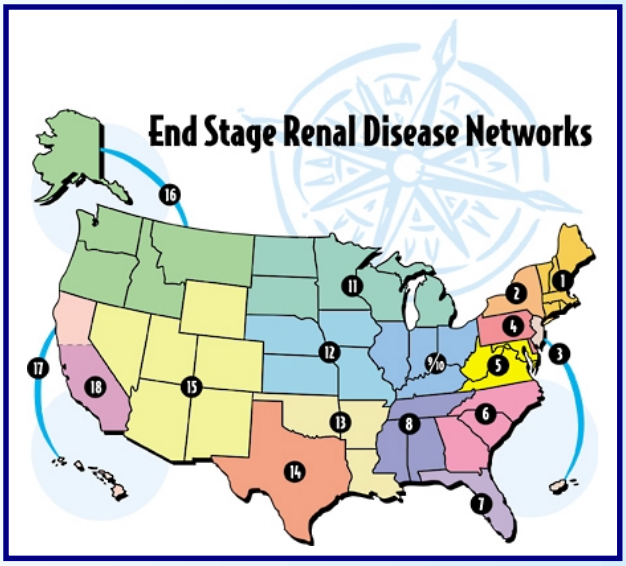
SUMMARY REPORT
of the
End Stage Renal Disease (ESRD) Networks' Annual Reports

2003



Prepared by: The Forum of ESRD Networks
November 2004

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, 2003, through December 31, 2003.

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End Stage Renal Disease (ESRD) Networks' Annual Reports

2003

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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. H.R. 8423 was designed to encourage self-care dialysis and kidney transplantation and clarify reimbursement procedures in order to achieve more effective control of the costs of the renal disease program. 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 to revise the Network Organizations' responsibilities.

On July 1, 1988, the Centers for Medicare & Medicaid Services (CMS) awarded contracts to 18 geographically designated Network Organizations to administer the ESRD program. In 1989 CMS developed a Statement of Work (SOW) for 1-year extensions of existing contracts to provide for operation of the Networks as specified by §1881(c) of the Act. Also, in 1989 §1881(c) of the Act was amended by Public Law 100-239 to provide Networks both confidentiality in the medical review process and a limitation on liability. In 1990 CMS completed 2-year Network contracts, with a one-year renewal period. In July of 1991, 1994, 1997, 2000, and 2003 CMS entered into 1-year contracts with 2-option years with the ESRD Networks.

Today, the eighteen (18) ESRD Network Organizations under contract to CMS serve as liaisons between the federal government and the providers of ESRD services. (A list of the 18 ESRD Network organizations is provided on the inside front cover.) The Network organizations are defined geographically by the number and concentration of ESRD beneficiaries in each area. Some Networks represent one state; others represent multiple states. The ESRD Network organizations' responsibilities include: the quality oversight of the care ESRD patients receive, the collection of data to administer the national Medicare ESRD program, and the provision of technical assistance to ESRD providers and patients in areas related to ESRD.

All ESRD Networks are members of the Forum of ESRD Networks (The Forum), which 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 2003, is prepared in the Forum Office under CMS contract 500-02-NW18CH.

The ESRD Statement of Work outlines four goals to provide direction to the national ESRD Network program. These goals outline the basic functions of the ESRD Networks and are used to direct the Networks' daily activities. Each Network customizes its activities to meet and exceed CMS' expectations.

GOAL ONE: IMPROVE THE QUALITY OF HEALTH CARE SERVICES AND QUALITY OF LIFE FOR ESRD BENEFICIARIES. EVALUATE AND RESOLVE PATIENT GRIEVANCES

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 patient-specific 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

Selected findings (based on 2002 data) from the 2003 ESRD Clinical Performance Measures (CPM) Project are highlighted below. Important improvements in adequacy therapy and anemia management have been realized since the onset of this project:

- Adequacy of Dialysis: Hemodialysis - Mean URRs have increased each year, from 62.7% in 1993 to 71.5% in 2002.
- Adequacy of Dialysis: Peritoneal Dialysis - During the study period (October 2002 - March 2003) an estimated 88% of patients sampled had at least one measured total solute clearance for urea and creatinine, which is an increase from 66% in 1994-1995. Seventy-one percent (71%) of continuous ambulatory peritoneal dialysis (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)
- Nutritional Status: Serum Albumin - Hemodialysis: The percent of patients with *optimal* mean serum albumin values ≥ 4.0 (BCG) or 3.7 (BCP) in 2002 was 35%, compared to 27% in 1993.
- Nutritional Status: Serum Albumin - Peritoneal Dialysis: The percent of patients with *optimal* mean serum albumin values ≥ 4.0 (BCG) or 3.7 (BCP) was 18%, a 35% increase since 1995.
- Anemia Management: Hemodialysis - In 2002, the proportion of patients with a mean hemoglobin ≥ 11 was 79%, compared to 59% in 1998.
- Anemia Management: Peritoneal Dialysis - 79% of patients had a mean hemoglobin of ≥ 11 gm/dL, compared to 55% in the 1997-1998 study period.
- Vascular Access: Hemodialysis - 33% of prevalent hemodialysis patients dialyze via A-V fistula compared to 40% of prevalent patients and 50% of incident patients recommended by K/DOQI. 21% of prevalent patients were dialyzed by chronic catheter continuously for 90 days or longer. (The percentage recommended by K/DOQI is 10%.)

Quality Improvement Projects

Historically, the ESRD Network contracts with CMS required implementation of at least two Quality Improvement Projects (QIPs) during the three-year contract period. These are in-depth projects for which CMS prescribes the format. These projects must address an area of care for which clinical performance measures and indicators have been developed, and the proposals must be submitted to CMS for approval prior to implementation. 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 while work continued on the 2001 QIP on Adequacy of Dialysis. The final reports from these two QIPs were submitted in 2003. In 2003, CMS and the ESRD Networks initiated a new collaborative initiative on vascular access. This initiative - FistulaFirst, a national vascular access quality initiative - was designed in facilitated planning sessions by CMS and the ESRD Networks. A brief overview and status of the Network Quality Improvement (QI) projects are described in this Summary.

Patient Grievances

Networks are also responsible for evaluating and resolving patient grievances. 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 2003, Networks processed 40 formal beneficiary grievances in comparison to 66 in 2002. 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.

During 2003, Networks studied the issue of "challenging patients" defined by a number of Networks as cases in which a patient for a variety of reasons acts out in a violent manner or is verbally abusive or threatening. This is not a new issue for the Networks but it is a growing problem that requires attention. Many Networks continue to provide workshops and written material focusing on this issue and spend a great deal of staff time providing consultation to facilities and assistance to patients in an effort to deal with this issue. At the 2003 CMS/Forum of ESRD Networks' Annual Meeting, a general session entitled "Challenging Patience" was devoted to this topic. In addition, CMS funded the Network 17 project "The Challenging Patient: A Broader Examination of the Problem" to bring community representatives together to address three objectives: to develop a set of behavioral definitions for the dialysis community that would objectively describe negative behaviors, to develop a model facility safety program, and to propose a fair and equitable zero tolerance policy that would avoid inappropriate patient discharges.

The Forum of ESRD Networks and ESRD Network #12 conducted a national Consensus Conference entitled "Dialysis Patient-Provider Conflict" (DPPC) in October 2003. Renal community stakeholders came together in facilitated sessions to develop a collaborative action plan. Subsequently, CMS awarded a contract (in January 2004) to implement identified action items including a shared Taxonomy and Glossary, Toolbox, and definition of Ethical, Legal, and Regulatory issues.

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

To accomplish the second goal, Networks utilize both internal and external databases to track various data elements. Data reporting is an essential function of the Networks. Accurate data collection has a two-fold purpose:

1. Aids the Networks by providing a look at issues facing the regional ESRD population and a system to measure facility accuracy and timeliness
2. Provides the national ESRD data system with accurate data to support quality improvement initiatives, CMS policy decisions, and the USRDS research activities

The need to standardize each ESRD Network's data system was recognized by both CMS and the Networks. The Southeastern Kidney Council (Network 6) was awarded a contract in 1997 to design, develop, and install the Standard Information Management System (SIMS). SIMS provides communication and data exchange links among the Networks, CMS, and other segments of the renal community to support quality improvement activities that relate to the treatment of ESRD. SIMS allows each Network to support and maintain its own database to store patient-specific information and information on ESRD-related events. On a broad level, these databases maintain demographic data as well as track patient transactions such as changes in modality, facility, transplant status, and/or death. In this manner, Networks are able to maintain accurate counts of patients within their area. 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. In 2003, the Networks processed 108,986 CMS Form 2728s and 73,311 CMS Form 2746s for a total of 182,297 data forms processed.

Network 6 currently holds the contract for eSOURCE, formerly known as the SIMS team. This team is responsible for software development related to ESRD Network data collection efforts. The three main projects for which eSOURCE is responsible are: SIMS, the Vital Information Management System to Improve Outcomes in Nephrology (VISION – the national, facility-based information system), and the Core Data Set (CDS). In 2003, eSOURCE began to collect vascular access data for the FistulaFirst project electronically from the large dialysis organizations (LDOs). CMS is working with eSOURCE and the LDOs to expand the data collected electronically.

GOAL THREE: ESTABLISH AND IMPROVE PARTNERSHIPS AND COOPERATIVE ACTIVITIES. THESE ACTIVITIES MAY INCLUDE ESRD NETWORKS, QUALITY IMPROVEMENT ORGANIZATIONS (QIOs), STATE SURVEY AGENCIES (SSAs), ESRD PROVIDERS/ FACILITIES, MEDICARE+CHOICE (M+C) ORGANIZATIONS, ESRD FACILITY OWNERS, PROFESSIONAL GROUPS, AND PATIENT ORGANIZATIONS

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; these organizations include renal groups, professional organizations, dialysis corporations, and pharmaceutical companies. The 2003 Annual Meeting for CMS and the ESRD Networks drew representatives from CMS, Networks (data, quality, patient services, and executive staff), as well as many Network Medical Review Board Chairs to discuss issues impacting the ESRD Networks. Other activities in 2003 included the interactive partnerships with renal community members such as NKF, AAKP, RPA, MEI, Kidney Care Partners, RPA, and large dialysis organizations; the updating of the New Patient Orientation Packet materials for Year Four of the project; and the Dialysis Patient-Provider Conflict (DPPC) Consensus Conference in October 2003.

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

ESRD Networks are required to perform the data/information management and reporting activities listed in the Statement of Work using the Standard Information Management System (SIMS) developed to fulfill data processing, information management, and reporting contractual requirements to CMS.

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. CROWN will facilitate the collection and maintenance of information about the Medicare ESRD program, its beneficiaries, and the services provided to them. Maintenance of this information by CMS is mandated by legislation and regulation. (See Public Law 95-292, Section (c)(1)(A); 42 CFR (Code of Federal Regulations], Chapter IV, Part 476; and Public Law 92-603, Section 299I.). The key components of the system, which are under the guidance of CMS, are SIMS, VISION (Vital Information System to Improve Outcomes in Nephrology), REMIS (Renal Management and Information System), and Quality Net exchange. ESRD Networks are responsible for marketing VISION to eligible facilities, training and supporting users, and importing VISION data into SIMS. REMIS, SIMS, and VISION form the foundation for the CROWN system. The function of each of these is described in this Report.

CMS expects to modernize the collection and retrieval of ESRD data in a secure, Web-enabled environment. The new capabilities will allow dialysis facilities to enter information electronically and transmit it to the appropriate ESRD Network; CMS also will be able to send feedback to the Networks and the facilities through the new environment.

In addition to meeting the above goals, ESRD Networks propose sanction recommendations for facilities and recommendations for additional facilities. During 2003, no sanction recommendations were made to CMS. Several recommendations were made for additional facilities. Additional recommendations addressed issues such as involuntary patient discharge, billing codes for short-term dialysis patients, and outpatient facilities for patients with special needs. These recommendations are described in further detail in this Report.

This Report summarizes highlights of the ESRD Networks' 2003 activities. Internet addresses are provided for additional information about the ESRD Networks and the ESRD program. All Network web sites can be accessed through the home page of the Forum Office, www.esrdnetworks.org.

SUMMARY REPORT
of the END STATE 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. H.R. 8423 was designed to encourage self-care dialysis and kidney transplantation and clarify reimbursement procedures in order to achieve more effective control of the costs of the renal disease program. 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 to revise the Network Organizations responsibilities.

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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 3% per year and includes people of all races, age groups, and socioeconomic standings. Because the ESRD Network organizations 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

2003 there were 311,142 total patients being dialyzed and 101,485 new 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 2003

NETWORK	INITIATED ESRD THERAPY	GENERAL POPULATION	INCIDENCE RATE PER MILLION POPULATION
1	3,848	14,205,480	271
2	6,792	18,976,457	358
3	4,697	12,529,527	375
4	4,923	13,182,946	373
5	6,158	14,731,226	418
6	8,313	20,987,467	396
7	6,270	17,019,068	368
8	5,258	12,981,041	405
9	7,743	21,673,226	357
10	4,416	12,600,620	350
11	6,860	21,906,535	313
12	3,915	13,052,000	300
13	4,529	10,733,580	422
14	7,807	21,800,000	358
15	4,446	15,976,000	278
16	2,914	12,623,812	231
17/18 *	12,596	37,361,777	337
TOTAL	**101,485**	**292,340,762**	**347 (AVG)**

Source: Networks 1-18 Annual Reports, 2003

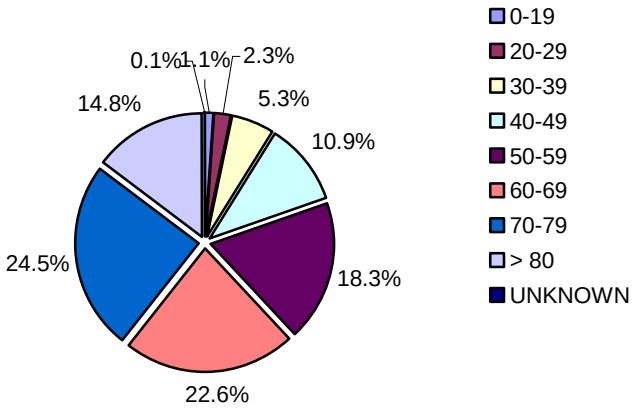
*Networks 17 and 18 have been combined to incorporate the state of California. Hawaii and American territories are included.

AGE

The age distribution for the ESRD incident population is described in Appendix B. In 2003 47.1% of incident ESRD patients were between the ages of 60 and 79 and the pediatric population remained relatively small with 1.1% of the ESRD incident population under 20 years old. These distributions have remained constant over the past five years.

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

GRAPH 1
2003 ESRD Incident Patients by Age
Calendar Year 2003



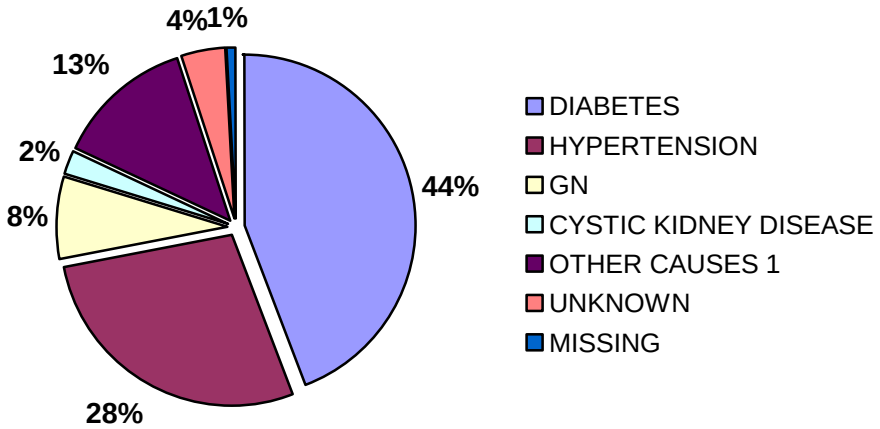
RACE

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 37.4% 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.

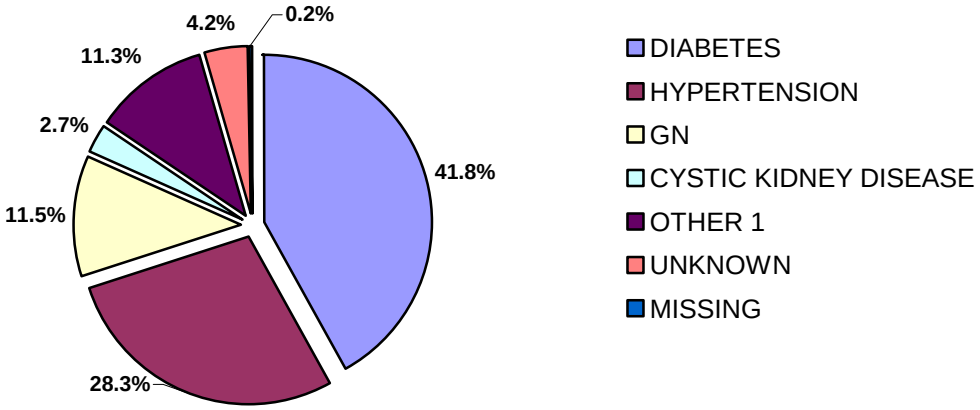
GRAPH 2
2003 ESRD Incident Dialysis Patients by Primary Diagnosis
Calendar Year 2003



Appendix G illustrates the incidence by primary diagnosis and Network. Appendix H describes prevalent 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 2003 but Network 14, at 53.1%, had the highest percentage of patients with this primary diagnosis. Network 4 had the highest percentage of patients with hypertension, 32.2%.

A primary diagnosis of diabetes represented 41.8% of the prevalent dialysis patient population in 2003. Hypertension followed with 28.3%, glomerulnephritis with 11.5%, and other causes accounted for 11.3% of the dialysis population. Cystic kidney disease accounted for 2.7% of the dialysis patient population. 4.2% of patients had an unknown primary cause. The percentage of patients with a primary diagnosis of diabetes remained constant from 2002 to 2003.

GRAPH 3
2003 ESRD Prevalent Dialysis Patients by Primary Diagnosis
December 2003



GENDER

In 2003, males represented over half of the ESRD incident (54.1%) and prevalent (53.6%) populations. 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. They have the option of dialyzing at home, in a hospital-based facility, or at an independent facility offering treatment. 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 rose 6% between 2002 and 2003, and the number of continuous ambulatory peritoneal dialysis (CAPD) patients decreased 5% between 2002 and 2003 (Appendix N).

Table 2 lists Medicare Approved ESRD Providers by Network. There were 245 transplant centers within the United States in 2003. Network 14 has the largest number of transplant facilities, with 24, followed by Network 11, with 20. Network 3 has the fewest transplant facilities, with 6. As expected based on patient populations, Network 6 has the largest number of dialysis providers (442) and Network 16 has the smallest number of providers (115).

TABLE 2

ESRD PROVIDERS BY TYPE OF SERVICE AND NETWORK AS OF DECEMBER 31, 2003

NETWORK	DIALYSIS	TRANSPLANT	HOSPITAL	INDEPENDENT	STATIONS
1	149	15	38	111	2,506
2	233	15	122	111	4,072
3	150	6	50	99	2,731
4	241	16	38	203	4,049
5	285	13	45	237	4,619
6	442	10	25	417	8,749
7	267	10	18	247	4,731
8	298	13	9	280	5,141
9	340	15	59	280	5,476
10	168	8	33	135	2,683
11	332	20	110	222	4,746
12	241	18	62	177	3,351
13	253	14	22	231	4,001
14	325	24	26	299	6,495
15	213	14	32	182	3,241
16	115	8	19	96	1,700
17	162	8	34	122	2,911
18	246	18	18	229	4,922
TOTAL	**4,460**	**245**	**760**	**3,678**	**76,124**

Source: eSOURCE

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

- 15,789 transplants were performed within the United States during 2003.
- Of these transplants, 9,521 were from deceased donors while 4,280 were from living related donors and 1,988 from living non-related donors.
- Deceased donors represent 60.3% of transplants performed.
- The percent of living and living unrelated donor transplants have increased in recent years and in 2003 represented 39.7% of all transplants performed.

The transplant centers in Network 11 performed 1,726 transplants in 2003, the largest number of transplants among the Networks. Network 11 also had the largest number of transplants by living related donor, 598, and the largest number of transplants by a living unrelated donor with 302. Network 3 had the fewest total number of transplants with 449 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, 2003, there were 59,688 potential kidney recipients on the Organ Procurement and Transplantation Network (OPTN) national patient waiting list (*Source: United Network for Organ Sharing Number of Patient Registrations on the National Transplant Waiting List.)*

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 2003, the ESRD program encompassed 311,142 patients and 4,570 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. Patient Grievances
4. Administration
5. Information Management
6. Special Studies

CMS contracts require each Network, at a minimum, to have the following staff: an Executive Director/Project Director, a Quality Improvement Manager/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 Director of Quality Improvement 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, 2003

NETWORK	DIALYSIS PREVALENT POPULATION	ESRD PROVIDERS	ADMINISTRATIVE	QUALITY IMPROVEMENT	DATA	PATIENT SERVICES	TOTAL STAFF
1	10,791	155	3.00	2.50	4.50	1.00	11.00
2	22,054	238	3.00	2.00	4.00	2.00	11.00
3	13,156	151	2.20	2.50	2.00	0.50	7.20
4	14,033	254	2.40	2.30	4.00	1.30	10.00
5	18,829	288	3.50	2.80	3.00	1.00	10.30
6	28,980	448	3.75	4.30	4.95	3.00	16.00
7	18,035	268	2.00	1.00	3.00	1.00	7.00
8	17,597	305	3.00	2.00	4.00	1.00	10.00
9/10	35,416	513	5.00	4.00	7.00	2.00	18.00
11	18,910	342	2.50	3.50	6.00	1.00	13.00
12	11,827	246	2.50	3.50	3.00	1.00	10.00
13	13,166	258	2.25	4.25	3.00	1.50	11.00
14	26,180	340	2.00	3.80	3.50	1.50	10.80
15	13,516	222	3.00	2.50	3.50	1.00	10.00
16	8,101	121	3.00	2.00	2.00	1.00	8.00
17	16,093	167	2.00	2.50	3.20	1.00	8.70
18	24,458	261	2.70	2.70	4.10	1.30	10.80
TOTAL	**311,142**	**4,577**	**47.80**	**48.15**	**64.75**	**22.10**	**182.80**

Source: Networks 1-18 Annual Reports, 2003, 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. The staffing pattern is similar across the Networks, with respect to the number of staff assigned to functional categories, however there are still regional variations.

Network staffs are supported by a variety of committees with volunteer members from within the Network area. Each Network is required by contract to specify appropriate roles and functions for these 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 current Statement of Work outlines four goals to provide direction to the national ESRD Network program. These goals outline the basic functions of the ESRD Networks and are used to direct the Network daily activities. Each Network tailors its activities to meet and exceed CMS expectations.

The four goals are:

1. Improve the quality of health care services and quality of life for ESRD beneficiaries, including evaluating and resolving patient grievances
2. Improve data reliability, validity and reporting among ESRD providers/facilities, Networks and CMS (or other appropriate agency)
3. Establish and improve partnerships and cooperative activities. These activities may include ESRD Networks, Quality Improvement Organizations (QIOs), State Survey Agencies, ESRD providers/facilities, Medicare + Choice (M+C) Organizations, ESRD facility owners, professional groups, and patient organizations
4. Support the marketing, deployment, and maintenance of CMS approved software (i.e. CROWN - Consolidated Renal Operations in a Web-Enabled Network)

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. EVALUATE AND RESOLVE PATIENT GRIEVANCES

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.

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 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
2003

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 2003 CMS - 821: Peritoneal Dialysis CPM Data Collection Form 2003	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. Data collected for Network quality improvement activities are protected from release to the public.

National Clinical Performance Measures (CPM) Project

As a result of the Balanced Budget Act of 1997, which required CMS to develop a method for measuring and reporting the quality of renal dialysis services covered by Medicare, sixteen (16) clinical performance measures, based on 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 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 the previous December 31st. Facility staff complete forms on selected patients and submit them to the Networks, which review the forms, clarify questionable entries, input the data using standard software supplied by CMS, 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 CPM Project activities is clarified in the table below.

TABLE 5
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	Winter 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, 2001. The final sample consisted of 8,874 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 1,436 peritoneal dialysis patients.

All pediatric (aged < 18 years) in-center hemodialysis patients in the U.S. (n=787) were included in the 2003 ESRD CPM Study.

Selected findings from the 2003 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 2003, the data are from 2002 (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 URRs have increased each year from 62.7% in 1993 to 71.5% in 2002.

- The proportion of patients with mean URRs ≥ 65 has also increased steadily from 43% in 1993 to 86% in 2002.
- 89% of prevalent patients had a mean delivered calculated, single session adequacy dose of $_{sp}Kt/V \geq 1.2$ in 2002, representing a 20% increase from 74% in 1996 when Kt/V was introduced in the project.
- The mean $_{sp}Kt/V$ was 1.5.

Adequacy of Dialysis: Peritoneal Dialysis

- Adequacy of dialysis was assessed during the study period (October 2002 - March 2003) for an estimated 88% of patients. This is a dramatic increase from 66% in 1994-1995 when a peritoneal dialysis cohort was first added to the project.
- 71% 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)
- 67% 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)
- 66% 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)

Nutrition: Serum Albumin - Hemodialysis

- The percent of patients with *adequate* mean serum albumin values ≥ 3.5 (BCG) or 3.2 (BCP) in 2002 was 81%, compared to 78% in 1993.
- The percent of patients with *optimal* mean serum albumin values ≥ 4.0 (BCG) or 3.7 (BCP) in 2002 was 35%, compared to 27% in 1993.
- Mean serum albumin value in 2002 with bromcresol green (BCG) laboratory method was 3.8 gm/dL.
- Mean serum albumin value in 2002 with bromcresol purple (BCP) laboratory method was 3.6 gm/dL.

Nutrition: Serum Albumin - Peritoneal Dialysis

- The mean serum albumin value for 2002 was 3.6 gm/dL (BCG) and 3.2 gm/dL (BCP).
- The percent of patients with *adequate* mean serum albumin ≥ 3.5 (BCG) and 3.2 (BCP) was 60%, a 16% increase since 1995.
- The percent of patients with *optimal* mean serum albumin values ≥ 4.0 (BCG) or 3.7 (BCP) was 18%, a 35% increase since 1995.

Anemia Management: Hemodialysis

- In 2002, the proportion of patients with a mean hemoglobin ≥ 11 was 79%, compared to 59% in 1998.
- The mean hemoglobin was 11.8 gm/dL in 2002.

Anemia Management: Peritoneal Dialysis

- The mean hemoglobin in 2002 – 2003 was 11.9 gm/dL.
- 79% of patients had a mean hemoglobin of ≥ 11 gm/dL, compared to 55% in the 1997-1998 study period.

Vascular Access: Hemodialysis

- 27% of incident patients were dialyzed via A-V fistula.
- 33% of prevalent patients were dialyzed via A-V fistula.
- 21% of prevalent patients were dialyzed via chronic catheter continuously for 90 days or longer.
- 61% of prevalent patients with an A-V graft were routinely monitored for the presence of stenosis.

Year 10 of the CPM Project also included 100% data collection in dialysis facilities operated by the Veterans Administration. 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.

Data for Year 10 of the Clinical Performance Measures Project was collected in the summer of 2003 and findings were distributed to the Administrator, Head Nurse, and Medical Director of all dialysis providers in spring 2004. The CPM report, entitled "*2003 Annual Report - ESRD Clinical Performance Measures Project*," contained details regarding the background and design of the project as well as conclusions. The *2003 Annual Report - ESRD Clinical Performance Measures Project* was published as a supplement to *American Journal of Kidney Diseases* (AJKD) in August 2004. A supplement to AJKD has been published every year since 2001 (1999 CPM data).

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

TABLE 6

PERCENT OF ADULT HEMODIALYSIS PATIENTS HGB ≥ 11 (HCT ≥ 30)
National Data over 10 Years of the CPM Project

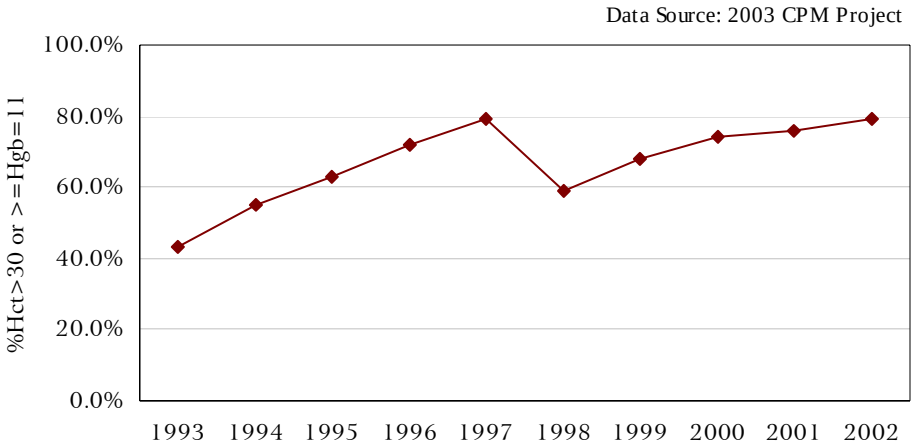
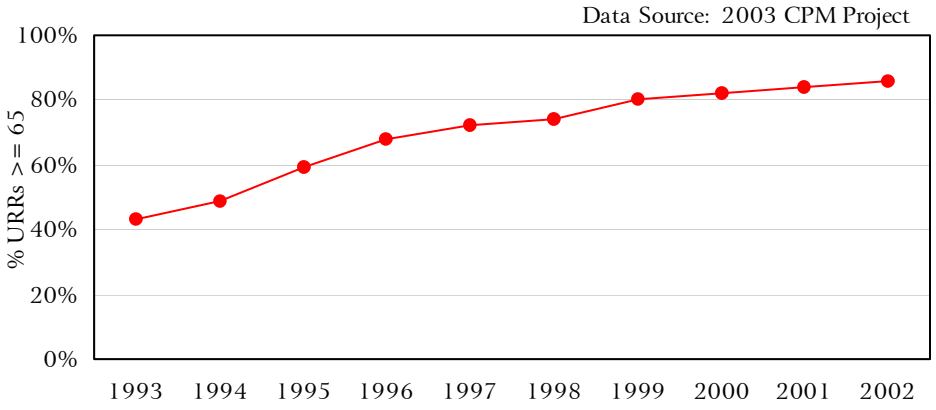


TABLE 7

PERCENT OF ADULT HEMODIALYSIS PATIENTS WITH URR ≥ 65
National Data for 10 Years of the 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 - 5 Years of CPM Data Collection

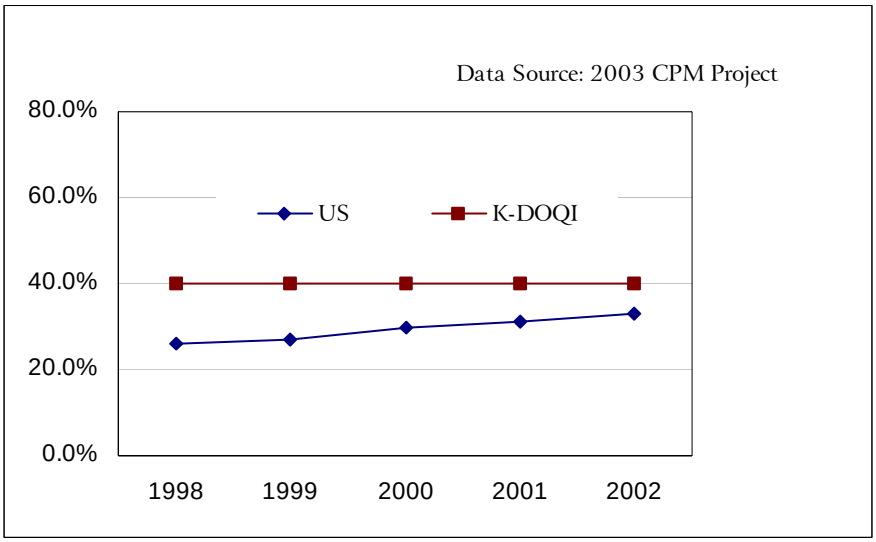


TABLE 9
PERCENT OF ADULT PATIENTS DIALYZING BY CATHETER ≥ 90 DAYS
All Networks - 5 Years of CPM Data Collection

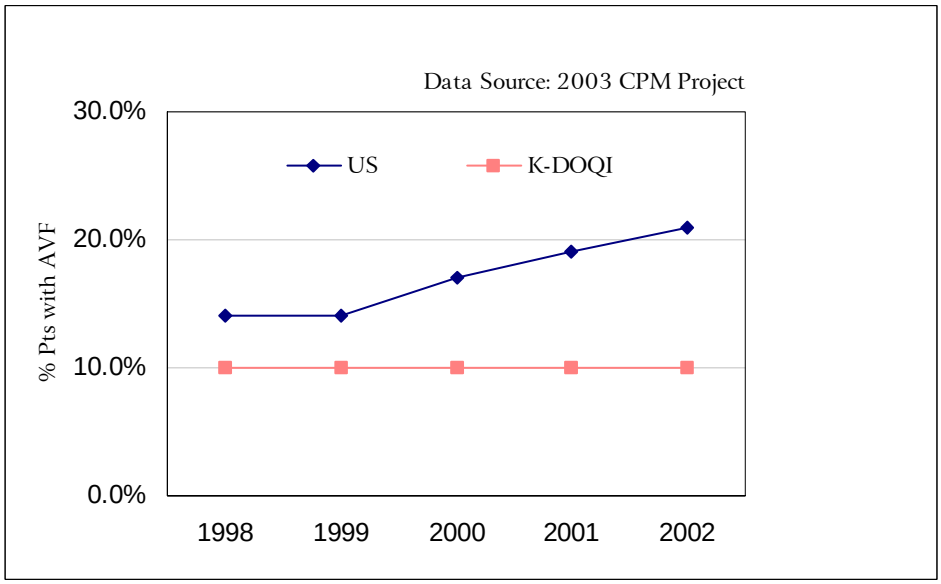


TABLE 10
PERCENT OF PREVALENT ADULT HEMODIALYSIS PATIENTS WITH ADEQUATE AND OPTIMAL SERUM ALBUMIN
All Networks - 10 Years of the CPM Project
Adequate defined as ≥ 3.5/3.2 BCG/BCP
Optimal defined as ≥ 4.0/3.7 BCG/BCP

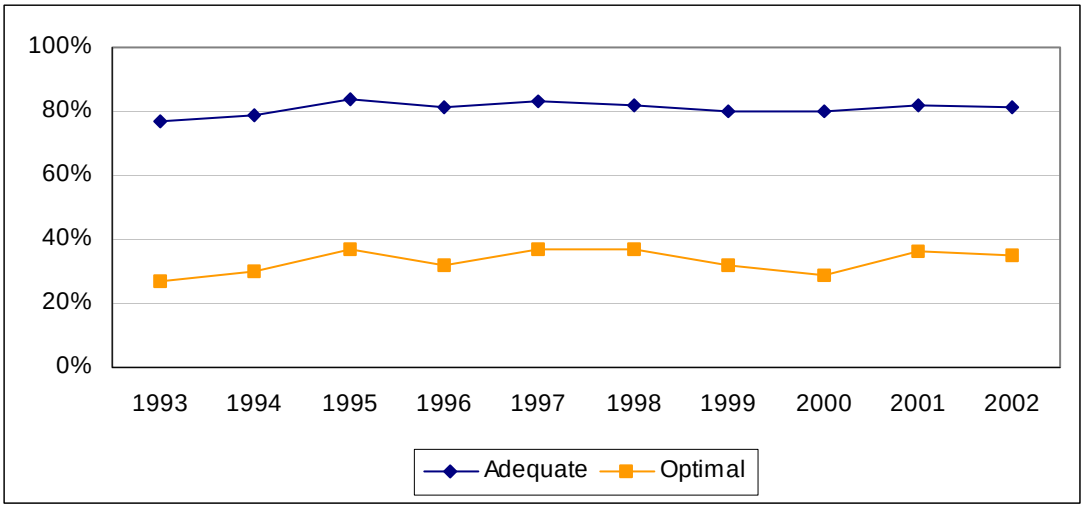
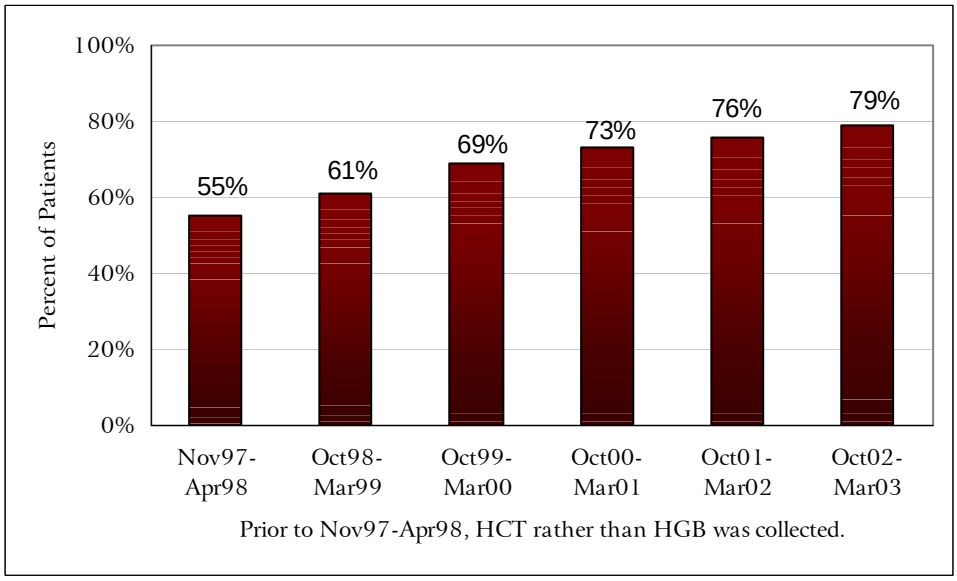


TABLE 11
PERCENT OF PERITONEAL COHORT WITH AVERAGE HGB ≥ 11
National Sample Compared Yearly



In Year 10, 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=663) PEDIATRIC PATIENTS (Age < 18)
2002 Data are from the CPM Project, October-December 2002
2001 Data are from the CPM Project, October-December 2001

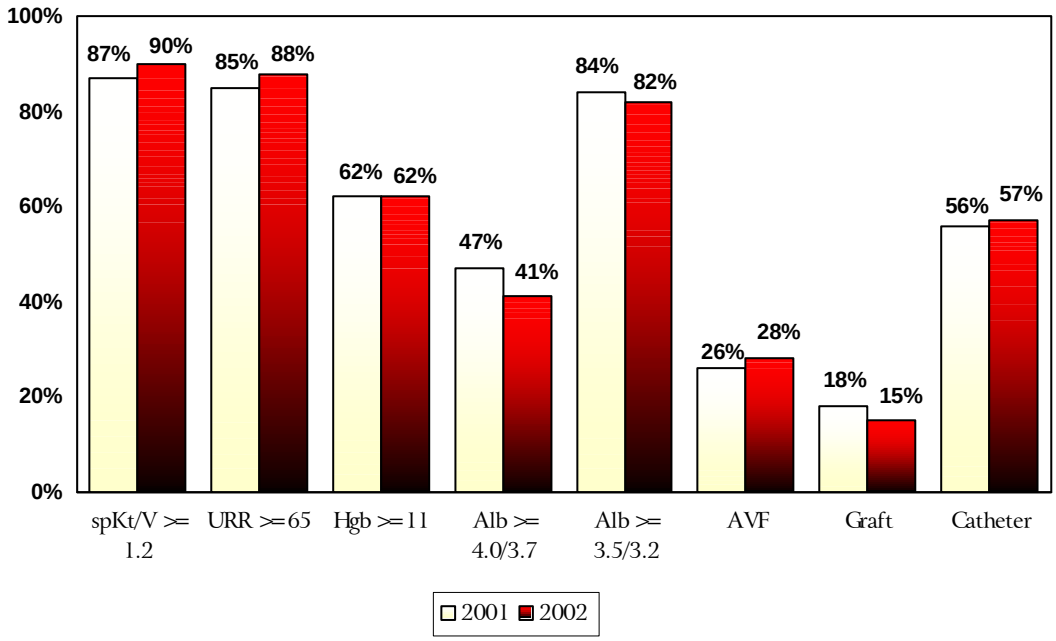
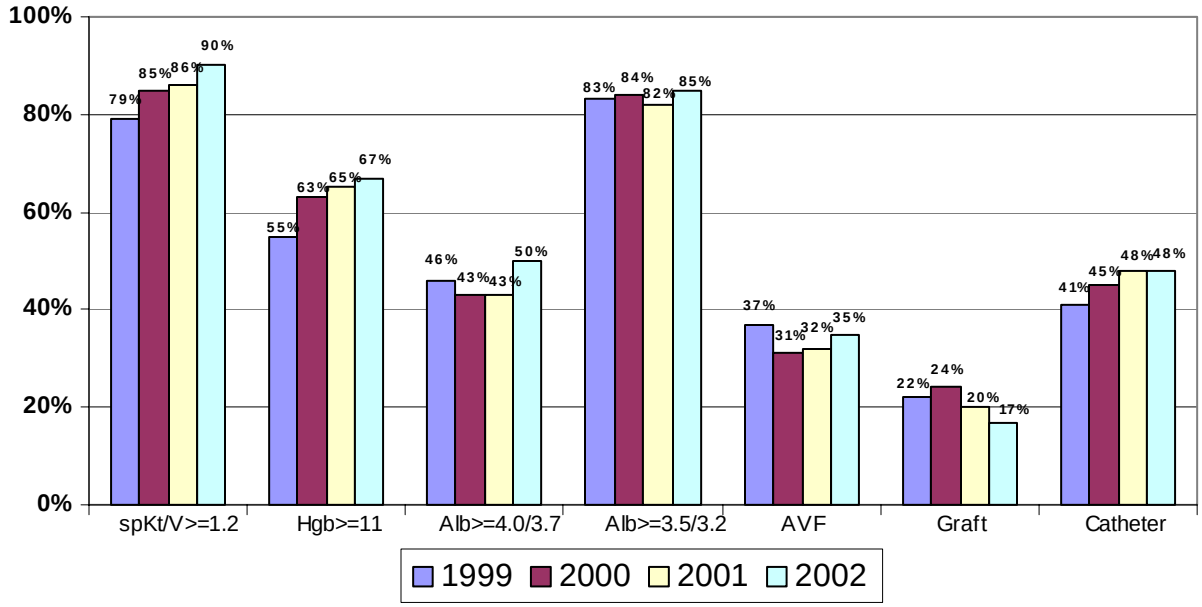


TABLE 13

CLINICAL PARAMETERS FOR PEDIATRIC PATIENTS (Age ≥ 12 < 18)
Data from the CPM Project, October-December 2002



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

CMS Quality Improvement Projects

The ESRD Network 2000 - 2003 contract with CMS required implementation of two Quality Improvement Projects (QIPs) per contract cycle. These are in-depth projects for which CMS prescribes the format. The Projects addressed an area of care for which clinical performance measures and indicators have been developed, and the proposal was submitted to CMS for approval prior to implementation. The QIP format requires that each Network clearly define the opportunity for improvement, employ both outcome and process indicators, include a project design and methodology that supports statistical analysis, propose intervention activities, and include an evaluation mechanism.

In 2001, CMS launched a national quality improvement initiative to increase the number of adult hemodialysis patients that receive a delivered dialysis dose of ≥65%, as measured by URR. To accomplish their goals, Networks employed a variety of intervention techniques, including: MRB physician consultation with Medical Directors to explore barriers, innovative use of technology (e.g. website with instant feedback), regional workshops for facilities, and distribution of educational materials to facilities experiencing difficulty. The final report on the 2001 QIP on Adequacy of Hemodialysis was submitted to CMS on January 31, 2003.

In 2002, all Networks were instructed by CMS 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 intends 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.

A brief overview and status of the Network projects addressing vascular access is displayed in Table 14 below. The final report for the Vascular Access QIP was submitted to CMS on March 31, 2003.

TABLE 14
2003 VASCULAR ACCESS QUALITY IMPROVEMENT PROJECTS
(CMS-Approved Quality Improvement Projects, 2000 - 2003 Contract Period)

VASCULAR ACCESS		
NETWORK	**GOAL**	**STATUS AS OF DECEMBER 2003**
REDUCTION OF CATHETERS		
1	Identify the reasons why catheters were used in order to learn how to reduce long-term utilization. Survey the utilization of written monitoring and assessment policies for catheter management at the provider level.	The Network noted no overall improvement in reducing catheter use, due to the high number of patients in this Network who exhausted all access sites, or who had catheters for other appropriate reasons. Most patients had already been referred to a vascular surgeon, or were waiting for their permanent access to mature. There was significant improvement in efforts for vascular access management and trending in Network facilities, and additional materials were distributed to help facility staff with these efforts.
2	Reduction in the number of patients receiving maintenance dialysis via central venous catheter	"Assessment and Reduction of Catheters in Hemodialysis". Project interventions were completed in December 2002. Re-measurement activities begun in January 2003. Project completed and final report submitted to CMS in March 2003. Report on website.
3	"Assessment and Reduction of Catheters in Hemodialysis" (ARCH QIP)	ARCH QIP report was finalized in March 2003 and results disseminated.
5	Reduce the number of patients receiving dialysis with catheters	Provided feedback reports to 47 participating units which was initiated in 2002. Improvement was demonstrated on three (3) of the six (6) indicators. There was a 60.2% absolute change in the rate of long-term catheter patients who were assessed for alternative access, which was statistically significant at the $p < 0.0001$ level. The overall rate of patients dialyzing by catheter also improved to a statistically significant degree ($p < 0.01$). Units conducting patient education and/or sharing the feedback reports with staff reduced their rate of patients dialyzing *inappropriately* by catheter ≥ 90 days, and facilities conducting staff education reduced their overall proportion of catheters. Facilities that used the catheter referral algorithm reduced their rate of catheter use ≥ 90 days, while the rate in units not using this tool remained essentially unchanged. Approximately 30% of the patients dialyzing by catheter for ≥ 90 days had a permanent access that was either maturing or experiencing a complication. The most common reason patients dialyzed by catheter ≥ 90 days was reportedly that patients were medically unsuitable for a permanent access.

VASCULAR ACCESS		
NETWORK	**GOAL**	**STATUS AS OF DECEMBER 2003**
6	To lower the proportion of patients dialyzing via a catheter in selected facilities towards the NKF-K/DOQI recommendation of less than 10%	Network 6 identified 70 facilities in 2002 with the highest 2-year average catheter rates. These facilities were randomly divided into an intervention and a comparison group. Baseline data were collected from both groups. Both groups were provided comparative data reports, catheter assessment/tracking tools, and patient/staff education materials. Both groups were invited to attend one of two workshops. In addition, the facilities in the intervention group were required to send monthly data and were provided technical assistance/feedback on a quarterly basis from the MRB. The proportion of hemodialysis patients dialyzing via a catheter, the proportion of catheter patients dialyzing via a catheter for more than 90 days, the proportion of catheter patients with inappropriate catheters, and the proportion of catheter patients with inappropriate catheters for more than 90 days all decreased among the intervention facilities. The proportion of catheter patients formally assessed for permanent access placement using an algorithm or other assessment tool and the proportion of catheter patients referred for permanent access placement both increased among the intervention facilities. Over the course of the project, the intervention facilities had a statistically significantly greater increase in the proportion of patients formally assessed for permanent access and a borderline statistically significantly greater increase in the proportion of patients referred for permanent access. The utilization of specific vascular access management practices increased among the facilities in both groups, and there was no statistically significant difference in these changes.
8	Reduce the proportion of hemodialysis patients dialyzing via a central venous catheter for > 90 days	Assessment was conducted on successful interventions by other Networks, including identification of resources available for use. Interventions planned include the distribution of catheter tools with the FistulaFirst toolkit. The project proposal was submitted to the MRB Project Review Committee for approval at the end of 2003.
9	Decrease the percentage of inappropriate catheters. Decrease catheter rate toward 10%	Inappropriate catheter use decreased from a mean of 0.53 in the control period to a mean of 0.03 at the end of study. There was a decreasing trend in the catheter rate. The final Reduction of Catheters QIP report was approved June 30, 2003.
10	Decrease the percentage of inappropriate catheters. Decrease catheter rate toward 10%	Inappropriate catheter use decreased from a mean of 0.47 in the control period to a mean of 0.15 at the end of study. There was a decreasing trend in the catheter rate. The final Reduction of Catheters QIP report was approved on June 30, 2003.

VASCULAR ACCESS		
NETWORK	**GOAL**	**STATUS AS OF DECEMBER 2003**
11	Reduce catheters in incident patients and create system change to prevent incident patients from having a catheter for longer than 90 days.	In the December 2003 FistulaFirst data collection, 15% of patients in the data collection (80% of facilities reporting) had been using a catheter for longer than 90 days.
13	The "Assessment and Reduction of Catheter Use in Hemodialysis" project was to help facilities focus on catheters with potential for conversion to permanent vascular access	Project completed
14	Initiated an educational initiative to decrease catheter utilization by highlighting variation in facility catheter utilization compared to statewide, national, and K-DOQI guidelines. Provided practice recommendations, tools, educational materials targeted to nurses, nephrologist and surgeons	This project continued into 2003.
STENOSIS MONITORING		
4	At least 75% of facilities will have a written Vascular Access Program in place	Significant increase in proportion of facilities reporting a written Vascular Access Surveillance (VAS) in place. (37.6% to 76.9%, $p < 0.001$) Final report submitted to CMS in March 2003 and approved.
8	Increase the percentage of facilities utilizing procedures to monitor for graft stenosis	This quality improvement project was initiated in 2002. The Final Project Report was delivered to CMS in March 2003, and results were reported to facilities via the annual report distributed in 2003. Improvements were made in the number of facilities utilizing stenosis-monitoring protocols.
12	Improve patient care by ensuring that Medicare beneficiaries utilizing grafts as the primary dialysis access will be monitored for stenosis	There was an increase in stenosis monitoring from a baseline measurement of 31% to a high of 65% in month 10 of the project. The number of facilities performing AVG monitoring for stenosis increased 128%. Final report approved by CMS on March 26, 2003
17	Decrease the incidence of clotted A-V grafts by introducing a methodology to track graft failure rates via computation of a "Graft Thrombosis Rate" (GTR) for each hemodialysis facility; 2) Increase monitoring of all vascular accesses in all hemodialysis facilities, with a specific focus on monitoring A-V grafts for stenosis; and 3) Prevent the loss of the vascular access, specifically the A-V graft, by assuring early referral for diagnostic evaluation and treatment when indicators for possible stenosis were noted in patients in a selected group of intervention facilities.	Statistically significant improvements occurred in intervention facilities monitoring all A-V grafts for stenosis and having both graft monitoring and vascular access surveillance programs in place ($p < 0.05$), and in both intervention and non-intervention facilities computing graft thrombosis rates. At the end of the project, 99.3% of facilities had a consistent methodology in place to track GTR vs. 24.8% at baseline. All facilities had monitoring for indicators of venous stenosis at the end of the project versus 89.8% at baseline.

VASCULAR ACCESS		
NETWORK	**GOAL**	**STATUS AS OF DECEMBER 2003**
18	Increase surveillance of AV grafts with 100% of hemodialysis facilities having a VAS program, decrease incidence of clotted access thru early treatment referral, & examine successful facility processes	Project completed. Facilities that began a VAS program had increased referral & treatment rates for graft-related problems, lower thrombosis rates, and fewer missed dialysis treatments.
A-V FISTULA		
15	Maximize the placement of Arteriovenous Fistula (AVF) within the adult in-center hemodialysis population in Network 15. Ensure that policies and procedures were in place at each facility to encourage placement and maintenance of fistulae once they had been placed.	This project was completed in March 2003 with the acceptance of the final project report. Of the seven indicators selected for this project, the predicted improvement was met in four. Overall improvement was noted in six of the seven-process/outcome measures. A statistically significant (p=0.05) improvement was noted in the rate of fistulas used for treatment for prevalent (all) hemodialysis patients. This rate increased by about one-third from baseline to re-measurement.
16	Increase the use of Arteriovenous Fistulae (AVFs) by sponsoring regional workshops targeted to nephrologists, vascular access surgeons, interventional radiologists and vascular access managers affiliated with selected "intervention" facilities (those with <40% hemodialysis patients utilizing AVFs). Provide education and tools to the access decision makers (physicians and surgeons) associated with our intervention facilities on methods of vascular assessment, AVF creation and AVF maintenance used by peers in the renal community who had achieved >90% AVF rates in their own patient population. Achieve a 2.5 % increase in the prevalent rate of AVFs in our target population.	Analysis of the short-term impact of "Back to the Basics: Increasing the Use of AV Fistulas in Hemodialysis Patients" was completed in the first quarter of 2003 and a final report on the Network Quality Improvement Project on vascular access was submitted to CMS. The report is available at: http://www.nwrenalnetwork.org/fist1st/avffinalqip.pdf In the first quarter of 2003 the Network collected data on the proportion of hemodialysis patients utilizing AVFs via the 2002 CDC Survey, and compared it to prior (pre-intervention) data. Analysis of data revealed that the Network had achieved a statistically significant increase in the proportion of in-center hemodialysis patients served by intervention facilities utilizing an AVF as their primary access between December 2001 (pre-intervention) and December 2002 (6-8 months post-intervention). The Network goal was to achieve a 2.5 percentage point increase in the prevalent AVF rate in this population. The Network achieved a statistically significant (p= <0.001) increase of 8.6 percentage points. Key program presenter, nephrologist Vo Nguyen, MD, who achieved a 97% AVF rate in his hemodialysis patient practice by establishing an effective working relationship with vascular access surgeons, was tapped as a member of the IHI National Vascular Access Initiative Workgroup.

Source: Networks 1-18 Annual Reports, 2003
* Data for calendar year 2003 submitted by FMQAI: The Florida ESRD Network (Network 7) 2003 Annual Report only encompasses the dates of October 28 - December 31, 2003. The FMQAI contract did not require quality improvement activities or formal grievances to be reported in the 2003 Annual Report.

CMS Quality Improvement Projects (QIP) - Performance Based

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

Evaluation of performance for the vascular access QIP will be based on improvements in Network-wide vascular access CPMs. Consistent with quality improvement practice, quantitative vascular access CPM improvement targets should be developed for each facility (as part of collaborative projects). CMS has developed Network-wide vascular access improvement targets for prevalent patients. The absolute percentage of prevalent patients using AV fistula in a Network is required to increase 5% over the 2002 Centers for Disease Control (CDC) data (reported in 2003) for AV fistula use in a Network. Table 15 provides an overview of the first six months of the NVAII.

TABLE 15

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 2003
1	• Establish a Vascular Access Steering Committee, members to be drawn from all vascular stakeholders	• Established and first conference call held in October 2003. Status ongoing
	• Raise awareness of the National Vascular Access Improvement Initiative in the nephrology community. The Network goal is AVF rates of 45%.	• Network 1 winter newsletter devoted front page to vascular access education & awareness. The Annual Meeting in October 2003 had four speakers on different aspects of vascular management. Two thousand vascular passports & 900 vein protection cards were distributed to the attendees to use for vascular tracking and for pre-ESRD patients vein preservation. Status ongoing
	• Education & Communication with other organizations regarding NVAII	• PowerPoint presentation on the initiative given to the New England Vascular Society. A member of the Vascular Steering Committee presented on vascular access management to both the Connecticut Colonial Chapter of ANNA & the Connecticut Nurse Managers group. A poster presentation & educational pamphlets was another activity at the ANNA Annual Meeting. Status ongoing
	• Develop a data base of vascular surgeons and radiology interventionists serving the dialysis providers of New England	• Network staff obtained a listing from the providers when updating the Network Directory. Status completed in the fourth quarter of 2003

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
1 cont.	• Identify successful Vascular Access centers	• Two nurse practitioners who cover a practice of 9 chronic dialysis facilities presented at the October Network Annual Meeting on vascular management. Status completed in the third quarter of 2003
	• Collaborate with other organizations on strategies to increase AV fistula rate	• In the second quarter of 2003 Network 1 started collaboration with the New England Vascular Society, which resulted in two of their members serving on our Vascular Access Steering Committee. In the fourth quarter of 2003 Network 1 held meetings with two large dialysis organization (LDO) regional administrators to educate them about "FistulaFirst" & establish a partnership towards the goal of increasing the AVF rates in their facilities. Status ongoing
	• Web site to include FistulaFirst information	• In the fourth quarter of 2003 Network 1 enhanced its web site to include FistulaFirst initiative information, the 11 "Change Concepts", a link to the NKF K-DOQI guidelines on vascular access. Status ongoing
	• Develop a survey tool to ascertain current vascular management practice in the region	• Two large dialysis organizations (LDOs) use the survey tool and results to develop vascular improvement through the quality improvement process.
	• Focused intervention with providers to increase AVF rates.	• Network 1 staff worked with one provider to recognize their catheter rate was very high & their AVF rate was very low. This organization has increased their AVF rate from 26% in the third quarter of 2002 to 34% in the first quarter of 2003. Several new clinical managers were individually mentored on vascular management and supplied vascular tools to assist the process. Status ongoing
	• Use Volunteer Provider data to increase AVF rate	• In October 2003 the Network distributed provider specific vascular access feedback reports and included education on increasing AV fistula rates.
2	To increase the percent of prevalent patients treating via arterio-venous fistula from 38% to at least 41%	The Network conducted an intensive NYS "media blitz" from June - December, (newsletter, webpage, Network meetings, telephone contact with providers, distribution of change package and facility/Network comparison reports from CDC data). The Network began collecting vascular access data in December 2003.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
3	Project Goal: 40% of prevalent patients and 50% of incident patients will have AVF Network goal year 1: introduce project to nephrologists and surgeons, identify expert nurse cannulators and provide education for patients and professionals	Project: 35% of hemodialysis patients had AVF Network goal: letters of project introduction were sent to multiple parties, 2 nurse meetings and 1 MD meeting were held in New Jersey, patient education materials were included in all meetings, plan for completion of introductory meetings in New Jersey, Puerto Rico and U.S. Virgin Islands in place.
4	40% Prevalent Fistula Use 50% Incident Fistula Placed	Fourth quarter 2003 data was collected from the independent units. The large dialysis organizations (LDOs) submitted data electronically. Learning Session I was conducted. Learning Session II (Cannulation Camp) was scheduled.
5	• At least 50% of all incident HD patients (adults ≥ 18) should have an A-V fistula. • At least 40% of all prevalent HD patients (adults ≥ 18) should have an A-V fistula. • Less than 10% of all prevalent HD patients (adults ≥ 18) should be maintained on catheters as their permanent chronic dialysis access. • 100% of facilities must employ a prospective monitoring program for A-V accesses (grafts and fistula), which utilizes intra-access flow, and/or static venous pressures, and/or dynamic venous pressures.	Appointed an MRB subcommittee consisting of nephrologists, vascular surgeons, interventional radiologists and nurse coordinators to direct study. Implemented project starting with 60 corporate chain units. Introduced change package and started receiving data (electronically and hardcopy). Conducted workshops with participating units and conducted intense media blitz through the website, publications and presentations at meetings. Obtained contact information for all vascular surgeons and interventional radiologists and provided them with introductory information. Planned for next phase of project and put timeline to activities.
6	To increase prevalent AV fistula use from 29.2% to 33.2% by June 2006.	Network staff presented information on the project to the Board of Directors and Medical Review Board (MRB). The MRB formed a subcommittee composed of MRB members and others from the renal community, including nephrologists, interventional nephrologists, vascular surgeons, nephrology nurses, vascular access coordinators, and an interventional radiologist. Information on the project was mailed to each dialysis facility and posted on the Network's website. Forms were sent to each dialysis facility to collect the names and contact information on the vascular surgeons and interventional radiologists that provide services to their patients. The Network began receiving monthly vascular data from seven large dialysis organizations (LDOs) for each of their facilities.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
8	Improve vascular access outcomes by primarily increasing the use of the AV fistula as the primary hemodialysis access	An awareness campaign was launched introducing the project to facility medical directors, administrators, nurse managers and other facility staff. 2002 Centers for Disease Control (CDC) reports profiling types of vascular accesses were distributed to each facility with the FistulaFirst Change Package. Announcements were also sent to quality managers and medical leaders of large dialysis organizations (LDOs). Facility and patient newsletters introduced the project and a patient essay contest, "Why I love my fistula". A project workgroup was established to include board members, nephrologists, surgeons, and radiologists. Initial strategies were planned, including the development of a marketing brochure, physician workshops and the 2004 Annual Meeting. A database of vascular access surgeons and radiologists was developed by surveying dialysis facilities, to be used to deliver project materials and announcements of project activities. Data was received by LDOs, and data collection for non-LDOs will begin in January 2004. Feedback reports will be distributed quarterly.
9	Increase the prevalent AV Fistula rate by 4% (30.3% in 2002 to 34.3% in 2006)	Utilizing the Network 9/10 2003 4th quarter data collection information - prevalent AV Fistula rate increased to 31.7%.
10	Increase the prevalent AV Fistula rate by 4% (33.3% in 2002 to 37.3% in 2006)	Utilizing the Network 9/10 2003 4th quarter data collection information - prevalent AV Fistula rate increased to 33.8%.
11	• Increase the AVF rate among the prevalent hemodialysis patients in Network 11 from the 2000 rate of 31.3 % to at least 35.3 % by 2006 • Create and build awareness of the FistulaFirst project by communicating with dialysis facility personnel, medical directors, surgeons, and patients	• In December 2003, the AVF rate in Network 11 was 32%. • 1. Network 11 designed and distributed a surgeon survey to better understand their experiences, concerns, and interests. Survey findings were used to guide FistulaFirst project planning. 2. Network 11 invited Dr. Lawrence Spergel, surgeon project advisor, to present at our 2003 Annual Meeting. Copies of Dr. Spergel's presentation were sent to all Network 11 dialysis units and were shared with other Networks. 3. Fistula First newsletters were sent electronically to Medical Directors and Renal Nurse Managers. 4. The 11-point national change packet and each facility's own trend data were sent to all Network 11 dialysis units. 5. Network 11's patient newsletter, *Common Concerns*, included FistulaFirst and vascular access information. A sub-committee of the Consumer Committee was formed to identify methods for educating patients regarding the advantages of AV fistulas.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
11 cont.	• Identify best practice facilities and share their experiences and successful strategies with other Network 11 facilities • Build a data collection and reporting system to support Fistula First activities	• During Network 11's Annual Meeting, clinicians from three dialysis units with high AVF rates shared their experiences with participants. 2. Fistula First newsletter articles focused on best practices. 3. Workshops for Medical Directors, Renal Nurse Managers, and vascular access nurses are planned for Spring 2004. Invited faculty were from those facilities demonstrating best practices. • Surgeon surveys were designed and distributed to identify early adopters and plan FistulaFirst surgeon outreach opportunities. 2. Facility-specific, three-year AV fistula rates were shared with each dialysis unit so that they could compare their rates with national goals. 3. Network 11 is working with non-Large Dialysis Organization (LDO) facilities to assist them with monthly data collection, which is reported to Network 11 on a quarterly basis.
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. The Network goal is 31.1% with a contract target of 35.1%.	The Medical Review Board (MRB) reviewed and prioritized the potential change strategies provided by the Institute for Healthcare Improvement (IHI). A subcommittee formed that included regional experts and champions. The subcommittee worked throughout the fall developing an intervention plan to be presented to the MRB in January 2004. Materials were distributed to facilities announcing initiation and projected development of the project.
13	Fulfill the goals 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. Network goal is 5% increase by March 31, 2006.	Project underway
14	In support of the CMS-sponsored National Vascular Access Improvement Initiative (FistulaFirst), the Network initiated a quality improvement project in July 2003 under the direction and assistance from the Network Medical Review Board and the dialysis and surgical community to promote the implementation of improvement strategies and offer technical assistance, education, and resources to increase facility prevalent AVF rates to 40%. • Increase the prevalent AV Fistula rate by a minimum of 5% (25.7% in 2002 to 30.7% in 2006).	Ongoing

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
15	Increasing the Arteriovenous Fistula Rate Within Network #15	A three-pronged approach was developed and is directed by the Medical Review Board (MRB). This approach includes: 1) general dissemination of AVF project information and materials to every dialysis facility in the Network including: distribution of a letter to introduce the 2003-2006 vascular access project to the Medical Director, Facility Administrator and Nurse Manager of each facility in Network #15; a summary of the "2002 Increasing Fistula" project conducted in the Denver Metro area; a copy of the "Implementation Tracking Tool" developed by the National Working Group; and a checklist highlighting Key Strategies for Increasing AV Fistulas. A CD containing project resources that were used in the successful "2002 Increasing Fistulas in Network #15" project and a tri-fold brochure were also distributed to each facility. 2) a more focused approach with the facilities in the state with the lowest AVF rates in the Network and 3) partnership with the Indian Health Service to increase AVF awareness with their Primary Care Providers. Network #15 partnered with the University of Nevada School of Medicine (who provided the CMEs) to plan and organize a Nevada educational event. Planning for the "Network #15 Kick-off Meeting for the CMS/Network #15 National Vascular Access Improvement Initiative" was initiated and completed during the year 2003.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
16	• Select priority areas for focus for Northwest Renal Network's participation in the National Vascular Access Improvement Initiative	• The Network's Medical Review Board (MRB) identified three focus areas for support to our ESRD community in increasing the use of AVFs: physician/surgeon education, patient education, and cannulation training. Our QI Coordinator and a Northwest Renal Network Subcommittee on Cannulation developed a training program for facility staff entitled *On Course with Cannulation* which was piloted at two venues and which met with great success. Two MRB subcommittees were established to work with Network staff and the MRB in developing educational materials for vascular access surgeons, nephrologists, primary care physicians, interventional radiologists and patients: the Physician/Surgeon Education Subcommittee and the Patient Education Subcommittee. Their work continues in 2004. Models of best practice programs were visited by Network staff as it continued to develop a pool of "real-world" regional resources for Network #16 providers. The Network's strategy included the creation and continuation of education and awareness efforts via direct mailings and development and posting of updated information on the Network website: http://www.nwrenalnetwork.org/fist1st/fist1st.htm. Spreading awareness was enhanced by an invitation to independent facilities (non-"Large Dialysis Organization" - 51% of all Network units) to join a vascular access data collection effort.
	• Collect data to assess progress toward meeting performance measure goal of 3% increase in prevalent fistulas	• All independent facilities were invited to join the vascular access data collection effort. The Network achieved 100% participation. This reporting process uses the same, CMS-approved, methodology for data collection as required of the large corporations. The application to CMS to collect this data was finalized, submitted to the CMS Project Officer, and approved. Data collection was launched in January 2004 for monthly statistics beginning with December 2003.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
17	The NVAII focuses on meeting and/or exceeding K-DOQI guidelines for AVF rates nationwide, with the recommendation that 40% of prevalent patients and 50% of incident patients who choose hemodialysis treatment use AVF as their dialysis access method, when appropriate. A variety of tools are being recognized and implemented to achieve the eleven crucial clinical and organizational changes ("change concepts")	In September 2003, Network 17 formed a NVAII/FistulaFirst workgroup to develop Phase 1 of the initiative. Phase 1 included identifying the best practice hemodialysis facilities as well as developing the criteria that would be used to identify and select the initial focus group. Best practice facilities were grouped geographically and sorted by "champions" and "early innovators". To achieve Phase 1 of the initiative, the workgroup developed a variety of strategies. These included working directly with administration, QI managers, and education representatives of FMC, Gambro, and DaVita to categorize the early innovator facilities, form a partnership, and develop distinct implementation strategies centered on the change concepts. This was completed in four stages that included: Set-up, Communication, Social System, and Measurement and Feedback. Phase 2, the Intervention Stage, is projected to begin in 2004.
18	Increase AVF rate by 4% (baseline of 35.7%)	AVF rate is 37.9% as of December 2003. Awareness campaign in local/regional renal community in process; working with large dialysis organization (LDO) partners and pilot facilities in selected regions to understand and begin implementation of change concepts; Medical Review Board (MRB) consideration of Institutional Review Board (IRB) issues, communication strategies, patient education component and media-related issues.

Source: Networks 1-18 Annual Reports, 2003

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

TABLE 16
ADDITIONAL CMS-APPROVED QIPs BY AREA OF CARE

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
ADEQUACY OF PERITONEAL DIALYSIS (PD)		
1	70% of PD patients will have a KT/V ≥ 2.0	74% of Network 1 patients achieved a KT/V of ≥ 2.0 for PD on the fourth quarter of 2003 Provider-specific profile reports sent twice a year to each provider
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	• 83% of PD patients were measured for adequacy during the data collection period • 87% of PD patients achieved the adequacy goals

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
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	• 83% of PD patients were measured for adequacy during the data collection period • 87% of PD patients achieved the adequacy goals
14	Annual Network 14 quality improvement initiative (Quality of Care Indicators Report) 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 14 facility averages, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended clinical practice guidelines. Facilities identified by Network Medical Review Board (MRB) as having a quality of care concern are notified and directed to implement quality improvement activities with the assistance of the Network Quality Management staff, if requested.	Ongoing Unfortunately due to prohibitions on data collection by CMS the Peritonitis Registry and PD Adequacy data will no longer be collected and thus cannot be used for future QI activities.
16	Obtain state and facility-specific clinical performance measures for peritoneal dialysis patients in Montana as part of a collaborative project with Montana PD Managers to provide meaningful outcome measures comparable to national CPM PD outcomes (*Montana Peritoneal Dialysis CPM Project 2003)*	Peritoneal dialysis (PD) Managers in Montana requested the Network's assistance in obtaining, collating and analyzing data on all Montana PD patients. This was compatible with the Network's interest in a pilot project, as our Medical Review Board (MRB) had discussed providing more useful data to our PD units for their quality improvement efforts. If the project was a success, it could be expanded to a broader population within our service area. An application to collect CPM outcome measures for all Montana PD patients, using the same form and process as the national CPM Project was submitted to CMS and Northwest Renal Network received approval for this undertaking. All six Montana PD programs submitted data on 100% of their PD patients, using the CMS CPM data-collection form #821. There were a total of 73 patients in the study, with a range of 6 to 18 patients per program. PD Managers requested an additional data point of HCO_3/bicarb be added to the survey form, which was approved by CMS.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
16 cont.		Data was entered Data was entered by Network staff into the SIMS program and analysis was completed by our statistician. Per CMS guidance, the CPM Annual Report's graphs were used as a template for the final report. Findings of this project were presented at the Montana PD Managers' annual meeting in Missoula, Montana, on October 2, 2003, by the Network's Quality Improvement Manager.
ADEQUACY OF HEMODIALYSIS		
1	84% of patients will be ≥ 1.2 KT/V	89% of Network 1 provider's patients have a KT/V≥ 1.2. Provider-specific profile reports sent twice a year to each provider.
3	80% of chronic hemodialysis patients will have URR of 65%	Monitored quarterly in Hemodialysis Improvement Project (HIP). Results as of 2nd Quarter 2003: 87.1% achieved the target goal
5	Improving adequacy of dialysis for hemodialysis patients	Both the intervention and comparison groups improved in delivering adequate dialysis measured by URR ≥ 65%, and this was statistically significant in the intervention group ($p < 0.05$). The largest improvement in the proportion of URRs > 65% was seen in the five (5) units whose medical directors were contacted by a Medical Review Board (MRB) physician, and this was statistically significant at the $p < 0.001$ level. This same sub-group demonstrated an absolute improvement of 11.4 percentage points, which exceeded the improvement goal of 6% for Indicator 1, and was the only group to do so. A reduction in failure rate of 15.5% was achieved in both the intervention and comparison units combined for URRs > 65%. Both the intervention and comparison groups also improved on prescribed Kt/V ≥ 1.3, and both improvements were statistically significant, although the comparison group's improvement was more significant at the $p < 0.0001$, compared to the $p < 0.01$ for the intervention group. Project-wide, a reduction in failure rate of 22.8% was achieved on prescribed Kt/V ≥ 1.3. Findings also showed that using run charts, posters, clinical algorithms, and patient videos correlated with improved performance more so than the other activities. Analyzing adequacy measures by access type revealed that patients dialyzing by catheter had lower URRs and delivered Kt/V. This was consistent across all groups.

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
9	• ≥ 95% of patient population achieve URR ≥ 65% • ≥ 95% of patient population achieve $Kt/V_{Daugirdas\ II} \geq 1.2$	• 87.7% of HD patients achieved URR goal • 90.9% of HD patients achieved $Kt/V_{Daugirdas\ II}$ goal
10	• ≥ 95% of patient population achieve URR ≥ 65% • ≥ 95% of patient population achieve $Kt/V_{Daugirdas\ II} \geq 1.2$	• 87.7% of HD patients achieved URR goal • 90.9% of HD patients achieved $Kt/V_{Daugirdas\ II}$ goal
11	Continue to monitor hemodialysis adequacy through the national CPM data collection and Elab data collection processes. Work with facilities that are in the lowest quartile of HD adequacy (as measured by URR ≥ 65%	The percent of patients with a URR ≥ 65% for fourth quarter of 2003 was 85.4%.
13	Stimulate and assist as necessary ongoing facility-specific quality improvement processes in hemodialysis adequacy	Network monitoring and assistance remains underway with a few facilities.
14	Annual Network 14 quality improvement initiative (Quality of Care Indicators Report) 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 14 facility averages, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended clinical practice guidelines.	Ongoing. Facilities identified by the Network Medical Review Board (MRB) as having a quality of care concern are notified and directed to implement quality improvement activities with the assistance of the Network Quality Management staff, if requested.
ANEMIA MANAGEMENT		
1	70% of all patients will have a Hgb ≥ 11gm/dL	78% of in center hemodialysis patients had a Hgb between 11-12 gm/dL, and 41% of providers had a Hgb>12gm/dL in the fourth quarter of 2003. 77% of peritoneal dialysis providers had Hgb between 11-12gm/ dL & 44% of providers Hgb were ≥ 12gm/ dL in the fourth quarter of 2003. Provider-specific profile reports sent twice a year to each provider.
3	80% of chronic hemodialysis patients will have hemoglobins of 11 Gm/ dL	Monitored quarterly in Hemodialysis Improvement Project (HIP). Results as of 2nd Quarter 2003: 78.8% achieved the target goal
5	Identify benchmark units and benchmark practices	A taskforce was convened to examine data on facility practice patterns that resulted in successful PD anemia management.
9	≥ 85% of patient population achieve hemoglobin ≥ 11 gm/dL	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)

NETWORK	GOAL	STATUS AS OF DECEMBER 2003
10	≥ 85% of patient population achieve hemoglobin ≥ 11 gm/dL	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)
11	Increase the number of patients with a hemoglobin ≥ 11 g/ dL	The percent of patients with a hemoglobin ≥ 11 g/dl was 81.5% for the fourth quarter of 2003, up from 78.0% for the fourth quarter of 2002.
14	Annual Network 14 quality improvement initiative (Quality of Care Indicators Report) 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 14 facility averages, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended clinical practice guidelines.	Ongoing. Facilities identified by the Network Medical Review Board (MRB) as having a quality of care concern are notified and directed to implement quality improvement activities with the assistance of the Network Quality Management staff, if requested. Focus on severe anemia in 03-04

Source: Networks 1-18 Annual Reports, 2003

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

In addition, each Network shall develop a written plan that assesses the relative and historical performance of each Clinical Performance Measure (CPM) indicator (below) and prioritizes/plans/designs 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, and
- Other measures/indicators identified by CMS

Note: 2003 CPM data were released in Spring 2004.

Quality Improvement Activities

Other improvement activities may be developed by the Network with its community, and/or in collaboration with others (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 2003, 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 17
SUMMARY OF OTHER NETWORK QUALITY ACTIVITIES CONDUCTED IN 2003

AREA OF CARE	NETWORKS
Glomerular Filtration Rate (GFR) Review	All
Patient Support	2, 3, 4, 5, 6, 8, 9, 10, 14, 15, 16, 17, 18
Patient Safety	1, 2, 3, 4, 5, 6, 8, 9, 10, 14, 16, 18
Modality Selection Study	18
Renal Osteodystrophy	6, 8, 9, 10, 11, 14, 15
Bacteremia and/or Infection Control	3, 6, 8, 9, 10, 13, 14, 16, 18
Vocational Rehabilitation/Employment	2, 3, 4, 6, 8, 9, 10, 11, 13, 14, 15, 16, 18
Immunizations	1, 3, 5, 6, 8, 13, 14, 16, 17, 18
Transplantation	3, 4, 5, 6, 8, 9, 10, 11, 13, 14, 15, 18
Continuous Quality Improvement/Quality	2, 3, 5, 6, 8, 9, 10, 11, 14, 15
Pediatric Dialysis	1, 3, 4, 9, 10, 14
Early Referral/ Early Renal Insufficiency	3, 5, 8, 9, 10, 14
Hepatitis B and/or Hepatitis C	3, 8, 9, 10, 14, 16, 17, 18
Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 18
Centers for Disease Control & Prevention Annual Survey	2, 5, 6, 8, 9, 10, 11, 13, 14, 15, 16, 18
Needle-Stick Safety	14
Quality Awards	5, 6, 8, 9, 10, 14
Electronic Transmission of Laboratory Data	1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15
Technician Training Project	14, 16
Common Practices	3, 9, 10, 14, 15
Knowledge Management Program (KMP)	1, 5, 6, 11, 14
Home Dialysis	3, 8, 11, 14, 15
Amputation	8
Challenging Patients	2, 3, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18
Depression in the ESRD Patient	3, 8, 15

AREA OF CARE	NETWORKS
USRDS Acute Myocardial Infarction Study (AMI)	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14, 15, 16, 18
Quality Oversight & Monitoring	2, 3, 4, 5, 6, 8, 9, 10, 11, 14, 15, 18
National Health Care Quality Week	5
Nutrition	3, 6, 8, 9, 10, 11, 14, 15, 16
Standardized Mortality Rates	3, 5, 8, 9, 10, 11, 14, 16
Preventive Care	3, 5, 8
Ethical Issues	3, 5, 8, 9, 10, 14, 16
Prescribed Hours of Dialysis	15
Mineral Metabolic Management	15

Source: Networks 1-18 Annual Reports, 2003

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 encouragement. (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 it provides other beneficiaries.

The Networks are committed to patient quality of life by maintaining active lifestyles. Each Network is required by federal legislation and contract requirements to encourage dialysis facility staff to assist patients in rehabilitation. Networks annually 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 Network's Annual Report (either by hardcopy and/or referral to the Network's website), 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. 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
7. Annual notification of the updated Quality Measures for Dialysis Facility Compare
8. Other materials (such as journal articles or pertinent research information) that providers/facilities can use in their quality improvement programs
9. 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 2003. 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

Beginning in the fourth quarter of 2000, new ESRD patients were sent a package of orientation materials. This 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 2003, a total of 94,485 new patient orientation packets were distributed. The package of orientation materials was revised in Year Three (October 2002 - September 2003) 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)
- "Dialysis Facility Compare" (CMS Brochure)

The rate of package return was tracked, and the data shows small variation between Networks and indicated that the vast majority of packages, 94.69%, were delivered to the new ESRD patients.

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, and
    - 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 2003 is provided below. (This list is only an overview, and in no way represents all of the issues addressed by every Network during 2003.)

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

RESOLUTION OF DIFFICULT SITUATIONS AND GRIEVANCES

The Network shall 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. The Network shall also conduct trend analysis of reported situations to detect patterns of greater concern. The Network shall follow the CMS national policy in the ESRD Network Organizations Manual instructions Chapter 7, for evaluating, resolving, and reporting patient grievances and facility concerns. The Network shall within 24 hours of receipt, refer immediate and serious grievances to the appropriate CMS Regional Office and State Survey Agency. On request from CMS, the Network shall assist the State Survey Agency with the investigation of a complaint.

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 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 2003, Networks processed 40 formal beneficiary grievances. Table 18 displays the number of Formal Grievances processed in 2003.

TABLE 18
FORMAL GRIEVANCES PROCESSED
CALENDAR YEAR 2003

NETWORK	NUMBER OF GRIEVANCES
1	0
2	1
3	0
4	0
5	10
6	2
7	*
8	0
9	7
10	7
11	0
12	7
13	0
14	1
15	0
16	0
17	1
18	4
TOTAL	**40**

Source: Networks 1-18 Annual Reports, 2003
*On October 28, 2003, the Network 7 contract was awarded to Florida Medical Quality Assurance, Inc. (FMQAI). Therefore, the FMQAI: The Florida ESRD Network (Network 7) 2003 Annual Report only encompasses the dates of October 28 - December 31, 2003. The FMQAI contract did not require quality improvement activities or formal grievances to be reported in the 2003 Annual Report.

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. It is estimated that ESRD Networks process over 7,000 such 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.

During 2003, Networks spent time discussing and focusing on "patient-provider conflict." A number of Networks define the challenging patient as one who may present to a clinic and act out in a violent manner or who is verbally abusive or threatening. 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 addition, Network 17, with the assistance of several staff members from Network 18, undertook a special CMS project entitled, "The Patients (and Staff) Who Try Our Patience". The final report was approved by CMS in March 2003, and is available at http://www.network17.org/qualimp/pdf/Challenging.pdf.

On October 2-3, 2003, a community of stakeholders participated in a Consensus Conference to design a Collaborative Action Plan for Decreasing Dialysis Patient - Provider Conflict (DPPC). The goals of the Consensus Conference were:

1. To create a shared understanding of the "anticipated barriers" that the community of stakeholders will face in improving the DPPC situation
2. To build commitment to an action plan for collaboratively addressing the "system of barriers"
3. To begin forging a "chain of partnerships" to implement a program for improving ESRD patient outcomes

The work of the Consensus Conference was summarized in a Final Report, which is available on the Forum Office website at www.esrdnetworks.org.

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. Establish policies and procedures for maintaining CMS approved computer hardware and software and maintaining sufficient system capacity to carry out its contractual responsibilities
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 RO 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
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 SIMS 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 status is reported to CMS timely for appropriate enrollment and disenrollment into the Medicare program for ESRD benefits
8. At a minimum, on a quarterly basis, verify with dialysis facilities, patient event data maintained in SIMS
9. At a minimum, 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 in the Network's Annual Report and profile tables made available to CMS upon request

Networks established their individual registries in the early 1980s with similar components and definitions. In 1997, the Networks began the complex transition to the national Standard Information Management System (SIMS). The Southeastern Kidney Council (Network 6), on behalf of the Forum (and now under contract with CMS) leads this project. The project was launched in December 1999 to ensure all Networks had a Y2K-compliant system.

In the fall of that year, all Networks were asked to convert at least five years of data from their legacy system, using the new standardized definitions. When possible, Networks converted their entire system. Using each of these converted datasets, SIMS created the central repository of all patients nationally. As data was added to the repository, thorough checks were run to match patient records from one Network to another in cases where patients had been treated in multiple Networks. Although the system was launched at the end of 1999, Networks worked throughout 2000 to reconcile data to the new structure. CMS began requiring all Networks to use SIMS in July 2000.

Data are now replicated nightly to the central repository. If a patient crosses Network boundaries for treatment, his/her pertinent data are automatically replicated back to the receiving Network. This allows Networks to track patients through the continuum of care and keep accurate records of patients. Some data are not replicated and remain only on the local Network server. Most notably, patient grievance calls and facility staff information are not stored on the repository and are only accessible to the Network that entered it.

Five Major Components of SIMS

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
- Export files for REBUS for monthly 2728 and 2746 transmission
- 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 2003 Network 6 continued to support SIMS, including system enhancements, hardware and software acquisitions, training, and user support through a help desk. Additional information regarding the SIMS project and all deliverables is available to CMS and the Networks at http://www.simsproject.com. A division of Network 6 currently administers the operational requirements of the eSOURCE (www.esource.net) contract for SIMS and the Vital Information Management System to Improve Outcomes in Nephrology (VISION – the national, facility-based information system).

Each month SIMS hosted a two-hour conference call with Networks and CMS to discuss pertinent issues and changes. Networks may recommend additional elements or functionality be added to the system via the Task Group structure, which was created in 2003 and which operates primarily through email communication. Each Network is allowed to comment on the position and if it receives sufficient support, the item will be added to SIMS. Successful utilization of the Task Group structure made any official position papers unnecessary in 2003.

In 2003 in SIMS there were 1,283,241 unique patients and 4,316,739 unique patient events for those patients. Some of this information is collected via CMS forms: the 2728, Medical Evidence Form and the 2746, Death Notification Form. Patient events and other information are collected via Network-defined forms. At night, the CMS forms and patient events are replicated to the central repository for inclusion in the Renal Beneficiary Utilization System (REBUS). Table 19 shows the number of data forms transmitted to CMS in 2003.

TABLE 19
DATA FORMS PROCESSED
CALENDAR YEAR 2003

NETWORK	MEDICAL EVIDENCE (CMS 2728)	DEATH NOTIFICATION (CMS 2746)	TOTAL
1	4,019	2,849	**6,868**
2	7,633	5,891	**13,524**
3	3,222	2,385	**5,607**
4	5,089	3,406	**8,495**
5	6,344	4,404	**10,748**
6	8,735	6,279	**15,014**
7*	6,853	5,139	**11,992**
8	5,305	3,838	**9,143**
9	8,164	5,420	**13,584**
10	4,887	2,968	**7,855**
11	7,755	4,928	**12,683**
12	6,318	2,837	**9,155**
13	4,569	3,558	**8,127**
14	9,194	5,650	**14,844**
15	4,767	3,136	**7,903**
16	3,167	2,141	**5,308**
17	4,899	3,305	**8,204**
18	8,066	5,177	**13,243**
TOTAL	**108,986**	**73,311**	**182,297**

Source: Networks 1-18 Annual Reports, 2003

* Data for calendar year 2003 submitted by FMQAI: The Florida ESRD Network (Network 7) 2003 Annual Report only encompasses the dates of October 28 - December 31, 2003. The FMQAI contract did not require quality improvement activities or formal grievances to be reported in the 2003 Annual Report.

In building this information infrastructure, the Networks hope to better pursue initiatives to measure and improve the quality of healthcare delivered to the ESRD patient population. The ultimate goal of SIMS is to improve the quality of care delivered by making ESRD data more accessible to dialysis facilities, Networks, and the renal community.

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 AND COOPERATIVE ACTIVITIES. THESE ACTIVITIES MAY INCLUDE ESRD NETWORKS, QUALITY IMPROVEMENT ORGANIZATIONS (QIOs), STATE SURVEY AGENCIES, ESRD PROVIDERS/FACILITIES, MEDICARE+CHOICE (M+C) ORGANIZATIONS, ESRD FACILITY OWNERS, PROFESSIONAL GROUPS, 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 2003 CMS/Forum of ESRD Networks' Annual Meeting "Targeting Success: Patient-Centered Care" 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 2003 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 ESRD beneficiaries.

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 20 provides a summary of collaborative activities that Networks conducted in conjunction with their area QIOs, SSAs, and the renal community during 2003.

TABLE 20
NETWORK COLLABORATIVE ACTIVITIES IN 2003 BY NETWORK

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
QIO COLLABORATION		
All Networks	2003 QualityNet Conference	Network Executive Directors, Quality Improvement Directors, and Data Managers attended the September 15-18 QualityNet meetings in Hunt Valley, Maryland, a collaborative session with all Networks, CMS Central Office and Regional Office staff, the Institute for Healthcare Improvement, members of the NVAII Workgroup and Quality Improvement Organizations (QIOs). Sessions focused on the national vascular access initiative (NVAII). Data sessions included hands-on technical sessions that addressed SIMS, VISION and REMIS.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
5	• Virginia, West Virginia, the District of Columbia, and Maryland • Delmarva Foundation	• Flu immunization materials distributed • Diabetes Management Project
6	North Carolina, South Carolina, and Georgia QIO's	Flu Immunization Quality Improvement Activity
8	• Alabama Quality Assurance Foundation (AQAF) • Information and Quality Healthcare (IQH) – Mississippi QIO	• ESRD Patient Safety Project • Prescription Continuity of Care System (PCCS) and IQH Consumer Advocacy Council
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
13	• Oklahoma QIO • Louisiana QIO • Arkansas, Louisiana, Oklahoma QIO	• Lower Extremity Amputation Pilot Project • Pilot Eye Exam Project • Statisticians from all three organizations spoke on "Basic ESRD Statistics" at the Network's Spring 2003 workshop series
14	• Texas Medical Foundation • Texas Medical Foundation • Texas Medical Foundation	• Participate on TMF Consumer Advisory Committee • Early referral project • Flu and pneumonia vaccination education initiatives
15	• HealthInsight (Nevada/Utah) • Colorado Foundation for Medical Care (CFMC)	• Collaborative efforts related to the FistulaFirst Project • Collaborative efforts related to joint membership on the Trailblazer Advisory Group and the Network acts as a local sounding board for the ESRD related reports, which CFMC produces for CMS
16	QualisHealth, Seattle, Washington	Quality Improvement Manager and Quality Improvement Coordinator attended an Institute for Healthcare Improvement collaborative session at QualisHealth (QIO), to learn about the tools and techniques IHI applies to stimulate collaboration and positive change in healthcare
17	California Quality Improvement Organization (QIO)	The QIO shared technical information when requested, on such issues as the 2003 Flu campaign
18	CMRI	Met at QualityNet conference to review shared data collection activities, particularly related to FistulaFirst
STATE SURVEY AGENCY COLLABORATION		
2	Department of Health (DOH)/CMS	Formal agreement of cooperation and collaboration
3	• New Jersey Department of Health (NJDOH) • Puerto Rico Department of Health (PRDOH)	• Interacted with members of the NJDOH to better facilitate the referral process • Interacted with the members of the PRDOH in relation to practice issues in a facility within their jurisdiction
4	State Survey Agencies	Five (5) conference calls were held with staff from the Pennsylvania and Delaware State Survey Agencies, the Boston Regional Office Project Officer, and the Network
5	• Maryland State Survey • Virginia State Survey	• Coordinated on a facility closure due to quality issues • Addressed quality concerns

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
6	• North Carolina State Survey Agency	• Collaborated to conduct pilot project to improve complaint system in NC which included sharing of information, quarterly meetings, joint presentations at patient workshop, signing of Memo of Understanding, invitation to Annual Meeting
	• South Carolina State Survey Agency	• Meeting and conference call, regular sharing of information, invitation to Annual Meeting
	• Georgia State Survey Agency	• Regular sharing of information, invitation to Annual Meeting
8	State Survey Agency (Alabama, Mississippi, and Tennessee)	Quality of Care Issues
9	• Indiana State Department of Health	• The use of unlicensed personnel in the dialysis setting
	• Illinois, Indiana, Kentucky, and Ohio departments of health	• Resource and expert adviser for the technical aspects of dialysis, complaints, grievances, and facility concerns
10	• Indiana State Department of Health	• The use of unlicensed personnel in the dialysis setting
	• Illinois, Indiana, Kentucky, and Ohio departments of health	• Resource and expert adviser for the technical aspects of dialysis, complaints, grievances, and facility concerns
11	Five State Survey Agencies (SSAs) in Network	Memorandum of Agreement with SSAs in Network to formalize Network 11's working partnership with them
12	State Survey Agencies (Iowa, Kansas, Missouri, and Nebraska) and CMS Region VII Office personnel (Division of Quality Improvement and Division of Survey and Certification)	Quarterly teleconferences on Network and State Survey Agency activities. Regular consultation on regulation issues and, when appropriate, referral for possible regulation violations.
13	State Agencies (Arkansas, Louisiana, Oklahoma)	State surveyors from all three organizations spoke on "Disaster Preparedness" at the Network's Spring 2003 Workshop Series
14	Texas Department of Health	Coordinated survey activities, Medical Review Board (MRB) referrals to Network MRB, technical assistance and participation on rule development task forces. The Network also collaborated with the Texas Kidney Health program by sharing data and information
15	• Arizona and Nevada	• Participate in quarterly Regional Office State Agency Network (ROSAN) calls, reviewing current information, problems and opportunities for improvement in the region
	• Arizona, Colorado, Nevada, New Mexico, Utah, and Wyoming	• Frequent calls and communication sharing regarding current/potential problems, concerns and projects

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16	• State Survey Agencies for Alaska, Idaho, Montana, Oregon and Washington	• In 2003, Northwest Renal Network maintained its cooperative relationship with State and Regional Office Survey and Certification staff. The Network provided updated facility addresses, contact numbers, and station count data to our Project Officer to share with State Agencies. Network staff participated in monthly teleconference meetings hosed by our Project Officer that included Network staff, State Survey Team representatives, Regional Office Survey and Certification Staff and invited speakers with special expertise. These meetings improved inter-agency communication, identified areas of mutual concern and kept us informed of changes in policy that impact upon the ESRD program. In response to specific information requests, 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. The Network's Quality Improvement Manager, QI Coordinator, Patient Services Coordinator 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. This information allows the Network to identify areas where it may be helpful in addressing deficiencies through provision of technical assistance or educational materials to facility staff, or where broader educational outreach to our renal community may be beneficial. It also alerts the Network to problems that it may not be aware of, if no complaints or inquiries have been received. Informal telephone contact continued to be an important communications link for identifying concerns about quality of care that may be addressed by the Network's Medical Review Board and/or State Surveyors.
	• Regional Office/State Agency (ROSA) Meeting	• The Network's Quality Improvement Manager and Quality Improvement Coordinator attended the Regional Office/State Agency (ROSA) meeting in Seattle on May 1st. Our Quality Improvement Manager presented "Meet Your Network Partner" to CMS, State Agency and QIO staff.
17	State agencies and CMS Regional Office	Regularly scheduled meetings of ROSAN (Regional Office, State Agency, Networks) provided a forum and opportunity to discuss and solve mutual problems, review forthcoming initiatives, analyze relevant new (or old) policies, and have direct face-to-face conversations. These meetings are held at the Region IX offices.
18	California Department of Health Services (DHS)	• Executive Director presented information on Network activities at an SSA training Session for Los Angeles county. • Worked with DHS and CMS Region IX regarding potential decertification of a facility. Ongoing communication regarding site facility licensure/certification inspections

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
RENAL COMMUNITY COLLABORATION		
All Networks	Executive Directors' Summit, January 16-19, San Diego, CA	Executive Directors from all Network Organizations met to share information on contract requirements, technical resources, quality improvement initiatives including the Patient Safety Project, Forum of ESRD Networks Workgroup reports, planning for the 2004 CMS/Forum of ESRD Networks' Annual Meeting in Baltimore, application of Quality Improvement tools such as root cause analysis, resolution of patient grievances and special initiatives to address challenging patient situations, Network/State Agency relations, the role of Patient Services Coordinators in Network Organizations, plans for the CDC survey, CROWN, VISION, Elab and emerging data issues, administrative concerns and the impact of regulations on Network management.
All Networks	"Dialysis Patient-Provider Conflict: Designing a Collaborative Action Plan with the ESRD Stakeholders"	The national consensus conference was attended by Network representatives and was held on October 2-3, 2003, in St. Louis, Missouri.
All Networks	National Vascular Access Improvement Initiative and National Core Data Set meetings	Network Executive Directors and Quality Improvement Directors attended a collaborative session with all Networks, CMS Central Office and Regional Office staff, the Institute for Healthcare Improvement and members of the NVAII Workgroup June 9-12, 2003, in Las Vegas, Nevada. Positive interaction among attendees produced viable strategies for launching CMS's initiative to increase the prevalent and incident fistula rate in hemodialysis patients and to refine the Core Data Set. Collaboration continued throughout the year as Networks and the Institute for Healthcare Improvement (IHI) shared tools and built momentum for increasing the use of fistulas.
1	• Connecticut Coalition for Organ & Tissue Donation • National Kidney Foundation (NKF)	• Poster contest with high schools to raise awareness for organ donation • Patient Services Manager serves on Editorial Board of Focus First
2	• American Nephrology Nurses' Association (ANNA) • National Kidney Foundation (NKF) of Greater New York • National Kidney Foundation (NKF) of Upstate New York • Council of Nephrology Social Workers (CNSW) • HMOs	• Co-sponsor Network Annual Meeting, Network presentation at ANNA Local Chapter Spring Meeting • Network participated in advertising annual Kidney Walk • Network staff presented role & responsibility of the Network to area social workers • Network staff made presentation to members at 3 of 4 meetings • Network staff assisted with verification of 11,837 patient records
3	• New Jersey Renal Administrators Association • NYRO of CMS	• Administrative Issues and Information • Communication re: potential nurse strike, info for ESRD meeting, etc.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
4	• Renal Roundtable	• The Executive Director once again was a member of the Planning Committee for the 24th Renal Roundtable Symposium (Horizons in Dialysis). This educational seminar was attended by 120 dialysis facility staff from Western Pennsylvania. Topics covered included: Maximizing Dialyzer Efficiency; Staff Retention; Exercise, Physical Functioning and Quality of Life in Dialysis; The VA/NIH Acute Renal Failure Trial Network Study; Depression and CKD; and Effective Patient Communications
	• National Kidney Foundation (NKF) of Western Pennsylvania	• The Quality Improvement Coordinator provided statistical data to the Vice President of Operations to assist in the development of the Kidney Early Evaluation Program (KEEP)
5	Virginia National Kidney Foundation (NKF)	Coordinated on local meeting
6	• Life Options/Rehabilitation Resource Center (LORAC)	• Network 6 consulted with LORAC in the development and results of the Rehabilitation Quality Improvement Activity. Network 6 used LORAC's Unit Self-Assessment Tool and other resource materials for the project
	• Council of Nephrology Social Workers (CNSW)	• The Patient Services Coordinator, Special Project Coordinator and Patient Services Specialist are all active members. The Patient Services Coordinator is co-chair of the local chapter.
	• National Kidney Foundation (NKF)	• Network 6 collaborated with the NKF of Georgia to produce and distribute the Transplant 101 booklet and to begin planning a patient workshop held in early 2004. Network 6 co-sponsored a patient workshop with the NKF of South Carolina.
8	• ESRD Facilities	• Birmingham Project - project designed to improve patient placement
	• Large Dialysis Organizations (LDOs)	• FistulaFirst
	• American Nephrology Nurses' Association (ANNA)	• Local and national activities
	• American Association of Kidney Patients (AAKP)	• Network 8 Patient Services Coordinator serves as the President of the Board of Directors
	• National Kidney Foundation (NKF) of Mississippi	• Network 8 Executive Director and Patient Services Coordinator serve on the Board of Trustees. The Patient Services Coordinator and Quality Improvement Coordinator serve as members of the Professional Advisory Board. Staff participate in KEEP screenings and other activities.
	• Life Options Rehabilitation Advisory Council (LORAC)	• Network 8 Executive Director serves as the ESRD representative. The Patient Services Coordinator was featured as a working patient in the updated Life Options Employment book
	• United Network for Organ Sharing (UNOS)	• Patient Services Coordinator serves as a member of the Patient Affairs Committee

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
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)	• Provides resources and contacts • Provides resources and contacts. Disseminates materials a requested • Provides resources and contacts. Disseminates materials as requested. • Provides resources and contacts.
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
12	• National Kidney Foundation (NKF) • Missouri Kidney Program • NRAA	• The Network provides support to the local NKF affiliate in organizing and holding their annual renal education seminar targeting primary care physicians and nurse practitioners • Network representatives attend educational meetings as participants and Advisory Council meetings as non-voting members • The Network sponsors a winter administrator workshop held in conjunction with the Annual Business Meeting and Clinical Care Conference.
13	American Association of Kidney Patients (AAKP)	Poster display on Patient Advisory Committee Activity
14	• Various renal organizations • Large Dialysis Organizations (LDO's) Vascular Access Project	Participated as presenter, meeting coordinator, exhibitor and/or volunteer with NKF locally and nationally, AKF, AKF, AAKP, ANNA, NRAA
15	• Arizona-NKF (National Kidney Foundation) • High Country Chapter American Nephrology Nurses' Association (ANNA)	• Partnered for the Southwest Nephrology Conference in Phoenix, Arizona • Supported local ANNA chapter meetings
16	• GE Osmonics	• The Network's Quality Improvement Manager and Quality Improvement Coordinator presented information on the Networks' role in the ESRD program and what to expect during State Agency site surveys at five training programs on "Ensuring Safe Water for Hemodialysis" for technicians and other personnel, sponsored by Osmonics Water Systems, in Kent, Washington (January 14, March 18, May 13, June 17, and November 11, 2003). Attendees were drawn from across the nation.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16 cont.	• University of Michigan Kidney Epidemiology and Cost Center (KECC)	• The Network disseminated the facility-specific reports on mortality, hospitalization and transplantation to key clinical staff at every facility
	• United States Renal Data System (USRDS)	• Network staff provided considerable support for the US Renal Data System (USRDS) Cardiovascular and Comprehensive Dialysis Study
	• Institute for Healthcare Improvement (IHI)	• Network staff collaborated with IHI on the National Vascular Access Initiative. This included interviews with IHI's Project Director for the Vascular Access Initiative during the early phases when IHI was gathering information on the methodology of Network 16's successful vascular access Quality Improvement Project ("Back to the Basics") to share with other Networks as it developed change package materials and other resources. Sample materials used in the Network project and preliminary data were forwarded to IHI and became part of the resources available to all Networks. Our Quality Improvement Manager served as Co-Chair of the NVAII Tools and Resources Committee and our QI Coordinator also served on this panel. Network staff participated in all IHI/NW/CMS conference calls, including the NVAII Workgroup meetings, Tools and Resources Committee and subcommittee meetings. Network staff also participated in IHI's weekly conference call series on spreading improvement in health care systems (September - October 2003).
	• American Nephrology Nurses' Association (ANNA) national activities	• The Network Quality Improvement Coordinator was re-elected to serve as ANNA Western Region Vice President, sits on the Board of Directors of ANNA, is an active participant in national and regional ANNA programs, and attended the ANNA Fall-2003 meeting in Savannah, Georgia, on *Influencing the Future Climate of Nephrology through Politics, Mentoring and Clinical Expertise*.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16 cont.	• Regional American Nephrology Nurses' Association (ANNA) Chapters	• During fall 2003 and winter 2004, our Patient Services Coordinator, Quality Improvement Manager, and Quality Improvement Coordinator served on the program planning committee for the Northwest Renal Update - March 2004 ("*Heart, Soul and Nitty-Gritty of Renal Care"*) in collaboration with ANNA Chapter 503. In addition to developing the curriculum for this meeting and recruiting guest speakers, each Network staff person was a featured presenter. The Quality Improvement Manager attended the Cascades ANNA Chapter Meeting, February 20-21, Welches, Oregon. ANNA Siskiyou Chapter Hemodialysis Update 2003, April 13, 2003, Medford, Oregon. The Network's Quality Improvement Manager presented "*Patient Safety and Workplace Sanity*" at the Hemodialysis Update 2003 sponsored by the ANNA Siskiyou Chapter in Medford, Oregon. ANNA Sawtooth Chapter, November 4, 2003, Boise, Idaho. An in-depth presentation on FistulaFirst was given to 22 nephrology nurses from Boise area dialysis units and acute programs. The Quality Improvement Manager presented information on "the myths" of peritoneal dialysis (PD) at the Greater Puget Sound ANNA Chapter Meeting on November 8, 2003, in Seattle, Washington.
	• Networks 15, 17, and 18	• The Network's Executive Director, Quality Improvement Manager, and Quality Improvement Coordinator attended the November 12-13 Western Networks' Meeting held at Region X, CMS, Seattle, Washington, hosted by our Project Officer. Information on internal quality control programs, the National Vascular Access improvement Initiative, the USRDS Cardiovascular Study, Medical Review Board (MRB) Institutional Review Board (IRB) functions, submission of IRB applications, CPM work plans and the yearly Network evaluation process was shared, and guidance was provided on addressing new contract requirements.
	• Regional Council of Nephrology Social Workers (CNSW) Chapters	• The Network's Patient Services Coordinator (PSC) presented "Putting Professionalism Into Practice" at the CNSW Portland Area Chapter meeting, February 28, 2003 in Portland, Oregon. The PSC participated in a regional symposium for nephrology social workers on "Nephrology Social Work Practice: An Outcomes Driven Model" held by the CNSW-Northwest Chapter on June 6, 2003, in Issaquah, Washington.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
16 cont.	• Regional Renal Dietitians' Organizations	• The Network's Executive Director was part of a panel on "Licensure of ESRD Facilities: Learning from the Oregon Experience" at the Annual Northwest Renal Dietitians Meeting, March 7, 2003, Clackamas, Oregon. The Network's Patient Services Coordinator presented "Putting Professionalism Into Practice" at the Oregon Council on Renal Nutrition's President's Workshop, October 11, 2003, Portland, Oregon. Topics addressed included grief and loss, communication, professionalism, and an overview of the FistulaFirst initiative.
	• Montana Dialysis Managers Conferences	• At the Montana PD Managers Meeting on October 2, 2003, in Missoula, Montana, our Quality Improvement Manager presented the results of the Network cooperative project to provide state and facility-specific patient Clinical Performance Measures (CPM) outcomes data for peritoneal dialysis patients. At a statewide meeting of Nurse Managers from hemodialysis programs on November 14, 2003, in Great Falls, Montana, the Quality Improvement Manager presented Montana statistics, information on the Network and highlights of FistulaFirst.
17	Renal and transplant organizations	The Network maintains active liaisons with ESRD organizations, e.g. NKF, AAKP, AKF, NRAA, and the California Dialysis Council
18	• Renal Support Network	• Assist with annual "Renal Prom" and other educational activities
	• FMC, Gambro, DaVita	• Multiple meetings and presentations to dialysis corporate staff on NVAII and other Network activities
	• Southern California Kaiser Permanente Renal Program	• Partnered with HMO to provide conflict resolution, professionalism and other-in-service session to their nephrology staff and contracted dialysis facilities
OTHER COLLABORATIONS		
1	• Massachusetts Water Authority	• Major water improvements to water system create chemical changes. Network coordinates water alerts with providers
	• Hastings Center	• Presentation on ESRD QI activities as it relates to IRB issues
2	State Office of Emergency Management (OEM)	Collaboration with state OEM to advise dialysis facilities of emergency plans for severe weather or other emergencies.
3	• Forum of ESRD Networks	• Attended Executive Director and Quality Improvement Director Summits with other network representatives. Participated in task groups with CMS and other Networks (Grievances, PETG, PPTG)
	• 2003 Summit Meetings	• Executive Director attended Summit meetings in January, March, and September. Quality Improvement staff attended Quality Improvement Summit meetings in March, July and September.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
4	• Network 11	• Gathered data on dialysis facilities' laboratories for Elab and sent results to Network 11 • Involuntary Patient Discharge Survey Project
	• Network Organizations	• Participated in the pilot of the "Event Forms & Definitions" - 22 Network 4 facilities participated • CQI Director - served on Tools & Resources Sub-Group • LAN Director - Co-chair of Data Forms Task Group • Data Director - served on Data Events Task Group • CQI Director -served on NVAII Tools & Resources Workgroup (IHI, CMS, Networks) • Patient Services Coordinator (PSC) - served on PSC Resource Guide Subcommittee
	• CMS - Regional Office III	• Visit by Margaret Thompson, Department of Aging to the Network office to learn more about Network activities and to share information from her department
	• Forum	• Network Executive Director and Medical Review Board (MRB) Chair serve on Forum Board of Directors • Network 4 Medical Review Board (MRB) Chair is the Chair of the Forum MRB Chairs • LAN Director - served on QM&R Strategic Workgroup • Executive Director - serves on Forum Administrative Committee • At the request of the Forum, Network 4 organized an educational tour of a dialysis facility and provided information relating to the care of patients receiving dialysis to the CEO & Vice President of CWA Ltd., the facilitators of the Dialysis Patient-Provider Consensus Conference
	• Veritus Medicare Services (Fiscal Intermediary)	• Executive Director and Medical Review Board (MRB) Chair met six times with the Medical Director or Veritus and other Veritus staff. Topics discussed included: Veritus' presentation at the June 2003 NCC meeting; assessment & documentation related to Doppler studies; Local Medical Review policies; the national "Fistula First" project and status of the Network's project; CMS' request for comments regarding EOP administration; reimbursement and appeals processes; and changes in physician payment • Vertius staff addressed changes in reimbursement coding at the October 2003 MRB meeting
5	Academy for Educational Development (AED)	Partnered with AED on development of training modules for dialysis technicians
6	North Carolina State Emergency Operations Command	The Patient Services Coordinator worked with this organization to assist several dialysis facilities in North Carolina to obtain power and water sources after Hurricane Isabel.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
8	• Other Networks	• Network 8 transplant poster, ELAB, FistulaFirst, Network 13 Vascular Access Conference
	• Mississippi Chronic Illness Coalition (MCIC)	• The Patient Services Coordinator and Quality Improvement Coordinator served on coalition to address needs of the chronically ill in Mississippi
	• NIDDK, NKF of Mississippi	• National Kidney Disease Education Program (NKDEP)
9	• NIDDK's National Kidney Disease Education Program (NKDEP)	• Participated in NKDEP's initiative to prevent and increase awareness of kidney disease in the African American community in Cleveland, Ohio
	• Forum of ESRD Networks	• Participated in Forum-sponsored activities related to challenging patients including the Forum Patient Services Coordinators Group's development of an internal tool kit for non-adherence and Best Practices Session at the annual meeting
10	• NIDDK's National Kidney Disease Education Program (NKDEP)	• Participated in NKDEP's initiative to prevent and increase awareness of kidney disease in the African American community in Cleveland, Ohio
	• Forum of ESRD Networks	• Participated in Forum-sponsored activities related to challenging patients including and the Forum Patient Services Coordinators Group's development of an internal tool kit for non-adherence and Best Practices Session at the annual meeting
14	Forum of ESRD Networks	• Network Executive Director serves on the Forum Board of Directors and Administrative Committee • Quality Management Coordinator served on QI, Core Data Set, and NVAII, tools and resources committee
15	CMS Regional Offices in Dallas, San Francisco and Denver	Numerous calls to the Network requesting assistance with facility-specific concerns, ROSAN conference calls, Network contact with each RO seeking interpretation of federal regulations covering the issue of self-care dialysis in an outpatient setting, etc.
16	• Washington State Department of Health Certificate of Need (C/N) Program	• Provided patient profile data and facility treatment volume data for C/N Program use in review of certificate of need applications for new and/or expanded ESRD services in Washington.
	• Yellowstone City County Health Department, Billings, Montana	• The Network provided analytical feedback and formal support to the health department in its development of a proposal for a special study: "Renal Dialysis in Montana: A Patient Systems Perspective." (The study was recommended for approval under the Public Health Service's Grants for Policy-Oriented Rural Health Services, but did not receive funding.)
17	• Hawaii State Department of Quality Assurance	• Administrative/Quality Improvement visit to discus Network goals and initiatives and ways in which they could integrate activities more successfully.
	• Hawaii Health Department	• Development of a 2004 Hawaii providers meeting
	• Hawaii National Kidney Foundation	• Integration of relevant activities
	• ESRD principles of the hospital and freestanding clinics of Guam and representatives of Hawaii Organ Procurement Agency	• Discuss the feasibility of kidney transplantation in Guam and provided educational opportunities t their staff and patients regarding Network goals and activities

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME
17	• Kaiser Permanente	• The Network's largest Health Maintenance Organization worked with the Network to reduce involuntary discharge of Kaiser beneficiaries from any of the three large dialysis organizations in its service area, and developed its Pathways to intersect with the Network's and involve early intervention by their renal case managers.
	• Saipan hospital administrator and Secretary of Public Health	• Familiarize them with Network goals and programs and discuss kidney disease in the Saipanese population
18	• Los Angeles County Sheriff's Department	• Network 18 provided technical assistance regarding dialysis provision to inmates in Los Angeles County jails
	• Health Insurance Counseling and Advocacy Program (HICAP)	• The Network works together to assist persons with obtaining Medigap or secondary insurance
	• Council of Nephrology Social Workers (CNSW) local chapters	• Provided technical assistance on communication techniques, challenging patients and professional boundaries and other issues regarding patient care
	• California Dialysis Council	• Attend Board meetings as an invited guest and serve as a resource to the ESRD provider community on utilization, quality improvement, patient education and other issues

Source: Networks 1-18 Annual Reports, 2003

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 partnered during 2003 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 Chains
- Large Corporate Dialysis Chains
- 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

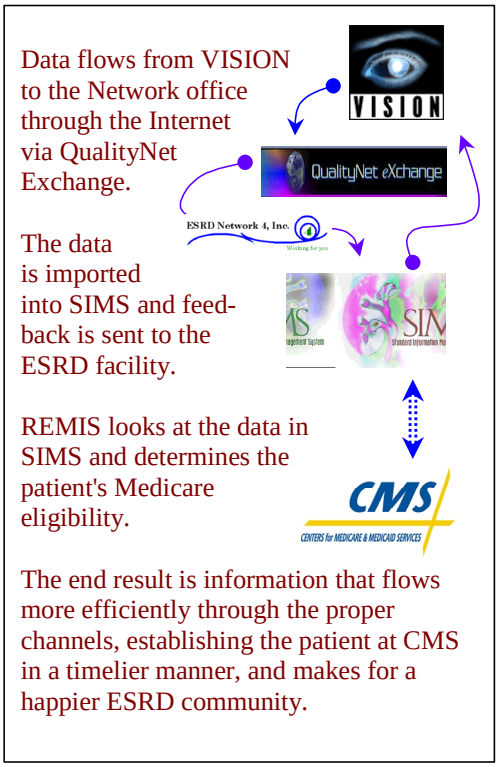
Many of the ESRD Network personnel are actively involved on renal community boards of directors and committees. The following are some of the organizations in the renal community with whom Networks serve on boards and committees: National Kidney Foundation (NKF), the American Association of Kidney Patients (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 (i.e. CROWN - CONSOLIDATED RENAL OPERATIONS IN A WEB-ENABLED NETWORK)

The components of the Consolidated Renal Operations in a Web-enabled Network (CROWN) include:

- Standard Information Management System (SIMS)
- Vital Information System to Improve Outcomes in Nephrology (VISION)
- Renal Management Information System (REMIS)
- QualityNet Exchange

The individual software packages are described in greater detail in this section; however, these 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 main component used by the Networks and is the backbone of Network data infrastructure. SIMS 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.

VISION

The VISION software is something of 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 to integrate VISION with their corporate systems. This includes DaVita, Dialysis Care Incorporated, Fresenius Medical Care - North America, Gambro Healthcare, National Nephrology Associates, and Renal Care Group. Networks are responsible for working with all other facilities 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.

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) noted above. CMS established a goal for all Networks to train at least 5% of eligible facilities by December 31, 2002. In January 2003, CMS set a new goal for Networks to have at least 50% of those facilities that had been trained using and submitting forms via VISION by June 2003.

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 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

Numerous problems were encountered with the VISION software early in 2003, prior to eSOURCE assuming responsibility for its development. Due to these issues, CMS instructed Networks in November 2003 to continue supporting existing users, but to refrain from recruiting new users until the product could be stabilized.

SANCTION RECOMMENDATIONS

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

During 2003, no sanction recommendations were made to CMS.

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:

- A pilot project to test the feasibility of "unique needs" dialysis units to reduce the number of patients experiencing an involuntary discharge from dialysis units. (Network 1, 6, 13, 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).

FOR MORE INFORMATION

This Report summarizes highlights of the ESRD Networks' 2003 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 21
NETWORK WEB ADDRESSES

Network	Web Address
1	http://www.networkofnewengland.org/
2	http://www.esrdny.org/
3	http://www.tarcweb.org/
4	http://www.esrdnetworks.org/networks/net4/net4.htm
5	http://www.esrdnet5.org/
6	http://www.esrdnetwork6.org/
7	http://www.fmqai.com/ESRD/esrd.htm
8	http://www.esrdnetworks.org/networks/net8/net8.htm
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/
SIMS/ eSOURCE	http://www.simsproject.com/

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

2003 ESRD INCIDENT AND PREVALENT PATIENTS BY NETWORK

NETWORK	INCIDENT PATIENTS (CALENDAR YEAR 2003)	DIALYSIS PREVALENT PATIENTS (AS OF DECEMBER 31, 2003)
1	3,848	10,791
2	6,792	22,054
3	4,697	13,156
4	4,923	14,033
5	6,158	18,829
6	8,313	28,980
7	6,270	18,035
8	5,258	17,597
9	7,743	22,290
10	4,416	13,126
11	6,860	18,910
12	3,915	11,827
13	4,529	13,166
14	7,807	26,180
15	4,446	13,516
16	2,914	8,101
17	4,736	16,093
18	7,860	24,458
TOTAL	**101,485**	**311,142**

Source: Networks 1-18 Annual Reports, 2003, Data Tables 1 and 2

APPENDIX B

2003 ESRD INCIDENT PATIENTS BY AGE AND NETWORK
CALENDAR YEAR 2003

NETWORK	0-19	20-29	30-39	40-49	50-59	60-69	70-79	≥ 80	UNKNOWN	TOTAL
1	44	76	188	344	631	812	1,048	705	0	**3,848**
2	68	144	324	671	1,154	1,517	1,755	1,159	0	**6,792**
3	40	112	226	498	806	1,052	1,164	799	0	**4,697**
4	57	75	210	445	812	1050	1383	891	0	**4,923**
5	59	152	355	736	1,192	1,433	1,426	800	5	**6,158**
6	103	233	550	1,064	1,712	2,000	1,784	867	0	**8,313**
7	74	128	319	601	989	1,284	1,686	1,189	0	**6,270**
8	48	140	329	667	1,080	1,216	1,193	585	0	**5,258**
9	76	133	333	770	1,311	1,744	2,071	1,234	71	**7,743**
10	37	107	229	496	800	943	1,090	701	13	**4,416**
11	103	146	339	720	1,182	1,530	1,730	1,110	0	**6,860**
12	52	88	172	388	640	822	1,079	674	0	**3,915**
13	55	122	267	558	828	1,108	1,002	589	0	**4,529**
14	108	228	470	1,026	1,728	1,855	1,642	750	0	**7,807**
15	47	124	225	499	880	1,069	1,064	538	0	**4,446**
16	35	84	153	303	531	641	713	454	0	**2,914**
17	58	108	268	485	889	1,076	1,159	693	0	**4,736**
18	115	180	465	812	1,380	1,823	1,845	1,240	0	**7,860**
TOTAL	**1,135**	**2,380**	**5,422**	**11,083**	**18,545**	**22,975**	**24,834**	**14,978**	**89**	**101,485**
% TOTAL	**1.1%**	**2.3%**	**5.3%**	**10.9%**	**18.3%**	**22.6%**	**24.5%**	**14.8%**	**0.1%**	**100%**

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

APPENDIX C

2003 ESRD DIALYSIS PREVALENT PATIENTS BY AGE AND NETWORK AS OF DECEMBER 31, 2003

NETWORK	0-19	20-29	30-39	40-49	50-59	60-69	70-79	≥80	UNKNOWN	TOTAL
1	64	221	674	1,193	1,842	2,305	2,809	1,683	0	10,791
2	161	535	1,468	2,895	4,513	5,126	4,773	2,583	0	22,054
3	62	351	851	1789	2625	3187	2849	1442	0	13,156
4	80	284	777	1,732	2,579	3,083	3,551	1,947	0	14,033
5	118	456	1,425	2,767	3,968	4,279	3,977	1,836	3	18,829
6	174	904	2,458	4,406	6,678	6,933	5,321	2,106	0	28,980
7	137	470	1,234	2,282	3,499	3,997	4,166	2,250	0	18,035
8	82	529	1,420	2,717	3,997	4,174	3,304	1,374	0	17,597
9	138	553	1,436	2,932	4,351	5,058	5,302	2,459	61	22,290
10	67	375	882	1,759	2,647	3,006	2,879	1,500	11	13,126
11	135	467	1,252	2,342	3,656	3,964	4,494	2,600	0	18,910
12	82	312	774	1,524	2,223	2,572	2,782	1,558	0	11,827
13	78	423	1,041	2,075	2,854	3,144	2,469	1,082	0	13,166
14	249	771	1,920	3,918	6,220	6,296	4,964	1,842	0	26,180
15	110	420	890	1,731	2,858	3,278	2,941	1,288	0	13,516
16	77	273	586	1,020	1,648	1,742	1,789	966	0	8,101
17	100	455	1,092	2,102	3,389	3,682	3,545	1,728	0	16,093
18	234	824	1,781	3,250	4,976	5,754	5,052	2,587	0	24,458
TOTAL	**2,148**	**8,623**	**21,961**	**42,434**	**64,523**	**71,580**	**66,967**	**32,831**	**75**	**311,142**
% TOTAL	**0.7%**	**2.8%**	**7.1%**	**13.6%**	**20.7%**	**23.0%**	**21.5%**	**10.6%**	**0.02%**	**100.0%**

Source: Networks 1-18 Annual Reports, 2003, Data Table 2

APPENDIX D

2003 ESRD INCIDENT PATIENTS BY RACE AND NETWORK

CALENDAR YEAR 2003

NETWORK	BLACK	WHITE	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER [1]	UNKNOWN [2]	TOTAL
1	513	3,075	66	7	90	97	**3,848**
2	2,188	3,836	221	18	479	50	**6,792**
3	1,091	2,384	83	3	1,106	30	**4,697**
4	1,199	3,561	42	4	117	0	**4,923**
5	2,933	2,916	118	9	143	39	**6,158**
6	4,597	3,486	53	38	139	0	**8,313**
7	1,814	4,196	55	10	152	43	**6,270**
8	2,601	2,579	12	15	31	20	**5,258**
9	1,836	5,640	26	5	74	162	**7,743**
10	1,471	2,693	92	8	77	75	**4,416**
11	1,603	4,879	91	163	120	4	**6,860**
12	808	3,026	32	28	17	4	**3,915**
13	1,885	2,388	23	179	54	0	**4,529**
14	1967	5331	111	21	362	15	**7,807**
15	362	3,502	131	407	39	5	**4,446**
16	183	2,457	177	84	13	0	**2,914**
17	613	2,411	1,257	34	397	24	**4,736**
18	1,098	5,781	823	22	136	0	**7,860**
TOTAL	**28,762**	**64,141**	**3,413**	**1,055**	**3,546**	**568**	**101,485**
% TOTAL	**28.3%**	**63.2%**	**3.4%**	**1.0%**	**3.5%**	**0.6%**	**100%**

Source: Networks 1-18 Annual Reports, 2003, 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

2003 ESRD DIALYSIS PREVALENT PATIENTS BY RACE AND NETWORK AS OF DECEMBER 31, 2003

NETWORK	BLACK	WHITE	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER [1]	UNKNOWN [2]	TOTAL
1	2,163	7,922	204	27	347	128	**10,791**
2	8,952	10,445	804	102	1,444	307	**22,054**
3	4,172	5,780	274	18	2,854	58	**13,156**
4	4,838	8,723	112	20	340	0	**14,033**
5	11,376	6,661	332	24	420	16	**18,829**
6	19,656	8,521	197	158	448	0	**28,980**
7	7,146	10,120	234	35	471	29	**18,035**
8	11,036	6,340	61	77	71	12	**17,597**
9	7,697	14,057	94	27	253	162	**22,290**
10	5,569	6,876	320	19	303	39	**13,126**
11	6,223	11,475	322	614	274	2	**18,910**
12	3,507	7,951	126	137	86	20	**11,827**
13	7,091	5,265	79	559	172	0	**13,166**
14	7,969	16,744	380	89	980	18	**26,180**
15	1,349	9,414	432	1,973	341	7	**13,516**
16	776	6,271	633	359	62	0	**8,101**
17	2,680	7,391	4,860	161	911	90	**16,093**
18	4,154	16,773	2,914	126	491	0	**24,458**
TOTAL	**116,354**	**166,729**	**12,378**	**4,525**	**10,268**	**888**	**311,142**
% TOTAL	**37.4%**	**53.6%**	**4.0%**	**1.5%**	**3.3%**	**0.3%**	**100%**

Source: Networks 1-18 Annual Reports, 2003, 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, ketone prone diabetes

Glomerulonephritis

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

Secondary GN/Vasculitis

- Lupus erythematosus
- 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
- Renal artery stenosis
- Renal artery occlusion
- Cholesterol emboli, renal emboli

Cystic/Hereditary/Congenital Diseases

- Polycystic kidneys, adult type
- Polycystic, infantile
- 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
- Post partum renal failure
- AIDS nephropathy
- Traumatic or surgical loss of kidneys
- Hepatorenal syndrome
- Tubular necrosis
- Other renal disorders
- Etiology uncertain

APPENDIX G

2003 ESRD INCIDENT PATIENTS BY PRIMARY DIAGNOSIS AND NETWORK
CALENDAR YEAR 2003

NETWORK	DIABETES	HYPERTENSION	GN	CYSTIC KIDNEY DISEASE	OTHER CAUSES [1]	UNKNOWN	MISSING	TOTAL
1	1,549	884	425	143	643	202	2	**3,848**
2	2,849	1,623	586	137	1,037	560	0	**6,792**
3	2,217	1,300	404	96	576	100	4	**4,697**
4	2,094	1,347	397	107	735	243	0	**4,923**
5	2,499	1,983	448	135	802	239	52	**6,158**
6	3,658	2,595	676	157	919	308	0	**8,313**
7	2,577	1,924	463	143	890	208	65	**6,270**
8	2,253	1,591	319	93	601	187	214	**5,258**
9	3,418	2,021	515	113	990	295	391	**7,743**
10	1,773	1,408	288	70	550	234	93	**4,416**
11	2,809	1,907	551	234	1,079	272	8	**6,860**
12	1,629	1,040	350	87	591	218	0	**3,915**
13	2,035	1,430	263	85	587	129	0	**4,529**
14	4,144	1,887	499	135	824	318	0	**7,807**
15	2,285	915	385	111	579	169	2	**4,446**
16	1,196	641	339	121	477	140	0	**2,914**
17	2,262	1,219	390	112	578	175	0	**4,736**
18	3,691	2,422	549	128	777	293	0	**7,860**
TOTAL	**44,938**	**28,137**	**7,847**	**2,207**	**13,235**	**4,290**	**831**	**101,485**
% TOTAL	**44.3%**	**27.7%**	**7.7%**	**2.2%**	**13.0%**	**4.2%**	**0.8%**	**100%**

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

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

APPENDIX H

2003 ESRD DIALYSIS PREVALENT PATIENTS BY PRIMARY DIAGNOSIS AND NETWORK AS OF DECEMBER 31, 2003

NETWORK	DIABETES	HYPERTENSION	GN	CYSTIC KIDNEY DISEASE	OTHER [1]	UNKNOWN	MISSING	TOTAL
1	4,175	2,445	1,524	436	1,643	564	4	10,791
2	8,366	4,974	2,685	558	2,874	2,597	0	22,054
3	5,702	3,463	1,826	370	1,465	318	12	13,156
4	5,655	3,829	1,747	425	1,817	560	0	14,033
5	7,421	6,303	1,988	452	2,054	579	32	18,829
6	11,548	9,355	3,431	595	3,003	1,048	0	28,980
7	6,906	5,812	1,979	599	2,144	526	69	18,035
8	6,952	6,078	1,772	482	1,673	540	100	17,597
9	9,397	6,056	2,399	566	2,620	865	387	22,290
10	4,997	4,400	1,357	300	1,407	612	53	13,126
11	7,774	5,358	2,185	585	2,361	643	4	18,910
12	4,783	3,158	1,461	367	1,529	529	0	11,827
13	4,449	5,560	1,207	348	1,258	344	0	13,166
14	13,298	6,460	2,415	560	2,447	1,000	0	26,180
15	6,982	2,393	1,669	390	1,583	499	0	13,516
16	3,332	1,466	1,222	384	1,301	396	0	8,101
17	7,354	3,872	2,173	477	1,650	567	0	16,093
18	11,044	7,098	2,639	566	2,195	916	0	24,458
TOTAL	**130,135**	**88,080**	**35,679**	**8,460**	**35,024**	**13,103**	**661**	**311,142**
% TOTAL	**41.8%**	**28.3%**	**11.5%**	**2.7%**	**11.3%**	**4.2%**	**0.2%**	**100%**

Source: Networks 1-18 Annual Reports, 2003, Data Table 2

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

APPENDIX I

2003 ESRD INCIDENT PATIENTS BY GENDER AND NETWORK

CALENDAR YEAR 2003

NETWORK	MALE	FEMALE	UNKNOWN	TOTAL
1	2,200	1,648	0	**3,848**
2	3,741	3,051	0	**6,792**
3	2,664	2,033	0	**4,697**
4	2,724	2,199	0	**4,923**
5	3,201	2,956	1	**6,158**
6	4,315	3,998	0	**8,313**
7	3,600	2,670	0	**6,270**
8	2,671	2,587	0	**5,258**
9	4,102	3,632	9	**7,743**
10	2,369	2,041	6	**4,416**
11	3,726	3,132	2	**6,860**
12	2,176	1,739	0	**3,915**
13	2,327	2,202	0	**4,529**
14	4,070	3,737	0	**7,807**
15	2,510	1,936	0	**4,446**
16	1,579	1,335	0	**2,914**
17	2,631	2,105	0	**4,736**
18	4,338	3,522	0	**7,860**
TOTAL	**54,944**	**46,523**	**18**	**101,485**
% TOTAL	**54.1%**	**45.8%**	**0.0%**	**100%**

Source: Networks 1-18 Annual Reports, 2003, Table 1

APPENDIX J

2003 ESRD DIALYSIS PREVALENT PATIENTS BY GENDER AND NETWORK

AS OF DECEMBER 31, 2003

NETWORK	MALE	FEMALE	UNKNOWN	TOTAL
1	6,029	4,762	0	**10,791**
2	12,135	9,919	0	**22,054**
3	7,568	5,587	1	**13,156**
4	7,760	6,273	0	**14,033**
5	10,052	8,776	1	**18,829**
6	14,759	14,221	0	**28,980**
7	10,180	7,855	0	**18,035**
8	8,980	8,617	0	**17,597**
9	11,846	10,441	3	**22,290**
10	7,062	6,060	4	**13,126**
11	10,264	8,645	1	**18,910**
12	6,420	5,407	0	**11,827**
13	6,729	6,437	0	**13,166**
14	13,501	12,679	0	**26,180**
15	7,331	6,185	0	**13,516**
16	4,462	3,639	0	**8,101**
17	8,557	7,536	0	**16,093**
18	13,275	11,183	0	**24,458**
TOTAL	**166,910**	**144,222**	**10**	**311,142**
% TOTAL	**53.6%**	**46.4%**	**0.0%**	**100%**

Source: Networks 1-18 Annual Reports, 2003, Data Table 2

APPENDIX K

2003 ESRD IN-CENTER DIALYSIS PATIENTS BY MODALITY AND NETWORK AS OF DECEMBER 31, 2003

NETWORK	HEMODIALYSIS	PERITONEAL DIALYSIS	TOTAL
1	9,558	0	**9,558**
2	20,623	3	**20,626**
3	12,131	7	**12,138**
4	12,938	1	**12,939**
5	17,078	0	**17,078**
6	26,401	5	**26,406**
7	16,452	0	**16,452**
8	15,818	5	**15,823**
9	19,903	12	**19,915**
10	11,662	10	**11,672**
11	17,033	0	**17,033**
12	10,099	33	**10,132**
13	12,000	1	**12,001**
14	24,035	0	**24,035**
15	12,291	1	**12,292**
16	6,972	13	**6,985**
17	14,370	0	**14,370**
18	22,401	13	**22,414**
TOTAL	**281,765**	**104**	**281,869**

Source: Networks 1-18 Annual Reports, 2003, 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 2003.

APPENDIX L

2003 ESRD HOME DIALYSIS PATIENTS BY MODALITY AND NETWORK AS OF DECEMBER 31, 2003

NETWORK	HEMODIALYSIS	CAPD	CCPD	OTHER PD	TOTAL
1	37	419	777	0	**1,233**
2	102	593	719	0	**1,414**
3	24	273	780	1	**1,078**
4	34	309	634	0	**977**
5	119	661	987	2	**1,769**
6	88	893	1,589	4	**2,574**
7	126	448	935	0	**1,509**
8	79	606	1,095	3	**1,783**
9	105	1,104	1,084	3	**2,296**
10	223	504	673	0	**1,400**
11	41	880	881	0	**1,802**
12	107	572	678	0	**1,357**
13	16	483	666	0	**1,165**
14	83	680	1,394	0	**2,157**
15	32	428	764	0	**1,224**
16	148	403	555	4	**1,110**
17	30	604	1,082	0	**1,716**
18	23	785	1,311	0	**2,119**
TOTAL	**1,417**	**10,645**	**16,604**	**17**	**28,683**

Source: Networks 1-18 Annual Reports, 2003, Data Table 3

APPENDIX M

2002 AND 2003 DIALYSIS MODALITY: IN-CENTER PATIENTS AS OF DECEMBER 31, 2002, AND DECEMBER 31, 2003

NETWORK	HEMODIALYSIS			PERITONEAL DIALYSIS		
	2002	2003	% Change	2002	2003	% Change
1	9,357	9,558	2%	2	0	-100%
2	19,964	20,623	3%	7	3	-57%
3	11,699	12,131	4%	6	7	17%
4	12,745	12,938	1%	2	1	-50%
5	16,494	17,078	3%	0	0	0%
6	26,156	26,401	1%	2	5	150%
7	15,707	16,452	5%	0	0	0%
8	15,356	15,818	3%	4	5	25%
9	18,349	19,903	8%	54	12	-78%
10	11,227	11,662	4%	12	10	-17%
11	16,215	17,033	5%	0	0	0%
12	10,015	10,099	1%	31	33	6%
13	11,556	12,000	4%	0	1	100%
14	22,460	24,035	7%	0	0	0%
15	11,560	12,291	6%	4	1	-75%
16	6,655	6,972	5%	14	13	-7%
17	13,822	14,370	4%	6	0	0%
18	21,315	22,401	5%	15	13	-13%
TOTAL	**270,652**	**281,765**	**4%**	**159**	**104**	**-35%**

Source: Networks 1-18 Annual Reports, 2002 and 2003, 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 2003

APPENDIX N

2002 AND 2003 DIALYSIS MODALITY: SELF-CARE SETTING - HOME
AS OF DECEMBER 31, 2002, AND DECEMBER 31, 2003

NETWORK	HEMODIALYSIS			CAPD			CCPD			OTHER PD		
	2002	2003	% Change	2002	2003	% Change	2002	2003	% Change	2002	2003	% Change
1	36	37	3%	504	419	-17%	649	777	20%	0	0	0%
2	91	102	12%	697	593	-15%	679	719	6%	0	0	0%
3	21	24	14%	314	273	-13%	750	780	4%	4	1	-75%
4	68	34	-50%	363	309	-15%	549	634	15%	6	0	-100%
5	90	119	32%	661	661	0%	966	987	2%	1	2	100%
6	110	88	-20%	918	893	-3%	1,563	1,589	2%	12	4	-67%
7	174	126	-28%	476	448	-6%	893	935	5%	0	0	0%
8	86	79	-8%	624	606	-3%	1,029	1,095	6%	3	3	0%
9	81	105	30%	1,064	1,104	4%	1,084	1,084	0%	1	3	200%
10	148	223	51%	551	504	-9%	602	673	12%	0	0	0%
11	42	41	-2%	888	880	-1%	868	881	1%	0	0	0%
12	80	107	34%	581	572	-2%	693	678	-2%	0	0	0%
13	15	16	7%	515	483	-6%	592	666	13%	0	0	0%
14	91	83	-9%	692	680	-2%	1,347	1,394	3%	1	0	-100%
15	34	32	-6%	499	428	-14%	678	764	13%	0	0	0%
16	138	148	7%	443	403	-9%	491	555	13%	6	4	-33%
17	20	30	50%	589	604	3%	1,021	1,082	6%	0	0	0%
18	18	23	28%	836	785	-6%	1,257	1,311	4%	0	0	0%
TOTAL	**1,343**	**1,417**	**6%**	**11,215**	**10,645**	**-5%**	**15,711**	**16,604**	**6%**	**34**	**17**	**-50%**

Source: Networks 1-18 Annual Reports, 2002 and 2003

APPENDIX O

2003 RENAL TRANSPLANT RECIPIENTS BY DONOR SOURCE AND NETWORK
CALENDAR YEAR 2003

NETWORK	DECEASED DONORS	LIVING RELATED	LIVING UNRELATED	TOTAL
1	398	223	118	**739**
2	454	314	136	**904**
3	248	154	47	**449**
4	697	226	63	**986**
5	615	254	148	**1,017**
6	601	212	103	**916**
7	569	154	44	**767**
8	427	227	113	**767**
9	632	190	230	**1,052**
10	448	292	26	**766**
11	826	598	302	**1,726**
12	384	158	73	**615**
13	385	133	28	**546**
14	795	260	98	**1,153**
15	408	212	126	**746**
16	368	159	107	**634**
17	511	198	98	**807**
18	755	316	128	**1,199**
TOTAL	**9,521**	**4,280**	**1,988**	**15,789**

Source: Networks 1-18 Annual Reports, 2003

APPENDIX P

VOCATIONAL REHABILITATION DIALYSIS PATIENTS AGED 18-54 YEARS

AS OF DECEMBER 31, 2003

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	149	2,945	119	808	95	52
2	235	6,952	155	2,034	241	127
3	150	4,199	245	1,220	124	75
4	241	3,570	151	861	104	51
5	285	12,576	574	3,070	282	37
6	442	10,362	315	1,754	291	17
7	266	5,606	46	242	38	48
8	298	6,525	189	861	126	2
9	338	5,078	251	1,061	174	33
10	167	2,999	129	809	113	6
11	331	4,881	126	995	136	60
12	240	6,066	369	941	232	24
13	253	4,638	189	701	125	27
14	325	9,281	393	1,967	310	76
15	212	4,253	182	1,231	202	43
16	115	2,663	94	714	82	59
17	162	5,310	338	1,061	197	49
18	247	8,161	288	1,689	977	84
TOTAL	**4,456**	**106,065**	**4,153**	**22,019**	**3,849**	**870**

[1] Source: eSOURCE

All Other Data: Source: Networks 1- 18 Annual Reports, 2003

APPENDIX Q
NEW PROFESSIONAL EDUCATION MATERIALS AND WORKSHOPS CONDUCTED IN 2003 BY CATEGORY BY NETWORK

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
		CLINICAL
3	Immunization Guideline for the Dialysis Patient	A brochure defining the immunizations needed for dialysis patients and a prescribed time schedule for their administration.
	General principles of infection control	An article to guide practice in areas of surveillance, isolation precautions, hand hygiene and cleaning/disinfection.
4	Supplemental Report # 1	Results from 2002 ESRD CPM supplemental questionnaire: Impact of specialization of primary nephrologists on care of pediatric hemodialysis patients. Sent to 235 dialysis facilities administrators
	Supplemental Report # 2	Results from 2002 ESRD CPM project: Analysis of intermediate outcomes for adult Hispanic in-center hemodialysis patients. Sent to 235 dialysis facilities administrators
	Changes to EPO payment process	Information was sent to 235 Renal Administrators and 21 MRB members
	"FistulaFirst: A National Project to Increase the Use of AV Fistulas"	This program was presented at the NCC meeting on Oct. 16, 2003. It included the following 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". Attendees included nurses, physicians, dieticians, surgeons, administrators, social workers, patients, and patients' families. Attendance: 130 professionals and 32 patients and families
	Materials provided to attendees at the Network Coordinating Council Meeting in October 2003	Summary of the national "Fistula First" Project Papers written by Scott O. Trerotola, M.D.: "Mechanical Devices for Hemodialysis Graft and Fistula Thrombolysis" "Angioplasty of Hemodialysis Access-Related Stenosis" "Interventional Radiology in the Management of Dialysis Access Sites" "What Professionals Can Do to Maximize AVF as Primary Access" "Change Concepts for Increasing the Prevalence of AV Fistulas for Hemodialysis" Materials provided to 130 professionals in attendance
5	FistulaFirst Webpage	The website not only provides all information on the project (change concepts) but provides a running average of success.
	Transplantation Q&A	Information on transplantation was provided on the website with a CEU opportunity. This was designed to encourage timely transplant referral.
	ERI Workshops	37 attendees to obtain information on appropriate referral

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
6	2003 Annual Meeting: "Making the Connection Between Quality and Care"	Topics included: Network Update, Patient Safety: How Do We Protect Patients from Medical Errors?, Embracing the Culture of Safety, Renal Transplantation in the New Millennium, CDC Recommendations for Infection Control in Dialysis Facilities, Components of an Effective Quality Management Program in a Dialysis Facility, Vitamin D Analogs: How are They Different, Cultural Competence with Diversity in Dialysis, Vascular Access Surveillance to Prospectively Identify Stenosis
	Influenza Immunization Resource Materials	A notebook of materials was mailed to each facility with resource materials for staff and patient education.
8	FistulaFirst Webpage	The webpage was added to the Network 8 website to allow posting of FistulaFirst activities and educational materials.
9	FistulaFirst Learning Sessions	Topics included: How we can effect change; Change concepts; Reviewing the data; The "Model" for access care; Centers of excellence; Access (stenosis) monitoring; Diagnostic tools; Vein mapping; Post-op interventions; Primary & secondary access creation; and Innovative surgical techniques Audience: Nephrologists, Vascular Access Surgeons, Interventional Radiologists, and Nurse Practitioners/Vascular Access Coordinators Five Learning Sessions conducted regionally: Cincinnati; Chicago; Indianapolis; Columbus, OH; and Springfield, IL
	FistulaFirst Monthly Educational Campaign	Nephrologists and Facility Nurse Managers
	Fistula First Calendar	Dialysis Facility Staff
10	Fistula First Learning Sessions	Topics included: How we can effect change; Change concepts; Reviewing the data; The "Model" for access care; Centers of excellence; Access (stenosis) monitoring; Diagnostic tools; Vein mapping; Post-op interventions; Primary & secondary access creation; and Innovative surgical techniques Audience: Nephrologists, Vascular Access Surgeons, Interventional Radiologists, and Nurse Practitioners/Vascular Access Coordinators Five Learning Sessions conducted regionally: Cincinnati; Chicago; Indianapolis; Columbus, OH; and Springfield, IL
	FistulaFirst Monthly Educational Campaign	Nephrologists and Facility Nurse Managers
	FistulaFirst Calendar	Dialysis Facility Staff
12	Not Initiating Dialysis	PowerPoint presentation
	Withdrawal from Dialysis	PowerPoint presentation
	Network 12 Annual Clinical Care Conference and Business Meeting	Annual clinical conference for nephrology professionals and patients with over 375 participants. Half-day sessions addressed the following topics: Patient Education and Adherence, Addressing Issues in Renal Nutrition, Transplant Update, Acute Renal Failure and ICU Management, Intradyalitic Complications, Patient Safety, Cardiovascular Care, and Living Donor Transplant Registry

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
13	ESRD Network 13 Spring 2003 Mentoring Workshop Series	Hyporesponse in Anemia Management
	ESRD Network 13 Fall 2003 Mentoring Workshop Series	Phosphorus Lowering Tips and Tricks
	ESRD Network 13 Fall 2003 Mentoring Workshop Series	What's Happening in the World of Kidney Transplant
	Vascular Access for Hemodialysis	Pre-Vascular Access Evaluation and Planning
	Vascular Access for Hemodialysis	Native AV Fistulae for Hemodialysis
	Vascular Access for Hemodialysis	AVF Examination and Cannulation Training
14	Nephrology Today & Tomorrow- ESRD Network #14 Annual Meeting	Annual educational program for dialysis and transplant professionals and patients. Number of attendees was 550. Topics: • Patient sensitivity for all disciplines • Advanced care planning to nurses • Vascular Access Management for physicians and nurses • Professionalism for non-licensed personnel • Patient centered nephrology for all disciplines • Patient safety for all disciplines • Dealing with difficult and non-compliant patients for all disciplines • History of dialysis for nurses • Ethics for social workers • Texas vascular access outcomes and practices for all disciplines • VISION Software for administrators & clerks • Resolving complaints patients and professionals • Psychological aspects of transplantation for professionals
	Care Project: Catch and Reduce Errors Conference	Educational program in support of the National Patient Safety Foundation. Attended by 75 dialysis professionals. Videotaped and disseminated to all facilities.
	Vascular Access For Hemodialysis Update	Educational program in collaboration with the national dialysis medical officers to encourage conformance to K/DOQI vascular access guidelines. Attended by 75 nephrologists and surgeons.
15	Increasing Fistulas within Network #15	Project overview and implementation strategy, along with project resources for 100+ project partners. Those in attendance included the multidisciplinary team including, but not limited to: Nephrologists, Surgeons, RNs, RDs, MSWs, Technicians.
	Vascular Access Tracking Tool	Developed to allow facilities to utilize an Excel format to track vascular access rates, access complications and surgeon vascular access insertion patterns month to month.
	Noon with the Network	Presented to the project partners in the 2001-2003 Fistula Project. Presentations made regarding the buttonhole technique, project update and facility sharing regarding their successes and challenges with the Increasing Fistulas Project.
	Albumin Resource Packet	Resource packet containing multiple nutritional resource materials in an attempt to improve nutrition in the ESRD patient. These packets were distributed to every Network #15 facilities as well as other interested parties.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
15 cont.	Vascular Access Resource Packet	Packet developed to address increasing catheter rates and low stenosis monitoring rates within Network #15. Packets were distributed to every Network #15 facility.
	FistulaFirst Resource Mailings	Multiple mailings to all Network #15 facilities with resource materials for the FistulaFirst initiative.
16	On Course with Cannulation	Educational program on the buttonhole technique for cannulation of AVFs developed by QI Coordinator and MRB Subcommittee. Regional training programs included didactic instruction, take away pamphlet, and "arms" for actual cannulation demonstration and practice.
	Confronting the Myths of PD	QI Manager presented current data and debunked myths about peritoneal dialysis treatment options. Presented at a multi-center provider's corporate meeting on home dialysis, and a Baxter Advanced PD meeting.
	Patient Safety and Workplace Sanity	The Network's QI Manager presented "*Patient Safety and Workplace Sanity*" at the Hemodialysis Update 2003 sponsored by the ANNA Siskiyou Chapter in Medford, Oregon, and at DaVita Corporation's Sierra Pacific 5 Administrators' Meeting in Seattle, WA. This two-hour presentation utilized the Patient Safety toolbox and training program developed by the ESRD Network of New England (Network 1) and refined for all Networks under contract with CMS, as well as additional material developed by our QI Manager.
CQI		
3	2003 Unit Specific Report, Facility Data Reports and the Dialysis Facility Compare Reports	TARC provided each facility with these CMS reports to be used in facility benchmarking and future CQI planning
	Facility specific charts of network goal performance	TARC sent each Medicare ESRD facility's chief executive officer their facility's results in relation to network goal performance
4	Quarterly CPM Comparative Performance Feedback Reports	Each dialysis facility (230 facilities) was provided with performance comparative data every quarter
5	Internal CQI training programs	Designed to keep staff current on the quality improvement literature and activities of other quality organizations (Malcolm Baldridge, Six Sigma, etc.)
11	Annual Meeting Presentation by facility personnel: "Quality Improvement Best Practices – Hemodialysis Adequacy and Anemia Management"	Presented to dialysis and transplant facility staff from Network 11, including physicians, nurses, dieticians, and social workers.
	Annual Meeting Presentation by facility personnel: "Quality Improvement Best Practices – Vascular Access"	Presented to dialysis and transplant facility staff from Network 11, including physicians, nurses, dieticians, and social workers.
	Workshops: Anemia Management	Presented workshops about anemia management in two cities.
14	Medicare Intermediary ESRD Outcomes Update	Yearly educational update on ESRD outcomes and practices for the nurses and physicians working in payment policy and claims for Medicare Intermediary (Trailblazer). Attended by 15 nurses and physicians.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
15	Focus on QI	Presented at sites within the Network throughout the year. Attendees included QI professionals, administrators, MDs, RNs, RDs, MSWs and technicians.
16	New Techniques for CQI	Presented at meeting of dialysis nurse managers during 2003 Montana State Renal Conference. Presenters were QI Manager and member of Network's MRB.
PATIENT-RELATED ISSUES		
1	Be Aware Be Safe	Brochure and poster on hand hygiene for patients and professionals
2	"Patient Safety Initiative – Is it Safe to be on Dialysis?"	Presentation at local ANNA spring conference. Didactic and interactive sessions. Audience (300) was primarily registered nurses.
3	Patient Safety	Creating the Environment for Patient Safety in ESRD
	End of Life Care	End of life and palliative care for the ESRD patient, end of life ethical issues and legal issues in end of life care
	Preparing for Emergencies: A Guide for People on Dialysis	A guide for patients to use in the event of an emergency including short term meal plans etc.
4	"Patient Safety: How Do We Recognize and Reduce Our Mistakes?"	This program was presented at the NCC Meeting on March 13, 2003. Attendees included nurses, physicians, dieticians, surgeons, administrators, social workers, patients, family members and state surveyors. Attendance: 162
	Patient Safety Workshop	This workshop, on March 18, 2003, included the following presentations: "Creation of a Safety Infrastructure" and "Embracing the Safety Culture". Attendees included nurses, social workers, patient care technicians, administrators, and state surveyors. Attendance: 88
	Materials provided in the Network Coordinating Council Meeting Book, March 2003	Articles and Other Resource Materials: • Spath, PL, "It's Time for a Patient Safety Culture Revolution" (Internet Article – Brown-Spath & Associates Website, 2002) • Patient Safety Culture Survey (Online Resource: Brown-Spath & Associates Website, 2001) • Information on Patient Safety Issues from Dialysis Chains (National Patient Safety Foundation, 2001) • Leape, LL et al, "What Practices Will Most Improve Safety? Evidence Based Medicine Meets Patient Safety", JAMA, July 24/31, 2002, Vol. 288, No. 4, Pages 501-507 • Leape, LL, "Patient Safety: Reporting of Adverse Events", New England Journal of Medicine, Vol. 347, No. 20, November 14, 2002, Pages 1633-1638 • Shojania, KG et al, "Safe But Sound: Patient Safety Meets Evidence-Based Medicine", JAMA, July 24/31, 2002, Vol. 288, No. 4, Pages 508-513 • Kliger, AS and Diamond, LH, "Patient Safety in End-Stage Renal Disease: How Do We Create a Safe Environment?", Advances in Renal Replacement Therapy, Vol. 8, No. 2 (April), 2001, Pages 131-137 • Blendon, RJ et al, "Patient Safety: Views of Practicing Physicians and the Public on Medical Errors", New England Journal of Medicine, Vol. 347, No. 24, December 12, 2002, Pages 1933-1940

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
4 cont.	Materials provided in the Network Coordinating Council Meeting Book, March 2003	• Duff, S, "It's Easier to Tell the Truth: Legislation Would Allow Protected Error-Reporting" (Internet Article: Modern Healthcare, June 10, 2002) • Larson, L, "Creating the Patient Safety Mindset" (Internet Article: Trustee Magazine, October 2001) • National Patient Safety Foundation Brochure: "What You Can Do to Make Health Care Safer" (2002) • "Root Cause Analysis" (VA National Center for Patient Safety Website) • "Using the Five Rules of Causation" (Adapted from David Marx – VA National Center for Patient Safety Website) • Appendix: "Use of the Safety Assessment Code Matrix", Journal on Quality Improvement, Vol. 27, No. 10, October 2001, Pages 531-532 • "Patient Safety Policy" (Online Resource: Brown-Spath & Associates Website, 2001) Sent to 332 NCC representatives from dialysis and transplant facilities, Committee Members, Patient Services Committee, and other interested parties
	Materials provided in the Patient Safety Workshop Book, March 18, 2003	• Health & Safety Committees – Relevance for Nurses (Source: "Caring for Those Who Care: Promoting Safe Work Environments for Nurses", American Nurses Association, Train the Trainer) • Organizational Assessment Questions Regarding Management Commitment and Employee Involvement • Worthington, K. "Make Sure You're An OSHA Statistic", AJN, February 2002, Vol. 102, No. 2, Page 104 • Wilburn, S. "The Needle Stick Law", AJN, February 2003, Vol. 103, No. 2, Page 104 • Worthington, K. "Handling and Moving Patients - Safely", AJN, June 2002, Vol. 102, No. 6, Page 112 Distributed to 88 attendees
5	FistulaFirst	Patient Advisory Committee with presentation on the national vascular access improvement initiative
	Patient Centered Care	Patient Advisory Committee meeting
	Publication - *Patient Remarcs*	Covering clinical topics and other topics of general interest to the patient community. Distribution - 8000
11	Annual Meeting Presentation by Dr. Godfrey Burns: "Managing Disruptive Patients"	Presented to dialysis and transplant facility staff from Network 11, including physicians, nurses, dieticians, and social workers.
12	Patient Education and Adherence (without Adhesives)	Annual Meeting session
13	ESRD Network 13 Spring 2003 Mentoring Workshop Series	Patient Perspective on Delivery of Care
	ESRD Network 13 Fall 2003 Mentoring Workshop Series	Staff Professionalism Self Care Patient Perspective on Vascular Access and Its Implications

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
14	Ethics for Social Workers Workshops	Regional workshops that focus on ethical situations in dialysis facilities. Multiple regional presentations
	Positive Professionals-Patient patients	Educational program designed to assist direct patient care staff improve their understanding of the medical and psychological issues that ESRD patients deal with. In addition, staff inservice on ways to improve interaction with patients to avoid conflict and defuse challenging situations. Multiple meetings held with total attendance of about 300.
	Patient Workshops/Visits	Director of Patient Services (DPS) made regular and frequent visits to dialysis and transplant centers. DPS answered questions and provided information on resources.
15	Depression Portfolio	Resource packet distributed to all Network #15 facilities as well as other interested parties who requested the information. Portfolio contains: informational materials about depression for patients/family members, informational materials about depression for facility staff members and depression screening tools and general information about depression screening.
	"Have a Problem" poster	To promote the right of patients to address problems within the ESRD facility, Network #15 mailed all facilities a laminated poster entitled *Have a Problem?* (*Tiena algun Problema?* in Spanish), with suggested steps for problem resolution and resources specific to each Network #15 state. Facilities were requested to post the document on a patient bulletin board or another appropriate location. English and Spanish versions were sent to each facility.
16	Kidney Information Support System (KISS)	Details of a program aimed at educating patients before initiation of dialysis was presented by a Network sponsored speaker at 2003 Montana State Renal Conference.
	Dissemination of Life Options Kidney School materials	Facility social workers were sent information on new educational modules available for patients through the Medical Education Institute Life Options Program as well as a supply of the kidneyschool.org cards to hand out to patients.
18	PAC Facts	A series of educational fact sheets and laminated posters developed in conjunction with Patient Advisory Committee and provided to facilities. Also on Web-site
	Spanish Educational Material	A listing of brochures available in Spanish for facility staff to order for the Spanish-speaking patients. On web-site
	Services for Patients	Brochure for patients, renal community and website
	Dialysis: Keeps People with Kidney Failure Alive	For facility staff to educate patients on how to tell if they are receiving Adequate clearance.
COMMUNICATION/CRISIS MANAGEMENT		
2	"Crisis, Chaos & Conflict Resolution in Dialysis Units"	Network staff certified by the Crisis Prevention Institute conducted 3 seminars for social workers, nurses and administrators. 44 facilities were represented. Content included defusing disruptive and assaultive situations.
	"Mental Health in Dialysis – A Chronic Treatment"	Sensitivity training for staff. Onsite, interactive sessions scheduled at the request of the provider. Content includes discussion and case presentations. All levels of staff attend. 365 staff members in 18 facilities attended in 2003.
3	TARC Annual Meeting	Entire annual meeting focused on end of life and palliative care for the ESRD patient, end of life ethical issues and legal issues in end of life care.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
4	Facility Focus Visits	The Patient Services Coordinator met with staff and patients at two outpatient dialysis facilities to conduct an assessment of patient concerns.
	Follow-up Visits to Facilities	The PSC and Patient Consultant conducted follow-up visits to selected outpatient units. They interviewed patients and staff to reflect on the success of the Conflict Resolution Workshops held in 2002.
5	Professionalism	Presentation at Summer School Tour attended by 111
	Crisis Prevention	Presentation at Summer School Tour attended by 111
	Professionalism	Information developed for CEUs on the Network website
6	Behavior Contract Guidelines	The Network completed this booklet and mailed a copy to all facility social workers. This booklet was designed to assist facility staff in determining if a behavior contract is necessary and, if so, suggestions for developing an effective one.
12	Winter Administrator Workshop	Content included conflict resolution strategies, preparing for a state survey, and the ethics of leadership.
	Common Practices	PowerPoint on Staff Professionalism
14	Positive Professionals-Patient Patients	Educational program designed to assist direct patient care staff improve their understanding of the medical and psychological issues that ESRD patients deal with. In addition, staff inservice on ways to improve interaction with patients to avoid conflict and defuse challenging situations. Multiple meetings held with total attendance of about 300.
15	Depression Portfolio	Resource packet distributed to all Network #15 facilities as well as other interested parties who requested the information. See above.
16	Staff-Patient Boundary Issues in the Dialysis Unit: Where to Draw the Line	PSC presentation to multidisciplinary staff as part of NKF of Oregon and SW Washington/Oregon Health Sciences University two day program on "Frontline Issues in Chronic Kidney Disease, ESRD and Renal Transplantation" and "Early Detection and Optimal Management of Renal Insufficiency".
	Putting Professionalism into Practice	PSC delivered provider-specific in-services (5) and presentations to mutli-disciplinary staff at regional professional meetings (3) in WA and OR.
17	Fire Safety information	The Network issued safety alerts and bulletins to facilities following the southern California fires in 2003 reminding them of their responsibility to review their protocols and provide ongoing in-service to staff.
18	Professionalism	Designed for facility staff as adjunct to difficult patient presentations.
	Managing Difficult Situations	Discuss types of patient/staff interactions and techniques facility staff.
	Communication Techniques	Discuss types of communication techniques and when/how to usefacility staff.
GENERAL		
2	Training Programs for Facility Data Contacts	Network staff met with groups of new provider data contacts to help them with data reporting compliance. Staff provided assistance with completing data forms and addressed issues of patient transfer, transient patients and death notification forms.
3	TARC web site's professional section	The format was further developed and expanded to include but is not limited to the following categories: TARC information, reports, data, quality improvement, nephrology team and resources.

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
4	Letter regarding "Release of Data to ESRD Network Organizations"	Letter from Stephen Jencks, MD, MPH, Director Quality Improvement Group addressing concerns about HIPAA regulations and the transfer of patient information from dialysis facilities to the Network. Sent to 235 renal administrators in Network 4
6	Network Glossary	Provided to new Network committee members to assist them in understanding frequently used Network, CMS, and other related terms and acronyms
	"Communicator"	This facility newsletter is faxed to every Network 6 facility, other Networks, State Agencies, and other interested parties and is posted on the Network's website. This newsletter is distributed quarterly and contains updates of Network activities, notices of meetings, and other articles of interest.
8	2003 Annual Network 8 Meeting: "Creating a Safer, Smarter ESRD Environment"	The 2003 Annual Meeting was held in Birmingham, Alabama. More than 285 registrants and 28 exhibitors attended the meeting. The audience included nephrologists, nurses, social workers, dietitians, renal administrators, PAs and PCTs. General sessions included: hemodialysis adequacy, removing barriers to transplantation, quality of life issues, infection control issues, ESRD assessment, staff shortages, problems with hemodialysis catheters, state survey survival, professional ethics, boundaries, work-place priorities and the National Involuntary Patient Discharge Survey 2002. Psychosocial break-out sessions included depressed patients, relationship problems, and vocational rehab. Nutritional break-out sessions included Levo-Carnitine applications, and diabetes control. Pharmaceutical sponsored workshops included: "The Relationship of Cardiovascular Disease to Renal Osteodystrophy", "Principles to Enhance Patient Education", and "Iron Deficiency".
9	Progress Notes	Professional newsletter for all Network renal professionals
	Network 9/10 Handbook	Policies and Procedures approved by Network 9/10 Coordinating Council
	Website – therenalnetwork.org	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	Professional newsletter for all Network renal professionals
	Network 9/10 Handbook	Policies and Procedures approved by Network 9/10 Coordinating Council
	Website – therenalnetwork.org	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.
11	Annual Meeting Presentation by Elisa Gladstone: "National Kidney Disease Education Project"	Presented to dialysis and transplant facility staff from Network 11, including physicians, nurses, dieticians, and social workers.
	"Non-compliance as a lifestyle - Overcoming the barriers" WI ANNA meeting	Presented to nurses and technicians
12	Facility staff newsletters	Distributed semi-annually to renal professionals; Also available on the website
	Fishbone Diagram	PowerPoint presentation

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
13	ESRD Network 13 Spring 2003 Mentoring Workshop Series	Basic Statistics 101 How to Make the WWW Work for You
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 QI 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.
PSYCHOLOGICAL/REHABILITATION		
3	Vocational Rehabilitation Agency List	Distribution of a list vocational rehab agencies to TARC facilities.
5	Vocational Rehabilitation	Presentation at Summer School Tour attended by 111
6	Vocational Rehabilitation Counselor Listing	This updated list of vocational rehabilitation counselors in each state is mailed to each facility social worker on an annual basis. This list is also posted on the Network's website.
	Rehabilitation Quality Improvement Activity	An information toolkit along with facility-specific data with comparative results for each "E" of the "5 E's" of Renal Rehabilitation was mailed to each dialysis facility's social worker. All the information included in the quarterly toolkits is available on the Network website.
15	Depression Portfolio	Resource packet distributed to all Network #15 facilities as well as other interested parties who requested the information. See above.
	Vocational Rehabilitation Tracking Tool	Provided to each facility to assist with the 2003 and 2004 Vocational Rehabilitation Survey.
	Vocational Rehabilitation Resource Packet	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 2003 and 2004 (see above).
18	Department of Rehabilitation "Ticket to Work"	Describes the program, who is eligible and how to access for facility staff to encourage and educate their patients'.
OTHER		
1	Entitlement Coordination	Flyer on how to calculate coordination of Medicare benefits for professional to use as a reference.
3	VISION Training	Multiple VISION training sessions offered in New Jersey and Puerto Rico
4	"An Overview of Veritus Medicare Services" – A CMS Contracted Fiscal Intermediary	This program was presented at the NCC meeting on June 12, 2003. Attendees included nurses, physicians, dieticians, surgeons, administrators, social workers, patients, family members, and state surveyors. Attendance: 82

NETWORK	NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
4 cont.	"CMS' Emergency Preparedness Manual for Dialysis Facilities"	Sent to all dialysis facilities in Network 4 and added to New Facility Packet. Mailing: 241
6	Promoting Excellence in End of Life Care Report	Report was mailed to all facility Medical Directors
	Resource Directory	This notebook contains a comprehensive, up-to-date listing of ESRD-related patient and staff education materials. Many of the items in this book are free. Others may be borrowed or purchased from the Network or are available from other organizations. An updated copy is mailed to each facility annually and it is posted on the Networks' website.
9	Nephrology Conference	Annual 2-day educational conference offering a multi-disciplinary scientific seminar and individual meetings of different professional groups.
	VISION Training	Conducted 6 training sessions and trained 95 individuals in 35 dialysis Facilities (20% of eligible dialysis units)
10	Nephrology Conference	Annual 2-day educational conference offering a multi-disciplinary scientific seminar and individual meetings of different professional groups.
	VISION Training	Conducted 6 training sessions and trained 95 individuals in 35 dialysis facilities (20% of eligible dialysis units)
15	Network-specific VISION Users Manual	A Network-specific VISION Users Manual for facility-based users of VISION and QualityNet Exchange was developed and published and continually updated for all Network #15 VISION users.
16	Licensure of ESRD Facilities: Learning from the Oregon Experience	The Network's Executive Director was part of a panel at the Annual Northwest Renal Dietitians Meeting, March 7, 2003, Clackamas, OR that addressed the process of developing guidelines and regulations for State Agency regulation of dialysis facilities.
18	Tips on Professional Boundaries	Workshop and in-service for dialysis facility staff.
	Being a Professional: What Makes us One and What Keeps us from Being One	Workshop for dialysis facility staff and management.

Source: Networks 1-18 Annual Reports, 2003

APPENDIX R
NEW PUBLICATIONS AND PRESENTATIONS IN 2003

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
	CLINICAL	
1	Performance Index: Overview of clinical indicators	700
4	"Use of a Vascular Surveillance Program to Decrease the AV Graft Thrombosis Rate"	Displayed Poster at CMS/Forum Mtg.
5	Educational modules for technicians (5)	Website
8	Fistula First Poster Exhibit - 2003 Annual Network 8 Meeting	
	Fistula First Project Information Sheet	Distributed with Annual Meeting materials
	Network 8 Fistula First Brochure	To be distributed in 2004
11	Presentation: "Using the Clinical Performance Measures to Improve Care"	1
	Report: Catheter Reduction Report and information about the National Vascular Access Initiative	
	LDO vascular access reports	139
	Change package for Fistula First	321
	Fistula First Newsletter	321
13	"The Vision"/"News You Can Use" Professional Newsletters	2071
	Presentation at Oklahoma Career Technical Health Training Program	30 Attendees
14	Publication-Fistula First Resource Folder that included discipline specific recommended protocols, educational materials, data and communication forms in support of the CMS sponsored National Vascular Access Improvement Initiative (Fistula First).	1, 500
	Publication-Updated Network #14 Quality of Care Run Charts	Available on web site
	Publication-Glomerular Filtration Rate Profiling Report	600
	Publication-Cares Project - Catch and Reduce Errors Videotape of Presentation	300
	Presentation- Vascular Access Management for Physicians and Nurses	600
	Presentation- Advanced Care Planning to Nurses	100
	Publication - Sticks and Stones May Break Your Bones… and So May Bone Disease - *Family Focus*	
	Publication-Wound Care Planning for Dialysis Patients -NK-Renal Link	
	Publication- report of the Involuntary Patient Discharge National Project	600

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
15	National Vascular Access Improvement Initiative-Fistula First	Presented at the National NRAA meeting in Atlanta, Georgia
	Increasing Fistulas Within Network #15-Poster	Presented at the annual CMS/Forum of ESRD Networks in Baltimore, MD.
	InterMountain Messenger	Network #15 professional newsletter. See description under General. Approximately 3,600 distributed in 2003.
18	Poster on preliminary results of Modality Selection Study	Presented at 2003 CMS/Forum national meeting
GENERAL		
1	3 Newsletters on clinical and data topics	800 each time
	Statistical Summary Report: Provider data	250
4	Panel Member "Throw Me a Lifeline, Toss Me a Bone"	Executive Director was a panel member at the Professional Develop Seminar, "Surviving in the Real World of Nephrology", cosponsored by CNSW-Western PA, CRN-Western PA, and ANNA-3 Rivers Chapter
	Network News – Professional Section	Distributed to Renal Administrators, Transplant Coordinators, Network 4 Committee Members, Patient Services Committee, Patient Advisory Committee and ESRD Networks. The Summer 2003 issue included articles from the QI, Data, and PSC Departments. It offered an opportunity to provide feedback on QI projects, to update facility staff on Network activities, and to recognize those facilities that maintained excellent performance on data forms submission. Two articles submitted by a staff member for LORAC were published in this issue: "Unit Self-Assessment Manual and Tool" and "Grants for Exercise".
5	Presentation to NANT	General information on Network 5
6	"The Prevention and Treatment of ESRD"	YWCA Senior Citizens Association
	"Introduction to the Southeastern Kidney Council"	Network 6's South Carolina Patient Workshop
8	*Network News* – Two editions were distributed in 2003	Distributed to each facility and medical director.
12	Network Newsletter	Two general newsletters were created and distributed to facility staff.
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 QI 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.

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
15 cont.	*Intermountain Messenger*	Network #15's professional newsletter, distributed three times in 2003. Samples of articles appearing in 2003 are: clarifying HIPAA guidelines and addressing concerns raised by facilities regarding what kinds of patient information can be released to the ESRD Networks, providing updates on QI projects including a summarization of achievements in the Network #15 Increasing Fistulas project, and introduction to the National Vascular Access Improvement Initiative (NVAII), several articles providing in-depth information about the NVAII (subsequently dubbed the Fistula First Project), updates about VISION and the facilities currently using the VISION software, several articles on patient self-care including an article titled "Self Care: A Multidisciplinary Approach," including views from administrators, dietitians, and patients regarding the advantages of providing self-care options to patients, an article concerning patient advance directives, which included a sample "Advance Directive for a Do Not Resuscitate Order in the Dialysis Unit," and articles discussing the high prevalence of depression among dialysis patients and suggestions for addressing this problem. Approximate 3,600 newsletters were distributed in 2003.
17	Network Fairs - developed to provide current information about the Network to patients and facility staff. The Patient Services Coordinator conducted the Fairs	Seven fairs, each at a different facility
	Network Poster - revised, developed and distributed a poster which included the Network toll-free number and website and phone numbers for the State and Federal Agencies	One to each Network
PATIENT-RELATED ISSUES		
1	Presentation on Proactive Management of Challenging Patients	Presented at Annual Meeting
2	Patient Pocket Guide to ESRD resources	
4	Experiences as a Dialysis & Transplant Patient	Presentation made by QI Coordinator to RAA in PA & DE
6	"The Role of the Network" and "The Complaint Process"	Patient Support Group
	"Dealing with Challenging Patient Situations"	Gambro Healthcare's Southeast Division Annual Meeting
	"The Needs of ESRD Patients Related to Transportation"	NC Department of Transportation Meeting
	"Dealing with Challenging Patient Situations"	American Kidney Fund Regional Meeting
9	"The ESRD Network and the Provider: Working Together to Resolve Patient Differences"	Presentation given at the Network's annual Nephrology Conference
10	"The ESRD Network and the Provider: Working Together to Resolve Patient Differences"	Presentation given at the Network's annual Nephrology Conference

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
11	Presentation: "Non-compliance as a Lifestyle – Overcoming the Barriers"	2
	Presentation: "Involuntary Patient Discharge: A National Network Project"	1
	Presentation: "Challenging Patient Situations and National Data"	1
	Presentation: "Dealing With Challenging Patient Situations/Policies and Procedures"	1
12	Grievance Procedure Booklet: A Guide for Facilities Concerning Grievances Filed and Investigated by Network 12	One copy was distributed to every dialysis and transplant unit
	Transplantation Booklet	A 54-page resource for the prospective renal transplant patient beginning with initial evaluation through post-surgical adjustment. One copy distributed to every dialysis unit and available via the website.
	"Weighing the Options, Making the Choice"	Patient newsletter including discussion on patient empowerment. Approximately 13,000 distributed to patients via facility staff and available via the website.
	"Death and Dying"	Patient newsletter focused on end-of-life care. Approximately 13,000 distributed to patients via facility staff and available via the website.
	"A Shot of Information"	Patient newsletter emphasizing the benefits of adult immunization. Approximately 13,000 distributed to patients via facility staff and available via the website.
13	AAKP 30th Annual Convention-Network Materials	
14	Publication- Lone Star Newsletter-Patient Newsletter	8000
	Presentation - Positive Patients-Positive Professionals	250
	Publication- Dealing with the Non-Compliant Dialysis Patient - Published in *Nephrology News and Issues*	(600/month average) 7200
15	Depression Portfolio	Please see description in Appendix R. Approximately 300 were distributed in 2003.
	Renal Roundup	Patient newsletter, which is published periodically as an information-sharing resource for the patients and professionals in Network #15. The 2003 issue was published in December 2003, incorporating articles on the importance of fistulas, self-care, and depression and coping. Approximately 15,000 were distributed in 2003.
16	Discussing Final Wishes" by MaryLou Pederson, RN, MA	July 2003 RenaLife.
17	"The Patients and Staff Who Try Our Patients," Arlene Sukolsky	*Nephrology News & Issues*, May 2003
18	Poster on "Renal Prom" for teenage dialysis patients	Presented at 2003 CMS/Forum Annual Meeting
	Patient Advisory Committee: "PAC Facts" Fact sheet and Poster	One fact sheet and poster sent to each facility. 250 facilities also on Website
	List of Spanish Educational ESRD Educational Materials available in Spanish	Distributed to 250 facilities and on website
	Brochure "Services for Patients"	Distributed to 250 facilities and on website

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
COMMUNICATION/CRISIS MANAGEMENT		
2	Quarterly PAC Chairpersons Conference Calls	PAC Chairpersons meet to discuss/define the role of the PAC rep, annual goals, major issues of concern to CKD patients
	Regional PAC Meetings	Regional PAC members meet to discuss mutual interests & problems and plan patient education activities.
5	Presentation – ANNA Meeting	Working with difficult and challenging patients
14	Presentation-Resolving Complaints	100
	Presentation-Patient Sensitivity for all Disciplines	100
	Publication-Can We Talk? Communication in Dialysis –Published in NKF *Family Focus*	
	Publication- Is an Ounce of Prevention the Key to Aggression- Published in *Nephrology News and Issues*	
17	"This Is An Abuse Free Facility" – a Network-developed poster (Pg. 24)	Mailed to all facilities
18	Booklet on "Guidelines for Management of Disruptive and/or Abusive Patients".	Distributed to 250 facilities. Also on website
GUIDELINES		
1	Presentation on Best Practices for Vascular Access Management in a Multi-Provider Setting	Presented at Annual Meeting
2	Patient Referral, Transfer & Discharge Policy	Approximately 1,500
5	Policy Statement on Discharging Patients	400
11	Network 11 Medical Review Guidelines	321
12	End of Life Planning Booklet	13,000
18	Medical Review Board statement on Medical Care Policy Issues related to HMO coverage decisions.	250 dialysis facilities and Medical Directors
PSYCHOSOCIAL/REHABILITATION		
2	Presentations and Individualized Assistance	Individualized information and assistance to 487 pts, 678 tailored information packets mailed, 1,019 individuals and professionals received VR information at 139 presentations
	Employer Recognition Award	Program established by Rehabilitation Committee to honor employers who hire and offer support to workers with CKD. Nominated by patients, 8 employers were recognized in 2003.
4	"Giving People a Chance: ESRD Network Employer Recognition Award Program"	Displayed Poster at CMS/Forum Annual Meeting
6	"Rehabilitation"	Network 6's North Carolina Patient Workshop
8	Alabama State Rehabilitation Meeting	Nurse and Social Worker from NETWORK presented to VR counselors on ESRD work related issues.
	Mississippi State Rehabilitation Meeting	Nurse, Social Worker and Patient Panel presented to VR counselors on ESRD work related issues.
15	Depression Portfolio	Please see Appendix R for description. Approximately 300 were distributed in 2003.

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
16	Promoting Excellence in End of Life Care	The Network purchased and disseminated copies of the Robert Wood Johnson Foundation's publication on Promoting Excellence in End of Life Care: End Stage Renal Disease Final Report. Copies of the complete report were provided to the nurse manager and social worker at every facility. Copies of the Summary were provided to Medical Directors of each facility.
18	Southern California One-Stop Career Centers brochure	Distributed to 250 facilities. On website
	Department of Rehabilitation Region Offices brochure	Distribute to 250 facilities. On website
	Patient Support Groups brochure	Distributed multiple copies to 250 facilities. On website
	Patient Employment Facilitation Letter Templates (Hemodialysis and PD)	Distributed one of each template to 250 facilities.
OTHER		
1	Rhode Island Department of Elder Services	Educational program on elder care. One aspect is special needs for ESRD patients and Medicare provisions of coverage.
4	Presentations on Patient Safety, VISION, Network Reports, the National QIP project, Dialysis population trends, and Involuntarily Discharged patients	ED presentation to RAA in Pennsylvania & Delaware
	Impending Legislative Issues & FistulaFirst	CQI Director presentation to RAA in Pennsylvania & Delaware
6	"Continuous Quality Improvement: Importance and Impact"	Gambro Healthcare's Southeast Division Annual Meeting
	"Disaster Preparedness for ESRD Facilities"	NKF of Georgia's Nephrology Update Meeting
	"ESRD Information Infrastructure"	National Renal Administrators' Regional Meetings (3)
	"Core Data Set"	Network MRB Chair's Meetings (2)
9	Nephrology Conference	Annual 2-day educational conference offering a multi-disciplinary scientific seminar and individual meetings of different professional groups.
	VISION Training	Conducted 6 training sessions and trained 95 individuals in 35 dialysis facilities (20% of eligible dialysis units)
10	Nephrology Conference	Annual 2-day educational conference offering a multi-disciplinary scientific seminar and individual meetings of different professional groups.
	VISION Training	Conducted 6 training sessions and trained 95 individuals in 35 dialysis facilities (20% of eligible dialysis units)
11	CD: "Promoting Excellence in End of Life Care" report by Robert Wood Johnson	550
12	Staff Newsletters	These newsletters included general issues related to Network activities and projects. Two newsletters were printed and disseminated during 2003. Individual copies were mailed to key personnel along with a bulk shipment of 10 copies to every facility.
14	Presentation- Professionalism for the Non-Licensed Personnel	250
	Presentation - Ethics for Social Workers	100

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2003
14 cont.	Presentation-Vision Software for Administrators and Clerks	25
	Presentation - History of Dialysis	1,000
	Publication-Making Your Facility a Safer Place –*Family Focus*	
	Publication- Coming To Your Facility –A Way to Decrease Data Time – *Family Focus*	
15	"The Model Renal Care Worker…From a Patient's View" (Poster for each facility within the Network)	Approximately 250 posters were distributed in 2003
17	Data workshops on data forms	Four on-site workshops, with a total of 38 attendees from 33 facilities. Two on-site presentations to DaVita staff with 31 attendees from 20 facilities.
18	Who to Ask for at Network 18 poster	Distributed to 250 facilities. On website
	Dialysis Facility Compare brochure	Developed by CMS and distributed to 250 facilities. Website link
	Emergency Preparedness for Dialysis Facilities	CMS and Network 17 project. Distributed to 250 facilities.

Source: Network 1-18 Annual Reports, 2003

APPENDIX S
NEW PATIENT EDUCATION WORKSHOPS AND MATERIALS DISTRIBUTED IN 2003 BY CATEGORY BY NETWORK

NETWORK	TITLE	BRIEF DESCRIPTION
ACCESS		
1	Vascular Access Passport	Tracking device for patients to share with medical professionals.
	Vascular Access Protection Card	Card to show professionals to avoid drawing blood from potential access arm.
4	Presentations on Fistula First: "What You Need to Know About Your Dialysis Access" and "Hemodialysis Access: Are You Well Connected?"	These presentations given at a Patient Workshop on Oct. 16, 2003, provided information to patients about the advantages of using fistulas. Educational materials were also provided to 32 patients and families members who attended.
14	Vascular Access Update	Educational seminar for patients. A vascular access surgeon reviewed the vascular access options and answered questions
15	*Renal Roundup* (Patient Newsletter)	Article appeared in the December 2003 issue highlighting vascular access. Approximately 15,000 were distributed in 2003.
16	Focus on Fistulas: A Patient's Perspective	Article on the benefits of AVFs for patients written by a patient. Featured on Network's website, in newsletter, and shared with other Networks for patient education & outreach.
ADEQUACY OF DIALYSIS		
6	Adequacy of Peritoneal Dialysis Video	Video was translated into Spanish by Network 14 and mailed to all Network 6 facilities.
18	Dialysis Keeps People with Kidney Failure Alive: Are You Getting Adequate Dialysis?	Patient education. CMS brochure that teaches patients to use laboratory measures and consider other issues to see if they are receiving dialysis treatment consistent with outcomes standards.
OTHER CLINICAL ISSUES		
2	Patient Safety Poster & Handouts in English & Spanish	Poster to every unit (235), handouts distributed to providers & patients by social workers and at meetings (20,000) distributed.
4	"Taking Responsibility for Your Own Care! What Can I Do to Help Myself?"	Poster developed by Patient Services Coordinator and Patient Services Committee that was sent to all dialysis facilities in PA & DE and included in our New Facility Packet.
	"Patient Safety in the Dialysis Unit: The Patient's Role"	Brochure developed to educate patients about safety practices and sent to all dialysis facilities in Pennsylvania & Delaware and included in our New Facility Packet.
12	Patient Safety	Power-Point Presentation (1/03)
14	Home Dialysis Option Update	Educational seminar for patients. A home dialysis patients reviewed dialysis options, shared information about his home hemodialysis modality and answered questions.
	How to Access Dialysis Facility Compare	Poster
15	*Renal Roundup* (Patient Newsletter)	Article appeared in the December 2003 issue highlighting self-care.

NETWORK	TITLE	BRIEF DESCRIPTION
18	PAC Fact: "Protect Yourself From Influenza"	Patient education fact sheet and laminated poster describing why patients should receive the flu vaccine.
COMMUNICATION & PSYCHOSOCIAL		
2	PAC Chairpersons Bio	Regional PAC Chair bios sent to facilities in each region to facilitate patient involvement in unit activities and PAC organization.
	PAC Newsletter	Issues devoted to specific patient concerns, i.e. exercise etc.
3	TARC web site Question & Answer section	Provide wealth of information to ESRD consumers in both English and Spanish
	TARC Consumer web site	Reviewed and revised the internet disclaimer, the treatment locations, and the web links and resources sections in both English and Spanish
4	Network News – Patient and Family Section – article titled "Am I Normal? – Part III – Depression"	This section of the newsletter is designed for patients and sent to dialysis facilities in Pennsylvania & Delaware and to Patient Services Committee members and Patient Representatives.
9	"Beating the Odds with Spirited Joy"	Collaborated with the Indiana NKF and Genzyme
	"When Dementia is not the Only Diagnosis"	Collaborated with the Indiana Alzheimer's Association with Indiana University Hospitals
10	"Beating the Odds with Spirited Joy"	Collaborated with the Indiana NKF and Genzyme
	"When Dementia is not the Only Diagnosis"	Collaborated with the Indiana Alzheimer's Association with Indiana University Hospitals
14	"How to File a Grievance"	Procedures for complaints & grievances
	"Psychosocial Adjustment to ESRD"	Adjustment to chronic illness
15	*Renal Roundup* (Patient Newsletter)	Article appeared in the December 2003 issue highlighting depression.
16	Putting Professionalism into Practice	Regional workshops and in-services for facility staff on communication, professionalism, grief and loss, and dealing with challenging patient situations. Programs presented by Patient Services Coordinator to foster improved communication between patients and staff, assist staff in addressing and coping with stressful situations, de-escalating conflict and achieving positive outcomes.
	Promoting Excellence in End of Life Care	The Network purchased and disseminated reprints of the Robert Wood Johnson Foundation's publication on Promoting Excellence in End of Life Care: End Stage Renal Disease Final Report. The complete report was provided to the nurse manager and social worker at every facility. The Summary of Recommendations to the Field were provided to the Medical Directors of each facility.
18	Right to Choose A Physician and Dialysis Facility	MRB statement informing patients of their rights to choose a facility and physician.
	Patient Support Group List	A brochure listing all the support groups in Network 18
DIET & NUTRITION		
1	Newsletter	Focus on nutrition with special article by patient about diet control.
DISASTER/EMERGENCY PREPAREDNESS		
3	Preparing for Emergencies	Distributed the booklet about preparing for emergencies
5	Brochures	Dealing with disasters

NETWORK	TITLE	BRIEF DESCRIPTION
6	Preparing for Emergencies: A Guide For People on Dialysis Booklet	Booklet mailed to every facility social worker
14	Disaster Manual for patients	Specific for Texas
16	Emergency Preparedness for Dialysis Facilities (Publication No. CMS 11025)	Disseminated to all Network facilities and also noted on our website and via eGroup mailing
18	Emergency Preparedness for Dialysis Facilities	CMS guide to assist facilities to develop a plan for emergency situations to ensure safety of employees and patients and sharing of resources with the renal community in such event
	Emergency Preparedness: A Guide for Patients on Dialysis	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 2003 (Spanish and English) Medicare Coverage of Kidney Dialysis and Kidney Transplant Services (Spanish)	A booklet describing Medicare Coverage
	Your Medicare Rights and Protections (English) Your Medicare Benefits (Spanish) Choosing a Medigap Policy Dialysis Facility Compare: Guide to Medicare Certified Dialysis Facilities	A group of booklets describing various services of Medicare
4	*Network News* – Patient and Family Section	Distributed to Renal Administrators, Transplant Coordinators, Network 4 Committee Members, Patient Services Committee, Patient Advisory Committee and ESRD Networks. Renal Administrators and Transplant Coordinators were asked to post the second copy sent to them on the Network 4 Bulletin Board for patients. The Summer 2003 issue featured an article about a PSC member who had spoken to a local newspaper about organ donation, particularly addressing major roadblocks that prevent African-Americans from becoming donors. Information was also included about the NKF's free health-screening program, Kidney Early Evaluation Program (KEEP).
6	Patient Newsletters	Bi-annual newsletter mailed directly to the patients' homes with articles on various topics
	Patient Workshops	One-day workshops held in North Carolina and South Carolina in 2003 with speakers on various topics
8	2003 Mississippi Patient Advisory Council Meeting "You Can Accomplish Anything Through Knowledge"	Approximately 100 patient and family members attended the meeting held at the Hilton Hotel in Jackson, Mississippi, on August 24, 2003. Topics included, "A History of Kidney Disease, Past, Present and Future" by Dr. John Bower, empowerment, complications of ESRD, the benefits of exercise, the advantages of employment and the FistulaFirst Project.
	2003 Alabama Patient Education Conference	Over 120 patient and family members attended the conference which was held at the Marriott Grandview Corporate Park Hotel in Birmingham, AL on October 12, 2003. Topics included a keynote presentation by Dr. Kenneth Moritsugu on organ donation, skin diseases, living kidney donation, ESRD in the minority community, long term health issues for transplant patients, insurance, understanding the transplant waiting list, legislative issues, transplant medications and the Fistula FirstProject.

NETWORK	TITLE	BRIEF DESCRIPTION
8 cont.	2003 Tennessee Patient Advisory Council Meeting "You Can Accomplish Anything Through Knowledge"	Approximately 70 patients and family members attended the meeting which was held at the Embassy Suites Hotel in Nashville, Tennessee on October 26, 2003. The keynote address was by Kris Robinson who presented on empowering patients and AAKP resources. Other topics included sleep disorders in ESRD patients, the importance of self-care, benefits of exercise, a slide show presentation of a grocery store shopping tour and the FistulaFirst Project.
	Network 8's *Kidney Patient Update*	The patient newsletter was distributed twice in 2003. The Spring edition was sent to providers in March. It included articles on compliance and disaster preparedness along with the continuing features "The Doctor is In" and "The 20 Year Club. The Fall/Winter issue was sent in December. It included articles on rehabilitation, influenza vaccinations and the Fistula First Initiative. It included a contest for patients to write essays describing why they love their fistula.
11	*Common Concerns* article: "Quality of Life and You"	Article published in patient newsletter encouraged patients, regardless of their modality, to think about their quality of life, factors that influence it, and how they can work to improve their quality of life.
12	"Nephron News and You" patient newsletter	Distributed quarterly to patients and family members via facility personnel. Topics included immunization, diet and nutrition, Hepatitis, modality selection, home dialysis, disaster/emergency preparedness, and vocational rehabilitation/employment/finances/exercise
	"Weighing the Options, Making the Choice"	Patient newsletter including discussion on patient empowerment. Approximately 13,000 distributed to patients via facility staff and available via the website
	"Death and Dying"	Patient newsletter focused on end-of-life care. Approximately 13,000 distributed to patients via facility staff and available via the website
	"A Shot of Information"	Patient newsletter emphasizing the benefits of adult immunization. Approximately 13,000 distributed to patients via facility staff and available via the website
13	Patient Newsletter Kidney Koncern	Patient educational topics related to dialysis, transplantation and vocational rehabilitation
14	"What the Network Can Do For You"	Newsletter explanation of role and function of ESRD Network of Texas
	"You Can Blame Dialysis"	Marital adjustment after dialysis
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 2003 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.

NETWORK	TITLE	BRIEF DESCRIPTION
17	"Northern California/Pacific Islands Wave"	Network consumer newsletter. The patient newsletter was changed to an informational newsletter during the first quarter of 2003, and features one topic each quarter.
18	List of ESRD Materials in Spanish	A brochure of ESRD education materials available in Spanish from other renal organizations.
	Network 18 Statement of Patient Rights and Responsibilities.	Patient Education
	Right of Patients to Choose a Physician and/or Facility	Patient Education
	Website	Website includes information on Network goals and responsibilities. Network structure, patient services information/activities, data reports, Quality Improvement projects, educational resources, links, and more.
GRIEVANCES & PATIENT CONCERNS		
3	Patient Grievance Procedures	A brochure to provide the patient with guidance through the grievance process.
	Patient Rights and Responsibilities	A brochure to describe/define the patient's rights as a dialysis patient and also their responsibilities.
5	Patient Information Poster	To new facilities - 25
9	Policy and Procedure for Complaints and Grievances	Updated by the MRB and addresses the CMS national policy for evaluating and resolving patient grievances
	Grievance Packet	Made available to patients who preferred an established format
	Grievance Poster	Made available to each dialysis facility
	Article "Network Complaints and Grievances 2002"	Published in *Progress Notes* – professional newsletter
	Article "Network Participation in Involuntary Patient Discharge Survey"	Published in *Progress Notes* – professional newsletter
	Article "Have a Problem or a complaint related to Your treatment? Here are Some Things you can Do"	Published in *Renal Outreach* – patient newsletter
10	Grievance Packet	Made available to patients who preferred an established format
	Grievance Poster	Made available to each dialysis facility
	Article "Network Complaints and Grievances 2002"	Published in *Progress Notes* – professional newsletter
	Article "Network Participation in Involuntary Patient Discharge Survey"	Published in *Progress Notes* – professional newsletter
	Article "Have a Problem or a complaint related to Your treatment? Here are Some Things you can do"	Published in *Renal Outreach* – patient newsletter
12	Grievance Procedure Booklet: A Guide for Facilities Concerning Grievances Filed and Investigated by Network 12	One copy was distributed to every dialysis and transplant unit
13	New Network Grievance Poster	Poster provided Grievance Procedure Outline and Contact Information
14	"Complaints and Grievances"	Patient education on complaint resolution and filing a grievance

NETWORK	TITLE	BRIEF DESCRIPTION
18	Updated patient grievance information (English/Spanish)	Sent to all dialysis social workers
	Do You Have A Concern About Your Care?	A poster describing patient rights to express concerns about their care.
	Services For Patients	A brochure describing the services that Network does and does not offer and a section on what to do if patients have a concern about their care.
	Grievance Guidelines, Form and Authorization Form	A packet of information describing the grievance process and an authorization form. If the person filing the grievance is not the patient.
TREATMENT OPTIONS/TRANSPLANT		
3	Coverage of Kidney Dialysis and Kidney Transplant Services (Spanish)	A booklet describing the services available and the provision of payment for each service.
	Home Dialysis Designee Program	A primer for staff nurses to present home dialysis as a treatment option to patients
6	Transplant 101 Booklet	Booklet produced and distributed to all patients in GA in collaboration with the NKF of GA
	Transplant Poster	Adapted from a poster developed by Network 8, this poster was mailed to all facility social workers
	New Horizons Pre-Transplant Guide For Kidney Patients Video	In collaboration with Roche Pharmaceuticals, this video was mailed to all facility social workers
8	Network 8 transplant poster was created for display in clinics. The poster gives names phone numbers of transplant hospitals in the region.	Distributed to facilities in June.
11	*Common Concerns* article: "Opportunities in Transplant"	Articles in patient newsletter discussed the types of kidney transplants, common medications used post transplant, Medicare coverage of transplants, and one kidney transplant patient's perspective.
12	Transplantation Booklet	A 54-page resource for the prospective renal transplant patient beginning with initial evaluation through post-surgical adjustment. One copy distributed to every dialysis unit and available via the website.
14	"How to Expedite a Transplant"	Things a patient can do to expedite the transplant process
17	Pre-Transplant Requirements of the TransPacific Renal Network Transplant Centers, Revision 2002	A listing of kidney transplant facilities in the Network, along with testing requirements, personnel lists, et cetera.
VOCATIONAL REHABILITATION/EMPLOYMENT/FINANCES/EXERCISE		
4	"Rehabilitation: Getting Back to Work!"	This brochure was finalized in 2003 and will be distributed in 2004 to all dialysis facilities in PA & DE with the Network's annual Vocational Rehabilitation Survey
5	Rehabilitation Brochure	Listing of resources and suggestions for obtaining employment
11	*Common Concerns* article: "ESRD and Vocational Rehabilitation"	Written by a member of Network 11's Consumer Committee and published in the patient newsletter, this article focused on options available to patients regarding vocational rehabilitation.
14	"You Can Blame Dialysis"	How people can continue to work despite dialysis

NETWORK	TITLE	BRIEF DESCRIPTION
18	List of California Rehab Dept. field offices, Ticket to Work program, & LORAC materials	Mailed to facility Social Workers
	Employment Facilitation Letters Template for Hemodialysis and Peritoneal Dialysis	Sample letters for employers that describes the treatment modality and some issues related to work attendance and illness.

Source: Networks 1-18 Annual Reports, 2003

*Due to the large geography of Network #15, patient education endeavors are generally completed using written materials. See Table 11.

APPENDIX T
LIST OF ACRONYMS

ACRONYM	ORGANIZATION
AAKP	American Association for Kidney Patients
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
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
NIDDK	National Institute of Diabetes & Digestive & Kidney Diseases
NIH	National Institutes of Health

ACRONYM	ORGANIZATION
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 Transplanation Network
OSCAR	Online Survey Certification and Reporting
PD	Peritoneal Dialysis
PID	Project Idea Document
PIP	Performance Improvement Plan
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)	anna.inurse.com
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)	cms.hhs.gov
Dialysis and Transplantation	www.eneph.com
Dialysis Facility Compare	www.medicare.gov
Emergency Care Research Institute (ECRI)	www.healthcare.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/doqi.index.cfm
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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