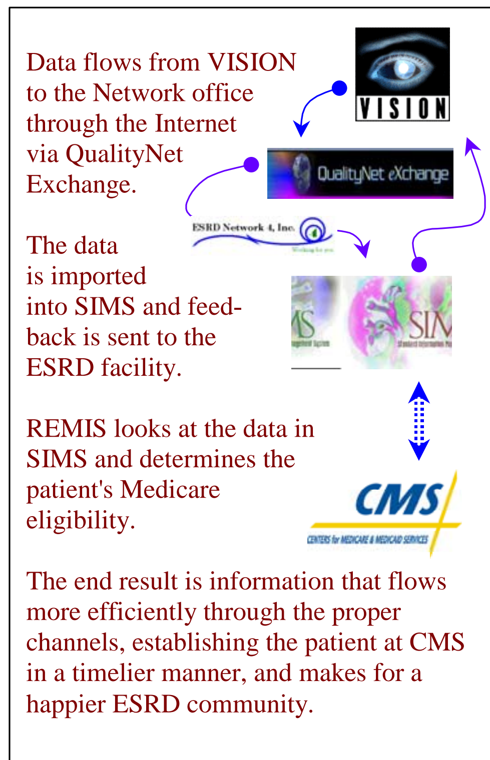
The data collected and managed through the CROWN system serves multiple functions and has many users. CMS is a primary user of the data. One important purpose is determining the eligibility of ESRD patients for Medicare benefits for ESRD patients, from the initial certification of ESRD until the patient dies or is no longer eligible for benefits (e.g. if a patient regains kidney function or when patient has been transplanted for more than three years). The CROWN system provides a registry of all patients, including those who are not eligible or not applying for Medicare coverage. This data supports program analysis, policy development, and epidemiological research by CMS, the Networks, CMS-approved researchers, and health planners.

Another key function of the CROWN system is to provide quality oversight of the program. Currently, there are several, quality-oriented, public domain reports that are developed using CROWN:

- the Dialysis Facility Compare (DFC) website, which uses data from SIMS and REMIS to allow beneficiaries to compare ESRD facilities
- the FistulaFirst Dashboard that reports current fistula rates for ESRD facilities
- the Annual Clinical Performance Measures (CPM) Report
- the United States Renal Data System (USRDS) Annual Data Report

REMIS, SIMS, and VISION form the foundation for the CROWN system. SIMS is used by all of the eighteen Networks and is the repository for the entry, validation and maintenance and reporting of data submitted to the Networks by dialysis and transplant facilities. REMIS receives data from the Enrollment Database (EDB), CMS' repository for all patients enrolled in Medicare, Medicare Billing and SIMS. VISION is software developed by CMS to enable facilities to enter and submit their forms and clinical performance measures data electronically to the Network via Quality Net Exchange, a secure, HIPAA-compliant transport. CMS is also working with the large dialysis corporations to define elements and create files that will allow corporate data systems to provide data from their existing systems to CMS.

The individual software package components can be thought of as a series of stages in which Medicare beneficiary information is processed as the following illustrates:



SIMS

The SIMS software is the backbone of Network data infrastructure. SIMS not only provides CMS with patient and facility data but is also used to record Contact information for analysis. The information entered in the Contact area of SIMS varies and may relate to a grievance, a data request, or a request for technical assistance. Due to confidentiality contact data is maintained at the Network level and only reported in the aggregate.

VISION

The VISION software is an equivalent of SIMS for use by dialysis and transplant facilities. VISION software records facility and patient information that can be submitted to the Network as an XML file. Using VISION, facilities can enter the non-reimbursable CMS forms: the CMS-2728 and CMS-2746. The Clinical Performance Measures (CPMs) were added to VISION this year. Long-range plans include converting VISION and SIMS to a role-based web application once CMS standards are released.

CMS is working with the larger national dialysis corporations (DaVita, Dialysis Care Incorporated, Fresenius Medical Care – North America, Gambro Healthcare, and Renal Care Group) to obtain quality data as files from their corporate systems. This includes DaVita, Dialysis Care Incorporated, Fresenius Medical Care - North America, Gambro Healthcare, and Renal Care Group. Networks are responsible for working with all of the other facilities not in large corporations to train them to use the software.

REMIS

REMIS is a web-based application and is used by the Network to verify patient information related to Medicare coverage. REMIS replaced REBUS in 2003.

QualityNet Exchange

QualityNet Exchange is a web-based application and is used by both the Network and the VISION facilities to transmit data in a secure manner. This application is accessed on a regular basis for the purpose of information exchange.

VISION Marketing

ESRD Networks are responsible for marketing VISION to eligible facilities, training and supporting users, and importing VISION data into SIMS. Eligible facilities are Medicare-certified outpatient ESRD providers, not affiliated with the large dialysis organizations (LDOs). CMS established a June 30, 2005, goal for all Networks to train at least 40% of eligible facilities and for at least 20% of eligible facilities to be submitting data via VISION. To meet these goals, Networks send out materials to recruit users and conduct WebEx training sessions and training workshops.

In the early stages of this process, as the Networks began to market VISION, some challenges with the VISION implementation precluded rapid training and implementation. These challenges included:

- Facility staff turnover
- Quality of support from the QualityNet helpdesk
- Issuance of tokens by the QualityNet helpdesk
- Integrity of the transmitted data to the Network database
- Time and material utilized to support the VISION effort

Despite these challenges, Networks are optimistic that they will meet the prescribed goals before the CMS-established due date.

GOAL FIVE: EVALUATE AND RESOLVE PATIENT GRIEVANCES AS CATEGORIZED IN CROWN AND OTHER ADP SYSTEMS AS DIRECTED BY CMS

The Networks assume a proactive role in the prevention, facilitation, and resolution of complaints and grievances, including implementing educational programs that will assist facility staff in diffusing conflict and handling difficult situations. Networks also conduct trend analysis of reported situations to detect patterns of greater concern. Networks follow the CMS national policy in the ESRD Network Organizations Manual, for evaluating, resolving, and reporting patient grievances and facility concerns. Within 24 hours of receipt, Networks refer immediate and serious grievances to the appropriate CMS Regional Office and State Survey Agency. When requested by CMS, Networks assist the State Survey Agency with the investigation of a complaint. It is important to note that the State Survey Agencies have regulatory authority and responsibility for assuring facilities meet the conditions for coverage. Networks are concerned about the quality of care provided and improving the care ESRD patients receive as opportunities for improvement are identified.

The Network's ESRD Manual outlines several examples of the Network's role in resolving patient grievances. These include:

- **Expert Investigator:** This involves evaluating the quality of care provided to a patient where the investigation focus is the complaint. For example, if a patient complains about the procedures used by the dialysis nurse to initiate dialysis, the Network may investigate by reviewing the techniques used by the facility to initiate dialysis. At the conclusion of the investigation, findings are shared with the involved parties and when appropriate, recommendations may be made about the care provided.

- **Facilitator:** When communication between the patient and the provider/facility is difficult, the Network may be asked to facilitate communication and resolve the differences. For example, a patient may contact the Network to complain that the facility hours do not accommodate his/her work schedule. The Network may assist the patient by helping to discuss the situation with facility personnel or assist the patient in moving to another facility that can accommodate his/her needs.

- **Referral Agent:** Issues that are not specifically ESRD Network issues such as fire safety, handicap access to dialysis, civil rights, infectious disease, and criminal activity are more appropriately handled by either the State Survey Agency or other federal agencies. The Network may refer the beneficiary to the appropriate agency.

- **Coordinator:** Where both quality of care and survey and certification issues are involved (e.g., water quality or dialyzer reuse), the Network will coordinate the investigation with the appropriate State Survey Agency. The appropriate Regional Office is advised of the situation.

- **Educator:** When patients, families, or facility staff have questions regarding ESRD, the Network may provide the information. If the Network is not readily able to provide the education, the Network is able to refer the question to the appropriate source.

A formal beneficiary grievance is a complaint alleging that ESRD services, received or not received, did not meet professional levels of care. The formal grievance process requires the Network to conduct a complete review of the information and an evaluation of the grievance, which may require the involvement of a Grievance Committee and/or the Medical Review Board. Where problems are identified the Network requires the facility to develop and carry out an improvement plan that will correct

the problem(s). During 2004, Networks processed 45 formal beneficiary grievances. Table 19 displays the number of Formal Grievances processed in 2004.

TABLE 19
FORMAL GRIEVANCES PROCESSED
CALENDAR YEAR 2004

NETWORK	NUMBER OF GRIEVANCES
1	0
2	1
3	0
4	1
5	4
6	0
7	5
8	0
9/10	7
11	0
12	10
13	6
14	7
15	0
16	0
17	0
18	4
TOTAL	**45**

Source: Networks 1-18 Annual Reports, 2004

Grievances come to the Network in many forms and from many sources including telephone calls and letters from patients, families, facilities, and concerned individuals or agencies. Though many of these complaints never reach the formal grievance stage, Networks dedicate large amounts of staff time responding to these complaints and assisting complainants. It is estimated that ESRD Networks process over 7,000 such patient complaints annually. Less than 1% of patients file a formal grievance at the Network level, indicating that the Networks effectively respond to complaints before they become formal grievances.

During 2004, Networks spent time discussing and focusing on "patient-provider conflict." Some of the Networks define the challenging patient as one who may act out in a violent manner or who is verbally abusive or threatening. However, facility staff can also create problems, and many do not have the crisis management skills needed to diffuse an escalating situation. Each Network has a social worker/patient services coordinator to conduct proactive work in this area. Many Networks continue to provide workshops and written material focusing on this issue and spend a great deal of staff time providing consultation to the clinics and assisting patients in an effort to prevent inappropriate discharges and to support a safe environment for patients and facility staff.

In 2003, with the leadership of the Forum of ESRD Networks and the support of an educational grant from ESRD Network 12, the Dialysis Patient-Provider Conflict (DPPC) project was initiated. On October 2-3, 2003, a meeting was convened with 25 stakeholder representatives and 21 observers from 27

organizations involved in the DPPC initiative. At this meeting, the participants described 67 challenges to reducing patient-provider conflict and proposed 40 action items for addressing these challenges. Subsequently in January 2004, the Centers for Medicare & Medicaid Services (CMS) funded several of the action items articulated in the conference as a special project. The ESRD Network of Texas, Inc. (Network #14) served as the lead Network in this initiative for the Forum of ESRD Networks. The project was named Decreasing Dialysis Patient-Provider Conflict (DPC).

The DPC Project was a coordinated, national effort by the ESRD community to understand, educate, and provide resources to the providers of dialysis services to better cope with the issue of conflict in dialysis facilities. The project goals were to help create safe dialysis facilities, provide training resources for handling conflict, improve patient-provider relations, improve patient-provider satisfaction with the dialysis experience, and foster national collaboration on the development of a DPC Taxonomy & Glossary and in approaches to reduce conflict.

The National Task Force, comprised of 19 members, met three times during 2004 - 2005 in Baltimore, Maryland, to plan, review, and approve the work of the four subcommittees. Members also participated in and/or arranged for pilot testing in their facilities. DPC toolboxes of training materials and a "CONFLICT" poster are being developed for facility use.

SANCTION RECOMMENDATIONS

Network responsibilities include the recommendation to CMS of alternative sanctions against facilities that are continually out of compliance with Network goals.

During 2004, one sanction recommendation was made to CMS (Network 11).

RECOMMENDATIONS FOR ADDITIONAL FACILITIES

Network responsibilities include making recommendations for additional facilities in the service area, as they become necessary to meet the needs of each particular Network area.

Several Networks made additional recommendations in their Annual Reports. These included:

- Address the feasibility of "unique needs" dialysis units to reduce the number of patients experiencing an involuntary discharge from dialysis units. (Network 1, 4, 6, 13, 14, and 18)
- CMS develop Medicare billing codes for short-term dialysis (non-chronic) patient population and consideration be given to future policy issues for these non-chronic ESRD patients who require short-term outpatient dialysis treatments (Network 1)
- Address a need for outpatient facilities to care for the sub-acute dialysis patents who have special needs such as wound and tracheotomy care (Network 6)
- Access to care/services for undocumented immigrants whose Medi-Cal eligibility is limited to "emergency services" (Network 18)
- Seek incentives to attract nurses to the ESRD program (Networks 1 and 17)

FOR MORE INFORMATION

This Report summarizes highlights of the ESRD Networks' 2004 activities. For additional reference, Appendix T contains a list of acronyms and Appendix U a list of renal organization web addresses.

The following Internet addresses provide additional information about the ESRD Networks and the ESRD program. All Network websites (see table below) can be accessed through the home page of the Forum Office: http://www.esrdnetworks.org.

TABLE 20
NETWORK WEB ADDRESSES

Network	Web Address
1	http://www.networkofnewengland.org/
2	http://www.esrdny.org/
3	http://www.tarcweb.org/
4	http://www.esrdnetwork4.org/
5	http://www.esrdnet5.org/
6	http://www.esrdnetwork6.org/
7	http://www.fmqai.com/ersd/esrd.htm
8	http://www.esrdnetwork8.org/
9/10	http://www.therenalnetwork.org/
11	http://www.esrdnet11.org/
12	http://www.network12.org/
13	http://www.network13.org/
14	http://www.esrdnetwork.org/
15	http://www.esrdnet15.org/
16	http://www.nwrenalnetwork.org/
17	http://www.network17.org/
18	http://www.esrdnetwork18.org/

A copy of a specific Network Annual Report can be obtained from the individual Network office or by visiting the Network website linked through the Forum website. Network addresses and telephone numbers are listed on the inside front cover of this Report.

APPENDICES

APPENDIX A

2004 ESRD INCIDENT AND DIALYSIS PREVALENT PATIENTS BY NETWORK

NETWORK	ESRD INCIDENT PATIENTS (CALENDAR YEAR 2004)	ESRD DIALYSIS PREVALENT PATIENTS (AS OF DECEMBER 31, 2004)
1	3,786	10,886
2	6,963	22,348
3	4,633	13,424
4	5,147	14,297
5	6,453	19,411
6	8,413	30,096
7	6,665	18,672
8	5,338	18,051
9	7,981	22,911
10	4,485	13,445
11	7,264	19,757
12	4,016	11,995
13	4,543	13,504
14	7,969	27,554
15	4,722	14,294
16	2,833	8,470
17	4,926	16,759
18	7,919	25,665
TOTAL	**104,056**	**321,539**

Source: Networks 1-18 Annual Reports, 2004, Data Tables 1 and 2

APPENDIX B
2004 ESRD INCIDENT PATIENTS BY AGE AND NETWORK
CALENDAR YEAR 2004

NETWORK	0-19	20-29	30-39	40-49	50-59	60-69	70-79	≥ 80	UNKNOWN	TOTAL
1	34	78	161	351	530	827	1,064	741	0	**3,786**
2	54	120	337	735	1,197	1,537	1,721	1,262	0	**6,963**
3	37	96	222	470	838	1,074	1,160	736	0	**4,633**
4	51	96	208	495	882	1072	1404	939	0	**5,147**
5	71	148	370	800	1,265	1,509	1,416	874	17	**6,453**
6	105	254	560	1,070	1,764	1,986	1,783	891	0	**8,413**
7	87	158	317	693	1070	1398	1688	1253	1	**6,665**
8	59	158	354	680	1,082	1,246	1,154	605	0	**5,338**
9	78	138	360	833	1,398	1,854	2,080	1,238	2	**7,981**
10	63	103	246	435	822	1,020	1,065	731	0	**4,485**
11	97	188	370	729	1,320	1,522	1,835	1,203	0	**7,264**
12	57	100	188	412	672	890	1,046	651	0	**4,016**
13	44	121	255	540	931	1,018	1,013	621	0	**4,543**
14	113	191	461	1,036	1,780	1,968	1,607	813	0	**7,969**
15	79	155	258	489	863	1,144	1,111	623	0	**4,722**
16	38	64	164	287	543	624	684	429	0	**2,833**
17	60	123	265	559	957	1,113	1,109	740	0	**4,926**
18	120	197	398	844	1,431	1,814	1,879	1,236	0	**7,919**
TOTAL	**1,213**	**2,488**	**5,494**	**11,458**	**19,345**	**23,616**	**24,819**	**15,586**	**20**	**104,056**
% TOTAL	**1.2%**	**2.4%**	**5.3%**	**18.6%**	**18.6%**	**22.7%**	**23.9%**	**15.0%**	**0.0%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 1

APPENDIX C

2004 ESRD DIALYSIS PREVALENT PATIENTS BY AGE AND NETWORK
AS OF DECEMBER 31, 2004

NETWORK	0-19	20-29	30-39	40-49	50-59	60-69	70-79	≥80	UNKNOWN	TOTAL
1	63	227	642	1,184	1,835	2,381	2,781	1,773	0	**10,886**
2	134	527	1,402	2,917	4,577	5,241	4,795	2,754	0	**22,348**
3	56	336	827	1771	2768	3220	2912	1534	0	**13,424**
4	75	301	764	1727	2742	3094	3537	2057	0	**14,297**
5	111	474	1,385	2,931	4,149	4,477	3,962	1,921	1	**19,411**
6	170	934	2,506	4,618	6,981	7,246	5,450	2,191	0	**30,096**
7	110	486	1,216	2,387	3,596	4,134	4,197	2,504	1	**18,672**
8	99	539	1,444	2,797	4,169	4,288	3,336	1,379	0	**18,051**
9	139	556	1,393	3,005	4,639	5,181	5,374	2,622	2	**22,911**
10	76	353	892	1,705	2,810	3,070	2,940	1,599	0	**13,445**
11	145	476	1,247	2,358	3,889	4,188	4,650	2,804	0	**19,757**
12	90	308	779	1,522	2,303	2,660	2,773	1,560	0	**11,995**
13	91	419	1,023	2,105	3,000	3,121	2,574	1,171	0	**13,504**
14	260	772	1,981	4,119	6,616	6,639	5,184	1,983	0	**27,554**
15	151	437	895	1,767	3,030	3,510	3,090	1,414	0	**14,294**
16	78	261	597	1,063	1,755	1,857	1,822	1,037	0	**8,470**
17	108	432	1,124	2,123	3,636	3,854	3,616	1,866	0	**16,759**
18	243	835	1,851	3,351	5,276	6,042	5,278	2,789	0	**25,665**
TOTAL	**2,136**	**8,673**	**21,968**	**43,450**	**67,771**	**74,203**	**68,271**	**34,958**	**4**	**321,539**
% TOTAL	**0.7%**	**2.7%**	**6.8%**	**13.5%**	**21.1%**	**23.1%**	**21.2%**	**10.9%**	**0.00%**	**100.0%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 2

APPENDIX D

2004 ESRD INCIDENT PATIENTS BY RACE AND NETWORK

CALENDAR YEAR 2004

NETWORK	BLACK	WHITE	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER [1]	UNKNOWN [2]	TOTAL
1	452	3,044	62	8	121	99	**3,786**
2	2,080	3,954	220	16	522	171	**6,963**
3	1,132	2,332	70	1	1,088	8	**4,633**
4	1,249	3,743	55	7	93	0	**5,147**
5	3,001	3,058	92	14	184	104	**6,453**
6	4,560	3,603	70	49	0	131	**8,413**
7	1,840	4,391	55	10	151	218	**6,665**
8	2,600	2,652	17	19	49	1	**5,338**
9	1,694	6,115	39	9	1	123	**7,981**
10	1,385	2,874	124	9	0	93	**4,485**
11	1,601	5,274	124	175	90	0	**7,264**
12	796	3,134	31	23	30	2	**4,016**
13	1,847	2,460	27	165	43	1	**4,543**
14	1968	5574	116	21	243	47	**7,969**
15	333	3,794	133	431	28	3	**4,722**
16	194	2,376	152	92	18	1	**2,833**
17	695	2,709	1,254	34	220	14	**4,926**
18	1,122	5,778	859	32	128	0	**7,919**
TOTAL	**28,097**	**66,865**	**3,500**	**1,115**	**3,009**	**1,016**	**104,056**
% TOTAL	**27.0%**	**64.3%**	**3.4%**	**1.1%**	**2.9%**	**1.0%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 1. Patient numbers are derived from those patients receiving treatment.

[1] Other includes: Indian subcontinent, Mid-East Arabian, and Other/Multiracial data from Network Annual Reports

[2] Unknown includes both "Missing" and "Unknown" data from Network Annual Reports

APPENDIX E

2004 ESRD DIALYSIS PREVALENT PATIENTS BY RACE AND NETWORK AS OF DECEMBER 31, 2004

NETWORK	BLACK	WHITE	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER [1]	UNKNOWN [2]	TOTAL
1	2,111	8,025	211	30	365	144	**10,886**
2	9,001	10,574	821	91	1,551	310	**22,348**
3	4,269	5,861	276	19	2,996	3	**13,424**
4	4,942	8,858	124	21	352	0	**14,297**
5	11,633	6,867	361	26	489	35	**19,411**
6	20,403	8,852	247	164	0	430	**30,096**
7	7,396	10,368	229	28	532	119	**18,672**
8	11,271	6,549	63	78	90	0	**18,051**
9	7,735	14,953	135	27	2	59	**22,911**
10	5,626	7,343	408	21	1	46	**13,445**
11	6,413	12,074	352	637	281	0	**19,757**
12	3,524	8,099	127	135	98	12	**11,995**
13	7,186	5,496	80	573	169	0	**13,504**
14	8,314	17,709	395	80	1,006	50	**27,554**
15	1,406	10,084	475	2,054	271	4	**14,294**
16	817	6,574	656	368	54	1	**8,470**
17	2,830	8,134	5,034	163	530	68	**16,759**
18	4,324	17,661	3,085	123	472	0	**25,665**
TOTAL	**117,090**	**174,081**	**13,079**	**4,638**	**9,259**	**1,281**	**321,539**
% TOTAL	**36.4%**	**54.1%**	**4.1%**	**4.1%**	**2.9%**	**0.4%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 2. Patient numbers are derived from those patients receiving treatment.

[1] Other includes: Indian subcontinent, Mid-East Arabian, and Other/Multiracial data from Network Annual Reports

[2] Unknown includes both "Missing" and "Unknown" data from Network Annual Reports

APPENDIX F
LIST OF PRIMARY CAUSES OF END STAGE RENAL DISEASE

Diabetes
- Type II, adult-onset or unspecified diabetes
- Type I, juvenile type, ketosis prone diabetes

Glomerulonephritis
- Glomerulonephritis (GN)
- Focal glomerulonephritis, focal sclerosing GN
- Membranous nephropathy
- Membranoproliferative GN type 1, diffuse MPGN
- Dense deposit disease, MPGN type 2
- IgA nephropathy, Berger's disease (proven by immunofluorescence)
- IgM nephropathy (proven by immunofluorescence)
- Rapidly progressive GN
- Goodpasture's Syndrome
- Post infectious GN, SBE
- Other proliferative GN

Secondary GN/Vasculitis

- Lupus erythematosus, (SLE nephritis)
- Henoch-Schonlein syndrome
- Scleroderma
- Hemolytic uremic syndrome
- Polyarteritis
- Wegener's granulomatosis
- Nephropathy due to heroin abuse and related drugs
- Vasculitis and its derivatives
- Secondary GN, other

Interstitial Nephritis/Pyelonehpritis
- Analgesic abuse
- Radiation nephritis
- Lead nephropathy
- Nephropathy caused by other agents
- Gouty nephropathy
- Nephrolithiasis
- Acquired obstructive uropathy
- Chronic pyelonephritis, reflux nephropathy
- Chronic interstitial nephritis
- Acute interstitial nephritis
- Urolithiasis
- Nephrocalcinsois

Hypertension/Large Vessel Disease
- Renal disease due to hypertension (no primary renal disease)
- Renal artery stenosis
- Renal artery occlusion
- Cholesterol emboli, renal emboli

Cystic/Hereditary/Congenital Diseases
- Polycystic kidneys, adult type, (dominant)
- Polycystic, infantile, (recessive)
- Medullary cystic disease, including nephronophthisis
- Tuberous sclerosis
- Hereditary nephritis, Alport's syndrome
- Cystinosis
- Primary oxalosis
- Fabry's disease
- Congenital nephrotic syndrome
- Drash syndrome, mesangial sclerosis
- Congenital obstructive uropathy
- Renal hypoplasia, dysplasia, oligonephronia
- Prune belly syndrome
- Hereditary/familial nephropathy

Neoplasms/Tumors
- Renal tumor (malignant, benign, or unspecified)
- Urinary tract tumor (malignant, benign, or unspecified)
- Lymphoma of kidneys
- Multiple myeloma
- Light chain nephropathy
- Amyloidosis
- Complication post bone marrow or other transplant

Miscellaneous Conditions
- Sickle cell disease/anemia
- Sickle cell trait and other sickle cell (HbS/Hb other)
- Post partum renal failure
- AIDS nephropathy
- Traumatic or surgical loss of kidneys
- Hepatorenal syndrome
- Tubular necrosis (no recovery)
- Other renal disorders
- Etiology uncertain

Source: CMS 2728 ESRD Medical Evidence Report Form (6-97)

APPENDIX G

2004 ESRD INCIDENT PATIENTS BY PRIMARY DIAGNOSIS AND NETWORK
CALENDAR YEAR 2004

NETWORK	DIABETES	HYPERTENSION	GN	CYSTIC KIDNEY DISEASE	OTHER CAUSES [1]	UNKNOWN	MISSING	TOTAL
1	1,475	906	425	136	675	169	0	**3,786**
2	2,871	1,550	577	142	1,097	572	154	**6,963**
3	2,200	1,281	366	85	600	98	3	**4,633**
4	2,168	1,331	431	110	841	266	0	**5,147**
5	2,612	2,009	489	137	912	232	62	**6,453**
6	3,777	2,574	605	171	993	282	11	**8,413**
7	2,673	2,097	452	152	899	192	200	**6,665**
8	2,272	1,759	334	103	681	169	20	**5,338**
9	3,254	1,832	543	150	950	1,101	151	**7,981**
10	1,707	1,359	283	71	489	344	232	**4,485**
11	3,020	1,899	614	217	1,219	295	0	**7,264**
12	1,744	1,097	332	101	495	154	0	**4,016**
13	2,014	1,459	293	81	571	125	0	**4,543**
14	4,266	1,951	503	148	753	233	0	**7,969**
15	2,377	927	447	114	671	186	0	**4,722**
16	1,223	554	320	96	495	145	0	**2,833**
17	2,383	1,176	493	103	593	178	0	**4,926**
18	3,813	2,360	523	138	800	285	0	**7,919**
TOTAL	**44,374**	**28,121**	**8,030**	**2,255**	**13,734**	**5,026**	**833**	**104,056**
% TOTAL	**42.6%**	**27.0%**	**7.7%**	**2.2%**	**13.2%**	**4.8%**	**0.8%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 1

[1] Other Causes includes: "Other" and "Other Urologic" data from Network Annual Reports

APPENDIX H

2004 ESRD DIALYSIS PREVALENT PATIENTS BY PRIMARY DIAGNOSIS AND NETWORK
AS OF DECEMBER 31, 2004

NETWORK	DIABETES	HYPERTENSION	GN	CYSTIC KIDNEY DISEASE	OTHER [1]	UNKNOWN	MISSING	TOTAL
1	4,197	2,500	1,544	447	1,658	540	0	**10,886**
2	8,698	5,429	2,831	682	2,862	1,655	191	**22,348**
3	5,857	3,628	1,764	361	1,499	315	0	**13,424**
4	5,789	3,868	1,767	440	1,870	563	0	**14,297**
5	7,614	6,525	2,026	465	2,140	591	50	**19,411**
6	12,222	9,745	3,374	617	3,023	1,012	103	**30,096**
7	7,157	6,027	2,003	606	1,833	556	137	**18,672**
8	7,225	6,239	1,780	496	1,744	535	32	**18,051**
9	9,607	6,024	2,416	583	2,570	1,557	154	**22,911**
10	5,112	4,482	1,345	298	1,323	727	158	**13,445**
11	8,219	5,553	2,277	588	2,438	682	0	**19,757**
12	4,879	3,221	1,446	371	1,556	522	0	**11,995**
13	5,724	4,561	1,231	353	1,096	335	0	**13,504**
14	14,176	6,769	2,471	580	2,103	1,023	0	**27,554**
15	7,417	2,570	1,699	414	1,677	517	0	**14,294**
16	3,511	1,534	1,330	370	1,304	421	0	**8,470**
17	7,746	4,035	2,232	459	1,709	578	0	**16,759**
18	11,675	7,457	2,695	585	1,846	974	0	**25,665**
TOTAL	**132,628**	**90,167**	**36,231**	**8,715**	**34,251**	**13,103**	**825**	**321,539**
% TOTAL	**41.2%**	**28.0%**	**11.3%**	**2.7%**	**10.7%**	**4.1%**	**0.3%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 2

[1] Other includes data listed as "Other" and "Other Urologic" on Network Annual Reports

APPENDIX I

2004 ESRD INCIDENT PATIENTS BY GENDER AND NETWORK

CALENDAR YEAR 2004

NETWORK	MALE	FEMALE	UNKNOWN	TOTAL
1	2,131	1,655	0	**3,786**
2	3,912	3,016	35	**6,963**
3	2,628	2,005	0	**4,633**
4	2,825	2,322	0	**5,147**
5	3,534	2,919	0	**6,453**
6	4,050	4,363	0	**8,413**
7	3,911	2,722	32	**6,665**
8	2,812	2,526	0	**5,338**
9	4,375	3,606	0	**7,981**
10	2,459	2,022	4	**4,485**
11	4,120	3,144	0	**7,264**
12	2,183	1,833	0	**4,016**
13	6,924	6,580	0	**4,543**
14	4,272	3,697	0	**7,969**
15	2,686	2,036	3	**4,722**
16	1,625	1,208	0	**2,833**
17	2,720	2,206	0	**4,926**
18	4,450	3,469	0	**7,919**
TOTAL	**59,486**	**51,329**	**74**	**104,056**
% TOTAL	**57.2%**	**49.3%**	**0.1%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Table 1

APPENDIX J

2004 ESRD DIALYSIS PREVALENT PATIENTS BY GENDER AND NETWORK AS OF DECEMBER 31, 2004

NETWORK	MALE	FEMALE	UNKNOWN	TOTAL
1	6,037	4,849	0	**10,886**
2	12,370	9,957	21	**22,348**
3	7,719	5,705	0	**13,424**
4	7,887	6,410	0	**14,297**
5	10,540	8,871	0	**19,411**
6	14,676	15,420	0	**30,096**
7	10,571	8,089	12	**18,672**
8	9,258	8,793	0	**18,051**
9	12,337	10,574	0	**22,911**
10	7,348	6,095	2	**13,445**
11	10,774	8,983	0	**19,757**
12	6,534	5,461	0	**11,995**
13	6,924	6,580	0	**13,504**
14	14,270	13,284	0	**27,554**
15	7,787	6,507	0	**14,294**
16	4,721	3,749	0	**8,470**
17	8,979	7,780	0	**16,759**
18	14,050	11,615	0	**25,665**
TOTAL	**166,745**	**148,722**	**35**	**321,539**
% TOTAL	**51.9%**	**46.3%**	**0.0%**	**100%**

Source: Networks 1-18 Annual Reports, 2004, Data Table 2

APPENDIX K

2004 ESRD IN-CENTER DIALYSIS PATIENTS BY MODALITY AND NETWORK
AS OF DECEMBER 31, 2004

NETWORK	HEMODIALYSIS	PERITONEAL DIALYSIS	TOTAL
1	9,691	0	**9,691**
2	21,007	0	**21,009**
3	12,468	14	**12,482**
4	13,281	0	**13,281**
5	17,718	0	**17,718**
6	27,476	0	**27,476**
7	17,042	1	**17,043**
8	16,222	0	**16,222**
9	20,619	11	**20,630**
10	11,929	7	**11,936**
11	17,975	0	**17,975**
12	10,058	11	**10,069**
13	12,307	3	**12,310**
14	25,320	0	**25,320**
15	13,027	0	**13,027**
16	7,313	5	**7,318**
17	14,957	2	**14,959**
18	23,561	0	**23,561**
TOTAL	**291,971**	**54**	**292,027**

Source: Networks 1-18 Annual Reports, 2004, Data Table 4
Note: In-Center Peritoneal Dialysis includes patients in training for home modalities. Data for this table is limited to facilities submitting a Facility Survey Form (2744). Not all Veterans Affairs facilities submitted a form in 2004.

APPENDIX L

2004 ESRD HOME DIALYSIS PATIENTS BY MODALITY AND NETWORK
AS OF DECEMBER 31, 2004

NETWORK	HEMODIALYSIS	CAPD	CCPD	OTHER PD	TOTAL
1	48	386	761	0	**1,195**
2	102	517	740	1	**1,360**
3	24	236	724	0	**984**
4	36	286	627	0	**949**
5	81	563	903	2	**1,674**
6	94	941	1,582	3	**2,620**
7	129	424	931	0	**1,484**
8	73	638	1,134	0	**1,845**
9	131	1,067	996	1	**2,195**
10	251	486	659	0	**1,396**
11	57	884	825	0	**1,766**
12	98	552	703	0	**1,353**
13	13	443	723	0	**1,179**
14	112	618	1,416	0	**2,146**
15	37	424	807	0	**1,268**
16	160	379	598	2	**1,139**
17	46	627	1,070	0	**1,743**
18	37	773	1,267	0	**2,077**
TOTAL	**1,481**	**10,244**	**16,466**	**9**	**28,373**

Source: Networks 1-18 Annual Reports, 2004, Data Table 3

APPENDIX M

2003 AND 2004 DIALYSIS MODALITY: IN-CENTER PATIENTS AS OF DECEMBER 31, 2003, AND DECEMBER 31, 2004

NETWORK	HEMODIALYSIS			PERITONEAL DIALYSIS		
	2003	2004	% Change	2003	2004	% Change
1	9,559	9,691	1%	0	0	0%
2	20,623	21,007	2%	3	0	-100%
3	12,003	12,468	4%	7	14	100%
4	12,946	13,281	3%	1	0	-100%
5	17,078	17,718	4%	0	0	0%
6	26,401	27,476	4%	8	0	-100%
7	16,354	17,042	4%	0	0	0%
8	15,818	16,222	2%	2	0	-100%
9	19,773	20,619	4%	12	11	-8%
10	11,593	11,929	3%	10	7	-30%
11	17,050	17,975	5%	0	0	0%
12	10,099	10,058	0%	33	11	-67%
13	12,000	12,307	2%	1	3	200%
14	24,035	25,320	5%	0	0	0%
15	12,291	13,027	6%	1	0	-100%
16	6,972	7,313	5%	13	5	-62%
17	14,370	14,957	4%	0	2	200%
18	23,327	23,561	4%	12	0	-100%
TOTAL	**282,292**	**291,971**	**3%**	**103**	**53**	**-49%**

Source: Networks 1-18 Annual Reports, 2003 and 2004, Data Table 4

Note: In-Center Peritoneal Dialysis includes patients in training for home modalities. Data for this table is limited to facilities submitting a Facility Survey Form (2744). Not all Veterans Affairs facilities submitted a form in 2004

APPENDIX N

2003 AND 2004 DIALYSIS MODALITY: SELF-CARE SETTING - HOME
AS OF DECEMBER 31, 2003, AND DECEMBER 31, 2004

NETWORK	HEMODIALYSIS			CAPD			CCPD			OTHER PD		
	2003	2004	% Change	2003	2004	% Change	2003	2004	% Change	2003	2004	% Change
1	37	48	30%	419	386	-8%	777	761	-2%	0	0	0%
2	102	102	0%	593	517	-13%	719	740	3%	0	1	100%
3	24	24	0%	273	236	-14%	780	724	-7%	1	0	-100%
4	34	36	6%	309	286	-7%	634	627	-1%	0	0	0%
5	119	81	-32%	661	563	-15%	987	903	-9%	2	0	-100%
6	88	94	7%	893	941	5%	1,589	1,582	0%	4	3	-25%
7	126	129	2%	448	424	-5%	935	931	0%	0	0	0%
8	79	73	-8%	606	638	5%	1,095	1,134	4%	3	0	-100%
9	105	131	25%	1,100	1,067	-3%	1,080	996	-8%	3	1	-67%
10	223	251	13%	503	486	-3%	676	659	-3%	0	0	0%
11	41	57	39%	880	884	0%	881	825	-6%	0	0	0%
12	107	98	-8%	572	552	-2%	678	703	4%	0	0	0%
13	16	13	-19%	483	443	-8%	666	723	9%	0	0	0%
14	83	112	35%	680	618	-9%	1,394	1,416	2%	0	0	0%
15	32	37	16%	428	424	-1%	764	807	6%	0	0	0%
16	148	160	8%	403	379	-6%	555	598	8%	4	2	-50%
17	30	46	53%	604	627	4%	1,082	1,070	-1%	0	0	0%
18	23	37	61%	785	773	-2%	1,312	1,267	-3%	0	0	0%
TOTAL	**1,417**	**1,529**	**27%**	**10,640**	**10,244**	**-4%**	**16,604**	**16,466**	**-1%**	**17**	**7**	**-59%**

Source: Networks 1-18 Annual Reports, 2003 and 2004

APPENDIX O

2004 RENAL TRANSPLANT RECIPIENTS BY DONOR SOURCE AND NETWORK
CALENDAR YEAR 2004

NETWORK	DECEASED DONORS	LIVING RELATED	LIVING UNRELATED	TOTAL
1	374	206	148	**728**
2	549	307	171	**1,027**
3	322	143	67	**532**
4	658	223	106	**987**
5	548	303	199	**1,050**
6	660	222	108	**990**
7	657	185	57	**899**
8	429	210	92	**731**
9	663	268	217	**1,148**
10	463	195	115	**773**
11	927	609	298	**1,834**
12	423	160	102	**685**
13	437	129	38	**604**
14	824	218	120	**1,162**
15	440	204	143	**787**
16	376	132	78	**586**
17	527	200	116	**843**
18	813	297	143	**1,253**
TOTAL	**10,090**	**4,211**	**2,318**	**16,619**

Source: Networks 1-18 Annual Reports, 2004

APPENDIX P

VOCATIONAL REHABILITATION DIALYSIS PATIENTS AGED 18-54 YEARS AS OF DECEMBER 31, 2004

NETWORK	NUMBER OF DIALYSIS FACILITIES[1]	NUMBER OF DIALYSIS PATIENTS AGED 18-54	NUMBER OF DIALYSIS PATIENTS RECEIVING SERVICES FROM VOC REHAB RELATED SERVICE PROVIDERS (PUBLIC OR PRIVATE)	NUMBER OF DIALYSIS PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL-TIME OR PART-TIME	FACILITIES OFFERING DIALYSIS SHIFT AFTER 5 PM
1	162	2,876	105	664	103	52
2	242	7,057	107	1,498	151	101
3	156	4,187	140	1,122	85	65
4	243	4,058	63	686	79	59
5	277	6,778	248	1,588	147	76
6	450	11,375	443	1,679	263	25
7	275	5,715	207	1,079	165	41
8	293	6,804	109	944	144	5
9	358	7,087	90	768	97	55
10	183	4,175	38	670	74	30
11	344	5,926	175	1,227	155	66
12	255	3,707	78	801	104	23
13	195	4,960	84	803	115	22
14	366	9,915	335	1,919	267	40
15	215	4,503	190	1,331	193	48
16	123	2,706	74	719	98	58
17	170	5,400	241	1,041	183	50
18	269	8,510	174	1,770	316	72
TOTAL	**4,576**	**105,739**	**2,901**	**20,309**	**2,739**	**888**

All Other Date: Source: Networks 1-18 Annual Reports, 2004

[1] Source: eSOURCE/CSC

APPENDIX Q

NEW PROFESSIONAL EDUCATION MATERIALS AND WORKSHOPS CONDUCTED IN 2004 BY CATEGORY BY NETWORK

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
		CLINICAL
1	• The FistulaFirst Initiative Educational Dinner Program • Power Point on vascular access distributed to dialysis providers	• How to increase the AVF rates /Nephrologists and vascular surgeons • Review of all vascular access describing the benefits and complications associated with each/ geared to new dialysis staff
2	Annual Scientific Program	Subjects presented included: "The Calcium-Sensing Receptor as a Therapeutic Target", "Increasing AV Fistula Rates", "Malnutrition in the Dialysis Patient," "Vocational Outcomes and CKD", "Optimizing Physical Functioning: A Missing Piece in Our Patient Care" and "Daily Nocturnal Hemodialysis - Patient Experience and Clinical Update"
3	• Article • Article • Article • Annual Fistula First Meeting	• Timing of first cannulation and vascular access failure in hemodialysis: an analysis of practice patterns at dialysis facilities in the DOPPS. • Outcomes of dialysis access-related septicemia among diabetics following optimized AV-fistula placement • The Implications of Water Quality in Hemodialysis • Invited surgeons and interventional radiologists to a separate meeting the evening prior to the Annual Meeting to review NVAII project with medical experts
4	• May 27, 2004, meeting of the Network Coordinating Council focused on the NVAII: "FistulaFirst - A National Project to Increase the Use of AV Fistulas" • October 21, 2004, meeting of the Network Coordinating Council: "The Evolving Pattern of Calciphylaxis –- Therapeutic Considerations" • Cannulation Camp • FistulaFirst Project CD	• This was the second workshop developed for the NVAII and was divided into four presentations: "Back to Basics", "The Vascular Access Team: Role of the Interventional Radiologist/Nephrologist", "Tools of the Trade: Nursing Quality Management", and "The ABC's of Fistula Care" • This was a two-part educational presentation: "Calciphylaxis, An Evolving Disorder" and "Management of Bone Disease in the Dialysis Patient". • Cannulation Camps were held on June 12, 2004, in Pittsburgh and on September 28, 2004, in Philadelphia. The half-day sessions focused on care and maintenance of fistulae followed by a demonstration and practice on the cannulation technique. This learning session targeted staff nurses and patient care technicians. The number of attendees at the cannulation camps was 65 in Pittsburgh and 108 in Philadelphia. • Distributed CD with the 11 change concepts and tools & resources to each dialysis facility

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
5	• FistulaFirst • FistulaFirst • Secondary Hyperparathyroidism	• Module 4 of the Project with AED provides information to patient care staff on AVF benefits and tips to help patients care for their AVFs • 8 workshops on the FistulaFirst Project, change concepts, facility actions & interventions • 3 sessions for dialysis staff regarding symptoms, lab values and updated treatments
6	• The Role of the Medical Social Worker • FistulaFirst • FistulaFirst • FistulaFirst • FistulaFirst • FistulaFirst • FistulaFirst • FistulaFirst • FistulaFirst	• Social Work students at North Carolina State University • ANNA Fall Meeting for Nephrology Nurse Managers, Advanced Practice Nurses and Clinicians • Society of Interventional Radiology Meeting • NC Society for Vascular Nursing • Local ANNA chapter meeting • Moses Cone Memorial Hospital Renal Symposium • Kaiser Permanente/Optimal Renal Care Dinner Meeting • Four dinner meetings for Nephrologists, Interventional Radiologists, and Vascular Surgeons • Patient Care Technician Workshop
7	FistulaFirst Learning Sessions: • Mini-Collaborative: "Developing Your Action Plan: • "Collaborating to Overcome Barriers" • "Focus on Fistula" biweekly faxblast • FistulaFirst Webpage • "Arteriovenous Fistulas – The ESRD Challenge of the Decade…Be the Champion for Change" brochure • "Improving Adequacy of Hemodialysis" Web-based continuing education course	• The first Learning Session introduced the FistulaFirst Project to the Mini-Collaborative group. This group included providers willing to make the commitment to work intensively using the structure and key change concepts established by Institute for Healthcare Improvement (IHI). • Topics at he the first Learning Session included Taking Teamwork to New Heights, Review Current Data, QI Plan Development, ABC's of Variation / Statistical Data,, Starting a Vascular Access Program at Your Facility, Root Cause Analysis: Identifying Barriers to Improvement of AV Fistula Rates, Facility Toolkit, and Vascular Access Data Collection & Senior Leader Report. • The second Learning Session was open to all facilities in the state including the Mini-Collaborative members. • Topics at the second Learning Session included: Teamwork Turns Barriers into Opportunities for Success, Surgical Approaches & Strategies for Successful AVF Placement: A Team Approach, Nephrologist Role in AV Fistula Team, FistulaFirst Toolkit, Data Update. • Educational flyer faxed biweekly to all providers in the Network. The flyer highlighted a change concept, barriers to change, strategies to overcome barriers and included related tool. • Webpage on the Networks web site that includes Change Concepts and FistulaFirst Toolkit. • A brochure designed to introduce FistulaFirst to nephrologist and surgeons. The brochure introduced the Change Concepts; provided Florida AVF data and CMS goals. It was mailed to approximately 1,500 nephrologist and surgeons. • A continuing education offering (one contact hour) designed for nurses and patient care staff with information and suggestions for improving hemodialysis adequacy.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
7 cont.	• "Strategies of Improving Adequacy of Hemodialysis" educational handout • Network Annual Forum: "On the Horizon"	• This educational handout was faxed to all providers in the Network. It includes tips for increasing adequacy rates. • Topics included: FistulaFirst – Strategies to Meet the Challenge, Management of Secondary Hyperparathyroidism in CKD, CMS: Changes Coming, The DPC Project, Modifiable Hemodialysis Practices: The Link Between DOPPS, K/DOQI & Improving Patient Outcomes, Focus on Access, Motivating Change: Getting to Know Your Patient, The Collaborative Roles of the RN & ARNP in the Dialysis Unit, Legislative Update, MSW: Survey Expectation & Documentation, Documentation Update 2004, How Pre-ESRD Education Changes Outcomes, Maintaining Quality in Today's Economy, The Diversity Dilemma: Trying to Make One Size Fit All. Practicing Patient Safety (Reducing Medical Errors), The Success of Vitamin D Therapies, The Kidney - A Scarce Human Resource. Target audience included all renal professionals.
8	• 2004 Annual Meeting "Putting it All Together: Increasing Knowledge and Skills to Improve Patient Care" • Placing Fistulas First. . .and Successfully: Current Strategies for Optimizing Patient Outcomes • FistulaFirst Toolkit • Vascular Access mentor service	• Pre-meeting events included a vascular access workshop conducted by Debbie Brouwer, RN, CNN, and an Amgen dinner symposium focusing on treatment of secondary hyperparathyroidism. Meeting sessions included presentations on FistulaFirst, medications, new trends in renal replacement therapy, strategies for coping with thirst, infection control, Medicare Part D benefit, vocational rehab, and Decreasing Patient-Provider Conflict (DPC) • Workshops provided for nephrologists, surgeons, and interventionlists were held in Jackson, Mississippi; Birmingham, Alabama; Knoxville, Tennessee. A fourth workshop was held in conjunction with the Annual Meeting and featured presentations by nationally known nephrologists, surgeons and vascular access interventionalists. Workshop presentations described the roles of each practitioner and specific surgical and radiological techniques for vascular access. • Utilizing tools compiled by the national tools and resources committee, Network 8 assembled and distributed a toolkit to each dialysis facility, and Corporate quality contacts. • Provided by volunteer surgeon members of the Network 8 FistulaFirst workgroup, this service allows visiting surgeons to observe actual AVF procedures in the Operating Room
9	• Year 2 FistulaFirst Learning Sessions: Nurse/staff segment involved facilities identifying barriers to developing a master cannulator program and describing processes that would overcome these barriers and make this concept a reality • Physician segment addressed fistula placement techniques, nephrologists as team leader, and case studies	• Nephrologists, vascular access surgeons, interventional radiologists, nurse practitioners, vascular access coordinators, facility staff • Four Learning Sessions conducted regionally: Cincinnati, Chicago, Indianapolis, and Columbus, Ohio

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
9 cont.	• FistulaFirst quarterly educational campaign	• Nephrologists and Facility Nurse Managers
10	• Year 2 FistulaFirst Learning Sessions: Nurse/staff segment involved facilities identifying barriers to developing a master cannulator program and describing processes that would overcome these barriers and make this concept a reality • Physician segment addressed fistula placement techniques, nephrologists as team leader, and case studies • FistulaFirst quarterly educational campaign.	• Nephrologists, vascular access surgeons, interventional radiologists, nurse practitioners, vascular access coordinators, facility staff • Four Learning Sessions conducted regionally: Cincinnati, Chicago, Indianapolis, and Columbus, Ohio • Nephrologists and Facility Nurse Managers
11	• Network 11 Annual Meeting • Surgeon Workshop • FistulaFirst Change Concepts	• DOPPS Data overview presented by Donna Mapes, DNSc • Treating Bone Disease presented by James McCarthy, MD • Expanded Kidney Donor Criteria presented by Stephen Textor, MD • Maintaining AV Fistulas presented by Lesley Dinwiddie • DOPPS Vascular Access Data presented by Donna Mapes • Sessions on surgical techniques for increasing AVF • CD of Dr. Spergel's presentation sent to all NW11 facilities and other ESRD Networks
12	• FistulaFirst Hemodialysis Vascular Access • Surgeons Seminar, April 2004 • FistulaFirst Hemodialysis Vascular Access • Surgeons Seminar, September 2004 • Annual Meeting & Clinical Care Conference 1/15/04 • Annual Meeting & Clinical Care Conference 1/15/04 • Annual Meeting & Clinical Care Conference 1/15/04	• St. Louis, MO. One-day seminar including dinner. The audience was vascular access surgeons, interventional radiologists, and nephrologists. For surgeons, by surgeons but hosted by Network 12. • Kansas City, Missouri. One-day seminar including dinner. The audience was vascular access surgeons, interventional radiologists, and nephrologists. For surgeons, by surgeons but hosted by Network 12 • The Changing Horizon of Anemia Management • The Changing Face of Anemia in Dialysis Patients, Who Are We Leaving Behind? • Management of Anemia and Iron Deficiency in Patients with ESRD • Increasing Fistulae: From Ideal to Real • Native Vein AV Fistulae Creation • AV Cannulation Tips and Techniques • Vascular Access for Hemodialysis: A Comprehensive Approach • Inflammation in ESRD: The Hidden Threat to Our patients • Inflammation in ESRD: An Overview • Inflammation and the Uremic Syndrome • Dialysis Access Infections: A Novel Cause of Chronic Inflammation in Hemodialysis Patients

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
12 cont.	• Annual Meeting & Clinical Care Conference 1/15/04	• Managing Cardiac Complications in Patients with CKD
	• Annual Meeting & Clinical Care Conference 1/15/04	• Calcium Sensing Receptor: A Target for New Therapeutic Agents • K/DOQI Guidelines for Bone Metabolism- A Review • Managing Secondary Hyperparathyroidism with Continuous Quality Improvement
	• Annual Meeting & Clinical Care Conference 1/15/04	• No Bugs Allowed Infection Surveillance and Prevention: • Infectious Disease Management in ESRD • Dialysis Related Infections • Infection in the Water System: Does it Impact on Patient Outcomes?
13	• 2004 Spring Mentoring Workshop (Oklahoma, Louisiana, and Arkansas)	• Anemia Management, Fluid Management, Vascular Access Practice
	• 2004 Fall Mentoring Workshop (Oklahoma, Louisiana, and Arkansas)	• Button Hole Technique
14	• Nephrology Today & Tomorrow 2004	• Network Annual Meeting lasts 1½ days with an attendance of nearly 500. Included plenary and discipline specific breakout sessions recommended by Network board members and renal community. • Duplex Vessel Mapping for Nephrologists • Executive Director Report -Network Accomplishments and Goals • Modifying Cardiovascular Risk Factors in CKD • AVF Placement – Myths and Barriers • Kidney Transplant • Treatment of Secondary Hyperparathyroidism
	• Professional Newsletter *Lone Star Bulletin*	• FistulaFirst Project results and practice recommendations; clinical resources
	• ESRD Standards of Nutrition Care	• Revised 2004 by Medical Review Board (MRB) Dietitian members with input from Texas renal dietitians and MRB members
	• "FistulaFirst – A Seminar for the Nephrology Community"	• During 2004, 10 regional workshops were presented in collaboration with Texas ANNA chapters - 800 participants
	• FistulaFirst Web Page	• Added to Network 14 website to allow posting of materials for staff and patient education
	• Pediatric Specific 2004 Quality of Care Indicators Report and facility specific charts	• Subset of Quality of Care Indicators Report that compares the pediatric facility's clinical outcomes to other pediatric facilities in the Network.
	• 2004 Network #14 Quality of Care Run Charts	• Revised run charts with most current comparative state and national data from CPMs and 2004 Quality of Care Indicators Report. Available on website
	• FistulaFirst Educational Conference for Surgeons, Nephrologists and Interventionalists	• One-day workshop held in April 2004 had an attendance of 65 physicians. Presentations by champion surgeons, radiologists and interventionalists

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
15	• FistulaFirst Kick-Off Meeting in Nevada • "On Course with Cannulation" Workshops • Albumin Magnets and Resource Packet	• Introduction of the National FistulaFirst project to surgeons, nephrologists, facilities, SSAs, QIOs, insurance companies. Presenters Drs. Vo Nguyeng and Larry Spergel • Instruction for dialysis personnel on appropriate cannulation techniques and physical assessment of access. Workshops presented to numerous audiences throughout Network 15 • Resource packet containing an albumin magnet and nutritional resource materials in an attempt to improve nutrition in the ESRD patient. These packets were distributed to Network #15 facilities as well as other interested parties.
16	• FistulaFirst • Clinical Education for patients	• "On Course With Cannulation" -educational program for "hands-on" clinical staff (nurses and technicians) on cannulation techniques and physical assessment of access. Conducted by our Quality Improvement Coordinator at 17 venues within our five states and in collaboration with Networks 15 and 17 in Nevada and California • Developed patient and staff education materials on using the buttonhole technique for cannulation of AVFs and keeping vascular access sites exposed during dialysis. Posted information to the Network's website and disseminated hard copy • Educational program on the buttonhole technique presented at two venues in Washington • Produced *Fistula First Status Report* and graphs and mailed to all Facility Medical Directors, Facility Reps and Nurse Managers. Latest aggregate data also posted on website. Facilities received codes for facility-specific data • Overview on "FistulaFirst" presented at Montana State Nephrology Meeting, Billings, Montana, ANNA Northern Lights regional chapter meeting in Anchorage, Alaska, ANNA Cascades Chapter in Welches, Oregon, and ANNA Greater Puget Sound Chapter, Federal Way, Washington • Article with an explanation of the alarms patients are likely to see and hear during dialysis posted to website and disseminated • Patient consultant wrote article: "Focus on Fistulas: A Patient's Perspective" included in Network patient newsletter, posted on website, and shared with other Networks • Brochure: *Using the Buttonhole Technique for Your AV Fistula* developed by Quality Improvement Coordinator • Article on the importance of keeping vascular access sites exposed developed by Quality Improvement Coordinator

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
16 cont.	• Staff Education	• Information summary on prevention of falls. Developed by Quality Improvement Coordinator and posted on website • "Neckties, Doorknobs and Catheters-What Do They Have in Common? Educational program on infection control developed and presented by the Quality Improvement Coordinator • PSC conducted regional workshops and in-services for facility staff on communication, professionalism, grief and loss and dealing with challenging dialysis patient situations. Programs aimed at assisting staff in addressing and coping with stressful situations, de-escalating conflict and improving communication between patients and caregivers • *Monitoring Your Dialysis Water Treatment System* and Poster completed and submitted to CMS for approval • Patient Services Coordinator and Quality Improvement Coordinator presented on FistulaFirst and on challenging patient situations at Northwest Renal Update multidisciplinary meeting in Washington • Presentation on "The Myths of PD" to clinical staff at a multi-facility meeting organized by a non-LDO provider • Montana State Renal Conference, Billings, Montana. Presentations by Medical Review Board nephrologist Suhail Ahmad, MD, on "Current and Future Trends in Dialysis Care". Patient Services Coordinator facilitated panel discussions on "Ethical Dilemmas in Nephrology" and "Chicken Broth for our Souls and Spirits", Quality Improvement Coordinator presented information on the Network and highlights of FistulaFirst • GE Osmonics Training Programs. Quality Improvement Coordinator presented information to dialysis techs on the Network, what to expect during State Survey visits, and latest CPM outcomes
	• General	• NANT Chapter meetings: Network's Quality Improvement Consultant presented info on the history and technology of dialysis, the role of Networks and technical information on monitoring dialysis water treatment systems • The Network improved its website to be more "user-friendly" for patients, families and clinical staff. News bulletins of interest were collected in one easy access spot and a topical index was added
17	• FistulaFirst	• Presented the goals and disseminated educational information regarding the FistulaFirst initiative to HMO renal case managers
	• FistulaFirst	• Informational poster session and booth shared at three National Kidney Foundation - Northern California meetings
	• FistulaFirst newsletters	• Three newsletters sent to all facilities
	• On Course with Cannulation	• Workshop presented with the Northwest Renal Network; to increase knowledge and proficiency
18	• Train the Trainer	• Network 18 partnered with Network 16 staff and planned a vascular access cannulation "Train the Trainer" program to take place in January 2005
	• Vascular Surgical Strategy	• Network 18 began developing a Vascular Surgical strategy to directly involve surgeons and others who can impact vascular access outcomes

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
		CQI
1	Developed a survey tool for accessing vascular access management	Gambro Healthcare & Fresenius Medical Care used the survey to ascertain current vascular management practices in their clinics and to use the results to see where quality improvement were needed/Nurse Managers
3	• Web site • Cannulation workshop • Article	• Website address for MDRD calculations to be able calculate their facility's GFR's • 154 participants attended within New Jersey and the Puerto Rico area. • Medical Outcomes Study Short Form-36: A Consistent and Powerful Predictor of Morbidity and Mortality in Dialysis Patients
	• Meeting	• Attended Regional LDO administrators and QI meeting
5	Disney Institute	Workshop for Networks on CQI the "Disney Way"
6	Overview of Network 6 Reporting Criteria and Outcomes	NKF of GA's 2004 Nephrology and Transplantation Update
7	• Quality Improvement educational information and tools • QI Plan Development, ABC's of Variation / Statistical Data, Root Cause Analysis: Identifying Barriers to Improvement of AV Fistula Rates. • Maintaining Quality in Today's Economy • Internal Quality Control Database WebEx	• Includes Quality Improvement Process on Network Website • Quality Improvement Toolkit Webpage includes QI Plan format and sample QI plans for QI projects • "What is Quality Improvement?" article in the Network newsletter "Access" • Quality improvement processes presented as part of FistulaFirst Learning Session 1(workshop). Presented to dialysis staff members and nephrologists of Mini-Collaborative project • Presentation from "On the Horizon" Network 7's Annual Forum • The Network in collaboration with the Florida QIO conducted a WebEx demonstration of the FMQAI Internal Quality Control Database open to all ESRD Networks
11	• Network 11 Annual Meeting • Dialysis facility FistulaFirst Workshops • MRB Recommended Treatment Goals • Vascular Access Toolbox	• Best Practices – Peritoneal Dialysis • Best Practices – Involuntary Patient Dismissal • Achieving the K/DOQI Goals: A Surgeon's Eye View • Sessions on current data, barriers, and successful strategies • Recommended goals for dialysis facilities to use in their QI programs related to anemia, adequacy, vascular access, and bone disease distributed to 320 dialysis facilities • Various CQI tools and resources provided to facilities at workshops and available on the Network 11 web site.
12	Annual Meeting & Clinical Care Conference 1/15/04	Managing Secondary Hyperparathyroidism with Continuous Quality Improvement
14	• Nephrology Today & Tomorrow 2004 • 2004 Quality of Care Indicators Report	• Network Annual Meeting sessions: HIPAA Regulations in the Dialysis Clinic, and Using Comparative DOPPS Data to Improve Outcomes • Results of data collection from last quarter 2003 for HD and PD with Network 14 distribution charts for clinical indicators.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
14 cont.	• Professional Newsletter • *Lone Star Bulletin*	• FistulaFirst Project results and practice recommendations, and Network Customer Satisfaction Evaluation Results
	• 2004 Unit Specific Report, Facility Data Reports and the Dialysis Facility Compare Reports • FistulaFirst Facility Specific Comparative Data Charts	• Provided each facility with these facility specific CMS reports with recommendation the facility review in CQI committee and develop interventions to address any opportunities for improvement • Distributed to Texas facilities on a quarterly basis
16	• 2004 UM-KECC Facility Specific Reports on Mortality, Hospitalization, and Transplantation • CPM Outcomes and Network Goals	• Sent to key staff at each facility with instructions for comment submission • Posted latest CPM results and trend data on website. Disseminated findings to clinical staff and posted Network goals and Medical Review Board recommendations
18	• FistulaFirst QI Training • Network 18 Website: FistulaFirst section	• Network 18 staff conducted a FistulaFirst quality improvement Training Program on catheter reduction for the Gambro Western Region at their annual meeting • Network 18 started utilizing the Network website and created a FistulaFirst section that contains the core information about the project, the "Tool Kit", the CMS Press Release, and other information facilities can utilize to improve vascular access management practices and outcomes in general, and the AVF rate in particular
PATIENT-RELATED ISSUES		
1	• Produced an educational video on Vascular Access • The Patient Service Manager wrote several articles for the NKF "Family Focus"	• Patients describing their experiences with the benefits of AV fistulas and the complications of catheters/ CKD & ESRD patients • Article on educational resources for CKD & ESRD patients. In the fall issue an article on kidney transplantation was written and in the winter issue on the importance of advocacy for CKD & ESRD patients and families. "Family Focus" is distributed quarterly to all dialysis clinics in the United States
2	• Completing the Continuum of Quality Patient Care: Renal Palliative Care" • Patient Safety Awareness • Patient Advisory Committee	• Half-day seminar for renal professional to raise awareness of end of life issues and palliative care options for ESRD patients. Presentation slides and video of presentation posted on website • PAC developed a patient safety awareness poster that was distributed to all providers • Network social worker made site visits to facilities to promote PAC representation
3	• TARC Consumer rights and responsibilities and grievance procedure • Article • Web site	• TARC sent copies of Patients Rights and Responsibilities, and Consumer Grievance Procedure, in both English and Spanish to each network facility • Treatment options and new ESRD technologies available for consumers • CDC hurricane preparation Web site

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
5	• When Patients Have Concerns • Patient-Centered Care	• Module 3 of Project with AED helps staff increase patient satisfaction via practicing helpful communication skills • Module #2 from the Project with AED defines patient-centered care and helps staff apply the concepts in their daily work
6	• Resolving Difficult Patient Situations and Complaints • Resolving Difficult Patient Situations and Complaints • Resolving Difficult Patient Situations and Complaints • What a Patient Really Wants in a Dialysis Unit	• Gambro Regional Administrator and Facility Administrators • DaVita Social Workers • NC Council of Nephrology Social Workers • American Kidney Fund Regional Conference
7	• Practicing Patient Safety (Reducing Medical Errors) • Transplant • Educational materials in English and Spanish • Influenza Bulletin • Network Website	• Presentation from "On the Horizon" Network 7's Annual Forum. • "Guide to Timely Assessments and Referral for Transplant": Volume 1, Issue 3 Access • A variety of patient education materials are available for download on the Network's Website • This bulletin was developed and sent to facilities to keep providers informed of the availability status of the influenza vaccine • Includes a variety of patient-related resources
9	• Talking Transplant • Treatment Options	• Publication with information about patient treatment options, transplant-related resources and transplant activity information in Network. • Poster that provides points of each treatment option
10	• Talking Transplant • Treatment Options	• Publication with information about patient treatment options, transplant-related resources and transplant activity information in Network. • Poster that provides points of each treatment option
11	• Network 11 Annual Meeting • Common Concerns	• Decreasing Dialysis Patient-Provider Conflict • Semi-annual issues sent to 35,000 patients
12	Annual Meeting & Clinical Care Conference 1/16/04	Nightly Home Hemodialysis: The Nuts and Bolts of a NHHD Program
13	• 2004 Spring Mentoring Workshop, Oklahoma • 2004 Fall Mentoring Workshop, Oklahoma, Louisiana, Arkansas	• Fluid Management • Healthier Habits, Patient Perspective on Education Needs
14	• Nephrology Today & Tomorrow 2004 • Positive Professionals – Positive Patients Workshop	• Network Annual Meeting sessions: Protecting Your Patients' Medicare Benefits, Medicare Coverage of Prescription Medications, and Mental Status Assessment • Presented two workshops during 2004 - 65 participants

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
14 cont.	• Blast Fax Initiative	• Medicare Discount Drug Card and Dialysis Facility Compare Awareness
15	Voc Rehab	Facility-Specific trending reports for facilities to use in their quality improvement activities
16	• Patient Education Articles and Presentations • Education for Staff	• Article with an explanation of the alarms patients are likely to see and hear during dialysis posted to website and disseminated • Patient consultant wrote article: "Focus on Fistulas: A Patient's Perspective" included in Network patient newsletter, posted on website, and shared with other Networks • Brochure: *Using the Buttonhole Technique for Your AV Fistula* developed by Quality Improvement Coordinator • PSC presented "Everything You Ever Wanted to Ask an No One Stood Still to Answer" at a Patient & Family meeting in Montana • Northwest Kidney Centers Patient & Caregiver Conference: Patient Services Coordinator presented "Caring for the Caregiver" • Article on the importance of keeping vascular access sites exposed developed by Quality Improvement Coordinator • Patient Services Coordinator conducted regional workshops and in-services for facility staff on communication, professionalism, grief and loss and dealing with challenging dialysis patient situations. Programs aimed at assisting staff in addressing and coping with stressful situations, de-escalating conflict and improving communication between patients and caregivers
17	Guide for transplant units	Developed for new units and inservices
18	• PAC Facts • Resource List of Spanish Educational Material • Complaints and Grievances: A Guide for Patients and Families • A Quick Guide to Working Through Concern With your Physician • Timetable for Complaints and Grievances • FistulaFirst	• An educational program to assist facilities in patient education. Program includes a Fact Sheet and Laminated poster. Available on web-site • A resource guide for facilities, which list all the available Spanish educational material from renal organizations • A brochure describing the difference between a complaint/grievance and how the Network and State Agency can help them with a complaint. Assist facilities in educating their patients on grievances and the Network. • Assist facilities in educating a patient on what to do if he/she has a concern regarding their physician or the medical care provided • A timetable with time frames on the length of time the Network has to process a complaint/grievance • Network 18 quality improvement staff presented the FistulaFirst project and general vascular access information at local patient meetings held by Renal Support Network
COMMUNICATION/CRISIS MANAGEMENT		
1	The Network's training tool "Recommendations for the Management of Disruptive & Abusive Patients"	A six-page document that the Network continues to use & share with providers on our website or it is mailed on request. The incidence of abusive, disruptive ESRD patients is on the rise and this tool has become a vital resource. This Network fosters prevention and early intervention with difficult cases, thus there are very few grievances in New England

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
2	• Sensitivity Training • Crisis Management Training	• On-site sessions with facility staff to increase awareness of patient response to long-term dialysis and appropriate staff response • Full day regional workshops addressing identification and prevention of potential situations that can lead to disruptive and abusive behavior. Non-physical responses to aggressive behavior demonstrated
3	• Article • Fistual First Data	• The frequency and significance of the "difficult" patient: The nephrology community's perceptions • Presented data for the ANNA New Jersey North Chapter
4	"Communication Between Medical Staff and Patients"	The workshop provided an opportunity for attendees to learn about communication barriers, failures & successes
5	• Professionalism • Working with Conflict & Communication with Healthcare Professionals	• Module 1 of Project with AED defines professionalism for dialysis staff and allows them to identify ways to apply those skills to increase patient satisfaction • A Patient's Journey by Lori Hartwell; three sessions for dialysis staff
7	• Hurricane Preparedness Conference Call • "Hurricane Season is Coming: Tips for ESRD Disaster Planning" • "Working with Challenging Patients" • "It's That Time of Year Again" • Facility Focus: Florida Hurricanes and Dialysis" • "Best Practices/Lessons Learned" session. • The DPC Project (Dealing with Difficult Patients)	• All facilities, the state survey agency and CMS were invited to attend this call. There were more than 170 participants on the call, including representatives from all large dialysis organizations. Three facilities shared three facilities, which demonstrated best practices during Hurricanes Charley and Frances shared their experiences with the group • Volume 1, Issue 1 Access • Volume 1, Issue 2 Access • Article on hurricane season, Volume 1, Issue 2 • Volume 1, Issue 3 Access • At the request of the Dallas Regional Office, the Network conducted this session for Networks 6, 8, 13, and 14, CMS and the state survey agencies in those Network areas. The following issues were discussed: o The Calm Before the Storm – Preparing Ahead of Time o The Approach of the Hurricane o Surveying the Damage and Moving Forward o Overcoming Power Outages, Sinkholes and Other Barriers o Lessons Learned and Best Practices o Strategies for Facility Success • Presentation from "On the Horizon" Network 7's Annual Forum

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
9	• Understanding Patients and Working with Challenging Situations • Working with Challenging Patients • Professional Boundaries • Discussion of Involuntary Patient Discharges and Admission Issues • Conflict Management, A Leadership Perspective to Growth Through Problem-Solving	• Social workers - Understanding interactions between patient-staff, working as interdisciplinary team, working with angry patient • Social workers - Understanding challenging situations and techniques to work with challenging patients • How to keep professional boundaries and its importance • Social workers and administrators - Reasons patients are discharged and where do they go when no other facility will take them • Monthly calendar with suggestions for staff activities related to resolving conflict situations
10	• Working with Challenging Patients • Professional Boundaries • Conflict Management, A Leadership Perspective to Growth Through Problem-Solving	• Social workers - Understanding challenging situations and techniques to work with challenging patients • How to keep professional boundaries and its importance • Monthly calendar with suggestions for staff activities related to resolving conflict situations
12	Annual Meeting & Clinical Care Conference 1/15/04	Topics Included: The Dialysis Patient-Provider Conflict Project; The Dynamics of Dialysis; Access and Therapy Approaches to Psychiatric Disorder in ESRD Patients; Boundaries, Ethics, and Dual Relationships: Boundary Issues in Small Towns; If We Can't Avoid Dual Relationships, How Do We Navigate the Traps; It's All Well and Good…until It Goes Bad
13	2004 Fall Mentoring Workshop OK LA AR	Case Reviews: Difficult Patient Situations
14	• Nephrology Today & Tomorrow 2004 • Positive Professionals – Positive Patients Workshop • Professional Newsletter • *Lone Star Bulletin* • Professionalism, Patient Sensitivity, Working with Difficult Patients and Working with Noncompliance	• Network Annual Meeting sessions: Working with the Psychotic Dialysis Patient, Resolution of Complaints and Grievances, and Understanding Age Cohorts in the Workplace • Presented two workshops during 2004 – 65 participants • "Managing Complaints" • Director of Patient Services presented 11 1-2 hour workshops for dialysis facility staff at the request of the facility
16	Professionalism; Dealing with Challenging Patient Situations; Techniques for Improving Patient/Staff Communication	Patient Services Coordinator presented programs on these topics at statewide, regional and provider-sponsored multidisciplinary meetings

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
17	Pathways to Resolution	Sample plan admonishing facilities to assure that patients participate in the development of their long-term care plan
18	• Professional Behavior • Management of Challenging Situations • Communication Techniques	• An in-service designed to provide facilities with assistance in educating their staff on professional behavior and how it can make the difference in a crisis situation. • A presentation of techniques on how to manage a challenging situation and appropriate staff/patient interactions • A presentation of types of communication techniques and when/how to use them.
GENERAL		
2	Patient Referral Policy	Distribution of revised patient referral policy including information about the requirements for counseling patients and training staff to prevent involuntary discharge
3	• Article • Article • TARC Website	• Daily nocturnal home hemodialysis • New national surveillance system for hemodialysis-associated infections: Initial results • Early Referral in Chronic Kidney Disease: An Enormous Opportunity for Prevention • Announced the opening of the professional area of the TARC website, including its professional resources content in an electronic memo to facility administrators
4	Informational CD	CD sent to dialysis and transplant facilities included: 2003 Annual Report, Network 4 Guidelines for Care of ESRD Patients, Patients' Rights and Responsibilities/Network 4 Grievance Procedures, and Links to the Network 4 website
6	Annual Meeting	Educational meeting for dialysis facility staff that included vascular access, challenging patient situations, DOPPS Study, medical management of the pre-ESRD patient, how to survive a facility survey, and more
7	Website	Network Website includes information and educational materials for the renal community
8	FistulaFirst	Two Mississippi regional LDOs requested and received Network presentation regarding project initiatives and data. Audience included regional nurse managers, quality managers, and medical directors
9	• Progress Notes • Network 9/10 Handbook • Website – therenalnetwork.org	• Professional Newsletter for all Network Renal Professionals • Policies and Procedures approved by Network 9/10 Coordinating Council • Provides information about Network 9/10 activities and links to other • Resources in the renal community. Policies, procedures, and selected • Data items are added as they become available and updated as needed
10	• Progress Notes • Network 9/10 Handbook • Website – therenalnetwork.org	• Professional Newsletter for all Network Renal Professionals • Policies and Procedures approved by Network 9/10 Coordinating Council • Provides information about Network 9/10 activities and links to other • Resources in the renal community. Policies, procedures, and selected data items are added as they become available and updated as needed

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
12	• Annual Meeting & Clinical Care Conference 1/16/04 • Facility Staff Newsletters	• The Future of the ESRD Program • Distributed semi-annually to renal professionals; Also available on the website
14	• Nephrology Today & Tomorrow 2004 • Professional Newsletter *Lone Star Bulletin* • Blast Fax • Ethics for Social Workers • VISION Software for Administrators and Clerks	• Network Annual Meeting sessions: Licensed Dietitian Act and Manager Workshop - Team Building • Proposed Conditions of Coverage for ESRD Facilities, and Network #14 operations, personnel and board members • Hurricane Awareness Bulletin • During 2004, Director of Patient Services presented three programs focusing on ethics in the dialysis setting for Texas CNSW chapters • October 2004 in conjunction with Network Annual Meeting
15	ESRD Network #15 Update	Presented as a portion of the Southwestern Nephrology Meeting held in Phoenix, Arizona. Presentation included a review of all Network quality improvement projects and activities. The conference was attended by members of the multidisciplinary team including, but not limited to: Nephrologists, Primary Care Physicians, RNs, RDs, MSWs, and Technicians. This presentation was also given as a part of a CMS Regional Office/State Survey Agency Facility Training program
16	• EBulletins • Website	• Continued to send clinical staff and other interested parties news bulletins via our eGroups mailing system and posted all bulletins to our website. Provided Index of current and past bulletins • Updated demographic data on website quarterly
18	How to Develop a Treatment/Behavioral Contract	A document that reviews the components of an effective contract
PSYCHOLOGICAL/REHABILITATION		
2	• VESID Counselor Training • Employer Recognition Award • Addressing Depression in ESRD	• Network staff presented information pertaining to the physical, psychological and medical characteristics of ESRD patients. Discussed accommodations possible to allow ESRD patients to work. • Awards distributed to employers at Annual Meeting. Employers nominated by ESRD employees to recognize employers who have excelled in making it possible for the employee to continue working • Mailing to Social Workers. The packet included a self-rating, non-diagnostic screening tool, staff educational resources, an instruction sheet, a voluntary aggregate report form and articles to assist social workers in addressing depression
3	• Article • Information	• "The Person was Inside the Patient, but the Doctors never met Him" • An updated copy of the vocational rehabilitation offices in New Jersey, Puerto Rico and the US Virgin Islands is included in all of the new facility binders

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
7	• Depression Tools • VR Toolkit	• Staff presented the tools during the Patient Services Coordinators Retreat in Orlando • Mailing to each facility 2004, developed by VRAC. Included patient handout on work incentives, best practices information, VR offices, Social Security Work Allowable Earnings and Ticket to Work information
9	Progress Notes and Website	Specific information regarding what voc rehab agencies view of working with dialysis patients
10	Progress Notes and Website	Specific information regarding what voc rehab agencies view of working with dialysis patients
14	• Nephrology Today & Tomorrow 2004	• Network Annual Meeting session - "Working with the Psychotic Dialysis Patient"
14 cont.	• Vocational Rehabilitation Activity Report 2004	• Facility specific comparative data report and VR resources distributed to all Texas facilities June 2004
15	• Vocational Rehabilitation Tracking Tool • Vocational Rehabilitation Resource Packet	• Provided to each facility to assist with the 2004 and 2005 Vocational Rehabilitation Survey • A separate mailing from the Vocational Rehabilitation survey was the Vocational Rehabilitation Resource Packet, sent to all facilities, which consisted of the following: list of Network #15 state VR office websites, list of state-specific VR office addresses/phone numbers, life Options Rehabilitation Advisory Council KidneySchool™ business cards, sample handout for patients (article on ESRD and vocational rehabilitation written by a patient), sample employment facilitation letters for hemodialysis and peritoneal dialysis patients to be signed by the patient's physician and sent to the patient's employer or prospective employer, as appropriate (electronic version of these letters on Network website) and vocational Rehabilitation Tracking Tool for years 2004 and 2005 (see above)
16	Patient Census & Vocational Rehabilitation Tracking Tool	Facility-specific data provided to all dialysis facilities with 2003 CMS 2744 to enhance collection of accurate information for Table 8 of Annual Report
OTHER		
2	Training program for facility data contacts	Network staff met with facility data contacts to assist in data submission compliance.
3	Designee Programs	Home Dialysis and Transplant
5	Caring Through the End	Conducted a national conference in Decenber 2904 in Orlando; and is the topic of Module 5 of Project with AED to help staff understand the issues
6	• Network Update • Communicator Newsletter	• Gambro Regional Administrator and Facility Administrators • NC Council of Nephrology Social Workers • Mailed quarterly to all facilities
7	VISION Training	Four Vital Information System to Improve Outcomes in Nephrology (VISION) training workshops were held. The target group was VISION eligible facilities in the state of Florida.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
9	• Nephrology Conference • VISION Training	• Annual 2-day educational conference offering a multi-disciplinary scientific • Seminar and individual meetings of different professional groups • There were 5 Web-Ex training sessions conducted with 49 facilities from both Network 9/10 participating. 50% of eligible dialysis facilities have been trained since the program began.
10	• Nephrology Conference • VISION Training	• Annual 2-day educational conference offering a multi-disciplinary scientific • seminar and individual meetings of different professional groups. • There were 5 Web-Ex training sessions conducted with 49 facilities from both Network 9/10 participating. 50% of eligible dialysis facilities have been trained since the program began.
11	Data Newsletter	Electronic newsletter distributed via email to dialysis facilities to update on information regarding forms and other data-related items. Also available on the Network 11 web site
13	2004 Fall Mentoring Workshop AR LA & OK	New ESRD Data forms & VISION
15	• VISION Training • Forms Compliance Workshops	• Conducted in multiple sites. Attendees included facility data contacts, administrators and QI professionals • Conducted in multiple sites. Attendees included facility data contacts, administrators and QI professionals
16	• VISION Marketing • VISION Training	• Facility Interest and Readiness Survey sent to 55 eligible facilities. Responses submitted to Computer Sciences Corporation (CSC) • Training and support to facilities in initial "sign-on" group
17	Council on Renal Nutrition (CRN) Chapter Meetings (4)	Discussion on FistulaFirst, Network's function in the community, report on terminology/glossary from Half Moon Bay meeting on difficult patients
17	Network poster	Two posters mailed to each facility; poster describes the Network's functions and information on how patients can access Network resources, and includes toll-free numbers for Medicare and the State Health Department for California and Hawaii
17	TransPacific Renal Network Data Reference Guide	Updated June 2004
18	• Tips on Professional Boundaries • Being a Professional: What Makes Us One and What Keeps Us from Being One	• An in-service for dialysis facility staff on professionalism and appropriate interaction with patients. • An in-service for dialysis facility staff and management.

Source: Networks 1-18 Annual Reports, 2004

APPENDIX R

NEW PUBLICATIONS AND PRESENTATIONS IN 2004

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
	CLINICAL	
2	Council of Nephrology Social Workers - Rochester Area	Performance Measures In Nephrology Social Work
3	• FistulaFirst Presentation • Annual Meeting; FistulaFirst • FistulaFirst • NVAII Meeting	• National Kidney Foundation (NKF) Meeting 2004 • 324 participants attended. • ANNA Jersey North Chapter • Mailed FistualGram newsletters, posters, and pens to the New Jersey dialysis facilities • Held Fistula First meetings in Ponce and San Juan with nephrologists and surgeons • Mailed Fistula First posters to all facilities • Held regional medical directors and surgeons meeting
5	• FistulaFirst • CPM Performance • MARC Goals & Objectives	• Poster showing Network 5 performance at Spring Network Council Meeting and 3 additional Network meetings/workshops • Poster at Spring Network Council Meeting • Poster at Spring Network Council Meeting
6	Stenosis Monitoring Resources Toolkit	Toolkit containing articles, tracking tools, and resource materials for facility staff
7	• "FistulaFirst Initiative" • "Arteriovenous Fistulas – The ESRD Challenge of the Decade…Be a Champion for Change" • "Collaborating for Improvement: Improving Arteriovenous Fistula Rates"	• Article published in *Renalife*, a monthly publication for the American Association of Kidney Patients (AAKP) • Brochure to educate physicians was developed and mailed to approximately 1500 nephrologists and surgeons within the Network • Presentation at the FMQAI Educational Summit. Approximately 150 professionals attended the QIO - focused event
11	Presentation: Measuring Competency in Venipunctures, March 2004	150 in attendance
12	RPA Shared Decision Making Book	10

13	• "News You Can Use" professional newsletter. Clinical topics included:
	  • FistulaFirst / Vascular Access
	  • Transplantation / Tissue Typing
	  • Anemia Management
	  • GFR
	  • PTH Methodologies
	  • Infection Control
	  • Immunizations
	  • Peritoneal Dialysis
	  • Adequacy of Hemodialysis
	• FistulaFirst Display / QI Tool kits (hard copy/CD's)
		• 5600 (quarterly distribution of 1400). It should be noted that we added surgeons and interventional radiologists to our general mailout, as part of our FistulaFirst activities
		• Display provided during Spring/Fall 2004 workshops, Forum meeting, and Surgical Courses. Over 500 copies of toolkits distributed to facilities and upon request

14	• ANNA Peritoneal Dialysis Special Interest Group (SIG) Session at Annual Dialysis Conference, February, 2004	• Assistant Quality Management Coordinator presented to 37 attendees

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
14 cont.	• FistulaFirst Poster Display • "Decreasing Dialysis Patient-Provider Conflict" • FistulaFirst Update - National Association of Nephrology Technicians National Meeting • Texas Transplant Data and QI Interventions to Increase Transplant Referrals in Texas	• Executive Director - Renal Physician's Association Meeting, March 2004, approximately 500-600 attendees • Executive Director - National Renal Administrators Association (NRAA) annual meeting, May 2004, approximately 75 attendees • Executive Director - presented at NRAA annual meeting, May 2004, approximately 75 attendees • Quality Management Coordinator presented to approximately 85 attendees, May 2004 • Executive Director - presented to 100 attendees. – June 2004
15	• Everyone Counts - Improving Albumin Levels, Collaboration at it's Finest" • Increasing the Use of AV-Fistulas, A Network QI Project • FistulaFirst Update • FistulaFirst and Network Update • FistulaFirst a National Quality Initiative • FistulaFirst a National Quality Initiative	• Presented at the CMS/Forum of ESRD Networks' Annual Meeting in Baltimore, Maryland • Published in the August 2004 issue of *Nephrology News and Issues* • Nevada Managed Care organization in March 2004 • Arizona QIO in January 2004 • ANNA National Meeting in Washington, DC, April 2004 • NKF Spring Clinical Meeting in Chicago, Illinois, April 2004
16	• *On Course with Cannulation* booklet • *Using the Buttonhole Technique for Cannulation of Your AV Fistula* • *Staff Can You See it?/Patients Won't You Let Them?* • *Falls Prevention* • *FistulaFirst Status Report*	• 2000 hard copies (distributed within our Network and at venues at other Networks). Also posted to website. Presentations previously described • 300 hard copies distributed. Posted to website • Posted to website. 150 hard copies distributed • Posted to website, included in newsletter (8,000) and included in other Network's newsletters • 260 copies of report and graphs sent to clinical staff
18	• NVAII/FistulaFirst Project Presentation • FistulaFirst Newsletter • San Diego Vascular Access Center Meeting Presentation	• Network 18 staff attended and presented information on the NVAII/FistulaFirst Project at regional meetings of FMC, DaVita, and Gambro Healthcare • Network 18 staff prepared and distributed a FistulaFirst Newsletter for all facilities along with quarterly feedback reports to serve as a communication vehicle featuring local success stories • Network 18 staff organized and education "kick-off" meeting with the local San Diego Vascular Access Center staff to introduce the FistulaFirst Project and review their possible role. In the late summer 2004, San Diego vascular access professionals created a San Diego Vascular Access Coalition with the goal of achieving better community outcomes with regards to vascular access. The Network will be an active participant in this coalition in the future

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
GENERAL		
3	Vascular Access Meeting	Presented Network goals and statistics
4	*Network News*: Facility Newsletter	Articles in the Winter 2005 Facility Newsletter included: "FistulaFirst: A National Challenge", "FistulaFirst 'Over 50% Club'"; "Communication Skills for Providing Quality Care", "ESRD Network 4: Finding a Winning Fistula" and "The Importance of Your Provider Directory Validation Sheets". Four Pennsylvania transplant centers that were on the list of "50 Most Active Renal Transplant Centers in 2003" published by Nephrology News & Issues (October 2004) were also recognized. Updates from the Quality Improvement, Data and Information Systems Departments were included. Copies were sent to the administrators, nurse managers, and data contacts in dialysis & transplant centers; Network 4 Committee members; & other interested parties
7	• Network newsletter • "Collaborating for Improvement" • "What's New at the Network?"	• "Access" the Network newsletter is published quarterly and contains a variety of education articles aimed at dialysis providers. This newsletter is distributed to all the dialysis facilities in the Network • Network presentation at the Florida Renal Administrators Association Summer meeting. Approximately 40 renal administrators attended • St. Augustine Symposium. Approximately 50 renal professionals attended
8	*Network News* - Three editions were distributed in 2004	Distributed to each facility and medical director
11	Presentation: "The ESRD Networks and You: Partnering to Improve Care," April 2004	250 in attendance
12	• Bulletin Board Kits on "Who is the Network?" • Who is the Network? Publication • New Network Poster	• 250 • >1300 • 250
13	*News You Can Use* professional newsletter. General topics included: • GAO Report: Patient Care • CMS Forms • VISION Updates • Disaster Preparedness	5600 (quarterly distribution of 1400)
14	"Continuing Education is Only a Mouse Click Away" - Parts I & II, published in NKF *Renalink*	Submitted by Assistant Quality Management Coordinator. Website sources for continuing education for nurses, technicians, dietitians and social workers
15	• *Intermountain Messenger* • ESRD Network 15 Update • Data Management IQI Facility Survey Process	• Network #15's professional newsletter, distributed three times in 2004. Samples of articles appearing in 2004 are: Nursing protocol increases fistula placement, QI Corner, data notes, vision updates, forms compliance, social work practice and NKF-DOQI, AAMI updates, an albumin puzzle. Approximately 9000 newsletters were distributed in 2004. • Nevada Provider Meeting in cooperation with the San Francisco Regional Office of CMS • CMS/Forum of ESRD Networks' Annual Meeting March 2004

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
15 cont.	• VISION Import Process Tips and Tricks	• QualityNet Conference, September 2004
PATIENT-RELATED ISSUES		
2	National Kidney Foundation (NKF) Clinical Symposium	• Ethical Awareness in Caring for Dialysis Patients • Decreasing Dialysis Patient Provider Conflict - panel member
3	Medicare and You 2004 (English and Spanish)	Sent to facilities for distribution to the dialysis patients along with other Medicare information.
7	"Treatment Options for Kidney Disease"	Article in the Kidney Transplant / Dialysis Association's *RenalGram* in Fall 2004.
11	• Presentation: Involuntary Patient Discharge: A Collaborative Network Effort • Presentation: Dealing with Difficult Patient Situations, 3 presentations in May and 1 in June 2004 • Presentation: Noncompliance, July 2004 • Presentation: Patient Rights, November 2004	• 250 in attendance • Total attendance for all four sessions - 800 • 30 in attendance • 30 in attendance
12	A Patient Guide	>1000
13	"News You Can Use" professional newsletter. Patient-Related Issues included: • Life Options Kidney School • Medicare for Persons with ESRD • The Facts about Upcoming New Benefits to Medicare • Dialysis Facility Compare	5600 (quarterly distribution of 1400)
14	• "Peritoneal Dialysis Travel Toolbox" published in *Nephrology Nurse Journal* • "Dialysis in Mexico: Neither Fiesta nor Siesta" published in *Nephrology News and Issues* • "Cultural Sensitivity" for National Association of Nephrology Technicians National Meeting • "Patient Centered Care" for NRAA • "A Sticky Situation: Patient's Rights Regarding Cannulation" published online in *ikidney* • "Do You Have Questions About Kidney Failure and Your Sex Life?" published in NKF *Family Focus Newspaper* • "Does Someone You Love Have Chronic Kidney Disease" published in NKF *Family Focus Newspaper*	• Submitted by Assistant Quality Management Coordinator, article components include staff/travel checklists, patient education, and travel documentation forms for the peritoneal dialysis patient who travels. • Submitted by Director of Patient Services. Describes access to dialysis in Mexico (relevant to Mexico/U.S. border states) • Director of Patient Services (DPC) presented to approximately 85 attendees, May 2004 • Director of Patient Services (DPC) presented to 90 attendees, October 2004 • Submitted by Director of Patient Services • Submitted by Assistant Quality Management Coordinator. Seeks to answer questions and dispel myths about kidney failure and sexuality. Distributed to all U.S. dialysis facilities and 35,000 home subscribers Submitted by Assistant Quality Management Coordinator. Stresses the importance of recognizing genetic and familial diseases that can cause CKD, the need for patients with hypertension and diabetes to urge their family members to seek medical care to rule out CKD Distributed to all U.S. dialysis facilities and 35,000 home subscribers

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
14 cont.	• "Choosing Your Hemodialysis Vascular Access" published in NKF *Family Focus Newspaper* • "Check It Out: Kidney Transplant Web Sites" published in NKF *Family Focus Newspaper*	• Submitted by Assistant Quality Management Coordinator. Explanation of types of vascular access, stressing the benefit of AVF. Describes how to choose a surgeon, recommended pre-surgical care (mapping and assessment) for AVF and what questions the patient should ask the surgeon. Distributed to all U.S. dialysis facilities and 35,000 home subscribers • Submitted by Assistant Quality Management Coordinator. Annotated list of transplant web sites for patients. Distributed to all U.S. dialysis facilities and 35,000 home subscribers
15	• *Renal Roundup* • ICH-CAHPS, a QI Project	• Patient newsletter, which is published periodically as an information-sharing resource for the patients and professionals in Network #15. The most recent issue contained articles on the importance of fistulas, self-care, and depression and coping • Denver, Colorado, and Orlando, Florida, in October and December 2004
16	• *Using the Buttonhole Technique for Cannulation of Your AV Fistula* • *Consumer News* • *Focus on Fistulas: A Patient's Perspective* • *Machine Alarms*	• 300 hard copies distributed. Posted to website • 8,000 patient newsletters distributed • Posted on website and included in newsletter above • Posted to website
17	Patients Who Try Our Patience	Published in the November 2004 issue of the *American Journal of Kidney Diseases*
18	• FistulaFirst Project Presentation • Patient Advisory Committee: "PAC Facts" a Fact Sheet and Poster • Resource List of Spanish Educational Material • Complaints and Grievances: A Guide for Patients and Families • Services For Patients • Timetable for Complaints and Grievances	• Network 18 staff presented the FistulaFirst Project at patient educational meetings held by the Renal Support Network • One Fact Sheet and poster (in English and Spanish) were sent to all dialysis facilities and transplant centers. Also available on website • Distributed to all dialysis facilities and transplant centers. Made available on website • English and Spanish versions were distributed to all facilities including transplant centers. Available on website • An English and Spanish version of this brochure was distributed to all dialysis facilities and transplant centers. Available on the website • Posters in English and Spanish were distributed to all dialysis and transplant centers in English and Spanish. Available on website
COMMUNICATION/CRISIS MANAGEMENT		
3	• Conflict Management • Conflict Management	• Poster presentation at annual meeting • Sent to network facilities
4	"Gee, I'm Glad That's Not My Unit"	Presentation by Patient Services Coordinator at 25th Annual "Horizons in Dialysis" Professional Development Seminar
9	• Conflict in the Dialysis Setting; De-escalation Techniques • Conflict in the Dialysis Setting; De-escalation Techniques	• Ohio Renal Administrators Association: Nurses - Techniques to de-escalate conflicts in the unit • Ohio Renal Administrators Association Annual Meeting: Administrators – Techniques to de-escalate conflicts and developing a plan of action for crisis situations

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
11	Presentation: Decreasing Dialysis Patient Provider Conflict Project, October 2004	200 in attendance
16	Putting Professionalism Into Practice; Dealing with Challenging Patient Situations; Grief and Loss; Multicultural Issues; Ethical Dilemmas in Nephrology; Chicken Broth for Our Souls & Spirits; Caring for the Caregiver	Topics included in regional Patient Services Coordinator educational presentations and/or panel presentations
18	A Quick Guide to Working Through Concerns With your Physician	An English and Spanish version poster was sent to all dialysis facilities and transplant centers. Available on website
	GUIDELINES	
4	ESRD Network 4 Guidelines for Care of ESRD Patients	Distributed on Informational CD to dialysis & transplant centers & Network 4 Committee members
13	*News You Can Use* professional newsletter. Guidelines included: • Network Standards • Clinical Performance Measures • Dialysis Facility Reports • Long Term Program	5600 (quarterly distribution of 1400)
	PSYCHOSOCIAL/REHABILITATION	
13	*News You Can Use* professional newsletter: Psychosocial/Rehabilitation issues included: • Renal Rehabilitation • Resolving Patient Issues	5600 (quarterly distribution of 1400)
18	• Southern California One-Stop Career Centers Resource list • Department of Rehabilitation Regional Offices • Employment Facilitation Letter Templates • Patient Support Group List	• Distributed to all dialysis facilities and transplant centers. Available on website • Resource list was distributed to all dialysis facilities and transplant centers. Available on website • Distributed one Hemodialysis and Peritoneal template to each facility. Available on website • Multiple copies were distributed to all facilities and transplant centers. Available on website
	OTHER	
4	• Presentation by Executive Director 25th Annual "Horizons in Dialysis" Professional Development Seminar • RAA of Eastern Pennsylvania and Delaware • CNSW Network 4 East Chapter Workshop for New Social Workers	• Presented information on the history of dialysis • Network 4 update by Executive Director • Co-sponsored workshop; Patient Services Coordinator presentation on how the Network could serve facility staff in quality improvement, data recognition and the ESRD complaint process
5	• VISION • How to Improve Network Forms Submission • DFC	• Poster at Spring Network Council Meeting • Poster at Spring Network Council Meeting • Poster at Spring Network Council Meeting

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2004
7	• "Network and QIO Synergies" • "IQC and Dashboard Reports: Driving Network Quality and Performance"	• Presentation at QualityNet Meeting. The presentation explained how together, morbidity, hospitalization and infection can be reduced, which will ultimately will improve the quality of life for the ESRD patient. • Presented at the Forum of ESRD Networks' Board of Directors' Meeting • Presented at poster at the CMS/Forum of ESRD Networks' Annual Meeting in Baltimore. It described FMQAI's Internal Quality Control Program, which allows the Network to perform its Medicare contract in an efficient, effective, economical and quality manner by using CQI principles within its day-to-day operations. The Program alerts the team to variations and identifies areas in need of improvement
13	*News You Can Use* professional newsletter. Other topics included: • Mentoring Workshop Announcements • Web site announcements • End of Life conference announcement • Club 100 Compliance announcement	5600 (quarterly distribution of 1400)
14	"Chain, Chain, Chain . . . (About Chain Emails)"	Submitted by Assistant Quality Management Coordinator. Describes impact of chain email on business operations and email functionality, with suggestions on how to decrease incoming chain emails in the business setting
17	Data workshops	Three workshops on data forms to attendees from 16 facilities; two workshops on data forms requirements and upcoming changes to CMS forms, to 17 units; two inservices on forms changes to management and head nurse meetings
18	• Who to Ask for at Network 18 poster • Dialysis Facility Compare brochure • Home Dialysis Central Postcard • Final Report: Involuntary Discharge Survey	• Distributed to all facilities • Developed by CMS and distributed to all facilities. Website link available • Developed by Medical Education Institute. Distributed to all facilities. Website link available • Document was distributed to all facilities. On website

Source: Network 1-18 Annual Reports, 2004

APPENDIX S

NEW PATIENT EDUCATION WORKSHOPS AND MATERIALS DISTRIBUTED IN 2004 BY CATEGORY BY NETWORK

NETWORK	TITLE	BRIEF DESCRIPTION
	ACCESS	
3	• Understanding Your Hemodialysis Access Options • Vascular Access is a Hemodialysis Patient's Lifeline • *FistulaFirst*	• Reviews access types and pro's and con's • Reviews access types and pro's and con's • Preferred access type and rationale.
4	• Patient Workshop Presentation on FistulaFirst: "What You Need to Know About Your Dialysis Access" • *Longest Lasting Fistula* Contest	• This presentation was given at a patient workshop on May 27, 2004. This presentation provided information and discussion on vascular access and the advantages of using fistulas. • Announced in the Spring 2004 Patient, Family and Caregiver issue of the Network News, this special program was used to increase awareness and education on the use of fistulas. Of the 30 respondents, two patients had their AV fistula serve them continuously since 1976. During the Network Coordinating Council Meeting on 10/12/04, the individual with the longest lasting fistula was recognized with particular mention given to the outpatient facility care team for their supportive role in protecting this patient's 29-year-old access.
5	FistulaFirst, Needle Fears, Self Cannulation	Article in Patient REMARCS (newsletter)
7	"FistulaFirst Initiative"	Authored an article "FistulaFirst Initiative" published in *RenaLife*, a monthly publication for the American Association of Kidney Patients (AAKP)
9	"Ease the Ouch!"	Brochure that discusses the fear of AV Fistula placement
10	"Ease the Ouch!"	Brochure that discusses the fear of AV Fistula placement
11	*Common Concerns* Patient Newsletter	Article in the spring 2004 issue regarding the FistulaFirst Project with data relating to AVF in Network 11 Summer 2004 issue on FistulaFirst, describing the FistulaFirst Project with articles by patients and physicians describing the importance of having an AV fistula
13	• *Kidney Koncerns* - Summer/July 2004 • *Kidney Koncerns* - Fall/October 2004	• How Long has your Fistula lasted? • FistulaFirst Initiative
14	• Vascular Access Update • Kidney Transplantation • "How You Can Be Part of Your Healthcare Team"	• Educational session for patients at Network Annual Meeting, October 2004. Vascular Access surgeon reviewed vascular access options and answered questions. Attended by 45 patients and family members • Educational session for patients at Network Annual Meeting, October 2004. Transplant surgeon reviewed kidney transplant options and answered questions. Attended by 45 patients and family members • Educational session for patients at Network Annual Meeting, October 2004. Attended by 45 patients and family members

NETWORK	TITLE	BRIEF DESCRIPTION
14 cont.	• *Lone Star Newsletter* (Patient Newsletter) • "Making Vascular Access Your Number One Priority"	• Patient education about the importance of having a well functioning vascular access, with emphasis on the benefits of AVF. Distributed 1075 copies to Texas ESRD facilities. Posted on website
15	"Know Your Lifeline, Health, Happiness and Hope for your Vascular Access"	Renal Support Network National Patient Meeting in Denver, September 2004
16	• *Using the Buttonhole Technique for Cannulation of Your AV Fistula* • *Focus on Fistulas: A Patient's Perspective* • *Staff Can You See it?/Patients Won't You Let Them?*	• Simple description and illustrations of the buttonhole technique used for cannulating AVFs. Posted on website • Patient-authored article on the benefits of AV fistulas from a patient's perspective. Designed to encourage patients to choose this option. Disseminated and posted on website • Short article for both patients and staff on the importance of keeping access sites visible to staff during the dialysis process. Posted on website
18	FistulaFirst Project Presentation	Network 18 staff introduced the FistulaFirst Project at a series of local patient education conferences held by the Renal Support Network
ADEQUACY OF DIALYSIS		
3	Dialysis: Know Your Number (English and Spanish)	Assists in comprehending the URR result or Kt/V
15	Network #15-specific New Patient Packet	Network #15 mails a packet of information directly to each new patient in its six state area. In 2004 its contents included: the Network #15 brochure; *Dialysis Keeps People with Kidney Failure Alive…Are You Getting Adequate Hemodialysis*?; the Network #15 Patient Grievance Protocol; the "*Network #15 Statement of Patient Rights and Responsibilities*;" *Renal Roundup* patient newsletter, and the National Kidney Foundation brochure "*Working with Kidney Disease*." The contents of this packet were altered to complement those of the national mailing and to avoid duplication of material.
18	Dialysis: Keeps People with Kidney Failure Alive, Are you Getting Adequate Dialysis	A CMS educational brochure to help patients measure if they are receiving adequate dialysis
OTHER CLINICAL ISSUES		
3	• Treatment options and new ESRD technologies available for consumers • Flu and pneumonia immunization information • You have the Power to Prevent Kidney Disease: Learn the Risks	• Reviews all treatment options with patients • Information on immunizations and side effects • Understanding the risks involved and improving health
4	Patient Workshop Presentation on "The Management of Bone Disease for Dialysis Patients"	A presentation was given at the patient workshop on 10/21/04 by a renal dietitian regarding the management of bone disease from a patient perspective
7	• "Healthy Living With CKD" • "Medicare Minute"	• Article published in December 2004 in *AAKP Kidney Beginnings* • Network staff and a MRB member nephrologist collaborated with the QIO Outreach Team to develop and record the "Medicare Minute" on the topic of kidney disease

NETWORK	TITLE	BRIEF DESCRIPTION
7 cont.	• Diabetes and kidney disease article • “The Flu Vaccine Shortage: What Do I Do Now?” • “My Achy Breaky Heart - Total Kidney Failure and Cardiovascular Disease”	• Published in the Florida QIO’s Medicare Advantage Team’s diabetes publication • Article written by Network staff and published in the Network patient newsletter • Article written by Nephrologist on the Network 7 Board of Directors discussing what kidney and transplant patients can do to diminish the risk of heart and blood vessel disease
12	Hepatitis A, B, and C	CDC Information mailed to each new patient and new facility
13	• *Kidney Koncerns* - Winter/January 2004 • *Kidney Koncerns* - Fall/October 2004	• A Summary of Bone K/DOQI™ • Fight Flu and Pneumonia
16	eBulletins on Topics of Interest to Clinical Staff and Patients	Posted throughout the year on the website
COMMUNICATION & PSYCHOSOCIAL		
4	• Education Program Development • Network 4 Patient Bulletin Board • Network 4 Newsletter - *Network News: For Patients, Families and Caregivers*	• The Network 4 Patient Advisory Committee discussed the development of patient initiatives for 2005, including: opportunities to better educate patients about their medications; to encourage patient-to-patient communication; and to educate patients and families on treatment options • The following information were updated and requested to be posted by the facilities on a bulletin board for patient reference: Network 4’s toll-free number to be used exclusively by patients; Network 4 Patient Rights/Responsibilities and Grievance Process brochure; Network newsletters for patients, families and caregivers; notices of Network 4 patient workshops; flyer on Network’s website; a laminated Network 4 poster “Taking Responsibility for Your Own Care! What Can I Do to Help Myself”; a Network 4 brochure “Patient Safety in the Dialysis Unit: The Patient’s Role”; a Network 4 pamphlet “Rehabilitation: Getting Back to Work” and the OVR listings for Pennsylvania and Delaware • Articles in the Spring 2004 Patient Newsletter included: “Focus on Fistulas”; “A Patient’s Perspective” on accesses; “Make Vascular Access Your First Choice”; information about the Network’s “Longest Lasting Fistula” contest; “Am I Normal: Part Four”; “Is Home Dialysis an Option for You?”; “Charles in Charge: Lessons from the Heart”; an introduction to the Network’s PSC; information regarding the Network’s website, including the internet address; and steps for patients to follow in addressing problems they identify in a facility
7	“About Body Image”	A Patient Newsletter article published to discuss aspects of kidney disease that may affect how patients feel about their body
9	“The Uninvited Guest”	Multi-media CD-ROM that addresses how kidney disease affects the family
10	“The Uninvited Guest”	Multi-media CD-ROM that addresses how kidney disease affects the family

NETWORK	TITLE	BRIEF DESCRIPTION
11	Depression	Information and links related to depression located on the Network 11 web site - consumer section
13	• *Kidney Koncerns* - Winter/January 2004 • *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Fall/October 2004	• Dialysis and Transplant Support Groups in Northwest Oklahoma City • Life Options Kidney School Modules available for download, AKF offers Toll-Free Help Line for Spanish Speaking Callers • Changing Behaviors Article • How to Talk with Your Doctor
16	*Consumer News* - March 2004	Patient Services Coordinator article on "Planning Ahead" addressed end of life care planning, coping with loss, advance directives
18	• "Right to Choose a Physician and Dialysis Facility" • Patient Support Group List • A Quick Guide to Working through Concerns with Your Physician	• An Medical Review Board (MRB) statement informing patients of their right to choose a facility and physician • A resource list listing all the patient support groups in Network 18 • A quick reference guide listing the steps for a patient to work through a concern with his/her physician
DIET & NUTRITION		
2	*PAC Notes* (patient newsletter)	Recipe contest
7	Recipe Corner	A renal recipe adapted from "Living Well: A Cookbook for Patients and Their Families" was published in each Patient Newsletter
12	Bulletin Board kits on increasing serum albumin	250
13	• *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Summer/July 2004 • *Kidney Koncerns* - Fall/October 2004 • *Kidney Koncerns*	• Easy Renal-Friendly Meals • Caution-It's High Potassium Season • Are You Thirsty or Dry- Fluid Intake • Each Newsletter included a word search related to dietary article and renal friendly recipes
15	Albumin Magnets	Distributed to each facility in the Network for distribution to each of their patients
DISASTER/EMERGENCY PREPAREDNESS		
3	Hurricane Preparedness	Emailed all facilities the CDC website for hurricane preparedness
7	• "Be Prepared for Emergencies" • "After the Storms"	• A list of emergency preparedness tips were provided in the Patient Newsletter to assist patients and families with getting ready for hurricane season • Article written by Network staff in the Fall Patient Newsletter to assist patients in coping with hurricane related issues
13	• *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Fall/October 2004	• Emergency Preparedness - Are You Ready for Whatever Mother Nature Brings • Emergency Preparedness - Hurricanes, Tornadoes, Ice Storms, Flooding- Are You Ready
14	Emergency Preparedness Web Page	Section includes ESRD Network "Emergency Preparedness Guide for Dialysis and Transplant Patients", as well as links to state and national disaster resource agencies

NETWORK	TITLE	BRIEF DESCRIPTION
18	• *Emergency Preparedness for Dialysis Facilities* • *Emergency Preparedness: A Guide for Patients on Dialysis*	• Guide to assist facilities to develop a plan for emergency situation to ensure safety of employees and patients and sharing of resources with the renal community in such an event • English and Spanish version providing patients with information and guidelines on how to care for themselves during a natural disaster or other emergency situation
GENERAL		
3	"Medicare and You 2004"	Provided English and Spanish version of the pamphlet to dialysis facilities for distribution along with other Medicare information
4	Patient Workshop Presentation: "A Medicare Update: What You Should Know About the Medicare Drug Discount Card Program"	During the October 21, 2004, Patient Workshop this presentation was facilitated by two Health Insurance Specialists with Beneficiary Service Branch of CMS
5	Dialysis Facility Compare	Article in Patient REMARCS (newsletter)
6	• Georgia Patient Workshop • South Carolina Patient Workshop • North Carolina Patient Workshop • National Kidney Disease Education Program • Renal Health News Patient Newsletter	• Included Network overview, vocational rehabilitation, overcoming financial barriers to transplantation, vascular access, and more • Included Network overview, exercise, medication management, and more • Included Network overview, patient rights, vascular access, treatment options, and more • Poster, video, and buttons sent to each facility for patient education • Mailed biannually to all patients
7	• Patient and Family Conferences • Florida QIO's Festival Medicare • Crossword Puzzle • "The Flu Vaccination Shortage … What Do I Do Now?"	• Quarterly educational conferences presenting a variety of topics of interest to the ESRD patient • ESRD and pre-ESRD materials were displayed at the QIO's Festival Medicare, a health fair aimed at Hispanic Medicare beneficiaries • A crossword puzzle was included in each Patient Newsletter. The puzzle included words and definitions important for patients to know • Patient Newsletter presented information about the flu vaccination shortage, facts about the flu short and steps to avoid getting the flu
8	• Network 8's *Kidney Patient Update*	• The patient newsletter was distributed twice in 2004. The Spring edition contained winning essays in the "Why I Love My Fistula Contest", updates on the grievance policy, DFC, rehab resources along with "The Doctor Is In" and "The 20 Year Club". The Fall newsletter included information on the flu and hurricane seasons, the longest lasting fistula contest and the remainder of the newsletter was dedicated to articles on bone disease. It also included the continuing features, "The Doctor Is In" and "The 20 Year Club"

NETWORK	TITLE	BRIEF DESCRIPTION
8 cont.	• Patient Educational Conferences	• Four patient meetings were held in 2004 o Ninety-six patients and family members attended the meeting in Jackson, Mississippi, on August 15. Topics include Dialysis and Transplant Medications, Communicating with Your Physician, A Grocery Store Shopping Tour, FistulaFirst, The Importance of Self-Care and Shad Ireland, the first dialysis patient to complete an Ironman Triathlon was the keynote speaker. o Over 100 patients and family members attended the conference in Birmingham, Alabama, on October 17. Topics included Understanding the Transplant Waiting List, Transplant Medications, FistulaFirst, What Transplant Patients Should Know About Immunosuppression, A Grocery Store Shopping Tour, Will My Kidney Last Forever, The Transplant Process from A - Z, Patient's Rights and Responsibilities. Keynote speakers were Shad Ireland and Reg Green, who donated his son Nicholas's organs for transplant o Around 60 patients and family members attended the conference in Nashville, Tennessee, on October 7. Topics included Bone and Cardiovascular Disease in ESRD patients, New Issues in Dialysis and Transplant Medications, Preparing for a Transplant, How to Maintain Your Lifeline (FistulaFirst), Charting Your Healthcare Course and the keynote speaker was Shad Ireland. o Ninety-six patients attended the conference that was held in Mobile, Alabama, on November 21. Shad Ireland and Reg Green were the keynote speakers. Additional topics included Maintaining Your Lifeline: Ins and Outs of Vascular Access, Transplant Medications, Transplant A - Z, Love the Skin You're In (Self-Esteem Issues), What's Hot and What's Not in Dialysis (New Trends), Patient's Rights and Responsibilities and ESRD in the Minority Community
9	Patient website - kidneypatientnews.org	Variety of information for patients
10	Patient website - kidneypatientnews.org	Variety of information for patients
11	"Living Well on Hemodialysis" Video	Information on how to obtain the video, quotes and pictures from the video available in the consumer section of the Network 11 web site.
12	• *Nephron News and You* patient newsletter • Bulletin Board kit on "Who's the Network"	• To all patients • 250
13	• *Kidney Koncerns* - Winter/January 2004 • *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Summer/July 2004	• New Year's Resolutions article • Introduction for new PAC member • AAKP prepares for it's 31st annual convention
14	• *Lone Star Newsletter* (Patient Newsletter) "Who The Network Is and How We Can Help You"	• Description of patient services offered to Texas ESRD patients. Distributed 1075 copies to Texas ESRD facilities. Posted on website

NETWORK	TITLE	BRIEF DESCRIPTION
14 cont.	• *Lone Star Newsletter* (Patient Newsletter) "ESRD Network Patient Advisory Committee (PAC): What It Is and What It Does" • Poster - What the Network Can Do for You	• Discussion of role the Network #14 PAC plays in improving quality of care for all patients. Distributed 1075 copies to Texas ESRD facilities. Posted on website • Translated into Spanish. English and Spanish versions distributed to all facilities
15	Network #15-specific New Patient Packet	Network #15 mails a packet of information directly to each new patient in its six state area. In 2004 its contents included: the Network #15 brochure; *Dialysis Keeps People with Kidney Failure Alive…Are You Getting Adequate Hemodialysis*?; the Network #15 Patient Grievance Protocol; the "*Network #15 Statement of Patient Rights and Responsibilities*;" *Renal Roundup* patient newsletter, and the National Kidney Foundation brochure "*Working with Kidney Disease*;." The contents of this packet were altered to complement those of the national mailing and to avoid duplication of material.
16	• *Consumer News* • Patient and Family Workshop Presentations	• Patient newsletter disseminated via hard copy (8,000) and posted on website • Patient Services Coordinator provided info on the Network, coping with ESRD, communicating with clinical staff and resolving concerns at regional meetings in Washington and Montana
17	• "Professionalism in the Workplace" • "The Wave"	• Patient Services Coordinator presented to the Patient Support Group • Patient newsletter sent to facility social workers for distribution to patients
18	• Resource List of Spanish Educational Materials • Website • Guide to Choosing a Medicare Approved Drug Discount Card	• A brochure of ESRD education materials available in Spanish from other renal organizations. • Website includes information on Network structure and goals and responsibilities, patient services information/activities, data reports, Quality Improvement projects, educational resources, links to other renal-related organizations and more. • A CMS fact sheet explaining to Medicare beneficiaries what the cards are about, who can get a card and how they work
GRIEVANCES & PATIENT CONCERNS		
2	Updated PAC Manual distributed to PAC Chairs	
3	• Consumer Grievance Procedures • Consumer Rights and Responsibilities	• Procedure available to a consumer in a facility with an unresolved problem • Rights of the consumer in an ESRD facility and the responsibilities
5	Addressing Patient Complaints in the Dialysis Unit	Article in Patient REMARCS (newsletter)
6	"What Can I Do if I Have a Complaint?" Brochure	Brochure sent directly to all patients and to the dialysis facilities
7	• Grievance Process Educational Materials • "Do You Know?" (about Dialysis Facility Compare)	• Presented in patient newsletters, on the FMQAI Website and at Patient & Family Conferences • A poster was developed and distributed for placement in patient waiting areas that informed them about Dialysis Facility Compare (DFC). It also provided contact information for Medicare and the ESRD Network

NETWORK	TITLE	BRIEF DESCRIPTION
9	Patient website - kidneypatientnews.org	Grievance process and addressing concerns
10	Patient website - kidneypatientnews.org	Grievance process and addressing concerns
11	Grievances and Patient Concerns	Information regarding the grievance process, patient rights and responsibilities available in the consumer section of the Network 11 website
12	Grievance Procedure	58
13	• *Kidney Koncerns* - Summer/July 2004 • *Kidney Koncerns* - Summer/July 2004	• You and Your Medical Records, Options on Grievance • Network Grievance Process
14	• *Lone Star Newsletter* (Patient Newsletter) "What You Can Do If You Have +a Complaint" • "Network Rounds" • ESRD Network Grievance Poster	• Description of how to file a complaint or grievance with facility, DSHS or ESRD Network. Distributed 1075 copies to Texas ESRD facilities. Posted on website • Director of Patient Services visits patients at the dialysis clinic and discusses how to file a complaint in their own clinic, how the Network can be a resource and filing a complaint at the Network • Revised Grievance Poster in English and Spanish. Distributed to all Network ESRD facilities
15	Network #15-specific New Patient Packet	See General above
16	• *Consumer News* • Website and Forum-distributed New Patient Welcome letter	• Article on Role of Network and assistance it can provide in resolving concerns. Contact numbers for Network and State Agencies included • Updated with latest contact info for State Survey Agencies, CMS Regional Office and Network
18	• Updated Grievance Form • Grievance Guidelines and Representative Authorization Form • Services for Patients • Do You Have A Concern About Your Care • Complaints and Grievances: A Guide for Patients and Families • Timetable for Complaints and Grievance	• Sent to all dialysis facilities • Guidelines include time frames, confidentiality issues and grievance process. Authorization form is for person filing the grievance, if not patient • Brochure describes the services the Network offers as well as services that will be referred to other organizations. It includes a section on what to do if a patient has a concern • A poster describing a patient's right to express concerns about their care • A brochure describing the difference between a complaint/grievance, and the difference between the Network and State Agency and their roles in assisting beneficiaries with a concern • A poster outlining the time frames the Network has in handling complaints and grievances
TREATMENT OPTIONS/TRANSPLANT		
2	*PAC Notes*	Special issue devoted to transplantation
3	Treatment options and new ESRD technologies available for consumers	Reviews all treatment options with patients
4	• "Key Information About Kidney Transplant" pamphlet and accompanying "Preparing For a Kidney Transplant: Frequently Asked Questions" document • Network 4 Newsletter - *Network News: For Patients, Families and Caregivers*	• The Network's Organ Procurement/Transplantation Committee developed these educational materials in 2004 for distribution • An article appeared in the Spring 2004 Patient Newsletter entitled "Is Home Dialysis an Option for You?"

NETWORK	TITLE	BRIEF DESCRIPTION
5	Home Dialysis Central and Kidney Transplant Option	2 Articles in Patient REMARCS (newsletter)
7	"Treatment Options for Kidney Disease"	Article was published in the Patient Newsletter to assist patients in making the right choice of treatment for them and their families.
9	Talking Transplant Brochure	Provides listing of transplant facilities and describes process for obtaining transplant
10	Talking Transplant Brochure	Provides listing of transplant facilities and describes process for obtaining transplant
11	• Dialysis facility directory • Transplant outcomes	• A search engine for finding dialysis units is available in the consumer section of the Network 11 web site. • Facility-specific first-year transplant outcomes are included in Network 11 Annual Report
12	Transplantation Booklet	24
13	• *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Summer/July 2004	• Patient Transplant Story - *Through It All…God is in Control* • Dialysis Facility Compare • AAKP creates Kidney Transplant Newsletter • Dialysis Facility Compare • Transplantation - *Now What? A Kidney Patient Handbook*-Network 13
14	Living Donor Options for Kidney Transplantation - Videotape	Distributed to all Network ESRD facilities with instructions to make available to patients
16	• Consumer News • Home Dialysis Central • Website • Annual Report 2004	• Article on developments in renal transplantation in March 2004 issue • Postcards published by Medical Education Institute, Inc provided to clinical staff for use with patient education • Continuously updated links to Home Dialysis Central, www. kidneyschool.org, patient educational materials, and added information to index of articles of interest to patients. Statistics section includes patient profile data by modality and zip code for all Network states, as well as state data and provider data. Updated quarterly • Includes data on latest patient population distribution by modality
17	Kidney Pre-Transplant Requirements	Updated in 2004 and made available to facilities and patients
18	Home Dialysis Central	A postcard from Medical Education Institute about the Home Dialysis Central website and information on home treatment options
VOCATIONAL REHABILITATION/EMPLOYMENT/FINANCES/EXERCISE		
2	Patient group presentations	Vocational Rehabilitation specialist presentation in New York City, Albany, Buffalo, and Long Island
3	• Medicare Coverage of Kidney Dialysis and Kidney Transplant Services (English and Spanish) • The Facts about Upcoming New Benefits in Medicare (English) • Vocational Rehabilitation Agency List	• Review of Medicare coverage for dialysis and transplant services • Key points on new Medicare benefits for consumers • Distribution of a list of vocational rehab agencies to TARC facilities
4	• Patient Workshop presentation - "Pennsylvania Ticket to Work Program"	• An employment coordinator with AHEDD provided information during the May 27, 2004, Patient Workshop

NETWORK	TITLE	BRIEF DESCRIPTION
4 cont.	• "Rehabilitation: Getting Back to Work!"	• This special brochure was developed by the Network's Rehabilitation Committee. The number of brochures sent to each facility was unit-specific for distribution to patients between the ages of 18 - 54
5	Great Jobs for ESRD Patients: "Working While Disabled"	Patient REMARCS (newsletter): The Patient Newsletter included an article identifying resources for patients interested in returning to the workforce
9	*Renal Outreach*	Articles that discuss employment, training, etc.
10	*Renal Outreach*	Articles that discuss employment, training, etc.
11	Common Concerns Patient Newsletter	The spring 2004 issue of Common Concerns contained articles regarding vocational rehab resources as well as articles by patients regarding going back to work
13	• *Kidney Koncerns* - Winter/January 2004 • *Kidney Koncerns* - Spring/April 2004 • *Kidney Koncerns* - Fall/October 2004	• New Medicare Prescription Rule Changes in 2004 and the Impact on You as a Patient • Medicare Beneficiaries Part B Premium increase in 2005 • Rehabilitation - Patient Article
15	Network #15-specific New Patient Packet	See General above
16	• EBulletins • Vocational Rehabilitation Agencies in Region • Survey of Social Workers re experience working w/pts seeking voc rehab resources	• Information updates on rehabilitation resources sent via Network eGroups mailings. Notices of new MEI, Inc, NKF, and other materials posted on website • Reference list of regional voc rehab agencies and contacts updated for five states in our region • Masters of Social Work (MSWs) identified obstacles to re-employment and constraints in available public services. Report on responses sent to all MSWs with latest Table 8 data, links to resources on our website, MEI, Inc.'s homedialysis .org, NKF-CNSW resources
18	• Resource List of California Rehabilitation Department district offices • Life Options Resource List • Vocational Rehabilitation Referral Advisory Forms • Employment Facilitation Letters	• To assist facility social workers in referring patients for vocational rehabilitation training • To inform facilities of the materials LORAC has available for vocational rehabilitation • Form enables the Network to track ESRD patient referrals to the Department of Rehabilitation • A letter educating employers on dialysis treatment and the misconceptions regarding its impact on employees

Source: Networks 1-18 Annual Reports, 2004

APPENDIX T

LIST OF ACRONYMS

ACRONYM	ORGANIZATION
AAKP	American Association for Kidney Patients
AHQA	American Health Quality Association
AHRQ	Agency for Healthcare Research and Quality
AKF	American Kidney Fund
ANNA	American Nephrology Nurses Association
BOD	Board of Directors
BUN	Blood Urea Nitrogen
CAPD	Continuous Ambulatory Peritoneal Dialysis
CCPD	Continuous Cycling Peritoneal Dialysis
CMS	Centers for Medicare & Medicaid Services
CO	Central Office (CMS)
CPM	Clinical Performance Measures
CQI	Continuous Quality Improvement
CROWN	Consolidated Renal Operations in a Web-Enabled Network
DHHS	Department of Health and Human Services
DMMS	Dialysis Mortality and Morbidity Study
DOQI	Dialysis Outcomes Quality Initiative
DVA	Department of Veterans Affairs
EDEES	ESRD Data Entry and Editing System
ELAB	Electronic Transfer of Laboratory Data
EPO	Erythropoietin
ESRD	End Stage Renal Disease
HCQIP	Health Care Quality Improvement Program
HCT	Hematocrit
HD	Hemodialysis
HIC	Health Insurance Claim
LEA	Lower Extremity Amputation
MRB	Medical Review Board
NCC	Network Coordinating Council

ACRONYM	ORGANIZATION
NIDDK	National Institute of Diabetes & Digestive & Kidney Diseases
NIH	National Institutes of Health
NKF	National Kidney Foundation
NRAA	National Renal Administrators Association
OCSQ	Office of Clinical Standards and Quality
ODIE	Online Data Input and Edit
OGC	Office of General Counsel
OPO	Organ Procurement Organization
OPTN	Organ Procurement and Transplantation Network
OSCAR	Online Survey Certification and Reporting
PD	Peritoneal Dialysis
PO	Project Officer
QA	Quality Assurance
QI	Quality Improvement
QIO	Quality Improvement Organization
QIP	Quality Improvement Project
REBUS	Renal Beneficiary and Utilization System
REMIS	Renal Management Information System
RO	Regional Office (CMS)
RPA	Renal Physicians Association
SA/SSA	State Agency/State Survey Agency
SIMS	Standard Information Management System
SOW	Statement of Work
SSA	Social Security Administration
SSN	Social Security Number
UNOS	United Network for Organ Sharing
URR	Urea Reduction Ratio
USRDS	United States Renal Data System
VISION	Vital Information System to Improve Outcomes in Nephrology

APPENDIX U

RENAL ORGANIZATION WEB ADDRESSES

ORGANIZATION	WEB ADDRESS
American Association of Kidney Patients (AAKP)	www.aakp.org
American Health Quality Association (AHQA)	www.ahqa.org
American Kidney Fund	www.akfinc.org
American Nephrology Nurses' Association (ANNA)	www.annanurse.org
American Society for Artificial Internal Organs	www.asaio.com
American Society of Nephrology	www.asn-online.org
American Society of Pediatric Nephrology	www.aspneph.com
Centers for Disease Control and Prevention (CDC)	www.cdc.gov
Centers for Medicare and Medicaid Services (CMS)	www.cms.hhs.gov
Dialysis and Transplantation	www.eneph.com
Dialysis Facility Compare	www.medicare.gov
Emergency Care Research Institute (ECRI)	www.ecri.org
Food and Drug Administration	www.fda.gov
Hypertension, Dialysis and Clinical Nephrology (HDCN)	www.hdcn.com
iKidney.com	www.ikidney.com
International Society of Nephrology	www.isn-online.org
International Society for Peritoneal Dialysis	www.ispd.org
Kidney Disease Outcomes Quality Initiative (K/DOQI)	www.kidney.org/professionals/KDOQI
Kidney & Urology Foundation of America	www.kidneyurology.org
Kidney School	www.kidneyschool.org
Life Options Rehabilitation Program (LORAC)	www.lifeoptions.org
National Association for Healthcare Quality (NAHQ)	www.nahq.org
National Association of Nephrology Technicians/Technologists (NANT)	www.dialysistech.org
National Institutes of Health	www.nih.gov
National Kidney Foundation (NKF)	www.kidney.org
National Renal Administrators Association (NRAA)	www.nraa.org
National Transplant Assistance Fund (NTAF)	www.transplantfund.org
Nephron Information Center	www.nephron.com
National Institute of Diabetes and Digestive and Kidney Diseases	www.niddk.nih.gov
Occupational Safety and Health Administration	www.osha.gov
PKD Foundation	www.pkdcure.org
Renal Physicians Association	www.renalmd.org
RENALNET	www.renalnet.org
Renal Support Network	www.renalnetwork.org
RenalWEB	www.renalweb.com
TransWeb	www.transweb.org
United Network for Organ Sharing (UNOS)	www.unos.org
United States National Library of Medicine (NLM)	www.nlm.nih.gov
United States Renal Data System (USRDS)	www.usrds.org

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