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

2002

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, 2002, through December 31, 2002.

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

2002

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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.

Today, eighteen (18) ESRD Network Organizations exist under contract to CMS and 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 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, 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 2002, 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: IMPROVING THE QUALITY OF HEALTH CARE SERVICES AND QUALITY OF LIFE FOR ESRD BENEFICIARIES

The Networks serve as liaisons between CMS and ESRD providers, and also between providers and the 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 projects and 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

Selected findings (based on 2001 data) from the 2002 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 70.9% in 2001.
- Adequacy of Dialysis: Peritoneal Dialysis - During the study period (October 2001 - March 2002) an estimated 86% of patients sampled had at least one measured total solute clearance for urea

and creatinine, which is an increase from 66% in 1994-1995. Sixty-eight percent (68%) of continuous ambulatory peritoneal dialysis (CAPD) patients had both a mean weekly $Kt/V_{urea} \geq$ 2.0 and creatinine clearance $\geq$ 60 L/wk/$1.73m^2$.

- Nutritional Status: Serum Albumin – Hemodialysis: The percent of patients with *optimal* mean serum albumin values $\geq$ 3.7 (BCP) or 4.0 (BCG) in 2001 was 36%, compared to 27% in 1993.
- Nutritional Status: Serum Albumin – Peritoneal Dialysis: The percent of patients with *optimal* mean serum albumin values $\geq$ 3.7 (BCP) or 4.0 (BCG) was 19%.
- Anemia Management: Hemodialysis - In 2001, the proportion of patients with a hemoglobin $\geq$ 11 was 76%, compared to 59% in 1998.
- Anemia Management: Peritoneal Dialysis – In 2001, 76% of patients had a mean hemoglobin of $\geq$ 11 gm/dL, compared to 55% in the 1997-1998 study period.
- Vascular Access: Hemodialysis – 31% of prevalent Hemodialysis patients dialyze by A-V fistula compared to 40% recommended by K/DOQI. 19% of prevalent patients had dialyzed by catheter for 90 or more day. (The percentage recommended by K/DOQI is 10%.)

Quality Improvement Projects

The ESRD Network contracts with CMS require 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. A brief overview and status of the QIP projects are described in this Summary.

**GOAL TWO: IMPROVING DATA REPORTING, RELIABILITY, AND VALIDITY
                BETWEEN ESRD FACILITIES/PROVIDERS, NETWORKS, AND CMS**

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). It 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 2002, the Networks processed 107,629 CMS Form 2728s and 71,079 CMS Form 2746s for a total of 178,708 data forms processed.

GOAL THREE: ESTABLISHING AND IMPROVING PARTNERSHIPS AND COOPERATIVE ACTIVITIES AMONG AND BETWEEN ESRD NETWORKS, QUALITY IMPROVEMENT ORGANIZATIONS, STATE SURVEY AGENCIES, AND ESRD PROVIDERS/ FACILITIES

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 2002 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 2002 included the implementation of the Patient Safety Initiative Phase II in the ESRD program, interactive partnerships with renal community members such as NKF, AAKP, and RPA, the updating of the New Patient Orientation Packet materials for Year Three of the project, and the CMS/Network/State Agency Relations Training Seminar held in October 2002.

GOAL FOUR: EVALUATING AND RESOLVING PATIENT GRIEVANCES

Networks are 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 2002, Networks processed 66 formal beneficiary grievances in comparison to 70 in 2001. 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 2002, Networks studied the issue of "challenging patients" defined by a number of Networks as cases in which a patient presents to a clinic and acts out in a violent manner or is verbally abusive or threatening. This is not a new issue, and the Networks note that this 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 the clinics in an effort to deal with this issue. At the 2002 CMS/Forum of ESRD Networks' Annual Meeting, a session was devoted to this topic. CMS funded the Network 17 project "The Challenging Patient: A Broader Examination of the Problem" to bring community reps 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 interventions.

Several Networks made recommendations for additional dialysis facilities in their Annual Reports:
- Non-chronic, short-term dialysis in outpatient programs
- Adult and pediatric dialysis and transplant services
- Skilled nursing, long-term care, or other non-ESRD certified health care facilities

Additional recommendations addressed:
- Dialysis Staff Shortages
- Undocumented immigrants
- Challenging/disruptive patients

This Report summarizes highlights of the ESRD Networks' 2002 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 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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This Report summarizes the Annual Reports submitted by these 18 Network organizations for calendar year 2002.

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, 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 & 18) had the largest state population, Network 6 had the largest population on dialysis. At the end of 2002 there were 299,591 patients being dialyzed and 99,194 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 2002

NETWORK	INITIATED ESRD THERAPY	GENERAL POPULATION	INCIDENCE RATE PER MILLION POPULATION
1	3,713	13,922,517	267
2	6,751	18,976,457	356
3	4,551	12,329,527	369
4	5,112	13,064,654	391
5	6,099	14,755,404	413
6	7,872	20,633,194	382
7	6,199	16,851,256	368
8	5,144	9,981,041	515
9	7,502	21,673,226	346
10	4,629	12,606,620	367
11	6,845	21,064,642	325
12	3,813	12,987,000	294
13	4,268	10,686,439	399
14	7,406	21,500,000	344
15	4,172	15,482,000	269
16	2,747	12,475,881	220
17/18 *	12,371	36,141,948	342
Total	**99,194**	**285,131,806**	**348**

Source: Networks 1-18 Annual Reports, 2002

*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 2002 47.3% 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 four years.

Graph 1

2002 ESRD Incident Patients by Age
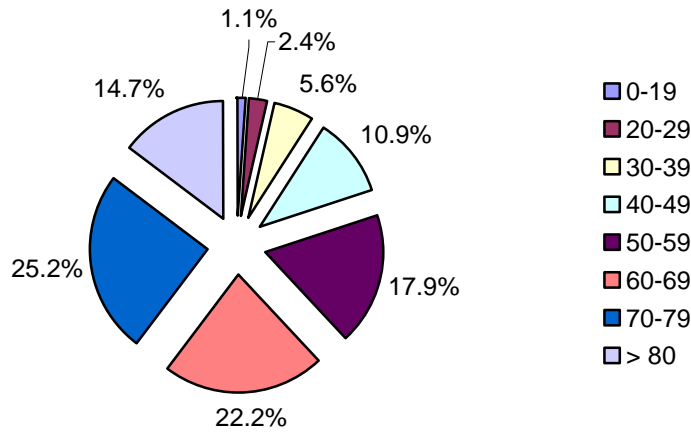
NOTE: Statistically insignificant number of patients were of unknown age.

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

RACE

While the majority of dialysis patients are White, ESRD rates among Blacks and Native Americans are disproportionately high. While Black Americans comprise nearly 13% 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.

Appendix G illustrates the incidence by primary diagnosis by Network. Appendix H describes prevalent patients by primary diagnosis by 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 2002 but Network 15, at 51.4%, had the highest percentage of patients with this primary diagnosis. Network 8 had a higher percentage of patients with hypertension, 34.6%.

A primary diagnosis of diabetes represented 41.8% of the prevalent dialysis patient population in 2002. Hypertension followed with 27.7%, glomerulnephritis with 11.8%, and other causes accounted for 11.4% of the dialysis population. 4.3 percent of patients had an unknown primary cause. Cystic Kidney Disease accounted for 2.8% of the dialysis patient population. The percentage of patients with a primary diagnosis of diabetes has increased from 41.3% in 2001 to 41.8% in 2002.

Graph 2

**Prevalent Dialysis Patients by
Primary Diagnosis
December 2002**
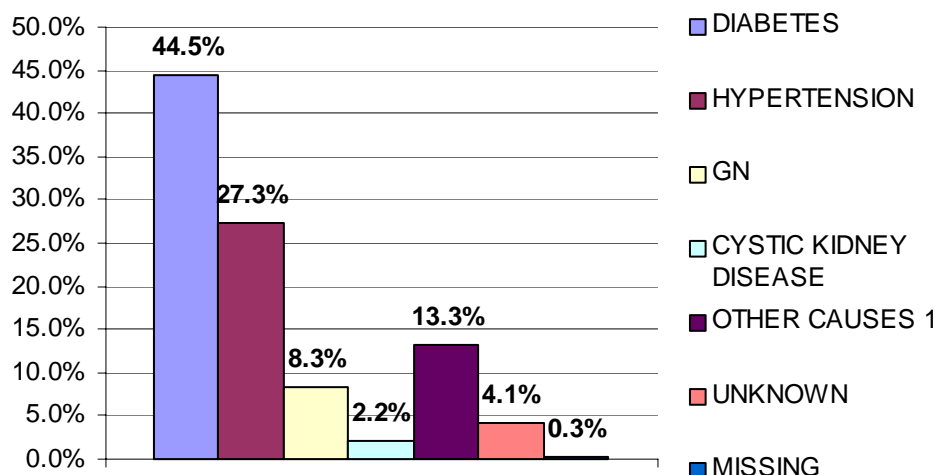
GENDER

In 2002, males represented over half (54.2%) of the ESRD incident and dialysis prevalent population. 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 5% between 2001 and 2002 (Appendix N), and the number of continuous ambulatory peritoneal dialysis (CAPD) patients has decreased by 4%.

Table 2
NUMBER OF MEDICARE APPROVED ESRD PROVIDERS BY NETWORK
AS OF DECEMBER 31, 2002

NETWORK	DIALYSIS	TRANSPLANT
1	146	15
2	236	14
3	142	3
4	243	16
5	284	13
6	427	11
7	262	10
8	287	13
9	319	14
10	155	7
11	314	20
12	227	17
13	256	14
14	308	25
15	212	14
16	117	7
17	157	8
18	231	18
TOTAL	4,323	239

Source: CMS 2002 ESRD Facility Survey Tables

Table 2 lists Medicare Approved ESRD Providers by Network. There were 239 transplant centers within the United States in 2002. Network 14 has the largest number of transplant facilities, with 25, followed by Network 11, with 20. Network 3 has the fewest transplant facilities, with 3. As expected based on patient populations, Network 6 has the largest number of dialysis providers (427) and Network 16 has the smallest number of providers (117).

Appendix O lists the number of renal transplant recipients by donor source and Network. According to the annual facility surveys conducted by the Networks, 15,594 transplants were performed within the United States during 2002. Of these transplants, 9,453 were from deceased donors while 4,368 were from living related donors and 1,773 from living non-related donors. Deceased donors represent 60.6% of transplants performed. The percent of living and living unrelated donor transplants have increased in recent years and in 2002 represented 39.4% of all transplants performed. 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, 2002, there were 56,520 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 9/30/03 - From 12/31/87 to 9/30/03*).

The transplant centers in Network 11 performed the largest number of transplants in 2002. Network 11 also had the largest number of transplants by living related donor, 589, and 262 transplants by a living unrelated donor. Network 3 had the fewest number of transplants with 434 occurring. Network 7 had the least number of transplants by living related donor, 121.

NETWORK DESCRIPTION

The ESRD Network program began in 1977 when the Department of Health and Human Services (formerly 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 2002, the ESRD program encompassed 299,591 patients and 4,443 providers. The Networks now operate on a three-year Statement of Work (SOW) cycle. The 2000 - 2003 SOW was implemented in July 2000. 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 further describes contract responsibilities.

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

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

CMS contracts require each Network to have an Executive Director, a Director of Quality Improvement, and a Director of Data Management as well as other necessary staff to fulfill the contract obligations. 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 Director of Data Management is the accurate recording and transmission of data between the facilities, the Network, and CMS.

In addition to these staff members, Networks employ 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 type and number of staff employed by each Network.

Table 3
NETWORK STAFF BY FUNCTION AND FTE
AS OF DECEMBER 31, 2002

NETWORK	DIALYSIS PREVALENT POPULATION	ESRD PROVIDERS	ADMINISTRATIVE	QUALITY IMPROVEMENT	DATA	PATIENT SERVICES	TOTAL STAFF
1	10,543	142	2.00	3.00	2.70	1.20	**8.90**
2	21,420	239	3.00	2.00	4.00	1.00	**10.00**
3	12,840	145	1.02	3.60	2.18	0.70	**7.50**
4	13,809	231	3.00	2.60	4.00	1.40	**11.00**
5	18,173	280	3.50	3.20	3.00	1.00	**10.70**
6	27,762	434	2.89	2.86	4.95	2.25	**12.95**
7	17,105	286	2.00	1.50	2.50	1.00	**7.00**
8	21,291	293	2.00	2.90	4.50	1.00	**10.40**
9/10	12,781	487	4.00	4.00	6.00	3.00	**17.00**
11	18,174	349	2.00	3.50	6.50	1.00	**13.00**
12	11,587	250	2.50	3.50	3.00	1.00	**10.00**
13	12,678	235	2.25	4.25	3.00	1.50	**11.00**
14	24,806	318	2.00	4.00	3.50	1.50	**11.00**
15	12,780	212	2.75	2.60	4.00	1.00	**10.35**
16	7,753	123	2.00	1.50	2.50	0.80	**6.80**
17	15,469	162	2.00	3.00	2.90	1.00	**8.90**
18	23,361	257	2.70	2.70	4.10	1.30	**10.80**
TOTAL	**282,332**	**4,443**	**41.61**	**50.71**	**63.33**	**21.65**	**177.30**

Source: Networks 1-18 Annual Reports, 2002

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, but still reflect regional variations. *The staff classification areas above are for calculation purposes only and often do not indicate the true full-time equivalency of staff work duties*. For example, an administrative assistant may be responsible for supporting the quality improvement staff a portion of the time and the data staff the rest of the time.

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 at least one patient representative and representatives of each of the professional disciplines (physician, registered nurse, social worker, and dietitian) that are engaged in treatment related to ESRD and qualified to evaluate the quality and appropriateness of care delivered to ESRD patients.

- **Any other committees** 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. Improving the quality of health care services and quality of life for ESRD beneficiaries
2. Improving data reporting, reliability, and validity between ESRD facilities/providers, Networks and CMS
3. Establishing and improving partnerships and cooperative activities among and between the ESRD Networks, Quality Improvement Organizations, State Survey Agencies, and ESRD facilities and providers
4. Evaluating and resolving grievances

These goals and how the Networks accomplished them are discussed in this Summary Report.

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

The Centers for Medicare & Medicaid Services (CMS) contract with the 18 ESRD Networks to design and administer quality improvement/assessment programs. The structure and composition of the Networks place them in a unique position to accomplish this purpose. The Networks are not-for-profit organizations, led by volunteer boards and committees comprised of nephrology patients and professionals. CMS outlines the broad expectations for Networks and 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 projects and 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

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 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

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	HCFA - 820: In-Center Hemodialysis CPM Data Collection Form 2002 HCFA - 821: Peritoneal Dialysis CPM Data Collection Form 2002 HCFA: Dialysis Facility Clinical Performance Measures Data Collection Form 2002	Clinical performance forms collected once per year on a sample of patients in each Network
Infectious Disease	Centers for Disease Control (CDC) National Surveillance of Dialysis Associated Diseases	Facility-specific outcomes and practices

ESRD Networks also use data in their individual quality improvement projects. Data collected for quality improvement projects 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 validation. Network staff re-abstract data for cases in the validation sample (either on-site or via mailed medical record copies), computerize the information, and transmit it to the CMS contractor.

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 8,863 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 1,451 peritoneal dialysis patients.

All pediatric (aged < 18 years) in-center hemodialysis patients in the U.S. (n=710) were included in the 2002 ESRD CPM Study. ("2002 Annual Report: ESRD Clinical Performance Measures Project," p. 14).

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	Winter 2004

Selected findings from the 2002 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 2002, the data are from 2001 (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 70.9% in 2001.
- The proportion of patients with mean URRs ≥ 65 has also increased steadily from 43% in 1993 to 84% in 2001.
- 89% of patients had a mean delivered Kt/V ≥ 1.2 in 2001, representing a 20% increase from 74% in 1996 when Kt/V was introduced in the project.
- The mean Kt/V was 1.5.

Adequacy of Dialysis: Peritoneal Dialysis

- Adequacy of dialysis was assessed during the study period (October 2001-March 2002) for an estimated 86% of patients. This is a dramatic increase from 66% in 1994-1995 when a peritoneal dialysis cohort was first added to the project.
- 68% of CAPD patients had both a mean weekly Kt/V_{urea} ≥ 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.
- 61% of cycler patients (no daytime dwell) had a mean Kt/V_{urea} ≥ 2.2 and a mean weekly creatinine clearance of ≥ 66 $L/wk/1.73m^2$.
- 70% of cycler patients (with daytime dwell) had a mean Kt/V_{urea} ≥ 2.1 and a mean weekly creatinine clearance of ≥ 63 $L/wk/1.73m^2$.

Nutrition: Serum Albumin - Hemodialysis

- The percent of patients with *adequate* mean serum albumin values ≥ 3.2 (BCP) or 3.5 (BCG) in 2001 was 82%, compared to 78% in 1993.
- The percent of patients with *optimal* mean serum albumin values ≥ 3.7 (BCP) or 4.0 (BCG) in 2001 was 36%, compared to 27% in 1993.
- Mean serum albumin value in 2001 with bromcresol green (BCG) laboratory method was 3.8 gm/dL.
- Mean serum albumin value in 1999 with bromcresol purple (BCP) laboratory method was 3.6 gm/dL.

Nutrition: Serum Albumin - Peritoneal Dialysis

- The mean serum albumin value for 2001 was 3.6 gm/dL (BCG) and 3.2 gm/dL (BCP).
- The percent of patients with *adequate* mean serum albumin ≥ 3.2 (BCP) and 3.5 (BCG) was 61%, a 17% increase since 1995.
- The percent of patients with *optimal* mean serum albumin values ≥ 3.7 (BCP) or 4.0 (BCG) was 19%, a 36% increase since 1995.

Anemia Management: Hemodialysis

- In 2001, the proportion of patients with a hemoglobin ≥ 11 was 76%, compared to 59% in 1998.
- The mean hemoglobin was 11.7gm/dL in 2001.

Anemia Management: Peritoneal Dialysis

- The mean hemoglobin in 2001-2002 was 11.8 gm/dL.

- 76% of patients had a mean hemoglobin of $\geq$ 11 gm/dL, compared to 55% in the 1997-1998 study period.

Vascular Access: Hemodialysis
- 29% of incident patients were dialyzed via A-V fistula.
- 31% of prevalent patients were dialyzed via A-V fistula.
- 19% of prevalent patients were dialyzed via chronic catheter continuously for 90 days or longer.
- 51% of prevalent patients with an A-V graft were routinely monitored for the presence of stenosis.

Year 9 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 9 of the Clinical Performance Measures Project was collected in the summer of 2002 and findings were distributed to the Administrator, Head Nurse, and Medical Director of all dialysis providers in early 2003. The CPM report, entitled "*2002 Annual Report - ESRD Clinical Performance Measures Project,*" contained details regarding the background and design of the project as well as conclusions. One (1) supplemental report based on 2001 data, listed below, was subsequently issued in early 2003; Networks made this report available to all dialysis providers.

Supplemental Report #1
Intermediate outcomes for adult Asian in-center hemodialysis patients in the U.S.: Results from the 2001 End Stage Renal Disease (ESRD) Clinical Performance Measures Project (December 2001)

Supplemental Report #2
Longitudinal analysis of pediatric ($\geq$ 12 and $\leq$ 18) years old) in-center hemodialysis patients: Results from the 2001 End-Stage Renal Disease (ESRD) Clinical Performance Measures Project (February 2002).

Supplemental Report #4
Intermediate outcomes for adult in-center hemodialysis patients in the U.S. by cause of ESRD: Results from the 2001 End-Stage Renal Disease (ESRD) Clinical Performance Measures Project (March 2002).

Supplemental Report #5
Intermediate outcomes for adult peritoneal dialysis patients in the U.S. by cause of ESRD: Results from the 2001 End-Stage Renal Disease (ESRD) Clinical Performance Measures Project (March 2002).

The supplemental report based on 2002 data which has been published to date is:

Supplemental Report #1
Results from the 2002 End-Stage Renal Disease (ESRD) Clinical Performance Measures (CPM) Supplemental Questionnaire: Impact of Specialization of Primary Nephrologist on Care of Pediatric Hemodialysis Patients (February 2003)

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 9 Years of the CPM Project

Data Source: 2002 CPM Project
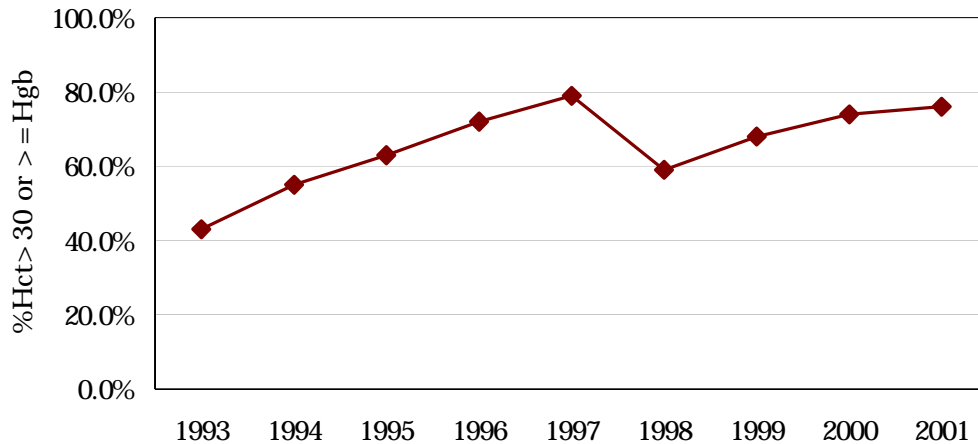
Table 7
PERCENT OF ADULT HEMODIALYSIS PATIENTS WITH URR ≥ 65
National Data for 9 Years of the CPM Project

Data Source: 2002 CPM Project
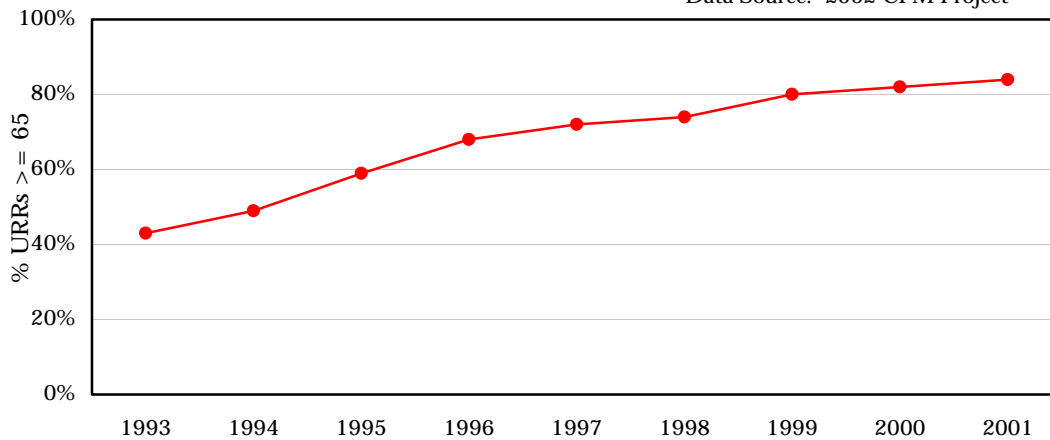
Information on the type of vascular access for the adult hemodialysis cohort was collected for the first time in Year 6 (data from 1998), and continues annually. Table 8 below provides a comparison of Network data to the recommended K-DOQI Guidelines (40% of prevalent hemodialysis patients dialyzing by A-V fistula).

Table 8
PERCENT OF ADULT PREVALENT PATIENTS DIALYZING BY A-V FISTULA
All Networks - 4 Years of CPM Data Collection

Data Source: 2002 CPM Project
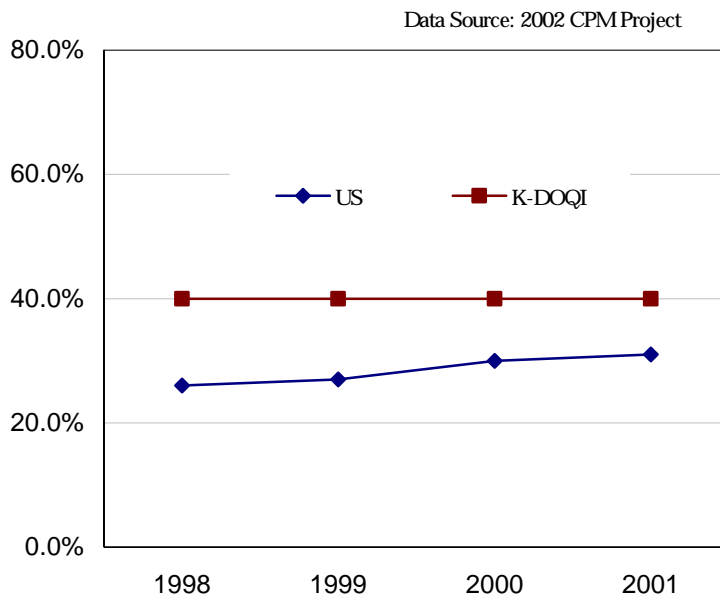
Table 9
PERCENT OF ADULT PATIENTS DIALYZING BY CATHETER ≥ 90 DAYS
All Networks - 4 Years of CPM Data Collection

Data Source: 2002 CPM Project
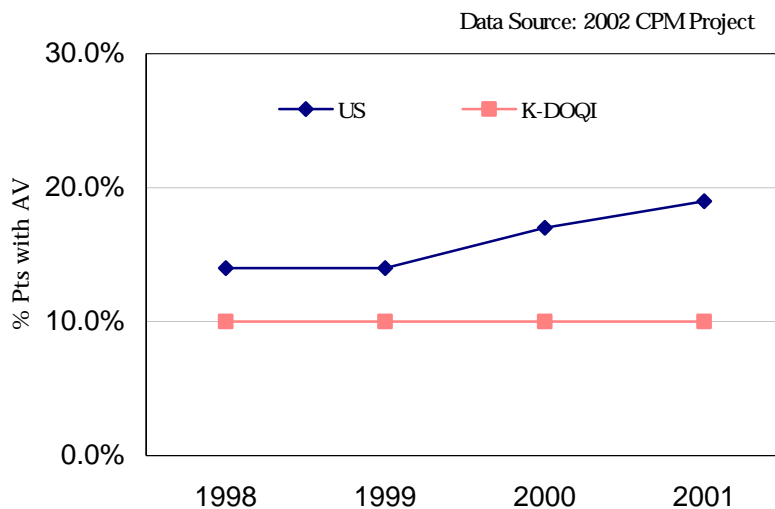
Table 10
PERCENT OF PREVALENT PATIENTS WITH ADEQUATE SERUM ALBUMIN
Adequate defined as ≥ 3.5/3.2 BCG/BCP
All Networks - 9 Years of the CPM Project
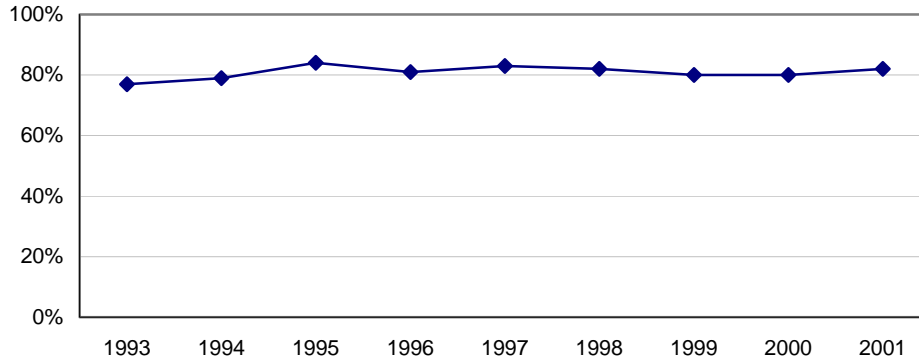
Table 11
PERCENT OF PERITONEAL COHORT WITH AVERAGE HGB ≥ 11
National Sample Compared Yearly
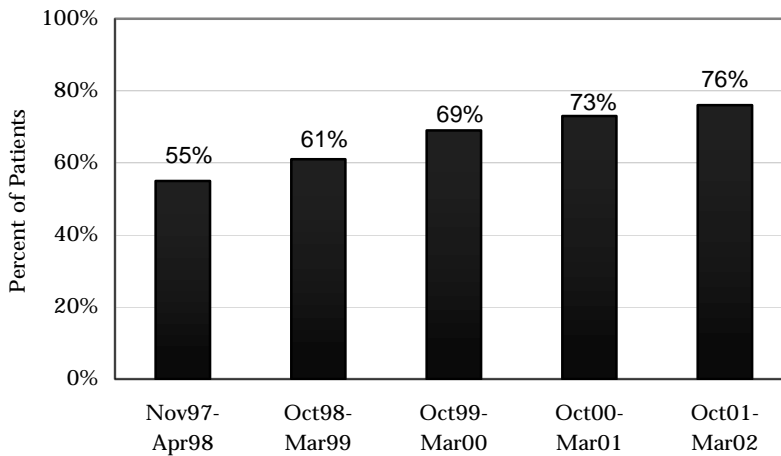
Prior to Nov97-Apr98, HCT rather than HGB was collected.

In Year 9, pediatric (defined as age ≥ 12 and < 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 435 PEDIATRIC PATIENTS (Age ≥12 < 18)
Data from the CPM Project, October-December 2001
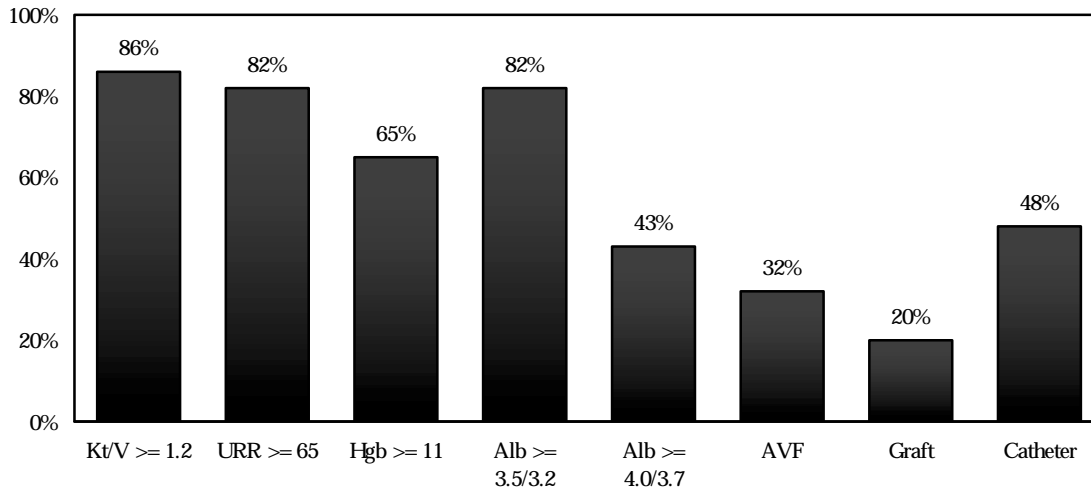
DISTRIBUTE DATA FEEDBACK REPORTS FOR FACILITY USE IN IMPROVING CARE

Feedback reports and facility-specific data have become a major aspect of Network quality activities. During 2002, all Networks distributed the data feedback reports, listed below, to their constituent dialysis and transplant facilities.

- Annual Report of Network activities and accomplishments
- Annual Report of the ESRD Clinical Performance Measures Project and subsequent Supplemental Reports
- Unit-specific reports of standardized mortality, morbidity, and other rates, produced by the University of Michigan Kidney Epidemiology and Cost Center
- Summary of the Center for Disease Control and Prevention National Surveillance of Dialysis Associated Diseases
- Forms compliance reports

In addition to these "standard or routine" reports, most Networks generate and distribute other reports (many are facility-specific) as a product of their quality assessment and improvement activities. These additional reports are referenced in the appendix entitled "Other Quality Activities by Network" (Appendix P).

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

Quality Improvement Projects

The ESRD Network contracts with CMS require implementation of two Quality Improvement Projects (QIPs) per contract cycle. These are in-depth projects for which CMS prescribes the format. The Projects must address an area of care for which clinical performance measures and indicators have been developed, and the proposal must be 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 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 13 below. The final report for the Vascular Access QIP was submitted to CMS on March 31, 2003.

Table 13
2002 VASCULAR ACCESS QUALITY IMPROVEMENT PROJECTS (QIPs)

VASCULAR ACCESS		
NETWORK	**GOAL**	**STATUS AS OF DECEMBER 2002**
REDUCTION OF CATHETERS		
1	Conducted CMS approved QIP on assessment and reduction of catheters. The QIP was designed to identify the reasons why catheters were used in order to learn how to reduce long-term utilization. We also surveyed the utilization of written monitoring and assessment policies for catheter management at the provider level.	Decreasing the use of catheters and increasing the use of fistulas as per the K-DOQI guidelines Correlating with national trends for 2002, we 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. In addition, we did find that 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 NW1 facilities, and we distributed additional materials to help facility staff with these efforts.

NETWORK	GOAL	STATUS AS OF DECEMBER 2002
2	Assessment and Reduction of Catheters in Hemodialysis Distribution of facility specific comparative vascular access data obtained from annual CDC survey. Empowering Nurses to Improve Hemodialysis Adequacy	Interventions completed; re-measure beginning, last data collection tool for period ending 12/31/2002 due to Network 1/15/2003. Vascular access data compiled from the CDC annual survey data was distributed to all providers. Although there was no significant change in vascular access outcomes, the QIP: "Assessment and Reduction of Catheters in Hemodialysis" showed a significant change in facility vascular access processes that should show a decrease in catheter usage in the future. The Network conducted a project working closely with Nursing Care Coordinators in three facilities. Interventions included monthly reporting of patient specific adequacy measures, monthly conference calls with Network staff and a report of successes and barriers to implementing the protocol. The project demonstrated that to be successful the Medical Director and staff must be committed to the project, resources (time and personnel) must be made available and patients must be included in the process.
3	The goal was to lower the number of patients with catheters in place for more than 90 days. 1. Hemodialysis facilities will work with local surgeons to increase the percentage of AVFs to 50% 2. Hemodialysis facilities will work with local surgeons to decrease the catheter rate to 15% 3. Each hemodialysis facility will create/maintain a system for tracking vascular access 4. All hemodialysis and PD facilities will track and report access infections	Project's last data collection tool ending 12/31/2002 due to Network by 1/15/03 1. App 83% of facilities worked with local surgeons. A-VF rate =34.4% 2. App 83% of facilities worked with local surgeons. Catheter rate =31.8% 3. 63% tracked access longevity 4. All facilities reported # of infections by access type to Network. 1833 positive blood cultures from HD catheter patients and 434 positive dialysate cultures from PD patients reported for 2002.

NETWORK	GOAL	STATUS AS OF DECEMBER 2002
5	The project was based on the premise that timely assessment of catheter patients and established processes to guide referral for a permanent access (graft or fistula) would result in fewer hemodialysis catheters, closer to the 10% level recommended in K-DOQI Guidelines. The improvement goal was to reduce the number of patients dialyzing by catheter ≥ 90 days by 50%. Six quality indicators (two process-oriented and four outcome-oriented) were developed to guide the project and measure progress.	At the end of 2002, re-measurement data were collected and the final analysis was in process. 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 tended to reduce their rate of patients who dialyzed by catheter ≥ 90 days _inappropriately_, and facilities conducting staff education tended to reduce 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. Almost 10% of patients dialyzing by catheter at baseline no longer dialyzed by catheter at re-measurement. Major progress was made in establishing the processes necessary to reduce catheter use, and specific activities/changes were identified that correlated with lowering the catheter rate. Two specific concerns were identified for further work: the percent of patients refusing permanent access placement and the percent of complications in permanent accesses that resulted in catheter use ≥ 90 days.
6	To lower the proportion of patients dialyzing via a catheter in selected facilities towards the NKF-K/DOQI recommendation of less than 10%.	The intervention was underway at the end of 2002. The post-intervention data will be collected in February 2003.
7	Reduce the numbers of catheters in place greater than 90 days and increase referral to surgeons for assessment and placement of fistula or graft.	Final data collection planned January 2003 for data occurring December 1, 2002. 85% of Florida facilities developed Vascular Access Management Process (VAMP).
9	Decrease the percentage of inappropriate catheters. Decrease catheter rate toward 10%.	The referral rate to surgeons showed an increase from a mean of 0.08 in the control period to a mean of 0.44 at the end of the study (p=0.05). The intervention facilities met the primary improvement goal by increasing by 10% the proportion of patients referred to surgeons for placement of fistula/graft from the baseline. The principle conclusion of the QIP was that facilities can impact referral rates and as a result decrease inappropriate catheter use.

NETWORK	GOAL	STATUS AS OF DECEMBER 2002
10	Decrease the percentage of inappropriate catheters Decrease catheter rate toward 10%.	The referral rate to surgeons showed an increase from a mean of 0.08 in the control period to a mean of 0.44 at the end of the study (p=0.05). The intervention facilities met the primary improvement goal by increasing by 10% the proportion of patients referred to surgeons for placement of fistula/graft from the baseline. The principle conclusion of the QIP was that facilities can impact referral rates and as a result decrease inappropriate catheter use.
11	Use specific interventions (patient-specific follow-up forms, model protocol and algorithm)in an effort to decrease catheter rates and to create system change within Network 11 dialysis facilities that will be sustainable following the completion of the project.	Three to six-month catheter rates decreased significantly (p=0.011) from 52.7% in 2001 to 44.8% in 2002. The overall six-month catheter rates were significantly reduced (p=0.001) to 8.9% in 2002. The vascular access surgeon referral rates improved significantly to 51% in 2002.
13	Network 13 Special Quality Performance Measures: Stimulate and assist as necessary ongoing facility-specific quality improvement processes in vascular access.	Report completed and distributed to all facilities.
	The "Assessment and Reduction of Catheters in Hemodialysis" project was to help facilities focus on catheters with potential for conversion to permanent vascular access. Project intends to lower the NW catheter rate towards the K/DOQI™ guideline of 10%.	Intervention activities continued throughout 2002. Project remeasurement and preliminary remeasurement data analysis was initiated in December 2002.
STENOSIS MONITORING		
4	Use of a Venous Stenosis Monitoring Program to Decrease the AV Graft Thrombosis Rate (2001-2002): Increase the implementation of a routine monitoring program for AV grafts as recommended in the NKF-K/DOQI guidelines.	Remeasurement data for the last quarter of 2002 due in Network January 31, 2003. A significant increase in the number of facilities with a written Vascular Access Surveillance (VAS) program in place has been found. Final analysis to begin after receipt of all data.
8	The goals of this QIP were: 1. Decrease the incidence of clotted grafts (thrombosis rate) 2. Increase the number of patients monitored according to one of two accepted K/DOQI guidelines; static venous pressure (SVP) or intra-access flow monitoring 3. Increase referral rates to radiologists, interventional nephrologists, or surgeons for patients with identified positive indicators.	Final data was collected in October 2002. Results: 1. The graft thrombosis rate decreased 21%. 2. The number of patients monitored according to K/DOQI guidelines increased by 22.1%. 3. The number of patients identified with positive indicators increased by 76%, and the actual number of patients referred to radiologists, interventional nephrologists or surgeons increased by 16%.

NETWORK	GOAL	STATUS AS OF DECEMBER 2002
12	The short-term goals for this project were to decrease the incidence of clotted grafts, increase monitoring of vascular accesses – specifically grafts, and that 100% of Network 12 dialysis facilities would monitor for indicators of stenosis. The long-term goals were to: decrease morbidity and mortality associated with access failure, to preserve the patient's remaining vascular access sites for as long as possible, improve the quality of life for patients by preventing access loss, and to reduce costs to the Medicare program, private insurers and to the Medicare beneficiary.	Although the initial goal for this project was to be a 5% relative increase from baseline in vascular access surveillance, the project realized an increase of 109%. There was a 55.5% decrease in the number of facilities not performing stenosis monitoring. The number of facilities performing 100% monitoring increased from 7 at baseline to 16 at month 10 (128% increase).
14	Included as a component of the Stenosis QIP, the Network continued an educational initiative to stimulate increased fistula placement and decrease catheter utilization by highlighting variation in facility fistula and catheter utilization compared to national data and K/DOQI practice recommendations in materials distributed to clinics and at regional educational meetings targeting nurses, nephrologists and surgeons	Ongoing project. QIP to increase fistulas to be implemented in 2003
	Increase vascular access stenosis monitoring and surveillance process in dialysis facilities. Encourage the practice of reporting and proactively responding to vascular access thrombosis data in facility QM programs. Minimizing incidence of thrombosis episodes by identifying and referring patients to a specialist for diagnostic evaluation when clinical indicators of possible stenosis are identified	Project completed. Process and outcome indicator goals met. Project results and facility specific charts disseminated to Texas dialysis community and posted on Network web site.
17	"Improving Monitoring of Vascular Access for Venous Stenosis": The Network performed a QIP addressing monitoring of arterio-venous (A-V) grafts for stenosis. Goals included: 1) 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 tract 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.

NETWORK	GOAL	STATUS AS OF DECEMBER 2002
18	Improving Access Stenosis Management (VAS) Goals: 1) to increase stenosis surveillance on vascular accesses, specifically AV grafts, with 100% of dialysis facilities implementing a VAS program based on K-DOQI guidelines; 2) to decrease the incidence of clotted access by assuring early referral for evaluation and treatment; and 3) to examine processes within facilities that established successful VAS programs.	As of December 2002, final data was still being collected for this project. Mid-term analysis showed that within the intervention group, the number of routine VAS procedures and the number of referral for evaluation and treatment were up, and the number of missed dialysis treatments per month were down compared to baseline.
A-V FISTULA		
1	Network 1 continues to work toward increasing the rates of A-V fistulae. Specific educational presentations and focused intervention efforts with large medical centers have been conducted by this Network.	NW 1 continues to have one of the highest fistula rates (44%) in the county for the past four years.
3	Hemodialysis facilities will work with local surgeons to increase the percentage of AVFs to 50%	Approximately 83% of facilities worked with local surgeons. rate =34.4%
15	Intervention for the project focused on face-to-face meetings with each individual group of nephrologists and surgeons identified by facilities participating in the project. Additional focus included: promotion of teamwork among project partners, educational workshops and monthly reporting of both facility-specific and surgeon-specific data to the project partners.	QIP complete. Results: Prevalent A-VF rate increased from 29.1% to 38.5% (p., .05), Incident A-VF rate increased from 11.6% to 23.5% in a nine-month time period. Final Project Report in draft form as of 12/31/02
16	"Back to the Basics: Increasing the Use of AVFs in Hemodialysis Patients". Educational programs targeted to nephrologists, vascular access surgeons, interventional radiologists and vascular access managers. Achieve at least a 2.5 percentage point increase in the prevalent rate among hemodialysis patients in our target population in 6-8 months.	CDC survey data for year-end 2002 indicated we achieved a statistically significant (p=<0.001) increase in the prevalent A-VF rate in our target population of 8.6 percentage points.

Source: Networks 1-18 Annual Reports, 2002

In addition to vascular access, Networks addressed other areas of care through the conduct of Quality Improvement Projects during 2002. The final report on the 2001 QIP on Adequacy of Hemodialysis was to be submitted to CMS on January 31, 2003. 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 table below provides an overview of the CMS-approved QIPs by area of care.

Table 14
ADDITIONAL FORMAL QIPs BY AREA OF CARE

NETWORK	GOALS	STATUS AS OF DECEMBER 2002
ADEQUACY OF PERITONEAL DIALYSIS		
3	PD facilities will measure dose of dialysis at least every 4 months.	95% of facilities measured dose of PD adequacy every 4 months
	80% or greater of the PD caseload will have a Kt/V $\geq$ 2.0	The goal was not met, 68% of the PD caseload achieved a Kt/V $\geq$ 2.0
5	The goal was to increase the proportion of PD patients receiving adequate dialysis, as defined in NKF-DOQI Guidelines, by increasing both measurement of PD adequacy and prescription changes in response to low adequacy values.	Overall Network 5 results showed statistically significant improvement in measuring PD adequacy (84% baseline to 92% re-measurement), with a corresponding 51% RFR. Improvement in reaching desired levels of adequacy was also statistically significant (55% baseline to 64% re-measurement), and a 21% RFR. Analysis by intervention group showed that mandatory intervention facilities improved more than the voluntary facilities in measuring adequacy and in reaching desired levels, and these differences were statistically significant. Further, facilities attending the workshop and developing an improvement plan improved more than facilities receiving only one intervention. All statistical significance was at the 0.05 level.
13	NW 13 Specific Quality Performance Measures: Stimulate and assist as necessary ongoing facility-specific quality improvement processes in adequacy of dialysis	Report completed. QI follow-up activities underway.
14	Annual quality improvement initiative with ongoing goal of increasing conformance to K/DOQI Practice Guidelines and CMS-CPM targets via the collection facility specific outcome data, establishment of Network average, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended clinical practice guidelines. Facilities identified as having a quality of care concern are notified and directed to implement quality improvement activities	2002 data collection completed, facility specific reports in development

NETWORK	GOALS	STATUS AS OF DECEMBER 2002
ADEQUACY OF HEMODIALYSIS		
1	NW 1 identified 17 providers that were in the lowest quartile having 80% of patients with URR $\geq$ 65. The goals included increasing the percentage of patients with a URR $\geq$ 65 in these 17 providers by providing intervention at two levels. First, all 17 providers received comparative feedback reports that highlighted variation in adequacy levels (URR & KT/V), treatment time, and catheter utilization. Then, a peer physician consult was conducted for the 5 lowest providers, with re-measurement being checked 6 months later.	Between the time the providers were informed that they had been selected for this URR assessment project and the assessment measure point, these providers had increased their collective URR $\geq$ 65 to 82.8%. We believe that the focused attention raised awareness of external monitoring and contributed to changes in behavior at the provider level. We continue to monitor URR & KT/V for all providers. The focused QIP with 17 providers ended in 2002.
2	Empowering Nurses to Improve Hemodialysis Adequacy	Completed.
3	80% of chronic hemodialysis patients will have URR of 65%	Monitored quarterly in Hemodialysis Improvement Project (HIP). Results as of 12/31/2002: 87% achieved the target goal.
4	Improving Adequacy of Hemodialysis in Catheter Patients Through Catheter Malfunction Reduction (2000 – 2001): Increase the proportion of patients with a catheter as the primary access to URR >0.65 through subsequent reduction on catheter malfunction	Final Project Report submitted May 31, 2002 and revisions August 20, 2002. Approval of the report received from the Boston Regional Office.
5	The project's long-term goal was to decrease dialysis-related morbidity and mortality for in-center hemodialysis patients. The immediate goal was to improve the adequacy of in-center hemodialysis, measured by URR, by increasing the amount of hemodialysis therapy prescribed.	At the end of 2002, re-measurement data had been collected, and analysis was being finalized and the final report was in process. Both the intervention and comparison groups improved in delivering adequate dialysis measured by URR $\geq$ 65%, and this was statistically significant in the intervention group ($p < 0.05$). The largest improvement was seen in the five units whose Medical Directors were contacted by an 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 increasing the percent of patients with URR $\geq$ 65, and was the only group to do so. An RFR of 15.5% was achieved project-wide for increasing the percent of patients with URR $\geq$ 65.

NETWORK	GOALS	STATUS AS OF DECEMBER 2002
6	To increase the proportion of hemodialysis patients with a URR $\geq$ 65% in selected facilities.	The project was completed and the Final Project Report was approved by CMS by the end of 2002. The proportion of patients with a URR $\geq$ 65% increased by about 10% among the facilities in both the intervention group and the comparison group. The proportion of facilities that met the goal of at least 80% of patients achieving a URR of $\geq$ 65% increased among the intervention group at more than double the increase seen among the comparison group. The proportion of patients with treatment time, dialyzer type, blood flow rate, and dialysate flow rate delivered as prescribed as well as the proportion of patients with documentation of monthly adequacy reviews all increased among the intervention facilities, while only the proportion of patients with treatment time delivered as prescribed increased among the comparison facilities. The intervention facilities had a statistically significantly greater increase in both the proportion of patients with documentation of monthly adequacy reviews and the proportion of patients with blood flow rate delivered as prescribed than the comparison facilities. In addition, a statistically significant difference was seen between the two groups in the increases in mean URR and mean treatment time, with the intervention facilities showing an increase in both measures.
7	Improve the adequacy of in-center HD among adult patients as evidenced by URR >65%	Completed.
9	Increase Network URR ≥65% rate to ≥ 80%	Data collection ended Project on time. Final Project Report approved October 2002
10	Increase Network URR ≥65% rate to ≥ 80%	Data collection ended Project on time. Final Project Report approved October 2002
11	At least 80% of patients with URR $\geq$ 65% and Kt/V $\geq$ 1.2.	At the end of 2002, 85% of Network 11 facilities met the goal of having at least 80% of patients with URR $\geq$ 65%. Also, 92% of facilities met the goal of having at least 80% of patients with Kt/V of $\geq$ 1.2.

NETWORK	GOALS	STATUS AS OF DECEMBER 2002
12	At least 80% of patients with URR ≥ 65%. Additionally, compliance with the physician ordered dialysis prescription and adherence to the DOQI guidelines for blood urea nitrogen (BUN) sampling were established as short-term goals. Long-term goals included continuation of continuous quality improvement (CQI) efforts related to hemodialysis adequacy by the facility post-study and evidence that improvements made were attributed at least in part to the interventions made during the study.	There was a demonstrable and statistically significant increase in the proportion of patients receiving satisfactory hemodialysis as defined by the fraction of patients with a URR ≥ 65% post-dialysis. Analysis showed that compliance of Network 12 centers with hemodialysis prescriptions is uniformly very high (about 90% of centers are compliant). Virtually all of the short-term and long-term goals of the project were met.
13	Network13 Specific Quality Performance Measures: Stimulate and assist as necessary ongoing facility-specific quality improvement processes in adequacy of dialysis	Report completed. QI follow-up activities underway.
14	Annual quality improvement initiative with ongoing goal of increasing conformance to K/DOQI Practice Guidelines and CMS-CPM targets via the collection facility specific outcome data, establishment of Network average, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended clinical practice guidelines. Facilities identified as having a quality of care concern are notified and directed to implement quality improvement activities.	2002 data collection completed, facility specific reports in development.
15	Improving Adequacy by Decreasing the Number of Patients Utilizing a Long-Term Catheter as a Permanent Access	Complete, Final Project Report accepted by CMS. Final Project Report posted to the NW15 website (www.esrdnet15.org) and distributed to all NW15 providers.
16	*"Improving the Overall Adequacy of Hemodialysis: Verifying the Consistency of Delivered Dose of Dialysis"*	Completed. Final Report available at www.nwrenalnetwork.org.
18	Data on adequacy, specifically URR and Kt/V, is collected annually (100% of hemo- and peritoneal dialysis patients). A monthly monitoring program is ongoing for facilities not meeting Network goals.	Network-wide rates of URR >.65 and Kt/V >1.2 have steadily improved on an annual basis.
ANEMIA MANAGEMENT		
1	Assisted three new nurse managers with CQI tools for Anemia Management.	When facility leadership understands the principles of CQI, implementation is easier for the entire dialysis team.
8	Collaboration with pharmaceutical company in the presentation of five educational anemia management workshops with the goal of increasing the Network patient population with Hgb > 11.	The educational workshops were designed to increase the knowledge and skills of facility personnel in the treatment and monitoring of anemia.

NETWORK	GOALS	STATUS AS OF DECEMBER 2002
11	All dialysis facilities in Network 11 will have at least 80% of patients with hemoglobin ≥ 11.	At the end of 2002, 51% of Network 11 facilities had at least 80% of patients with hemoglobin ≥ 11. Six regional workshops were held to assist facilities to improve anemia management. Improvement will be measured in 4th quarter 2003.
13	Network 13 Specific Quality Performance Measures: Stimulate and assist as necessary ongoing facility-specific quality improvement processes in anemia management.	Report completed. Quality Improvement activities underway.
15	The national CPM project does not allow for facility-specific outcome results. To address this issue, the Network has worked with its providers to complete the Key Indicator Data Project for the past 7 years.	Through this project, the Network is able to provide its providers facility-specific outcome results, as well as comparative outcome results for the State and the Network. The reports also contain the applicable KDOQI guideline references.
18	Data on anemia, specifically hemoglobin, is collected annually on 100% of all dialysis patients. A monthly monitoring program is ongoing for facilities not meeting Network goals.	Network-wide rates of hemoglobin >11 have steadily improved on an annual basis.

Source: Networks 1-18 Annual Reports, 2002

Quality Improvement Activities

In addition to formal Quality Improvement Projects, Network Medical Review Boards (MRB) 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 2002, 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. (As noted above, a more detailed explanation of the activities by Network is included in Appendix P.)

Table 15
SUMMARY OF OTHER NETWORK QUALITY ACTIVITIES CONDUCTED IN 2002

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

Source: Networks 1-18 Annual Reports, 2002

PROVIDE PROFESSIONAL EDUCATIONAL MATERIALS AND WORKSHOPS FOR FACILITY STAFF

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. ESRD Network goals, the Network activities conducted to meet these goals, and the Network's plan for monitoring facility compliance with goals
2. The Network's Annual Report
3. Regional patterns or profiles of care as provided in the Clinical Performance Measures Annual Report
4. Results of Network Quality Improvement Projects
5. Other materials (such as journal articles or pertinent research information) that providers/facilities can use in their quality improvement programs
6. The process for handling patient grievances
7. Treatment options and new ESRD technologies available for patients
8. Information about state/regional vocational rehabilitation programs available in the Network area

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 the 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, and psychosocial/rehabilitation. Appendix R provides an overview of this information in Network order.

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 2002. A list, by category, is provided in Appendix S.

PROVIDE PATIENT EDUCATIONAL MATERIALS AND WORKSHOPS TO FACILITIES AND DIRECTLY 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 patient educational workshops and materials offered by Networks are highlighted in Appendix T 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. A detailed explanation, by Network, is included in Appendix U.

Beginning in the fourth quarter of 2000, new ESRD patients were sent a package of orientation materials. This was accomplished through a collaborative effort between the Networks, CMS, and the Forum Clearinghouse. New patients are identified upon entry into the Network data system (via the CMS 2728 Form). Mailing labels are generated and provided to a mailing service for distribution to patients. In 2002, a total of 94,213 new patient orientation packets were distributed. The package of orientation materials was revised in Year Three (October 2002) 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, 95.3%, were delivered to the new ESRD patients.

OFFER TECHNICAL ASSISTANCE TO DIALYSIS AND TRANSPLANT FACILITIES

ESRD Networks provide technical assistance to the personnel of dialysis and transplant providers on an ongoing basis as part of their daily operations. 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 2002 is provided below. (This list is only an overview, and in no way represents all of the issues addressed by every Network during 2002.)

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

GOAL TWO: IMPROVING DATA REPORTING, RELIABILITY, AND VALIDITY BETWEEN ESRD FACILITIES/PROVIDERS, NETWORKS, AND CMS

Information management is a core function of the ESRD Networks. The Networks routinely collect, validate, and report patient and facility-specific data for many uses:

1. Establish a national surveillance system of ESRD patients to record demographic information and to follow each patient's care through changes in modalities and providers
2. Profile areas of patient care in need of improvement and support these improvement activities
3. Identify regional trends in quality to be addressed by the local Network
4. Provide CMS and other agencies with data necessary for operational activities and policy decisions
5. Supply data and/or support to the USRDS and other research organizations
6. Report to the renal community on the trends in ESRD care

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)

Network 6 continues to support SIMS, including system enhancements, hardware and software acquisitions, training, and user support through a help desk. Each month SIMS hosts 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 a Position Paper. Each Network is allowed to comment on the position and if it receives sufficient support, the item will be added to SIMS. In 2002, position papers included:
- 2002-02: CMS Reported Deaths
- 2002-03: Transient Patients
- 2002-04: Discontinued Event
- 2002-05: Frequent Dialysis

In 2002 in SIMS there were 1,181,545 unique patients and 3,928,842 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 16 shows the number of data forms transmitted to CMS in 2002.

Table 16
DATA FORMS PROCESSED
CALENDAR YEAR 2002

NETWORK	MEDICAL EVIDENCE (CMS 2728)	DEATH NOTIFICATION (CMS 2746)	TOTAL
1	3,865	2,835	6,700
2	7,548	4,647	12,195
3	4,536	3,657	8,193
4	6,594	4,368	10,962
5	6,584	4,324	10,908
6	8549	5587	14,136
7	6,452	3,810	10,262
8	5,237	3,685	8,922
9	7,940	5,469	13,409
10	4,844	3,092	7,936
11	7,068	5,251	12,319
12	4,181	2,979	7,160
13	4,547	2,650	7,197
14	8,967	5,369	14,336
15	4,674	3,374	8,048
16	2,340	1,464	3,804
17	4,999	3,262	8,261
18	8,704	5,256	13,960
Total	**107,629**	**71,079**	**178,708**

Source: Networks 1-18 Annual Reports, 2002

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://www.simsproject.com.

GOAL THREE: ESTABLISHING AND IMPROVING PARTNERSHIPS AND COOPERATIVE ACTIVITIES AMONG AND BETWEEN ESRD NETWORKS, QUALITY IMPROVEMENT ORGANIZATIONS, STATE SURVEY AGENCIES, AND ESRD PROVIDERS/ FACILITIES

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.

All of the 18 Networks provide support and leadership to the Forum of ESRD Networks. Network Medical Review Board (MRB) Chairs and Board members, Executive Directors, and other staff members assist the Forum by volunteering for positions on the Forum Board of Directors as well as serving as Forum representatives on various committees such as the National Patient Safety Foundation (NPSF) Steering Committee, National Quality Forum (NQF), Clinical Performance Measures (CPM), and the CMS/Forum Steering Committee.

With participation from all 18 Networks, the Forum of ESRD Networks continues to be instrumental in developing and promoting a number of national initiatives to improve partnerships within the Network program and renal community. These include the SIMS initiative; the semi-annual meetings of MRB Chairs; implementation of a strategic plan by the Forum Strategic Workgroups (Quality Measurement & Reporting, Information Infrastructure, and Leadership and Public/Private Partnership); quarterly conference calls for Executive Directors, Quality Improvement Directors, Patient Services Coordinators, and Data Managers; and distribution of clearinghouse materials to all Networks.

The 2002 CMS/Forum of ESRD Networks' Annual Meeting "Celebrating Twenty-Five Years" 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 2002 included the development of a Patient Safety Initiative: Phase II in the ESRD Program, continued focus on "Challenging Patients", 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. On October 24, 2002, representatives from CMS, each Network, and State Survey Agencies convened in Williamsburg, Virginia, for a Training Seminar. A number of key topics were addressed at the meeting, including: collaboration and partnering, roles and responsibilities, areas for collaboration, and guidance for collaboration. The Seminar included a break-out session during which attendees worked with others from their region to identify means of sharing information and building relationships.

Table 17 provides a summary of collaborative activities, in addition to the CMS/Network/State Agency Relations Training Seminar, that Networks conducted in conjunction with their area QIOs, SSAs, and the renal community during 2002.

Table 17

NETWORK COLLABORATIVE ACTIVITIES IN 2002 BY NETWORK

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
QIO COLLABORATION			
1	Qualidigm (CT and RI QIO)	Worked on statistical data for all CMS-approved QIPS and Network Clinical Indicator Project	Accurate statistical data is absolutely essential for analysis of results and preparation of summary and feedback reports.
	National Kidney Foundation of MA	Challenging Patient Education Program	Help Social Workers & Nurses understand Network role and how to improve communication with patients.
2	Island Peer Review Organization	Referred two patient complaints for investigation.	Addresses quality issues in acute care setting.
	Contact with multiple QIOs	Participated in Quality Net Conference	Improved understanding of QIO activities and identified areas of collaboration.
	DelMarva Foundation for Medical Care	Entered into contract for QIP consultant services.	Improved Network's ability to analyze data and prepare QIP reports.
3		2002 Quality Net Conference	Attended QIO/Network meeting in Hunt Valley.
		Making QIOs Effective in the 7th Scope of Work.	Increased understanding and partnership building.
5	Virginia Health Quality Center	1. Consultant for bio-statistical needs, project design, & analysis;2. Refer patient grievances involving care outside an ESRD setting; 3.Collaborate in annual distribution of promotional flu vaccine materials	Creates a stronger project to detect what interventions actually result in increased adequacy values and in reduction of catheter rates; Encourages safe care & expedites resolution; Encourages patients to receive preventive care (flu shot)
	Delmarva	1. Refer patient grievances involving care outside an ESRD setting; 2. Began work on a collaborative project to provide profiles of preventive care in diabetics to Maryland nephrologists	Encourages safe care & expedites resolution; Improves preventive care for diabetic patients
	West Virginia Medical Institute	1. Refer patient grievances involving care outside an ESRD setting; 2. Exploring a joint activity in patient safety	Encourages safe care & expedites resolution
6	Medical Review of North Carolina (NC), Carolina Medical Review (SC), Georgia Medical Care Foundation (GA)	Vascular Access Quality Improvement Project	Met with the QIOs by conference call to discuss the Network's Vascular Access Quality Improvement Project. Explored the process of obtaining Medicare billing data related to inpatient vascular access procedures in order to identify provider rates of vascular access placement by type.
7	QIO	Complaints	Network 7 met with the QIO to exchange ideas on referring complaints. This will improve our ability to appropriately refer complaints.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
8	Alabama Quality Assurance Foundation (AQAF)	ESRD Patient Safety Initiative	This project was designed to identify and classify patient safety concerns in outpatient hemodialysis facilities using a standardized error management system. Facility safety kits were distributed at the NW annual meeting. The kits included a video on safety, current articles, and a patient safety policy.
	Information and Quality Healthcare (IQH) (Mississippi)	Medication safety project with an ESRD focus.	Members of the Network BOD and MRB would serve as consultants regarding medications prescribed for ESRD population. Input would provide safe recommendations regarding dosages, and dialyzability of certain drugs.
	QSource-Center for Healthcare Quality (Tennessee)	LEAP (Lower Extremity Amputation Project)	The project studied facility monitoring of ESRD patient foot care in an effort to reduce amputations in this population.
9/10	Health Care Excel (QIO)	Network 9/10 maintains an ongoing relationship with Health Care Excel, the agency which administers the quality improvement organization (QIO) for both Kentucky and Ohio. The Network is represented on cooperative committees organized by Health Care Excel.	These activities contribute to the clearinghouse and partnership functions of The Renal Network.
11	South Dakota QIO	Data request regarding diabetic patients in South Dakota	Provided data needed to direct resources to diabetic patients in South Dakota
13	Oklahoma QIO	Lower Extremity Amputation Pilot Project	Encourages routine foot exams to prevent the complications, especially amputation.
	Louisiana QIO	Adult Immunizations for ESRD Patients	Improve the immunization rates for influenza thereby preventing influenza and its complications.
14	Texas Medical Foundation	Immunization Project: Partnership to educate ESRD patients and professionals about the importance of receiving recommended vaccines during fall and winter month increasing immunizations	Increased rate of vaccinations will result in fewer preventable infections
	Texas Medical Foundation	Stenosis Project: At the request of the Network the QIO provided data on vascular access type placement procedures and rates	Assisted in the identification and understanding of vascular access type placement rates by hospital
15	Colorado Foundation for Medical Care (CFMC)	Increasing Fistulas Within Network #15	Worked with the QIO to provide CME for physician workshop attendees, thus encouraging attendance of the physician community.
	HealthInsight	Patient Safety Collaborative	Improving patient safety through attendance at this collaborative; new ideas to spread to other providers.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
16	Pro West Idaho (presently called QualisHealth)	A poster, "Evidence-based Support of the NKF-DOQI Clinical Practice Guidelines for Vascular Access in Preventing Infections" prepared by PRO-West was featured by our Network during the March 2002 Forum meeting poster session.	Provided an educational resource to the community.
17	California Professional Review Organization (California Medical Review Inc.)	Annual collaboration to conduct a Flu Campaign to promote increased immunization for the ESRD population. The primary goal of this program is to educate facilities and patients about the importance of yearly flu vaccinations. The objective is to reduce epidemic-related phuemonia and influenza death among people aged 65 and older to no more than 16 per 100,000.	The Network utilized the Web site this year to promote awareness of influenza vaccination. Facts about Influenza were emphasized using information from the Centers for Disease Control and Prevention National Immunization Program.
STATE SURVEY AGENCY COLLABORATION			
All	CMS staff, Networks, and State Survey Agency representatives	CMS/Network/State Survey Agency Relations Training Seminar	Provided a framework for increased collaboration with/between agencies resulting in better outcomes and increased patient satisfaction.
1	Connecticut State Health Department	Collaboration on CT Staffing Crisis Task Force	Potential revision of regulations will help to alleviate staffing shortages in dialysis. For example, this can be accomplished by recommending certification for Patient Care Technicians to assure uniformity of educational competencies.
	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island & Vermont Health Departments	Dissemination of clinical information affecting dialysis and transplant units.	Assisting state surveyors with information on clinical questions, practice guidelines, CDC recommendations, AAMI water treatment standards, FDA alerts, educational programs keeps state leadership informed.
	Massachusetts and Rhode Island Health Departments	Dialysis Water Composition Alerts	Worked specifically with dialysis surveyors of MA and RI regarding proposed changes to dialysis water supplies.
2	NYS DOH, Network & CMS	Formal cooperative agreement in place. Network staff and CMS Region II held two meetings during the year to discuss issues of mutual concern. CMS Region II staff attended meetings of Network Grievance Committee.	Exchange of information helps all entities to be prepared for changing patient needs and respond more quickly to patient complaints

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
3	NJ Department of Health	Collaboration practices/procedures	Interacted with members of the NJDOH to better facilitate the referral process.
	Puerto Rico Department of Health	Collaboration on practice issues	Interacted with the members of the PRDOH in relation to practice issues in a facility within their jurisdiction.
4	State Survey Agency	Monthly Conference Calls	Increased understanding and information sharing of common interests/issues of patients and facilities
5	State Survey Agencies (DC, MD, VA, WV)	1. Network provides SSAs with information such as: generic feedback reports, CPM Report & Supplements, NW Annual Report, Council Meeting and Workshop notices, and the Unit-specific reports; 2. NW refers patient grievances to SSA if survey & certification issues involved; 3. NW & SSAs exchange information needed for survey function and quality activities and have worked jointly in some facilities to improve quality/alter provider behavior	Assistance in resolving grievances, and addressing quality of care concerns at the facility level promotes better utilization of resources
6	NC State Survey Agency	Beneficiary Complaint System Project	Increased patient awareness and understanding of complaint system and increased communication with NC State Agency
7	Agency for Health Care Administration (AHCA)	On site dialysis center visit	Allowed the Network to share its technical expertise with the provider to support their improvement efforts.
	ACHA	Memorandum of Understanding	Work continues to develop a statement that reflects the quality and scope of our working relationship
	Florida Dept of Public Aid and ACHA	Transportation	Worked on clarifying why patients need to be transported to the facility their Nephrologist is at and not where the driver thinks the patient should go to due to proximity.
8	Tennessee Department of Health		Network shared useful information with the SS for scheduled facility site inspection. Informal communication was utilized for problem solving, or requests for assistance.
9	Ohio Department of Health; Indiana State Board of Health; Kentucky Office of Inspector General	State Survey Agency Collaboration	Facilitates the sharing of information that includes ongoing improvement projects.
10	Illinois Department of Health	State Survey Agency Collaboration	Facilitates the sharing of information that includes ongoing improvement projects.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
11	Michigan SSA	"Improving the Patient Complaint System" Pilot Project	Increased level of communication between the NW 11 office and the MI SSA office regarding patient complaints. Allowed complaints to be resolved in a timely manner with decreased duplication of effort.
	SSAs from MI, WI, MN, SD	National conference to exchange information and develop guidelines for working together. NW 11 served on the planning committee for this meeting.	Important working relationships were developed that will increase the communication between offices and assist in the timely resolution of patient concerns.
	SSA and OIG	Quality of Care referral	Network 11 conducted off-site review and SSA conducted on-site review. Both reviews cited serious concerns, and the dialysis unit closed. Patients were transferred to alternative units and monitoring continued.
12	State Surveyors	Quarterly teleconferences inviting representatives from each State Survey Agency (SSA) and CMS Region VII office, including the Certification and Survey Division personnel, to attend.	Issues discussed included Network QI initiatives and area survey trends.
13	Arkansas Surveyors	Collaboration Meeting	Improve Communications
14	Texas Department of Health	Quality of Care Indicators Project: Ongoing partnership to collect facility specific quality of care data for distribution back to each facility with comparison to state and national averages.	Increases QI attention on facility core indicator outcomes
	Texas Department of Health	Referral of facilities with quality of care concerns to the Network MRB for review and recommendation for appropriate corrective actions. Network staff also assists with technical questions for surveyors, grievance resolution and CQI issues	Allows the TDH and Network to assist facilities correct identified quality of care concerns in a timely efficient manner
15	State Departments of Health (AZ, CO, NV, NM, UT and WY)	Multiple communications, meetings and answers to technical questions	Provides continuity and technical expertise for the Departments of Health.
	San Francisco Regional Office	Quarterly ROSAN (Regional Office, State Agency and Network) Conference Calls	Quarterly calls to interface with the State Agency Representatives responsible to the San Francisco Regional Office (AZ, NV)

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
16	State Survey Agencies in AK,ID,MT,OR & WA.	Monthly teleconference calls with RO/SSA/NW with scheduled agenda items, educational topics, etc	Consult with State Surveyors prior to surveys of ESRD facilities, assist with technical questions, grievance resolution, and QI concerns. Keeps all parties up to date on emerging issues and changes in policy.
	Oregon SSA	Director was featured speaker at Network MRB Meeting in November 2002.	Opportunity for MRB, Network staff and SSA Director to share perspectives on role of each organization, priority areas for QI focus, opportunities for collaboration and information sharing.
	Oregon SSA	Network ED served on Oregon State Health Care Licensing and Certification Division's Task Force to develop administrative rules for the licensure and certification of dialysis facilities	Fostered exchange of information and perspectives with SSA, providers, patients, and other affected agencies. Increased opportunity to identify issues which could affect successful implementation of rules.
17	San Francisco Department of Health Services, Drinking Water Field Operations Branch Public Utilities Commission (PUC)	Network participated on a work group which would develop a program to provide training to the State Survey Agency (SSA) surveyors as well as staff from the Drinking Water Field Operations Branch. Workgroup members included members of the California Department of Health Services, Licensing/Certification, and Drinking Water Field Operations Branch; San Francisco Public Utilities Commission; Network staff and Medical Review Board (MRB) members. Meetings were scheduled to develop the training program for SSA surveyors as well as notifications to the provider community	On March 11-12, 2003, a program was provided to approximately 21 SSA's, 3 CMS staff, and 7 staff from the Department of Health Services Drinking Water Division.
	CMS Regions IX and X and the California State Department of Health Services	Networks 17 and 18 conduct regular quarterly meetings, called ROSAN (Regional Office, State Agency, Networks) between the respective agencies. Agendas included sharing of information, review of problem dialysis facilities, and policy issues.	The increasing confidence and trust built between all parties contributed to the swift and efficient identification and resolution of problem areas.
	National State Surveyors	The Quality Improvement Directors from Networks 17 and 18 were asked to give presentations to the CMS-sponsored state survey agency training for ESRD surveyors. The Networks also participated in training of state agency personnel for transplant survey visits.	Contributed to the cooperation and collaboration between the California Networks and the state agencies, which continue to operate at a very high level.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
17	National State Surveyors	The Executive Directors from Networks 17 and 18 participated in a panel discussion at the "CMS/Networks/State Agency Relations Training Seminar" in October 2002. During the panel they described their unprecedented success in cooperative activities.	Provided instruction to the community on means of collaboration and partnership.
18	California DHS	Joint meetings & training presentations: NW and DHS meet periodically to discuss survey issues and share data & information	Sharing of information and contribution to ongoing partnership.
18	California DHS	Facility survey information: Network & DHS surveyors discuss facility compliance.	Information-sharing improves care.
RENAL COMMUNITY COLLABORATION			
1	FMC, Renal Research Institute, ANNA, NANT, PDI, and Gambro Healthcare	Collaboration on Ct Staffing Crisis Task Force	Invited all corporate entities with dialysis facilities in NW1 and representatives of ANNA, NANT and independent hospitals to work with the CT Health Department on issues that affect nursing staff shortages and technician education.
1	CT Nurse Managers Group	Bimonthly Educational Meetings	A venue is provided to keep local Nurse Managers current on various educational topics, e.g. thrombolytics and other pharmaceutical updates, CDC/FDA alerts.
1	Networks 11, 5, 14, 1, 6, & 8	Elab – Electronic Transfer of Laboratory Data	Reducing provider reporting responsibilities will free up facility staff time, and allow for more clinical care of patients, instead of cumbersome paperwork..
1	Network 5	Knowledge Management Program	Monthly articles of clinical, scientific, and CQI interest are supplied for physicians in an easy to read Email format. Information technology can improve patient care by keeping physicians and other medical personnel up to date with relevant nephrology and CQI information.
1	USRDS and all Networks	USRDS Cardiovascular Study & External Advisory Committee	Understanding the events, medical care, and pharmaceutical regime that preceded an acute Myocardial Infarction in patients on chronic dialysis will help to improve care for this high-risk population. Network Director is Forum Representative on Advisory Committee.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
1	Kidney Transplant and Dialysis Association (KD/TA) (Pt. Consumer group)	Complimentary exhibit booth space at each Annual Meeting	For any patient-related groups, the Network offers complimentary exhibit booth space, and also information in "Network Notes" as available.
	Forum of ESRD Networks Poster Session and ASN Poster Session	Displayed two posters: "Prevalence of Protein Malnutrition in Children Maintained on Peritoneal Dialysis" and "First Vascular Access: The Surgeon's Viewpoint"	Sharing as much educational information as possible keeps ESRD professional staff up to date. This, in turn, benefits patient care.
2	Facility Medical Directors, Unit Administrators, and other staff	Spring Council meeting: summary of Network activities & policies, presentation by DOH & CMS personnel.	Keeps providers current with changes in regulations, Network expectations, provides opportunity for Q&A
	Forum of ESRD Networks Poster Session	Displayed two posters: "Exercise Programs in Network 2 Dialysis Units" and The Impact of Educational Interventions for Diabetes Care of ESRD Patients in New York State	Shared information to assist other Networks with quality improvement activities.
	American Nephrology Nurses Association	Presentation and exhibit on dealing with challenging patients attended by over 200 nephrology nurses	Assist providers with managing challenging patients.
	Council of Nephrology Social Workers	Presentations and exhibits at quarterly meetings of New York Chapters and presentations at Buffalo, Albany and Rochester campuses	Assist social workers with understanding Network role and responsibilities, work with challenging patients and improve their patient's access to vocational rehabilitation services.
	NYC Office of Emergency Management (EOM)	Network coordinates dissemination of alerts. OEM and Network held an emergency planning meeting. Network's list of ESRD providers on line at OEM for notifications during weather and other emergencies.	Important role in emergency planning and response.
	NYS Office of Vocational and Educational Services for Individuals with Disabilities (VESID)	ESRD resource people designed at each district office of VESID. Network staff provides training of VESID counselors.	Formal cooperative relationship in place.
	Forum of ESRD Networks	Patient Services Committee chaired by Network staff, who organized initial quarterly conference call meetings. Quality Management Director served on planning committee for Forum annual meeting.	Network contribution to the Forum improves overall quality of the program.
	American Kidney Fund	Executive Director serves on planning committee for annual conference in NYC. Vocational Rehabilitation Specialist was featured speaker at 2002 conference.	Contributes to quality of relationship between the Network and the renal community.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
3	New Jersey Renal Administrators Association	Administrative Issues and Information	Attended meetings with NJ Renal Administrators Association, Social Workers group.
4	Veritus (insurance intermediary)	Executive Director and MRB Chair meet on an as needed basis	Review draft intermediary policies and concerns, facility documentation requirements, and concerns relating to facility performance.
	National Association for Healthcare Quality	Displayed poster: "Tracking and Improving Influenza Immunization Rates in a High Risk Population: Medicare ESRD Patients in Pennsylvania and Delaware	Sharing information about ESRD patients to attendees of the 27th NAHQ Educational Conference helps to improve care.
	Forum of ESRD Networks Poster Session	Displayed two posters: "Improving Adequacy in Hemodialysis Through Catheter Malfunction Reduction" and "Pediatric Patients in Network 4 and Network 1"	Sharing educational information.
5	The Forum & other Networks	Active involvement in Forum activities, including administration as well as serving on national workgroups and committees	Work collaboratively to achieve program goals
6	NKF of SC	"SC Patient Services Symposium"	Provided patients and their families with information related to ESRD
	NKF of GA	Kidney Walk	Raised awareness of ESRD
	NKF of GA	*Transplant 101/ Information and Referral* brochures	Collaborated on printing and mailing of these two brochures to all patients and facilities in GA
7	NKF of Florida	Transplant Games & "KEEP" & "People Like Us"	Co-hosted and/or co-sponsored these events
	AAKP Local & National	Chapter regular meetings, National Annual Meeting and Medal of Excellence Award	Co-sponsored these events by facilitating mailings locally and by financially supporting the national events
8	National Kidney Disease Education Program (NKDEP)	National Institutes of Health Initiative (NIH)	This program is designed to target and educate African-American groups for prevention of kidney disease, and to identify successful strategies that will promote early screening to at-risk individuals.
	National Kidney Foundation	Kidney Early Evaluation Program (KEEP)	The purpose of this screening is to identify individuals at risk for kidney disease and encourage them to seek further evaluation and follow-up from a physician.
	AAKP	Numerous activities.	Send PAC chairs. Education information and resource dissemination.
9, 10	University of IL	Booklets on early renal insufficiency	Educational material for police and fire fighters.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
9, 10	Other Networks	Involuntary Patient Discharge Survey	Learn more about patient discharge and what educational programs need to be done
	NKDEP Cleveland Coalition	Reaching African-American population	Outreach and dissemination of information about ERI
11	Core Data Set	Attended and co-led meetings to prepare for the Core Data Set.	Development of an electronically available Core Data Set will allow for collection of needed data with minimal burden on the dialysis facilities. This allows staff to spend more time involved with patient care instead of data collection.
13	National Kidney Foundation of Oklahoma	3rd Annual American Indian Kidney Conference	Prevent complications of diabetes, hypertension and CKD in American Indian population
14	NKF/ANNA/AKF/AAKP	Provision of speakers and/or resources	Network provides speakers, marketing and support for educational programs
	ANNA	PD Special Interest Group, Ethics Subcommittee, Professional Practice Committee	Committee Members, speak at Annual Meeting Sessions, Produce Educational Materials
	NKF	Council of Nephrology Nurses & Technicians Planning Committee	Serve on Committees
	AKF	Board of Directors	Serve as member
15	ANNA, NKF, AAKP, PRA, NRAA, CNSW	Numerous communications	Education, information and resource dissemination.
	USRDS	Acute Myocardial Infarct (AMI) Study	Assist in furthering knowledge regarding AMI care for ESRD patients.
	CDC	Annual collection of information for the National Surveillance of Dialysis Associated Diseases Survey	Assist in updating information regarding dialysis associated disease processes and infection control.
16	Centers for Disease Control (CDC)	National Surveillance of Dialysis Associated Diseases 2001	Collected useful data to evaluate infection control practices in ESRD facilities and assess current prevalence of vascular access by type.
	Executive Directors Summit Meeting – Portland, OR	NW 16's ED planned and hosted a 2.5 day collaborative educational program for all Network EDs .	Provided tools and information to support effective administration of Network contracts. Promoted information sharing and collaboration between Networks.
	ANNA chapters in our geographic area	Network 16 served as partner for educational meetings, providing speakers and/or NW staff serving on planning committees. QI Manager presented information on the Network and its QI efforts in Welches, OR. PSC presented information on end of life issues, communication and professionalism to chapters in Medford, OR, Seattle, WA, Anchorage, AK	Integrates the Network into the community as a positive partner. Increases awareness of the role and function of the Network.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
16	Forum of ESRD Networks	PSC and QID served on planning committee for annual CMS/Forum/Network meeting	Supported development of successful agenda and collaboration between Networks and Forum of ESRD Networks.
	Renal Care Group Northwest	ED presented info on the role of the Network, current QI initiatives and corporation-specific outcome measures data at a multi-facility regional management retreat.	Increased providers' awareness of the role of the Network; stimulated interest in QI efforts and competitive spirit focused on positive outcomes for the facilities in our region.
	USRDS	Assisted the USRDS in collection of data on ESRD patients who had had an AMI in 1999-2001.	Assist in collecting information to determine is CV care for ESRD patients is consistent with care in other patient groups, determine trends and needs in care of this group.
	DaVita Corporation; RCG-Anchorage; PNRS Salmon Creek and Ft Vancouver; DCI Billings; Northern Rockies Kidney Center; Puget Sound Kidney Centers; Samaritan Dialysis	PSC provide inservices on 'Caring, Coping and Communicating: Professionalism at Work" at regional corporate headquarters as well as individual facilities.	Increased provider awareness of Network as resource as well as tools and techniques for successfully addressing challenges, improving communication, and increasing professionalism.
	Montana State Dialysis Conference 2002	PSC made two presentations to the MT dialysis community at this conference in May. "Caring Coping and Communicating" and "End of Life Journey: How do Healthcare Providers meet Their Patients Where They are At?"	Increases community awareness of Network as resource. Increases multi-disciplinary staff's awareness of end of life issues, communication skills, professional boundaries, strategies for dealing with challenging situations.
	Montana State Dialysis Conference 2003	During 2002, ED and QID served on the planning committee for the 2003 Montana State Dialysis Conference.	Integrates the Network into the community as a positive partner. Provides resources and support to facility staff in designing a meaningful program and funding speakers.
	Osmonics	QI Director presented information on the role of the Network as well as what to expect during State Agency site surveys to attendees at training programs for technicians and other dialysis facility personnel sponsored by Zyzatech/Osmonics in Kent, WA.(February, April and July 2002.)	Increases staff awareness of the role of Networks and State Agencies in QI and QA as well as what standards they will be held to with regard to water quality.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
16	Oregon NANT Chapter	Provided two speakers for the "Education for Practitioners" meeting in June 2002. Topics covered by our Board of Director's Informed Consumer and our Info Systems Manager included: the national patient safety initiative, the responsibility of leadership, the role of the Network and current QI initiatives, Network consumer services and clearinghouse functions, findings from the Core Indicators Studies and CPM Projects, and information on the "Speak Up" program sponsored by the Joint Commission on Accreditation of Healthcare Organizations.	Increased dialysis technician's awareness of the Network, patient safety issues, focus areas for quality improvement, region-specific patient outcomes, and resources for additional information.
17	Health Insurance Counseling Advocacy Program (HICAP)	The Network participated with Region IX in training for all the field offices of HICAP, the state health insurance agency that assists uninsured or underinsured persons to secure health insurance.	Increased awareness of Network role and services.
18	Network 17	Joint projects on difficult patients and influenza campaigns.	State-wide approach to disease/problem prevention.
	Network 17 & CMS	Participation in a special CMS project on "Patients and Staff Who Try Our Patience".	Define issues & propose guidelines regarding behavior management in ESRD facilities.
	Renal Support Network	Supported a patient education seminar for 200 patients, and a Renal Prom for ESRD teenagers.	Educational and positive social experiences for ESRD patients.

OTHER COLLABORATIONS

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
1	Connecticut Hospital Association – Infection Control Coordinators	Hemodialysis Bacteremia Surveillance Project	Decreasing the number of bacteremias from vascular access catheters directly impacts patients by decreasing infections and resultant hospitalizations.
	Institute for Healthcare Improvement	NW1 Executive Director is the Forum representative for the NVAII project	Patient care will be greatly improved when the number of long-term catheters is reduced and more fistulas are placed.
	Centers for Disease Control and Prevention	NW1 ED and Medical Quality Manager are part of a national CDC task force on infection control.	Revising and recommending updated infection control guidelines in dialysis will enhance patient survival and decrease hospitalization rates.
	Corporate collaborations	Annual Network of New England exhibits of dialysis products and services (40 Vendors).	Keeping dialysis and transplant staff informed of products and services enhances patient care.

NETWORK	ORGANIZATION	TOPIC OR PROJECT NAME	HOW THIS IMPROVES CARE
3	Forum of ESRD Networks	Attended ED and QID Summits with other network representatives.	Participate in task groups with CMS and other networks (Grievances, PETG, PPTG)
4	National Kidney Foundation	Presentations at professional symposia; Member African-American Outreach Education Committee. Member Patient Services Committee.	Sharing of information of interest to patients or current topics for professionals
5	NKF of the Virginias	Fall Symposium on "Collaborative Practice in Chronic Kidney Disease"	Provides educational and networking opportunities for renal professionals
	Ortho-Biotech	Recognition & Management of ERI/Chronic Kidney Disease From a Primary Care Perspective; Best Practices: Diabetes Management & its Effect on End Stage Renal Disease	Improve outcomes and decrease mortality/morbidity among new dialysis patients by improving their care management during the ERI/pre-ESRD phase.
	Virginia Department of Corrections	Conducted a quality review of dialysis services provided at one correctional facility	Extends quality care to all dialysis patients
	Virginia Beach Department of Public Utilities	Furnished updated list of all dialysis providers in their area for notification of water changes and development of Disaster Plan	Safeguard to ensure proper water availability and quality
6	Other Networks	Elab	Collaborated with five other Networks on the Elab project, eliminating duplication of efforts and allowing for comparative Network data
	Other Networks	Involuntary Patient Discharge Survey	Collaborated with eleven other Networks on the Involuntary Patient Discharge Survey, standardizing the collection of data and allowing for comparative Network data
8	Networks 7 and 13	Patient meeting	Networks 2, 8, and 13 collaborated on a patient meeting that was held in Biloxi, MS. Patients from the Florida panhandle and South Louisiana were invited to the meeting and several from South Louisiana attended.
	Network 11 and 14	Involuntary Patient Discharge Survey	Involuntary patient discharge is a growing concern that has received national attention. This survey was designed to gain an understanding of the reasons patients have been discharged, the characteristics of the patients and to identify placement outcome for these patients.
9, 10	Indiana University	CD-Rom game for children	Educates children about aspects of CKD
	IN State Office of Rural Health	Workshop for patients, family, staff	Education about living well with kidney failure

NETWORK	ORGANIZATION	TOPIC OR PROGRAM NAME	HOW THIS IMPROVES CARE
11	ESRD Networks	Elab	User manuals, an Elab web site, and Elaboration articles were used to improve communication among the six participating ESRD Networks.
	ESRD Networks	Involuntary Patient Discharge Survey	Network-specific reports were generated to compare discharge rates and reasons for discharge.
	ESRD Networks	IRB Issues	Obtained legal advice and distributed to all ESRD Networks.
15	TrailBlazer Advisory Group	Advisory Group	Review of proposed policies for the TrailBlazer intermediary.
	Vocational Rehabilitation Counselors	Resource Information	Network provides an ongoing source of information for VR counselors by giving VR workers a single number to call. The Network staff can then refer them to the appropriate local resource.
17	Renal Community	"Patient Safety is Everyone's Business": The Network held a special meeting in June 2002 which was attended by over 300 participants. The meeting was in response to the increased focus CMS and Congress are placing on patient safety.	The intent of the program was to sensitize participants to the roles they can play in enhancing patient safety, and to inform them of upcoming Network initiatives in this arena.
18	California Dept. of Rehabilitation	Obtain Voc. Rehab. Status reports on ESRD patient referral & application process:	Communication with state rehab department provides data on patient usage of this process.

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 of the organizations that Networks worked with during 2002 are listed below.

Renal Community

- American Association of Kidney Patients
- Association of Health Facility Survey Agencies
- American Nephrology Nurses' Association
- American Society of Nephrology
- Life Options Rehabilitation Advisory Council
- National Kidney Foundation
- National Renal Administrators Association
- Renal Physicians Association
- United Network for Organ Sharing
- United States Renal Data System
- Six major Corporate Dialysis Chains
- Independent Dialysis Chains
- NIH/NIDDK

Non-Renal Related

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

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: EVALUATING AND RESOLVING PATIENT GRIEVANCES

Networks are responsible for evaluating and resolving patient grievances. Each Network has a formal grievance resolution protocol, approved by CMS. 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 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 2002, Networks processed 66 formal beneficiary grievances.

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 2002, Networks spent time discussing and focusing on "challenging patients." 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 in an effort 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 group was convened to discuss several issues regarding behavior management in ESRD facilities and to propose guidelines for dealing with them in the context of a facility safety program. Twelve Networks are also participating in a National survey, coordinated by Networks 11 and 14, to uniformly collect data on involuntarily discharged patients. This project will provide aggregate information on the scope of the problem and provide insight into the characteristics of this particular subset of the dialysis population. An effort is underway within the Networks to gain a greater understanding of this issue and to quantify its prevalence.

Table 18 displays the number of Formal Grievances processed in the year 2002. The Networks

Table 18
FORMAL GRIEVANCES PROCESSED
CALENDAR YEAR 2002

Network	# of Grievances	Network	# of Grievances
1	1	10	9
2	3	11	0
3	0	12	9
4	1	13	1
5	11	14	2
6	1	15	1
7	11	16	0
8	0	17	2
9	10	18	4
TOTAL = 66			

Source: Networks 1-18 Annual Reports, 2002

realize the importance of standardizing the language and understanding of the types of grievances. A work group is collaborating on definitions and reports to be used in SIMS (Standard Information Management System).

Table 19 details the types of grievances handled with an example for further clarification of the grievance.

Table 19
EXAMPLES OF FORMAL GRIEVANCES

TYPE OF GRIEVANCE	DESCRIPTION OF CONTACT	ACTION/RESOLUTION
Treatment Related/Quality of Care -Any concern relating to the medical treatment a patient receives at the unit.	A written grievance was received in the Network on April 2002 from an in-center dialysis patient. Issues identified include adequacy of dialysis and monitoring of dry weight.	Grievance process performed and areas of improvement found. Findings forwarded to facility and patient. Facility requested to submit an improvement plan to address these issues. Improvement Plan (IP) submitted and approved by the Grievance Committee. Monitoring of the IP is in process.
Physical Environment -Any concern relating to the physical atmosphere. These may include temperature, cleanliness, hazards, etc.	None reported in 2002.	
Staff/Provider Related -Any concern including difficulties with provider policies or staff professionalism and competency.	Network PSC received a grievance addressing a chronic nurse staffing shortage at the facility, and the effect on care.	Network investigation showed that there had been a staffing shortage on a particular day, and that some IV medications were held for one treatment, with the MDs permission. A plan of correction had been put in place by the time the grievance was filed.
Information -Any concern that relates to the knowledge base associated with ESRD issues.	None reported in 2002.	
Patient Transfer or Discharge -Any concern that relates to the inter-facility patient transfer process.	Patient involuntarily discharged from a facility was admitted to a Renal Dialysis Center and was unable to be discharged until a permanent placement was arranged.	Network staff conducted a site visit at the discharging facility. An appropriate back-up facility agreement was not in place and the facility had not followed appropriate protocols for managing challenging patients. Patient was returned to the discharging facility.
Disruptive/Abusive Patient - These concerns focus on how to handle a patient and/or family that is disruptive or abusive.	A patient called concerning a discharge letter he received from the facility as a result of his "threatening behavior". His nephrologist has placed him in another unit, but he would still like to file a complaint.	An investigation was initiated. The MRB reviewers agreed that due to the patients threatening behavior he was discharged appropriately. Documentation and Professionalism were two concerns. The MRB recommended in services on professionalism, patient sensitivity, understanding patient behavior
Professional Ethics	A patient believed that staff was discriminating against him because of his race.	Investigation found that his concerns about treatment were not a product of racist attitudes, but were medically necessary. The facility addressed patient concerns and case was closed.

Source: Networks 1-18 Annual Reports, 2002

SANCTION RECOMMENDATIONS

Networks are authorized to propose (to CMS) sanction recommendations against facilities who are out of compliance and to make recommendations for additional facilities in the service area, as they are necessary for each particular Network.

During 2002, no sanction recommendations were made to CMS. There were several incidents noted that required Network scrutiny:

- In February 2001, the submission of a patient grievance identified issues of concern regarding availability of Epogen in a Network dialysis facility. The Network also received communication from two agencies about this occurrence. An on-site visit by an MRB team was conducted in April 2001: the team identified significant lapses in quality of healthcare delivery and corporate management and oversight practices, including issues involving physician communication and function. Members of the corporate ownership body were required to convene and address stated issues.

  In 2002, when little progress was made toward corrections, a letter was sent to multiple agencies including CMS regional offices and regulatory boards outlining a ten-year history of quality concerns associated with this corporate body. An overview of documented quality issues was provided. This letter stated the belief that a consistent pattern of physician/governing body neglect to the basics of patient care (anemia management, adequacy of dialysis, staff oversight, maintenance of rigorous medical protocols) existed, and that repeated effort on the part of the Network to promote and sustain improvement had failed.

  2002 activity consisted of MRB review of monthly computerization of patient specific laboratory data for all corporate units, and oversight of physician CME documentation. This unit is being monitored by the Network and the State Survey Agency for compliance with Subpart U regulations.

- During the course of its ongoing Quality Improvement and Data Management activities, the Network identified a provider that appeared to be providing substantial home dialysis services without any evidence of Medicare certification. Discussions with the State Agency revealed that the provider was not licensed by the State for ESRD services. The matter was referred to CMS and an Office of Inspector General Medicare fraud and abuse investigation is in process.

RECOMMENDATIONS FOR ADDITIONAL FACILITIES

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

- A shortage of trained dialysis staff continues to prevent outpatient dialysis stations from being fully utilized. In the past two years, the Network worked with CMS and the State to distribute information to [state] hospitals about using the "special purpose unit" status to relieve this problem of new ESRD patients remaining in the hospital for unnecessary extended periods of time. As the crisis of lack of dialysis nurses increases, the Network is receiving more inquires from other states about being able to obtain outpatient dialysis services within a reasonable travel distance. The use of "special purpose unit" status

offers a short-term solution because the hospitals that obtain this status can only retain this classification for 8 months.

- There continues to be an increase in the number of medically stable patients that require a course of short-term dialysis (non-chronic) in outpatient programs, usually requiring less than 3 months of dialysis. We believe managed care and shorter in-patient hospital days has created this new patient group. The Network recommends that CMS develop billing codes for this patient population and consideration be given to future policy issues for these non-chronic ESRD patients require short-term outpatient dialysis treatments. The current system of Medicare payments for acute outpatient dialysis to only hospitals is not a workable solution since most of these patients are treated in freestanding dialysis clinics.

- There is a need in the ESRD system to address the treatment of patients who have not been accepted by an outpatient treatment facility due to increased medical need. The patients whose medical needs exceed the level of care of the dialysis facilities are often delayed in being discharged from the hospital setting and/or refused placements in nursing homes due to the need for dialysis services. The patient that is in need of dialysis services is a great burden to the nursing home setting in that the nursing home is required to provide transportation and sometimes staff for the patient's treatment at the outpatient dialysis facility. In addition, the patient that has increased medical complications and requires more medical attention than is generally provided is an increased burden and often not accepted into outpatient, chronic hemodialysis units. These patients alone represent a large number of people who are often a great burden on the inpatient hospital setting due to no available outpatient dialysis treatment facility that will accept them due to their increased medical needs. It is our recommendation that CMS study the issues to identify a solution that will provide quality, alternative care for the patient that is not appropriate for the outpatient setting. This review should include representatives from the ESRD and geriatric health communities. Solutions may include changes to Medicare billing policies for hospitals and/or nursing homes that admit dialysis patients and/or designation of dialysis units located within the nursing home settings.

- The acute shortage of nurses continues to pose a barrier to any expansion of facilities to address the growing number of dialysis patients, and cannot be resolved locally.

- The overall availability of adult and pediatric dialysis and transplant services in [the Network] is unsatisfactory. An increasing number of facilities are operating at or near capacity and many are constrained by staffing shortages. Only 3 facilities added a shift that starts after 5:00pm to relieve their capacity situation. We also receive occasional inquiries from transient patients who have been unable to obtain dialysis services in certain areas due to capacity limitations.

- Consistent with the realities of an aging and more severely ill patient population, we continue to receive inquiries regarding the provision of dialysis services in Skilled Nursing/Long-Term Care and other non-ESRD certified health care facilities. In some cases, it seems that such facilities are the most appropriate and cost-effective setting for the patient to receive dialysis; however, Medicare regulations do not provide clear direction on this issue. The attendant health/safety, reimbursement and other issues require careful consideration in developing new coverage policy to meet the evolving needs of the ESRD population.

- One Network continues to receive inquiries regarding access to care/services for undocumented immigrants whose Medicaid eligibility is limited to "emergency services." Unfortunately the Network is unable to be of assistance in resolving problems related to this policy. This issue could be exacerbated by the current economic downturn and the severe fiscal constraints with which state and local authorities must now contend. The Network note[s] that this issue is occurring in neighboring states as dialysis providers in those areas contact the Network to identify facilities in [the state] to which they can refer undocumented patients.

- Challenging/disruptive patients:
  - The increasing number of challenging patients requires unique staff communications and interpersonal skills. Consideration, by CMS, of "unique needs" dialysis units with additional reimbursement, to help accommodate these patients, would reduce the number of patients experiencing an involuntary discharge from dialysis units. A Medicare assessment of the costs to operate dialysis centers should include regional adjustments for staff wages and local state regulations, which affect operational costs.
  - One Network has identified the need for special service facilities that can be adequately staffed and equipped to provide services to a subset of the Medicare patient population that has been labeled disruptive and are being discharged from the chronic facilities without any other chronic facility to provide necessary services. This type of facility would provide services to patients with a history of aggression, mental illness or other needs that are not conducive with services provided at the typical chronic facility and general dialysis population. There is currently no Certificate of Need requirement for ESRD facilities in most of [the Network] states. The general consensus is that the competitive market, by its nature, analyzes and identifies areas of need. These areas are then filled by providers of service for the identified need if it is cost effective. The need for special services facilities will likely go unmet due to the cost associated with providing the services and the composite rate currently set for reimbursement of services. The facilities would require a higher staffing ratio and need for full time security. The Centers for Medicare & Medicaid Services is aware of this need and will need to analyze the cost factors and make recommendations for changes that will make these facilities cost effective so the need will be filled by the private sector.
  - One Network continued to receive increased contacts during the year 2002 from patients who stated that they were experiencing difficulty locating a facility after being dismissed due to attitude, behavior or non-compliance to physician's orders. Incidents of patients being dismissed from their facilities are a growing problem in the dialysis community. Upon Network investigation, many of these patients that have been discharged have been provided adequate opportunities to correct the offending action prior to dismissal. In some cases, the facility is able to locate a new facility for the orderly transfer of the patient. A disturbing trend in the increase of patient discharge for treatment of noncompliance was observed. In other cases (i.e. physically aggressive) such patients are dismissed prior to acceptance to another facility. In this scenario, patients often experience rejection from facilities under the same physician or corporate group. If this occurs, these patients must rely on hospitals to provide treatment on an emergent basis until a new facility is located. The Network is aware of a growing number of patients relying on hospitals to receive their treatments due to the inability to locate an outpatient clinic for treatment. There appears to be an increased use of

"Zero Tolerance" policies regarding any behavior that is perceived as threatening to other patients or staff. Facilities report a sense of duty to act proactively to prevent acts of violence. The publication of the Shared Decision Making in the Appropriate Initiation of and Withdrawal from Dialysis Practice Guideline in February 2000, may have encouraged institution of such policies as various approaches to dealing with the difficult patient are explored. Additionally, federal OSHA requirements regarding workplace violence prevention programs may also have played a role in the utilization of such policies. The Network recommends that CMS foster the establishment of special needs dialysis facilities in the major metropolitan areas to serve displaced patients that require chronic dialysis yet do not have a chronic provider. It is anticipated that these special needs facilities would require at least the following special services to meet the need of this increasing population of patients: security guards & metal detectors; social workers on staff whenever patients dialyzing; registered nurses on staff whenever patients dialyzing; lower patient care staff to patient ratio; higher hourly pay rate for all staff; high risk/hazard pay; psychological counseling on site. These additional services would certainly inflate the cost of delivering services to this population thus a higher reimbursement rate would be required for such facilities; however, it is likely that such centers would prevent emergency room treatments and hospitalization that would produce a net savings for the Medicare Program. Establishment of these special needs facilities could be fostered through: A CMS sponsored demonstration project; Waived requirement to justify higher reimbursement rate with historical costs for initial set up of facilities.

o A Network continued to experience an increasing number of situations involving abusive/violent patients whose behavior potentially jeopardizes the care and safety of other patients and/or staff. In most cases, the situation is resolved through appropriate facility intervention, Network facilitation/mediation or transfer to another facility. However, there are occasional situations where no satisfactory resolution can be achieved and the patient is discharged with hospital emergency rooms as the only source of dialysis treatment. These situations are another example of how chronic outpatient dialysis centers are now unable to accommodate the full spectrum of ESRD patients. This further points to the need to consider alternate ESRD treatment settings and/or reimbursement formulae for patients whose access to care is constrained under the current system.

FOR MORE INFORMATION

This report summarizes highlights of the ESRD Networks' 2002 activities. Supplemental information on Vocational Rehabilitation is supplied in Appendix V. For additional reference, Appendix W contains a list of acronyms and Appendix X a list of renal organization web addresses.

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

Table 20
NETWORK WEB ADDRESSES

Network	Web Address
1	http://www.networkofnewengland.org/
2	http://www.esrdny.org/
3	http://www.tarcweb.org/
4	http://www.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	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

2002 ESRD INCIDENT AND PREVALENT PATIENTS BY NETWORK

NETWORK	INCIDENT PATIENTS (CALENDAR YEAR 2002)	DIALYSIS PREVALENT PATIENTS (AS OF DECEMBER 31, 2002)
1	3,713	10,543
2	6,751	21,420
3	4,551	12,790
4	5,112	13,809
5	6,099	18,173
6	7,872	27,762
7	6,199	17,309
8	5,144	17,105
9	7,502	21,291
10	4,629	12,781
11	6,845	18,174
12	3,813	11,587
13	4,268	12,678
14	7,406	24,806
15	4,172	12,780
16	2,747	7,753
17	4,642	15,469
18	7,729	23,361
TOTAL	**99,194**	**299,591**

Source: Networks 1-18 Annual Reports, 2002, Data Tables 1 and 2.

APPENDIX B
2002 ESRD INCIDENT PATIENTS BY AGE AND NETWORK
As of December 31, 2002

NETWORK	0-19	20-29	30-39	40-49	50-59	60-69	70-79	≥ 80	UNKNOWN	TOTAL
1	47	58	218	340	554	764	1,018	713	1	**3,713**
2	72	157	337	708	1,189	1,499	1,684	1,105	0	**6,751**
3	49	104	246	511	785	1,026	1,090	740	0	**4,551**
4	52	91	211	499	825	1086	1437	911	0	**5,112**
5	64	135	396	775	1,168	1,311	1,472	778	0	**6,099**
6	91	214	539	975	1,550	1,824	1,796	883	0	**7,872**
7	62	122	316	615	966	1,304	1,722	1,092	0	**6,199**
8	47	144	343	627	1,025	1,219	1,143	595	1	**5,144**
9	57	168	353	704	1,291	1,727	2,086	1,099	17	**7,502**
10	53	128	266	462	775	1,014	1,172	753	6	**4,629**
11	82	156	389	745	1,139	1,426	1,823	1,085	0	**6,845**
12	47	79	191	388	653	801	1,018	636	0	**3,813**
13	55	116	242	512	822	972	983	566	0	**4,268**
14	99	225	447	977	1,585	1,705	1,615	753	0	**7,406**
15	57	98	243	427	749	984	1,080	534	0	**4,172**
16	44	71	151	293	458	586	728	416	0	**2,747**
17	80	138	251	486	857	991	1,180	659	0	**4,642**
18	102	215	382	789	1,371	1,775	1,888	1,207	0	**7,729**
Total	**1,113**	**2,419**	**5,521**	**10,833**	**17,762**	**22,014**	**24,935**	**14,525**	**25**	**99,194**
% Total	**1.1%**	**2.4%**	**5.6%**	**10.9%**	**17.9%**	**22.2%**	**25.1%**	**14.6%**	**0.0%**	**100%**

Source: Networks 1-18 Annual Reports, 2002, Data Table 1.

APPENDIX C
2002 DIALYSIS PREVALENT PATIENTS BY AGE AND NETWORK
AS OF DECEMBER 31, 2002

NETWORK	0-19	20-29	30-39	40-49	50-59	60-69	70-79	≥80	UNKNOWN	TOTAL
1	60	222	660	1,166	1,772	2,267	2,779	1,617	0	10,543
2	153	543	1,428	2,900	4,412	4,935	4,613	2,436	0	21,420
3	79	325	874	1,729	2,535	3,150	2,747	1,351	0	12,790
4	79	300	814	1,691	2,498	3,097	3,523	1,807	0	13,809
5	129	455	1,452	2,689	3,774	4,013	3,952	1,709	0	18,173
6	176	891	2,376	4,245	6,346	6,624	5,152	1,952	0	27,762
7	133	428	1,129	2,236	3,328	3,852	4,118	2,085	0	17,309
8	90	541	1,398	2,707	3,794	4,013	3,277	1,285	0	17,105
9	124	596	1,445	2,786	4,047	4,926	5,155	2,196	16	21,291
10	82	400	884	1,686	2,537	2,907	2,850	1,431	4	12,781
11	122	446	1,260	2,297	3,501	3,712	4,453	2,383	0	18,174
12	97	311	788	1,516	2,202	2,511	2,764	1,398	0	11,587
13	77	408	1,023	2,007	2,786	2,968	2,387	1,022	0	12,678
14	245	769	1,908	3,732	5,773	5,920	4,755	1,704	0	24,806
15	115	398	881	1,672	2,641	3,092	2,797	1,184	0	12,780
16	81	272	582	1,035	1,535	1,627	1,725	896	0	7,753
17	93	465	1,091	2,107	3,217	3,482	3,474	1,540	0	15,469
18	236	830	1,668	3,130	4,730	5,467	4,976	2,324	0	23,361
Total	**2,171**	**8,600**	**21,661**	**41,331**	**61,428**	**68,563**	**65,497**	**30,320**	**20**	**299,591**
%Total	**0.7%**	**2.9%**	**7.2%**	**13.8%**	**20.5%**	**22.9%**	**21.9%**	**10.1%**	**0.0%**	**100.0%**

Source: Networks 1-18 Annual Reports, 2002, Data Table 2.

APPENDIX D
2002 ESRD INCIDENT PATIENTS BY RACE AND NETWORK
CALENDAR YEAR 2002

NETWORK	BLACK	WHITE	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER [1]	UNKNOWN [2]	TOTAL
1	478	2,975	62	10	82	106	3,713
2	2,161	3,820	216	32	438	84	6,751
3	1,069	2,353	75	7	1,043	4	4,551
4	1,280	3,702	32	6	92	0	5,112
5	2,920	2,932	104	10	133	0	6,099
6	4,267	3,384	53	46	122	0	7,872
7	1,776	4,168	73	9	154	19	6,199
8	2,578	2,487	22	19	29	9	5,144
9	1,899	5,451	25	7	66	54	7,502
10	1,563	2,840	88	6	79	53	4,629
11	1,503	4,954	92	181	115	0	6,845
12	775	2,956	29	30	20	3	3,813
13	1,830	2,212	31	162	33	0	4,268
14	1,883	5,203	83	28	196	13	7,406
15	304	3,284	120	374	80	10	4,172
16	190	2,285	166	92	14	0	2,747
17	594	2,514	1,178	34	280	42	4,642
18	1,104	5,624	838	31	132	0	7,729
Total	**28,174**	**63,144**	**3,287**	**1,084**	**3,108**	**397**	**99,194**
%	**28.4%**	**63.7%**	**3.3%**	**1.1%**	**3.1%**	**0.4%**	**100%**

Source: Networks 1-18 Annual Reports, 2002, 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
2002 DIALYSIS PREVALENT PATIENTS BY RACE AND NETWORK
AS OF DECEMBER 31, 2002

NETWORK	BLACK	WHITE	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER [1]	UNKNOWN [2]	TOTAL
1	2,096	7,782	194	26	314	131	10,543
2	8,601	10,245	747	100	1,292	435	21,420
3	4,045	5,658	255	23	2,758	51	12,790
4	4,780	8,589	98	26	316	0	13,809
5	11,002	6,444	313	20	394	0	18,173
6	18,807	8,212	180	168	395	0	27,762
7	6,794	9,831	231	31	412	10	17,309
8	10,719	6,184	64	78	53	7	17,105
9	7,400	13,486	87	31	239	48	21,291
10	5,386	6,754	306	20	291	24	12,781
11	5,920	11,111	305	601	236	1	18,174
12	3,420	7,786	135	129	94	23	11,587
13	6,843	5,072	88	537	138	0	12,678
14	7,632	15,891	353	91	832	7	24,806
15	1,255	8,826	395	1,903	391	10	12,780
16	739	5,997	590	364	63	0	7,753
17	2,609	7,241	4,640	156	738	85	15,469
18	4,058	15,949	2,732	139	483	0	23,361
Total	112,106	161,058	11,713	4,443	9,439	832	299,591
% Total	37.4%	53.8%	3.9%	1.5%	3.2%	0.3%	100%

Source: Networks 1-18 Annual Reports, 2002, 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
- Type I, juvenile type

Glomerulonephritis
- Glomerulonephritis (GN)
- Focal glomerulonephritis
- Membranous nephropathy
- Membranoproliferative GN
- Dense deposit disease
- IgA nephropathy, Berger's disease
- IgM nephropathy
- Rapidly progressive GN
- Goodpasture's Syndrome
- Post infectious GN
- Other proliferative GN

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
- Tuberous sclerosis
- Hereditary nephritis, Alport's syndrome
- Cystinosis
- Primary oxalosis
- Fabry's disease
- Congenital nephritic syndrome
- Drash syndrome
- Congenital obstructive upopathy
- Renal hypoplasia, dysplasia,
- Oligonephronia
- Prune belly syndrome
- Hereditary/familial nephropathy

Other

Secondary GN/Vasculitis
- Lupus erythematosus
- Henoch-Schonlein syndrome
- Sclerodema
- 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
- Ratiation nephritis
- Lead nephropathy
- Gouty nephropathy
- Nephrolithiasis
- Acquired obstructive uropathy
- Chronic pyelonephritis
- Chronic interstitial nephritis
- Acute interstitial nephritis
- Urolithiasis
- Nephrocalcinsois

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
2002 ESRD INCIDENT PATIENTS BY PRIMARY DIAGNOSIS AND NETWORK
CALENDAR YEAR 2002

NETWORK	DIABETES	HYPER-TENSION	GN	CYSTIC KIDNEY DISEASE	OTHER CAUSES [1]	UNKNOWN	MISSING	TOTAL
1	1,477	834	407	128	631	195	41	3,713
2	2,833	1,564	629	154	1,004	567	0	6,751
3	2,175	1,167	421	94	594	98	2	4,551
4	2,169	1,339	465	118	796	225	0	5,112
5	2,631	1,839	461	109	850	209	0	6,099
6	3,428	2,359	674	136	945	330	0	7,872
7	2,488	1,974	476	150	889	197	25	6,199
8	2,173	1,666	314	107	571	162	151	5,144
9	3,409	2,056	539	134	991	311	62	7,502
10	1,834	1,541	309	74	598	213	60	4,629
11	2,853	1,871	616	196	1,024	285	0	6,845
12	1,628	993	327	99	580	186	0	3,813
13	1,930	1,294	283	74	547	140	0	4,268
14	3,997	1,751	499	147	783	229	0	7,406
15	2,144	788	421	114	541	164	0	4,172
16	1,106	539	334	93	508	167	0	2,747
17	2,232	1,134	486	101	530	159	0	4,642
18	3,649	2,335	526	142	814	263	0	7,729
Total	44,156	27,044	8,187	2,170	13,196	4,100	341	99,194
% of Total	44.5%	27.3%	8.3%	2.2%	13.3%	4.1%	0.3%	100%

Source: Networks 1-18 Annual Reports, 2002, Data Table 1.

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

APPENDIX H
2002 DIALYSIS PREVALENT PATIENTS BY PRIMARY DIAGNOSIS AND NETWORK
AS OF DECEMBER 31, 2002

NETWORK	DIABETES	HYPER-TENSION	GN	CYSTIC KIDNEY DISEASE	OTHER [1]	UNKNOWN	MISSING	TOTAL
1	4,063	2,366	1,458	428	1,640	552	36	10,543
2	7,986	4,756	2,587	524	2,780	2,787	0	21,420
3	5,462	3,292	1,880	369	1,455	319	13	12,790
4	5,513	3,692	1,805	437	1,821	541	0	13,809
5	7,109	6,034	1,958	464	2,051	557	0	18,173
6	10,975	8,901	3,380	561	2,902	1,043	0	27,762
7	6,602	5,613	1,931	601	2,038	498	26	17,309
8	6,697	5,916	1,787	478	1,628	523	76	17,105
9	9,028	5,755	2,415	592	2,509	891	101	21,291
10	4,829	4,299	1,324	300	1,423	577	29	12,781
11	7,395	5,068	2,219	567	2,275	650	0	18,174
12	4,674	3,045	1,427	364	1,563	514	0	11,587
13	5,273	4,253	1,219	350	1,221	362	0	12,678
14	12,469	6,108	2,382	566	2,367	914	0	24,806
15	6,564	2,236	1,654	396	1,472	458	0	12,780
16	3,176	1,334	1,203	354	1,291	395	0	7,753
17	6,987	3621	2,243	472	1,601	545	0	15,469
18	10,437	6,689	2,617	574	2,191	853	0	23,361
Total	125,239	82,978	35,489	8,397	34,228	12,979	281	299,591
%	41.8%	27.7%	11.8%	2.8%	11.4%	4.3%	0.1%	100.0%

Source: Networks 1-18 Annual Reports, 2002, Data Table 2.

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

APPENDIX I
2002 ESRD INCIDENT PATIENTS BY GENDER AND NETWORK
CALENDAR YEAR 2002

NETWORK	MALE	FEMALE	UNKNOWN	TOTAL
1	2,072	1,640	1	3,713
2	3,796	2,955	0	6,751
3	2,581	1,970	0	4,551
4	2,812	2,300	0	5,112
5	3,280	2,819	0	6,099
6	4,054	3,818	0	7,872
7	3,580	2,619	0	6,199
8	2,640	2,504	0	5,144
9	3,967	3,482	53	7,502
10	2,423	2,167	39	4,629
11	3,692	3,153	0	6,845
12	2,082	1,731	0	3,813
13	2,161	2,107	0	4,268
14	3,880	3,526	0	7,406
15	2,369	1,803	0	4,172
16	1,556	1,191	0	2,747
17	2,570	2,072	0	4,642
18	4,260	3,469	0	7,729
Total	53,775	45,326	93	99,194
% Total	54.2%	45.7%	0.1%	100%

Source: Networks 1-18 Annual Reports, 2002, Table 1.

APPENDIX J
2002 DIALYSIS PREVALENT PATIENTS BY GENDER AND NETWORK
AS OF DECEMBER 31, 2002

NETWORK	MALE	FEMALE	UNKNOWN	TOTAL
1	5,851	4,692	0	10,543
2	11,806	9,614	0	21,420
3	7,328	5,462	0	12,790
4	7,578	6,231	0	13,809
5	9,708	8,465	0	18,173
6	14,028	13,734	0	27,762
7	9,712	7,597	0	17,309
8	8,751	8,354	0	17,105
9	11,241	10,011	39	21,291
10	6,821	5,930	30	12,781
11	9,929	8,245	0	18,174
12	6,203	5,384	0	11,587
13	6,491	6,187	0	12,678
14	12,761	12,045	0	24,806
15	6,906	5,874	0	12,780
16	4,273	3,480	0	7,753
17	8,201	7,268	0	15,469
18	12,632	10,729	0	23,361
Total	160,220	139,302	69	299,591
% Total	53.5%	46.5%	0.0%	100%

Source: Networks 1-18 Annual Reports, 2002, Data Table 2.

APPENDIX K
2002 ESRD IN-CENTER DIALYSIS PATIENTS BY MODALITY AND NETWORK
AS OF DECEMBER 31, 2002

NETWORK	HEMODIALYSIS	PERITONEAL DIALYSIS	TOTAL
1	9,357	2	9,359
2	19,964	7	19,971
3	11,745	6	11,751
4	12,745	2	12,747
5	16,494	0	16,494
6	25,157	2	25,159
7	15,707	0	15,707
8	15,356	4	15,360
9	18,858	54	18,912
10	11,430	12	11,442
11	16,232	0	16,232
12	10,015	31	10,046
13	11,556	0	11,556
14	22,599	0	22,599
15	11,560	4	11,564
16	6,655	14	6,669
17	13,822	6	13,828
18	21,315	15	21,330
Total	270,567	159	270,726

Source: Networks 1-18 Annual Reports, 2002, 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 2002.

APPENDIX L
2002 ESRD HOME DIALYSIS PATIENTS BY MODALITY AND NETWORK
AS OF DECEMBER 31, 2002

NETWORK	HEMODIALYSIS	CAPD	CCPD	OTHER PD	TOTAL
1	36	504	649	0	1,189
2	91	697	679	0	1,467
3	21	314	750	4	1,089
4	68	363	549	6	986
5	90	661	966	1	1,718
6	110	918	1,563	12	2,603
7	174	476	893	0	1,543
8	86	624	1,029	3	1,742
9	81	1,064	1,084	1	2,230
10	148	551	602	0	1,301
11	42	888	868	0	1,798
12	80	581	693	0	1,354
13	15	515	592	0	1,122
14	91	692	1,347	1	2,131
15	34	499	678	0	1,211
16	138	443	491	6	1,078
17	20	589	1,021	0	1,630
18	18	836	1,257	0	2,111
Total	**1,343**	**11,215**	**15,711**	**34**	**28,303**

Source: Networks 1-18 Annual Reports, 2002, Data Table 3.

APPENDIX M
2001 AND 2002 DIALYSIS MODALITY: IN-CENTER PATIENTS
AS OF DECEMBER 31, 2001, AND DECEMBER 31, 2002

NETWORK	HEMODIALYSIS			PERITONEAL DIALYSIS		
	2001	2002	% Change	2001	2002	% Change
1	9,001	9,357	4%	1	2	100%
2	19,425	19,964	3%	101	7	-93%
3	11,443	11,745	3%	22	6	-73%
4	12,563	12,745	1%	22	2	-91%
5	15,778	16,494	5%	1	0	-100%
6	24,030	25,157	5%	1	2	100%
7	15,114	15,707	4%	0	0	0%
8	14,934	15,356	3%	3	4	33%
9	18,342	18,858	3%	56	54	-4%
10	11,285	11,430	1%	19	12	-37%
11	15,466	16,232	5%	0	0	0%
12	9,609	10,015	4%	30	31	3%
13	11,157	11,556	4%	1	0	-100%
14	21,507	22,599	5%	3	0	-300%
15	11,011	11,560	5%	3	4	33%
16	6,315	6,655	5%	13	14	8%
17	13,170	13,822	5%	2	6	200%
18	19,871	21,315	7%	19	15	-21%
Total	260,021	270,567	4%	297	159	-46%

Source: Networks 1-18 Annual Reports, 2001 and 2002, 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 2002.

APPENDIX N
2001 AND 2002 DIALYSIS MODALITY: SELF-CARE SETTING - HOME
AS OF DECEMBER 31, 2001, AND DECEMBER 31, 2002

NETWORK	HEMODIALYSIS			CAPD			CCPD			OTHER PD		
	2001	2002	% Change	2001	2002	% Change	2001	2002	% Change	2001	2002	% Change
1	43	36	-16%	541	504	-7%	624	649	4%	0	0	0%
2	81	91	12%	629	697	11%	743	679	-9%	1	0	-100%
3	30	21	-30%	317	314	-1%	783	750	-4%	2	4	100%
4	52	68	31%	323	363	12%	633	549	-13%	5	6	20%
5	136	90	-34%	741	661	-11%	898	966	8%	0	1	100%
6	115	110	-4%	953	918	-4%	1,470	1,563	6%	6	12	100%
7	220	174	-21%	493	476	-3%	839	893	6%	0	0	0%
8	102	86	-16%	710	624	-12%	910	1,029	13%	0	3	300%
9	94	81	-14%	1,225	1,064	-13%	1,083	1,084	0%	10	1	-90%
10	21	148	605%	395	551	39%	610	602	-1%	0	0	0%
11	47	42	-11%	960	888	-8%	827	868	5%	0	0	0%
12	105	80	-24%	654	581	-11%	698	693	-1%	0	0	0%
13	13	15	15%	530	515	-3%	524	592	13%	0	0	0%
14	60	91	52%	692	692	0%	1,168	1,347	15%	0	1	100%
15	45	34	-24%	557	499	-10%	645	678	5%	0	0	0%
16	151	138	-9%	450	443	-2%	465	491	6%	5	6	20%
17	22	20	-9%	624	589	-6%	946	1,021	8%	0	0	0%
18	18	18	0%	911	836	-8%	1,049	1,257	20%	0	0	0%
Total	1,355	1,343	-1%	11,705	11,215	-4%	14,915	15,711	5%	29	34	17%

Source: Networks 1-18 Annual Reports, 2001 and 2002

APPENDIX O
2002 RENAL TRANSPLANT RECIPIENTS BY DONOR SOURCE AND NETWORK
CALENDAR YEAR 2002

NETWORK	DECEASED DONORS	LIVING RELATED	LIVING UNRELATED	TOTAL
1	358	197	128	**683**
2	491	314	138	**943**
3	237	138	59	**434**
4	701	230	53	**984**
5	607	295	156	**1,058**
6	597	224	81	**902**
7	569	121	32	**722**
8	457	215	82	**754**
9	670	305	158	**1,133**
10	472	305	44	**821**
11	845	589	262	**1,696**
12	443	158	53	**654**
13	342	131	22	**495**
14	749	267	92	**1,108**
15	402	210	127	**739**
16	331	174	90	**595**
17	466	187	97	**750**
18	716	308	99	**1,123**
Total	**9,453**	**4,368**	**1,773**	**15,594**

Source: Networks 1-18 Annual Reports, 2002

APPENDIX P
OTHER QUALITY ACTIVITIES IN 2002 BY NETWORK

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
All	Centers for Disease Control & Prevention (CDC) Annual Survey	This Annual Survey provides an excellent snapshot of dialysis practices, infection control practices, and other issues pertinent to chronic incenter dialysis units. The CDC survey includes questions about incidence and prevalence for Hepatitis B and Hepatitis C. Comparative data for 2001 is included.	Network-level performance profiles were developed on a number of clinical indicators and additional data reports at the facility level were produced for each Network for use in QI activities.
1	Bacteremia Surveillance Project	The Hemodialysis Bacteremia Surveillance Project was started in 1999, and ended in 2002. The goals including decreasing the number of bacteremias in patients with catheters, decreasing the use of long-term catheters, and improving catheter care policies and procedures.	The project ended in June 2002. There was a 27% decrease overall in the number of bacteremias at the end of the project. In addition, there was a decrease in use of long-term catheters for patients in the eight participating facilities. The project was selected to have the results published in the December 2002 issue of the Journal of Infection Control and Hospital Epidemiology.
	Bacteremia and / or Infection Control	Hemodialysis Bacteremia Surveillance Project	Decreased the number of bacteremias in 8 participating facilities by 27%.
	Challenging Patients	The NW1 Patient Services Manager spends a great deal of time assisting facility staff with patients who exhibit non-conforming and challenging behavior. In addition to her daily efforts, we are planning a special session at the 2003 Annual Network Meeting to assist facility staff.	Facility staff will be better prepared with a proactive plan for managing these types of challenging patient behaviors.
	Continuous Quality Improvement / Quality	Numerous efforts were made to assist facility staff with CQI in 2002. This included specific facilities for focused intervention, all facilities for some projects, and posters and presentations at the Annual Network meeting.	When dialysis staff understand the concepts of CQI, patient care in enhanced.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
1	Electronic Transmission of Laboratory Data	NW 1 is one of the participants of this project.	If staff members can spend less time on redundant paperwork, and more time on patient care, this will lead to better outcomes.
	Home Dialysis	NW 1 encourages home dialysis modes and had an experience speaker to update the audience at the 2002 Annual Network Meeting.	With the shortage of dialysis staff nationwide, and the goal to give more independence to patients, home dialysis is a very important treatment modality.
	Immunizations	Reminded facility staff about flu and pneumonia vaccinations in newsletters	Because the ESRD population is already immune –compromised, the need for flu and pneumonia vaccinations is extremely important to avoid further respiratory/ cardiovascular complications and hospitalizations.
	Knowledge Management Program (KMP)	Effort to assist physicians with updated clinical, scientific, or CQI articles and abstracts.	Increasing knowledge in professional staff in an organized and user-friendly way ultimately helps the patients.
	Patient Safety	Patient Safety Awareness Campaign	When patients are aware of safety issues and problems, they are more assertive about solutions to these problems.
	Patient Support	Numerous efforts on the part of Network team members to assist patients and family members with a number of issues. All contacts were logged in SIMS.	One of the main goals of the Networks is to help patients on many levels, especially with quality of care issues.
	Pediatric Project	Participated in the Pediatric Project with NW4.	Since there is not a large pediatric dialysis population in this Network, the ability to compare and analyze summary data benefits all who participate in this project.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
1	Quality Measuring and Reporting, CPM and Profiling Reports	CPM and Profiling reports allow facilities to compare their outcomes.	These reports go hand in hand with CQI, because quality is data-driven. When reviewing these types of reports, the ability to affect patient outcomes becomes apparent.
	Renal Osteodystrophy	Collaborated with Genzyme Therapeutics for an educational program. on bone disease management and cardiovascular issues	Physicians and renal dietitians are kept current on new bone disease management concepts.
	Transplantation	In 2002, presented information at the Annual Network Meeting from a nationally known Transplant Surgeon and Organ Bank Director about transplant waiting list issues. Also assisted with the distribution of the revised AST Transplant Evaluation form to all facilities.	These efforts will help to increase awareness about transplantation.
2	Challenging Patients	Sensitivity interactive sessions conducted at 27 facilities (attendance: 588 staff members).	Promoted better understanding of how it feels to be a dialysis patient, ways in which professional boundaries can assist in improving quality of patient care and review of the Patient Functioning Chart
	Facility Specific Reports	The Network conducted Level 1 interventions on Assessment and Reduction of Catheters in Hemodialysis with 17 facilities including an educational workshop, site visits at which Network staff presented KDOQI guidelines for catheter use, algorithms for assessment and referral of catheter patients, facility specific report cards, a table of possible root causes for prolonged CVC use, and patient education materials.	Facilities had a significantly greater reduction in failure rate in the proportion of long-term catheter patients assessed for alternative access with an intervention tool. A similar trend was observed in differences among the three groups with respect to changes in the proportion of long term catheter patients referred to a surgeon for alternative access.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
2	Vocational Rehabilitation/ Employment	Vocational Rehabilitation Special Study	Vocational Rehabilitation Specialist provided information and assistance to dialysis and transplant patients, renal social workers, and counselors in the district offices of VESID, the state vocational rehabilitation agency for the disabled.
	Crisis Prevention	The Network presented two-day programs in New York City, Mineola, and Rochester titled: Crisis, Chaos and Conflict Resolution in the Dialysis Unit." Members of the staff who are certified as prevention trainers demonstrated methods for defusing disruptive and assaultive threats, maintaining personal safety and gaining compliance from challenging individuals. Attendees included nurses, social workers, and technicians.	Disseminated requested information on how to cope with difficult situations in the dialysis unit. Provided opportunities for role-playing, discussion sessions and exchange of ideas and experiences. These programs we presented in direct response to a request from the community.
3	Patient Support	Patient specific materials included in the annual mailing and additional mailings.	Responses to the numerous (>100) individual concerns received by TARC via telephone, letter and website.
	Preventive Care	Each facility will be encouraged to develop a means to track Hepatitis B, influenza and pneumococcal vaccinations given to their patients (on or off site)	100% of facilities had a mechanism for tracking vaccinations while 96% of facilities provided structured information about the value of vaccinations and screening programs.
	Bacteremia and/or Infection Control	CDC guidelines and recommendations sent to all facilities.	Reporting of # of positive blood cultures by vascular access type.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
3	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 10 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.
	Challenging Patients	TARC's annual meeting had a segment addressing the challenging patients and methods to care for them. TARC participated in the involuntary patient discharge project.	TARC's annual mailing included literature addressing the issue of challenging patients.
	Continuous Quality Improvement / Quality	TARC provide CQI guidelines in the network's mailing. TARC performed three quality audits during their visit to Puerto Rico. Anemia management was an area of concern.	TARC shared tools for remediation with the leadership and staff of the deficient facilities. Reviews of each audit were presented to the medical directors and management of each facility
	Hepatitis B and/or Hepatitis C	TARC sent the facilities patient specific and professional materials including posters and handouts in both Spanish and English, in the network's annual flu/ pneumococcal/hepatitis vaccine mailing. Each facility was encouraged to develop a means to track Hepatitis B, vaccinations given to their patients (on or off site).	100% of facilities had a mechanism for tracking vaccinations and 96% (126) of the facilities developed a structured program to provide educational information to their patients. An article providing an overview of hepatitis C (used for staff education) was sent to the administrators of the dialysis and transplant facilities.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
3	Home Dialysis	TARC's annual meeting focused on the encouragement of home hemodialysis and peritoneal dialysis. To further encourage the choice of home dialysis TARC designed and developed a home dialysis designee program to provide each facility with a staff member who possesses current knowledge about each modality and can disseminate this knowledge to each patient .	Nocturnal and home hemodialysis articles were included in the TARC annual mailing.
	Immunizations	TARC sent the facilities patient specific and professional materials including posters and handouts in both Spanish and English, in the network's annual flu/ pneumococcal/hepatitis vaccine mailing. Facilities were also encouraged to develop a means to offer and track vaccinations for hepatitis B, influenza and pneumococcus.	96% (126) of the facilities developed a structured program to provide educational information to their patients. TARC sent information on immunizations to the director of a local transplant center.
	Modality Selection Study	Two transplant designee courses were offered and a home dialysis designee course was in its final stage of development.	Both courses are designed to educate specific facility staff member to be able to disseminate and gather information about modality selection. . TARC conducts an annual polling of their facilities in relation to their presentation of modality selection offerings to the patients (literature, discussion, videos).
	Patient Safety	Three regional patient safety meetings were held for facility administrators, medical directors and nurse managers. In response to drought conditions in New Jersey,	Three regional patient safety meetings were held for facility administrators, medical directors and nurse managers. In response to drought conditions in New Jersey, TARC prepared a set of guidelines to address water treatment concerns and issues. This was mailed to all of the network's New Jersey facilities
	Pediatric Dialysis	A Multidisciplinary Approach to Meeting Growth & Development of the Pediatric Patient was sent to all of the network facilities in the annual mailing.	TARC sent copies of the 2002 Kidney Camp directory to New Jersey's pediatric dialysis and transplant facilities.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
3	Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	TARC monitored anemia, adequacy, nutrition and vascular access quarterly using Hemodialysis Improvement Project (HIP). Multilevel feedback was provided from the aggregated data.	Quarterly MRB review of the anemia and adequacy data resulted in the establishment of parameters. TARC provided remediation in the form of CQI tools to facilities falling below the prescribed parameter.
	Transplantation	The Transplant Designee certification and recertification courses were offered in New Jersey and Puerto Rico.	Educational resource.
	Vocational Rehabilitation/ Employment		A list of rehabilitation sites was sent to all facilities. All facilities were requested to complete and submit the Annual Unit Self Assessment Tool (LORAC). TARC aggregated the data from this submission and developed a profile which was shared with the facilities. TARC presented the annual Ahmet Award to three patients chosen from the many nominees, who serve as an example of successful rehabilitation. TARC shared their network specific rehabilitation efforts information with the Life Options Rehabilitation Council.
	Transplantation	Promote patient access to kidney transplantation as a treatment choice through active support of patient education, assessment and organ procurement	98% of facilities had a transplant referral process. 2137 patients were listed on the transplant waiting lists
4	Bactermia and/or Infection Control	2 workshops for facility staff reviewed the new AAMI standards for water quality. Microbiology testing and system disinfection procedures also were reviewed.	Setting up a monitoring and maintenance plan is important for facilities to ensure high quality water production.
	Bactermia and/or Infection Control	Update by the CDC on infection control practices and the regulations that cover them. Tips on how to implement the practices into the facility environment.	Provided information to the facilities on current regulations for infection control and the processes that could be implemented.
	Challenging Patients	Four Conflict Resolution Workshops for facility staff.	Discussion with facility staff on conflict and its resolution, empowerment of staff and patients, communication methods, and professional behavior.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
4	Immunization	Distributed a toolkit to each facility with posters, post-it notes for the chart and an informational brochure for each patient in the unit	This was a follow-up to an earlier QIP. Network 4 was first in percent of patients immunized for influenza in the CDC report.
	Patient Support	Unit meetings with patients regarding conflict resolution. Meetings with PSC, PAC, and Patient Representatives (patient leadership).	Unit meetings provided patients the opportunity to discuss their concerns and learn about conflict resolution. Meetings with patient leadership encouraged sharing of ideas and information to benefit all patients.
	Pediatric Dialysis	Two meetings with pediatric nephrologists and nurse managers to evaluate analysis of the facility-specific data submissions.	Provided comparative feedback data for internal quality programs.
	Pediatric Dialysis	Bi-annual data feedback performance reports sent to pediatric dialysis unit.	Reports assist the facilities to provide quality pediatric ESRD care.
	Challenging Patients	The Network conducted a "Patient Initiatives" Project for which the focus is patient visibility, education and interaction with Network and dialysis staff. Patient Services Committee members identify issues and concerns affecting the treatment and welfare of dialysis patients and define goals regarding patient education for the future. Committee members developed a poster entitled, "Taking Responsibility for Your Own Care: What Can I Do to Help Myself?"	The Network continued to endorse the concept of maximum patient involvement in Network activities. The Network promoted education focused on patients taking responsibility for their own care.
	Transplantation	OP/TC reviewed transplant referral rates.	Information used to provide education to dialysis units about referral of patients for transplant evaluation.
	Vocational Rehabilitation/ Employment	Two presentations to OVR counselors about the disease entity and treatment options and their affect on employment.	Provided increased understanding of the referral, employment processes and the patient-facility-counselor barriers that may exist.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
4	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 11 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.
	Geriatric Dialysis	Workshop on "Coping with Senior Moments: Dialysis and the Elderly: for facility staff and patients	Information presented about the special needs, co-morbid diseases and hospitalizations of elderly patients assists the staff to properly care for the elderly ESRD patients.
	Ethical Issues	Workshop on "Ethical Issues Surrounding Decisions to Initiate Dialysis" for Executive Council and Medical Review Board members	Provided information on the importance of assessing patients' capacity/competency so that appropriate treatment plans are discussed and implemented based on the wishes of the patient and family.
5	Centers for Disease Control & Prevention (CDC) Annual Survey	The following areas are tracked in NW 5: vascular access types; reasons for catheter access; surveillance of HIV, AIDS, HBV, HCV, VRE and MRSA; and, vaccination utilization (HBV, pneumococcal and flu).	Annual surveillance and historical comparisons provide some indication of potential problem areas. Also, it is the only current source of facility-specific data on vascular access, HBV, HCV, and VRE.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
5	Challenging Patients	Conducted four (4) Crisis Prevention workshops and training sessions. The book, "Working with Non-Compliant and Abusive Patients" was put on the Network's website and facilities were notified by memo. A PowerPoint Presentation was made available on the Network's website on patient centeredness.	Abusive/combative patients were identified as a top patient safety concern of both Network 5 patients and personnel. Training in diffusing the situation may decrease the occurrences. Addressing patient centeredness helps staff improve communication with patients.
	Early Referral/Early Renal Insufficiency	To educate primary care physicians in Network 5, MARC continued its partnership with Ortho Biotech in offering a program that includes dinner and a lecture followed by round-table discussions on recognizing and managing early renal insufficiency. Risk factors and important disease markers for identifying patients with early renal failure and the interrelationship between cardiovascular and renal diseases are described. Management strategies for slowing the progression of chronic renal disease and for reducing morbidity are reviewed. This program is presented to primary care physicians by a nephrologist and case studies are discussed among the primary care physicians and a nephrology champion. This educational activity has been designated for up to 2 hours in category 1 credit toward the AMA Physician's Recognition Award. Since July 2000, this program has been offered in 11 cities, 58 nephrologists have participated, and 309 primary care physicians have attended. The second portion of this program has been rolled out, "Best Practices."	This initiative uses a community-based, referral patterns to educate primary care physicians and other internists in recognizing and managing early renal insufficiency (ERI). The purpose of this project is to improve outcomes and decrease mortality/morbidity among new dialysis patients by improving their care management during the ERI/pre-ESRD phase.
	Electronic Transmission of Laboratory Data	Six Networks participated in CMS approved demonstration project to collect patient specific clinical laboratory data directly from national dialysis chain laboratory providers. MARC generated facility-specific feedback reports including adequacy, anemia, and nutrition management using these data. In addition, these data were used to identify facilities requiring quality improvement activity based on clinical data, and to identify facilities of excellence that will receive annual quality awards.	This activity supports quality improvement efforts at the Network level as well as at the facility level. Electronic transmission of data reduces data collection burden and shortens turn-around time.

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5	Immunizations	Since the completion of Network 5's "Flu QIP" in 1998, annual follow-up on the rate of influenza vaccination has continued. Flu prevention is included in the MARC goals and objectives. Each year the Network partners with area QIOs and distributes promotional materials about influenza vaccination to dialysis staff and patients (information on pneumococcal pneumonia vaccination is also included). In March, a memorandum is distributed to remind providers to place their order for flu vaccine. Comparative data generated from the Medicare claims files showing Network 5 rates to the nation are posted on the MARC website annually.	The ESRD population is an immunocompromised population at high risk for contracting influenza and suffering complications. Healthy People 2010 lists immunizations as one of the 10 leading health indicators developed to assess the health of the Nation, and further established target levels for the rate of influenza vaccination.
	Knowledge Management Program (KMP)	The Knowledge Management Program (KMP) is a collaborative initiative with 4 other Networks that utilizes "push" technology (fax or email) to distribute the summary of a peer reviewed journal article each month.	KMP is intended to provide nephrologists with "digested" information in a user-friendly format that they can use to learn more about quality measurement and management to evaluate their own outcomes, direct internal quality efforts and stimulate improved outcomes.
	National Health Care Quality Week (October 13-18, 2002)	Each year, NW 5 develops a small poster to announce and support National Healthcare Quality Week. Posters are distributed to all NW 5 providers for display in their facility. "Crossing the Quality Chasm" was the poster theme in 2002.	This promotional effort is intended to help providers focus on the importance of improving the quality of care delivered to NW 5 patients.
	Quality Awards	Award criteria were based on 2002 clinical performance in 2002. Nine (9) awards were presented to 27 facilities.	Acknowledging outstanding clinical performance provides positive feedback and incentive for individual facility quality efforts.
	Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	Clinical lab data collected via the Elab Project was used to generate facility specific reports, which were distributed to all units. The reports show performance in HD adequacy (measured by URR), anemia management (measured by hemoglobin, transferrin saturation and ferritin), and nutritional status (measured by albumin).	These reports support internal quality improvement activities at the facility level by providing dialysis facilities with facility-specific, state and Network data (including facility ranking within their state and the Network) for comparisons and use in internal quality activities.

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5	Quality Oversight & Focused Review	During 2002, Network 5 conducted monitoring and quality oversight activities in 16 facilities/transplant centers in the areas of HD adequacy, anemia management, transplantation, and patient mortality. At the end of 2002, 5 facilities/transplant centers remained under MRB scrutiny.	The quality oversight function of the MRB forces the facility to examine practices/ processes, track data, and make sustained improvement in performance.
	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 11 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.
	Vocational Rehabilitation/ Employment	The Network met with the staff of the Virginia State Rehabilitation Department to discuss Vocational Rehabilitation.	A fact sheet about ESRD was developed for Vocational Rehabilitation Counselors. The following information was posted to the MARC website and distributed to providers and patients. • Ideas for Encouraging Vocational Rehabilitation in the Dialysis Facility; • Sample letters to employer and to vocational rehabilitation counselor; • Returning to Work

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
6	Network 6 Family History of ESRD Study	Facilities are asked to complete a form on all patients newly diagnosed with ESRD that records whether the patient has relatives who also have ESRD. If so, additional information is collected on these patients including relationship to patient, age at onset, cause of ESRD and current status.	On December 31, 2002, the family history database had records on more than 33,000 patients. These data show that approximately 23% of all ESRD patients for whom a form was submitted report a positive family history.
	Dialysis Outcomes Data Collection	Outcomes data collected on a random sample of approximately 30 hemodialysis and peritoneal dialysis patient per facility.	Facility-specific profiles are generated that provide comparative state and Network data in areas such as adequacy, anemia, vascular access, nutrition, transplantation, and employment.
	Electronic Transmission of Laboratory Data	Lab data collected electronically from national laboratories on 100% of patients in participating facilities. Network 6 participated in Elab as a pilot project in 2002 involving half of the facilities in the Network.	Facility-specific profiles are generated that provide comparative state and Network data in areas such as adequacy, anemia, nutrition, and osteodystrophy.
	Focused Review	The MRB selects a number of facilities each year for focused intervention for dialysis adequacy and anemia based on the results of the Dialysis Outcomes Data Collection. Network staff and the MRB provide technical assistance and assist the facilities to develop action plans. In cases where facilities do not demonstrate improvement, members of the MRB contact the facility by phone and/or conduct a site visit.	The selected facilities are monitored until outcomes goals are met.
	Influenza Immunization Quality Improvement Activity	A packet of resource materials for patient and staff education regarding Influenza Immunization is mailed to each facility prior to the beginning of the flu season. At the end of the flu season, each facility is asked to calculate their facility immunization rate and submit it to the Network office.	Feedback reports are generated with comparative state and Network data. Facilities with immunization rates less than 40% receive letters from the MRB Chair regarding the importance of influenza immunization.

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6	Rehabilitation Project	The Network collected the Unit Self-Assessment Tool (USAT) for Renal Rehabilitation developed by the Life Options Rehabilitation Advisory Council from each facility in January 2002. Following this data collection, resource packets for each of the 5 E's of renal rehabilitation were mailed to each facility quarterly. These mailings will continue through July 2003. At that time, the USAT will be collected again from each facility	Feedback reports with comparative Network data were generated for each facility on each of the 5 E's. Each facility receives resource materials to assist them in developing their rehabilitation programs.
	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 10 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.
	Dialysis Outcomes Progress Reports	A facility-specific progress report is prepared each year for every facility, based on the Dialysis Outcomes Data Collection. In September 2002, the Network 6 Dialysis Outcomes Progress Reports were mailed to the Medical Directors, Administrators, and Nursing Supervisors in each facility. Each facility received data collection forms on approximately 30 randomly selected hemodialysis and peritoneal dialysis patients, or 100% of patients for facilities with a census less than 30.	This provides the facility with a comparison of their patient outcomes to other facilities in the Network and, when available, national outcomes and the National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (NKF-K/DOQI) recommendations and CMS and Network goals.
7	Continuous Quality Improvement/Quality	Provided tools, recommendations and support to develop and implement CQI processes	The information was presented verbally and in writing as well as through feedback from oversight work

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7	Patient Support	Members of the Board of Directors worked closely with the Florida renal community in an effort to assure patient access to services and programs throughout the state.	Their work has proven successful in securing funding for another year of the Medically Needy Program and assuring the delivery of patients to their assigned facilities by transportation companies.
	Quality Awards	Every year during the Network Annual Meeting an Awards Luncheon is held to honor the work of facilities and individuals of our community. The awards cover a range of service, performance and volunteer efforts carried out in the daily delivery of quality care to all ESRD patients in Florida. Awards include The Patient Services Award, The Public Service Award, The John Cunio, MD Memorial Award for Excellence, and Data Star.	Contributes to good relationship between Network staff and facilities and renal community individuals.
8	Amputation	Network 8 collaborated with the Tennessee QIO on LEAP (Lower Extremity Amputation Project). The project studied facility monitoring of foot care. Network 8 collaborated with the American Diabetes Association and the Mississippi Department of Health on a Mississippi based LEAP. The program was designed to develop state-wide diabetic foot screening and educational programs. A screening was held in conjunction with the KEEP screening, in which Network 8 participated.	Diabetic foot screening and education may lead to decreased need for amputations.
	Early Referral/Early Renal Insufficiency	Collaboration with NIH in the National Kidney Disease Educational Program (NKDEP) designed to target and educate African-Americans for the prevention of kidney disease. Collaboration with NKF of Mississippi in the Kidney Early Evaluation Program (KEEP) which screens high risks individuals for kidney disease.	Early screening and education regarding kidney disease leads to prevention and improved medical management.
	Electronic Transmission of Laboratory Data	Network 8 participated in Elab, reducing the burden on facilities and minimizing errors that occur with manual data abstraction. Facility specific reports were generated and distributed to facility medical directors, administrators and nurse managers.	Elab data allows Networks and facilities to identify deficiencies in care and develop methods of improvement.
	Home Dialysis	Modality options were discussed at patient meetings and included in the patient education and modality booklet developed and distributed by Network 8.	Increased awareness of treatment options leads to more choices and increased patient satisfaction and sense of well-being.

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8	Patient Safety	Network 8 collaborated with the Alabama QIO (AQAF) in an ESRD patient safety initiative designed to identify patient safety concerns. Safety kits were distributed at the Network annual meeting. Network 8 BOD and MRB members worked with IQH of Mississippi to serve as consultants regarding medication safety for ESRD patients.	Identifying safety issues leads to increased awareness of potential risks and may lead to development of policies and procedures for safe practices.
	Patient Support	Five Patient Educational Conferences were held in 2002. Topics such as treatment modalities, complications of ESRD, vascular access and others were covered. A patient newsletter was distributed twice in 2002. Educational materials such as the Network 8 disaster manual, "Understanding Kidney Failure and Selecting Treatment Modality", vascular access brochures, adequacy brochures and others were distributed. The Network continues to lend support and encourage patient participation in AAKP and NKF activities with patient sponsorships to national conventions and the US Transplant Games and other activities.	Educational workshops and materials lead to increased patient knowledge and compliance and participation in their care. Patient activities encourage emotional support and increased self-esteem.
	Quality Measuring and Reporting, Physician Activity Reports, CPM Profiling Reports	Data were collected on 15 CPM's including KT/V, albumin, hemoglobin and vascular access. Network 8 met CMS goals in adequacy, anemia, and albumin. Network 8 ranked below the national average for AV fistula prevalence, but showed a sharp increase from 22% in 1999 and 2000 to 29% in 2001.	CPM data allows facilities and the Network to determine the areas in which focused intervention is needed.
	Transplantation	A transplant promotional poster is in development for distribution in 2003. Transplantation issues were discussed at the Alabama patient meeting which draws a larger transplant audience. Transplantation issues were covered in patient newsletters. Network 8 sponsored teams from each state for the Transplant Games held in Orlando, Florida.	Increased awareness of transplantation and related issues can lead to increased transplants.

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8	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 11 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.
	Vocational Rehabilitation/ Employment	A session on job retention was presented at the Alabama patient meeting.	Encouragement and guidance in returning or continuing to work leads to increased patient satisfaction and sense of well-being.
	Continuous Quality Improvement/ Quality	Three regional vascular access workshops were conducted by Leslie Dinwiddie, MSN, RN, FNP, CNN.	The educational workshops were developed to increase awareness and knowledge regarding the need for increased A-V fistula rates and provide hands-on cannulation instruction and practice with practice arms.
9/10	Electronic Transmission of Laboratory Data	No Elab data was permitted to be used in Network 9 and Network 10, however Network 9/10 collected 100% of patient CPM data via NephTrak and generated facility feedback and physician (& practice) report cards three times per year.	This was the seventh year for this quality data feedback and reporting activity.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
9/10	Electronic Transmission of Laboratory Data	The Network collected a 100% sample of CPM data from all facilities for April, July, and the 4th quarter of 2002	This data provided the foundation for trending and assessment of improvement on a facility specific level.
	Transplantation	Oversaw the activities of the Transplant Task Force. Developed reports showing barriers to placement on the transplant waiting list	Purpose is to educate the transplant community of the The Renal Network and to offer assistance to the transplant community.
	Quality Awards	Presented awards to individuals making outstanding contributions to the Networks, and going above and beyond the minimum to meet Network reporting requirements.	Provides positive feedback for the CQI cycle. Helps in goal setting for facilities and gives facilities leadership recognition for their achievements.
	Patient Support	The Network collaborated with the New Media Department, School of Informatics, at Indiana University-Purdue University at Indianapolis for the development of a CD-ROM game and the patient web site.	Improved access to educational materials.
	CQI	Clinical initiatives developed and supervised by the Medical Review Board and implemented by the Quality Improvement Department of the Renal Network, Inc.	Improving quality of care for ESRD beneficiaries was accomplished.
	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 10 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.

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9/10	Reporting - Facility Profiles	The Facility Profile displays descriptive data from each facility, with comparisons of regional, state, Network, and national statistics for those same areas, including demographic and diagnosis data. Also included were the SMR and gross mortality.	These reports provide data feedback for the faciliti8es to use in their CQI processes and goal setting.
	Reporting - Needs Assessment Reports	These reports compared facility data to the top 20-percentile facility rates for adequacy and anemia management care processes. These reports were distributed to facility medical directors, administrators, and nurse managers three times during 2002.	These reports provide data feedback for the facilities to use in their CQU processes and goal setting.
	Pediatric Dialysis	The Network supports the activities of the Pediatric Renal Group which is comprised of members of the pediatric dialysis centers throughout the Network area.	The Group acts as a resource to the Network on the care and treatment of pediatric dialysis and transplant patients.
11	Preventive Care	Facility-specific influenza vaccine rates were collected as an addendum to the annual CDC survey.	Flu vaccine rates were less than previously reported. We question if this is due to misunderstanding of new definitions. Further analysis is needed.
	Renal Osteodystrophy	Network goal is for all facilities have at least 80% of patients with calcium-phosphorus product ≤ 70, and all facilities strive to achieve intact PTH levels between 2-4 times the upper limit of normal.	At the end of 2002, 81.7% of patients had a calcium-phosphorus product of ≤ 55 and 32.5% of patients had intact PTH levels between 2-4 times the upper limit of normal.
	USRDS Cardiovascular Study	Gain insight into the care provided to dialysis patients who had an acute myocardial infarction.	The first phase of the data collection was completed with 137 of the 188 forms for deceased patients (72.9%) returned.
	Reporting	As part of its contract with CMS, Network 11 receives the Unit-Specific Reports for Dialysis Patients from the University of Michigan Kidney Epidemiology and Cost Center (KECC). Network 11 distributes the reports to the medical directors and nurse managers of Network 11 dialysis facilities.	In 2002, Unit-Specific Reports were distributed to 282 dialysis facilities. Questions regarding the methodology and concerns regarding data were referred to the KECC. Network 11 assisted facilities to identify which patients were included in the reports.

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11	Involuntary Patient Discharge	Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002, a discharge rate of 0.2%. 48.7% of those patients were discharged for reasons including non-compliance. Network 11 – 61 patients were discharged from NW 11 facilities in 2002. 45.9% were discharged for reasons including noncompliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.
	Transplantation	First year transplant outcomes will be >75% confirmed graft functioning in 2 of 3 years.	All transplant centers met the MRC guidelines for three-year analysis of confirmed functioning rates.
	Pediatric Dialysis	Comparative data reports developed for dialysis facilities.	By providing comparative data to facilities.
	Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	Comparative data reports developed for dialysis facilities.	By providing comparative data to facilities.
12	Hepatitis B Vaccination	This initiative was a QIP that was completed in 1999. The Medical Review Board requested additional intervention with facilities continuing to demonstrate low performance at the end of the project. In January 2002, the MRB voted to discontinue any further intervention with the remaining two low-performing facilities.	Increased Hepatitis B vaccination prevents the risk of acquisition and spread of the disease within hemodialysis units.

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12	Infection Control	Using data gathered during the Vascular Access Infection QIP completed in 2000, members of the QI Data Committee are writing two articles for publication in a peer-reviewed journal. The topics of these articles will be vascular access infection and vascular access selection.	Dissemination of information will increase professional knowledge which translates into improved patient care.
	Needle-Stick Safety	This project was designed in response to recent legislation on needle-stick safety for healthcare employees. Manufacturer's information along with forms and sample policies developed in Network #12 were distributed to all dialysis units in the four-state region.	The facility staff used these materials to develop their unique needle-stick safety policies and procedures and to contact vendors for associated products.
	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 11 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.

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12	Technician Training Project	The purpose of this pilot project was to ascertain the feasibility of developing a standardized patient care technician training curriculum. The curriculum would be used by a junior college to relieve facilities of the training burden. The Network staff met with Kansas City-area Unit administrators to assess interest in this initiative, which was strong. Administrators provided a broad outline of subjects to include in such a course. The Network staff reviewed and compiled submitted training and orientation materials. This information was provided to all administrators for comment and revision.	Ultimately, improving the education of the staff most involved with direct patient care on a daily basis will improve overall care of the hemodialysis patient.
13	Preventive Care	Stimulate and assist as necessary ongoing facility-specific quality improvement processes in foot exams, immunizations, and infection control	Report completed.
	Quality Performance Measures (QPM): Addresses Adequacy of Dialysis, Anemia Management, Vascular Access, Nutrition, and Prevention Issues (foot exams, immunizations, infection control)	Provides Network with facility-specific snapshot of care being provided throughout the Network. We then in turn work with facilities as directed by the MRB on facility-specific quality improvement activities until performance targets are achieved.	Subsequent to our vascular access QIP's, it is felt that the QPM activities are responsible for facilities' continuing improvement in the areas of adequacy of hemodialysis, anemia management, and nutrition.
	Transplantation	To assure transplant modality is addressed with all applicable patients on an annual basis.	Completed via annual Network standards review.
	CQI and Hepatitis B and C	Each spring, Network goals, standards, and recommendations are distributed annually to facilities as part of the Facility Information Packet (FIP). The Medical Review Board (MRB) requires the Network staff to annually evaluate facilities for compliance with established Network standards and criteria. The year-end facility survey, in conjunction with requested facility-specific documentation (Long-Term Program (LTP)) was utilized for the Network standards review. The Network selected a 5% random sample of dialysis facilities.	All submitted LTP's were reviewed for their effectiveness in tracking categories. The review revealed strengths and weaknesses, in terms of tool format, completeness of information, questions designed to capture relevant data, level of individualization, and presence or absence of patient input.

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13	Challenging Patients	Patient Services Coordinator presented Stop the Chaos: Strategies to Prevent, Intervene and Resolve Difficult Situations sessions at the Network Fall Mentoring Workshop to address effective techniques for dealing with challenging patients.	Provided staff with general information on the Network role in resolution of Grievances and Complaints, techniques for improved communication, increasing professionalism and professional boundaries, strategies for resolving challenging situations, and opportunities for staff to share current challenges.
14	Preventive Care	Annual quality improvement initiative with ongoing goal of increasing conformance to CDC and Healthy People 2010 targets via the collection facility specific outcome data, establishment of Network average, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended practice guidelines. Facilities identified as having a quality of care concern are notified and directed to implement quality improvement activities to ensure that all patients are provided with preventive health education and recommended vaccinations	2002 data collection completed, facility specific reports in development
	Involuntary Patient Discharge	Decrease the number of involuntarily dismissed patients from dialysis facilities. Describe the patient population & situations that lead to discharge.	Ongoing data collection and reporting. Development of suggestions for proactive interventions to prevalent discharge.
	Transplantation	Annual quality improvement initiative with ongoing goal of increasing conformance to Medicare Texas Department of Health and ESRD Network of Texas Criteria and Standards via the collection facility specific outcome data, establishment of Network average, distribution of facility specific trend charts that compare facility outcomes to statewide and recommended guidelines. Facilities identified as having a quality of care concern are notified and directed to implement quality improvement activities to ensure all patients are provided with transplant option education and timely referrals	2002 data collection completed, facility specific reports in development
	Renal Osteodystrophy	Provide facility specific comparative data (QI) and notify facilities that fall below MRB selected cut points for internal QI.	Highlights KDOQI guidelines and peer outcomes.
	Home Dialysis	Promote home peritoneal and hemodialysis.	

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14	Hepatitis B and/or Hepatitis C	Increase awareness of new law requiring all RNs to complete minimum of 2 hours continuing education related to Hepatitis C care and prevention.	Increases professional education & technical knowledge.
	Quality Awards	Recognize facilities that achieve the highest 10% in any CPM category for two or more years and for a single year at the Annual Meeting.	Provides facilities to serve in mentoring capacity.
	Internal Quality Program	Contact facilities achieving the highest 10% in any CPM category to verify outcomes and learn about care processes employed to attain these outcomes. Consultation services provided as requested to develop and carry out specific CQI projects.	Increases internal facility improvement efforts.
	Internal Quality Program	Identify and intervene with poor performers. Consultation services provided as requested to develop and carry out specific CQI projects.	Drives improvements in outcomes.
	Knowledge Management Program (KMP)	Partnered with Networks 1 and 5 to utilize "push technology8" for learning by distributing monthly via e-mail to physicians a summarized article of importance to outcomes of ESRD patients from a peer reviewed journal.	Increases professional education & technical knowledge.
	Patient Support	Assisted clinics in situations where the clinic manager, medical director, or area administrator met with a patient and patient's family by either phone or site visit.	Decreases involuntary discharge and in facility discord.
15	CPM	Effort to provide feedback to Network facilities regarding the National Clinical Performance Measures Project. In 2002, the Network concentrated on improving albumin levels through articles in the professional newsletter and patient newsletter. Additionally, the Network provided an Anemia Management Resource Packet to each provider.	Through Network newsletters, provided CPM data review to Network providers. The attention to national quality indicators assists providers in focusing their QI activities.
	CQI	Effort to provide continuing education for Network providers regarding CQI tools and techniques.	Provided workshops and individual consultation with providers regarding CQI, resulting in improved patient care.
	Depression	Effort to provide facility social workers with tools and resources to address the psychosocial needs of the ESRD patient.	Through the mailing of a depression resource packet to facility MSW, they will have additional resources to address the devastating effects of unrecognized depression.

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15	Emergency Preparedness	Effort to provide facilities with updated emergency preparedness information.	The Network mailed a copy of the CMS publication *Emergency Preparedness for Dialysis Facilities*, to each Network provider
	Nutritional Status	The national CPM project does not allow for facility-specific outcome results. To address this issue, the Network has worked with its providers to complete the Key Indicator Data Project for the past 7 years. The network has also promoted increasing albumin levels through articles in the *Intermountain Messenger* and *Renal Round-up*	Through this project, the Network is able to provide its providers facility-specific outcome results, as well as comparative outcome results for the State and the Network. The reports also contain the applicable KDOQI guideline references.
	Patient Safety	Effort to assist Network providers with education regarding patient safety issues as a part of the National Patient Safety Initiative. Network included an article," A Focus on Safety-Is your Dialysis Unit at Increased Risk for Health Care Errors?" in the *Intermountain Messenger* (Professional Newsletter)	Presented workshops to Network providers regarding patient safety. The program evaluations indicated that the attendees felt they could use the materials presented in their practices.
	Renal Osteodystrophy	The national CPM project does not address the area of Renal Osteodystrophy. To address this issue, the Network has worked with its providers to complete the Key Indicator Data Project for the past 7 years. The Renal Osteodystrophy indicators were added in 2002.	Through this project, the Network is able to provide its providers facility-specific outcome results, as well as comparative outcome results for the State and the Network.
	USRDS-Acute Myocardial Infarction (AMI) Study	Effort to assist in furthering knowledge regarding AMI care for ESRD patients.	Improved treatment of acute myocardial infarction for the ESRD population may decrease patient mortality.
	Vocational Rehabilitation/ Employment	Effort to assist Network providers in the tracking of patient rehabilitation status. Additionally, Network had developed a template for employment facilitation letters. Network provides VR links on its website.	Provided a Vocational Rehabilitation Referral Status Code Sheet to assist Network providers in tracking the status of patient rehabilitation. The employment letter templates can be used to help both new and existing Hemodialysis and Peritoneal Dialysis patients obtain work.
	Home Dialysis	Promote use of self-care dialysis.	Adoption of criteria and standards that encourage the use of self-dialysis.
	Transplantation	Promote the use of transplantation as a treatment modality.	Distribution of information via Clearinghouse mailings regarding pertinent technological innovations.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
16	Bacteremia and/or Infection Control	A Network-specific report on findings from the latest CDC survey was developed and mailed to key facility staff, including graphs with a space for staff to enter their facility-specific data for comparison for QI. We included CDC links to recent CDC publications via the CDC and NW16 website.	Increased knowledge base.
	Challenging Patients	Our Patient Services Coordinator made 12 presentations at facilities and regional professional meetings throughout the Network to address effective techniques for dealing with challenging patient situations. (*Caring, Coping and Communicating; Professionalism at Work*)	Provided staff with general information on the Network, grief and loss issues, techniques for improved communication and increasing professionalism, strategies for resolving challenging situations, and opportunities for staff to share current challenges.
	Early Referral	In 2002, Network staff collaborated in planning an educational program for the May 2003 Montana State Dialysis Meeting which focused on early referral, pre dialysis education and placement of AVFs.	Increases awareness of CKD and need for earlier referral to nephrologist as well as advance planning for access and placement of AVF.
	Guidelines for Pediatric Patients	MRB revisited existing pediatric care guidelines and kept abreast of ASN/RPA efforts to revise recommendations for pediatric CKD care. Plan is to develop an educational mailing after final recommendations are made by the pediatric nephrology community.	Resource materials on appropriate care will help providers in areas without direct or easy access to pediatric nephrologists, as well as increase general knowledge about appropriate care for this population.
	Hepatitis B and/or Hepatitis C	NW16 developed and mailed its annual report to facilities on key findings of the Annual CDC Survey, Network-specific data, and resource info/links to other CDC reports and materials.	Provides early access to latest Network-specific and national summary data, as well as trends and comparisons for staff to use for in-house QI. Assists in identifying opportunities for improvement.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
16	Network Mortality Report and Facility- Specific Standardized Mortality Ratios	Utilizing a methodology developed by the Network, the *Northwest Renal Network Mortality Report 1999-2001* was distributed to key staff at all Network facilities. Facility-specific, coded outcome data was reviewed by our MRB. Individual standardized mortality ratio (SMR) reports were developed for each provider including subpopulations by sex, race modality, renal diagnosis and diabetic status. Several facilities with high SMRs in one or more subgroups were asked to address these findings by submitting an Action Plan to the Network's QI Manager. The general report was also posted on our website.	Provides data for review by the MRB for adverse outcomes and populations at risk. Enables the Network to track trends by providers and intervene in cases of statistically significantly high mortality. Provides facility-specific reports to units to enable them to address sub-populations of concern. Builds relationships between the Network's QI Manager and facility staff in exploring responses to requests for action plans. Network's role is as technical consultant/participant in brainstorming to follow-up on SMR findings of concern.
	Nutrition	In response to NW16 serum albumin CPMs falling short of national goals, our MRB assembled a workgroup of Renal Dietitians to look into this opportunity for improvement. After a series of conference calls and root cause analysis, more data was collected which led to no new discoveries about why/how our Network continues to have low serum albumin outcomes.	An information packet is being designed to send to Network dietitians to help them evaluate their patients and their practice to support positive change in measured outcomes.
	Pediatric Dialysis	The Network MRB kept abreast of ASN/RPA efforts to revise Recommendations for pediatric CKD care.	The MRB will develop an educational mailing after final recommendations are made by the pediatric nephrology community.
	Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	Findings for the latest CPM study and graphs of trends and comparative outcomes for the past years' Core Indicators Studies and CPM Studies were reviewed by our MRB, posted on our website and disseminated to key staff at each facility. A summary of positive and negative findings of greatest interest was included as a cover sheet to draw facility staff's attention to key areas and Network/national goals.	Increases community awareness of the CPM Project, Network level outcomes, national and Network trends, areas of concern, DOQI guidelines. Provides comparative data for facilities to use to measure patient outcomes and identify their own, local, opportunities for improvement. Reinforces a focus on key outcome measures.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
16	Vocational Rehabilitation/ Employment	Facility social workers polled re: quality of local DVR/public & private resources for re-education and re-employment, unmet information needs, areas in which NW might be helpful. Results tallied and summary report completed.	Provides insight into obstacles to re-employment; variation in geographic areas; information and other resource needs which might be met by the Network.
17	CPM	"Annual Clinical Performance Measures Project October 2002". Purpose was to assist the Network in meeting CMS recommended standards for CPMs, and to further identify facilities for individual performance improvement needs. Goals were: 1) to provide a database that reflected 100% of facilities and 100% of adult in-center hemodialysis patients to use in conjunction with the National CPMs, and 2) to conduct facility-specific data at the corporate level to reduce the burden to facilities for the reporting of data to the Network.	The Network met or exceeded the CMS recommended standards for adequacy, anemia, and nutrition. Progress is being made towards standards for Arterio Venous Fistula and long-term catheters.
	Preventive Care	Standards of Quality Care for ESRD Facilities: developed by the MRB to address contractual obligations to develop standards and criteria by which facility performance may be evaluated.	Phases one and two, which included facility-specific worksheets indicating whether standards were met, were implemented in 2001. The MRB reviewed plans of correction submitted by facilities that had not met standards and evaluated the compliance of returns as well as the time of involvement of facilities in the implementation processes. The final two phases were distributed in January and April 2002 and full implementation of the standards in June 2002. A review and update of the Organization Standards of Care will be scheduled in 2003.
18	Challenging Patients	PSC and Network ED participated in a special CMS project with Network 17 on "Patients and Staff Who Try Our Patience" to discuss behavioral management issues and guidelines. Network 18 PSC also presented in-service classes on communication and difficult patients to CNSW and dialysis facilities.	Violent or difficult patients pose a threat to patient and staff safety in dialysis facilities. Programs that help staff deal more effectively with such individuals help protect everyone in the dialysis facility.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
18	Facility Profile Letters	Every year Network sends out profile letters to facilities based on their individual clinical data collected over the year.	Facilities have the opportunity to compare themselves to regional and national data, providing specific areas to direct internal CQI efforts.
	Hepatitis B	As continuing follow-up to a prior Hepatitis B vaccination QIP, facilities are profiled annually on HBV patient vaccination rates.	Hepatitis B immunization remains an important preventive health activity for patients.
	Immunizations	An influenza campaign was continued in the fall of 2002, and facility data on patient vaccination tracking was completed.	Annual patient flu immunizations are a part of preventive medicine, and a QI activity every dialysis facility should track.
	Patient Safety	Formal presentation on patient safety issues in dialysis presented during Network annual meeting. Will also ask facilities to target patient safety as focus of internal CQI projects next year.	Increasing awareness of patient safety issues is important, but giving facilities an actual project to do can have a more profound effect.
	Transplantation	Held meeting with transplant staff on non-English patient education materials; Network QI staff also attended transplant survey training with State Survey Agency staff.	Southern California contains a large non-English-speaking population that has need of education materials on transplantation.
	Involuntary Patient Discharge	The Network participated in an "Involuntary Discharge Survey" with 11 other Networks. A survey was sent to each dialysis facility and a five percent blind sample was completed. Goals of this project included: 1) Quantify the number of dialysis patients involuntarily discharged; 2) Gain an understanding of the reasons patients are being involuntarily discharged; 3) Describe the characteristics of the involuntarily discharged patient population; 4) Identify the placement outcome for the involuntarily discharged patient.	National Project-12 Networks participated in this national data collection project, representing 2,889 dialysis facilities and 202,000 patients. 458 patients were involuntarily discharged in 2002. 35.2% of those patients were discharged for non-compliance. This project has provided a greater understanding of the issue of involuntary patient discharges. The data shows the number of discharges, the reasons for discharge, the placement outcomes, and the efforts made to place patients. This information can be used to develop educational resources and clinical interventions for providers to use in dealing with involuntary patient discharges and seeking alternative interventions.

NETWORK	AREA OF CARE	OVERVIEW	HOW THIS IMPROVES CARE
18	Vocational Rehabilitation/ Employment	A variety of activities supports Voc. Rehab: reviewing referral forms from dialysis facilities to the California Board of Rehabilitation, analyzing facility-specific patient VR status information, distributing lists of Rehab offices & other community agencies to facilities.	Keeps facilities and patients advised of rehabilitation opportunities.
	Modality Selection Study	Purpose was to study the process and issues impacting modality selection in new dialysis patients.	Preliminary analysis completed by Dec. 2002. Four major areas for improvement were identified: Delayed diagnosis of CRF and delayed referral to nephrologist, Delayed presentation of dialysis treatment options, Incomplete presentation of treatment options, Delayed initiation of dialysis therapy.

APPENDIX Q
HIGHLIGHTS OF PROFESSIONAL EDUCATION MATERIALS and WORKSHOPS
PROVIDED BY CATEGORY

NETWORK	TITLE	TYPE
CLINICAL		
1	Annual Network Meeting which included: Bone Disease Management, Role of Nutrition in Bone Disease Management, Kidney Transplant Waiting List Issues, Resuscitation Issues in Dialysis Units, Home Hemodialysis	Annual Meeting
	Network Profile Indicator Report	Facility Report
2	"Delivering Excellence in the Care of ESRD Patients"	Annual Meeting
	Exercise Programs in Dialysis Units	Program
3	Immunization Guideline for the Dialysis Patient	Brochure
	CDC Revised Recommendations for Single Use Intravenous Medication Vials in End Stage Renal Disease Facilities	Memo
	General principles of infection control	Article
	Guidelines for the Prevention of Intravascular Catheter-Related Infections from the MMWR	Brochure
	FDA notice regarding recall of heparin sodium	Memo
	Serum Albumin Measurement in Dialysis Patients: Should it be a measure of clinical performance?	Article
4	"Water for Hemodialysis: Why Not Tap Water?" and "Ensuring Water Quality"	Educational Symposia, Booklets
	"Infection Control in Hemodialysis and Renal Transplant Units" and "Implementing an Infection Control Program"	Educational Symposia, Booklets
	"Coping With Senior Moments: Dialysis and the Elderly"	Educational Symposia, Booklets
	"Ethical Issues Surrounding Decisions to Initiate Dialysis"	Educational Symposia Booklets
	Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients	Booklet
5	Knowledge Management Program	Electronic summary of journal article
	The Renal Transplant Option; Evaluation, Presentation, & Documentation for All Patients in a Maintenance Dialysis Program	Manual
	Miscellaneous materials on clinical & QI such as adequacy, anemia, CPMs, HBV, VRE, staffing, water)	Articles, regulations, guidelines, et cetera
	INFORMED	Electronic newsletter
	Patient Safety: Improving Care in the Dialysis Setting	Workshop
	Medical Nutritional Therapy	Workshop
	Daily Dialysis	Workshop
	Transplant REMARCS	Newsletter
	Kidney Transplant, What are the Facts?	Workshop
	Kidney Transplant Questions & Answers	Website

NETWORK	TITLE	TYPE
5	Recognition & Management of ERI/Chronic Kidney Disease From a Primary Care Perspective	CME presentation (7)
	Best Practices: Diabetes Management & its Effect on End Stage Renal Disease	CME presentation (2)
	Assessment & Reduction of Catheters in Hemodialysis	Workshop (3)
	Outpatient Diabetes Self-Management Training Program	Brochure
6	"Vascular Access Quality Improvement Project Workshop"	Workshops (2)
	Vascular Access Quality Improvement Project Toolkit	Toolkit
	Influenza Immunization Resources	Resource Packet
	Knowledge Management Program	Articles distributed electronically
7	Adequacy of Dialysis	Workshop, brochures, conference, periodic support
	Catheter Reduction Project	Workshops, Vascular Access Management Process (VAMP), brochures, Poster Session
8	"Anemia Management Institute"	Workshop
	"The Nurse's Role in Vascular Access"	Workshop
	"Introduction to Cannulation"	Video
	"Access Management: The Native AV Fistula"	Video
	"Access Management: The AV Graft"	Video
11	Annual Meeting Breakout session: Inflammation and Malnutrition	Annual Meeting
	Knowledge Management Program: Vein Mapping for Vascular Access	Fax, Email
	Knowledge Management Program: Medication Dosing Information	Fax, Email
	Knowledge Management Program: Infection Control Issues	Fax, Email
	Knowledge Management Program: Depression	Fax, Email
	Presentations to NKF, CNSW, ANNA Chapters	Meetings
12	Annual Clinical Care Conference which included four-hour sessions on the following topics: Vascular Access Care; Water Treatment for Hemodialysis; Preventing Diabetic Complications; Pre-ESRD Care; Facilitating Adjustment to Health and Life Issues; and Addressing the Nursing Shortage.	Educational Symposia
13	2002 Clinical Performance Measures (CPM), Preliminary Network 13 Results	Workshop
	Cardiovascular Disease & Its Impact on ESRD Patients	Workshop
	Lower Extremity Amputation (LEA) Prevention Project	Workshop
	"No D Gets You SHPT: What is the True Measure?"	
	"Everything You Ever Wanted & Needed to Know about Vascular Access	Workshop
	Bloodborne Pathogens in Hemodialysis: Exposure Risks, The Law, and Protecting Yourself	Workshop
		Workshop
	News from the Network	Workshop
	Port Accesses…Who, What, When, Why and How	Workshop
	CDC Recommendations for Injectable Medications	Website

NETWORK	TITLE	TYPE
13	Promoting Excellence in End of Life Care	Website
	Dialysis Units Disaster Preparedness (Hurricanes)	Website
	Vascular Access: An Opportunity to Improve	Professional newsletter
	CDC's Seven Healthcare Safety Challenges	Professional newsletter
	Immunizations 2002	Facility Information Manual
	Bioterrorism Issues	Website
	Practice issue specific to sticking implantable devices	Memo
	Infection Control Education	Website
14	Increasing Transplant Donors	Workshop
	Importance of C-Reactive Protein on Chronic Inflammation	Workshop
	Preventing the spread of infections in dialysis facilities	Workshop
	ESRD patient foot health	Workshop
	Review of ESRD Studies	Workshop
	Critical Care Nutrition update	Workshop
	Weight loss management for pre-/post transplant patients	Workshop
	Problem solve peritoneal dialysis problems	Workshop
	Improving Vascular Access Outcomes for the Nephrologist and Surgeon	Workshop
15	Increasing Fistulas-Back to the Basics	Workshop
	Increasing Fistulas-A Project Update and The Buttonhole Technique	Workshops
	Guidelines for Care of the ESRD Patient (Hemodialysis Technician Guidelines added in 2002)	Booklet
	Review of Key Data and CPM Results	Workshop
16	Patient monitoring during hemodialysis	Educational check sheet
	Back to the Basics: Increasing the Use of AVFs in HD Patients	Educational programs
	Surveying the water treatment system	Presentation by QID
17	CDC Prevention and Control of Influenza, Recommendation and Reports	Report
	Policy Statement of the MRB of the TransPacific Renal Network on Hepatitis B Vaccination	Paper
	Hepatitis B Resource Guide	Manual
	Position Statement on Universal Precautions for AIDS/HIV Disease	Paper
	Prevention for a Healthy Future	Report
18	Influenza Education Campaign	Education booklets
CQI		
1	Focused CQI assistance with specific facilities for vascular access management.	Program
	Hemodialysis Bacteremia Surveillance Project	Workshop and distribution of trending diskettes and toolsheets
2	Algorithms and educational material to support implementation of DOQI guidelines for monitoring AV grafts for early detection of stenosis.	Pamphlet
3	TARC's Cause and Effect Analysis Tool	Worksheet
	2002 Unit Specific Report, Facility Data Reports and the Dialysis Facility Compare Reports	Reports

NETWORK	TITLE	TYPE
3	Facility specific charts of network goal performance	Facility-specific charts
	Improving the Quality of Hemodialysis Treatment	Article
	Where are all the AV Fistulas?	Article
	Assessment and Reduction of Catheters in Hemodialysis Quality Improvement Project	Workshop, manual and a data collection tool
4	"Identifying Characteristics of Facilities Not Meeting Quarterly CPM Compliance Guidelines"	MRB Workshop
	"Network 4 Quality Improvement Projects"	Educational Symposia for Kidney Foundation
	"Stenosis Monitoring Workshops"	2 Workshops, Booklets
5	QI Update	Newsletter
6	"Implementing Quality Improvement Projects in the Dialysis Facility"	Presentation
7	CMS ESRD related regulations	Regulations
	Network 7 Annual Report	Reports
	Quality of Care Standards	Report
11	Annual Meeting Breakout session: Vascular Access	Annual Meeting
	CQI Training	Workshops
	Anemia Management Workshops (6)	Workshops
	Anemia Management Toolbox	Educational Toolbox
	Presentations to ANNA and CNSW Chapters	Meetings
12	Semi-Annual Staff Newsletters	Professional newsletter
	Lending Library circulation and distribution of original materials including CQI toolboxes and PowerPoints.	Variety of materials
13	Grade Card-Preliminary 2002 CPM's	Professional newsletter
14	The changing role of the renal social worker	Workshop
	How to present a multicultural sensitivity workshop	Workshop
	Safe Water for Dialysis	Workshop
	Developing a QI program	Workshop
	Implementing a Safety Program	Workshop
15	Tools and Techniques of CQI	Workshops
17	Organizational Standards of Quality Care for ESRD Facilities	Report
18	Adequacy of Dialysis Quality Improvement Project	Poster
	2002 Quality Improvement Manual	Manual
PATIENT-RELATED ISSUES		
1	Patient Safety in New England – A Day of Learning for Clinical Leadership	All day workshop included educational handouts and a "Safety Kit" (video, CD, brochures, booklets)
2	Sensitivity Training for Dialysis Unit Staff	On-site facility inservices
	The Problematic Patient in the ESRD Setting	Presentation CNSW
	"How to Address Difficult Patients"	Presentation ANNA
	Patient Referral Policy	Manual
	Grievance Procedures for Dialysis Units	Booklet

NETWORK	TITLE	TYPE
3	Control Your Diabetes for Life	A CMS publication in English and Spanish
	Keys to a Long Life, LORAC	Booklet
4	ESRD Network 4 Patient Rights and Responsibilities and Grievance Procedure	Booklet
5	Non-Compliant-Abusive Patient Manual	Manual
	Sexuality	Workshop
	Patient Centeredness	Website
	Social Work REMARCS	Newsletter and website
	Best Practices for a Dialysis Facility: From a Patient's Perspective	Brochure
6	"Network Representative Patient Workshop"	Workshops (2)
7	Managing Difficult Patients and Utilizing the Network	Presentations and Newsletters
	Patient Safety	Posters and Newsletters
	Patient Grievance	Policy and Newsletters
8	"Dealing With Challenging Dialysis Patient Situations"	Handbook
	"The Patients Who Try Our Patience"	Annual Meeting Session
9, 10	Workin' Life's Puzzles, Kidney Disease: Talkin' 'Bout it and Puttin' It Together	Booklet
11	Annual Meeting presentation: Patient Safety	Annual Meeting
	Common Concerns	Newsletter
12	"Nephron News and You" Topics included nutrition, fluid intake management, self management and empowerment.	Patient Newsletter
	Lending Library circulation and distribution of original materials including information on grievances, patient rights and responsibilities, patient dismissal and avoiding violence in the dialysis unit.	Variety of materials
	Network #12 Website includes information on the grievance process and the grievance form which can be downloaded.	Website
13	Communication Kills: How We Communicate Really Does Matter?	Workshop
	Patient Perspectives on the Delivery of ESRD Care	Workshop
	Patient Education-LORAC Kidney School: Adequacy Module	Professional newsletter
	How Does Your facility Score on Compassion	Website
	Stop the Chaos: Strategies to Prevent, Intervene and Resolve Difficult Situations	Workshop
14	Palliative Care for ESRD Patients	Workshop
	Advanced Care Planning	Workshop
	Using Shared Decision Making	Workshop
	Legal Aspects of DNR	Workshop
	Intensive Intervention with the non-compliant patient booklet	Booklet
15	Vocational Rehabilitation Referral Status Code Sheet	Tracking Tool
	Depression Resource Portfolio-Phase I	Resource Packet

NETWORK	TITLE	TYPE
15	ESRD Network #15 Treatment Agreement Guide	Booklet
	The Model Renal Care Worker from a Patients View	Laminated Poster
16	End of Life presentations	PSC Presentation
17	Policy Statement of the TransPacific Renal Network on Violence Prevention	Paper
	Model Treatment Agreement, Revision 2002	Contract
	Guidelines for Implementing the Model Treatment Agreement	Paper
	Long Term Care Program (LCTP)	Report
	Model Long Term Care Program's Implementation Guidelines	Paper
	Model Patient Record - Forum of ESRD Networks	Paper
	"The Challenging Patient - A Broader Examination of the Problem"	Three-day Meeting
	"Patient Safety is Everyone's Business"	Meeting
18	Patient Advisory Committee "PAC Facts"	Brochures
	List of Spanish renal educational materials	Brochures
	"Services for Patients" brochure	Brochure
COMMUNICATION/CRISIS MANAGEMENT		
1	Connecticut ESRD Staff Crisis Task Group	Task Group Meeting
	"Recommendations for the Management of Disruptive and Abusive Patients"	Booklet
	"Challenging Patients: What Have We Learned? Where Shall We Go?"	Presentation
2	Crisis Management Training	2-day workshop
3	TARC Annual Meeting	Annual Meeting
	Water management guideline	Letter
	TARC website - Announced the addition of the Spanish Consumer website	Website
	Patient's Rights in Receiving or Rejecting Dialysis Care	Article
	Who will you call when disaster strikes in the dialysis facility?	Article
	The Importance of Effective Communication in the Dialysis Facility Setting.	Guide
	The behavior contract as a positive patient experience	Article
4	Network News-Winter 2001-2002	Newsletter
	Network News-Autumn 2002	Newsletter
	The Impact of Conflict on Patient Care, Part I and II	Workbook
5	Grievance forms/brochures	Forms and brochures
	Crisis Prevention	Workshop (4)
6	"Dealing with Challenging Patient Situations and Patient Grievances"	Presentation
	"Strategies for Managing Disruptive Behavior"	Presentation
	"Conflict Resolution"	Presentation
9,10	Dialysis Calendar for 2003	Calendar
11	"Overcoming the Barriers of Non-compliance"	Presentation
	"Challenging Patients"	Presentation
	"Professionalism in the Dialysis Unit"	Presentation
13	Stop the Chaos: Strategies to Prevent, Intervene and Resolve Difficult Situations	Workshop

NETWORK	TITLE	TYPE
13	Communication Skills: How We Communicate Really Does Matter!	Workshop
14	Positive Professionals –Positive Patients Workshop	Workshop
	Knowledge Management Program	Email
	Professionalism and Ethics for Non-Licensed Personnel	Workshop
15	ESRD Network #15 Treatment Agreement Guide	Booklet
16	Professionalism	PSC Presentation
	Dealing with Challenging Patients	PSC Presentation
17	Communication and crisis prevention	Presentations and publications by Executive Director
	Professionalism Program	Presentation
	Emergency Preparedness for Dialysis Facilities	Manual
	Grievance Protocol	Paper
18	Communication Techniques; Challenging Patients	Workshops
GENERAL		
1	"Network Notes" newsletters – 2 editions	Newsletters
	Network of New England website	Website
2	Directory of NYS Nursing Homes that Accept Dialysis Patients	Booklet
	Advance Directives and DNR Orders: Summary of Legal Issues	Leaflet/Newsletter
3	Patient Safety	Regional workshops
4	"An Introduction to the Network"	Educational Symposia for Kidney Foundation
	Network 4 Contract Information	Booklet
5	Emergency Preparedness Manual	Manual
6	Communicator	Facility newsletter
	Resource Directory of Educational Materials	Listing of ESRD resources
	2002 Annual Meeting, "Making the Connection Between Quality and Care"	Workshop
	New Facility Orientation Package	Resource package for all new facilities
7	Your Network and You	Presentations
	Network 7 Annual Meeting	Handouts from meeting presentations
8	Staffing Needs Based on Patient Acuity	Tool
	ESRD Federal Guidelines	Guidelines
9/10	2002 Pediatric Renal Symposium	Two-day conference for renal professionals.
	"Take a Loved One to the Doctor Day"	Flyer to all facilities
	2002 Nephrology Conference	Three-day conference for Nephrology Professionals.
11	2001 Annual Report	Report
	University of MI Dialysis Specific Reports	Direct mailing to facilities
12	Annual Education and Business Meeting	Annual Meeting
	Staff Newsletter	Newsletter

NETWORK	TITLE	TYPE
13	Culture of Safety and Professional Accountability	Professional newsletter
	USRDS Studies Coming to US Dialysis Facilities in 2002 and Beyond	Professional newsletter
	VISION Software and Training	Professional newsletter
	Internet Resources	Professional newsletter
	Network 13 Web Site	Professional newsletter
	Texas ESRD Licensure Rules Review and Update	Workshop
14	Safe Water for Dialysis	Workshop
	Emergency Preparedness for Dialysis and Transplant Patients	Brochure
17	New Facility Package	Notebook
18	Annual meeting & education conference	Meeting/workshops
PSYCHOLOGICAL/REHABILITATION		
1	"Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Disease"	National booklet
2	Facility Specific Employment Data	Comparative data reports
3	Vocational Rehabilitation Agency List	List of vocational rehabilitation agencies
	Life Options Rehabilitation Program Unit Self Assessment Manual	Manual and self assessment tool
	Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Disease	Booklet
4	"What is an ESRD Patient?"	Educational Symposia and booklet - OVR counselors
	"Employer Recognition Program"	Certificates to supervisors of employees with ESRD
5	Life Options Rehabilitation Program	Booklet & check list
	Vocational Rehabilitation resources in Network 5	Brochure & web site
	Information about ESRD for Vocational Rehabilitation Counselors	Fact Sheet & website
	General information on vocational rehabilitation	Newsletters for SWs and website
	Ideas for Encouraging Vocational Rehabilitation in the Dialysis Facility	Website
	Sample letters to employer and to vocational rehabilitation counselor	Website
6	Rehabilitation Project	Resource materials for facility staff and patients
	"Update on Network 6's Rehabilitation Project"	Presentation
	Vocational Rehabilitation Counselor List	Updated listing
7	Vocational Rehabilitation	Workshops, mailing, fax, and website resources
11	Common Concerns	Newsletter
12	"Nephron News and You" Topics included nutrition, fluid intake management, self management and empowerment. The self management issue highlighted the vocational rehabilitation resources in each state.	Patient Newsletter

NETWORK	TITLE	TYPE
12	Lending library circulation and distribution of original written and PowerPoint materials including information on grievances, patient rights and responsibilities, patient dismissal and rehabilitation.	Variety of materials
13	Vocational Rehabilitation for ESRD Patients	Workshop
	Effective Strategies for Improving Employment Outcomes for People with CKD	Professional Newsletter
14	How to present a multicultural sensitivity workshop	Workshop
	Social Work Ethics Workshops	Workshop
15	Vocational Rehabilitation Referral Status Code Sheet	Tracking Tool
	Depression Resource Portfolio-Phase I	Resource Packet
	Patient Employment Facilitation Letter Templates	Mailing to Providers
OTHER		
1	The Knowledge Management Program (KMP).	Monthly article distributed via email
2	Training Programs for Facility Data Contacts	Data & facility staff conferences
3	VISION Training	Multiple VISION training sessions
4	Network 4 data manual, civil rights policy statement, fact sheet for Network 4, information on GED testing, Guidelines for Care of the ESRD Patient, 2002 Red Book on Employment Support, A Guide to Plans for Achieving Self-Support	Brochures and booklets
	ESRD Network 4 Emergency Preparedness Resource for PA and DE facilities	Manual
5	Information on completing CMS Forms	Manual
	Data Update	Newsletter
	Submitting Data: A Simple Approach	Workshop
	Getting Organized	Workshop
	Medicare Issues and Answers Brochures	Brochure
6	"Understanding the Role of the Network"	Presentation
	Family History Kit	Kit containing a poster, brochures, a videotape, and guide
	Website	Website
7	Newsletter	Patient and Professional
	Disaster Preparedness	Patient Emergency ID Cards, brochures, other educational information
8	Network 8, Inc. Preparing for Emergencies Manual	Manual
11	Annual Meeting presentation: End of Life Issues	Annual Meeting
	Knowledge Management Program	E-Newsletter
	Special Needs Manual	Manual

NETWORK	TITLE	TYPE
12	Lending library circulation and distribution of original written and PowerPoint materials including laminated safety flash cards that list potential disasters and possible solutions with space for unit-specific answers. Additional materials distributed or lent included information on disaster planning, patient safety, insurance reimbursement, flu vaccine, team building, and other subjects.	Lending library
13	Vision Training	Workshop
14	Vision Training	Workshop
15	Very important Administrative Mailing-Network Goals and Objectives/QI project overviews/Grievance and Complaint Protocol/HIPAA Readiness Checklist/ESRD Forms Requirements/Patient Rights and Responsibilities	Mailing to Providers
	Patient Safety	Workshops
	Intermountain Messenger (three times per year) Professional Newsletter	Newsletter
	Renal Round-Up, Patient Newsletter	Newsletter
	VISION/CROWN Facility Training	Workshops
17	Transplant Referral Program	Program
	Facility Guide to Termination of Dialysis Services	Booklet
	Survey Procedures and Interpretive Guidelines for ESRD Facilities	State operations manual
	TransPacific Renal Network Data Forms Manual	Manual
18	Tips on Professional boundaries	In-services/Workshop
	A Professional: What makes us one and What Keeps us from being One	Workshop

APPENDIX R
PROFESSIONAL EDUCATION MATERIALS and WORKSHOPS CONDUCTED IN 2002 BY NETWORK

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
1	Clinical	"Annual Network Meeting: A Marketplace of Ideas"	Topics: 1) The Network's Role in Quality and Accountability; 2) Bone Disease Management; 30 Role of Nutrition in Bone Disease Management; 4) Kidney Transplant Waiting List Issues; 5) Resuscitation Issues in Dialysis Units; 6) Increasing Peritoneal Dialysis; 7) Home Hemodialysis; and 8) 15 Facility Posters. Handouts of specific topics were given to all participants. CEUs were issued for all professional staff.	510 attendees consisting of nurses, technicians, patients, social workers, dietitians, physicians, administrators, state surveyors, etc. Representation included 93% of the dialysis and transplant centers from 6 New England states.
	Clinical/ Administrative	"Patient Safety in New England – A Day of Learning for Clinical Leadership"	All day workshop included educational handouts and a "Safety Kit" (video, CD, brochures, booklets) for each facility. Topics: 1) The Magnitude of the Safety Problem; 2) Defining Concepts of a Safety Culture; 3) Organizational Readiness Supporting an Environment of Safety; 4) Human Factors Associated with Establishing a Blame Free Organization	104 attendees representing 46% of dialysis centers from 6 New England states.
	Clinical	"Hyperphosphatemia and Bone Abnormalities in Renal Failure – Complex Clinical Complications"	Hartmut Malluche, MD discussed the differences in pharmaceutical approaches to treating bone disease in CKD. He also presented latest findings on cardiovascular ramifications.	30 Nephrologists / Medical Directors / Renal Dietitians from Connecticut and Rhode Island
	Clinical/CQI	"Thirty-Nine Months of Bacteremia Surveillance – Final Summary Report"	Feedback reports and quality improvement trending tools were provided for the participating Connecticut facilities of the Bacteremia Surveillance Project. Network did the data analysis, conducted a workshop, and distributed trending diskettes and toolsheets for further CQI by each participating facility.	30 attendees from the participating facilities including the dialysis liaisons, infection control coordinators, and nurse managers
	Clinical	Network Profile Indicator Report	Twice a year providers **voluntarily** submit clinical indicators on all patients. The Network Profile Indicator Report is used to trend provider-specific state and network data through feedback reports that are sent to Medical Directors, Nurse Managers, Administrators, Social Workers and Dietitians at each provider.	Medical Directors, Nurse Managers, Administrators, Social Workers and Dietitians at each provider.

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
1	CQI	Focused CQI assistance with specific facilities for vascular access management.	Utilized the "HCFA Anemia CQI Manual" for teaching basic CQI principles, samples of toolsheets, & trending materials.	Dialysis facilities
	Communication/Crisis Management	Connecticut ESRD Staff Crisis Task Group	Network facilitated the meeting for task group. Educational materials provided to Connecticut legislators, Health Committee Co-Chairs of the Connecticut General Assembly, and Connecticut State Health Department	Connecticut legislators, Health Committee Co-Chairs of the Connecticut General Assembly, and Connecticut State Health Department
	Communication/Crisis Management	"Recommendations for the Management of Disruptive and Abusive Patients"	Six –page booklet	The booklet was made available to all NW1 facilities, and is also available on request, and can be downloaded from the NW1 website.
	Communication/Crisis Management	"Challenging Patients: What Have We Learned? Where Shall We Go?"	Presentation	NKF affiliate of Massachusetts, Rhode Island, New Hampshire, and Vermont
	General	"Network Notes" newsletters – 2 editions	Newsletters that covered topics such as safety awareness, flu vaccination reminders, HIPAA updates, CDC information, and data (2728) FAQS.	Dialysis facilities
	General	Network of New England website	Examples of links include: most recent Annual Report, Knowledge Management abstracts, "Network Notes", Performance Index, Statistical Highlights, and Annual Meeting information.	Renal community
	Psychosocial/ Rehabilitation	"Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Disease"	National booklet	Distributed to all Renal Social Workers
	Other	The Knowledge Management Program (KMP)	A monthly article of interest (clinical, scientific, CQI topics) are emailed in collaboration with Network 5.	Network renal community
2	Clinical	"Delivering Excellence in the Care of ESRD Patients"	Full day of presentations at the annual meeting on patient safety, nutrition for patients treating daily, CHR and diagnosis of iron deficiency, staff attitudes and customer service approach to patients, NIH Hemo-study, and Medicare ESRD demonstration project.	179 physicians, nurses, dietitians and social workers

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
2	Crisis Management	"Crisis, Chaos, and Conflict Resolution in the Dialysis Unit".	Members of the staff who are certified as crisis prevention trainers demonstrated methods for defusing disruptive and assaultive situations. Attendees practiced techniques for de-escalating verbal threats, maintaining personal safety and gaining compliance from challenging individuals. Techniques for using the team approach were demonstrated and practiced.	3 workshops were presented. Attendees included nurses, social workers, and technicians.
	Clinical	Exercise Programs in Dialysis Units	Distribution of educational material	Presentation to New York Chapter of the Council of Renal Dietitians
	CQI	DOQI guidelines for AV grafts	Pamphlet - Algorithms and educational material to support implementation of DOQI guidelines for monitoring AV grafts for early detection of stenosis.	Dialysis facilities
	Patient-Related Issues	Sensitivity Training for Dialysis Unit Staff	Seminar/lecture	On-site facility inservices
		The Problematic Patient in the ESRD Setting	Seminar/lecture	Presentation CNSW
		"How to Address Difficult Patients"	Seminar/lecture	Presentation ANNA
		Patient Referral Policy	Manual	Renal community
		Grievance Procedures for Dialysis Units	Booklet	Renal community
	Communication/Crisis Management	Crisis Management Training	2-day workshop	Dialysis facilities
	General	Directory of NYS Nursing Homes that Accept Dialysis Patients	Booklet	Renal community including patients
		Advance Directives and DNR Orders: Summary of Legal Issues	Leaflet/Newsletter	Dialysis facilities
	Psychosocial/ Rehabilitation	Facility Specific Employment Data	Comparative Data Reports	Dialysis facilities
	Other	Training Programs for Facility Data Contacts	Training programs	Data & facility staff conferences

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
3	Patient Safety	Patient Safety Workshop	Workshop topics included:1) introduction to patient safety, 2) creating the environment for patient safety for the ESRD patients, 3)defining and creating patient safety classification systems to reduce medical & medication errors, 4)error prone areas in the dialysis unit, 5)raising the level of awareness & promoting an environment of patient safety, 6) patient safety is the responsibility of all employees (Beyond Blame video), 7)process assessment, evaluation & remediation, 8) every facility has the responsibility to provide a safe environment for every patient. At the beginning of the workshop an index card was given to each participant to anonymously record either an actual or potential event that compromised patient safety and submit the card to a TransAtlantic Renal Council (TARC) representative at the end of the program. TARC staff reviewed all of the submissions and compiled a list of potential hazards. This list was mailed to all of the facilities in Network 3.	A total of one hundred and thirty five administrators, nurse managers and medical directors from 90 facilities in New Jersey participate in the three regional workshops
	Clinical	Immunization Guideline for the Dialysis Patient	A brochure defining the immunizations needed for dialysis patients and a prescribed time schedule for their administration.	Dialysis facilities
		CDC Revised Recommendations for Single Use Intravenous Medication Vials in End Stage Renal Disease Facilities	A CDC memo to provide information and guidance for medication dispensing from single vials.	Dialysis facilities
		General principles of infection control	An article to guide practice in areas of surveillance, isolation precautions, hand hygiene and cleaning/disinfection.	Renal community
		Guidelines for the Prevention of Intravascular Catheter-Related Infections from the MMWR	An in-depth brochure from the CDC stating guidelines for the insertion and surveillance of intravascular catheters.	Renal community
		FDA notice regarding recall of heparin sodium	A memo from the FDA faxed to all of the Network's facilities notifying them of the Wyeth & ESI Lederle Pharmaceuticals recall of injectable heparin sodium that had been distributed to all of its dialysis providers.	All Network facilities
		Serum Albumin Measurement in Dialysis Patients: Should it be a measure of clinical performance?	An article discussing the merits of measuring serum albumin as a clinical performance indicator.	Renal community

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
3	CQI	TARC's Cause and Effect Analysis Tool	A simple multifaceted worksheet to be used for the root cause analysis of deficient quality of care indicators and a process to guide the development of methodologies/actions to meet these quality indicators.	Dialysis facilities
		2002 Unit Specific Report, Facility Data Reports and the Dialysis Facility Compare Reports	The Network provided each facility with these CMS reports to be used in facility benchmarking and future CQI planning.	Network facilities
		Facility specific charts of network goal performance	The Network sent each Medicare ESRD facility's chief executive officer their facility's results in relation to network goal performance.	Chief Executive Officer at each Medicare ESRD facility
		Improving the Quality of Hemodialysis Treatment	An article addressing ways to overcome the barriers to provide an adequate hemodialysis treatment.	Renal community
		Where are all the AV Fistulas?	A thought provoking article about the need to increase the creation/use of AV fistulas	Renal community
		Assessment and Reduction of Catheters in Hemodialysis Quality Improvement Project (ARCHQIP)	The ARCHQIP was comprised of a workshop, manual, and a data collection tool all used to provide guidance and measure the success in reducing the use of catheter for >90 days for primary dialysis access.	Renal community
	Patient-Related Issues	Control Your Diabetes for Life	A CMS publication in English and Spanish for guidance in diabetic care.	Patients and dialysis facilities
		Keys to a Long Life, LORAC	A informative booklet to guide staff in assisting patients with their rehabilitation efforts.	Facility Staff
	Communication/ Crisis Management	TransAtlantic Renal Council (TARC) Annual Meeting	Entire annual meeting focused on dealing with challenging patients, and encouraging home hemodialysis and peritoneal dialysis.	Renal community
		Water management guideline	Informative letter regarding water treatment concerns with the water drought in New Jersey, were sent to all New Jersey dialysis facilities.	All New Jersey dialysis facilities
		TransAtlantic Renal Council (TARC) website	Announced the addition of the Spanish Consumer web site to all dialysis facilities in Network 3.	All Network facilities
		Patient's Rights in Receiving or Rejecting Dialysis Care	An informative article discussing the legal aspects of a patient choice for or against treatment.	Patients
		Who will you call when disaster strikes in the dialysis facility?	An article to guide the process of crisis management.	Dialysis facilities

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3	Communication/ Crisis Management	The Importance of Effective Communication in the Dialysis Facility Setting.	A guide to assessing communication skills and helpful recommendations for improving communication with the dialysis patients.	Dialysis facilities
		The behavior contract as a positive patient experience	An article stating the benefit of the patient contract.	Dialysis facilities
	Psychosocial/ Rehabilitation	Vocational Rehabilitation Agency List	Distribution of a list vocational rehab agencies to Network facilities.	All Network facilities
		Life Options Rehabilitation Program Unit Self Assessment Manual	A manual containing a tool for facility self assessment of its rehabilitation efforts.	Dialysis facilities
		Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Disease	The Network distributed this booklet to all Network 3 facilities.	All Network facilities
	Other	VISION training	Multiple VISION training sessions offered in New Jersey	Dialysis facilities
4	Rehabilitation	What is an ESRD Patient?	Educational Symposia, Booklets. Presented as summary of the medical condition of the ESRD patient, the treatment they receive and their suitability for an occupation. Discussed barriers to OPVR referral and its process	(2) separate workshops with the OVR counselors from the respective areas of the Network; 85 Attendees at both sessions
	Clinical	Stenosis Monitoring Workshops	Educational Symposia, Booklets. Discussed the value of a stenosis monitoring program for the AV grafts as well as the implementation and the data collection for the QIP project	About 82 facility participants at 2 workshops
		"Water for Hemodialysis: Why Not Tap Water?" and "Ensuring Water Quality"	Educational Symposia, Booklets. Discussed the New AAMI water treatment standards and what QI should be in place in the unit to meet the standards.	Coordinating Council meeting presentation; Approximately 200 facility and patients participants
		"Infection Control in Hemodialysis and Renal Transplant Units" and "Implementation of an Infection Control Program"	Educational Symposia, Booklets. Discussed the most common types of infections found on the dialysis facility and the basics of infection control. Provided a summary of the policies and procedures that must be in place in the dialysis facility.	Coordinating Council meeting presentation; Approximately 150 facility and patient participants

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4	Clinical	"Ethical Issues Surrounding Decisions to Initiate Dialysis"	Educational Symposia, Booklets. Presentation on the assessment of capacity/competency of patients in order that treatment plans can be discussed and executed according to the wishes of the patient and his family.	Presentation to Executive Committee/Medical Review Board – approximately 45 participants
		"Coping With Senior Moments: Dialysis and the Elderly"	Educational Symposia, Booklets. Presentation provided information on how both physical and emotional needs of the elderly differ from younger patients and on complications, co-morbid diseases, and special hospitalization problems that affect the elderly. Suggestions provided for staff on how to care for these patients.	Coordinating Council meeting presentation; Approximately 140 facility and patient participants
		Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients	Booklet	Coordinating Council members and New Facility staff.
	CQI	"Identifying Characteristics of Facilities Not Meeting Quarterly CPM Compliance Guidelines"	MRB Workshop	Presentation to Executive Committee/Medical Review Board – approximately 45 participants
		"Network 4 Quality Improvement Projects"	Educational Symposia for Kidney Foundation	Administrators, nurse managers, and social workers from the central Pennsylvania area.
	Patient-Related Issues	ESRD Network 4 Patient Rights and Responsibilities and Grievance Procedure	Booklet	New Network Facilities and upon request.
	Communication/ Crisis Management	Network News-Winter 2001-2002	Newsletter	Facility staff.
		Network News-Autumn 2002	Newsletter	Facility staff.
		The Impact of Conflict on Patient Care, Part I and II	Four workshops and workbooks.	Facility staff.

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NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
4	General	"An Introduction to the Network"	Educational Symposia for Kidney Foundation	NKF of Central Pennsylvania staff and facility staff.
		Network 4 Contract Information	Booklet	Facility staff.
	Psychosocial/ Rehabilitation	"Employer Recognition Program"	Certificates to supervisors of employees with ESRD.	Companies that hire ESRD patients.
	Other	Network 4 data manual, civil rights policy statement, fact sheet for Network 4, information on GED testing, Guidelines for Care of the ESRD Patient, 2002 Red Book on Employment Support, A Guide to Plans for Achieving Self-Support	Brochures and booklets for the new facility packet	Staff of new dialysis facilities.
		VISION Training	Training session offered to facilities of same parent company on Quality-Net Exchange and VISION.	Data and administrative staff of five facilities.
		ESRD Network 4 Emergency Preparedness Resource for PA and DE facilities	Manual sent to new facilities	Staff of new dialysis facilities.
5	Patient-Related Issues		Workshop: reviewed top patient safety issues in Network 5	258 members of Network 5 renal community
	Clinical	Medical Nutritional Therapy	Workshop	Dietitians
		Daily Dialysis	Workshop	Nurses/Physicians
	General	Getting Organized		Administrators
	Patient-Related Issues	Sexuality	Become familiar with many of the complex challenges to sex and sexuality brought about by end stage renal disease and dialysis and discussion of necessary skills to communicate with patients about their problems.	Social Workers
	Data	Submitting Data: A Simple Approach		Data Contacts
	Crisis Management	Crisis Prevention: Dealing with Disruptive & Abusive Patients	Four sessions conducted. Teaches skills to diffuse situations before they escalate to crisis proportion	All dialysis personnel (27 participants)

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5	Clinical	Catheter Assessment & Reduction in Hemodialysis	3 workshops conducted in conjunction with the QIP	88 Nurses, Physicians, Technicians
		Recognition & Management of ERI/Chronic Kidney Disease From a Primary Care Perspective	7 CME presentations	138 Primary Care Physicians (PCPs), nephrologists & internists
		Best Practices: Diabetes Management & its Effect on End Stage Renal Disease	2 CME presentations	35 Primary Care Physicians (PCPs), nephrologists & internists
		NKF of the Virginias Fall Symposium - "Collaborative Practice in Chronic Kidney Disease"		37 attendees from the renal community
		Knowledge Management Program	Electronic summary of journal article	Renal community
		The Renal Transplant Option; Evaluation, Presentation, & Documentation for All Patients in a Maintenance Dialysis Program	Manual	Patients
		Miscellaneous materials on clinical & QI such as adequacy, anemia, CPMs, HBV, VRE, staffing, water	Articles, regulations, guidelines, et cetera	Dialysis facilities
		INFORMED	Electronic newsletter	Dialysis facilities
		Transplant REMARCS	Newsletter devoted to transplant issues	Dialysis facilities
		Kidney Transplant, What are the Facts?	Workshop	Renal community
		Kidney Transplant Questions & Answers	Website	Renal community
		Outpatient Diabetes Self-Management Training Program	Brochure	Renal community
	CQI	QI Update	Newsletter	Dialysis facilities and Networks
	Patient-Related Issues	Non-Compliant-Abusive Patient Manual	Manual	Renal community
		Patient Centeredness	Website	Renal community

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
		Social Work REMARCS	Newsletter and website	Dialysis facilities
		Best Practices for a Dialysis Facility: From a Patient's Perspective	Brochure	Dialysis facilities
	Communication/ Crisis Management	Grievance forms/brochures	Forms and brochures	Renal community
		Crisis Prevention	Workshop (4)	Dialysis facilities
	General	Emergency Preparedness Manual	Manual	Renal community
	Psychosocial/ Rehabilitation	Life Options Rehabilitation Program	Booklet & check list	Patients
		Vocational Rehabilitation resources in Network 5	Brochure & web site	Patients
		Information about ESRD for Vocational Rehabilitation Counselors	Fact Sheet & website	Patients
		General information on vocational rehabilitation	Newsletters for Social Workers (SWs) and website	Dialysis facilities
		Ideas for Encouraging Vocational Rehabilitation in the Dialysis Facility	Website	Dialysis facilities
		Sample letters to employer and to vocational rehabilitation counselor	Website	Dialysis facilities
	Other	Information on completing CMS Forms	Manual	Dialysis facilities
		Data Update	Newsletter	Dialysis facilities
		Medicare Issues and Answers Brochures	Brochure	Renal community

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6	General	"Understanding the Role of the Network"	Presentation given on various occasions to different audiences on the responsibilities, goals, and activities of Network 6	NKF of North Carolina, NKF of South Carolina, NKF of Georgia, Gambro Healthcare staff, Preferred Medical Group staff, Georgia State Surveyors, South Carolina Council of Nephrology Social Workers
	Clinical	"Vascular Access Quality Improvement Project Workshop"	Two full-day workshops were provided to staff from the dialysis facilities selected for the Vascular Access Quality Improvement Project.	Medical Directors, Administrators, and Nursing Supervisors from the facilities involved in the Vascular Access Quality Improvement Project
	Communication/ Crisis Management	"Dealing with Challenging Patient Situations and Patient Grievances"	Presentation given on various occasions to different audiences on dealing with challenging patient situations and the Network complaint/grievance process.	NKF of North Carolina, NKF of South Carolina, NKF of Georgia, Gambro Healthcare staff, Preferred Medical Group staff, Georgia State Surveyors, South Carolina Council of Nephrology Social Workers, South Carolina State Surveyors, DaVita staff
		"Conflict Resolution"	Presentation describing the sources of conflict in the dialysis unit and recommendations for staff for resolving conflict situations.	Renal professionals at the "SC Patient Services Symposium"
	Patient-Related	"Network Representative Patient Workshop"	Two half-day workshops were provided to the Social Workers and Network Representatives from the facilities in North Carolina to learn more about the complaint system and the role of the Network Representatives.	Social Workers and Network Representatives from facilities in North Carolina
	General	2002 Annual Meeting, "Making the Connection Between Quality and Care"	A full-day workshop provided with information on various clinical and other topics related to ESRD.	Renal professionals from the facilities in Network 6

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6	Clinical	Vascular Access Quality Improvement Project Toolkit	Toolkit of resource materials for patient and staff education related to the Vascular Access Quality Improvement Project mailed to each facility selected for the project	All Network facilities
		Influenza Immunization Resources	Packet of patient and staff education resources related to Influenza Immunization mailed to each facility prior to the beginning of the flu season	All Network facilities
		Knowledge Management Program	Article emailed monthly to nephrologists and other facility staff regarding clinical topics	Nephrologists and facility staff
	CQI	"Implementing Quality Improvement Projects in the Dialysis Facility"	Presentation	Presentation given for the NC Council of Nephrology Social Workers
	Communication/Crisis Management	"Strategies for Managing Disruptive Behavior"	Presentation	Presentation given at the 2002 ANNA National Symposium
	General	Communicator	Facility newsletter broadcast faxed to each facility six times per year	All Network facilities
		Resource Directory of Educational Materials	Up-to-date listing of ESRD resources and information on how to obtain them mailed to each facility	All Network facilities
		New Facility Orientation Package	Package mailed to all new facilities containing resource materials for patients and staff including Network-produced videos, posters, Grievance Procedure, Recommendations for Dealing with Disruptive and/or Abusive Behavior, and other materials frequently requested from the Network	All new Network facilities
	Psychosocial/ Rehabilitation	Rehabilitation Project	Quarterly mailing of resource materials to facilities for staff and patients on each of the 5 E's of Renal Rehabilitation	All Network facilities
		"Update on Network 6's Rehabilitation Project"	Presentation	American Kidney Fund Regional Meeting
		Vocational Rehabilitation Counselor List	Updated listing sent to each dialysis facility	All Network facilities
	Other	Family History Kit	Kit mailed to each facility containing a poster and brochures related to the Family History Study and a videotape and guide regarding the risk for family members of ESRD patients for developing renal disease	All Network facilities

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NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
6	Other	Website	Website completely updated in 2002 to include information about the Network's goals and responsibilities, Network structure, recent correspondence, patient services activities, data reports, Quality Improvement Projects, educational resources, related links, and more	Renal community
7	General	Your Network and You (FRAA)	Presentation topics included a review of the Network and updates.	About 70 Renal Administrators from approximately 280 dialysis facilities and corporations.
		Your Network and You (St. Augustine Symposium)	Presentation topics included a review of the Network and updates.	About 80 professionals attended.
		Your Network and You (Network Annual Meeting)	Presentation topics included a review of the Network and updates.	About 250 professionals from approximately 280 dialysis facilities.
	General; Patient-Related Issues	Managing Difficult Patients and Utilizing the Network (CNSW)	Presentation included barriers to working with difficult patients and utilizing the Network to assist with these concerns.	About 40 professionals attended.
	General	Catheter Reduction Workshops (6)	Workshop topics included Attitude and Beliefs about Vascular Access Selection, Using Tools to Improve Practice and Vascular Access Choice and Selection.	All chronic outpatient hemodialysis providers were required to have at least one nurse or physician attend the educational workshop in one of six regional locations to learn about the project.
	Clinical	Adequacy of Dialysis	Workshop, brochures, conference, periodic support	Dialysis facility
		Catheter Reduction Project	Workshops, Vascular Access Management Process (VAMP), brochures, Poster Session at 2002 Forum of ESRD Networks Annual Meeting	Renal community and Networks
	CQI	CMS ESRD regulations	Regulations	Mailed to the facilities
		Network 7 Annual Report	Annual Report	Mailed to the facilities
		Quality of Care Standards	Standards	Mailed to the facilities
	Patient-Related Issues	Patient Safety	Posters and Newsletters	Dialysis facilities
		Patient Grievance	Policy and Newsletters	Dialysis facilities
	General	Network 7 Annual Meeting	Network Annual Meeting	Presentations and the handouts binder was made available to every facility in the state.

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7	Psychosocial/ Rehabilitation	Vocational Rehabilitation	Workshops, mailing, fax, web site, assist facilities with goal setting and brochures and Newsletters	Dialysis facilities
	Other	Newsletter	Patient and Professional	Renal community
		Disaster Preparedness	Patient Emergency ID Cards, brochures, other educational information	Dialysis facilities
8	Clinical	"Anemia Management Institute"	Five workshops were conducted in collaboration with a pharmaceutical company regarding the treatment and monitoring of anemia.	Two workshops were conducted in Alabama, one in Tennessee and one in Mississippi.
	Patient-Related Issues	"The Patients Who Try Our Patients"	This session, presented by Arlene Sukolsky, ED, Network 17, was a part of the 2002 Annual Network Meeting. The presentation included levels of crisis intervention, factors contributing to problematic behavior and ways to improve staff and patient behavior.	The audience contained nurses, social workers, dietitians and physicians.
	Clinical	"Introduction to Cannulation"	Video	Dialysis facilities
		"Access Management: The Native AV Fistula"	Video	Dialysis facilities
		"Access Management: The AV Graft"	Video	Dialysis facilities
	Patient-Related Issues	"Dealing With Challenging Dialysis Patient Situations"	Handbook	Dialysis facilities
	General	Staffing Needs Based on Patient Acuity	Tool	Dialysis facilities
		ESRD Federal Guidelines	Guidelines	Renal community
	Other	Network 8, Inc. Preparing for Emergencies Manual	Manual	Dialysis facilities
9/10	Patient-Related Issues	Workin' Life's Puzzles, Kidney Disease: Talkin' 'Bout it and Puttin' It Together	Booklet with scenarios to use with adolescents with CKD	Patients
	Communication/ Crisis Management	Dialysis Calendar for 2003	Calendar with suggested activities for each month	Patients

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9/10	General	2002 Nephrology Conference	Three-day conference for Nephrology Professionals. CME and continuing education credits were awarded to participants.	Approximately 750 participants attended this three-day event. Sessions were held for physicians, nurses, technicians, dietitians, social workers, and administrators.
		2002 Pediatric Renal Symposium	Two-day conference for members of the Network pediatric renal community. CME and continuing education credits were awarded to participants.	Representatives of all pediatric dialysis units throughout the Network attended, including nephrologists, nurses, social workers, dietitians, and administrators.
		"Take a Loved One to the Doctor Day"	Flyer	Flyer to all facilities
11	Clinical/CQI	Anemia management workshops (6)	Workshop topics included barriers to adequate anemia management, CQI methods, development of improvement plans.	Approximately 150 clinicians from 42 dialysis facilities.
	Clinical	Annual Meeting Breakout session: Inflammation and Malnutrition	Annual Meeting	About 200 participants
		Knowledge Management Program: Vein Mapping for Vascular Access	Fax, Email	About 300 participants
		Knowledge Management Program: Medication Dosing Information	Fax, Email	About 300 participants
		Knowledge Management Program: Infection Control Issues	Fax, Email	About 300 participants
		Knowledge Management Program: Depression	Fax, Email	About 300 participants
	CQI	Annual Meeting Breakout session: Vascular Access	Annual Meeting	About 200 participants
		CQI Training	Workshops	About 50 attendees

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NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
11	CQI	Anemia Management Toolbox	Educational Toolbox	150 participants
	Patient-Related Issues	Annual Meeting presentation: Patient Safety	Annual Meeting	About 75 attendees
	Communication/ Crisis Management	"Overcoming the Barriers of Non-compliance"	Presentation	About 50 attendees
		"Challenging Patients"	Presentation	About 50 attendees
		"Professionalism in the Dialysis Unit"	Presentation	About 50 attendees
	General	2001 Annual Report	Report	500 copies out
		University of MI Dialysis Specific Reports	Direct mailing to facilities	Reports to about 300 units
	Other	Annual Meeting presentation: End of Life Issues	Annual Meeting	About 50 attendees
12	General	Annual Meeting	The Annual Education and Business Meeting was held on January 17-18, 2002. Topics addressed included: Vascular Access Care, Water Treatment for Hemodialysis, Preventing Diabetic Complications in ESRD; Allied Health and Physicians; Pre-ESRD Care- Facilitating Transition, and Addressing the Nursing Shortage	Renal community
	General	Staff Newsletter	Printed semi-annually, the newsletter serves to update renal professionals on current issues affecting the facility-Network relationship with articles from each of the Network's functional groups.	Dialysis facilities
	Other	Lending Library	Lending library circulation and distribution of original written and PowerPoint materials including laminated safety flash cards that list potential disasters and possible solutions with space for unit-specific answers. Additional materials distributed or lent included information on disaster planning, patient safety, insurance reimbursement, flu vaccine, team building, and other subjects.	Renal community

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
13	Clinical	Fall/Spring Workshop Series	2002 Clinical Performance Measures Cardiovascular Disease & Its Impact on ESRD Patients* Lower Extremity Amputation (LEA) Prevention Project" No D Gets You SHPT: What is the True Measure?"" Everything You Ever Wanted & Needed to Know about Vascular Access Blood borne Pathogens in Hemodialysis: Exposure Risks, The Law, and Protecting Yourself News from the Network Port Accesses…Who, What, When, Why and How Patient Perspectives on the Delivery of ESRD Care Stop the Chaos: Strategies to Prevent, Intervene and Resolve Difficult Situations Communication Skills: How We Communicate Really Does Matter! (Clinician to Patient, Patient to Patient, Patient to Clinician) Vocational Rehabilitation for ESRD Patients	133 0f 264 facilities had representation at the workshops. Total attendance 677.
		Vascular Access for Hemodialysis (July & December 2002)	Conferences designed for nephrologists, interventional radiologists, and vascular access surgeons seeking to improve vascular access care for the ESRD patient population	125 participants
		2002 Clinical Performance Measures (CPM), Preliminary Network 13 Results	Workshop	Dialysis facilities
		Cardiovascular Disease & Its Impact on ESRD Patients	Workshop	Dialysis facilities
		Lower Extremity Amputation (LEA) Prevention Project	Workshop	Dialysis facilities
		"No D Gets You SHPT: What is the True Measure?"	Workshop	Dialysis facilities
		"Everything You Ever Wanted & Needed to Know about Vascular Access	Workshop	Dialysis facilities
		Bloodborne Pathogens in Hemodialysis: Exposure Risks, The Law, and Protecting Yourself	Workshop	Dialysis facilities
		News from the Network	Workshop	Renal community

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
13	Clinical	Port Accesses…Who, What, When, Why and How	Workshop	Dialysis facilities
		CDC Recommendations for Injectable Medications	Website	Renal community
		Promoting Excellence in End of Life Care	Website	Renal community
		Dialysis Units Disaster Preparedness (Hurricanes)	Website	Renal community
		Vascular Access: An Opportunity to Improve	Professional newsletter	Renal community
		CDC's Seven Healthcare Safety Challenges	Professional newsletter	Renal community
		Immunizations 2002	Facility Information Manual	Dialysis facilities
		Bioterrorism Issues	Website	Renal community
		Practice issue specific to sticking implantable devices	Memo	Dialysis facilities
		Infection Control Education	Website	Renal community
	CQI	Grade Card-Preliminary 2002 CPM's	Professional newsletter	Renal community
	Patient-Related Issues	Patient Perspectives on the Delivery of ESRD Care	Workshop	Dialysis facilities
		Patient Education-LORAC Kidney School: Adequacy Module	Professional newsletter	Renal community
		How Does Your facility Score on Compassion	Website	Renal community
	Communication/ Crisis Management	Stop the Chaos: Strategies to Prevent, Intervene and Resolve Difficult Situations	Workshop	Dialysis facilities
		Communication Skills: How We Communicate Really Does Matter!	Workshop	Dialysis facilities
	General	Culture of Safety and Professional Accountability	Professional newsletter	Renal community

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
13	General	USRDS Studies Coming to US Dialysis Facilities in 2002 and Beyond	Workshop	Renal community
		VISION Software and Training	Workshop	Dialysis facilities
		Internet Resources	Web	Renal community
		Network 13 Web Site	Web	Renal community
	Psychosocial/ Rehabilitation	Vocational Rehabilitation for ESRD Patients	Workshop	Dialysis facilities
		Effective Strategies for Improving Employment Outcomes for People with CKD	Professional Newsletter	Renal community
	Patient Related Issue	Short-Term Solution Focused Therapy for Depression	Network 14 Annual Meeting	Network 14 Renal Professionals
		Role of Network in addressing patient issues	Oklahoma CNSW Meeting	Oklahoma Renal Social Workers
14	Communication/ Clinical	Positive Professionals-Positive patients	Full day workshop is directed towards educating non-licensed dialysis staff on understanding the stressors dialysis patients experience, benefits of working in professional boundaries, and proactive communication techniques that can positively impact relationship and improve care	10 regional workshops were held for a total of 300 participants
	Clinical/CQI/ General	Ensuring Safe Water For Dialysis	Full day workshop for dialysis professionals that reviewed Medicare/TDH rules, AAMI guidelines, water treatment system design and trouble shooting	1 workshop in Dallas for 125
	Communication/ Clinical; Psychosocial/ Rehabilitation	Social Work Ethics Workshops	Patient Services Director presented on professional ethics in the renal setting.	5 workshops for 150
	All	ESRD Network of Texas Coordinating Council and Educational Meeting	Included plenary and discipline specific sessions	2 day seminar with 500 participants

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NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
14	Clinical	Improving Vascular Access Outcomes for the Nephrologist and Surgeon	Multiple topics related to appropriate access placement, nephrologist role in vascular access and surgical techniques	Half-day; 80 physician participants
	CQI	Phone and onsite quality management consultations	Network Quality Management staff provided consultations for individual facilities and corporations to review their Quality Management programs and provide guidance/tools.	Dialysis facilities
	General	Network personnel presented at over 100 national, regional and local professional and patient meetings	Topics presented included: Ethics, dealing with difficult patients, stenosis project, core indicator outcomes, vascular access outcomes, quality management, patient safety, dialysis history, transplant, peritoneal dialysis Network/national ESRD data, SIMS, ESRD rules, Network goals and objectives, rehabilitation	Renal community
	Clinical	Increasing Transplant Donors	Workshop	Renal community
		Importance of C-Reactive Protein on Chronic Inflammation	Workshop	Dialysis facilities
		Preventing the spread of infections in dialysis facilities	Workshop	Dialysis facilities
		ESRD patient foot health	Workshop	Renal community
		Review of ESRD Studies	Workshop	Renal community
		Critical Care Nutrition update	Workshop	Dialysis facilities
		Weight loss management for pre-/post transplant patients	Workshop	Dialysis facilities
		Problem solve peritoneal dialysis problems	Workshop	Dialysis facilities
	CQI	The changing role of the renal social worker	Workshop	Dialysis facilities
		How to present a multicultural sensitivity workshop	Workshop	Dialysis facilities
		Developing a QI program	Workshop	Dialysis facilities
		Implementing a Safety Program	Workshop	Dialysis facilities

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
14	Patient-Related Issues	Palliative Care for ESRD Patients	Workshop	Dialysis facilities
		Advanced Care Planning	Workshop	Dialysis facilities
		Using Shared Decision Making	Workshop	Dialysis facilities
		Legal Aspects of DNR	Workshop	Dialysis facilities
		Intensive Intervention with the non-complaint patient booklet	Booklet	Dialysis facilities
	Communication/ Crisis Management	Knowledge Management Program	Email	Renal community
		Professionalism and Ethics for Non-Licensed Personnel	Workshop	Dialysis facilities
		Texas ESRD Licensure Rules Review and Update	Workshop	Dialysis facilities
	General	Emergency Preparedness for Dialysis and Transplant Patients	Brochure	Patients
	Psychosocial/ Rehabilitation	How to present a multicultural sensitivity workshop	Workshop	Dialysis facilities
	Other	VISION training	Workshop	Dialysis facilities
15	Clinical	Increasing Fistulas Within Network #15-Back to the Basics	Workshop included topics addressing barriers to increasing fistulas	75 attendees including RN, Surgeons and Nephrologists
		Noon With the Network	Round-table discussion of the AVF project and presentation on the Buttonhole cannulation technique.	35 project partners from 8 facilities, including one surgeon.
	CQI	Techniques and Tools	Workshops addressing CQI tools and techniques	Individual facility staff members from 15 facilities
	Patient Safety	ESRD Patient Safety-The Nursing Prospective	Workshop topics included areas of concern in patient safety, barriers to error reporting, the use of CQI in patient safety	Presented twice during 2002. In Arizona, 60 attendees representing 26 facilities and in Colorado, 55 attendees, representing 29 states.
	Other	VISION/CROWN Facility Training	Workshops introducing facilities to VISION/CROWN, implementing the data transfer change and evaluating the outcome.	Presented to 4 facilities and 8 attendees.

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
15	Other	CMS Required Data Submissions	Workshop to review and address data submission requirements, targets and goals, frequent mistakes and frequently asked questions.	Presented first to the Unit Secretaries in AZ (24 attendees) and then to Administrators (14 attendees).
	Clinical	Increasing Fistulas-A Project Update and The Buttonhole Technique	Workshops	Clinical staff and project partners in the AVF Project
		Guidelines for Care of the ESRD Patient (Hemodialysis Technician Guidelines added in 2002)	Booklet	Facility Administrators, Medical Directors, and Nurse Managers
		Review of Key Data and CPM Results	Workshop	Clinical Staff
	Patient-Related Issues	Vocational Rehabilitation Referral Status Code Sheet	Tracking Tool	Social Workers
		Depression Resource Portfolio-Phase One	Resource Packet	Social Workers, Facility Administrators, and Medical Directors
		ESRD Network #15 Treatment Agreement Guide	Booklet	Social Workers and Facility Administrators
		The Model Renal Care Worker from a Patient's View	Laminated Poster	Social Workers
	Communication/Crisis Management	ESRD Network #15 Treatment Agreement Guide	Booklet	Social Workers and Facility Administrators
	Psychosocial/ Rehabilitation	Vocational Rehabilitation Referral Status Code Sheet	Tracking Tool	Social Workers
		Depression Resource Portfolio-Phase One	Resource Packet	Social Workers, Facility Administrators and Medical Directors
		Patient Employment Facilitation Letter Templates	Mailing to Providers	Social Workers
		End-of-Life Care in ESRD	Presentation	Social Workers

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
15	Other	Very important Administrative Mailing-Network Goals and Objectives/QI project overviews/Grievance and Complaint Protocol/HIPAA Readiness Checklist/ESRD Forms Requirements/Patient Rights and Responsibilities	Mailing to Providers	Dialysis facilities
		Patient Safety	Workshops	Dialysis facilities
		Intermountain Messenger (three times per year) Professional Newsletter	Newsletter	Renal community
		Renal Round-Up, Patient Newsletter	Newsletter	Patients
16	Clinical	Back to the Basics: Increasing the Use of AVFs in Hemodialysis Patients	Nephrologist's role as VA team leader, surgeon's role in VA management and creative surgical techniques to increase AVF rates, role of VA Manager, cannulation techniques, VA planning, vein mapping, assessment of patient for AVF and data collection for VA management..	Nephrologists, surgeons, interventional radiologists and VA Managers affiliated with 80+ facilities in our Network. Seven regional programs.
	Communication/ Professionalism	Caring Coping and Communicating: Professionalism at Work	PSC conducted in-services at individual facilities, and one corporate headquarters, as well as presentations at regional ANNA Chapter meetings and the Montana State Dialysis Conference.	RNs, MSWs, RDs, MDs, Administrators, dialysis techs. 12 programs ranging in attendance from 8 to 200. Estimating staff represented over 50 facilities.
	End-of -Life	End of Life Journey: Meeting Our Patients Where They are At	PSC had received ELNEC training in end of life issues and conducted regional programs to share information within the ESRD community.	Presentations at ANNA Chapter meetings in Medford, Oregon, Seattle, Washington, Anchorage, Alaska, and at the Montana State Dialysis Conference in Billings, Montana
	Clinical	Patient monitoring during hemodialysis	Educational check sheet	Dialysis facilities
		Surveying the water treatment system	Presentation by QID	Dialysis facilities

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
16	Communication/ Crisis Management	Dealing with Challenging Patients	PSC Presentation	Dialysis facilities
17	Data	Workshops on Data forms	Data staff presented six workshops on data forms during 2002 at the Network office.	54 attendees from 41 facilities attended. Attendees included representatives from regional corporate offices.
	Communication and Crisis Prevention	General presentations and publications	Executive Director gives presentations and has been published in numerous professional journals.	Audiences for presentations include local facilities as well as national professional groups and other Networks.
	Professionalism	Professionalism Program	The Network developed a presentation to educate new facility staff to understand their roles as health care professionals. The program emphasized the need for boundaries or limits that must be drawn to help define roles and interactions in relationships. The Network identified challenges of chronic care, and the need to remain professional, therapeutic, and to meet customer service needs.	This program was presented to both professional and technical staff during 2002.
	Transplantation	Transplant Referral Program	The Network developed this presentation to assist transplant centers, and to expand the transplant knowledge base of dialysis facilities. The goals were to clarify the role of the dialysis medical director as a designee for the transplant referral process, and why it is important for the health care team to discuss transplantation as a modality, and that all patients receive this information annually.	Program was provided to 150 staff members in 2002.
	Patient Safety	Patient Safety is Everyone's Business	The Network held a special meeting in June 2002. The meeting was in response to the increased focus CMS and Congress are placing on patient safety. The intent of the program was to sensitize participants to the roles they can play in enhancing patient safety, and to inform them of upcoming Network initiatives in this arena.	Over 300 participants

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
17	Patient-related issues	The Challenging Patient - A Broader Examination of the Problem	The Network was awarded a special contract modification from CMS to recommend responses for the issue of challenging patients. Conducted a 3-day meeting 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 interventions. The report of the group's findings has been submitted to CMS, and upon its approval, an implementation phase is anticipated.	30 dialysis professionals, consumers, and experts in the field
	Clinical	CDC Prevention and Control of Influenza, Recommendation and Reports	Report	Renal community
		Policy Statement of the MRB of the Transpacific Renal Network on Hepatitis B Vaccination	Paper	Dialysis facilities
		Hepatitis B Resource Guide	Manual	Dialysis facilities
		Position Statement on Universal Precautions for AIDS/HIV Disease	Paper	Dialysis facilities
		Prevention for a Healthy Future	Report	Renal community
	CQI	Organizational Standards of Quality Care for ESRD Facilities	Paper	Dialysis facilities
	Patient-Related Issues	Policy Statement of the TransPacific Renal Network on Violence Prevention	Paper	Dialysis facilities
		Model Treatment Agreement, Revision 2002	Contract	Dialysis facilities
		Guidelines for Implementing the Model Treatment Agreement	Brochure	Dialysis facilities

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
17	Patient-Related Issues	Long Term Care Program (LCTP)	The Network Long Term Care Program form was revised to emphasize that patients have the right to information on transplantation, and provide a mechanism to document their wish for this information. The Network also continues its annual dissemination of the responsibility of the dialysis medical director to provide oversight of this referral process, the Network-wide transplant exclusionary criteria, and information on pre-transplant requirements for all Network transplant centers	Renal community
		Model Long Term Care Program's Implementation Guidelines	Paper	Renal community
		Model Patient Record - Forum of ESRD Networks	Paper	Dialysis facilities
	Communication/ Crisis Management	Emergency Preparedness for Dialysis Facilities	This comprehensive manual for dialysis facilities, a special project of the TransPacific Renal Network, received final approval in 2002 and was distributed to all dialysis facilities in the US and placed on the CMS website	Dialysis facilities
		Grievance Protocol	Paper	Dialysis facilities
	General	New Facility Package	Notebook	Dialysis facilities
	Other	Facility Guide to Termination of Dialysis Services	Paper	Dialysis facilities
		Survey Procedures and Interpretive Guidelines for ESRD Facilities	State operations manual	Dialysis facilities
		TransPacific Renal Network Data Forms Manual	Data staff updated the TransPacific Renal Network Data Forms Manual in December 2002. The Manual includes instructions for the HCFA forms 2728, 2746 (reprinted from the 1995 CMS Manual which is out of print), the HCFA-2744 and instructions (from the CMS website) as well as the PAR and instructions. Supplies were maintained and made available upon request and to all participants in workshops and new facilities.	Dialysis facilities
18	Clinical	Influenza Education Campaign	Education booklets	Renal community
	CQI	Adequacy of Dialysis Quality Improvement Project	Poster	Dialysis facilities
		2002 Quality Improvement Manual	Manual	Dialysis facilities

NETWORK	CATEGORY	NAME OF PROGRAM	BRIEF DESCRIPTION	AUDIENCE
18	Patient-Related Issues	Patient Advisory Committee "PAC Facts"	Brochures	Dialysis facilities
		List of Spanish renal educational materials	Brochures	Renal community
		"Services for Patients" brochure	Brochure	Renal community
	Other	Tips on Professional boundaries	In-services/Workshop	Dialysis facilities
		A Professional: What Makes Us One and What Keeps Us From Being One	Workshop	Dialysis facilities
	Communication/ Crisis Management	a) Managing Difficult Patients (2)b) Communication Techniques & Professionalism (2)	Two programs included topics on types of patient/staff interactions and techniques for managing; types of communication techniques and when to employ; importance of professional behavior and attitude in the workplace to prevent problem interactions.	a) Over 80 participants from 50 facilities; b) 25 staff from 2 facilities attended
	General	Annual Meeting & Education Conference	Program included lectures on patient safety, risk management & legal considerations of difficult patients, vascular access program development & implementation, and OSHA updates.	Around 275 facility participants from 150 dialysis facilities attended.

Source: Networks 1-18 Annual Reports, 2002

APPENDIX S
PUBLICATIONS & PRESENTATIONS IN 2002

NETWORK	MATERIALS	NUMBER DISTRIBUTUED IN 2002
CLINICAL		
1	FDA Safety Alerts (e.g. Thrombolytics; PVC Device Alert)	400 FDA Safety Alerts for each topic
	Network 1 collaborative article " Surveillance of Hemodialysis – Associated Primary Bloodstream Infections: The Experience of Ten Hemodialysis Centers" was published in the Journal of Infection Control and Hospital Epidemiology". In addition, a special workshop was held for the dialysis liaisons, infection control coordinators, and nurse managers from the participating facilities.	35 copies of Bacteremia article to dialysis liaisons and infection control coordinators in the participating facilities
	CDC "Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients", "Single Use IV Medications", "Catheter Guidelines"	400 each of CDC recommendations
	K-DQOI Guidelines (various sections)	15 sets of K-DOQI sections distributed to those *without* any internet access for downloading
	Article "Prevalence of Protein Malnutrition in Children Maintained on Dialysis" published by Brem, A, and Shemin, D, in collaboration with NW1	
2	Algorithms and educational material to support implementation of DOQI guidelines for monitoring AV grafts for early detection of stenosis.	500
	Exercise Programs in Dialysis Units	100
	Advance Directives and DNR Orders: Summary of Legal Issues	500
4	Presentation: Quality Improvement Projects in Network 4"	Kidney Foundation of Central PA, May 2002, Hershey, PA
	Presentation: An Introduction to Network 4	Kidney Foundation of Central P, May 2002, Hershey, PA
	Presentation: "The Network 4 Pediatric Data Project"	Kidney Foundation of Central PA, May 2002, Hershey, PA
	Poster: Tracking and Improving Influenza Immunization Rates in a High Risk Population: Medicare ESRD Patients in Pennsylvania and Delaware	NAHQ National Meeting September 2002, Nashville, TN
	Poster: Improving Adequacy in Hemodialysis Through Catheter Malfunction Reduction	CMS/Forum of ESRD Networks Annual Meeting March 2002, Baltimore, MD
	Poster: Pediatric Patients in Network 4 and Network 1	CMS/Forum of ESRD Networks Annual Meeting March 2002, Baltimore, MD
5	Poster: FOR YOUR INFORMATION: New – Centers for Disease Control and Prevention (CDC) Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients. MMWR 2001;50 (No. RR-5)	
	Poster: • 2002 – 2003 Transplantation Goals & Objectives	
	Poster: Hemodialysis Clinical Performance Measures – 2-Year Comparison of Quarterly Data	
	Poster: Medical Review Board Philosophy & Expectations	
	Poster: • Network 5 & the ESRD Clinical Performance Measures Project	
7	Brochures, publications, presentations	Presentations – 6
8	Vascular Access Videos developed by dialysis supply company	

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2002
11	Elab poster presentation	200 attended
	"An Analysis of Bone-related Medication Use Throughout Network 11" – published in AJKD, 6/2002	350 reprints distributed
	Improving HD Adequacy in Network 11	200 attended
13	Poster – Network 13 Patient Advisory Committee Activities	CMS/Forum of ESRD Networks' Annual Meeting – March 2002, Baltimore, MD
14	1. 2002 Quality of Care Indicators Report 2. 2002 Texas Transplant and Vocational Rehabilitation Activity Report and Resources 3. Poster –Its Time to Get Flu Shot	1. 2000 2. 400 3. 350
15	*Intermountain Messenger* (professional newsletter)	6000
	Renal Round-Up (patient newsletter)	6500
	Final Project Report-Adequacy/Access QIP	300
	Depression Portfolio-Phase I	500
	Model Renal Care Worker Poster	350
	Network-Specific VISION Users Manual	50
	Increasing Fistulas Within Network #15 Workshop	70 attended
18	1. Influenza Education Campaign education materials 2. Adequacy of Dialysis QIP poster 3. 2002 Quality Improvement Manual	1. 250 2. presented to 200 mtg. Participants 3. 250
GENERAL		
1	Your New Life	1000 Copies
2	Patient Referral, Transfer and Discharge Policy	1000
	Grievance Procedures for Dialysis Units	500
4	Network News- Winter 2001-2002	250
	Network News – Autumn 2002	250
5	Poster: Mid-Atlantic Renal Coalition's – Special Initiatives	
	Poster:• Progress on Network 5 Goals & Objectives for 2001 2002	
	Poster: • 2001 Quality Awards	
7	Presentations	Presentations – 3
11	CQI presentations done at 2 dialysis facilities	25 attendees
	"National ESRD Clinical Performance Measures: Hemodialysis Policies and Procedures" abstract presented at the 33rd Annual Symposium, ANNA	150 attended session
14	ESRD Network #14 Goals and Objectives	350
15	Very Important Network Mailing	225
PATIENT-RELATED ISSUES		
1	Vascular Access Passports	2100 Vascular Access Passports
	Patient Access Protection Wallet Cards	1400 Patient Access Protection Wallet Cards
	AAKP Patient Vascular Access Booklets	600 AAKP Patient Vascular Access Booklets
	Network Safety Posters designed and developed by the Patient Advisory Committee	600 "Be Aware, Be Safe" Posters

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2002
2	Directory of New York State Nursing Homes that Accept Dialysis Patients	300
5	Poster: Patient Services at MARC	
7	Presentations, posters "Patient Safety"	Presentations – 1, posters – 280+
8	"Dealing With Challenging Dialysis Patient Situations" by Mary Rau-Foster	
11	Overcoming the Barriers to Non-compliance – presentation	300 attended 2 presentations
11	Challenging Patients – presentation	50 attended
11	Involuntarily Discharged Patient Survey – presentation and abstract presentation	100 attended
11	Living Well on Hemodialysis video distributed to all new dialysis facilities	50 videos distributed
13	Short-Term Solution Focused Therapy for Depression	90 Social Workers at the ESRD Network 14 Annual Conference
14	Emergency Preparedness for Dialysis and Transplant Patients (English and Spanish)	350
15	Treatment Agreement Guide	300
18	1. Patient Advisory Committee "PAC Facts" brochures 2. List of Spanish renal education materials 3. "Services for Patients" brochure	250 of each
COMMUNICATION/CRISIS MANAGEMENT		
1	Recommendations for the Management of Disruptive and Abusive Patients	Distributed as needed to facility staff. This document is also on the Network website.
2	The Problematic Patient in the ESRD Setting	Presentation
2	"How to Address Difficult Patients"	Presentation
4	Presentation: "Impact of Conflict on Patient Care"	4 workshops for facility staff in Network area
6	"Strategies for Managing Disruptive Behavior"	Presentation given at the 2002 ANNA National Symposium
11	Professionalism in the Dialysis Unit – presentation	50 attendees
13	Communication Skills: How We Communicate Really Does Matter?	Workshop
13	Stop the Chaos: Strategies to Prevent, Intervene and Resolve Difficult Situations	Workshop
14	Emergency Preparedness for Texas Dialysis and Transplant Facilities	350
GUIDELINES		
1	Summary of monitoring vascular access guidelines on stenosis	500 Newsletters
2	Algorithms and educational material to support implementation of DOQI guidelines for monitoring AV grafts for early detection of stenosis.	500
7	ESRD Regulations, Network 7 Annual Report, Quality of Care Standards, Grievance Procedure	At least 300of the Annual Report and rest on requested
8	ESRD Federal Guidelines Tool for Determining Staffing Needs Based on Patient Acuity	
11	Medical Review Board Guidelines	350 copies distributed to all facilities
14	CDC Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients and CE Education Test	350
15	*Guidelines for Care of the ESRD Patient*	300

NETWORK	MATERIALS	NUMBER DISTRIBUTED IN 2002
PSYCHOSOCIAL/REHABILITATION		
1	End of Life Recommendations	150
	LORAC Rehabilitation Workbook	150
5	Journal Article, Nephrology News and Issues - Patient Centeredness: A New Approach	
6	"Update on Network 6's Rehabilitation Project"	Presentation given at the American Kidney Fund Regional Meeting
7	Workshops, mailings, fax, brochures	At least 300 and about 50 per workshop
13	Vocational Rehabilitation for ESRD Patients	Workshop
14	Intensive Intervention with the non-compliant patient booklet	500
15	Patient Employment Facilitation Letter Templates	300
OTHER		
1	Annual Report	375
	Annual Statistical Summary	300
5	Data Management: • Poster - How to Improve Network Forms Submissions	
	Data Management: • Poster - Commonly Asked Questions	
	Data Management: • Poster - • Data Stars	
6	"Implementing Quality Improvement Projects in the Dialysis Facility"	Presentation given for the North Carolina Council of Nephrology Social Workers
7	Newsletters, Patient emergency ID cards and brochures	Patient Newsletters - Quarterly
8	Network 8, Inc. Disaster Manual	
14	Lone Star Newsletter (Patient Newsletter in English and Spanish)	30,000
	Lone Star Bulletin (Professional Newsletter)	1,000
	ESRD Network of Texas Core Indicator Run Charts	25 + electronically via web
	ESRD Network of Texas Quality Assurance/Improvement Manual	15
	FDA Broadcast fax alerts	900
15	Model Renal Care Worker Poster	225

Source: Network 1-18 Annual Reports, 2002

APPENDIX T
HIGHLIGHTS OF PATIENT EDUCATION WORKSHOPS and MATERIALS
PROVIDED BY CATEGORY

NETWORK	TITLE	TYPE
ACCESS		
1	Vascular Access Passports and Patient Access Protection Cards, developed by the Network, were again offered at the 2002 Annual Network Meeting.	Booklets and Access Cards
3	Understanding Your Hemodialysis Access Options	Booklets and Access Cards
	Vascular Access	A video in Spanish
5	Reasons to Get a Fistula	Article added to patient newsletter
6	Vascular Access Quality Improvement Project Toolkit	Toolkit of resource materials for patient and staff education
7	Network 7 Annual Meeting	Annual Meeting
8	Network 8's *Kidney Patient Update*	Special edition Summer 2002 newsletter
	Kidney Patient Educational Conference	three Fall PAC meetings included a session on vascular access
	Network 8's Understanding Kidney Failure and Selecting a Treatment Modality; AAKP's Patient Plan; AAKP's Vascular Access Brochure	Brochures
	Network 6's Patient Vascular Access Video	Video
11	Patient Newsletter article: "Vascular Access"	Article in patient newsletter
	Patient Newsletter article: "PD Catheter care"	Article in patient newsletter
13	Vascular Access for Hemodialysis (NW 6)	Booklet distributed as part of QIP
	NKF/DOQI ™ Getting the Most from your Treatment: What you need to know about your access	Booklet distributed as part of QIP
	Patient Vascular Access ID cards	Distributed as part of QIP
14	Protect Your Life Line –Hemodialysis Graft or Fistula	Booklet
16	Back to the Basics: Increasing the Use of AVFs in Hemodialysis Patients	Booklet
ADEQUACY OF DIALYSIS		
2	Education brochure for PD patients to foster compliance with dialysis prescription and adequacy measurement	Brochure
3	Improving the Quality of Hemodialysis Treatment	Article
	TransAtlantic Renal Council (TARC) website Treatment Adequacy	Website
5	"Wanted" Brochure	Brochure

NETWORK	TITLE	TYPE
5	Adequacy	Article in patient newsletter
7	Adequacy of Dialysis	Patient and Family Workshop
	Adequacy of Hemodialysis and Peritoneal Dialysis	Patient and Family Workshop
8	Kidney Patient Educational Conference	Patient meetings
	Network 11's Patient Education Video	Video
	CMS Adequacy Brochure; Network 8's Understanding Kidney Failure and Selecting a Treatment Modality; AAKP's Patient Plan; AAKP's Hemo Adequacy Brochure; AAKP's Peritoneal Adequacy Brochure	Brochures
9,10	Compliance/Adherence Packet	Packet of resources
11	Patient Newsletter article: "Hemodialysis Adequacy"	Article in patient newsletter
13	What's Attitude Got to Do With It?	Patient newsletter
	Living with ESRD and Living Well	Patient newsletter
14	Adequacy of PD Dialysis for Patients in Spanish	Video
15	New Patient Packet-"Dialysis Keeps People with Kidney Failure alive…Are You Getting Adequate Hemodialysis"	Brochure
	Renal-Round-Up (Patient Newsletter) Focus on Adequacy of Dialysis	Article
OTHER CLINICAL ISSUES		
3	Influenza Immunization	Poster in English and Spanish
	Control Your Diabetes for Life	CMS brochure in English and Spanish
4	Influenza Immunization Toolkit	Toolkit for each facility with brochures for each and posters
5	"Dialysis" brochure (old "It's Your Life')	Brochure
6	Influenza Immunization Resources	Packet of patient and staff education resources
7	Sexuality	AAKP 2002 Annual Meeting
	An Overview of Kidney Function	Patient and Family Workshop
	"People Like Us" & "Keep" & "Finding Your Strength"	Programs
8	Kidney Research Developments; Dialysis and Transplant Medications; How the Organ Donor Registry & Waiting List Works	Topics addressed at the Alabama Patient Meeting
11	Patient Newsletter article: "Anemia Management"	Article in patient newsletter
13	Fight Flu and Pneumonia	Patient newsletter

NETWORK	TITLE	TYPE
15	*Renal-Round-Up* (Patient Newsletter) Focus on Self-Care	Patient Newsletter-article
	Renal-Round-Up (Patient Newsletter) "Get the Skinny", article addressing skin problems for ESRD patients	Patient Newsletter-article
18	Improve the Quality of Your Care	PAC Fact-Educational Newsletter
	Understanding Laboratory Values	PAC Fact-Educational Newsletter
COMMUNICATION & PSYCHOSOCIAL		
1	Patient Safety Campaign	Special posters ("Be Aware, Be Safe")
2	Patient Advisory Committee Newsletter and Training Manual	Newsletter/Manual
3	TransAtlantic Renal Council (TARC) web site Question & Answer section	Website information. Spanish Q& A web site available July 2002
	TransAtlantic Renal Council (TARC) Consumer web site	Website
4	Family Support Group Meeting	(2) Workshops for family and friends of patients
	Patient Leadership Orientation	(2) Meetings
5	Patient Services at MARC	Brochure
	Grievance Brochure	Brochure
8	Emotional and psychological issues were covered by Dr. Paul McGinnis	Presentations at 5 patient meetings
9/10	Compliance/Adherence Packet	Resource Packet Compilation
	Adventure Park – ESRD Special Edition	Board Game
	Symptoms of Depression	Article in Patient Newsletter
	ESRD: A Family Affair	Patient Newsletter (Whole Issue)
11	Patient Newsletter article: "Dealing with Conflict"	Article in patient newsletter
	Patient Newsletter article: "Dealing with Facility Staff"	Article in patient newsletter
15	New Patient Packet-"Stop Talking, Start Communication"	New Patient Mailing-article
DIET & NUTRITION		
3	Diet: Questions and Answers about your new diet	Network website listing
7	Good Nutrition	Patient and Family Workshop
8	Network 8's *Kidney Patient Update*	Spring newsletter - special edition on Nutrition
	AAKP's Na-K-Phos Counter and Protein and Calorie Counter	Packet of materials
9,10	Staying Healthy	Brochure
	Kidney Games	CD-ROM

NETWORK	TITLE	TYPE
11	Patient Newsletter article: "Phosphorus Control"	Article in patient newsletter
15	*Renal Round-Up (Patient Newsletter)*-"Albumin, Why Is It Important?"	Patient Newsletter-article
17	Boy, Food Doesn't Taste As Good As It Used To	Article
DISASTER/EMERGENCY PREPAREDNESS		
1	CMS Disaster Manuals; Network Disaster Manuals with special versions for patients with Diabetes	Manuals
3	Preparing for Emergencies	Booklet
4	ESRD Network 4 Emergency Preparedness Resource for Pennsylvania and Delaware patients	Manuals
5	Preparing for Emergencies: A Guide for Patients on Dialysis	Patient Orientation Packet
7	Disaster Preparedness	Booklet
8	CMS's Patient Disaster Manual	Given out at patient seminar
8	Network 8 Preparing for Emergencies Manual	Manual
13	Distribution of 'Preparing for Emergencies' at facility request for patient distribution	Manual
14	Emergency Preparedness Guide for Texas Dialysis and Transplant patients (English and Spanish)	Booklet
17	Disaster Preparedness for persons on Dialysis & Transplant Recipients (also available in a Spanish-language version)	Booklet
GENERAL		
1	Network of New England Website	Website resource for NW1
3	Medicare and You 2002 (Spanish and English) Medicare. Coverage of Kidney Dialysis and Kidney Transplant Services (Spanish)	Booklet
3	Your Medicare Rights and Protections (English). Your Medicare Benefits (Spanish). Choosing a Medigap Policy. Dialysis Facility Compare: Guide to Medicare Certified Dialysis Facilities	Group of Booklets
4	Network News – Winter 2001-2002	Patient and Family Newsletter
4	Network News – Autumn 2002-2003	Patient and Family Newsletter
5 via NCC	CMS-approved New Patient Orientation Package	Package of brochures

NETWORK	TITLE	TYPE
5	Traveling on dialysis	Article in patient newsletter
	It's Your Life	Booklet
	Living With Dialysis Brochure	Brochure
	Meeting the Kidney Challenge	Booklet
	Patient Coordinator Information	Memorandum
	Patient Advisory Committee	Meeting (2)
6	*ESRD from A to Z*	Booklet of commonly used terms related to ESRD
	Renal Health News	Patient newsletter
	"2002 GA Patient Update: Keeping You Up to Date"	Patient Workshop
	Network Poster	Poster mailed to each dialysis facility with a description of Network functions and the toll-free phone number
	"SC Patient Services Symposium"	Patient Workshop
	Living with Kidney Failure, A Patient Manual	Booklet
	Family History Kit	Kit containing a poster, brochures, videotape, and guide
	Website	Network website
	Resource Directory of Educational Materials	Directory
7	Network 7 and Your Rights and Responsibilities	AAKP 2002 Annual Meeting
	Community Resources	Patient and Family Workshop
8	How You Can Impact Legislation	Presentation
	Dare to Dream Presentation by Bryon Vouga	Presentation at all three Fall Patient Advisory Council (PAC) meetings
9/10	2002 Dialysis Calendar	Calendar of Events, topics for renal patients
	Living With Kidney Disease – A Patient Manual	Booklet update on website
	Living Well with Chronic Kidney Disease	Workshop
	PAC Action Gram on Staying Health	Brochure Direct Mailing
	Early Renal Insufficiency	Brochure
	Living With Kidney Disease: A Patient Manual (updated and revised)	Manual on website
	Network Website Information	Brochure
11	New Life: New Hope brochures and Medicare handbooks	Handbooks

NETWORK	TITLE	TYPE
12	"Nephron News and You"	Quarterly Newsletter for patients and family members via facility personnel
13	Words of Encouragement from New Patient Advisory Council (PAC) Member	Patient newsletter
	Medicare General Enrollment Begins	Patient newsletter
	Dialysis Derby: A Winner by Many Lengths	Patient newsletter
	This Journey Called Life	Patient newsletter
	3rd Annual American Indian Kidney Conference	Patient newsletter
13	Looking for a Few Good Couples	Patient newsletter
	Mi Italino Journale	Patient newsletter
	Central Oklahoma Kidney Club	Patient newsletter
	AKF RPAP Fall Enrollment	Patient newsletter
	NKF of OK Kidney Health Revolving Fund	Patient newsletter
14	Emergency Preparedness for Texas Dialysis and Transplant Facilities	Brochure
	Get your Flu Shot	Poster
15	Network-Specific New Patient Packet	New Patient Mailing
17	The TransPacific Renal News	Newsletter
	Running A Successful Patient Support Group	Brochure
	TransPacific Renal Network's Tips for Starting a Support Group	Brochure
	What is the ESRD Network? (also available in a Spanish-language version)	Brochure
	The TransPacific Renal Network: What We Do, What We Can't Do	Brochure
	An Itching Problem	Brochure
18	Support Groups List	Brochure
	ESRD Spanish Educational Materials List	Brochure
GRIEVANCES & PATIENT CONCERNS		
1	"Network Grievance Cards"	Cards
3	Patient Grievance Procedures	Brochure
	Patient Rights and Responsibilities	Brochure
5	Grievance Policy/Brochure/Form	Brochure
	Grievance Poster	Poster
	Filing a Grievance	Article in patient newsletter
6	*If You Have a Complaint….Talk to Someone*	Poster mailed to all North Carolina facilities
	What to Do When You Have a Complaint	Brochure mailed to all North Carolina patients and facilities
	"Network Representative Patient Workshop"	Workshops (2)
8	Network 8 Grievance Procedure	Brochure
	"What Network 8 Can Do For You"	Brochure

NETWORK	TITLE	TYPE
9, 10	Article explaining grievance process	Patient newsletter
11	Patient Newsletter article: "Network 11 Consumer Concerns"	Article in patient newsletter
14	Intensive Intervention with the non-complaint patient booklet	Brochure
15	New patient Packet-"A Guide for Kidney Patients: What to Do if You Have a Problem"	Article in New Patient Mailing
15	New patient Packet-"Network #15 Statement of Patient Rights and Responsibilities"	Brochure in New Patient Mailing
17	People with Chronic Renal Failure	Newsletter
17	The TransPacific Renal Network's Statement of Patients Rights and Responsibilities	Brochure
17	The Patient Self-Determination Act: California Guide for Chronic Dialysis Patients (The Northern California version)	Brochure
17	Right of Patients to Change Physician or Facility	Brochure
18	Do You Have A Concern About Your Care or The Care of A Family Member	Poster
18	Services For Patients	Brochure. Available on website
18	Grievance Guidelines, Form and Representative Authorization Form	Hardcopy documents and on website
TREATMENT OPTIONS/TRANSPLANT		
1	"Your New Life" available in English, Spanish, and French-Canadian	Booklet
3	Coverage of Kidney Dialysis and Kidney Transplant Services (Spanish)	Booklet
4	What's New in Dialysis and Transplantation?	(2) Workshops for patients and family members
5	Transplant Brochures	Brochure
5	Kidney Transplant – What are the Facts	Workshop
5	Kidney Transplant Questions & Answers	Website
5	Transplant	Article in patient newsletter
6	*Transplant 101/ Information and Referral*	Brochures
7	Treatment Options	Patient and Family Workshop
7	Transplantation	Patient and Family Workshop
8	Daily Dialysis Option, Modality Panel	Presentation and Panel
8	Transplant Games	Activity
8	Sessions on Body Image and Job Retention Post Transplant along with Transplant Medications	Presented at the Alabama meeting
9, 10	Early Renal Insufficiency	Booklet
11	Patient newsletter article: "Opportunities in Transplant"	Articles in patient newsletter
13	Fujisawa Educational Material	Patient newsletter

NETWORK	TITLE	TYPE
14	Life Goes on After your Kidneys Stop Working	Book
17	Pre-Transplant Requirements of the TransPacific Renal Network Transplant Centers, Revision	Brochure
	Religious Faiths and Transplantation	Brochure
VOCATIONAL REHABILITATION/EMPLOYMENT/FINANCES/EXERCISE		
1	"Your New Life" available in English, Spanish, and French-Canadian	Booklet
3	Keys to a Long Life, LORAC	Booklet
3	"Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Disease"	Booklet
5	Returning to Work	Article in patient newsletter
	Vocational Rehabilitation Resources	Newsletters for patients and web site
	General information on vocational rehabilitation	Newsletters for patients and web site
	Sample letters to employer and to vocational rehabilitation counselor	Website
	Medicare Handbook	Booklet
	Medicare Issues & Answers Brochure	Brochure
6	Rehabilitation Project	Resource materials
	Vocational Rehabilitation Counselor List	List
7	Employment and Rehabilitation	Patient and Family Workshop
	Medical Perspectives on Rehabilitation and Employment	Patient and Family Workshop
	Exercise	Patient and Family Workshop
	Vocational Rehabilitation	Patient and Family Workshop
	Social Security and You	Patient and Family Workshop
8	Session on Job Retention Post Transplant	Presented at the Alabama meeting
	Sessions on Exercise	Presentation
	CMS Supplemental Medicare Handbook	Handbook
9, 10	Living Well With Chronic Kidney Disease	Workshop
	Ticket to Work Program/ Vocational Rehabilitation	Articles in Patient Newsletter
13	Information on Vocational/Rehabilitation Services	Patient newsletter
15	New patient Packet-NKF's publication "Working With Kidney Disease"	Brochure in New Patient Mailing
18	List of Job Hunting Websites	A hardcopy list and reference to website
18	Employment Facilitation Letters	Hardcopy of sample letters and reference to website
	Vocational Rehabilitation District Offices	Brochure and reference to website
	One-Stop Career Center Sites	Brochure and reference to website

APPENDIX U
PATIENT EDUCATION WORKSHOPS and MATERIALS DISTRIBUTED IN 2002 BY NETWORK

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
1	Patient Safety	Patient Advisory Committee Meetings (2)	Meetings	Members of the Network Patient Advisory Committee developed and implemented a special Patient Safety campaign. They displayed their materials at the 2002 Annual Network Meeting. One of the special results of their campaign was an excellent poster on Patient Safety, entitled "Be Aware, Be Safe". All dialysis facilities received large copies of these posters.
	Vascular Access	Vascular Access Passports and Patient Access Protection Cards	Passports (booklets), and Patient Access Protection Wallet Cards.	The Cards, developed by the Network, were again offered at the 2002 Annual Network Meeting.
	Disaster/Emergency Preparedness	CMS Disaster Manuals; Network Disaster Manuals with special versions for patients with Diabetes	Manual	The CMS Disaster Manual is available on the CMS website. The Network Disaster Manuals continue to be distributed to facilities and staff upon request.
	General	Network of New England Website	Website	Website resource for Network 1….examples of links include: most recent Annual Report, Knowledge Management abstracts, "Network Notes" publications, Performance Index, Statistical Highlights, and Annual Meeting information.
	Grievances/Patient Concerns	"Network Grievance Cards"	Cards	These are posted in every incenter dialysis patient waiting area in Network 1.
	Treatment Options/Transplant/Vocational Rehabilitation/Employment/Finances/Exercise	"Your New Life" available in English, Spanish, and French-Canadian	Booklet	Network 1 booklet that is distributed to facilities and physician offices for use by patients and their families.

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NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
2	Clinical	Peritoneal Dialysis (PD) Brochure	Brochure	Education brochure for PD patients to foster compliance with dialysis prescription and adequacy measurement. Sent to all providers for distribution to patients
	Communication	Patient Advisory Committee Newsletter and Training Manual	Newsletter	Newsletter sent to all patients
3	Access	Vascular Access Video	Video	A video in Spanish, describing hemodialysis vascular access choices sent to facilities in New Jersey and Puerto Rico
	Access	Understanding Your Hemodialysis Access Options	Booklet	A booklet describing vascular access choices and how to care for each access.
	Adequacy of Dialysis	Improving the Quality of Hemodialysis Treatment	Article	An article addressing how treatment adequacy can be improved.
	Adequacy of Dialysis	TransAtlantic Renal Council (TARC) website Treatment Adequacy	Brochure	An explanation of adequacy and its measurement for both hemodialysis and peritoneal dialysis.
	Other Clinical Issues	Influenza Immunization	Poster	A poster in English and Spanish highlighting the importance of receiving the flu vaccine.
	Other Clinical Issues	Control Your Diabetes for Life	Brochure	A CMS brochure in English and Spanish describing diabetic control.
	Communication/Psychosocial	TransAtlantic Renal Council (TARC) web site Question & Answer section	Website	Provide wealth of information to ESRD consumers. Spanish Q& A web site available July 2002
	Communication/Psychosocial	TransAtlantic Renal Council (TARC) Consumer web site	Website	Reviewed and revised the internet disclaimer, the treatment locations, and the web links and resources sections in both English and Spanish
	Diet & Nutrition	Diet: Questions and Answers about your new diet	Website	A Network website listing for patient information about the nutrition needs.
	Disaster/Emergency Preparedness	Preparing for Emergencies	Booklet	Distributed the booklet about preparing for emergencies.

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
3	General	Medicare and You 2002 (Spanish and English) Medicare. Coverage of Kidney Dialysis and Kidney Transplant Services (Spanish)	Booklet	A booklet describing Medicare Coverage
	General	Your Medicare Rights and Protections (English). Your Medicare Benefits (Spanish). Choosing a Medigap Policy. Dialysis Facility Compare: Guide to Medicare Certified Dialysis Facilities	Booklets	A group of booklets describing various services of Medicare
	Grievances/Patient Concerns	Patient Grievance Procedures	Brochure	A brochure to provide the patient with guidance through the grievance process.
	Grievances/Patient Concerns	Patient Rights and Responsibilities	Brochure	A brochure to describe/define the patient's rights as a dialysis patient and also their responsibilities.
	Treatment Options/Transplant	Coverage of Kidney Dialysis and Kidney Transplant Services (Spanish)	Booklet	A booklet describing the services available and the provision of payment for each service.
	Vocational Rehabilitation/Employment/Finances/Exercise	Keys to a Long Life, LORAC	Booklet	A informative booklet to guide staff in assisting patients with their rehabilitation efforts and informs patients of available rehabilitation services.
	Vocational Rehabilitation/Employment/Finances/Exercise	"Effective Strategies for Improving Employment Outcomes for People with Chronic Kidney Disease"	Booklet	A booklet distributed to both staff and patients for assistance with employment outcomes.
4	Communication/Psychosocial, Education/Treatment Options/Transplant	Patient Leadership Orientation; Family Support Group Discussion; What's New in Dialysis and Transplantation?	Sessions	(2) Sessions, each lasting one day and led by a Social Worker/Consultant, the Program Services Coordinator, Medical Review Board Chairperson and OP/TC Chairperson. Each speaker presented his respective area of expertise.
	Patient-related issues	ESRD Network 4 Emergency Preparedness Resources for Pennsylvania and Delaware Patients	Manual	Patient manual provides information for patients to prepare for emergency conditions or situations in areas such as dietary management, medication, and treatment.

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
4	Education	Poster: "Taking Responsibility For Your Own Care: What Can I Do To Help Myself?"	Poster	Designed by members of the Patient Services Committee. Describes healthy lifestyle and lists types of food, liquids for patients.
	Education	Brochure: "Patient Safety in the Dialysis Unit: The Patient's Role"	Brochure	Designed by the Quality Improvement Coordinator. Informs patients of the role they can play in safety issues.
	Education	Influenza Immunization Toolkits	Toolkit	Posters, reminders, and brochures for each patient in each facility to increase awareness of importance of influenza immunization.
	General	Network News Winter 2001-2002	Newsletter	Patient related Network information
	General	Network News Autumn 2002-2003	Newsletter	Patient related Network information
5	Clinical	Kidney Transplant, What are the Facts?	Education session	A transplant education session for patients and families (11 participants)
	Patient related issues	Patient Advisory Committee (PAC) meeting (2)	Meeting	Patient Advisory Committee met to establish goals for 2002 year. PAC developed a brochure, "Best Practices for a Dialysis Facility: From a Patients' Perspective."
	Patient Related issues	Patient REMARCS newsletter	Newsletter	Provides information and education about patient related issues, including vascular access, travel, how to file a grievance.
	Patient related issues	Patient Coordinator REMARCS	Newsletter	Newsletter sent to one patient representative at every dialysis unit. Provides educational information and resources for patients.
	Access	Reasons to Get a Fistula	Article	Article added to patient newsletter
	Adequacy of Dialysis	"Wanted" Brochure	Brochure	Brochure
	Adequacy of Dialysis	Adequacy	Article	Article in patient newsletter
	Other Clinical Issues	"Dialysis" brochure (old "It's Your Life')	Brochure	Brochure
	Communication/Psychosocial	Patient Services at MARC	Brochure	Brochure
	Communication/Psychosocial	Grievance Brochure	Brochure	Brochure
	Disaster/Emergency Preparedness	Preparing for Emergencies: A Guide for Patients on Dialysis	Booklet	Distributed in the Patient Orientation Packet

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
5	General	(via NCC) CMS-approved New Patient Orientation Package	Package of brochures	New Patient Orientation Packet
		Traveling on dialysis	Article	Article in patient newsletter
		It's Your Life	Booklet	
		Living With Dialysis	Brochure	
		Meeting the Kidney Challenge	Booklet	
		Patient Coordinator Information	Memorandum	
	Grievances/Patient Concerns	Grievance Policy	Brochure	
		Grievance Poster	Poster	
		Filing a Grievance	Article	Article in patient newsletter
	Treatment Options/Transplant	Transplant Brochures	Brochure	
		Kidney Transplant Questions & Answers	Website	
		Transplant	Article	Article in patient newsletter
	Vocational Rehabilitation/Employment/ Finances/Exercise	Returning to Work	Article	Article in patient newsletter
		Vocational Rehabilitation Resources	Newsletters	Newsletters for patients and web site
		General information on vocational rehabilitation	Newsletters	Newsletters for patients and web site
		Sample letters	Website	Letters to employer and to vocational rehabilitation counselor
		Medicare Handbook	Booklet	Federal government policies and procedures
		Medicare Issues & Answers Brochure	Brochure	Federal government policies and procedures
6	Clinical	Vascular Access Quality Improvement Project Toolkit	Toolkit	Toolkit of resource materials for patient and staff education related to catheter reduction project mailed to each facility selected for the project
		Influenza Immunization Resources	Brochure	Packet of patient and staff education resources related to Influenza Immunization mailed to each facility prior to the beginning of the flu season
	General	*ESRD from A to Z*	Booklet	Booklet of commonly used terms related to ESRD
		Renal Health News	Newsletter	Patient newsletter

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
6	General	"2002 GA Patient Update: Keeping You Up to Date"	Workshop	Patient Workshop
		Network Poster	Poster	Poster mailed to each dialysis facility with a description of Network functions and the toll-free phone number
		"SC Patient Services Symposium"	Workshop	Patient Workshop
		Living with Kidney Failure, A Patient Manual	Booklet	Booklet
		Family History Kit	Kit	Kit containing a poster and brochures related to the Family History Study and a videotape and guide regarding the risk for family members of ESRD patients for developing renal disease
		Website	Website	The website was completely updated in 2002 to include information about the Network's goals and responsibilities, Network structure, recent correspondence, patient services activities, data reports, Quality Improvement Projects, educational resources, related links, and more
		Resource Directory of Educational Materials	Brochure	Up-to-date listing of ESRD resources and information on how to obtain them mailed to each facility
	Grievances/Patient Concerns	*If You Have a Complaint….Talk to Someone*	Poster	Poster mailed to all North Carolina facilities
		What to Do When You Have a Complaint	Brochure	Brochure mailed to all North Carolina patients and facilities
		"Network Representative Patient Workshop"	Workshop	Workshops (2)
	Treatment Options/Transplant	*Transplant 101/ Information and Referral* brochures	Brochure	Brochures mailed to all Georgia patients and facilities
	Vocational Rehabilitation	Rehabilitation Project	Newsletter	Quarterly mailing of resource materials to facilities for staff and patients on each of the 5 E's of Renal Rehabilitation
		Vocational Rehabilitation Counselor List	Listing	Updated listing sent to each dialysis facility

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
7	Patient–related issues	Patient and Family Workshops	Workshops	Three workshops were held throughout the state concerning: Employment and Rehabilitation, Adequacy of Dialysis, Modality Choice, Exercise and others.
	Clinical	Education	Brochures	Brochures mailed to new or existing patients on modality choices, adequacy of dialysis, phosphorus, potassium, and anemia management.
	Organizations	Education	Brochure	Literature mailed to new and existing patients on Network 7, Florida Medical Quality Assurance, Inc., National Kidney Foundation, American Association of Kidney Patients, National Institute of Diabetes and Digestive and Kidney Diseases and Life Options Rehabilitation Advisory Council.
	Patient information	Introduction letter	Letter	The Forum Office Clearinghouse sends new patients a welcome letter that contains our contact information.
	Access	Network 7 Annual Meeting	Meeting	Patients & Family members participate and the program is announced through the Newsletter and through the facilities.
	Other Clinical Issues	Sexuality	Meeting	AAKP 2002 Annual Meeting
		An Overview of Kidney Function	Workshop	Patient and Family Workshop
		"People Like Us" & "Keep" & "Finding Your Strength"	Programs	Network 7 co-hosted and/or co-sponsored these program
	Diet & Nutrition	Good Nutrition	Workshop	Patient and Family Workshop
	Disaster/Emergency Preparedness	Disaster Preparedness	Meeting	AAKP 2002 Annual Meeting and fax broadcasted to facility social workers to provide to patients.
	General	Network 7 and Your Rights and Responsibilities	Meeting	AAKP 2002 Annual Meeting
		Community Resources	Workshop	Patient and Family Workshop
	Treatment Options/Transplant	Treatment Options	Workshop	Patient and Family Workshop
		Transplantation	Workshop	Patient and Family Workshop

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
7	Vocational Rehabilitation/Employment/ Finances/Exercise	Employment and Rehabilitation	Workshop	Patient and Family Workshop
		Medical Perspectives on Rehabilitation and Employment	Workshop	Patient and Family Workshop
		Exercise	Workshop	Patient and Family Workshop
		Vocational Rehabilitation	Workshop	Patient and Family Workshop
		Social Security and You	Workshop	Patient and Family Workshop
8	Patient education	3 State PAC Fall Meetings and 2 Special Spring Meetings	Conferences	All patients in each state and surrounding areas were invited to attend 5 separate patient educational conferences. These were day long seminars that covered many issues including vascular access, modalities, exercise, legislative issues, emotional issues, medications, etc. The meetings were held in Biloxi, MS; Memphis, TN; Jackson, MS; Birmingham, AL.; and Nashville, TN. Attendance varied from 117 to 40 with a total of 400 patients being served. The meeting was free of charge to all patients.
		AAKP Convention		Network 8 funds the three Patient Advisory Committee (PAC) chairs from our three states to attend the AAKP convention each year. This year the convention was held in Orlando, FL and all three attended.
		2 issues of Network 8's *Kidney Patient Update*	Newsletter	We published two patient newsletters during 2002. The first was a Spring special edition on Nutrition and the second was a Summer special edition on Vascular Access. The newsletters were sent to all dialysis facilities to be given out to each patient. The vascular access newsletter was also given out at seminars on vascular access for facility staff.

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
8	Patient education	Network 8's <u>Understanding Kidney Failure and Selecting a Treatment Modality</u>; AAKP's Patient Plan; AAKP's Vascular Access Brochure, CMS Adequacy Brochure, AAKP's Hemo Adequacy Brochure; AAKP's Peritoneal Adequacy Brochure	Brochures	Given out at patient meetings and sent, as requested to each dialysis facility. Was reprinted in 2002.
	Adequacy of Dialysis	Network 11's Patient Education Video	Video	Is sent in New Facility Packets and educates patients on compliance and the importance of adequacy
	Access	Network 6's Patient Vascular Access Video	Video	Sent to all providers as part of our vascular access QIP to show to patients.
	Other Clinical Issues	Kidney Research Developments; Dialysis and Transplant Medications; How the Organ Donor Registry & Waiting List Works	Meeting	All issues were covered at the Alabama Patient Meeting which draws a much larger transplant audience
	Communication/Psychosocial	Emotional and psychological issues were covered by Dr. Paul McGinnis	Presentations	Presentations were made at all 5 patient meetings
	Diet & Nutrition	AAKP's Na-K-Phos Counter and Protein and Calorie Counter		Included in packet and disseminated at all 5 patient meetings and as requested
	Disaster/Emergency Preparedness	CMS's Patient Disaster Manual	Manual	Given out at patient seminar
		Network 8 Preparing for Emergencies Manual	Manual	Has been sent to all facilities and continues to be sent to each new facility. It contains a patient section that we ask the facility to copy and give to all patients each year.
	General	How You Can Impact Legislation	Presentation	Dolph Chianchiano presented to the Mississippi Patient Advisory Council (PAC) meeting
		Dare to Dream Presentation by Bryon Vouga	Presentation	Presented to all three Fall Patient Advisory Council (PAC) meetings
	Grievances/Patient Concerns	Network 8 Grievance Procedure	Procedure	Given out at all PAC meetings and included in Network 8's <u>Understanding Kidney Failure and Accepting a Treatment Modality</u>
	Grievances/Patient Concerns	"What Network 8 Can Do For You"		Included grievance mechanism and presented at the Biloxi and Memphis patient meetings

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
8	Treatment Options/Transplant	Daily Dialysis Option, Modality Panel	Presentation	Daily option was presented at the Biloxi and Memphis meetings, Modality panel was presented at all three Fall Patient Advisory Council (PAC) meetings.
		Transplant Games	Activities	Network 8, once again was a sponsor for the transplant teams for all three states in our Network. The games were held in Orlando at the Disneyworld Complex in June 2002.
		Sessions on Body Image and Job Retention Post Transplant along with Transplant Medications	Presentation	Presented at the Alabama meeting
	Vocational Rehabilitation/Employment/ Finances/Exercise	Session on Job Retention Post Transplant	Presentation	Presented at the Alabama meeting
		Sessions on Exercise	Presentation	Presented at the Biloxi and Memphis meetings
		CMS Supplemental Medicare Handbook	Handbook	Included in packet and disseminated at all 5 patient meetings
9/10	Patient-related issues, Communication, Education	Patient Leadership Committee	Brochure	Work on the development of educational materials and provide feedback for patient issues
	Adequacy of Dialysis	Compliance/Adherence Packet	Packet of resources	
	Communication/Psychosocial	Adventure Park – ESRD Special Edition	Game	Board Game
		Symptoms of Depression	Article	Article in Patient Newsletter
		ESRD: A Family Affair	Newsletter	Patient Newsletter (Whole Issue)
	Diet & Nutrition	Staying Healthy	Brochure	
		Kidney Games	CD-ROM	
	General	Living With Kidney Disease: A Patient Manual (updated and revised)	Manual	Manual on website
		Network Website Information	Brochure	
	Grievances/Patient Concerns	Article explaining grievance process	Newsletter	Patient newsletter
	Treatment Options/Transplant	Early Renal Insufficiency	Booklet	
	Vocational Rehabilitation/Employment/ Finances/Exercise	Living Well With Chronic Kidney Disease	Workshop	

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
9/10	Vocational Rehabilitation/Employment/ Finances/Exercise	Ticket to Work Program/Vocational Rehabilitation	Articles	Articles in Patient Newsletter
11	Patient related issues	*Common Concerns* patient newsletter	Newsletter	Distributed to 35,000 patients in Network 11 in the spring and winter of 2002.
	Access	Patient Newsletter article: "Vascular Access"	Article	Article in patient newsletter
	Access	Patient Newsletter article: "PD Catheter Care"	Article	Article in patient newsletter
	Adequacy of Dialysis	Patient Newsletter article: "Hemodialysis Adequacy"	Article	Article in patient newsletter
	Other Clinical Issues	Patient Newsletter article: "Anemia Management"	Article	Article in patient newsletter
	Communication/Psychosocial	Patient Newsletter article: "Dealing with Conflict"	Article	Article in patient newsletter
	Communication/Psychosocial	Patient Newsletter article: "Dealing with Facility Staff"	Article	Article in patient newsletter
	Diet & Nutrition	Patient Newsletter article: "Phosphorus Control"	Article	Article in patient newsletter
	General	New Life: New Hope brochures and Medicare handbooks	Brochures/Handbooks	408 distributed to dialysis facilities
	Grievances/Patient Concerns	Patient Newsletter article: "Network 11 Consumer Concerns"	Article	Article in patient newsletter
	Treatment Options/Transplant	Patient newsletter article: "Opportunities in Transplant"	Articles	Articles in patient newsletter
12	General	"Nephron News and You"	Newsletter	Quarterly newsletter for patients and family members via facility personnel. Newsletters printed during 2002 focused on nutrition, fluid intake management, and self-management and empowerment.

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
13	Patient Related Issues	Kidney Koncerns Patient Newsletter	Newsletter	Patient Newsletter with educational and nutritional information. Total Distribution for three editions, 40,500 copies.
		Patient Advisory Council (PAC) Meetings	Meetings	PAC members meet to review Network issues related to patient care.
	Access	Vascular Access for Hemodialysis (Network 6)	Booklet	Booklet distributed as part of QIP
		NKF/DOQI ™ Getting the Most from your Treatment: What you need to know about your access	Booklet	Booklet distributed as part of QIP
		Patient Vascular Access ID cards	ID cards	Distributed as part of QIP
	Adequacy of Dialysis	What's Attitude Got to Do With It?	Newsletter	Patient newsletter
		Living with ESRD and Living Well	Newsletter	Patient newsletter
	Other Clinical Issues	Fight Flu and Pneumonia	Newsletter	Patient newsletter
	Disaster/Emergency Preparedness	Distribution of 'Preparing for Emergencies' at facility request for patient distribution	Manual	New patient information prepared by CMS
	General	Words of Encouragement from New Patient Advisory Council (PAC) Member	Newsletter	Patient newsletter
		Medicare General Enrollment Begins	Newsletter	Patient newsletter
		Dialysis Derby: A Winner by Many Lengths	Newsletter	Patient newsletter
		This Journey Called Life	Newsletter	Patient newsletter
		3rd Annual American Indian Kidney Conference	Newsletter	Patient newsletter
		Looking for a Few Good Couples	Newsletter	Patient newsletter
		Mi Italino Journale	Newsletter	Patient newsletter
		Central Oklahoma Kidney Club	Newsletter	Patient newsletter
		AKF RPAP Fall Enrollment	Newsletter	Patient newsletter
		NKF of OK Kidney Health Revolving Fund	Newsletter	Patient newsletter
	Treatment Options/Transplant	Fujisawa Educational Material	Newsletter	Patient newsletter

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
13	Vocational Rehabilitation/Employment/ Finances/Exercise	Information on Vocational/Rehabilitation Services	Newsletter	Patient newsletter
14	Education	Adequacy of Peritoneal Dialysis (PD) Dialysis	Video	Disseminated one video to each facility offering PD
	Crisis Management	Emergency Booklet for Patients	Booklet	Disseminated to all facilities and posted on website
	Access	Protect Your Life Line –Hemodialysis Graft or Fistula	Booklet	Patient education
	Disaster/Emergency Preparedness	Emergency Preparedness Guide for Texas Dialysis and Transplant patients (English and Spanish)	Brochure	Disseminated to all facilities
	General	Get your Flu Shot	Poster	Patient education
	Grievances & Patient Concerns	Intensive Intervention with the non-complaint patient booklet	Brochure	Disseminated to facilities
	Treatment Options/Transplant	Life Goes on After your Kidney Stop Working	Book	Patient education
15 *	Patient Related Issues	Patient Advisory Council (PAC) Meetings	Meetings	Held via conference call twice in 2002 to discuss and plan for Network programs to address patient concerns.
	Adequacy of Dialysis	New Patient Packet-"Dialysis Keeps People with Kidney Failure alive…Are You Getting Adequate Hemodialysis"	Brochure	New patient Mailing-Brochure
		Renal-Round-Up (Patient Newsletter) Focus on Adequacy of Dialysis	Article	Patient Newsletter-article
	Other Clinical Issues	*Renal-Round-Up* (Patient Newsletter) Focus on Self-Care	Article	Patient Newsletter-article
		Renal-Round-Up (Patient Newsletter) "Get the Skinny", article addressing skin problems for ESRD patients	Article	Patient Newsletter-article

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
15	Communication/Psychosocial	New Patient Packet-"Stop Talking, Start Communication"	Article	Patient Newsletter-article
	Diet & Nutrition	*Renal Round-Up (*Patient Newsletter*)*- "Albumin, Why Is It Important?"	Article	Patient Newsletter-article
	General	Network-Specific New Patient Packet	Packet	New Patient Mailing
	Grievances & Patient Concerns	New patient Packet-"A Guide for Kidney Patients: What to Do if You Have a Problem"	Article	New Patient Mailing-article
		New patient Packet-"Network #15 Statement of Patient Rights and Responsibilities"	Brochure	New Patient Mailing-Brochure
	Vocational Rehabilitation/Employment/ Finances/Exercise	New patient Packet-NKF's publication "Working With Kidney Disease"	Brochure	New Patient Mailing-Brochure
16	Access	Back to the Basics: Increasing the Use of AVFs in Hemodialysis Patients	Brochure	Patient education
17	Patient Related Issues	People with Chronic Renal Failure	Newsletter	Distributed to patients via facilities. Over 11,000 copies were mailed.
	Crisis Management	Preparing for Emergencies: A Guide for People on Dialysis	Booklet	This booklet for patients was developed by the TransPacific Renal Network, updated by CMS, distributed to facilities nationwide, and placed on the CMS website.
	General	The TransPacific Renal News	Newsletter	Free newsletter for dialysis and transplant patients; distributed to all Network facilities. Average number of copies printed for each issue is over 11,000.
	General	Running a Successful Patient Support Group	Brochure	Written by a caregiver who helped start and has run a successful patient support group for several years.
	General	TransPacific Renal Network's Tips for Starting a Support Group	Brochure	Patient support

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
17	General	The TransPacific Renal Network's Statement of Patients Rights & Responsibilities	Brochure	Patient education
		The Patient Self-Determination Act: CA Guide for Chronic Dialysis Patients (The Northern California version)	Brochure	Patient education
		What is the ESRD Network?	Brochure	A short article describing our Network and the area it serves. (also available in a Spanish-language version - "Que Es El Grupo ESRD Network?")
		The TransPacific Renal Network: What We Do, What We Can't Do	Brochure	A table listing what the Network can and cannot do for patients.
		Disaster Preparedness for Persons on Dialysis & Transplant Recipients	Brochure	Also available in a Spanish-language version - "Estado de Preparacion de Desastre para Personas en Dialisis y Recipientes de Transplante"
		An Itching Problem	Brochure	Some successful at home remedies for the itching associated with renal failure.
		Boy, Food Doesn't Taste As Good As It Used To	Brochure	An explanation of some of the reasons for a diminished sense of taste and possible solutions.
		Pre-Transplant Requirements of the TransPacific Renal Network Transplant Centers, Revision 2002	Brochure	A listing of kidney transplant facilities in the Network, along with testing requirements, personnel lists, etc.
		Religious Faiths and Transplantation	Brochure	A listing of many of the major religions practicing in the United States, along with their official policies on organ donation for transplantation.
		Right of patients to change physician or facility	Brochure	Published and distributed by the Network.
		Long Term Care Program (LTCP) information sheet	Paper	This attachment to the LTCP briefly describes the modality options for the patient.
18	Clinical Issues	Patient Advisory Council (PAC) Fact- Improve the Quality of Your Care	Newsletter	Patient educational newsletter describing the difference between "quality of care" and "quality of service"
	Clinical Issues	Patient Advisory Council (PAC) Fact- Understanding Laboratory Values	Newsletter	Patient educational newsletter describing the blood tests that are drawn monthly.

NETWORK	CATEGORY	NAME OF PROGRAM	TYPE	BRIEF DESCRIPTION
18	General	Support Groups List	List	List of support groups in the Network
		ESRD Spanish Educational Materials List	Brochure	A brochure of ESRD educational material available in Spanish from other renal organizations.
	Grievances	Do You Have A Concern About Your Care or The Care of A Family Member	Poster	A poster that describes patient rights to express concerns about their care.
		Services For Patients	Brochure	A brochure for patients describing the services that the network has for patients and a section on what to do if they have a concern about their care.
		Grievance Guidelines, Form and Authorization Form	Conference and workshops	A packet of information describing the grievance process and an authorization form if person filing is not patient.
	Rehabilitation	List of Job Hunting Websites	List	A list of websites to assist patients back into the work force.
		Employment Facilitation Letters	Letters	Sample letters for employers of patients who continue to work. They describe the treatment modality and some issues of work attendance and illness.
		Vocational Rehabilitation District Offices	Directory	A directory of vocational rehabilitation centers for patients
		One-Stop Career Center Sites	Directory	A directory of Career center sites which assist patients in referral to vocational rehabilitation dept., assist with resumes, or filling out job applications.

Source: Networks 1-18 Annual Reports, 2002

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

APPENDIX V
VOCATIONAL REHABILITATION DIALYSIS PATIENTS AGED 18-54 YEARS
AS OF DECEMBER 31, 2002

NETWORK	NUMBER OF FACILITIES	NUMBER OF PATIENTS AGE 18-54	NUMBER OF PATIENTS RECEIVING VOCATIONAL REHABILITATION SERVICES	PATIENTS EMPLOYED	STUDENTS	FACILITIES OFFERING DIALYSIS SHIFT AFTER 5 PM
1	142	2,870	85	781	76	49
2	239	7,381	220	1,882	219	126
3	145	4,055	229	1,219	143	72
4	231	3,659	242	817	80	38
5	280	6,350	256	1,694	156	39
6	434	10,258	305	1,628	274	30
7	286	6,185	*	*	*	42
8	293	6,237	160	954	157	19
9	487	6,084	627	1,327	62	70
10		3,281	316	890	49	31
11**	349	4,948	133	1,071	163	59
12	250	2,031	246	693	231	25
13	235	4,788	200	681	126	24
14	318	8,895	377	1,950	297	72
15	212	4,134	143	1,110	169	52
16	123	2,640	111	772	116	55
17	162	5,232	376	1,183	216	51
18**	257	8,117	1,406	1,526	844	84
TOTAL	**4,443**	**97,145**	*******	*******	*******	**938**

Source: Networks 1- 18 Annual Reports, 2002

* Applicable data for Network 7 was unavailable. Number of referrals to Vocational Rehabilitation was 700 and combined number of patients employed or attending school full or part-time was 1178.

** Of the total number of facilities listed for their Network, Network 11 reports that only 267 facilities and Network 18 reports that only 254 facilities in their Network offer vocational rehabilitation services.

*** Total is incomplete without information from Network 7.

APPENDIX W
LIST OF ACRONYMS

ACRONYM	ORGANIZATION	ACRONYM	ORGANIZATION
AAKP	American Association for Kidney Patients	NRAA	National Renal Administrators Association
AHRQ	Agency for Healthcare Research and Quality	OCSQ	Office of Clinical Standards and Quality
AKF	American Kidney Fund	ODIE	Online Data Input and Edit
ANNA	American Nephrology Nurses' Association	OGC	Office of General Council
BOD	Board of Directors	OIC	Opportunity to Improve Care
BUN	Blood Urea Nitrogen	OPO	Organ Procurement Organization
CAPD	Continuous Ambulatory Peritoneal Dialysis	OPTN	Organ Procurement and Transplantation Network
CCPD	Continuous Cycling Peritoneal Dialysis	OSCAR	Online Survey Certification and Reporting
CME	Continuing Medical Education	PAC	Patient Advisory Committee
CMS	Centers for Medicare & Medicaid Services	PD	Peritoneal Dialysis
CMS/CO	Central Office (CMS)	PID	Project Idea Document
CPM	Clinical Performance Measures	PIP	Performance Improvement Plan
CQI	Continuous Quality Improvement	PO	Project Officer
DMMS	Dialysis Mortality and Morbidity Study	PRO	Peer Review Organization
DOQI	Dialysis Outcomes Quality Initiative	QA	Quality Assurance
DVA	Department of Veterans Affairs	QI	Quality Improvement
ELAB	Electronic Transfer of Laboratory Data	QIO	Quality Improvement Organization
EPO	Erythropoietin	QIP	Quality Improvement Project
ESRD	End Stage Renal Disease	REBUS	Renal Beneficiary and Utilization System
FPR	Final Project Report	REMIS	Renal Management Information System
HCQIP	Health Care Quality Improvement Program	RO	Regional Office (CMS)
HCT	Hematocrit	ROPO	Regional Office Project Officer
HD	Hemodialysis	RPA	Renal Physicians Association
HHS	Health and Human Services	SA/SSA	State Agency/State Survey Agency
HIC	Health Insurance Claim	SIMS	Standard Information Management System
IMRP	Instruction Manual for Renal Providers	SOW	Statement of Work
MRB	Medical Review Board	SSA	Social Security Administration
NC	Network Council	SSN	Social Security Number
NCC	Network Coordinating Council	TQE	Total Quality Environment
NIDDK	National Institute of Diabetes, and Digestive and Kidney Diseases	UNOS	United Network for Organ Sharing
NIH	National Institutes of Health	URR	Urea Reduction Ratio
NIP	National Improvement Project	USRDS	United States Renal Data System
NKF	National Kidney Foundation	VAS	Vascular Access Surveillance
NPP	Narrative Project Plan	VISION	Vital Information System to Improve Outcomes in Nephrology

APPENDIX X
ORGANIZATION WEB ADDRESSES

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