

PROGRESS NOTES

ESRD Network 9/10

Winter 2005/Vol XII, No.1

2005 Nephrology Conference Set For Indianapolis, IN



The 2005 Nephrology Conference is slated for May 25 and 26 at the Indianapolis Downtown Marriott (pictured above).

Plans are now being finalized for many different offerings during this two-day meeting. Here are some highlights:

Nephrology Update, May 25

This multi-disciplinary session will look at a variety of topics, including conditions of coverage, Fistula First and Network initiatives.

The afternoon session will focus on palliative care and end of life issues.

The Network Awards Luncheon will also take place on this day. Applications are being filed for continuing education for nurses, technicians, social workers, dietitians, and physicians.

Break-Out Sessions, May 26

The break-out day will begin with a General Session which will continue the theme of palliative care in the dialysis unit. After the lunch break, the individual disciplines will break into separate groups for afternoon meetings. Applications are being filed for continuing education for nurses, technicians, social workers and dietitians for this day, by program.

Poster Session & Presentation

The Conference will include a Poster Session of ideas from the Network membership. All dialysis and transplant programs are invited to share their good ideas and success stories through this forum. To enter a poster, complete the form in this newsletter (see p.7) and mail or fax to the Network office. This form is also available on the Network Web site www.therenalnetwork.org.

To maximize on sharing, participants are encouraged to present their posters in a 10 minutes format during the break-out sessions on Thursday, May 26. This is a great way to get your message to an audience of your colleagues. Anyone who is interested presenting should contact Pat Hendricks, RN, Quality Improvement Coordinator, in the Network office (317) 257-8265 or email phendricks@nw10.esrd.net.

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Certification Testing

On Tuesday, May 24th, the Network will sponsor a technician/nurse certification examination through BONENT. Registration for the exam is being conducted by BONENT. For more information or to register, call (913)541-9077 or go on-line at www.goamp.com/bonent/

Hotel Reservations

Rooms should be reserved as soon as possible at the Marriott as the Network block often sells out quickly. To reserve a room at the conference rate, call the Marriott at (877)640-7666 and ask to reserve in The Renal Network block, or go on-line to www.indymarriott.com and use the Group Code RENRENA.

To Register...

Registrations will be posted to the Network Web site www.therenalnetwork.org and mailed to the dialysis units in late March.

New Data Tracking Tools and Forms

Documentation of Involuntary Discharged Patients

CMS has added a category for reporting patients who have been involuntarily discharged from their facilities. You record this information on the monthly Patient Activity Report or in the VISION software.

survey and it will automatically tabulate these numbers. It may also be useful for follow-up with patients and vocational rehabilitation counselors.

This tool in an Excel Spread Sheet format can be downloaded from The Network's Web site, www.therenalnetwork.org.

Tracking Vocational Rehabilitation Events of Patients

The Patient Leadership Committee assisted in the development of a tracking tool that social workers might voluntarily use to record the vocational rehabilitation activities of patients.

It includes the categories that are required for reporting vocational rehabilitation activities on the annual

Facility Survey Forms

Also available on The Renal Network's Web site are the new the Facility Survey Forms, CMS-2744A and 2744B (for dialysis centers and transplant centers) as well as the new ESRD Death Notification Form, CMS-2746.

Ease The Ouch! - A new Network publication created to assist staff in promoting AV fistula and discussing fear of needle sticks with patients. To obtain a copy in PDF format just log on to the Network's Web site, www.therenalnetwork.org.

National CPM Data Collection

The following table displays the preliminary results of the national CPM data collection from the 4th quarter of 2003. This data is comparing Network 9 and Network 10 outcomes with those of the nation. This information, along with several tools to assist you in your internal quality improvement program, can be found in the CMS 2004 ESRD Clinical Performance Measures Project Annual Report. This report will be sent to every dialysis facility medical director and nurse manager in the spring of 2005.

	Network 9	Network 10	Nation
Adequacy			
% Pts with Mean Kt/V \geq 1.2	91	90	91
Median Kt/V	1.54	1.55	1.53
% Pts with Mean URR \geq 65%	88	88	87
Median URR %	72.7	73.2	72.6
Vascular Access			
% of Prevalent Pts with AVF	31	37	35
% of Incident Pts with AVF	33	27	35
% of Prevalent Pts with Catheter	36	29	27
% of Prevalent Pts with Catheter \geq 90 days	26	19	20
Anemia Management			
Median Hgb (g/dL)	12	12	11.9
% Pts with Mean Hgb \geq 11g/dL	80	83	80
% Pts with Mean Hgb 11 – 12.0 g/dL	32	34	36
% Pts with Mean Hgb <10 g/dL	6	5	6
Median wkly IV EPO dose units/kg/wk	200.6	220.8	201.9
Median wkly SC EPO dose units/kg/wk	209.2	169.3	156.7
Iron Management			
% Pts with Mean TSAT \geq 20%	74	82	81
% Pts with Mean Ferritin \geq 100 ng/mL	94	95	94
Albumin			
% Pts with Mean serum albumin \geq 4.0/3.7 g/dL (BCG/BCP)	40	45	39
% Pts with Mean serum albumin \geq 3.5/3.2 g/dL (BCG/BCP)	78	82	81

We have also included charts (see p.8) displaying trend data for adequacy and anemia management with the latest data from the 2003 4th quarter Network 9/10 CPM data collection.

These data, along with other CPMs and core indicators collected, can be found in the Network 9/10 Annual Report and on our Web site at www.therenalnetwork.org. There are also resources available to assist with adequacy and anemia management on the Web site as well.

Each facility should continue to review its own CPM outcomes internally until the Network is able to collect data through a Network 9/10 data collection or through the proposed CMS National Core Data Set. We are available for technical assistance if you have any questions regarding the data and/or a quality improvement initiative for your facility. Please call our Network office at (317) 257-8265 if you need assistance in these areas.

FISTULA FIRST Update

The vision of the Vascular Access Advisory Panel (VAAP) continues to focus on providing each facility, medical director, vascular access surgeon, and interventional radiologist with tools and information to allow them to progress in the area of patient AV fistula care.

In November 2004, we began series two of the learning session format.

The first meeting was held in Chicago, Illinois. The second meeting was held in Indianapolis, Indiana. The meeting format included a three-hour session for nursing and technical staff called an "Idea Garden."

This format provides information about developing a "Master Cannulator" program at the facility level. It includes time for a real "work" session. The participants at both meetings responded positively to this program and were able to glean new understanding of the *Change Process* as defined by the Institute for Healthcare Improvement (IHI).

The evening session has been designed to attract physicians from all nephrology care areas and includes new information regarding surgical perspectives and innovations. There is a question/answer period with a panel of presentors at the end of the program that allows for discussion and the sharing of information.

We have been especially fortunate to be able to enlist the aid of local physicians and nurses who present their process change success stories at these learning sessions. Future learning sessions are being held:

Cincinnati, OH February 3, 2005
Columbus, OH March 22, 2005

The national Fistula First (FF) effort continues to progress. Please take the time to visit our Network Web site at www.therenalnetwork.org. On our home page you will access charts using data from our Fistula First project "Dashboard." The Dashboard provides a month-by-month overview of the fistula rate for each Network, the percent of facilities reporting prevalent fistula rates, the Network rate of improvement and its current improvement target.

For a snapshot view of our progress on AV fistula placement nation-wide, data is charted on a map comparing Network 9/10 to the rest of the ESRD Networks (a sample of the current map is on p. 6). Additional charts provide the AV fistula rate progress of selected regional areas in our Network (see p.5), as well as, by county and Health Statistical Area (HSA).

By checking this data periodically you will be able to monitor the progress of your efforts.

At our Web site you will be able to link to each of the 18 Networks in the United States. Each site has an area dedicated to the Fistula First initiative that provides articles, educational tools, data collection tools, "links" to helpful sites, and an update of the Fistula First initiative in their local areas.

The Fistula First Champions

working at the local level in Network 9/10 are in Cincinnati, Ohio, Indianapolis, Indiana, and Columbus, Ohio.

We have crossed the midpoint of the Fistula First Initiative timeline!

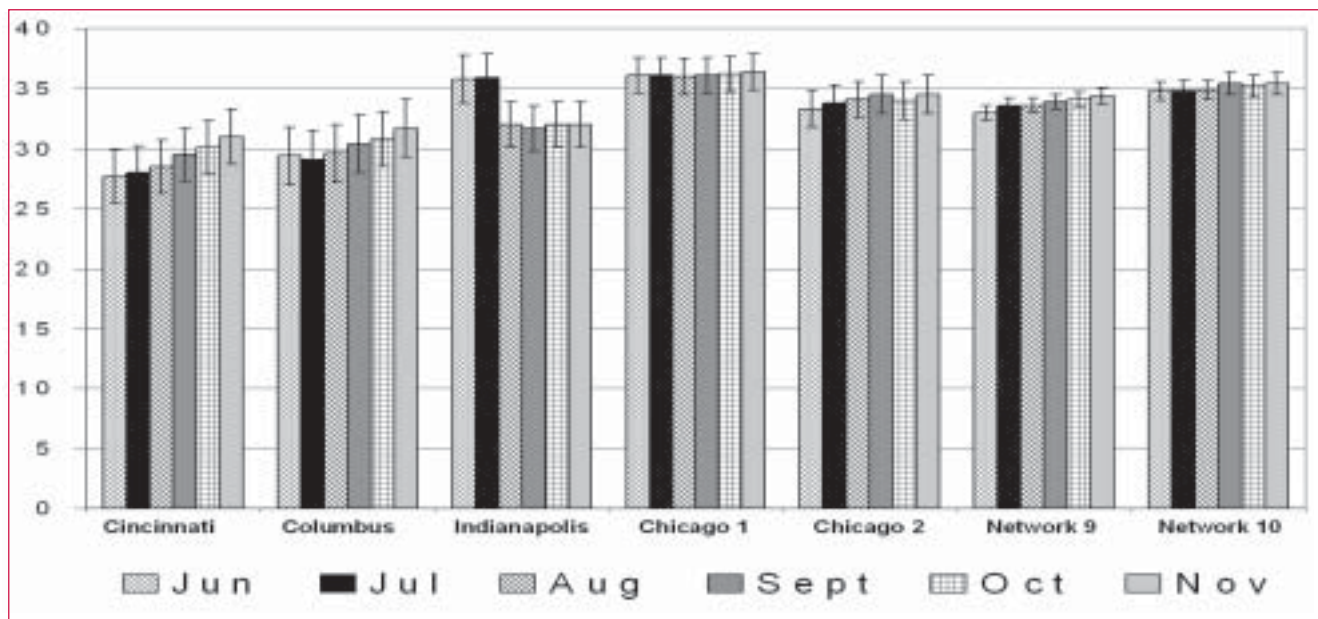
Fistula First Update (con't)

The Cincinnati group, through data collection and dissemination, is showing progress towards the K-DOQI goal in prevalent and incident AV fistulae.

The Indianapolis group is working on an educational “hands on” lab for cannulation training and developing protocols for discharge planners within the hospital setting.

Dr. Larry Spergel et. al., of the National Fistula First committee has developed a DVD that demonstrates many different access surgeries to create or preserve the AV fistula.

You will be able to download this DVD via a Web site being designed by the national committee. This is anticipated to be ready in March 2005. More information will be forwarded when available.



The Columbus group is in the beginning stages of developing a joint effort to bring the community together to increase AV fistula placement.

We have finalized the Fistula First Quality Award. This voluntary award has been developed in order to recognize facility, nephrologist, and/or surgeon processes that have been shown to increase the percentage of prevalent and incident AV fistula. Watch for the announcement of the award criteria in February 2005.

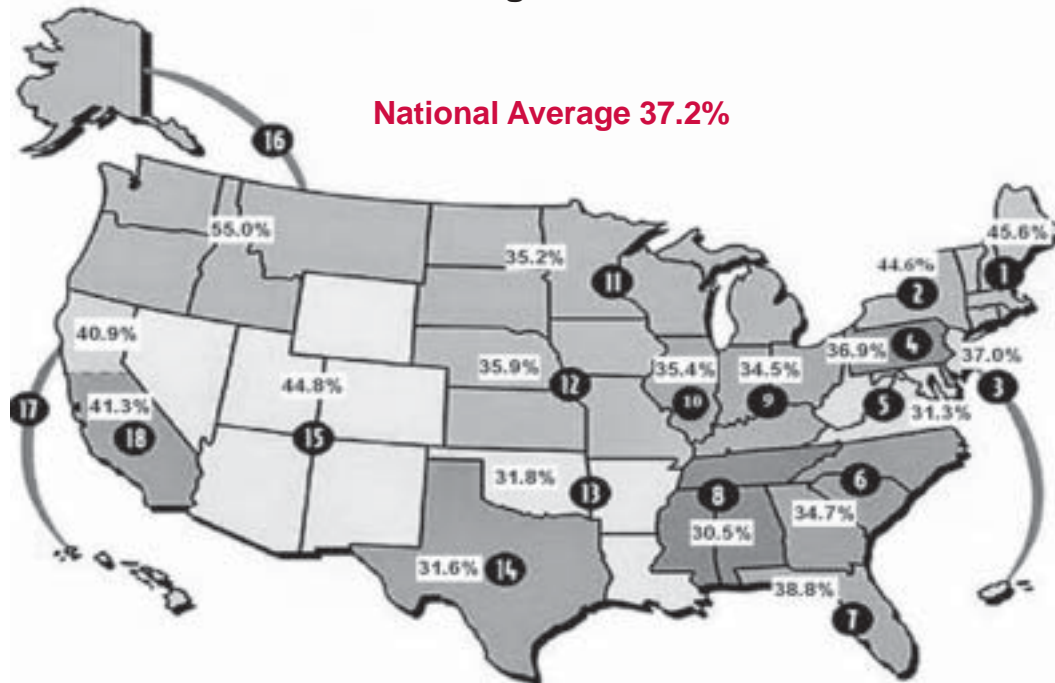
The Chronic Kidney Disease (CKD) tool kit is a high priority on the VAAP “to do” list. As you know, the earlier we can contact the patient pre-dialysis, the greater the chance of creating an “access for life.” This is an integral and challenging part of this initiative.

As a member of this Network, you are a part of the Fistula First campaign! Continue to focus on process changes within your facility that will assist in increasing and maintaining AV fistulas.

Keep up the good work!

End Stage Renal Disease Network Regional Map

Percent Prevalent Patient Utilizing A-V Fistula as of November 2004



Date Source: FF Dash Board (1/17/2005)

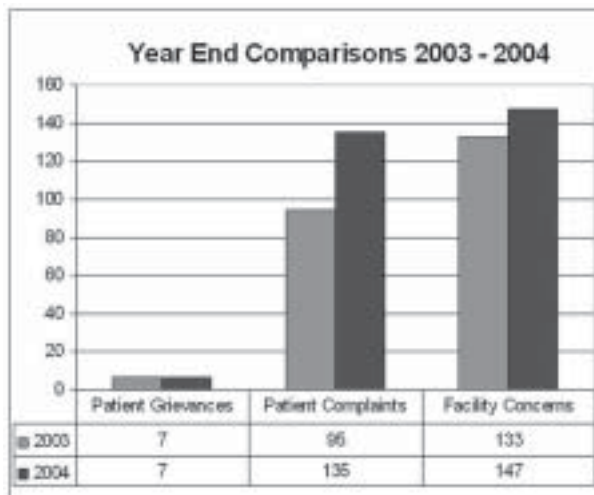
100% of facilities may not have reported in each Network

Patient Grievances, Complaints and Facility Concerns

The Renal Network's Patient Services Department has experienced a marked increase in calls from patients. Patient Services has worked closely with patients and facility staff to successfully resolve

Patient Concerns before they reach a Grievance status. Patients are most concerned about:

1. Treatment / Quality of Care
2. Staff Relations
3. Discharge and Transfer



Calls from facility staff have also increased. The Renal Network welcomes the opportunity to assist staff in resolving issues before they reach a crisis level. Facility Concerns are related to:

1. Discharge and Transfer
2. Non-Compliance
3. Disruptive Behavior

Poster Session

2005 Nephrology Conference

Wednesday, May 25 & Thursday, May 26, 2005
Indianapolis Marriott Downtown

POSTER DISPLAY REGISTRATION FORM

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

TITLE OF POSTER: _____

SIZE/NUMBER OF POSTER BOARD(s): _____

Yes, I am interested in presenting my poster during the Conference! Please contact me with details.

1.) Exhibitors complete this registration form and return it to the Network office by **MONDAY, MAY 9**, so space can be reserved in the exhibit room.

2.) Exhibitors are encouraged to submit abstracts of their posters. Abstracts should be written in Microsoft WORD, and downloaded onto a disk. This Poster Display Registration Form should accompany the disk when mailed to The Renal Network. **Abstracts may be emailed to phendricks@nw10.esrd.net - be sure to include the information requested on this form so registrations can be matched to abstracts.**

3.) The abstract should include a.) the title of the presentation; b.) authors; c.) sponsoring dialysis program; d.) description of the project & background; e.) purpose & goals of the project; f.) methodology used; g.) findings; and, h.) recommendations.

4.) **NO POSTER BOARD WILL BE SUPPLIED.** Exhibitors should arrive with all the necessary equipment to display the poster presentation. Tripod easels will be reserved for each poster.

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National CPM Data (con't)

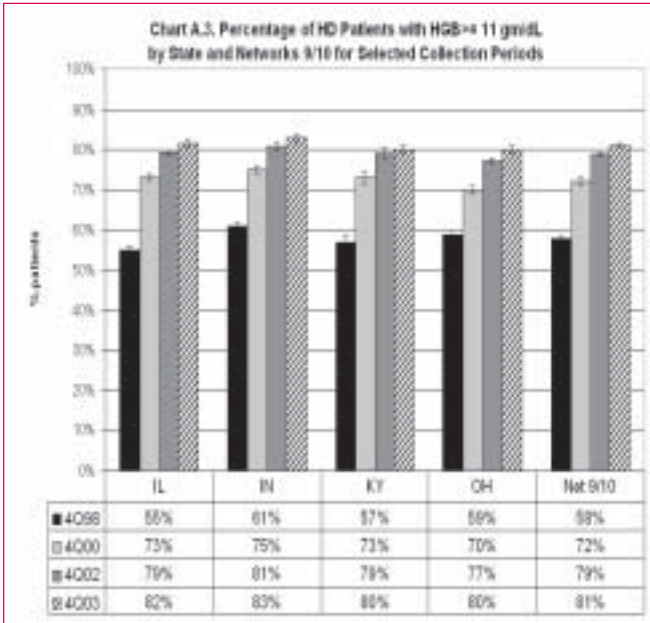


Chart A.3 shows the percentage of patients with average pre-dialysis HGB \geq 11 gm/dL. Network 9/10 rates had a statistical increase of 2% between the fourth quarter of 2002 and the fourth quarter of 2003; state rate increases ranged from 1%-3%.

The increases for Illinois and Ohio were statistically significant using a 95% confidence interval.

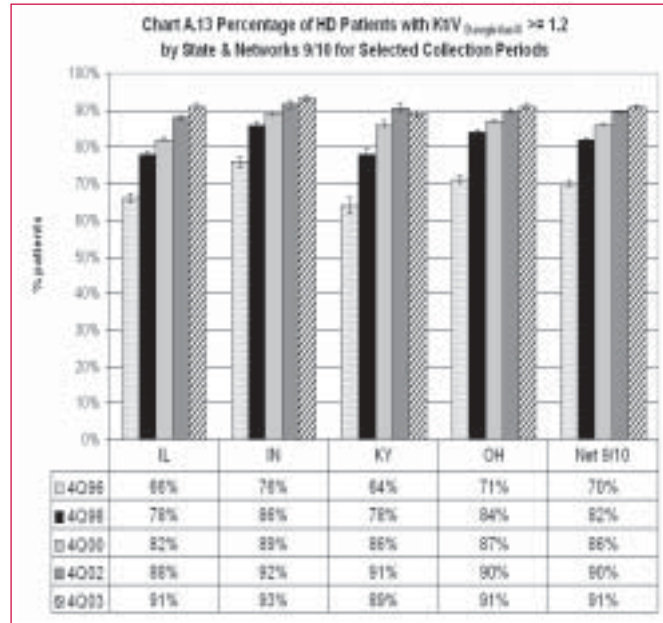


Chart A.13 shows the percentage of patients with an average Kt/V Daugirdis II of 1.2 or greater. There was a 1% increase from one year ago in the Network 9/10 rate. The fourth quarter 2003 average URR was 72.4% with a standard deviation of 6.9 and the average Kt/V Daugirdis II of 1.57 (standard deviation of 0.33).

The average HD treatment time decreased one and a half minutes, from 224 to 222.5.

PROGRESS NOTES

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