2007 ANNUAL REPORT

FOR

END-STAGE RENAL DISEASE
NETWORK 9/10

THE RENAL NETWORK, INC.

Submitted By:
The Renal Network, Inc.
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(317)257-8265

Date: June 30, 2008

Sponsored By:
Centers for Medicare &
Medicaid Services
Contract Number: HHSM-500-2006-NW009C
& HHSM-500-2006-NW010C
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<td>Actual Patient Load – Utilization Indiana HSA 1</td>
<td>152</td>
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<td>Actual Patient Load – Utilization Indiana HSA 2</td>
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Actual Patient Load – Utilization Kentucky HSA 1
Actual Patient Load – Utilization Kentucky HSA 2

Actual Patient Load – Utilization Ohio HSA 1
Actual Patient Load – Utilization Ohio HSA 2
Actual Patient Load – Utilization Ohio HSA 3
Actual Patient Load – Utilization Ohio HSA 4
Actual Patient Load – Utilization Ohio HSA 5
Actual Patient Load – Utilization Ohio HSA 6
Actual Patient Load – Utilization Ohio HSA 7
Actual Patient Load – Utilization Ohio HSA 8
Actual Patient Load – Utilization Ohio HSA 9
Actual Patient Load – Utilization Ohio HSA 10

Actual Patient Load – Utilization Pediatric Patients Only

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Total Patient Population Year End
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1. PREFACE
June 30, 2008

I am pleased to present the **2007 Annual Report for End-Stage Renal Disease Network 9**, which outlines a year of Network activities, and is made possible by the coordinated effort among health care providers, patients, and Network staff.

A total of 18 ESRD Networks throughout the country provide oversight of dialysis and transplant centers. The goal of the ESRD Networks is to assure appropriateness of dialysis care while fostering patient independence and well-being. ESRD Networks are funded through the Centers for Medicare and Medicaid Services (CMS). The Renal Network, Inc., is an independent agency which holds the contracts for ESRD Network 9 (Indiana, Kentucky and Ohio) and ESRD Network 10 (Illinois). Together the Networks monitor the treatment of patients with end-stage renal disease in the four-state region.

The Renal Network, Inc., fosters and appreciates patient participation at all levels, extending from the Board of Trustees, the Medical Review Board, the Pediatric Renal Group, the Patient Leadership Committee and the Network Council to each individual dialysis unit.

Our committee members are volunteers who strive to improve the quality of care provided to patients receiving treatment for ESRD. Their contributions of time and expertise have enabled our Network to fulfill the requirements of our CMS contract to the fullest, to drive a progressive organization.

I wish to thank all the dedicated professionals, including those in each of our dialysis and transplant facilities and the Network office, without whose hard work and perseverance the Network accomplishments would not have been possible. I am proud of my association with The Renal Network, Inc., and I expect that the contributions of our stakeholders will continue to make our Network a model for others to emulate.

Sincerely,

George Aronoff, M.D.
President
2. INTRODUCTION

A. Network Description


Both incidence (new patients) and prevalence (total population) of ESRD patients grew by 1% during 2007; a one-year comparison is shown below.


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<td>2007</td>
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<tr>
<td></td>
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<td>Network 9</td>
<td>8,558</td>
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<td>Network 10</td>
<td>4,764</td>
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**Chart 2.A-2. 2007 General Population – Age, Race & Ethnicity Information**

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<th>Indiana</th>
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<td>Population</td>
<td>12,831,970</td>
<td>6,313,520</td>
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<td>State Rank</td>
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<td>14th</td>
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<td>White</td>
<td>79.3%</td>
<td>88.3%</td>
<td>90.2%</td>
<td>84.9</td>
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<tr>
<td>Black</td>
<td>15%</td>
<td>8.9%</td>
<td>7.5%</td>
<td>12%</td>
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<tr>
<td>Other</td>
<td>5.7%</td>
<td>2.8%</td>
<td>2.3%</td>
<td>3.1%</td>
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<td>Hispanic</td>
<td>14.7%</td>
<td>4.8%</td>
<td>2%</td>
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<td>Under 18</td>
<td>25.1%</td>
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<td>23.8%</td>
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<td>18 - 64</td>
<td>62.9%</td>
<td>62.6%</td>
<td>63.9%</td>
<td>62.6%</td>
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<td>65 &amp; Over</td>
<td>12%</td>
<td>12.4%</td>
<td>12.8%</td>
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<tr>
<td>Male</td>
<td>49%</td>
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<td>Female</td>
<td>51%</td>
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*2006 Population Estimates
U.S. Census Bureau Quick Facts, Illinois, Indiana, Kentucky & Ohio
About one-half of the population of Illinois, "The Prairie State, lives in the metropolitan Chicago area. In total, 83 percent of the population lives in urban areas and 17 percent of the population lives in rural areas. Other urban areas in Illinois (with a population of greater than 100,000) are Springfield (the state capital), Rockford, and Peoria.

About two-thirds of the population of Indiana, "The Hoosier State, live in urban areas. Indianapolis, the state capital, is the largest city in the Network 9 area, as well as Indiana, with a population of over 1,000,000. Other urban areas in Indiana are Fort Wayne, Gary, Evansville and South Bend.

The population of Kentucky, "The Bluegrass State," is about evenly divided between rural and urban dwellers. Urban centers are Louisville, Lexington, Owensboro, Covington, Bowling Green, Paducah, Hopkinsville, and Ashland. Kentucky's state capital is Frankfort.

About three-quarters of the population of Ohio, "The Buckeye State," Ohio live in urban areas. Urban centers include Cleveland, Columbus (the state capital), Cincinnati, Toledo, Akron, Dayton, and Youngstown.

B. Network Structure

1. Staffing.

The Renal Network employs a total of 18 staff members; 17 are full-time employees and one is a part-time employee:

Susan A. Stark, Executive Director: Project Director, responsible for the overall operation of all functions of The Renal Network, Inc.

Bridget M. Carson, Assistant Director: provides back-up in administrative responsibilities. This position is also responsible for coordinating activities for the Pediatric Renal Group, the Nominating Committee and the Midwest Chronic Kidney Disease Coalition.

Janet Nagle, Office Manager: responsible for operation of the Network office, including planning and coordination of meetings, bookkeeping and personnel.

Raynel Kinney, R.N., C.N.N., C.P.H.Q., Quality Improvement Director: oversees all quality improvement projects and intervention activities, and coordinates the clinical performance measures project.

Mary Ann Webb, M.S.N., R.N., C.N.N., Quality Improvement Coordinator: assists with quality improvement and intervention activities and grievance resolution.
Cynthia Miller, R.N., C.P.H.Q., Quality Improvement Coordinator: assists with quality improvement and intervention activities, and grievance resolution.

Janie Hamner, Quality Improvement Assistant: responsible for support to the Quality Improvement Department.

Dolores Perez, M.S., Communications Director: oversees the Network Web sites, publications and resource information; assists with implementation of all patient activities.

Kathi Niccum, Ed.D., Patient Services Director: responsible for direction of all patient activities, conflict resolution training programs for staff, coordinates and facilitates the activities of the Patient Leadership Committee and oversees the resolution of complaints, grievances, and facility concerns.

Kalisha Nance, M.S.W., Patient Services Coordinator: Conducts intake for patient complaints and grievances and assists in their resolution.

Katherine Stark, Patient Services Operational Coordinator: Provides support to the Patient Services Department in tracking complaints and grievances, plus secretarial support.

Richard Coffin, Data Services Director: responsible for all programming needs and activities, and also directs the staff of the Data Services Department.

Christina Harper, Data Manager: oversees the day-to-day operation of the Data Services Department.

Marietta Gurnell, Information Management Coordinator: responsible for administering data clean-up tools and CMS notifications on the SIMS database to correct errors in the system.

Roianne Johnson, Data Specialist: Responsible for tracking patients for Network 10 facilities.

Deborah Laker, Data Specialist: responsible for tracking patients for Network 9 facilities.

Ameron Harris, Data Specialist: Responsible for tracking patients in Network 9 facilities.

Helen McFarland, Special Projects Coordinator: Responsible for validation activities for the Network 9/10 database.

Rita Cameron, Secretary: responsible for reception and secretarial support.
2. Committees.

**Network Council**: The Network Council is composed of representatives of ESRD providers in Illinois, Indiana, Kentucky, and Ohio which are certified by the Secretary of Health and Human Services to furnish at least one specific ESRD service. The Council includes a representative of each of the current Medicare approved ESRD facilities. Each facility has a single representative, designated by its chief executive officer or medical director, who is approved by the governing board of the facility. The Council is responsible for the election of members to the Board of Trustees and the Medical Review Board. Elections are held by mail-in ballot. The Council meets once annually. The Council met on March 14, 2007.

During 2007, the following occurred:

- The annual meeting of the Network Council was held on Wednesday, March 14. At this time the Council was updated on activities with Network 9/10 as well as those activities related to the Centers for Medicare and Medicaid Services (CMS) and The Forum of ESRD Networks. Dialysis facilities within Network 9/10 were informed of the outcomes of the CMS Clinical Performance Measures Project and the Fistula First: National Vascular Access Improvement Initiative, the Midwest CKD Coalition activities, and updated on the activities of the Network Medical Review Board. The nominating process for open positions to the MRB and the BOT ended at the conclusion of the Network Council meeting.

- The 2007 slates for membership on the Board of Trustees and Medical Review Board were mailed in October for the 2007 election after the nominating process was completed. (Nominations were accepted from January through March 2 for open positions.) Members were elected to both committees by mail-in ballot in the fall. Terms of office were to begin on January 1, 2007 and end on December 31, 2009.

- 2006 data were presented and the 2006 Annual Report was distributed to facility representatives and posted to the Network Web site (www.therenalnetwork.org).

**Board of Trustees**: The Board of Trustees is the chief governing body of The Renal Network, Inc. The Board of Trustees holds the CMS contracts for ESRD Network 9 and ESRD Network 10, and is ultimately responsible for meeting contract deliverables and oversight of the administration of the Network budget.

In 2007, the Board of Trustees was composed of 21 members and an ex-officio immediate Past President, elected for three year terms of office including:

- Six Renal Physicians
- Two At-Large Physicians
Four ESRD Patients (three positions filled/one vacancy)
One Non-Categorical Position
Chairperson of the Medical Review Board
One Nurse
One Social Worker
One Administrator
One Dietitian
One Technician
One Legal Representative
One Financial Representative
The Past President

The Board of Trustees met on March 14, June 28, August 29 and November 28.
Members of the Board of Trustees for 2007 were:

George R. Aronoff, President
Chester A. America, MD, Treasurer
Jay B. Wish, MD, Past President
Richard Hamburger, MD
Gordon McLennan, MD
William “Dirk” Combs
Emil P. Paganini, MD
Bonnie Orlins, MSW
Keith Mentz
Joseph Scodro, JD

C. Craig Stafford, MD, Vice President
Benjamin Pflederer, MD, Secretary
Thomas Golubski, MD
Stephen Korbet, MD
Peter DeOreo, MD, MRB Chair
Evernard “Bill” Davis
Cheryl Sweeney, RN
Linda Ulerich, RD, LD
Mark Parks, CHT
Daniel DeFalco, CPA

During 2007, the Board of Trustees accomplished the following:

• The Board ensured that the CMS contract deliverables are met and contract obligations were maintained. In concert with the MRB, the Board approved the Quality Improvement Work Plan outlining Network initiatives to meet CMS goals.
• The Board approved the Internal Quality Improvement Plan and the Task Manager-Internal Quality Improvement program to monitor Network work efforts.
• Network financial records were reviewed and expenditure reports approved.
• The Board received and approved the annual audit from the accounting firm Alerding and Associates. The report was delivered with an “unqualified opinion,” the highest status which can be earned in the audit process.
• The Board of Trustees monitored and approved the activities of the Medical Review Board, the Pediatric Renal Group, the Patient Leadership Committee, the Nominating Committee, the Finance Committee, the Audit
Committee, and the Strategic Planning Committee. Committee progress reports included updates on projects and action items.

- The Board of Trustees was updated on activities with CMS, The Forum of ESRD Networks, and contract issues.

- The Board approved the slates for election to the MRB and the BOT. Annually, one-third of all elected positions come up for election per Network election bylaws. Terms of office are three years in length, with a term limit imposed after three consecutive terms in an elected position. In response to these requirements, the slates were formulated from nominations from the Network at large. The Nominating Committee reviewed the nominations to ensure the candidates were qualified for the positions being sought. The slates were sent to the BOT for approval, then mailed to the Network Council facility representatives for voting. The election was final and results were announced by year-end.

- The Board oversaw the development of Network projects by special contract with CMS, including the development of special studies devoted to examine the practice of delivery of dialysis care within the nursing home setting, and overcoming barriers to admission to dialysis facilities.

**Medical Review Board**: The Medical Review Board (MRB) is composed of 28 members, elected for three year terms of office including:

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<thead>
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<th>Category</th>
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<td>Physicians At Large</td>
<td>2</td>
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<tr>
<td>Pediatric Renal Physician</td>
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<td>ESRD Dietitians</td>
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<td>ESRD Patients</td>
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<tr>
<td>ESRD Nurses</td>
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<tr>
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<td>ESRD Facility Administrators</td>
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<td>ESRD Technicians</td>
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</table>

The Medical Review Board functions with the concurrence and subject to the review and control of the Board of Trustees. The President of the Board of Trustees serves in an ad hoc capacity. The MRB performs functions prescribed by the regulations issued by the Secretary of Health and Human Services, as well as other duties related to quality improvement, vocational rehabilitation, and patient concerns as requested by the Network Coordinating Council. The MRB met on March 14, April 18, May 16, and October 24.

Members of the MRB for 2007 were:

- Peter B. DeOreo, MD, Chair
- Andrew O’Connor, DO
- Joytin Chandarana, MD
- Orly Kohn, MD
- Lawrence Klein, DO
- Ashwini Sehgal, MD, Vice Chair
- Prabir Roy-Chaudhury, MD
- Maria Sobrero, MD
- Marcia Silver, MD
- Paul Shin, MD
During 2007, the Medical Review Board:

- The MRB oversaw the development of the Quality Improvement Work Plan, which outlines quality activities of the Network. Once accepted by CMS, the MRB monitored the progress of achieving tasks set out in the Quality Improvement Work Plan.

- Continued the implementation of the CMS Fistula First: National Vascular Access Improvement Initiative. A special Vascular Access Advisory Panel (VAAP) continued to assist the MRB to coordinate this project. The Network 9/10 Fistula First initiative included providing reports on fistula incidence and prevalence to the dialysis providers to serve as a benchmarking tool, dissemination of educational resources to dialysis facilities, placement of resources and educational materials on the Network Web site, and technical assistance to regional vascular access committees. The VAAP began development for future projects including working within the fellowship programs for both surgery and nephrology, working within the hospital setting, and cannulation training workshops and learning sessions.

- Reviewed and updated the CPM Plan. Outcomes were reviewed as data became available. QI activities/interventions were developed as necessary.

- Oversaw the distribution of the Facility Specific Lab Data Reports that included hemodialysis adequacy and anemia management. The facility reports detailed the fourth quarter 2006 data collection outcomes and were distributed to facility medical directors, administrators, and nurse managers. The facility reports were mailed to approximately 450 dialysis programs during October 2007. The facility feedback reports will continue with the 2007 4th quarter lab data collection with CMS approval.

- Oversaw the dissemination of a Facility Profile, which displays descriptive data from each facility, with comparisons of regional, state, Network and
national statistics for those same areas. The data include demographic and diagnosis data, as well as standardized mortality rate (SMR) and gross mortality. These profiles are distributed annually to each facility to help them in their continuous quality improvement efforts. The reports provide data for benchmarking, and also provides a comparison to local, state and national trends.

• Oversaw the activities of the Pediatric Renal Group, a subcommittee of the Medical Review Board. The goal of the Group is to act as a resource to the Network on the care and treatment of pediatric dialysis and transplant patients. The Pediatric Renal Group met on September 14 and 15. Subcommittee work was accomplished through conference calls during the year.

• Received continuous updates on the activities of CMS and the ESRD Network Scope of Work, the United States Renal Data System (USRDS), and The Forum of ESRD Networks.

• Reviewed data profiles, including rates for clinical performance measures, mortality, home therapy, and transplantation.

• Reviewed and provided input regarding grievances, patient complaints and facility concerns filed with the Network and reviewed the trends and areas of concern.

• Recommended that all facilities receive a trend letter identifying the number and type of complaints and grievances filed with the Network from their facilities.

• Contributed articles for Network publications on the topics of non-adherence, pay-for-performance, professionalism and withdrawal from dialysis.

• Oversaw the implementation of the national CMS clinical performance measures project.

• Oversaw all quality improvement and education projects that were in the process of development.
**Patient Leadership Committee:** The purpose of the Patient Leadership Committee (PLC) is to identify and address ESRD patient needs and concerns through the development of educational projects and activities. The PLC met on March 14, June 7, July 25, and November 2. Members of the Patient Leadership Committee during 2007:

<table>
<thead>
<tr>
<th>Teri Browne</th>
<th>Diana Belton</th>
<th>Audrey Chengelis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celia Chretien</td>
<td>William &quot;Dirk&quot; Combs</td>
<td>James Dineen</td>
</tr>
<tr>
<td>Lorraine Edmond</td>
<td>Craig Fisher</td>
<td>Barb Gronefeld</td>
</tr>
<tr>
<td>Eric Gronefeld</td>
<td>Karen Habercoss</td>
<td>Sonia Juhasz</td>
</tr>
<tr>
<td>Helen Kurtz</td>
<td>Kathy Kirk-Franklin</td>
<td>Evaret Lesser</td>
</tr>
<tr>
<td>Ellen Newman</td>
<td>Janet Schueller</td>
<td>Fonda Setters</td>
</tr>
<tr>
<td>Martinlow Spaulding</td>
<td>Guy Tibbles</td>
<td>Lynn Winslow</td>
</tr>
</tbody>
</table>

During 2007, the PLC accomplished the following:

- Reviewed and provided input on the development of a handout entitled “How to Start a Support Group.”

- Provided input for the development of a tool for staff members to help motivate patients who do not have fistulas to at least consider one, using motivational interviewing techniques.

- Reviewed and provided input on a poster for patients that described the importance of keeping fistula access sites uncovered.

- Participated in the development of the draft of the Fistula Patient Coach Handbook.

- Reviewed and provided input for changes to the Robert Felter Memorial Award which will honor two patients in the Network.

- Provided input for the trends letter to facilities regarding complaints and grievances for their facilities.

- Contributed articles for the patient newsletter on the topics of patient empowerment, volunteerism, and independence and provided suggestions on increasing awareness of the newsletter.

- Reviewed the trends of beneficiary complaints, facility concerns, admission barriers and involuntary discharges and provided insight and suggestions regarding some of the issues presented.

- Provided input for educational topics for the social worker email topics.
3. CMS NATIONAL GOALS & NETWORK ACTIVITIES

ESRD Network 9/10 shares a responsibility, along with the other 16 Networks throughout the United States, for achieving the goals of the Medicare ESRD Program. Network 9/10 continuously develops and implements quality improvement projects; each is designed to work toward these common goals to benefit the population of individuals with end-stage renal disease.

GOAL 1: Improving the quality and safety of dialysis related services provided for individuals with ESRD.

Improving quality and safety for care of ESRD beneficiaries was accomplished through clinical initiatives developed and supervised by the Medical Review Board and implemented by the Quality Improvement Department of The Renal Network, Inc. Quality is defined by the Institute of Medicine (IOM) as: “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” These activities, designed to achieve the IOM quality definition, are categorized in five main subject areas:

A. 2007 Fourth Quarter Lab Data Collection
B. Network 9/10 CPM Goals
C. CMS National CPM Project
D. Fistula First Initiatives
E. Network Special Projects/Studies
F. Focused Quality Assurance Activities

A. 2007 Fourth Quarter Lab Data Collection.

The Fourth Quarter Lab Data Collection contributes to a consistent clinical database to assess patient outcomes and support improvement activities at Network 9/10 and facilities. The fourth quarter 2007 lab data elements consisted of:

- Pre and post BUN to calculate URR for adequacy management of HD
- Reported Kt/V for adequacy management of HD
- Reported weekly CrCl and reported weekly Kt/V for adequacy management of PD
- Hemoglobin for anemia management
- Serum Albumin and lab method for nutrition management
- Transferrin Saturation for mineral metabolism management
- Ferritin for mineral metabolism management
- Phosphorus for mineral metabolism management
- Calcium for mineral metabolism management

In the fourth quarter of 2007 (October, November and December), Network 9 had approximately 95.4% of hemodialysis facilities and 100% of peritoneal dialysis...
facilities voluntarily participating in the lab data collection. Network 10 had approximately 99.5% of hemodialysis and 89.5% of peritoneal dialysis facilities voluntarily participating.

The goals of the project were to:

1. increase the knowledge and awareness of the Fourth Quarter Lab Data Collection to Network 9/10 ESRD providers,
2. standardize the data collection process,
3. analyze the applicability of the data on facility and Network levels,
4. implement programs and projects that can be repeated on a facility and Network-wide level,
5. improve patient outcomes.

The Renal Network maintains a process to collect, analyze, and provide data feedback reports to facilities. In the fourth quarter of 2007, hemodialysis and peritoneal dialysis facilities were asked to voluntarily submit lab data via Excel spreadsheets. Feedback reports describing the data collected will be prepared by ESRD Network 11 and distributed in summer 2008. The reports will compare facility-specific outcomes to state and national outcomes. Aggregate information will be placed on the Network 9/10 Web site and the data will be reviewed by the MRB. The facility feedback reports will continue with the 2008 Fourth Quarter Lab Data Collection, pending CMS approval.

The fourth quarter lab dataset is reviewed each year by the MRB. Under the MRB direction, information is sent to the dialysis providers, along with resources to assist providers in improving their outcomes.

Interventions can include:
- Facility specific data collection and/or action plans
- Feedback reports
- Webex education workshops
- Tool Kit for anemia control
- Tool kit for improving adequacy

The focus is on K/DOQI™ guidelines, facility outcome data, and facility plans for improvement. Feedback reports are specifically targeted to medical directors, administrators and nurse managers. Multi-color reports display data in tables and charts.

Resources were developed specifically for this purpose and posted to the Web site, including tool kits for improvement of adequacy and anemia. Facilities were informed of their availability, and also about technical support activities available from the Quality Improvement staff nurses, through routine announcements and mailings.
This data is used when developing the CPM Workplan for the coming year. It is also used when calculating facility profiles in the Facility Intervention Profiling System which is detailed in section E., Focused Intervention Activities, on page 45.

B. Network 9/10 CPM Goals.

In 2007, Network 9/10 Clinical Performance goals and resources for adequacy of dialysis, anemia management, and vascular access were available on the Network 9/10 Web site, www.therenalnetwork.org.


All patients measured for adequacy every month.

≥ 95% of patient population achieve URR ≥65%

≥ 95% of patient population achieve Kt/V Daugirdas II ≥1.2

![Chart 3.Goal 1.B-1](chart.png)

Percentage of HD Patients with Reported Kt/V >= 1.2
by State and Network 9/10 for Selected Collection Periods
>=95% of patient population achieve Kt/V Daugirdas II >=1.2

<table>
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<tr>
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<th>4Q03</th>
<th>4Q06</th>
<th>4Q07</th>
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<tr>
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<tr>
<td>KY</td>
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<td>89%</td>
<td>94%</td>
<td>95%</td>
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<td>71%</td>
<td>87%</td>
<td>91%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Net 9</td>
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<td>88%</td>
<td>91%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>IL/Net 10</td>
<td>66%</td>
<td>82%</td>
<td>91%</td>
<td>92%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Adequacy of Dialysis Goals 2007 - Peritoneal Dialysis (revised May 2007)
All patients measured for adequacy every four months.
85% or more PD patients achieve at least a weekly Kt/V of ≥1.7

All hemodialysis patients measured every month
All peritoneal dialysis patients measured at every PD clinic visit

Previously, The Renal Network goal was to have 85% or more patients achieve a hemoglobin of 11 gm/dL or greater. The MRB believes that data from the recently published trials and the K/DOQI revised anemia guidelines make it inappropriate to use a percentage cutoff above a hemoglobin of 11 gm/dL. In the interest of quality of patient care, The Renal Network will no longer use this goal as a quality indicator for dialysis units.

The MRB had much discussion in the spring of 2007 concerning the use of erythropoietin stimulating agents (ESA) in chronic kidney disease (CKD) patients requiring dialysis. The following statement was sent to dialysis facilities and is on the Web site at www.therenalnetwork.org:
We believe that the recently published trials and the K/DOQI revised Anemia guidelines (http://www.kidney.org/news/newsroom/newsitem.cfm?id=380) make the use of a percent cutoff above a hemoglobin of 11 gm/dL misleading and not in the best interest of patient care. The Renal Network will no longer use this goal as a quality indicator for dialysis units.

Facilities should analyze the monthly hemoglobin results. Review not only the percent above 11, but also the percent in the range 11 to 12 (for our Network, about 35%) and the percent in the range over 12. They should look at the average (mean) hemoglobin over time and review the EPO dosing rules.

This analysis should reveal the intention of the protocol. If the average hemoglobin is over 12, and there is a stable or increasing population of patients over 12, then the intention of the protocol (or target) is greater than 12. It is more important to address the systematic issue of the dosing protocol or rules than it is to react to individual patient’s excursions over 12.

The trials do not show an increased risk of death or cardiovascular morbidity for chronic kidney disease patients treated by dialysis randomized to high hemoglobin targets. However, no study of CKD or ESRD patients published thus far shows a cardiovascular or mortality benefit to any group from a hemoglobin over 13 gm/dL.

Since the question of harm is unsettled, in the absence of benefit, the “risk to benefit ratio” favors conservative hemoglobin targets. K/DOQI made a recommendation that the target range generally be between 11 and 12 gm/dL, but made a guideline that the target should not exceed 13 gm/dL.

Historically, despite a gradual increase in the average hemoglobin, the variation around that average (standard deviation) has been consistent. The result is an increasing number of patients with higher hemoglobins as the mean hemoglobin rises.

The purpose of clinical practice guidelines is to advise practitioners making decisions about individual patients. The goal of quality improvement organizations like the Renal Network is to advise medical directors and facilities making decisions about systems of care for populations of patients.

Wolfe et al analyzed hemoglobin and SMR data in the CMS database for 5600 dialysis facilities between 1999 and 2002. At the facility level, there was a significantly lower SMR for those facilities with a high percentage of patients with hemoglobins over 11 gm/dL and a reduction in SMR for those facilities with a large improvement in the percentage of patients over 11 gm/dL. There does
appear to be slightly higher mortality risk (unpublished analysis) in facilities with a high percentage of patients over 13, however the risk under 11 is greater than the risk over 13.

The MRB recommends that facilities pay attention to patients in both ranges of hemoglobin. The risk in the studies comes from the “target” or “intended” hemoglobin NOT the achieved or “as treated” hemoglobin.

The Renal Network is able to help facilities analyze their hemoglobin data, define frequency distributions and reference values of facilities of similar size.


### Chart 3. Goal 1.B-3
Percentage of HD Patients with HGB >= 11 gm/dL by State and Network 9/10 for Selected Collection Periods

>=85% of patient population achieve hemoglobin >=11 gm/dL

<table>
<thead>
<tr>
<th></th>
<th>4Q98</th>
<th>4Q01</th>
<th>4Q04</th>
<th>4Q06</th>
<th>4Q07</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN</td>
<td>62%</td>
<td>78%</td>
<td>84%</td>
<td>83%</td>
<td>80%</td>
</tr>
<tr>
<td>KY</td>
<td>57%</td>
<td>77%</td>
<td>82%</td>
<td>83%</td>
<td>81%</td>
</tr>
<tr>
<td>OH</td>
<td>59%</td>
<td>76%</td>
<td>83%</td>
<td>83%</td>
<td>80%</td>
</tr>
<tr>
<td>Net 9</td>
<td>59%</td>
<td>77%</td>
<td>83%</td>
<td>83%</td>
<td>80%</td>
</tr>
<tr>
<td>IL/Net 10</td>
<td>55%</td>
<td>76%</td>
<td>83%</td>
<td>82%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Chart 3. Goal 1.B-4
Percentage of PD Patients with HGB >= 11 gm/dL by State and Network 9/10 for Selected Collection Periods
>=85% of patient population achieve hemoglobin >=11 gm/dL

<table>
<thead>
<tr>
<th></th>
<th>IN</th>
<th>KY</th>
<th>OH</th>
<th>Net 9</th>
<th>IL/Net 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-D 98</td>
<td>67%</td>
<td>66%</td>
<td>67%</td>
<td>67%</td>
<td>61%</td>
</tr>
<tr>
<td>S-D 01</td>
<td>78%</td>
<td>76%</td>
<td>73%</td>
<td>75%</td>
<td>71%</td>
</tr>
<tr>
<td>O-D 04</td>
<td>78%</td>
<td>84%</td>
<td>79%</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>O-D 06</td>
<td>78%</td>
<td>83%</td>
<td>79%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>O-D 07</td>
<td>77%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
<td>73%</td>
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</tbody>
</table>

Albumins will be measured monthly on all hemodialysis and peritoneal dialysis patients.

Percentage of HD Patients with Average Albumin >= 3.5 gm/dL by State and Network for Selected Collection Periods
Chart 3. Goal 1.B-6
Percentage of PD Patients with Average Albumin >= 3.5 gm/dL
by State and Network 9/10 for Selected Collection Periods

<table>
<thead>
<tr>
<th></th>
<th>IN</th>
<th>KY</th>
<th>OH</th>
<th>Net 9</th>
<th>IL/Net 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-D96</td>
<td>61%</td>
<td>51%</td>
<td>52%</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>S-D00</td>
<td>65%</td>
<td>56%</td>
<td>59%</td>
<td>61%</td>
<td>64%</td>
</tr>
<tr>
<td>O03-M04</td>
<td>65%</td>
<td>66%</td>
<td>61%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>O-D06</td>
<td>64%</td>
<td>59%</td>
<td>64%</td>
<td>63%</td>
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</tr>
<tr>
<td>O-D07</td>
<td>58%</td>
<td>59%</td>
<td>62%</td>
<td>60%</td>
<td>65%</td>
</tr>
</tbody>
</table>

- ≥ 50% prevalent patient population fistula rate
- ≤ 10% prevalent patient population catheter rate

Network 9
Prevalent Vascular Access Rates
Selected Collection Periods

- ≥50% prevalent patient population fistula rate
- ≤10% prevalent patient population catheter rate

Network 10
Prevalent Vascular Access Rates
Selected Collection Periods

- ≥50% prevalent patient population fistula rate
- ≤10% prevalent patient population catheter rate
C. CMS National CPM Project.

All 18 Networks participated in the national Clinical Performance Measures (CPM) project. Random samples of hemodialysis and peritoneal dialysis patients were drawn. The hemodialysis sample had sufficient size to be representative of each Network. The peritoneal dialysis sample size was used for national rates only.

Chart 3.Goal 1.C-1 displays how Network 9 and Network 10 ranked for clinical outcomes among the other 16 Networks in the U.S. for the past four years.

<table>
<thead>
<tr>
<th>Clinical Characteristic</th>
<th>Network 9</th>
<th>Network 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4Q03</td>
<td>4Q04</td>
</tr>
<tr>
<td>Percentage Patients with Average:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URR ≥ 65%</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Kt/V ≥ 1.2</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Percentage Prevalent Patients:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AV Fistula (low rate)</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Catheter</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Albumin ≥ 3.5 gm/dL</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Albumin ≥ 4.0 gm/dL</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Hgb ≥ 11 gm/dL</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Ferritin ≥ 100 ng/mL</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>TSAT ≥ 20%</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>% patients receiving ESA with HGB value 11-12 gm/dL</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>% patients prescribed IV Iron</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Ranking scale = #1 best, #18 worst

Data for Adult (≥18 years) In-center Hemodialysis Patients
Chart 3. Goal 1.C-2 shows the Network 9 and Network 10 random samples for the CMS National CPM Project. Data reliability of the national sample was conducted on five percent of the random sample. Network 9/10 staff abstracted patient charts for this process.

<table>
<thead>
<tr>
<th>Pt. Characteristic</th>
<th>Net 9 HD #</th>
<th>Net 9 HD %</th>
<th>Net 10 HD #</th>
<th>Net 10 HD %</th>
<th>U.S. HD* #</th>
<th>U.S. HD* %</th>
<th>Net 9 PD #</th>
<th>Net 9 PD %</th>
<th>Net 10 PD #</th>
<th>Net 10 PD %</th>
<th>U.S. PD* #</th>
<th>U.S. PD* %</th>
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<tbody>
<tr>
<td>Total</td>
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<td>88</td>
<td>7475</td>
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<tr>
<td>18 – 49</td>
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<td>104</td>
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<tr>
<td>50 – 59</td>
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<td>1872</td>
<td>21</td>
<td>28</td>
<td>27</td>
<td>14</td>
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<td>1018</td>
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<td>13</td>
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<td>65 – 69</td>
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<td>57</td>
<td>12</td>
<td>997</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>14</td>
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<td>70 – 79</td>
<td>117</td>
<td>24</td>
<td>108</td>
<td>23</td>
<td>1934</td>
<td>22</td>
<td>10</td>
<td>10</td>
<td>14</td>
<td>22</td>
<td>191</td>
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<tr>
<td>80+</td>
<td>53</td>
<td>11</td>
<td>54</td>
<td>11</td>
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<td>33</td>
<td>22</td>
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<td>34</td>
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<tr>
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<td>24</td>
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<td>32</td>
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<td>26</td>
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<td>17</td>
<td>9</td>
<td>14</td>
<td>261</td>
<td>18</td>
</tr>
<tr>
<td>Other/Unk</td>
<td>123</td>
<td>25</td>
<td>98</td>
<td>20</td>
<td>1804</td>
<td>21</td>
<td>36</td>
<td>35</td>
<td>16</td>
<td>25</td>
<td>368</td>
<td>26</td>
</tr>
<tr>
<td>Duration - years</td>
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<tr>
<td>&lt; 0.5</td>
<td>64</td>
<td>13</td>
<td>54</td>
<td>11</td>
<td>1052</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>8</td>
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<td>0.5 – 0.9</td>
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<td>13</td>
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<td>11</td>
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<td>221</td>
<td>15</td>
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<tr>
<td>1.0 – 1.9</td>
<td>83</td>
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<td>89</td>
<td>19</td>
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<td>25</td>
<td>15</td>
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<td>23</td>
</tr>
<tr>
<td>2.0+</td>
<td>264</td>
<td>55</td>
<td>268</td>
<td>56</td>
<td>5009</td>
<td>57</td>
<td>54</td>
<td>53</td>
<td>30</td>
<td>48</td>
<td>715</td>
<td>50</td>
</tr>
</tbody>
</table>

*CMS 2007 Annual Report, ESRD Clinical Performance Measures Project, December 2007. May not add up to 100% or totals due to rounding or missing data elements.
Charts 3.Goal 1.C-3 to 3.Goal 1.C-6 compare and rank the 18 Networks and the U.S. in regards to several quality indicators that were collected during the 2007 National CPM project.

Percent of adult in-center hemodialysis patients receiving dialysis with a mean spKt/V >=1.2 by Network October-December 2006 2007 ESRD CPM Project

Percent of adult in-center hemodialysis patients with mean hemoglobin >=11 g/dL By Network October-December 2006 2007 ESRD CPM Project

23
Percent of adult in-center hemodialysis patients with mean serum albumin >=4.0/3.7 (BCG/BCP)
By Network, October-December 2006
2007 ESRD CM Project

Percent of prevalent adult in-center hemodialysis patients with AV Fistula
By Network
October-December 2006
2007 ESRD CPM Project
D. Fistula First (FF) Initiative.

The development of Quality Improvement Projects (QIP) is mandated in the ESRD Network contracts with CMS. The QIPs are developed and directed by the MRB. In 2007, the majority of quality improvement efforts were focused on continuing the Fistula First Initiative.

Background: In 2003, all 18 of the ESRD Networks and CMS, along with clinicians, dialysis providers, and patients, developed a three-year plan called the National Vascular Access Improvement Initiative (renamed Fistula First in 2004). This plan implements strategies for the improvement of patient vascular access outcomes to reach the CMS goal and K/DOQI guidelines for AVF use of >65% prevalence.

Fistula First aims to build on established methods to increase fistula use, and to take advantage of system-level diagnosis and strategies for improvement. Collaboration between ESRD Networks, providers, physicians, vascular surgeons, and health professionals is key to spreading the change ideas for improving AV fistulas.

Primary objectives:
- To increase prevalence rate of AVF in Network 9 from 42.3 percent in March 2007 to 46.3 percent in March 2008 (an increase of four percentage points) and increase Network 10 from 43.0 percent in March 2007 to 47.0 percent in March 2008 (an increase of four percentage points).
- To increase the awareness of early referral for vascular access in the incident CKD patient.
- Educate providers, physicians, and vascular access surgeons on documentation of AVF assessment pre hemodialysis access placement
- Educate providers, physicians, and vascular access surgeons on the AVF improvement strategy

During 2007, the Networks improved its AVF prevalence rates, as follows:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Network 9</td>
<td>Network 10</td>
<td>K/DOQI Guidelines</td>
</tr>
<tr>
<td>Mar'07</td>
<td>Dec'07</td>
<td>Mar'07</td>
</tr>
<tr>
<td>Fistula Prevalence</td>
<td>42.3%</td>
<td>44.6%</td>
</tr>
</tbody>
</table>
Actions. Network 9/10 participated on all Fistula First Breakthrough Initiatives (FFBI) at the national, regional and local level. The Quality Improvement Director is Network liaison for the Quality Measurement and Information Workgroup. This task group of the Fistula First Breakthrough Initiative is responsible for identifying ways for the coalition to measure successes and identify data sources so that quality initiatives can be designed. A measures grid has been developed so that data sources can be identified and defined. This grid has been placed on the FF Web site, www.fistulafirst.org.

The CD/DVD program “Cannulation of the AV Fistula” was sent to all Non-LDO dialysis facilities in the Network in November 2007. This program was developed by the Practitioner Education task force for the Fistula First Breakthrough Initiative Coalition. The program includes information on patient and site assessment, preparation, cannulation techniques (“rope-ladder” & “buttonhole”), self-cannulation, and complications. It also includes optional sample tools such as algorithms, forms, and policies/procedures that can be adapted and used in dialysis facilities.

Nationally, Network 9/10 participated on the Fistula First Breakthrough Administrative Core Group conference calls on January 17, January 31, March 7, March 21, April 11, April 25, May 9, May 30, June 20, July 25, September 5, September 19, October 3, October 17, November 7, and December 5. Additionally, the Quality Improvement Director was an active participant on the Quality Measurement and Information Workgroup of the Fistula First Breakthrough Initiative with conference calls being held April 12, April 18, July 18, September 19, and November 28. FFBI Coalition WebEx conference calls and meetings were attended on February 9, June 6, September 21, and December 7. Conference calls were held for Quality Improvement Directors (QID) focusing on Fistula First on April 30, July 26, and November 29.

At the Network level, for the regional population of Illinois, Indiana, Kentucky and Ohio, improvement was achieved through the following activities:

Vascular Access Advisory Panel. A panel of experts oversees the Fistula First Initiatives, under the direction of the MRB. This Vascular Access Advisory Panel (VAAP) was organized at the beginning of the Fistula First Initiative in 2004. The VAAP continued its activities during 2007. Members of the panel include:

Tim Pflederer, M.D., Chair, Renal Care Associates, Peoria, Illinois
Anil Agarwal, M.D., Ohio State University, Columbus, Ohio
George Aronoff, M.D., University of Louisville, Louisville, Kentucky
Michael Brier, Ph.D., University of Louisville, Louisville, Kentucky
Luis Cespedes, M.D., RCG-Villa Park, Elmhurst, Illinois
Deepa Chand, M.D., Akron Children’s Medical Center, Akron, Ohio
Peter DeOreo, M.D., Centers for Dialysis Care, Cleveland, Ohio
Peter Ivanovich, M.D., VA Medical Center Lakeside, Chicago, Illinois
Wendy Jagusch, R.N., Centers for Dialysis Care, Cleveland, Ohio
Richard Keen, M.D., John H. Stroger Hospital of Cook County, Chicago, Illinois
Joseph Leventhal, M.D., Northwestern Memorial, Chicago, Illinois
Gordon McLennan, M.D., Indiana University Medical Center, Indianapolis, Indiana
Rino Munda, M.D., University of Cincinnati, Cincinnati, Ohio
Prabir Roy-Chaudhury, M.D., University of Cincinnati, Cincinnati, Ohio
Mary Showers, R.N., VA Medical Center, Cleveland, Ohio
Marcia Silver, M.D., Metro Health Medical Center, Cleveland, Ohio
Jay B. Wish, M.D., University Hospitals of Cleveland, Cleveland, Ohio

The VAAP is charged with developing and implementing strategies to achieve Fistula First goals, under the direction of the MRB. The VAAP met twice during 2007, once in May and once in October. Conference calls were scheduled during interim times to continue the work of this advisory body. Reports of VAAP activities were made continuously to the MRB. Network staff participates on the national Fistula First Breakthrough Initiative (FFBI), so ideas between these two groups are shared routinely.

**Data Distribution.** Fistula First Facility Specific Reports were sent in March 2007 to show fourth quarter 2006 data, June 2007 to show first quarter 2007 data, September 2007 to show second quarter 2007 data, and December 2007 to show third quarter 2007 data. The Network developed an additional quarterly data report that gives facilities the number of fistula patients needed to meet fistula percentage goals based on the total number of patients and the number of patients with a fistula in their facility. The report gives the facility the number of additional patients needed to achieve a 40%, 50%, and 66% prevalent AV fistula rate. The hope is that the information can be used with other facility methods of continuous quality improvement (CQI) to identify patients suitable for conversion to a fistula. This report was introduced in March 2007 utilizing December 2006 data and sent to facility medical directors, administrators, and nurse managers along with the other quarterly FF report displaying graphs illustrating quarterly results, as well as progress over time compared to the state, Network and United States where applicable. The report also included a graph showing catheters ≥90 days, allowing facilities to assess the impact of their long-term catheters.

Through this report, facilities with poor outcomes can be targeted for intervention. Facilities with good outcomes are utilized for positive intervention and mentoring.

**Communications.** Stakeholders were identified as the facility medical director, administrator, nurse manager, vascular access coordinators, nephrologists, patients, vascular access surgeons, and interventional radiologists. Individual databases were constructed to enable ongoing communications with these audiences. Information and educational materials regarding the Fistula First Initiative were sent to the various stakeholders by mail and e-mail as appropriate.
and necessary. The materials provided to our stakeholders were developed both from Network 9/10 and the national Fistula First Breakthrough Initiative.

**2006–2007 Learning Sessions.** A series of Learning Sessions began in August 2006 and concluded with the final session on January 24, 2007 being held in Indianapolis, Indiana. The table below displays the number of facilities and participants that attended the January 2007 Learning Session:

<table>
<thead>
<tr>
<th>2007 Indianapolis Learning Session Participants - Network 9/10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indianapolis, IN January 24, 2007</strong></td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>26</td>
</tr>
</tbody>
</table>

The Learning Sessions focused on the following components and providers of care:

1. **Nephrologist & Surgeon Focus:** The physician sessions reviewed DOPPS fistula data, surgical interventions to aggressively convert graphs to fistulas, best practice models, and pay for performance information.

2. **Medical directors of providers with VAAP defined “sub-standard” (<40% fistula and ≥30% catheter) fistula rates as of May 2006 received a letter encouraging them to attend one of the three Learning Sessions. The participants that attended the sessions are being followed to evaluate changes in outcomes.**

3. **Cannulation Training:** The session for nurses and facility staff, titled the Cannulation Workshop, focused on a cannulation program that could be reproduced in the dialysis facility.

Chart 3.Goal 1.D-3 to Goal 1.D-5 shows the analysis of the 2006-2007 Learning Sessions that have been conducted thus far. The charts below display the AVF percentage point change for the patients represented in the “sub-standard” facilities that attended as compared to the patients represented in Network 9 and 10:
The January 2007 Learning Session final results will be realized in 2008.

Based on the data collected, the sub-standard facilities that attended the Learning Sessions increased their prevalent patient fistula rates at a higher rate of change than their Network as a whole. This rate of increased change as a whole has sustained over a twelve-month period as demonstrated by the first two Learning Session results. The MRB and VAAP consider this an effective intervention and will continue to use this model in the future.

**Barriers to Fistula Collaborative.** Twenty-five facilities were identified to participate in a quality improvement project designed for rapid cycle identification of barriers to fistula placement and intervention. This sample of “sub-standard” facilities (defined by \( \geq 30\% \) catheters and \(< 50\% \) fistulae using data from January 2007) was based on a population of 100 patients or more. Twenty-three facilities are actively participating in this collaborative. Two of the identified facilities are being followed individually due to other quality and staffing issues and are being assisted with process development on an individual basis.
The following table displays the number and types of facilities that will be participating:

<table>
<thead>
<tr>
<th>Chart 3.Goal 1.D-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Participants</td>
</tr>
<tr>
<td>Barriers to Fistula Collaborative</td>
</tr>
<tr>
<td>Non - LDO</td>
</tr>
<tr>
<td>Network 9</td>
</tr>
<tr>
<td>Network 10</td>
</tr>
</tbody>
</table>

The first two phases of this Barriers to Fistula Collaborative were conducted in 2007. Twenty-three out of the 25 facilities participated in Phase I and II:

| Phase I |
|----------|----------|
| Activity | Intervention | Benchmark |
| August '07 | Identify Facilities | Notification of Participation | Baseline Data |
| September '07 | Patient Specific Data Collection | Identify Barriers to Fistulas |

| Phase II |
|----------|----------|
| Activity | Intervention | Benchmark |
| October '07 | Meeting in Indianapolis | Develop New Process based on Barrier Identification | † prevalent fistula rate by 1 percentage point (50% of facilities) |
| November '07 | Assist with New Process | Facility Conference Call |
| December '07 | Assist with New Process | Facility Conference Call |

An expected goal for this collaborative was that 50% of the participating facilities would realize a one percentage point increase by first measurement (October 2007) after being identified as a sub-standard facility and being asked to participate. Sixty percent of the facilities would realize a two-percentage point increase by second measurement (January 2008) after the first intervention. Seventy-five percent would meet a three percentage point increase by third measurement (April 2008) and 95% of the participating facilities would reach the goal of four percentage points at the conclusion of the collaborative (July 2008).
Data were analyzed in December 2007 to determine if the collaborative facilities met the Phase II (first quarter) one percentage point fistula increase. The collaborative group’s patient population as a whole met the goal for October 2007. Reviewing the data by individual facility showed that 13 out of 25 original participants (52%) met the goal of one percentage point fistula increase from July to October 2007 and of those actually participating, 13 out of 23 (57%) met the first quarter goal.

See charts Chart 3.Goal 1.D-7 to Goal 1.D-9 below:


Network 9
Barriers to Fistula Collaborative
Prevalent Fistula Rates per Participant
July & October 2007


Network 10
Barriers to Fistula Collaborative
Prevalent Fistula Rates per Participant
July & October 2007
Phase III, IV, and V of the Barriers to Fistula Collaborative will continue in 2008. The goal of the project will be for participating facilities to yield a four-percentage point fistula rate increase by the conclusion of the project, July 2008.

**Fistula First/Catheter Out Quarterly WebEx Education.** Quarterly Webex conferences were held in 2007 and will continue into 2008. Facility representatives with exceptional AVF rates presented at these sessions. These presenters explained their best practice models for specific topics and provided related tools, facility processes, and resources to participants.

Continuing education credits were provided for each Webex and a certificate for individual and facility participation will be presented in 2008 for those that attend all four conferences. Each topic was presented twice to maximize participation. Topics and dates are presented in the table below.

<table>
<thead>
<tr>
<th>WebEx Conference</th>
<th>Date #1</th>
<th>Date #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Approach Using CQI to Improve AVF Rates</td>
<td>September 18, 2007</td>
<td>September 25, 2007</td>
</tr>
<tr>
<td>How to Engage Your Primary Care Physician</td>
<td>November 13, 2007</td>
<td>December 11, 2007</td>
</tr>
<tr>
<td>Early Referral to the Vascular Surgeon</td>
<td>February 5, 2008</td>
<td>February 26, 2008</td>
</tr>
<tr>
<td>Changing Patient Culture</td>
<td>May 6, 2008</td>
<td>June 17, 2008</td>
</tr>
</tbody>
</table>

In 2007, the Webex conferences were taped and placed on the Web site along with the tools for others to access. At the end of the series in 2008, fistula data from facilities that participated in these sessions compared to facilities that did not participate will be analyzed in order to see if we can draw any conclusions regarding the impact of this educational model and its continued use as an educational activity.

**Vascular Access Utilization Data Collection.** This activity began in 2007 and will continue into 2008. A sample of non-LDO “sub-standard” facilities participated in a FF patient-specific data collection (for purposes of this activity, sub-standard was defined by ≥30% catheters and <50% fistulae using data from January 2007, with a population of 50-99 patients). Nine facilities from Network 9 and nine facilities from Network 10 are submitting patient specific FF data with surgeon and nephrologist identifiers.

In August 2007 the participating facilities were sent the collection tool and instructions on its use. Facilities submitted practice data and received assistance in the data collection process.

Plans for 2008 will include:

1) Patient specific FF data will be drawn to be used as baseline data,
2) An analysis will be done at six months to enable development of projects related to vascular access utilization,

3) Reports based on physician specific outcomes (nephrologist and surgeon) will be sent at six and 12 months. These reports will compare physicians to others in the region and Network where possible,

4) Network will assist facilities in managing their facility processes especially in the area of vascular access utilization.

**Non-LDO Telephone Intervention:** A sample, based on a population of 100 patients or more, of facilities with <40% fistulae and ≥30% catheters (“sub-standard” facilities) in May 2006 were targeted for intervention (Network 9 Non-LDO n = 8, Network 10 Non-LDO n = 6). Facilities were contacted by telephone in September 2006 and surveyed on specific processes based on the Fistula First 11 Change Concepts. Discussions included tools and resources that were offered by the Network to assist the facilities in improving their outcomes.

Chart 3.Goal 1.D-10 depicts the percentage of positive responses received from facilities during the phone survey. This chart demonstrates areas of educational opportunities that may assist facilities in overcoming barriers to fistula placement and maintenance.

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**Chart 3.Goal 1.D-10**

**Large Facility Outlier Survey Results**  
(≥ 100 patients with <40% Fistula & ≥30% Catheter)

<table>
<thead>
<tr>
<th>% Facilities</th>
<th>AVF Increase</th>
<th>Know about FF</th>
<th>11 Change Concepts</th>
<th>Access Coordinator</th>
<th>VA Access in QI</th>
<th>Surveillance</th>
<th>Medical Director</th>
<th>Staff Education</th>
<th>Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net 9 Non</strong></td>
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<tr>
<td><strong>Net 10 LDO</strong></td>
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<tr>
<td>(10 facilities)</td>
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<tr>
<td><strong>Net 10 Non</strong></td>
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<td>(7 facilities)</td>
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</table>
Data from these facilities were revisited in September 2007. At that time, outcomes showed that five out of the eight facilities (62.5%) targeted in Network 9 improved their prevalent AV fistula rates by at least four percentage points with two of those improving out of “sub-standard” status. Network 10 had three out of six facilities (50%) improving their prevalent AV fistula rates by at least four percentage points with three of those improving out of “sub-standard” status.

Based on the data collected, the sub-standard facilities that received individualized contact increased their prevalent patient fistula rates at a higher rate of change than their Network as a whole. This rate of increased change as a whole was sustained over a 12-month period as demonstrated by the data displayed below. The MRB and VAAP consider this an effective intervention and will continue to use this model in the future.

Chart 3.Goal 1.D-11 and 3.Goal 1.D-12 show outcomes for the facilities that were targeted in Network 9 and Network 10. The charts below display the AVF percentage point change for the patients represented in the “sub-standard” facilities as compared to the patients represented in Network 9 and 10:
Champion Surgeons. In March 2007, the surgeons that were identified as Champion Surgeons by dialysis facilities were highlighted during the annual Nephrology Conference, on the Web site, and through letters to the surgeons and nephrologists in the community. These surgeons received a congratulatory letter and certificate to inform them that the facilities they work with designated them as a champion in fistula placement and maintenance. These surgeons have been recognized as an elite group that have achieved excellence in AV fistula creation and maintenance. They have become invaluable partners with the facilities they work with in the ongoing efforts to increase AV fistula placement and patency rates.

Communications & Shared Resources: To promote Fistula First goals continuously, educational resources have been developed which can be easily shared. The Fistula First page on the Network Web site was updated regularly adding new material as necessary. The newsletter Fistula First Focus was sent to all dialysis facilities in the fall of 2007. The newsletter was also posted to the Fistula First page on the Network Web site. Examples of articles included: Introduction on Fistula First/Catheter Out, explanation of new FF data report displaying number of patients needed to reach a specific fistula rate, the International Pediatric Fistula First Initiative, Fistula First Quality Award Winner mentoring column (featuring one Quality Award winner), and success stories submitted by facilities.

The Network has acted as a community outreach partner by providing information on Fistula First through presentations to state surveyor groups, kidney patient organizations and quality improvement organizations. Representatives of the Quality Improvement Organizations (QIO) have been involved in Fistula First activities and discussing ways to collaborate on the Fistula First initiative.
Data Review. Chart 3.Goal 1.D-13 and Chart 3.Goal 1.D-14 display the percentages of prevalent hemodialysis patients with fistulas in December 2007 and future projections in Network 9 and Network 10. The projected trend line for both Networks falls short of achieving the CMS goal of 66% prevalent patients utilizing AV fistulas by the year 2009. During 2008-2009 the Networks will work to increase the rate of improvement so that the FF goal may be realized.

Network 9 Prevalent Fistula Rate

December 2007 Prevalent Fistula Rates:
- Indiana - 40.6%
- Kentucky - 50.9%
- Ohio - 44.2%
- U.S. - 48.6%

CMS Goal 66% by 2009


Network 10 Prevalent Fistula Rate

December 2007 Prevalent Fistula Rates:
- Illinois - 46.6%
- U.S. - 48.6%

CMS Goal 66% by 2009
**Fistula First Quality Award:** In 2005, The Renal Network established an award designed to recognize leaders of the Fistula First Initiative and provide them with a platform from which they can share their knowledge as mentors to other dialysis providers. Application for this award is voluntary and is viewed as a way for any group or individual to be recognized by providing performance processes and results in the area of placement and usage of AVF.

The goal of this award is to demonstrate performance outcomes above standards in the area of promoting AV fistula and vascular access management related to the FF Initiative. The award criteria were developed using the 11 Change Concepts of the CMS National Fistula First Initiative along with the K-DOQI guidelines.

**Fistula First 11 Change Concepts**

1. Routine CQI review of vascular access.
2. Timely referral to nephrologist.
3. Early referral to surgeon for “AVF only” evaluation and timely placement.
4. Surgeon selection based on best outcomes, willingness, and ability to provide access services.
5. Full range of appropriate surgical approaches to AVF evaluation and placement.
7. AVF placement in patients with catheters where indicated.
8. Cannulation training for AV fistulas.
9. Monitoring and maintenance to ensure adequate access function.
10. Education for care givers and patients.
11. Outcomes feedback to guide practice.

This performance award is defined by criteria that demonstrate rapid, sustainable improvement defined by a time-specific aim, and quantitative measures to display improvement and identification of process changes that lead to project advancement. Winners are selected based on a voluntary application that describes their processes to place and maintain fistula and decrease catheters, as well as program outcomes. Winners are announced at the annual meeting of the Network Council and are used as mentors for educational activities.

In 2007, the title of the award was changed to Fistula Champion Quality Award to recognize three award designations. Facilities applied for the award that demonstrated an improvement process that resulted in a specific goal achievement:

- **Bronze Award:** Prevalent AVF 54-59%
- **Silver Award:** Prevalent AVF 60-65%
- **Gold Award:** Prevalent AVF \( \geq \) 66%

There were five applicants for the Bronze award, four for the Silver, and three for
the Gold. The Fistula Champion Quality Award reviewers awarded two Gold and two Silver awards at the annual meeting in March 2007.

Listed here are the four winners and the exportable processes that have led to their success:

1.) Gold Award: Davita Olney Dialysis, Olney, Illinois. This facility demonstrated a sustained a prevalent fistula rate of 75% to 83% through 2006. This facility sent a letter to primary care physicians in 2004 encouraging early referral and long term access planning.

Communication was the key to their success. Vascular accesses were tracked and a monthly list of patients without fistulas were reviewed and discussed at the CQI meetings.

Surgeons attended educational offerings to learn new methods of placing AV fistulas including vein transposition and graft to AVF conversion. Since this education the surgeons have become actively involved and enthusiastic. The nephrologist has communicated standards and expectations to the surgery group and he refers his patients to the surgeons who are most willing to meet his expectations.

Cannulation training is ongoing and master cannulators have been identified. Patient education has been stressed and is reinforced by all staff at the facility.

2.) Gold Award: FMC Skokie, Skokie, Illinois. This facility had a prevalent fistula rate of ≥ 66% for all but two months out of 2006. The catheter rate is around 20%, well below the Networks catheter rate. This facility has a team, discussing every patient at their CQI meetings to determine which patients need further access intervention.

This facility educates their patients on the benefits of having an AV fistula vs. a catheter. The nephrologist actively educates pre ESRD patients about placing a fistula before dialysis starts. If a patient starts before an access is placed the team aggressively makes sure vein mapping is done and a surgery date is set for access placement. This facility team believes that early referral, early intervention, proper cannulation, training of staff, and patient education are the areas that helped them create and preserve fistulas.

3.) Silver Award: Provena St. Mary’s Dialysis, Kankakee, Illinois. This facility maintained a prevalent fistula rate of 60-65% for 2006. It has also improved incident fistula rates from 22% in 2005 to 41% in 2006 by focusing on CKD education prior to initiation of dialysis.
This facility focused on one access surgeon who has been receptive to their initiative. There has been ongoing communication reporting on a monthly basis discussing the patients that have catheters and/or maturing fistulas.

They have started a buttonhole and master cannulator program and have instilled a sense of ownership in the success of the program through education of both patients and staff. Patient education and using a patient centered care model for the delivery of care has led to a change in culture; patients have changed their attitude toward their vascular access (from not wanting to be “stuck” to not wanting “one of those things in the neck”).

4.) Silver Award: Renal Dialysis Center – Trover Health System, Madisonville, Kentucky. This facility achieved a prevalent fistula rate of 63% and decreased its catheter rate by four percentage points over the prior year. The facility used a multi-disciplinary team approach, and added a vascular access coordinator to the team. The team then took an aggressive stance in tracking catheter patients for removal of catheters.

The medical director and staff educated primary care physicians so that timely referral to surgeons along with expectations for AVF placement and vessel mapping were competed. They have actively started to educate their CKD patients and place AV fistulas in Stage 4 of CKD. The nephrologists and surgeons also worked to get AVF placement done during initial hospitalization if not referred early. The surgeons were supportive and worked with the nephrologists and staff to identify failing grafts for secondary fistula placement.

The facility conducted ongoing cannulation in-services for staff and has a protocol outlining that only the most skilled staff will cannulate new AVF on the first use.

E. Network Special Projects/Studies

1. Quality Improvement Projects – Hemodialysis Adequacy QIP

Twenty-six hemodialysis facilities were identified as being sub-standard performers related to adequacy as demonstrated by having percent patients with URR at least two standard deviations (72%) below the Network mean (88.4%).

The following facility improvement plan was approved by the MRB in October 2007 and was implemented:

Targeted facilities were contacted in October 2007 to determine their September 2007 percent patients with URR (most current data at that time). Sixteen of the facilities demonstrated improvement at or above the two standard deviations (72%) of the Network mean since the 4th quarter 2006 data. Ten of the facilities are being monitored quarterly for improvement.

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Patient education brochures related to adequacy of dialysis were sent to all 26 facilities in September 2007. Each facility was told they could request more brochures if they needed them to assist in educating their patients.

Facility nurse managers were contacted by phone in November and December 2007 and offered one on one technical assistance. Discussion was conducted concerning the facility process and/or policy followed to ensure adequate dialysis.

Facilities will continue to be contacted quarterly to determine outcome improvement. The following chart displays the individual targeted facility outcomes for December 2007.

The goal of this project is for targeted facilities to increase their URR percentage rate to meet Network 9/10s 2006 4th quarter rate of 88.4% by September 2008.

2. Quality Improvement Project – Transplant Referral

In 2005, The Renal Network coordinated a special study to look at barriers for patients in being placed on the transplant waiting list. In this study, a Technical Expert Panel (TEP) examined barriers to transplantation and developed suggested clinical performance measures to assess a patient’s progress to gain placement on the transplant waiting list.

In 2007, using the information which was developed by this TEP, The Renal Network began developing a project with volunteer dialysis facilities and transplantation centers in Cleveland, Ohio.
The goal of this project is to increase the timeliness of transplant referral for eligible patients by determining where patients have difficulty in completing the process for transplant work-up. This project aims to develop a process to enhance communications between dialysis centers and transplant centers with the ultimate goal of improving the rate of transplant referral.

During 2007 representatives of three dialysis facilities and a transplant center in Cleveland met to identify data collection elements that would enable the dialysis facilities to calculate the proposed transplant referral CPMs as well as identify barriers to transplant referral. Network staff worked with these facility representatives to develop a data collection process and structure. The process was tested in the fall of 2007 and changes were recommended by the dialysis facility representatives. The changes were completed by December 2007 and the project is scheduled to launch in January 2008.

Baseline data will be collected in January 2008 from the dialysis providers on transplant referral rates. The volunteer transplant centers in Cleveland have provided the dialysis facilities with a list of exclusions and will update the dialysis providers with information which shows the dialysis providers where the patients are in completing the transplant referral process. Data will be collected throughout the project and will be evaluated to determine and demonstrate whether this newly described process will enhance communication and assist in increasing transplant referral. The goal of this project is to improve the rate of referral for transplant evaluation by 2% in the first year.

Dialysis facilities and transplant centers in Indianapolis, Indiana will be added to the project in 2008.
F. Focused Quality Assurance Activities

As a complement to the quality improvement initiatives of The Renal Network, focused interventions were conducted to provide more direct contact between the Network and facilities failing to meet Network goals.

1. Fistula First.

Two focused intervention projects were included in Fistula First (FF) activities. As described in section 3.D.1. A sample, based on a population of 100 patients or more, of facilities with <40% fistulae and ≥30% catheters (“sub-standard” facilities) in May 2006 were targeted for intervention (Network 9 Non-LDO n = 8, Network 10 Non-LDO n = 6). Facilities were contacted by telephone in September 2006 and surveyed on specific processes based on the Fistula First 11 Change Concepts. Discussions included tools and resources that are offered by the Network that can assist the facilities in improving their outcomes. A chart evaluating the outcome of this focused intervention is found on pages 28 – 30.

The other focused intervention project within FF is the Barriers to Fistula Collaborative. Twenty-five facilities were identified to participate in a quality improvement project designed for rapid cycle identification of barriers to fistula placement and intervention. This sample of “sub-standard” facilities (defined by ≥30% catheters and <50% fistulae using data from January 2007) was based on a population of 100 patients or more. Twenty-three facilities are actively participating in this collaborative. Two of the identified facilities are being followed individually due to other quality and staffing issues and are being assisted with process development on an individual basis. More information and charts displaying project outcomes can be found on page 31 - 33.

2. Facility Intervention Profiling System.

Using data routinely reported to the Network, the MRB reinstituted the Facility Intervention Profiling System. This system incorporates all available data into an analysis of quality of care. The facility profiling process is designed to identify facility outliers in order to assist in improving quality of care. The process assigns weighted points to quality indicators, based on the indicator’s importance to patient care. Data used for the profile includes the fourth quarter sample provided by the lab data collection, data from CMS Form 2728 on initiation of dialysis, SMR and SHR, vascular access data, grievance, and compliance with Network reporting requirements.

Point levels & actions included:

- No points: notification of job well done
- 1 – 9 points: notification of points received, no response required.
- 10 to 39 points: facility internal review requested.
- 40 to 49 points: MRB required facility review and action plan submitted to the Network.
- Greater than 50 points: MRB required facility review, action plans, and site visit if no improvement is achieved by the facility.

The Network will intervene with any facility acquiring a total of 40 or more points. Any facility acquiring more than 40 points for three consecutive years will be subject to a site visit.

**2007 Intervention Facilities.** During 2007, nine facilities were identified for intervention profiling. Eight of these facilities had 40 to 49 points, and one of the facilities had 50 points.

The following facility intervention profiling plan was approved by the MRB in October 2007 and has been implemented:

1) Facilities received a letter with the points they were assessed and a description of the intervention profiling process.

2) Targeted facilities were contacted in October 2007 to determine their most current data. Discussions with these facilities surrounded assistance being provided by the Network in the areas that points were assessed and required to submit an action plan for improvement to the Network. Interventions included providing resources to the facilities, conference calls, and establishing mentoring relationships with other facilities that had overcome similar problems.

Facilities that have been targeted for intervention profiling are already involved in quality improvement initiatives based on certain substandard areas. The following table displays the number of facilities that have points in the areas where quality improvement projects are being conducted (not mutually exclusive):

<table>
<thead>
<tr>
<th>Substandard Area</th>
<th>Number of Facilities w/Points *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalent Patient Fistula Rate &lt;40%</td>
<td>9</td>
</tr>
<tr>
<td>&lt;85% of Patient with URR ≥65%</td>
<td>6</td>
</tr>
<tr>
<td>Data Forms Submission Non-Compliance</td>
<td>3</td>
</tr>
</tbody>
</table>

*Some facilities had points in all areas.*

The targeted facilities will be expected to improve (as measured by the assignment of <10 points) by the 2008 intervention profiling analysis set for August.
3. CPM Plan – Hemodialysis Adequacy QIP.

Twenty-six hemodialysis facilities were identified as being sub-standard performers related to adequacy as demonstrated by having percent patients with URR at least two standard deviations (72%) below the Network mean (88.4%). The goal of this project is for targeted facilities to increase their URR percentage rate to meet Network 9/10s 2006 4th quarter rate of 88.4% by September 2008. More information and a chart displaying project outcomes can be found on page 42.


Most activities related to the Network grievance process provide direct and focused intervention between the Network and the dialysis provider. When a complaint is filed, the Network intervenes to help resolve the complaint between the patient and the dialysis provider. With the patient’s permission, the Network contacts the provider to discuss the issue and suggest resolutions as appropriate. The Network also provides additional resources to the patient and provides coaching assistance on problem-solving and communication skills as needed. In the course of the examination of the grievance, facility processes are examined. When deficiencies are noted, corrective action plans are developed and monitored by the Network. Additionally, grievance topics often produce topics for quality improvement such as the Barriers to Outpatient Dialysis project, which is described in Goal 2, page 48. Complete details on the Network grievance process can be found in Goal 3, beginning on page 55.
GOAL 2: Improve the independence, quality of life, and rehabilitation of individuals with ESRD through transplantation, use of self-care modalities, in-center self-care, as medically appropriate, through the end of life.

The Network maintains a Patient Leadership Committee that works through the Patient Services Department to implement programs to benefit individuals with end-stage renal disease. Additionally, the Medical Review Board and the Board of Trustees each have four positions dedicated to patient representation to ensure the voice of the beneficiary is heard at every level of governance.

Through the efforts of the volunteers on these committees working through the Network staff, a variety of approaches to foster independence, encourage transplantation and self-care, and improve quality of life for the individual with end-stage renal disease are ongoing. These include educational initiatives and activities to examine current methods in delivery of care, with an eye toward improving the current standards.

A. Pilot Program: Barriers to Outpatient Dialysis

In 2006, CMS funded the Barriers to Outpatient Dialysis Placement Project. One outcome of the project was to conduct a pilot program using the standardized forms developed as part of the project. Eight ESRD Networks, including networks 1, 9, 10, 11, 14, 15, 16, and 18, participated in the three-month pilot project. From January 2007 until March 2007, the networks completed an Admission Form for all calls related to barriers to placement and a Discharge Form for all calls related to involuntary discharges. In total, 53 Admission Forms and 87 Discharge Forms were submitted to Network 9/10, which compiled and analyzed the barriers information.

A number of patients that are involuntarily discharged have difficulty finding placement in other dialysis units. Non-compliance is the most frequent reason given for an involuntary discharge. See Chart 2. Goal 2.A-1 for the reasons given for discharge.
The combined network demographics for the participating networks were used to identify any demographics that were outside what would be expected. For example, a higher percentage of patients were in the 18-44 year old category, were males, and were black. See Chart 2 Goal 2.A-2, A-3, and A-4 for the discharge demographics by age, gender, and race, respectively.

### Chart 3 Goal 2.A-2 Discharge Demographics By Age

**Age Breakdown**

(n=87)

<table>
<thead>
<tr>
<th>Age</th>
<th>Forms</th>
<th>Percentage of Forms</th>
<th>Networks Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>0</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>18-44</strong></td>
<td><strong>26</strong></td>
<td><strong>30%</strong></td>
<td><strong>14%</strong></td>
</tr>
<tr>
<td>45-64</td>
<td>38</td>
<td>44%</td>
<td>41%</td>
</tr>
<tr>
<td>65-74</td>
<td>6</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>75-Up</td>
<td>5</td>
<td>6%</td>
<td>21%</td>
</tr>
<tr>
<td>Unknown</td>
<td>12</td>
<td>14%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Most of the patients who came to the attention of the networks were unable to find dialysis placement due to being discharged by the facility. In addition, the patient’s behavior was identified as the primary barrier. See Chart 2, Goal 2.B-1 for the Placement Barrier Categories.
Comparing the combined network demographics with the demographics identified on the forms identified potential demographic placement barriers. A higher than expected number of patients within the 18 to 44 age group, male patients, and black patients had barriers to outpatient dialysis placement. See Chart 2 Goal 2.B-2, B-3, and B-4 respectively.

### Chart 3 Goal 2.A-6 Placement Demographics By Age

**Age Breakdown**  
(n=53)

<table>
<thead>
<tr>
<th>Age</th>
<th>Forms</th>
<th>Percentage of Forms</th>
<th>Networks Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>0</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>18-44</strong></td>
<td><strong>18</strong></td>
<td><strong>34%</strong></td>
<td><strong>14%</strong></td>
</tr>
<tr>
<td>45-64</td>
<td>21</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>65-74</td>
<td>3</td>
<td>6%</td>
<td>22%</td>
</tr>
<tr>
<td>75-Up</td>
<td>2</td>
<td>4%</td>
<td>21%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td>17%</td>
<td>0%</td>
</tr>
</tbody>
</table>
This project will continue into 2008 and data collection will be ongoing. Other ESRD Networks committed to join in the process, as well.

B. Resources & Opportunities for Beneficiaries

1. Educational Information & Activities.

To encourage independence, improve quality of life, self-care and transplantation, the Network continuously works to promote understanding of end-stage renal disease and its impact on the ESRD patient and family. The following activities were conducted during 2007.
• New patients were informed about the Network through a New Patient Packet that the Forum of ESRD Network office distributes to new patients. The Network updated its letter in October 2007.

• Patients participated on Network committees including the Board of Trustees, the Medical Review Board, and the Patient Leadership Committee (PLC). Throughout the year, information about the PLC and Patient-to-Patient Program as well as other patient resources were sent to patients and staff who expressed an interest in becoming involved with any of the programs.

• Patients participated in the Robert Felter Memorial Award program by sharing with fellow patients their experiences of being the recipients of the award.

• The Network collaborated with the Renal Support Network (RSN) to provide a patient meeting. The Network provided a resource booth and a presentation on the role and activities of the Network.

• The Network developed and/or updated the following resources and made them available to patients, through direct mail and on the Network Web sites: Arterial Venous Fistula; Resource Guide for Patients; Patients Rights & Responsibilities: When Your Clinic and Doctor Go Through Changes; Patient Rights and Responsibilities; Talking Transplants; How Do I Look (Taking the Fear out of AV Fistula Placement); Ease the Ouch (fistula placement); and Access Care: Your Lifeline.

• The Network resources on quality of life were sent when requested and were available for download from the Network Web sites.

• Renal Outreach, a newsletter dedicated to the individuals with end-stage renal disease, was published twice during 2007. Articles included topics about keeping one’s access site uncovered (The Naked Arm), self care (Self Care Increases Personal Control), transplants (Transplantation as an Alternative to Dialysis), patient independence (Promoting Independence Through Home Dialysis; What is Independence When it is not the Fourth of July?), patient volunteers (Princess for a Day; The Joy of Being a Volunteer; My Journey; Volunteer With The Renal Network), The Renal Network (what it does, how to file a grievance, the Network Web sites, and information about the Patient Leadership Committee), and information about the American Kidney Fund Medicare Part D Grant Program, Medicare’s Prescription Drug Program, and Dialysis Facility Compare.

Additionally, the Network supports a Web site dedicated to information for renal patients, family members or anyone interested in renal disease: [www.kidneypatientnews.org](http://www.kidneypatientnews.org). All resources and newsletters are kept on the Web site. The site is also useful as a monitoring tool for the usefulness of the information posted. Web hits are monitored monthly to ensure that the information on the Web is being viewed. Details on Web activities are listed in Goal 4, A.2. Web Sites.
**GOAL 3: Improve patient perception of care and experience of care, and resolve patient’s complaints and grievances.**

The Renal Network provides a voice for the ESRD Beneficiary through the grievance resolution process. Patients and family members may choose to discuss their issues with the Network staff. The Network staff works to resolve concerns as they are identified. With the patient’s permission, staff members provide counseling and mediation to patients and dialysis facilities when conflict occurs. Patients may also choose to file a formal grievance. In this process, the complaint is officially addressed to the dialysis provider, and both sides of the issue are heard at the Medical Review Board level. The MRB makes the final determination in a formal grievance.

**A. Concerns & Complaints.**

Complaints are received in the Network office through direct contact with the beneficiary, though a telephone call, email or a written letter. The Network maintains a user-friendly, toll-free line to encourage patients to contact the office directly.

Tracking of complaints received are reported through the CMS quarterly report format as investigations or grievances. Investigations are the result of complaints brought to the attention of the Network through a variety of means.

Network staff attempted to intervene as soon as a complaint was received. Often, the Network staff member acted as a mediator between the dialysis facility and the patient to objectively work out problems. Patient Services staff also coached patients on positive ways to approach facility staff, provided resources and accurate information regarding concerns, and provided assistance as needed. During 2007, Network staff members were called upon to assist with 122 patient complaints. The top primary and secondary concerns for 2007 were staff related issues, quality of care issues, placement issues and discharge concerns. This is detailed in Chart 3. Goal 3.A-1a and Chart 3 Goal 3.A-1b. During 2007, the primary beneficiary complaints regarding discharge decreased from the top third complaint over a six-year period to the top fourth complaint. It was replaced by complaints regarding the need to find dialysis placement, which is indirectly related to patient discharge. See Chart 3. Goal 3.A-2a and Chart 3. Goal 3.A-2b.
Chart 3. Goal 3.A-1a Network 9
Top Complaint Trends 2007

<table>
<thead>
<tr>
<th></th>
<th>Primary</th>
<th>Secondary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Related</td>
<td>38</td>
<td>9</td>
<td>47</td>
</tr>
<tr>
<td>Treatment Related</td>
<td>23</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>8</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Transfer/Discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chart 3. Goal 3.A-1b Network 10
Top Complaint Trends 2007

<table>
<thead>
<tr>
<th></th>
<th>Primary</th>
<th>Secondary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Related</td>
<td>22</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Treatment Related</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Transfer/Discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chart 3. Goal 3.A-2a Network 9
Top Primary Complaints 2002 - 2007

Top Primary Complaints 2002 - 2007
The Network looked in-depth at the quality of care concerns and staff-related concerns as the staff-related complaints doubled during the past year and the quality of care concerns decreased by one-third. Often, if one category was the primary reason for the complaint, the other one was the secondary area of concern and reviewing sub-categories for each provided the network with more information to identify and address the issues. For quality of care complaints, facility or staff issues were overwhelmingly the main sub-category. See Chart 3.Goal 3.A-3a and Chart 3. Goal 3.A-3b. Within the area of staff-related concerns, lack of professionalism was sited as a primary concern. In addition, in 2007 more patients complained about specific staff members and schedule changes. This is detailed in Chart 3. Goal 3.A-4a and Chart 3. Goal 3.A-4b.

In order to address the issue of professionalism, the network will conduct training programs on professionalism for dialysis staff in 2008. These programs also will address the topic of changing patients' dialysis schedules. A new resource also will be developed to help staff address issues of adherence in a professional manner.
Chart 3. Goal 3.A-3b Network 10
Treatment Related/Quality of Care
Contact Comparison 2006/2007
(Breakdown of Sub-Categories)
*Numbers do not reflect categories as some Complaints have more than one category

Chart 3. Goal 3.A-4a Network 9
Staff Related Contact Comparison 2006/2007
(Breakdown of Sub-Categories)
*Numbers do not reflect categories as some Complaints have more than one category
Through the MRB, The Network analyzes facility-specific complaints/grievance data to identify patterns of concerns at the facility or Network level. No specific patterns were detected in the 2007 complaint / grievance data, either by facility or LDO affiliation. All facilities were below 5% of complaints from their patient population. The Network sent each facility a trend letter indicating the number of complaints and grievances that had been filed against that facility for a 1½-year time span. Included in the letter were suggestions on ways to decrease complaints and the availability of the Network staff to assist with challenging situations.

Network staff also assisted facilities with their concerns about patient issues. Staff helped facilities understand patient issues from different viewpoints, identified alternative approaches to resolve issues, and provided tools and additional resources to assist staff to resolve challenging situations. Network staff provided technical assistance for a number of areas including behavioral agreements, conflict management, communication skills, professionalism, and staff boundaries. The Network received 252 facility concerns in 2007. The top primary and secondary concerns involved patient transfer/discharge, non-compliance, abusive, and disruptive behaviors. See Chart 3.Goal 3.A-5a and Chart 3. Goal 3.A-5b. The top primary facility concerns have remained consistent over time with calls regarding discharging patients being the highest category. It is noted that the facility contacts regarding discharging patients have increased by 60% since 2004. Although the increase may reflect more patients being
discharged, it also suggests that more facilities are calling the network to seek assistance with challenging patients and to document patient discharges at the network level. See Chart 3. Goal A-6a and Chart 3. Goal A-6b. During 2007, the network requested funding through CMS for the second phase of a special project, Barriers to Outpatient Dialysis Placement that would have addressed involuntary discharges across the country. The network staff updated and completed a standardized Discharge Information Form for all patients discharged from facilities and thus identified non-adherence as the primary behavioral reason for discharge. In 2008, the network will develop a new resource on adherence solutions to assist staff on adherence issues.

**Chart 3. Goal.A-5a Network 9**
Top Facility Concern Trends 2007

<table>
<thead>
<tr>
<th># of Stated Issues</th>
<th>Patient Transfer/Discharge</th>
<th>Non-Compliant</th>
<th>Abusive</th>
<th>Disruptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>52</td>
<td>28</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Secondary</td>
<td>11</td>
<td>14</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>42</td>
<td>35</td>
<td>33</td>
</tr>
</tbody>
</table>

**Chart 3. Goal.A-5b Network 10**
Top Facility Concern Trends 2007

<table>
<thead>
<tr>
<th># of Stated Issues</th>
<th>Patient Transfer/Discharge</th>
<th>Non-Compliant</th>
<th>Abusive</th>
<th>Disruptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>32</td>
<td>13</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Secondary</td>
<td>7</td>
<td>10</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>23</td>
<td>23</td>
<td>19</td>
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</tbody>
</table>
The Network gathered additional information regarding patients who were discharged from a unit. The number of patients who were discharged has continued to increase. See Chart 3. Goal 3.A-7a and Chart 3. Goal 3.A-7b. The demographics of the patients discharged from the Network over the past three years continue to support the findings of the Barriers to Outpatient Dialysis Pilot Project (See Goal 2). The following categories of people were disproportionately discharged from Network units: males, individuals in the 18-44 year old age range as well as in the 45-64 year old age range, and African Americans. See Chart 3. Goal 3.A-8a and Chart 3. Goal 3.A-8b.
Calls concerning the inability to find outpatient dialysis placement for patients have remained at the same level as calls in 2006. See Chart 3. Goal 3.A-8a and Chart 3. Goal 3.A-9b. A number of the patients who are discharged also have difficulty with placement at another facility. In addition, patients with a number of co-morbid conditions also have difficulty with placement due to their increased medical needs. There were some similarities over the years between outpatient...
dialysis placement and involuntary discharges. Over the past three years, the main change in the trends for 2007 was that African American patients represented a lower number of patients unable to find outpatient placement. Details are provided in Chart 3. Goal 3-10a and Chart 3. Goal 3.A-10b.
B. 2007 Formal Grievances:

Grievances are formal, written complaints filed by patients or their representatives, or by facility staff members. A special subcommittee of the Medical Review Board is designated to review grievances and make recommendations to the facilities and patients. Over the years, the number of

Beneficiaries filed two of the grievances and a family member with the patient filed the third. In the first case, a dialysis patient and her husband filed a grievance regarding a facility that would not meet with the patient to discuss her potential transfer, even though the facility was at least an hour closer to her home. The patient had previously been a patient at the facility but had transferred from the facility when she started CAPD. When CAPD failed and she wanted to return due to the closeness to her home and her serious health problems, the facility refused to meet with her to discuss the option even though her cardiologist had recommended dialysis treatment closer to her home. The facility
administrator and doctor denied the patient’s transfer because they claimed the patient said she didn’t trust the facility staff in the past. The Medical Review Board Grievance Committee substantiated the grievance and concluded that the facility should have considered the patient’s transfer on a conditional basis and that her individual needs were not considered. The Committee was unable to find documentation of any issues or problems that might have hindered the patient’s transfer. The patient died while the grievance was being addressed.

A dialysis patient filed the second grievance against his dialysis facility because he felt he was unfairly discharged from the unit because he frequently complained about the staff and facility environment. The facility stated they discharged the patient because he was loud, verbally abusive and disruptive. The Medical Review Board Grievance Committee substantiated the grievance and concluded that the facility discharged the patient without any documented interventions to resolve his concerns before they escalated and that the events precipitating the immediate discharge were unclear. It was recommended that the facility consult the Decreasing Dialysis Patient-Provider Conflict (DPC) toolbox for dealing with difficult patients and to contact the Network for additional resources and consultation regarding challenging situations. The patient found placement in another facility and was given suggestions on ways to address concerns to staff.

A dialysis patient who thought the facility did not respond appropriately to his complaint that another patient had choked him filed the third grievance. The Medical Review Board Grievance Committee substantiated the grievance and concluded that the facility lacked team involvement in resolving the complaint, that the threat of involuntarily discharging the grievant when he complained was inappropriate, and that there was poor documentation regarding behavioral concerns and follow-up with the grievant. It was recommended that the facility utilize the DPC toolbox in conflict situations, maintain staff professionalism in challenging situations, and review and practice their internal grievance and discharge policies. The patient received a transplant and did not need to stay or transfer to another unit.

C. Support & Mediation

The Network used a variety of formats to make information available to the dialysis community to help resolve patient grievances and complaints. Specific activities include the following:

- Network staff members routinely handle many requests for assistance directly from patients and their families, as well as facility staff members. These requests involve supplying information from various sources available from the Network, such as location of dialysis centers, help with transient dialysis, location of isolation stations, and specific federal regulations. The Network provides assistance to facilities to avoid discharging patients
involuntarily, to develop alternative approaches to address concerns, to develop effective behavioral agreements, and works with patients and facilities to resolve issues before they become grievances. In some instances, the Network acted as a go-between, making an initial contact for an individual who is seeking assistance. The staff has worked directly with patients to develop effective strategies for the patients to use when communicating with their dialysis facility staff. In addition, staff worked with patients and hospital case managers to locate new facilities for patients who could not find placement. These contacts are tracked by the SIMS information system.

- The Network sends grievance packets to patients as requested, has the grievance packet available on its Web sites, and has a grievance poster that can be downloaded and posted in facility waiting rooms. The grievance poster was also sent when requested.

- *Renal Outreach* contained information regarding the grievance process and where to find the grievance form on the patient Web site.

- The Network sent letters to all facility administrators, social workers, and data contacts regarding procedures for patients who are involuntarily discharged. The Network offered its assistance and encouraged facilities to call prior to the point of discharge.

- The Network provided facilities seeking assistance with noncompliant patients a sample letter that outlined steps to increase compliance.

- The Network presented two presentations on “The Patient Whisperer: Compassionate Care for Challenging Situations” in March.

- The Network presented a presentation on What Do Patients Want: Can We Really Make Them Happy?” in October.

- The Network provided four onsite in-service training programs on Conflict Management using the DPC toolbox to facilities or corporations in May and June.

- The Network offered two Decreasing Patient-Provider Conflict Train-the-Trainer Programs by Web Ex in May and November.

- The Network distributed DPC Tool boxes, posters, and DPC cards as needed or requested by facilities.

- The Network sent a technical assistance letter with resources and the Network’s Position Statement on Involuntary Discharge to all facilities on involuntary discharges and offered its assistance for challenging situations.
• The Network sent a Trends Letter to all facilities informing them of the number of complaints and grievances received and resources they could use to assist them in decreasing conflicts as well as technical assistance from the Network.

• *Alternative Solutions*, a brochure offering alternative methods to deal with difficult situations within the dialysis unit, was sent to facilities as a resource for handling challenging situations and as an alternative to discharging patients when requested or as needed.

• The Network provided a Web Ex program for the collaborating networks who participated on the Barriers to Outpatient Dialysis Placement Pilot Project. A summary of the results of the pilot program was provided and there was a discussion of what the networks can do.

• A presentation summary of the Barriers to Outpatient Dialysis Placement Special Project was presented at the PSC Annual Educational Summit Web Ex Meeting in November.
GOAL 4: Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers and the associated possibilities/capabilities.

Working in collaboration with other organizations creates opportunities to enable the Network to reach a diverse array of audiences with the common interest of improving quality of care for end-stage renal disease patients. During 2007, the Network collaborated directly with providers of end-stage renal disease services and with health care organizations in related areas. The goal of all of these activities was to benefit the ESRD patient by increasing knowledge and awareness of dialysis and transplantation.

A. The ESRD Provider Community

The Network acts as a clearinghouse to provide information concerning ESRD technology and treatment advances to ESRD professionals, patients, and other interested persons and organizations. Information received or generated by the Network was disseminated to the appropriate individuals at the discretion of the Executive Director or other appropriate staff persons. During 2007 information was distributed Network-wide in the following manner:

1. Data Dissemination.

The Network provides timely data to its dialysis facilities to allow and encourage benchmarking and data analysis at the local level. During 2007, the following data reports were distributed:

- 2006 Annual Statistical Report for ESRD Network 9/10
- KECC Dialysis Facility Reports
- National Clinical Performance Measures Data
- Network 9/10 laboratory collection
- Fistula First

2. Web Sites

The main Network Web site, http://www.therenalnetwork.org, is intended to serve the dialysis community by providing timely information about Network 9/10 activities and reliable news on community developments and emerging technologies. During 2007 the site was redesigned to make it more accessible and easier to navigate. The new format employs a tab design to create front pages for each department and allows for easy access by target audience. The latest Network policies, procedures, and selected data items are provided and updated regularly. The Web site also seeks to provide a gateway to existing resources and tools by providing links to reliable online sources.
The Network Patient Services Department created and maintains a second Web site, Kidney Patient News (http://www.kidneypatientnews.org). This site is devoted to issues of interest to patients and family members. It contains articles and resources for CKD, vocational rehabilitation, transplantation, treatment modalities, advance directives, and end of life issues. There are links to other sites as well as the ability to download and/or order Network materials. At year-end 2007, the site was in the process of being redesigned, using information and Web site statistics to determine user areas of interest.

Maintaining two Web sites allows the Network to serve patients and renal staff, its two main constituencies, in a more efficient and effective manner. Visits to the Web sites will continue to be monitored and trended to allow analysis of what information is being used and where possible to determine updates and revisions to content in a timely manner.

Web statistics are important information. Web hits provide a general overview of the level of traffic experienced by each site. The statistics that are probably the most important for Web sites are Visitors and Downloads. These provide a good indication of two things. First, how many people are coming to each site, and second, what information they are using from the site.

The following chart (3.Goal 4.A-1) shows the cumulative Web hits for both The Renal Network (TRN) www.therenalnetwork.org and Kidney Patient News (KPN) www.kidneypatientnews.org sites. This chart permits the assessment of overall traffic generated by each site on a month-by-month basis.

* Missing data for a period of one to two weeks owing to a move to a new server for both sites
**The Renal Network – Top Page Views:** In order to better assess the use of site content, pages were ranked according to total monthly hits or views. The following chart (3.Goal 4.A-2) shows how specific pages on The Renal Network Web site ranked based on a monthly average of hits per page for the year 2007.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Data – Quality Info</td>
<td>471</td>
</tr>
<tr>
<td>2. Renal Links</td>
<td>447</td>
</tr>
<tr>
<td>3. Nephrology Conference</td>
<td>444</td>
</tr>
<tr>
<td>4. Data</td>
<td>344</td>
</tr>
<tr>
<td>5. Data – Patient Activity Report</td>
<td>315</td>
</tr>
<tr>
<td>6. About Us</td>
<td>307</td>
</tr>
<tr>
<td>7. Fistula First</td>
<td>279</td>
</tr>
<tr>
<td>8. Patient Services</td>
<td>256</td>
</tr>
<tr>
<td>9. Patient Services - Resources</td>
<td>206</td>
</tr>
<tr>
<td>10. Quality Improvement</td>
<td>202</td>
</tr>
</tbody>
</table>

**The Renal Network - Average Visits**

The average visit statistic reveals the total number of times that browsers have visited the Web site during a selected period. Observing this report on a regular basis can help identify trends in the Web site overall traffic. The average visit for the year 2007 was 12,421 per month.

**The Renal Network - Downloads**

This statistic refers to the total number of files (e.g. PDF files) that were downloaded during the selected report period. This report helps to determine the popularity of downloads of individuals visiting the Web site. The average download for the 2007 was 36,624 files per month.

**Kidney Patient News Web Site – Top Page Views:** In order to better assess the use of site content, pages were ranked according to total monthly hits or views. The following chart (Chart 3.Goal 4.A.10) shows how specific pages on Kidney Patient News ranked based on a monthly average of hits per page for the year 2007.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Functions of the Kidney</td>
<td>799</td>
</tr>
<tr>
<td>2. Problems Associated w/Dialysis</td>
<td>745</td>
</tr>
<tr>
<td>3. Nutrition</td>
<td>470</td>
</tr>
<tr>
<td>4. When Kidney Begin to Fail?</td>
<td>426</td>
</tr>
<tr>
<td>6. Hemodialysis</td>
<td>347</td>
</tr>
</tbody>
</table>
Kidney Patient News - Average Visits

The average visit statistic reveals the total number of times that browsers have visited the Web site during a selected period. Observing this report on a regular basis can help identify trends in traffic for the Web site. The average visit for the year 2007 was 9,241 per month.

Kidney Patient News - Downloads

This statistic refers to the total number of files (e.g. PDF files) that were downloaded during the selected report period. This report helps to determine the popularity of downloads of individuals visiting the Web site. The average download for the year 2007 was 37,692 files per month.

3. Resources.

During 2007, resources were added and/or updated to the Networks offerings. The most frequently requested resources were as follows:

- Access Booklets & Guides
- Ease the Ouch (brochure)
- How Do I Look? (brochure)
- Renal Outreach Newsletter
- Nutrition Handout
- Exercise Handout
- Alternative Solutions
- Social Worker CD
- Quality of Life Handout

Chart 3.Goal 4.A-15 provides details on the number of requests received in the Network office. Generally, these requests are received by phone, and are separate and apart from any other Network educational initiative.

<table>
<thead>
<tr>
<th>Topic/Area of Request</th>
<th>Network 9</th>
<th>Network 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Educational Materials</td>
<td>61</td>
<td>27</td>
</tr>
<tr>
<td>Data Requests</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>General Information</td>
<td>366</td>
<td>240</td>
</tr>
<tr>
<td>Reimbursement/Financial</td>
<td>56</td>
<td>32</td>
</tr>
<tr>
<td>Request for Technical Assistance</td>
<td>56</td>
<td>30</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>570</strong></td>
<td><strong>366</strong></td>
</tr>
<tr>
<td><strong>COMBINED TOTAL</strong></td>
<td><strong>936</strong></td>
<td></td>
</tr>
</tbody>
</table>

*SIMS Database
4. Educational and Cooperative Activities.

The following activities were provided to support the ESRD provider and renal professionals caring for the ESRD beneficiary.

- Dialysis Facility Compare (DFC) posters and information cards were given to facilities to share with patients.

- Information about the Consumer Assessment of Healthcare Providers and Systems (CAHPS) was provided in the “Patient Services Department Update.” Both the CAHPS information and the K-DQOL are posted to the Network Web site to assist facilities in developing mechanism for assessing the health-related quality of life of their patients.

- The Network developed a Renal Social Worker CD-Rom that is sent to all new social workers. It contains a number of Network resources and tools.

- The Network developed a resource list entitled “April is Organ Transplant Month” and emailed it to all facility social workers (mailed to those without email) and provided links to internet resources that could be downloaded and shared with patients regarding transplants, transplant centers, and two transplant posters.

- The Network developed a resource list entitled “May is Mental Health Month” and emailed it to all facility social workers (mailed to those without email) and provided links to Internet resources that could be downloaded and shared with patients regarding mental health articles, suicide prevention articles, and an online course on suicide prevention for social workers.

- The Network developed a resource list entitled “August is National Immunization Awareness Month” and emailed it to all facility social workers (mailed to those without email) and provided links to Internet resources that could be downloaded and shared with patients.

- The Network developed a resource list entitled “September is Back to School Month” and emailed it to all facility social workers (mailed to those without email) and provided links to Internet resources that could be downloaded and shared with patients regarding careers, vocational rehabilitation, and scholarship programs.

- The Network developed a resource list entitled “October is Travel Month” and emailed it to all facility social workers (mailed to those without email) and provided links to Internet resources that could be downloaded and shared with patients regarding travel tips and finding units while traveling.
• The Network developed a resource list entitled “November is Caregivers Month” and emailed it to all facility social workers (mailed to those without email) and provided links to Internet resources that could be downloaded and shared with patients and caregivers that provided tips for caregivers, support group information, and ways to address caregiver needs.

• The Network developed a resource list entitled “December is Renal Diet Month” and emailed it to all facility social workers (mailed to those without email) and provided links to Internet resources that could be downloaded and shared with patients regarding diet, holidays and eating out tips.

• A packet on the “Importance of Access Site Visibility” was developed and mailed to all facilities. The packet included suggestions for staff, an article “The Naked Arm” and a poster to be displayed in the patient area.

• The Network provided information to facilities to share with patients on programs of Renal Support Network (RSN), the American Association of Kidney Patients (AAKP), and the National Kidney Foundation (NKF).

• A “Patient Services Department Update” was mailed to all facilities to share Network trends, the grievance process, and upcoming programs and activities of the Network.

• The Network Web sites provided the Guidelines for Assessment and Referral to Vocational Rehabilitation for Patients, other vocational rehabilitation resources, transplantation, treatment modalities, advance directives, and other end of life issues.

• Through the Patient Services Department, the Network provides mediation for facilities to help open communication between dialysis providers and their patients in conflict resolution.

• The Network developed a Technical Assistance brochure detailing the technical assistance available from Network staff. The brochure was distributed during the annual meeting of the Network Council, was posted to the Network Web site and was included in Network mailings to administrators, nurse managers, and social workers.

• Educational pamphlets and resources were sent to patients and staff, upon request, to support rehabilitation goals, such as activities to promote quality of life, exercise tips, journaling suggestions, tips for sleeping well, and financial resources.

• A brochure entitled “How Do I Look” (Taking the Fear out of AV Fistula Placement) was available to staff.
• The “Ease the Ouch” brochure continues to be given to staff to help allay patient fears about fistula placement.

• On October 4 and 5, the Network sponsored the annual Fall Pediatric Renal Symposium at the Omni Severin Hotel in Indianapolis. This was a two-day educational offering, planned by a committee of Pediatric Renal Group members. Topics included: transplantation, recreation and leisure, home hemodialysis, and transitioning. Approximately 80 representatives from pediatric centers participated over the course of the two days.

• Immunization information was sent to all medical directors and administrators in October, including tools for tracking immunization, and samples of standing orders, and a listing of resources available from other organizations such as the Centers for Disease Control and the Immunization Action Coalition.

• A special issue of *Network Connections* was devoted to the potential for a Flu Pandemic.

5. Disaster Preparedness.

The Network is a resource for its providers during disasters. The Network routinely contacts dialysis units within areas where disasters have been reported, such as floods, fires and snowstorms. The units within the affected area are offered assistance in relocating patients as needed. During 2007, units in Cleveland were contacted due to flooding in the city, and a unit in Dayton was contacted after its building was destroyed by fire. In both cases, no assistance was requested from the Network.

As a reminder, the Network sends emergency preparedness information to all facilities at two times during the year, once in the fall and once in the spring. The information contains disaster preparedness resources and provides details on ways in which the Network can help in event of emergency.

6. Special Focus Committees

To address specific needs of special ESRD providers, the Network has developed two separate committees to promote communications and provide a forum in which these providers can share common concerns.

**Hospital Alliance:** The Hospital Alliance consists of representatives of hospital-based ESRD providers. The goal of the group is to develop strategies to deal with situations – administrative and clinical - unique to the hospital-based provider. During 2007 the Alliance met and discussed data elements which could be shared on a voluntary basis to work toward common goals.
**Pediatric Renal Group:** The Pediatric Renal Group consists of representatives of the 10 pediatric centers within the Network area. The goal of the group is two-fold: to strategize solutions to common concerns and to act as a resource to adult pediatric centers dialyzing pediatric patients, most often the teenaged ESRD patient. The Group has a suggested Pediatric Scope of Care, posted on the Network Web site, and an annual Fall Pediatric Renal Symposium.

**Network Awards Program.** The Network recognizes achievement among its members by presenting awards for individuals who have made outstanding contributions to the Network, and also who have gone above and beyond the minimum to meet Network reporting requirements. The Network collects data on vascular access through the Fistula First data collection tool. Annually, facilities which attain Network goals are recognized for their achievements. In 2007, the criteria for the Vascular Access Quality award was made more stringent to reflect the new fistula goals. Chart 3.Goal 4.A-17 illustrates the number of facilities recognized for vascular access achievement through the Network 9/10 Quality Awards Program.

<table>
<thead>
<tr>
<th>Network Quality Award</th>
<th>2006 # Facilities (% total)</th>
<th>2007 # Facilities (% total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fistula Rate 50-57.9%</td>
<td>86 (15.6%)</td>
<td>115 (19.7%)</td>
</tr>
<tr>
<td>Fistula Rate 58-65.9%</td>
<td>31 (5.6%)</td>
<td>51 (8.7%)</td>
</tr>
<tr>
<td>Fistula Rate &gt;65.9%</td>
<td>8 (1.4%)</td>
<td>19 (3.3%)</td>
</tr>
<tr>
<td>Catheter Rate ≤ 10%</td>
<td>8 (1.4%)</td>
<td>7 (1.2%)</td>
</tr>
</tbody>
</table>

8. Other Activities.

**Ongoing Communications.** The Network has developed and maintained email list services for different audiences, including physicians, administrators and social workers. These list serves are used as warranted to provide an expedient and inexpensive means to reach a large audience with information, such as news on a variety of topics, including FDA recalls, Network nominations process and election, Network meetings, and quality initiatives, CMS news, and information from QIOs and fiscal intermediaries as requested.

As events warrant, informational bulletins are sent to the appropriate individuals via regular mail. These releases of information may be sent to committee members, council members, professional disciplines, patients or other related organizations. If necessary, a general release may be sent to all interested parties.

Additionally, the Network responds to individual requests for information as these are received. The requests come from a variety of individuals, from dialysis
patients and family members, renal professionals, students, researchers, and planning organizations and/or dialysis corporations.

B. Nephrology Community at Large

1. **Network Connections Newsletter.**

The Network continued to distribute a quarterly publication, *Network Connections*, to state surveyors and Quality Improvement Organization personnel in 2007. Topics include data regarding complaints and grievances, Fistula First, Network educational offerings, Network activities, special projects and timely topics. Two issues were distributed during 2007 and all issues are posted to the Network Web site, [www.therenalnetwork.org](http://www.therenalnetwork.org).

2. **Outreach.**

Network staff presented to various state survey organizations throughout the year. In 2007, one of the Quality Improvement Coordinators and the Patient Services Director presented an overview of Network activities, resources, and trends in complaints, grievances, facility concerns, and involuntary discharges to the Indiana Department of Health on June 5th.

The Quality Improvement Director presented to members of the Ohio Department of Health on August 9th on the topic of Fistula First. The Executive Director and the Quality Improvement Director co-presented on “Exploring the Survey Process for the ESRD Facility” for the Kentucky Cabinet for Public Health on November 30th. Members state survey teams are participating on the Midwest CKD Coalition.

3. **Midwest CKD Coalition.**

The Midwest Chronic Kidney Disease Coalition continued to grow and expand its membership during 2007. Begun in 2005, the Midwest CKD Coalition is an alliance of health organizations dedicated to work with the medical community at large to better manage the health and quality of life of patients with chronic kidney disease. Members included representatives of payer organizations, JCAHO, dialysis provider groups, National Kidney Foundation affiliates, QIOs, industry partners, state departments of health, and The Renal Network.

The Coalition was divided into two main subcommittees: Resource Allocation and Development. A Leadership Committee was established to deal with oversight of the Coalition and logistical details of meeting planning.

The Leadership Committee consists of:

Chair: Jay B Wish, MD, University Hospitals of Cleveland, Cleveland, Ohio
During 2007, the Coalition met as follows:

- May 15, 2007 – Full Coalition
- July 20 – Leadership Committee
- August 17 – Leadership Committee
- November 9 – Leadership Committee
- December 13 – Full Coalition Webex

Projects during the year included the Web site, www.ckdcoalition.org. The Web site contains news of the Coalition itself, houses completed Coalition projects, and links to existing resources from other organizations. Projects in process or completed during 2007 include:

- A Speaker’s Bureau PowerPoint contains 103 slides on various CKD topics. This resource is available to the public; speakers can select the slides necessary for their particular topic. Slides can be used for professional, patient and general audiences. Speaker notes are included with each slide to assist in presentation preparation. It is posted to the Coalition Web site.

- A PICC Line Task Group is working to decrease or eliminate the use of PICC lines during hospitalizations for CKD patients through development of an educational toolbox.

- A GFR Position Paper is housed on the Web site and used to promote education among primary care providers.

4. Liaisons with Allied Organizations.

The Network acts as a resource to the state departments of health within Illinois, Indiana, Kentucky, and Ohio; interactions between the Network and the state health agencies are ongoing. The Network continuously serves as an expert adviser for the technical aspects of dialysis, a resource for complaints, grievances and facility concerns, and provides Network developed resources when requested. The Network also provides resources and contacts with other dialysis agencies, such as the National Kidney Foundation and its affiliates, The University of Michigan Kidney Epidemiology and Cost Center, the United States Renal Data Service, and the United Network for Organ Sharing.

The Network pursued collaborative activities with a variety of organizations.
• The Executive Director served on the Board of Directors of The Forum of Renal Networks.

• The Network established a routine calendar of conference calls for its staff and members of the state departments of health within Indiana, Ohio, Kentucky and Illinois. Meetings are held quarterly and provide updates on Network and CMS activities, along with updates from the state organizations.

• The Assistant Director is a member of the Partners Promoting Quality (PPQ) committee for Health Care Excel, the Indiana QIO, and for the community outreach committee of the fiscal intermediary, Adminastar Federal.

• The Quality Improvement Director serves as the Network Liaison to the Quality Measurement and Information Task Force of the Fistula First Breakthrough Initiative.

• The Quality Improvement Director attended the Quality Infrastructure CPM Work Group on February 12 and 13 to advise on the revision of the current CPMs and the development of new CPMs.

• The Executive Director and the Director of Data Services attended the meeting of QualityNet in October.

• The Quality Improvement Director attended the CROWNWeb Clinical Module Meeting in August 6 and 7 to advise on clinical components of CROWNWeb.

• The Director of Patient Services participated in the TEP 3 Reports meeting in September to advise on the conversation of SIMS contacts and grievances into CROWNWeb.

• The Network collaborated with the Renal Support Network on patient activities and an educational patient meeting.

• The Network collaborated with the National Kidney Foundation to increase awareness of educational material.
GOAL 5: Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.

A. Facility Compliance

In order to meet CMS and Network requirements facilities must achieve an overall compliancy rate of 90% for the timely and accurate submission of CMS forms. In an effort to assist facilities in this area the Network Data Services Department initiated a major restructuring of its activities to achieve goals in the compliancy rate. The Network-wide quality improvement project focused on new processes and procedures including:

- Daily reminders to facilities for forms approaching their due date
- Weekly call lists for the data staff to contact facilities with missing forms
- Monthly performance reports to facility administrators
- Mandatory web-ex training sessions for facilities under 90%

The charts below illustrate the effectiveness of these new procedures.
B. System Description.

The Standardized Information Management System (SIMS) is the center of the Network data processing system. SIMS is a client server application utilizing a Microsoft SQL Server database with a Visual Basic front end. The database contains tables for patient demographics, patient events, CMS forms, facility information and personnel, and contacts with patients, facility personnel, dialysis corporations, etc.

The SIMS application contains functions for data entry and compliance reporting of the following CMS forms:

- CMS 2728 – End Stage Renal Disease Medical Evidence Report
- CMS 2744 – ESRD Facility Survey
- CMS 2746 – ESRD Death Notification

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Form Type</td>
<td>Network 9</td>
</tr>
<tr>
<td>2728</td>
<td>9848</td>
</tr>
<tr>
<td>2746</td>
<td>8702</td>
</tr>
<tr>
<td>2744</td>
<td>399</td>
</tr>
</tbody>
</table>
The forms as well as event data from Patient Activity Reports are entered into the SIMS database each day and replicated to the CMS Central Repository nightly.

VISION is a software application used by approximately 80 facilities in Network 9/10 to submit CMS forms and other patient data electronically. The data is transmitted securely via Quality Net Exchange. The VISION files, submitted by facilities, are downloaded each day and the SIMS application is used to import and process the data. These data are replicated along with the data entered by hand each night.

Validation of CMS forms entry is conducted each quarter by drawing a random 3% sample of forms and comparing them to the data entered. The overall accuracy rate for the year was 99%. Quarterly reports are also sent to each facility to validate their patient census.

C. Compliance Reporting.

The SIMS program tracks compliance for forms submission and completion by each facility. The program generates a report showing each facility, which forms were received, and whether or not they were compliant. It also generates a master report showing compliance rates for all facilities within the Network. Compliance rates are reviewed monthly by the Network staff, and quarterly, compliance reports are generated and sent to the facilities. The Medical Review Board routinely reviews compliance rates for those facilities that fall below the CMS goals. At year-end 2007, compliance data were reviewed. Using this data, the Network will institute procedures to improve compliance for underperforming facilities through corrective action plans during 2008.
D. Patient Tracking System.

The data system has unlimited capability to collect information on ESRD patients. Currently, more than 221,000 active and inactive patient listings are in the system.

Information collected on each patient includes:

- Full Patient Name
- Social Security Number
- Medicare Number
- Demographic Information
- Patient Address
- County of Residence
- Transfer Information and Date
- Initial and Subsequent Providers
- Modes of Therapy
- Primary Diagnosis and Co-morbid Conditions
- All Types of Changes in Patient Status
- Transplant Candidate Status
- Date of First Dialysis
- Current Status
- Cause of Death
- Clinical Performance Measures

After the data are entered, they are then available for statistical manipulation. The data tables contained in this report were generated through the Network data system as well.

Validation activities include routine investigations of accretions and notifications provided by CMS. When corrections are found they are updated directly in SIMS. A three percent sample of 2728 forms is drawn quarterly and reviewed for accuracy and completeness.

E. Community Outreach Through Data

Network 9/10 uses its database as a constant source of information on the ESRD population for the renal community. During 2007, Network 9/10 filled 68 requests for Statistical Report data, ZIP Code and county data, facility demographic profiles, utilization rates, and compliance data. Data requests are received continuously from a variety of interested parties, including:

- Requests from facilities for information on their own programs. Often these requests ask for historical information to allow the facility to assess trends.
• Requests from organizations attempting to establish new ESRD programs within a given area, or from current providers who are attempting to expand their services. Data often requested includes capacity and utilization figures, and patients by residence, divided by county or ZIP Code. (All patient data released is done within the confines of established CMS confidentiality rules.)

• Requests from state health planning agencies to assist them in assessing the need for ESRD service when reviewing Certificate of Need (CON) applications.

• Requests from researchers in a variety of interests, such as patients dialyzing by modality, by diagnoses, demographic information, and transplantation.

4. SANCTION RECOMMENDATIONS.

No sanction recommendations were made during 2007.

5. RECOMMENDATIONS FOR ADDITIONAL FACILITIES

Each year through the patient tracking system, The Renal Network conducts a review of facility operations. This information is made available to the provider community for many uses, including estimating need for additional services.

From this report the following information is available:

• Services Rendered: describes each facility by area of location within the Network and the modes of therapy offered.

• Current Operations: shows the number of stations currently operating at each dialysis facility within the Network.

• Patient Capacity by Facility: calculates the total number of patients that could dialyze at each facility based on the number of shifts and stations available at that facility.

• Utilization: identifies the actual utilization of each dialysis facility at year-end 2007.

• Pediatric ESRD Facilities: shows the number of stations currently operating at each pediatric dialysis facility within the Network.
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ESRD Network 9
Table #1
Newly Diagnosed Chronic ESRD Patients
(ESRD Incidence)
Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2007
Source of information: Network SIMS Database  
Date of Preparation: May 2008  

Race: The categories are from the CMS-2728 Form.  
Diagnosis: Categories are from the CMS-2728. A diagnosis of ‘unknown’ is ICD-9 code 7999.  
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.  
This table includes 237 patients with transplant therapy as an initial treatment.  
This table includes 92 patients receiving treatment at VA facilities.
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Source of information: Network SIMS Database
Date of Preparation: May 2008
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 128 patients with transplant therapy as an initial treatment.
This table includes 61 patients receiving treatment at VA facilities.
## Living ESRD Dialysis Patients

*(ESRD Dialysis Prevalence)*

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2007.

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Source of information: Network SIMS Database
Date of Preparation: May 2008
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
This table includes 199 patients receiving treatment at VA facilities.
## Living ESRD Dialysis Patients

**(ESRD Dialysis Prevalence)**

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2007.

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### Primary Diagnosis

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Source of information: Network SIMS Database
Date of Preparation: May 2008
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
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The numbers may not reflect the true point prevalence due to different definitions for transient patients.
This table includes 80 patients receiving treatment at VA facilities.
### ESRD Network 9

#### Table #3

**Dialysis Modality**

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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### Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007.

- **HEMO**: Hemodialysis
- **CAPD**: Continuous Ambulatory Peritoneal Dialysis
- **CCPD**: Continuous Cycling Peritoneal Dialysis
- **IPD**: Intermitent Peritoneal Dialysis
- **TOTAL**: Total number of patients
### Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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Dialysis Modality
Number of living patients by modality by dialysis facility self-care
settings as of December 31, 2006 and December 31, 2007

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**Dialysis Modality**

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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### Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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## Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

### Self-Care Settings - Home

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Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
Date of Preparation: May 2008
This table includes 16 Veterans Affairs Facility patients for 2006 and 16 Veterans Affairs Facility patients for 2007.

# Provider not operational in 2006
^ Provider not operational in 2007
Dialysis Modality
Number of living patients by modality by dialysis facility self-care
settings as of December 31, 2006 and December 31, 2007

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## Dialysis Modality

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**Dialysis Modality**

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Total number of providers: 343
## Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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344
### Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2006 and December 31, 2007

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Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: May 2008

This table includes 4 Veterans Affairs Facility patients for 2006 and 3 Veterans Affairs Facility patients for 2007.

# Provider not operational in 2006

^ Provider not operational in 2007
### Dialysis Modality

Number of living patients by modality by dialysis facility in-center as of December 31, 2006 and December 31, 2007

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Number of living patients by modality by dialysis facility
in-center as of December 31, 2006 and December 31, 2007

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Number of living patients by modality by dialysis facility
in-center as of December 31, 2006 and December 31, 2007

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## Dialysis Modality

Number of living patients by modality by dialysis facility in-center as of December 31, 2006 and December 31, 2007

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Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: May 2008

This table includes 195 Veterans Affairs Facility patients for 2006 and 186 Veterans Affairs Facility patients for 2007.

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### Dialysis Modality

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Number of living patients by modality by dialysis facility in-center as of December 31, 2006 and December 31, 2007

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in-center as of December 31, 2006 and December 31, 2007

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Number of living patients by modality by dialysis facility
in-center as of December 31, 2006 and December 31, 2007

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Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
*Total from Table #3 plus total from Table #4 (for last column of report year)
Date of Preparation: May 2008
This table includes 95 Veterans Affairs Facility patients for 2006 and 77 Veterans Affairs Facility patients for 2007.
# Provider not operational in 2006
^ Provider not operational in 2007
### Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2006 and calendar year 2007

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Source of information: Network SIMS Database/CMS-2744
Date of Preparation: May 2008
* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.
# Provider not operational in 2006
^ Provider not operational in 2007
### Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2006 and calendar year 2007

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Source of information: Network SIMS Database/CMS-2744
Date of Preparation: May 2008

* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.

# Provider not operational in 2006

^ Provider not operational in 2007
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Source of information: Network SIMS Database
Date of Preparation: May 2008
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table includes 0 patients receiving treatment at VA facilities.
Renal Transplant Recipients
Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2007

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Race

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Primary Diagnosis

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Source of information: Network SIMS Database
Date of Preparation: May 2008
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table includes 0 patients receiving treatment at VA facilities.
## Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2007

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Source of information: Network SIMS Database  
Date of Preparation: May 2008  
Race: The categories are from the CMS-2728 Form.  
Diagnosis: Categories are from the CMS-2728. A diagnosis of ‘unknown’ is ICD-9 code 7999.  
This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.  
This table includes 33 patients receiving treatment at VA facilities.
### Dialysis Deaths
Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2007

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Source of information: Network SIMS Database
Date of Preparation: May 2008
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Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 24 patients receiving treatment at VA facilities.
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372
## ANNUAL REPORT TABLE 8
### VOCATIONAL REHABILITATION
### BEGINNING THROUGH END OF SURVEY PERIOD  2007

**NETWORK** 9

**INDIANA**

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05/07/2008

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**Vocational Rehabilitation**

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**BEGINNING THROUGH END OF SURVEY PERIOD 2007**

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### BEGINNING THROUGH END OF SURVEY PERIOD  2007

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BEGINNING THROUGH END OF SURVEY PERIOD 2007

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**NETWORK** 9

**OHIO**

**ANNUAL REPORT TABLE 8**

**VOCATIONAL REHABILITATION**

**BEGINNING THROUGH END OF SURVEY PERIOD  2007**

05/07/2008
### ANNUAL REPORT TABLE 8
**VOCATIONAL REHABILITATION**  
BEGINNING THROUGH END OF SURVEY PERIOD  2007

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### ANNUAL REPORT TABLE 8

**VOCATIONAL REHABILITATION**

**BEGINNING THROUGH END OF SURVEY PERIOD 2007**

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# ANNUAL REPORT TABLE 8
**Vocational Rehabilitation**
**Beginning through End of Survey Period 2007**

**Network 10**

**Illinois**

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