

B. Network Structure

1. Staffing.

The Renal Network employs a total of 20 employees and four are part-time employees. 20 staff members; 16 are full-time employees.

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 Wilson, 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.
Jesse Grant, MSW, LCSW, Patient Services Coordinator	Conducts intake for patient complaints and grievances and assists in their resolution.
Arlene Weinberg, MA, LSW, 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 and Data Manager	Responsible for all programming needs and activities, and also directs the staff of the Data Services Department.
Christina Harper, Information Management Coordinator	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.
Deborah Laker, Information Management Coordinator	Responsible for tracking patients for Network 9 facilities.
Ameron Laker, Data Specialist	Responsible for tracking patients in Network 9 facilities.
Roianne Johnson, Data Specialist	Responsible for tracking patients for Network 10 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, plus the membership of the Board of Trustees, the Medical Review Board (MRB) and the Patient Leadership Committee (PLC). The Network Council is responsible for the election of members to the BOT and the MRB. Elections are held by mail-in ballot. The Network Council meets once annually.

During 2009, the following occurred:

- The annual meeting of the Network Council was held on March 10 in downtown Indianapolis. 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 MRB. The nominating process for open positions to the MRB and the BOT ended at the conclusion of the Network Council meeting. Representatives from CROWNWeb attended the meeting and exhibited at a booth featuring CROWNWeb information
- The 2009 slates for membership on the MRB were mailed in December for the 2009 election after the nominating process was completed. Membership on the BOT was

maintained, based on 2009 roster due to the pending merger with Network 4. Nominations for the MRB were accepted from January through March for open positions. Members were elected by mail-in ballot. Terms of office were to begin on January 1, 2010 and end on December 31, 2012.

- 2008 data were presented and the 2008 Annual Report was posted to the Network Web site, www.therenalnetwork.org.
- To increase communications between the Network leadership and the members of the Network Council, a series of Network Council WebEx meetings was developed. The Council met via WebEx on October 1, 2009 and the series continued into 2010. These one hour meetings were designed to provide an ongoing overview of CMS and Network initiatives, and answer questions. Agenda items on October 1 included the Medicare Improvement for Patients and Providers Act (MIPPA), CROWNWeb updates, Network redesign and Fistula First.

Board of Trustees: The BOT is the chief governing body of The Renal Network, Inc. The BOT 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. The Board of Trustees is composed of 21 members and an ex-officio immediate Past President.

2009 Board of Trustee Positions by Category	
6 Renal Physicians	1 At-Large Physician
Up to 4 ESRD Patients	1 At-Large Member
1 Social Worker	1 Nurse
1 Dietitian	1 Administrator
1 Legal Representative	1 Technician
1 Financial Representative	Past President
MRB Chairperson	Strategic Planning Chairperson
2009 Board of Trustees Meeting Schedule	
January 16	March 10
June 24 – WebEx	August 12 – WebEx
September 10-12	November 11 – WebEx
December 5	
2009 Board of Trustees Membership	
President	George R. Aronoff, MD
Vice President	C. Craig Stafford, MD
Treasurer & At-Large Member	Chester A. Amedia, Jr., MD
Secretary	Benjamin Pflederer, MD
Past President	Jay B. Wish, MD
Strategic Planning Chair	Emil Paganini, MD
MRB Chair	Peter B. DeOreo, MD
Administrator	Keith Mentz
Dietitian	Linda Ulerich, RD, LD
ESRD Patient Representatives	Richard Ayers

	Pamela Combs James Dineen Barbara Gronefeld
Financial Representative	Daniel DeFalco, CPA
Legal Representative	Joseph Scodro
Nurse	Kathy Olson, RN
Physician At-Large	Gordon McLennan, MD
Renal Physicians	Paul Crawford, MD Stephen Korbet, MD Richard Hamburger, MD
Social Worker	Bonnie Orlins, MSW
Technician	Mark Parks, CHT

During 2009, the BOT:

- Ensured that the CMS contract deliverables were met and contract obligations were maintained. In concert with the MRB, the Board approved the Quality Improvement Work Plan (QIWP) outlining Network initiatives to meet CMS goals.
- Monitored the Internal Quality Improvement Plan and the Task Manager-Internal Quality Improvement program to gauge the effectiveness of Network work efforts.
- Reviewed and approved financial records and expenditure reports.
- Received and approved the annual audit from the accounting

firm Alerding and Associates. The report was delivered with an “unqualified opinion.” This is the highest status which can be earned in the audit process.

- Monitored and approved the activities of the MRB, the Vascular Access Advisory Panel, the Pediatric Renal Group, the PLC, the Nominating Committee, the Finance Committee, the Audit Committee, and the Strategic Planning Committee.
- Oversaw the CROWNWeb preparation efforts made by Network 9 and Network 10.
- Received updates on all other activities with CMS, The Forum of ESRD Networks, and ESRD contract issues.

- Approved the slates for election to the MRB. Annually, one-third of all elected positions come due 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.

- Voted on a merger with ESRD Network 4, Inc. During the summer of 2009, deliberations began between the leadership of ESRD Network 9/10 and ESRD Network 4 regarding a potential merger of the organizations under The Renal Network, Inc. The Renal Network, Inc. (TRN) voted to merge with Network 4, Inc. TRN will be the surviving organization with responsibility for the CMS contracts for the Network 4, 9 and 10 areas. Network 4 staff will remain in place in the Pittsburgh office. The BOT will expand to

include all Network 4 Board members for a one year interim period after which the number of Board of Trustees members will reduce to 23 through attrition over a three year period. The Medical Review Boards and Patient Advisory Committees will remain independent.

The following activities were completed toward the merger:

- ✓ A business plan was developed
- ✓ A combined budget was developed
- ✓ Staff salaries and benefits were reviewed
- ✓ Personnel policies were compared and merged
- ✓ TRN Bylaws were revised
- ✓ CMS was notified of the intent to merge

Project Officers for Network 9, Network 10, and Network 4, were positive about the merger and recommended that the Executive Directors contact the CMS Contracts Office for instructions on how to proceed. The CMS Contracts Office instructed that a Novation Agreement would be necessary. Instructions were also received from the Commonwealth of Pennsylvania and work in

obtaining and filing the appropriate documentation in these areas was begun. On December 5, 2009, the combined boards for The Renal Network, Inc., and ESRD Network 4 met and voted in favor of merger.

Merger documentation was prepared and submitted to the CMS Contracts Office and to state offices as necessary. At year-end, the merger was in process to satisfy state and CMS requirements.

Medical Review Board: The MRB 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 is composed of 28 members by category, plus the ex-officio position of BOT President. Additional appointed members serve in an ad hoc capacity.

2009 MRB Positions by Category	
10 Renal Physicians	2 Physicians At-Large
1 Pediatric Renal Physician	2 ESRD Dietitians
Up to 4 ESRD Patients	2 ESRD Nurses
1 Transplant Physician	2 ESRD Social Workers
2 ESRD Facility Administrators	2 ESRD Technicians
2009 MRB Meeting Schedule	
February 11 - WebEx	March 10
June 24 - WebEx	August 20 – WebEx
October 21	
2009 MRB Membership	
Chairperson	Peter B. DeOreo, MD
Board of Trustees President	George R. Aronoff, MD
Ad Hoc Members	Jay B. Wish, MD Ashwini Sehgal, MD

ESRD Dietitian	Karen Becher, RD Mary Ellen Brabec, RD
ESRD Facility Administrator	Katherine Valasquez, RN Francine JnBaptiste, RN
ESRD Nurse	Steve Adley, BSN Jana Driver, RN
ESRD Patients	Lorraine Edmond Brenda Gerencer Martinlow Spaulding Yolanda Winn
ESRD Social Workers	Craig Fisher, MSW, PhD
ESRD Technicians	Dennis Muter, CHT Jennifer Messer, CHT
Nephrology Fellow	Amy Wilson, MD
Pediatric Renal Physician	Deepa Chand, MD
Physicians At-Large	Timothy Pflederer, MD Louis Thibodeaux, MD
Renal Physician	Prabir Roy-Chaudhury, MD Richard Hellman, MD Maria Sobrero, MD Orly Kohn, MD Marcia Silver, MD Larry Klein, DO Paul Shin, MD Richard D'Mello, MD Edgar Lerma, MD
Transplant Physician	Rosemary Ouseph, MD
Statistical Consultant	Michael Brier, PhD

During 2009, the MRB:

- Oversaw the development of the Quality Improvement Work Plan, which outlines quality activities of the Network.
- 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.
- Oversaw the distribution of the Facility Specific Lab Data Reports that included hemodialysis adequacy and anemia management. The facility reports detailed the fourth quarter 2007 data collection outcomes and were distributed to facility medical directors, administrators, and nurse managers. The facility reports were mailed to approximately 680 dialysis programs during April 2008. The facility feedback

reports will continue with the 2008 4th quarter lab data collection with CMS approval during the spring of 2009.

- Oversaw the dissemination of the Dialysis Facility Report compiled by the Kidney Epidemiology Cost Center (KECC), 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.
- Reviewed the results of the Intervention Profiling System. Using data routinely reported to the Network, the MRB utilizes the Facility Intervention Profiling System to analyze all available aspects 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. MRB interventions are designed, based on the number of points accumulated by a facility.

- 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 October 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.
- Recommended and approved the Involuntary Discharge Process that incorporated the CfC in outlining the reasons for discharge and the responsibilities of the Medical Director and facility staff in the process of discharging a patient.

Patient Leadership Committee (PLC): The purpose of the PLC is to identify and address ESRD patient needs and concerns through the development of educational projects and activities. Membership on the PLC includes patients, family members and dialysis facility staff.

2009 PLC Meeting Schedule		
March 9 and 10	June 19	
November 6		
2009 PLC Membership		
Richard Ayers (Ric)	Delta Butler	Audrey Chengelis
Celia Chretien	James Dineen (Jim)	Dadi Ding
Lorraine Edmond	Craig Fisher	Beth Fry
Brenda Gerencser	Barbara Gronefeld	Kathy Kirk-Franklin
Helen Kurtz	Gina Mendiola	Ellen Newman
Janet Schueller	Martinlow Spaulding	Guy Tibbels
Lynn Winslow	Yolanda Wynn	

During 2009, the PLC accomplished the following:

- Reviewed and provided input for the update of the “Working Toward Good Nutrition” handout.
- Reviewed and provided input for the update of the Network Quality of Life booklet.
- Reviewed and provided input for the update of the “Talking Transplant” booklet
- Provided suggestions for the development of a packet of

resources to be used by social workers with the KDQOL.

- Provided input and suggestions for the development of a poster for patients that described the AVF as the “gold standard” for access.
- Provided input and suggestions for the development of the grievance poster and handouts.
- Provided suggestions on professionalism from a patient viewpoint.

- Provided suggestions on ways to increase patient interest in an AVF.
- Provided input for changes to the evaluation of the applications for the Robert Felter Memorial Award which annually honors two patients in the Network.
- Contributed articles for the patient newsletter on the topics of patient empowerment,

transplantation, nutrition, home dialysis, and exercise and discussed ways to increase 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.