The Renal Network facilitates the achievement of optimal wellness for renal disease patients.
The Renal Network, Inc.
Networks 4, 9 and 10
By the Numbers

Network 4
- 276 Dialysis Facilities
- 19 Transplant Centers
- 17,576 Patients

Network 9
- 522 Dialysis Facilities
- 15 Transplant Centers
- 28,530 Patients

Network 10
- 238 Dialysis Facilities
- 8 Transplant Centers
- 16,894 Patients
2012 Nephrology Conference
May 22-24, 2012

Hilton Columbus
at Easton
Columbus, Ohio

Hotel Reservations:
614-414-5000

Reserve by April 30th to receive the conference rate!
Tuesday, May 22:
5:30pm  Registration Opens
6:00pm  CROWNWeb Update

Wednesday, May 23:
8:30am  Plenary Session: “The Future of Dialysis: Staying Patient-Centered in a Bundled World”
  - Caregivers as Heroes or “Getting’ Even” in a Good Way
  - Bundling & the QIP & Their Impact on Your Delivery of Dialysis Care
  - Do You Know Where Your Patient Is? Improving Care Transitions
  - Optimizing Kidney Transplant Patient Care: Our use of Health Informatics & Checklist-Based Data Review
  - Infection Control, Patient Safety & NHSN
  - Home Therapies & Patient Self-Managed Care
Thursday, May 24:

8:30am Plenary Continued
- Patient Empowerment & Patient Choices- Through the Eyes of a Nurse/Patient
- Patient Choices Along the Continuum of Care

1:30pm Break-Out Sessions
- Session 1: How do I get my patients own their treatment outcomes?
- Session 2: How do I manage, day-to-day and still meet the needs of my patients?
- Session 3: Talking the talk. Cooking the Diet!
Conference Info

- Exhibition Area
  - Poster Session:
    - share your successes in a poster throughout the conference
    - Register – https://www.surveymonkey.com/s/TFMXG8B
- Manufacturer Displays
- Continuing Education Credits
  - 10.5 Hours for nurses, technicians, social workers and dietitians
  - 10.5 Hours for physicians
- Register Today! – www.therenalnetwork.org
Vascular Access Quality Improvement
<table>
<thead>
<tr>
<th>Network</th>
<th>CMS March 2012 Goal</th>
<th>February 2012</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>59%</td>
<td>60.2%</td>
<td>+1.2</td>
</tr>
<tr>
<td>9</td>
<td>56.6%</td>
<td>57.5%</td>
<td>+0.9</td>
</tr>
<tr>
<td>10</td>
<td>59.0%</td>
<td>59.5%</td>
<td>+0.5</td>
</tr>
</tbody>
</table>
Percentage Point Increase in Prevalent AVF Rates
December 2010–December 2011
Percent of Patients with AVF by Network
January 2012
Network 4
2011-2012 QIP Participants
Internal Goal: Improve by 0.33/month or 4 percentage points by March 2011-2012

1. Positive Performers:
   • \( \leq 60\% \) AVF
   • \( \geq 4 \) AVF percentage point increase from March 2010-March 2011
   • \( >30 \) patients
   • 3.9 percentage point increase with 142 AVF increase

2. Ready for Change:
   • \( \leq 60\% \) AVF, any positive improvement from March 2010-March 2011
   • \( >30 \) patients
   • 2.6 percentage point increase with 47AVF increase

3. Early Adopters:
   • >60% -65% AVF
   • \( >30 \) patients
   • 2.0 percentage point increase with 66 AVF increase

4. Catheter Reduction:
   • \( \leq 60\% \) AVF
   • \( >25\% \) ALL catheter
   • \( >30 \) patients
   • 6.2 percentage point increase with increase 119 AVFs
Networks 9 & 10 Vascular Access Prevalent Fistula Rates

December 2009

December 2010

December 2011

Prevalent Fistula Scale

- Less than 40%
- 40.0 - 50%
- 50.1 - 58%
- 58.1 - 65.9%
- 66% and greater
Networks 9 and 10 Vascular Access Prevalent Catheter Rates

December 2009

December 2010

December 2011

Prevalent Catheter Scale
- 40% and greater
- 30 - 39.9%
- 20 - 29.9%
- 10 - 19.9%
- 10% and less
- Less than 10%
Networks 9 & 10
2011-2012 QIP Participants
Internal Goal: Improve by 0.33/month or 4 percentage points by March 2011-2012

Network 9 Feb 2012
1. Positive Performers:
   • ≤60% AVF
   • ≥4 AVF percentage point increase from March 2010-March 2011
   • >30 patients
   • 2.62 percentage point increase with 73 AVF increase
2. Ready for Change:
   • ≤60% AVF, any positive improvement from March 2010-March 2011
   • >30 patients
   • 2.13 percentage point increase with 31 AVF increase
3. Early Adopters:
   • >60% -65% AVF
   • >30 patients
   • 1.94 percentage point increase with 40 AVF increase
4. Catheter Reduction:
   • ≤60% AVF & >25% ALL catheter
   • >30 patients
   • 5.01 percentage point increase with 474 AVF increase

Network 10 Feb 2012
1. Positive Performers:
   • ≤60% AVF
   • ≥4 AVF percentage point increase from March 2010-March 2011
   • >30 patients
   • 2.42 percentage point increase with 45 AVF increase
2. Ready for Change:
   • ≤60% AVF, any positive improvement from March 2010-March 2011
   • >30 patients
   • 3.02 percentage point increase with 34 AVF increase
3. Early Adopters:
   • >60% -65% AVF
   • >30 patients
   • 1.22 percentage point increase with 18 AVF increase
4. Catheter Reduction:
   • ≤60% AVF & >25% ALL catheter
   • >30 patients
   • 4.10 percentage point increase with 223 AVF increase
Prevalent Fistula Rate Improvement

**Interventions:**

1. Survey to identify needs for improvement
2. Individualized assistance based on need
3. Develop specific tool kits (3Ps) for use by facility management (housed on Web sites)
4. Education on tool kit usage
5. Quarterly Best Practice Webinars
6. Corrective action plans
7. Medical Director Letters describing progress toward goals
8. Monthly and quarterly interim facility progress reports
Vascular Access Templates & Tools

- Prevent Catheter Placement and Use Fistula
- Preserve Fistula

"The 3Ps of Vascular Access Success"

The Renal Network, Inc.
ESRD Networks 4, 9 & 10

www.esrdnetwork4.org/3p
www.therenainetwork.org/ql/3Ps.php

810,165 website downloads
Clinical Performance Measures
Albumin Mean
Percent Albumin $> 3.5$ or $3.2$
Phosphorus Mean

![Bar chart showing mean phosphorus levels by state and year.](chart.png)
Calcium Mean
Percent Calcium 8.4 – 10.2
Hemoglobin Mean
Percent Hemoglobin < 10 g/dL
Percent Hemoglobin > 12 g/dL
Percent Hemoglobin 10-12 g/dL
Percent Hemoglobin 10-12 g/dL

December
Ferritin Mean
Percent Ferritin 200-800 ng
Tsat Mean
Percent Tsat 20-50 %
URR Mean
Percent URR >= 65
Kt/V Mean
Percent Weekly Kt/V >= 1.7
Creatinine Clearance Mean

![Bar chart showing the mean creatinine clearance for different states and years.]
2012 Care Transitions Project

This project has been designed to:

• Use a pilot group of dialysis facilities to develop and test a care transitions process to conduct safe handoffs with hospitals and other outpatient settings
• Develop a care transitions toolkit including best practices, overcoming barriers, and other tools and resources.
2012 Care Transitions Project

Interventions included:

- Training on the use of a hospital to dialysis unit care transition summary for hospitalizations.
- Monthly facility contact, either group webinar or individual phone call, to provide information and gain insight into best practices and barriers.
- ESA scan to determine if ESAs are given in the hospital.
# ESA in the Hospital: Baseline Scan Results

In 3 Months of Baseline ...

<table>
<thead>
<tr>
<th></th>
<th>Network 4</th>
<th>Network 9/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Hospitalized Patients that Received ESA PRIOR to Hospital Admission</td>
<td>80.7%</td>
<td>89%</td>
</tr>
<tr>
<td>Percent of Hospitalized Patients that Received ESA DURING Hospital Admission</td>
<td>46.7%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Was information regarding ESA Brand and Dose difficult to obtain from the hospital upon discharge?</td>
<td>Information was easy to obtain: 55%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Information was NOT easy to obtain: 45%</td>
<td>40%</td>
</tr>
</tbody>
</table>
2012 Care Transitions Project

What We Have Learned

ESAs are not always given in the hospital intentionally because:

1. Hospitalized for infection or other disease state that lend the ESA to be ineffective
2. Cost of the ESA to the hospital
Describe your communication process for a hospitalized patient:

<table>
<thead>
<tr>
<th></th>
<th>NW4</th>
<th>NW9</th>
<th>NW10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Transition Form</td>
<td>30%</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>Other forms of communication</td>
<td>50%</td>
<td>66%</td>
<td>77%</td>
</tr>
<tr>
<td>(shared data base, D/C summaries, HD flow sheets, med sheets, phone calls, clinical nurse, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If using a Care Transitions form, whose form?

<table>
<thead>
<tr>
<th></th>
<th>NW4</th>
<th>NW9</th>
<th>NW10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW Care Transition form</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Other Care transition form</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Not using any form</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NW 4</td>
<td>NW 9</td>
<td>NW 10</td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Do you receive information at hospital discharge?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>NO</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Have you received any resistance from the hospital (regarding collaborating for D/C transfer summaries?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>40%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>NO</td>
<td>60%</td>
<td>66%</td>
<td>100%</td>
</tr>
</tbody>
</table>
2012 Care Transitions Project

Best Practices and the Start to Our Care Transitions Change Concepts

- Establishing a good system of communication between healthcare settings is key to good care transitions.

- Prioritizing care transition concepts to ensure safe handoffs for their patients that we are learning about from the focus group dialysis facilities in Network 4, 9 & 10.

- Every facility is different and will have different processes.

- No process is right or wrong and may change over time.
2012 Infection Control Project
This project has been designed to:

- Ensure that dialysis facilities have a comprehensive vascular access infection surveillance program in place
- Provide facilities with a surveillance tool if needed
- Provide facilities with education and resources related to vascular access infection
- Take a care transitions approach in order to conduct safe handoffs with hospitals and other outpatient settings
- Provide information to the Network in order to establish a facility specific vascular access infection rate
2012 Vascular Access Infection Surveillance Project

The project will:

• use a facility collection scan
• develop a toolkit over the course of the project to be disseminated to providers and housed on the Network Website
• disseminate educational materials provided by the CDC
• market the use of the Infection Control Module of the 5 Diamond Patient Safety Program

Goal:

• Improving vascular access infection surveillance.
• The Network will collect vascular access infection data from at least 80% of the facilities every collection period (quarterly).
Networks 9 & 10 Goal:
• The Network will collect vascular access infection data from at least 80% of the facilities every collection period (quarterly).

Outcome: Met Goal

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 9</td>
<td>82.2% facility submission</td>
<td>95.5% facility submission</td>
<td>88.7% facility submission</td>
</tr>
<tr>
<td>Network 10</td>
<td>81.2% facility submission</td>
<td>89.6% facility submission</td>
<td>82.9% facility submission</td>
</tr>
</tbody>
</table>
Network 4
Decrease Vascular Access Infection Project

Baseline Scan
The Network will collect vascular access infection data from at least 80% of the facilities

September 2011
• 87% facility submission
• 99.2% track vascular access infections
• 0% participate CDC NHSN
• 30% never heard of NHSN
Goal:
• Improve Vascular Access infection surveillance
• 30 facilities will register & enroll in CDC NHSN & begin reporting
• NW4 will set up “group”
• 50% enrolled facilities join group by June 2012

GOAL MET: YES-
116 facilities enrolled, 48 joined group
2012 Vascular Access Infection Surveillance Project NHSN Update

**Network 9**
March Interim Goal
- 116 facilities have joined the Network 9 Group

**Network 10**
March Interim Goal
- 36 facilities have joined the Network 10 Group
NHSN Webinars Held for Networks 4, 9 & 10:

- Best Practice - November 17 & 18, 2011
- Informational - December 20, 2011 (Network 1)
- Enrollment steps - January 6, 13, 20, 27, 2012 (Network 3)
- Enrollment Steps - February 23 & 24, 2012 (CDC)
- Data Collection and Entry - March 22 & 23, 2012 (CDC)
July 1, 2012
Quality Improvement Work Plan
(QIWP)
## Quality Improvement Work Plan Projects

<table>
<thead>
<tr>
<th>Contract Task</th>
<th>Networks</th>
</tr>
</thead>
</table>
| Task 1.a - Vascular Access | NW 4 – improve AVF rate from 60.2% to 60.7%  
NW10-improve AVF rate from 59.5% to 60.2%  
NW9-improve AVF rate from 57.5% to 58.4% |
| Task 1.b – CPM | Care Transitions (Anemia Management) |
| Task 1.c - Network Specific | Decrease Vascular Access Infection Rates through Surveillance |
| Task 1.d – Facility Specific | Decrease “All Catheter” Rate |
5 Diamond Patient Safety Program
5 Diamond Patient Safety Program

- TRN Began 5 Diamond May 2010
- 15 Modules Available – Web Based
- The program was just reviewed and updated by all participating Networks.
Modules of Program

- Patient Safety Principles* (required)

- Communications
- Constant Site Cannulation
- Hand Hygiene
- Flu Vaccination
- Slips, Trips and Falls
- Medication Reconciliation
- Health Literacy
- Patient Self-Managed Care
- Stenosis Surveillance

- Emergency Preparedness
- Sharps Safety
- Decreasing Patient & Provider Conflict
- Missed Treatments
- Transplantation
5 Diamond Current Progress
March 2012

• Network 4
  • 66 Facilities Participating (24% of Facilities)
  • 141 Diamonds Awarded
  • 18 have achieved ‘5 Diamond’ Status

• Network 9
  • 71 Facilities Participating (14% of Facilities)
  • 108 Diamonds Awarded
  • 10 have achieved ‘5 Diamond’ Status

• Network 10
  • 15 Facilities Participating (6% of Facilities)
  • 17 Diamonds Awarded
  • 2 have achieved ‘5 Diamond’ Status
5 Diamond - Next Steps...

- 5 Diamond Plaques to Be Awarded During Nephrology Conference
- 5 Diamond Participants Encouraged to Enter Poster Session During Nephrology Conference
- To enroll in the 5 Diamond Safety Project:
  http://www.therenalnetwork.org/5Diamond/5Diamond.php
**QIMS User Types**

**End Users** have regular day-to-day access

**End User Managers** have authorization to review applications for accuracy, approves account requests, and to authorize QIMS applications for Security Official review.

**Security Officials** reviews QIMS applications for final error checking, conducts in-person proofing of applicant’s identity, gives final approval for account authorization, and assigns CROWNWeb Role/Scope.
QIMS Registration

- All users **must** complete the QIMS application to access CROWNWeb

- Application consists of three things:
  - **Part A**
    - Start this online, it then becomes printable form for signatures
    - Always submit the original to the Helpdesk
  - **Part B**
    - This gives your access to CROWNWeb
    - Submit the original to your local Security Official, or to the Helpdesk
  - **Security Awareness Training Certificate**
    - Submit the original to your local Security Official, or to the Helpdesk
I’m going to an End User of QIMS and CROWNWeb.

I might be a back-up to my local Security Official or End User Manager, but we haven’t decided yet. All I know is that I have a co-worker who is my local QIMS Security Official and another who is my End User Manager.

Step-by-step instructions for the “End User” can be found on the CROWNWeb Online Help site.

Applications and Questions can be directed to:

Buccaneer, Vagent Company
Attention: QualityNet Help Desk
1401 50th Street, Suite 200
West Des Moines, IA 50266
Telephone: 1-866-288-8912
Americans With Disabilities Act
Office of Civil Rights of HHS

- Responsible for investigating complaint discrimination against recipients of Federal financial assistance through HHS
- One law they enforce is Section 504 of the Rehabilitation Act of 1973
- Prohibits from discriminating on the basis of a disability
Rehabilitation Act of 1973

Specifically, 45 C.F.R. 84.52 (d) requires recipients that employ fifteen or more persons to provide appropriate auxiliary aids to persons with “impaired sensory, manual or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service question”.

Suggested Policy

1. Identification and assessment of deaf and hard of hearing persons and their communication needs
2. The timely provision of appropriate auxiliary aids to deaf and hard of hearing persons
3. The use of friends and family members as interpreters
4. Notification to deaf and hard of hearing persons as to the availability of free auxiliary aids and services
Policy (cont’d)

- Staff training
- Documentation of auxiliary aids and services provided
- Designation of a Section 504 coordinator and his/her roles and responsibilities
Community Information & Resources
Patient Committees

Network 4: PAC
Network 9 & 10: PLC

Advisory Role
- Workshop Planning
- Speakers for meetings
- Felter Award Reviewers
- Rehabilitation resources
- Focus group
- Trends analysis input
- MRB, BOT, Rehab Committees

Educational Materials
- Professionalism from Patient’s Viewpoint
- Poster on Professionalism
- Renal Outreach articles
- Fistula First Patient Journeys
- Grievance Poster
- Work Stories
Patient Input on Resource Development to Address Professionalism

Professionalism
"It’s HOW you DO the job.
Acceptance
Respect
Communication
Dignity
Understanding
Values
Boundaries
It’s NOT the job you DO."

The Renal Network, Inc.

What you say may not be what is heard:
From the Patient’s Perspective.

An Open Letter to Dialysis Staff about Professionalism

By Barbara Greenfield, TRN Patient Leadership Committee (PLC), TRN Board of Trustees and ESRD
Transport Patient

Prologue

The relationship between a person on dialysis and the nurse, technician, social worker, nutritionist, physician’s assistant or doctor can be very close. Because this is true, the professionalism in the dialysis unit and me both in very good times and very bad ones. I had them on good days and bad days, too. We had to make allowances for each other. I would hope that these people would trust me as they would like to be treated if they were in my place with patience and respect. And vice versa. I should treat them the same.

Dear Dialysis Staff,

When hemodialysis was new for me, I didn’t understand many of the terms that were used. I knew you’ve heard them over and over again, but that didn’t mean that I understood what you were saying. Please be patient with me when you explain things for the umpteenth time. Then there were times when I didn’t want to hear what you had to say about my weight gain or potassium or phosphorous levels. But you were patient with me and found me new recipes to try or did other things to help me reach the goals we set together. Since we set these goals together, they became my goals, too. You were always there to lend a helping hand. You cared about me. But you did not take the responsibility for achieving these goals from me. We worked as a team. We respected each other and we knew we could depend on each other.

Even when I frustrated you the most, when I didn’t seem to care about anything, and I couldn’t stand to go to another dialysis treatment, you told me I could do it and that meant a lot to me. So it taught me that professionalism in the dialysis unit is based on good listening skills, patience and respect, and being kind to each other.

When I first came to the dialysis unit, you asked me by what name I would like to be addressed. And I told you. And you always referred to me that way. You did not talk about me to other patients. You did not talk to me about your problems with co-workers. I am glad that you did not put me in that difficult position. You greeted me with a smile when I came through the door. If I didn’t understand what you were saying, you encouraged another staff member to talk to me, hoping that I would understand a different point of view. You were not threatened by this other person helping me.
Patient Centered

- Services for Patients Pamphlet
- Patient Safety Brochure
- Patient Rights and Responsibilities
- Grievance Process
- Bundling Resources
Education for Patients

**Renal Outreach**

My Fistula Journey

By Nancy L. Scott

“Fistula and cannulation,” these two words go hand-in-hand. I was diagnosed with renal failure in 2004 and remained on dialysis for seven years until I received a transplant. I received a fistula in my left arm as an access for dialysis. That fistula became my line. I felt it often to make sure that I always had a thrill. I had learned that if there was no thrill—there would be no dialysis. If there was no thrill, it was clotted or something was wrong. I was a compliant patient, watching diet and fluids routinely. In my second year of dialysis, I was infiltrated. The technician apologized, explained that this often happens and that I would be alright. Infiltration is painful. Not only is it painful but it can cause a patient not to continue with dialysis on that particular day.

Fortunately on the day that I was infiltrated, I had on very little fluid. I had to put ice on my arm, go home (in pain) and was told to come back for my next treatment and not to drink too much. I was livid.

Something had to happen and I came up with the solution. If I never got infiltrated again, it would be because I would do it to myself. I asked the clinical manager if one of the senior technicians could teach me the art of cannulation, and she complied. I was shown twice, and on the third day, I stuck myself. I was nervous but immediately shook it off when I remembered how I felt when I was infiltrated by someone else.

After cannulating myself for several weeks, I realized that no one could stick you better than yourself. You can feel the arm and tell immediately when you are near a “wall” [of the artery]. I became an advocate for self-cannulation, but out of 173 patients in my unit, I was the only one who performed their own cannulation. I recommend self-cannulation for everyone who is able to do so. In seven years, I had one fistulagram and that was only to determine if I was following the correct procedure. The physician was pleased, but not half as pleased as I was.

---

**Network 4 News**

A Newsletter for People with Chronic Kidney Disease and their Families in Pennsylvania and Delaware

This WORKS for me!

We are very happy to share a number of stories written by people with chronic kidney disease. These stories highlight their ability to continue working while they receive renal replacement therapy.

We hope you enjoy their stories and consider if working is an option for you. Also, if you would like to share your story, please contact the Network office.

Flu Shot Facts for the Dialysis Patient

When should I get flu shot? October or November is the best time of year to get the shot, but you can still get your shot in December or later.

What are the side effects that could occur?
- Soreness, redness, or swelling where the shot was given.
- Fever (low grade)
- Aches

If these problems occur, they begin soon after the shot and usually last one to two days.

Does flu vaccine work right away? No. It takes about two weeks after the shot for antibodies to develop in the body and provide protection against the virus. In the meantime, you are still at risk for getting the flu.

That’s why it’s better to get vaccinated early in the fall, before the flu season really gets under way.

Can I get the flu from the flu shot? NO. The flu shot CANNOT give you the flu. The vaccine contains dead virus that cannot cause the flu in any way!
Patient Stories to Encourage AVF

**Fistula Journeys**

The Renal Network, Inc. is launching a new peer-to-peer educational initiative called *Fistula Journeys*. This initiative aims to help dialysis patients consider their vascular access options by reading patient stories that address the choice of a fistula. Each month, *Fistula Journeys* will feature a new story.

Through real-life situations, *Fistula Journeys* show how other patients have a) selected their vascular access, b) identified coping mechanisms that helped along the way and, c) discovered how their choices affected both their personal lives and their dialysis outcomes.

**Submit a Patient Story**

Become a part of this initiative by submitting a patient story. [Learn how.]

---

**Web Downloads**

<table>
<thead>
<tr>
<th>Document</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jun</td>
<td>Jul</td>
</tr>
<tr>
<td>My Fistula and Me</td>
<td>166</td>
<td>50</td>
</tr>
<tr>
<td>My Lifeline</td>
<td>38</td>
<td>112</td>
</tr>
<tr>
<td>No Clots for Me</td>
<td>160</td>
<td>132</td>
</tr>
<tr>
<td>Old Faithful</td>
<td>129</td>
<td>161</td>
</tr>
<tr>
<td>Out of the Blue</td>
<td>176</td>
<td>55</td>
</tr>
<tr>
<td>What Choice Do I Make?</td>
<td>296</td>
<td>54</td>
</tr>
</tbody>
</table>

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**Old Faithful**

Larry Weaver, pictured left, shares why choosing an AV fistula as his vascular access was the right choice for him.

[Read his story, *Old Faithful* PDF; 576kb; posted September, 2011]

**Out of the Blue**

Tyrone Barnett (pictured left) has been on dialysis since August 1996 and had an AV fistula placed that same month.

[Read his story, *Out of the Blue* PDF; 609kb; posted August, 2011]

**No Clots for Me**

Quinnroy Maurice Edwards (pictured left: and his wife of 16 years, Rhonda) has been on dialysis since 1991 and had an AV fistula placed in 1996.

[Read his story, *No Clots for Me* PDF; 608kb; posted July, 2011]
Challenging Situations

- Adherence Toolkit
- Health Care Team Agreements
- Dialysis Patient-Provider Conflict Toolkit (DPC)
- IVD Process
Resources by Telephone

The Renal Network, Inc.
ESRD Networks 4, 9 & 10

RENAL TIP LINE

Tools
Information
Patient Support

1 (888) 777-0105

The Renal Network is pleased to support a new patient resource of ESRD Network 15. And, they have included one of The Renal Network patient articles which was recorded by one of our patients! Thus, they are giving us permission to share with our patients, their new patient resource, a recorded message line created by their Network Patient Services staff and their Network 15 Patient Leadership Committee—called RENAL TIP LINE.

Callers may choose from a menu of topics, accessed through a toll-free number. Topics have been chosen by their PLC and Network staff. Most of the recordings have been made by patients, and they have partnered with the Renal Support Network (RSN) and other Networks to help them in their talent search! The goal of the program is for patients to receive useful information from other patients about various aspects of chronic kidney disease. Currently the messages are in English only.

Please share this resource with your patients so that they may enjoy the recordings:

- Treatment Options
- Taking Charge of Your Health
- Coping with the Renal Diet for People on Hemodialysis
- What to Do When You Have a Problem with Your Care
- Patient-Centered Care
- Coping
- Missing Treatments
- Tips on Adhering to a Medication Regimen for the Dialysis and Kidney Transplant Patient
Patient Empowerment Workshop

June 12 or 13, 2012
Indianapolis Hilton North

Registration Form
Program is free and lunch is provided. You must register by June 4th to attend.

Complete this simple registration form below and either fax to 317-257-8265 or mail to: The Renal Network, Inc. 911 E. 86th Street, Suite 202, Indianapolis, IN 46240.

Name: ________________________________
Address: ________________________________
______________________________________
(City, State, Zip)
Phone: ________________________________
Email: ________________________________
I wish to attend on: __ June 12 OR __ June 13
Total # of persons attending: __________
I am a: ________________________________
__ pre-dialysis patient
__ dialysis patient
__ family member
__ health care staff

Join Us!
And explore the many ways to become an active member of your health care team.

Your care is in your hands.

Whose Life Is It Anyway?
This free and informative program has been designed for ESRD and CKD4 patients and their families.

You are a part of your health care team and we want to help you keep your future in your hands.

As part of this program you will gain more information on:

- How to make healthy choices
- What are the various types of treatment for kidney disease
- How to choose your best treatment options
- Tools to help you in your journey with kidney disease
- How to become the “most valuable player” on your health care team

You will have the opportunity to meet other kidney patients and family members to:
- Learn from each other
- Share your experiences

The day will be fun as well as educational.

Come and enjoy a kidney-friendly lunch with us as you explore ways to manage your care.

Your comments and feedback on this program are appreciated.

Sponsored by
Indiana University School of Medicine
And The Renal Network, Inc.

Speakers:

Michael A. Kraus, MD FACP
Chief Physician Officer of Kidney Disease Medical Director of Home and Acute Dialysis
Nationally Recognized Expert in Home Dialysis

Kathi Nucum, Ed.D.
Director of Patient Services
The Renal Network, Inc.

Jim Dinesen
Author, kidney transplant patient and motivational speaker

Craig Fisher, Ph.D., LCSW
Dialysis social worker and motivational speaker

Patient Panel
Patient participants will be announced.
# Quality of Life Toolkit

**Resource Areas:**
- Tools to Support Physical Needs
- Tools to Support Mental Health Needs
- Tools to Support Coping with Treatment
- Tools to Support Coping with Kidney Disease in Daily Life

### Tools to Support Physical Needs

<table>
<thead>
<tr>
<th>Tools to Support Physical Needs</th>
<th>Type</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article: AARP Keeping Fit (<a href="#">link to AARP article</a>) – “In summary, we are not as active as we should be. Dialysis patients, like the population at large, can benefit from maximizing activity. Exercise during dialysis is safe in the informed and prepared patient and in a facility that has taken the appropriate precautions to assure a safe and beneficial program. The advantages of exercise far outweigh its risks and not only from a cardiovascular standpoint - exercise improves the feeling of well being. Regardless of one’s level of illness, a program to maximize activity is generally rewarding.”</td>
<td>Education</td>
<td>Staff Patients</td>
</tr>
<tr>
<td>Guidebook: Exercise - A Guide for People on Dialysis (<a href="#">format</a>, size: 1.4 MB) by Patricia Power and developed by The Life Options Rehabilitation Advisory Council – “People with kidney failure can lead full, active lives. Learning how to live a good life in spite of kidney failure is what rehabilitation is all about.”</td>
<td>Education</td>
<td>Staff Patients</td>
</tr>
<tr>
<td>Exercise Guidebook Excerpt: Susan’s Story (<a href="#">format</a>, size: 43 kb)</td>
<td>Personal Story</td>
<td>Patients</td>
</tr>
<tr>
<td>Exercise Guidebook Excerpt: Guadalupe’s Story (<a href="#">format</a>, size: 43 kb)</td>
<td>Personal Story</td>
<td>Patients</td>
</tr>
<tr>
<td>Exercise Guidebook Excerpt: Rick’s Story (<a href="#">format</a>, size: 42 kb)</td>
<td>Personal Story</td>
<td>Patients</td>
</tr>
<tr>
<td>Exercise Guidebook Excerpt: Simon’s Story (<a href="#">format</a>, size: 58 kb)</td>
<td>Personal Story</td>
<td>Patients</td>
</tr>
<tr>
<td>Exercise Guidebook Excerpt: Melvin’s Story (<a href="#">format</a>, size: 44 kb)</td>
<td>Personal Story</td>
<td>Patients</td>
</tr>
<tr>
<td>Video: Exercise, Live Well &amp; Feel Better – “In October of 2007, Network 11’s Consumer Committee unanimously voted to begin working on a new project focused on fitness for people with kidney disease. Exercise, Live Well &amp; Feel Better was produced by Network 11 in 2009. This 15 minute DVD features testimonials from patients on various modalities who have improved the quality of their lives through exercise.”</td>
<td>Education</td>
<td>Staff Patients</td>
</tr>
</tbody>
</table>

[Order Form](#)
Types of Patient Services Contacts
July 2011 – February 2012

Network 4
n = 181

Network 9
n = 361

Network 10
n = 170

Network 4 - Percentage of Contacts

Network 9 - Percentage of Contacts

Network 10 - Percentage of Contacts
# July 2011 – February 2012
## At Risk for IVD – Reason At Risk

<table>
<thead>
<tr>
<th>Network 4 Reason at Risk</th>
<th>Network 9 Reason at Risk</th>
<th>Network 10 Reason at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N=5</strong></td>
<td><strong>N=29</strong></td>
<td><strong>N=15</strong></td>
</tr>
<tr>
<td>Non-Payment</td>
<td>Non-Payment</td>
<td>Non-Payment</td>
</tr>
<tr>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Facility may not be able to meet medical Needs</td>
<td>Facility may not be able to meet medical Needs</td>
<td>Facility may not be able to meet medical Needs</td>
</tr>
<tr>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Ongoing Disruptive and Abusive Behavior</td>
<td>Ongoing Disruptive and Abusive Behavior</td>
<td>Ongoing Disruptive and Abusive Behavior</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Immediate Severe Threat</td>
<td>Immediate Severe Threat</td>
<td>Immediate Severe Threat</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Termination by Physician – No Show</td>
<td>Termination by Physician – No Show</td>
<td>Termination by Physician – No Show</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Termination by Physician – Medical Non-Compliance</td>
<td>Termination by Physician – Medical Non-Compliance</td>
<td>Termination by Physician – Medical Non-Compliance</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Termination by Physician – Other</td>
<td>Termination by Physician – Other</td>
<td>Termination by Physician – Other</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other: Missed Treatments</td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
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</table>

- **Non-Payment**: 0%
- **Facility may not be able to meet medical Needs**: 0%
- **Ongoing Disruptive and Abusive Behavior**: 40%
- **Immediate Severe Threat**: 20%
- **Termination by Physician – No Show**: 20%
- **Termination by Physician – Medical Non-Compliance**: 0%
- **Termination by Physician – Other**: 20%
- **Other: Missed Treatments**: 60%
# July 2011 – February 2012 Involuntary Discharge Reasons for Discharge

<table>
<thead>
<tr>
<th>Network 4 - Reasons for Discharge</th>
<th>Network 9 - Reasons for Discharge</th>
<th>Network 10 - Reasons for Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N=21</strong></td>
<td><strong>N=27</strong></td>
<td><strong>N=9</strong></td>
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<tr>
<td>Non-Payment</td>
<td>Non-Payment</td>
<td>Non-Payment</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3%</td>
<td>0%</td>
<td>22%</td>
</tr>
<tr>
<td>Facility may not be able to meet medical Needs</td>
<td>Facility may not be able to meet medical Needs</td>
<td>Facility may not be able to meet medical Needs</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Ongoing Disruptive and Abusive Behavior</td>
<td>Ongoing Disruptive and Abusive Behavior</td>
<td>Ongoing Disruptive and Abusive Behavior</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>33%</td>
<td>15%</td>
<td>44%</td>
</tr>
<tr>
<td>Immediate Severe Threat</td>
<td>Immediate Severe Threat</td>
<td>Immediate Severe Threat</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>14%</td>
<td>56%</td>
<td>22%</td>
</tr>
<tr>
<td>Termination by Physician – No Show</td>
<td>Termination by Physician – No Show</td>
<td>Termination by Physician – No Show</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>24%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Termination by Physician – Medical Non-Compliance</td>
<td>Termination by Physician – Medical Non-Compliance</td>
<td>Termination by Physician – Medical Non-Compliance</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>14%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Termination by Physician – Other</td>
<td>Termination by Physician – Other</td>
<td>Termination by Physician – Other</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0%</td>
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<td>11%</td>
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<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10%</td>
<td>4%</td>
<td>0%</td>
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</table>
Interventions with Patients

- Rights/Responsibilities
- Communication techniques
- Suggest meeting with staff
- Problem solving techniques
- Coach patient on addressing concerns with staff
- Discuss coping skills
- Discuss treatment options
- Understanding of CfC
- Offer to mediate with staff
- Provide educational resources
- Referral to other agencies
Mediation with Staff for Complaints

- Conference calls with corporation
- Address related patient care concerns
- Patient-centered care
- Identify root causes of complaints
- Coach staff on de-escalation techniques
- Suggest in-service training
- Recommend meeting with patient and key personnel
- Review/recommend facility policy and procedures NW review medical records
- Recommend interventions for patient-centered care
- Discuss treatment modality options
Interventions for Facility Concerns

- Non-adherence suggestions & resources
- Health Care Team Agreements
- Patient letters
- Mental health resources
- Anger management approaches
- Network resources
- Conditions for Coverage
- De-escalation techniques
ESRD BENEFICIARY FOCUSED LEARNING NETWORK SPECIAL PROJECT

PROJECT UPDATE
Work Plan Flow Chart

- Standardized Data Collection
- Tracking Mechanism
- Data Dictionary
- Draft Network Data Education
- Performance Indicators
- Standardized Data Collection Tool

- Environmental Scan
- Learning Needs Assessment
- Beneficiary Support & Education Plan
- Change Package 1 & 2
- Beneficiary Perspective Report
- Communication and Outreach Report

- Environental Scan
- Performance Indicators
- Environmental Scan
- Learning Needs Assessment
- Beneficiary Support & Education Plan

- Environmental Scan
- Learning Needs Assessment
- Beneficiary Support & Education Plan
- Communication and Outreach Report

Final Report and Tool Kit
Learning Network Project Management Plan

Highlights

1. Collection of information to identify gaps in beneficiary knowledge
   a. Patient Focus Groups
   b. Network patient complaints
   c. Environmental Scans

2. Development of Change Packages
   a. Anemia management
   b. Topic 2

3. Development of Performance Indicators to serve as an early warning system
Network Data Collection Results

**Beneficiary Complaints**
- For the period July 1, 2011 to January 31, 2012 there was 726 beneficiary complaints reported by all 18 ESRD Networks.
- More than half of the complaints (56.8%) were either staff related or treatment related concerns.
- Analysis of the specific areas of concerns suggest there is a lack of consistency in how information is being collected by the Networks.

**Facility Concerns**
- For the same time period there was 2,200 facility concerns reported.
- Approximately half (49.1%) of the calls received by the dialysis facilities were compliance, treatment or behavioral related issues.
- Analysis of the specific areas of concerns also yielded similar results.
## Bundling Trends
### January – December 2011

<table>
<thead>
<tr>
<th>NW</th>
<th>Bundling Contacts</th>
<th>% of Beneficiary Complaints/Inquiries</th>
<th>% of Facility Concerns/Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>6.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>9</td>
<td>14</td>
<td>16.28%</td>
<td>5.24 %</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>13.71 %</td>
<td>0%</td>
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</table>
November 2011 - January 2012
Key word Tracking Summary

<table>
<thead>
<tr>
<th></th>
<th>Satisfaction</th>
<th>Hospitalization</th>
<th>Transitions and Coordination of Care</th>
<th>Dialysis Experience</th>
<th>Vascular Access</th>
<th>Modality</th>
<th>Knowledge of ESRD</th>
<th>Self Management (care)</th>
<th>Self Management (decision making)</th>
<th>Bundling</th>
<th>Anemia Management</th>
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</thead>
<tbody>
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<td>November</td>
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<td>44</td>
<td>4</td>
<td>24</td>
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<td>17</td>
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<td>22</td>
<td>12</td>
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<td>19</td>
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<td>53</td>
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<td>70</td>
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<td>7</td>
<td>119</td>
<td>22</td>
<td>85</td>
<td>124</td>
<td>35</td>
<td>31</td>
<td>33</td>
<td>18</td>
</tr>
</tbody>
</table>
Virtual Library

Once a book is selected, it will link to the contents of the book.
Virtual Library

Once a book is selected, it will link to the contents of the book.

Image is pixilated. All content will be reviewed and edited for a crisp, clean appearance.
Virtual Library

Once a book is selected, it will link to the contents of the book.
Virtual Library

Once a book is selected, it will link to the contents of the book.
Performance Indicators

**Definition**
Measurable elements of performance (for which there is a data source) that can be used to assess the quality and access of care provided to patients and, if necessary, change it.

**Purpose**
Performance Indicators provide a warning signal and prompt actions for change.

**Important Attributes**
- Standardized (data type is defined and collected in a uniform manner)
- Quantitative (possess measurable attributes of quality and access of care)
- Actionable (influenced by facility whose performance is being measured)
- Meaningful (align with the goals of the special project)
Performance Indicators

Focus Group Webinar
1. Identify a meaningful set of performance indicators that are related to the process of delivering ESRD services.
2. Validate these indicators in terms of quality and access of care.

The indicators that will be addressed include:
- Barriers to care
- Complaints and grievances
- IVDs and reasons
- At-risk for IVDs
- Changes in protocol

Desired Outcome - Utilize the feedback from the Focus Group to develop meaningful data types that generated standardized, informative summary statistics of ESRD service’s quality and access of care performance across all Networks.
Draft Network Statement of Work / Request for Proposals
Process

- Current Contract ends June 30, 2012
- Draft Statement of work
  - Released for comment: 2/3/12
  - Comments due 2/17/12 -> 2/20/12
- 2/21/12: CMS extended current contract through December 31, 2012
- Network Redesigned Scope of Work commences January 1, 2013
The Three Aims

- **AIM 1**: Better Care for the Individual through Beneficiary and Family-Centered Care
- **AIM 2**: Better Health for the ESRD Population
- **AIM 3**: Reduce Costs of ESRD Care through Improvement of Care
Better Care for the Individual through Beneficiary and Family-Centered Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient &amp; Family Engagement</td>
<td>Facility-level, Network-level engagement; Shared Decision Making</td>
</tr>
<tr>
<td>Patient Experience of Care</td>
<td>Resolution of grievances, Promoting the use of the In-Center Hemodialysis Consumer Assessment Healthcare Providers and Systems (ICH CAHPS) survey and addressing issues identified through collected data</td>
</tr>
<tr>
<td>Promote Patient-Appropriate Access to Outpatient Dialysis Care</td>
<td>Decrease Involuntary Discharges and Involuntary Transfers (IVD/IVT), Failure to place</td>
</tr>
<tr>
<td>Vascular Access Management</td>
<td>Catheter Use, AV Fistula Placement</td>
</tr>
<tr>
<td>Patient Safety: Healthcare Acquired Infections (HAI)</td>
<td>Vascular Access-related Infection</td>
</tr>
</tbody>
</table>
## Better Health for the ESRD Population

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Health Innovation Pilot Projects: Preventive Care</td>
<td>HBV, Influenza, and Pneumococcal immunization</td>
</tr>
<tr>
<td>Population Health Innovation Pilot Projects: Community Focused Learning and Action Network</td>
<td>Increasing Immunization Rates; Dialysis Care Coordination with a Focus on Reduction in Hospital Utilization; Transplant Coordination with a Focus on Disparities Reduction; Promoting Appropriate Home Dialysis in Qualified Beneficiaries; Vocational Rehabilitation and Improvement in Quality of Life</td>
</tr>
</tbody>
</table>
## Lower Costs of ESRD Care through Improvement of Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESRD Quality Incentive Program (QIP)</td>
<td>Facility Performance Improvement in Measures (e.g., Anemia Management, Dialysis Adequacy, Mineral Metabolism), Facility Compliance with QIP procedures</td>
</tr>
<tr>
<td>ESRD Quality Incentive Program (QIP)</td>
<td>Facility Performance Improvement in Measures (e.g., Anemia Management, Dialysis Adequacy, Mineral Metabolism), Facility Compliance with QIP procedures</td>
</tr>
</tbody>
</table>
General SOW Changes

- Networks will be “patient care navigators and lead transformation”
- Network shall assist providers “in adjusting to the heightened focus on patient and family centered care, aiming to help them optimize customer service.”
- The ESRD Network shall consider that disparities are relevant throughout the SOW.
Complaints and Grievances

- No longer have complaints and grievances; now only grievances.
- Deadline to resolve cut from 90 days to 30.
- All Network correspondence to patients shall contain the following language, “to file a grievance please contact Network at [phone number] and [website].”
- Networks to track provider participation in I-CAHPS
Complaints and Grievances

• Conduct an audit of grievances twice a year
  • Identify potential quality of care concerns
  • Investigate whether complaint related to QIP/PPS or disparities
  • Document “patient’s perceptions of the reason for filing the grievance.”

• Conduct QI Intervention once a year
  • Identify one grievance trend
  • Identify the 5 facilities that had the highest number of grievances in that trend area
  • Conduct a QI intervention to improve
Involuntary Discharges

- Document any patients perceived by Network to be at risk for IVD/IVT
- Document any failure to place new patients
- Work with facilities to facilitate placement of patients, including home dialysis
- Goal: ensure all patients have access to dialysis care in appropriate setting
Healthcare Acquired infection LAN

- Collaborate with CMS and CDC to increase NHSN enrollment by actively promoting awareness, access and use of CDC’s provision of technical assistance in enrolling facilities.
- At least 80% of all facilities within the Network service area must be successfully reporting at least six consecutive months of CLABSI data to NHSN.
- By the end of the base period of performance, Networks shall report 90% enrollment of facilities in NHSN.
- Share best practices in the area of reducing HAIs.
- Consult with QIOs, who also have HAI LANs to see if potential areas of synergy between the LANs.
QI: Innovative Pilot Projects

- Increasing Immunization Rates
- Dialysis Care Coordination with a Focus on Reduction in Hospital Utilization
- Transplant Coordination with a Focus on Disparities Reduction
- Promoting Appropriate Home Dialysis in Qualified Beneficiaries
- Vocational Rehabilitation and Improvement in Quality of Life
Support QIP for Performance Improvement

- Ensure appropriate and timely QIP requirements completion
- Register providers into system for QIP reports
- Provide technical assistance on topics related to QIP
- Provide feedback to facilities on QIP measures
- Educate state surveyors on QIP
- Report adverse impact
CROWN Web

1. Oversee timely and accurate CROWNWeb data submission
2. Resolve out of scope patients
3. Assist with notifications and accretions
4. Serve as resource for CROWNWeb facility users
Performance Measures

- New national AVF target: 68%
- Annual Network AVF goal: Reduce “Quality Deficit” (difference in 68% and Network rate) by 7% (currently 20%)
- Reduce catheter use by 2% in facilities with >10% catheters
- 90% of facilities enrolled in NHSN by [June 2013]
- 80% of facilities entering 6 months of NHSN data by [December 2012]
Questions?