

NETWORK NEWS

Serving Renal Professionals in Alabama, Mississippi, and Tennessee

Fall 2007

Annual Meeting Update

As previously announced, the Network 8 Annual Meeting will be held at the Beau Rivage Hotel in Biloxi from October 17-19. Registration will begin on Wednesday at 10:00 a.m. and will continue throughout the day until the Opening Reception begins at 5:00 p.m. The Wednesday pre-meeting workshop, hosted by Genzyme, does require separate pre-registration by e-mailing wray.eidt@genzyme.com. Likewise, the Thursday night dinner meeting, sponsored by Watson, also requires pre-registration, which can be done by e-mailing allisonh@fallonmedica.com. Please contact Cathy Thornton-Hartzog at the Network 8 office if you need more information about registering for either of these workshops.

Due to schedule conflicts, there are two speaker changes that have occurred since the meeting brochure was mailed. The first change is the Thursday morning general session presentation on depression in ESRD, which will be given by Mark Meier, MSW, a nationally recognized

speaker on the topic of depression. Mark is currently the CEO of Creative Workplace Solutions, a Minneapolis based consulting firm dedicated to raising awareness about the impact of depression and conflict in the workplace, and co-founder of IDWDI—Initiative



for Dealing with Depression Issues, an organization focused on helping employers reduce the impact of depression in the workplace. Mark most recently spoke at the

Network 8 Annual Meeting in 2005 and received rave reviews on evaluations.

The second speaker change will occur on Friday morning when Dr. Michael Lazarus, Chief Medical Officer for Fresenius Medical Care, will fill the 8:30 am slot. Dr. Lazarus served as a member of the K/DOQI Anemia Workgroup for the 2000 revision and is widely published on dialysis-related topics. As CMO for Fresenius, Dr. Lazarus is an extremely busy man and we are very grateful to him for making the time to come and speak on the hotly debated topic of erythropoiesis stimulating agents. "After the Dust Has Settled: Appropriate Use of ESAs in ESRD" promises to be an informative session that will bring clarity to the murky waters of Epopgen use.

Finally, many of you may be interested to know that singer Michael McDonald will be performing at the Beau on Thursday night at 8:00. Tickets start at \$39.95 and can be purchased online at: <http://brivage.admission.com/cgi/guide.cgi?H=EN&C=US&TITLE=MCDONALD>

What's a Network Council???

Each fall, Network 8 hosts a three-day educational meeting for providers in our three-state region. Some of you may remember the day when this was called the Network Council (NWC) Meeting. In recent years, the meeting has simply become known as the Annual Meeting, with Council Officers shouldering most of the planning responsibilities.

We have not taken full advantage of opportunities for input from the one designated NWC representative at each facility, but now, times, they are a changin'! With a newly hired, full-time Community Outreach Coordinator, Dr. Rowena W. Elliott, we at Network 8 feel this is the perfect time to "revive" our Network Council by improving our two-way communications.

According to contract, ESRD Networks are to establish a Network Council that is:

- Composed of members from renal dialysis and transplant facilities or providers in the Network area; and is
 - Representative of the geography and the types of facilities/providers in the Network area.
- The purpose of the Council is to provide input into Network activities and serve as a liaison between providers and the Network.

What does any of this have to do with the price of tea in China, you ask? Well, dear readers, this is the PERFECT opportunity for you to get involved with the Network—a nicer bunch of folks just can't be found! Seriously, though, we need the input of those of you in the "real world". Though we all have years of experience with kidney disease, it's rather obvious that we no longer work in the clinical setting and we need input from those of you who do. Without your feedback, our educational planning is apt to miss the very topics that you are most interested in.

How can you participate? The good news is that it doesn't take a lot of time. First, make sure you know the person who serves as your designated NWC representative (facility representative). If that person has moved on or is no longer able to fill the role, follow the designated process in your facility for naming a replacement.

As NWC representative, we will contact you from time to time to get your recommendations for Network educational activities, NWC leadership and for suggestions about who might serve on one of the Network boards and the Patient Advisory Committee. NWC representatives can and do nominate themselves at times for these positions.

We need knowledge-oriented, patient-centered advocates of quality care to join our team for the benefit of all patients and providers in our region. Are you that person?

Please contact Jerry Fuller at Network 8 if you have questions about any of these opportunities to participate.

Upcoming Events

October 2007

- 10th—PAR due
- 17-19—Annual Meeting, Biloxi. Network office closed.
- 20th—Fistula First data due
- 28th—Patient meeting, Birmingham

November 2007

- 10th—PAR due
- 12th—Veteran's Day observed. Network office closed.
- 20th—Fistula First data due
- 22nd & 23rd—Thanksgiving Holiday. Network office closed.

December 2007

- 9th—Patient meeting, Mobile
- 10th—PAR due
- 20th—Fistula First data due
- 24th & 25th—Christmas Holiday. Network office closed.



Answering the Tough Question—on the 2728 Form

the question: 18. Prior to ESRD therapy:

What does (prior to ESRD therapy) mean exactly?

Scenario 1: the patient started ESRD therapy in the hospital before coming to your facility

“Prior to ESRD therapy” means **before** the patient went into the hospital

Scenario 2: the patient started ESRD therapy at your clinic after a physician's office referral (no hospital visit)

“Prior to ESRD therapy” means **before** the day of the office referral to ESRD

If you answer Yes, choose a timeframe. If your answer is Yes and for 0-6 mos, just check Yes and the computer will record 0-6mos when we enter the form

- 18.a. Did the patient receive exogenous erythropoietin or equivalent (Aranesp or Procrit)?
18.b. Was patient under care of a nephrologist?
18.c. Was patient under care of kidney dietitian?

If Yes, choose a timeframe. If your answer is Yes and for 0-6 mos, just check Yes and the computer will record 0-6mos when we enter the form



Who should be completing this section of the 2728 Form and what information should be used to answer these questions?

According to the directions printed on the 2728 Form, the physician should complete this section. He or she should have records from the hospital or from the office that would provide correct answers. (Please proofread this section after completion to be sure that ALL boxes have been addressed!)

If for some reason the person completing this section is not the physician, then the patient's personal health records should be consulted for the correct answers. All boxes must be addressed.

The patient himself is not a good source of this information—he may not remember about getting Epo, he may be confused by the timeframes in the question, he may not understand the terminology, or he may be overwhelmed by his new situation and not thinking clearly.

18.d. What access was used on first outpatient dialysis: (for Hemodialysis only)

You must choose the Access that was used on Day 1 in your clinic, AND, if the access was not an AVF:

1. You must also check whether there *is a maturing AVF present*
2. AND you must check if there is a *maturing graft present*. (If the 1st access used is a Graft, then answer only the question *is a maturing AVF present*.)

Please call Network 8 if you have questions about section 18—or any other parts—of the 2728 Form. Getting this section correct every time will keep your facility's Compliance score on the right track.

Immunizations

Falling leaves, cooler temperatures, and holiday preparations are all phrases that indicate the autumn season is approaching. As we rake leaves, wear sweaters, and plan family gatherings, there is one important thing we should not forget at this time of year....**our flu vaccines.**

The “flu season” in the United States is usually from November through April each year. During this time, flu viruses are circulating in the population. An annual flu vaccine (either flu shot or nasal-spray flu vaccine) is the best way to reduce the chances that you will get the flu.



Beginning each September, the flu shot should be offered to people when they are seen by health care providers for routine care or as a result of hospitalization.

Try to get vaccinated in October or November because flu activity in the United States generally peaks between late December and early March.

You can still benefit from getting vaccinated after November, even if flu is present in your community. Vaccine should continue to be offered to unvaccinated people through the flu season as long as the vaccine is still available. Once you get vaccinated, your body makes protective antibodies in about two weeks. You are still at risk for developing the flu until the two-week period is over. Since it takes two weeks for the flu vaccine to work in your body, it is best to get vaccinated early in the fall, before the flu season really gets under way.

There are two types of vaccines that protect against the flu. The “flu shot” is an “inactivated vaccine” (contained killed virus) that is given with a needle. A different kind of vaccine, called the nasal-spray flu vaccine was approved in 2004. The nasal-spray flu vaccine contains weakened live virus and is administered by nasal sprayer. It is approved for use among healthy people between the ages of 5 and 49 years. The flu shot is

approved for use among people over 6 months of age, including healthy people and those with chronic medical conditions, such as renal disease and transplant patients

Reference: <http://www.cdc.gov/flu/about/qa/flu vaccine.htm>

There's one more vaccine you need...

Vaccination is recommended for immunocompromised adults at increased risk for pneumococcal disease or its complications. This includes adults with chronic kidney disease and transplant patients. The CDC recommends that a vaccine be obtained every five years.

Note: This information does not apply to kidney patients who are recently post-transplant. These patients are considered more significantly immunosuppressed than those who have only chronic kidney disease, with or without dialysis.

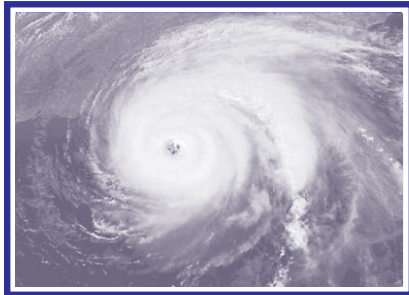
Emergency Preparedness: It's Time to Remember Lessons Learned

Two years have passed since Hurricane Katrina showed the world that you can never truly be prepared for nature's fury. But, you can take what you've learned and improve going forward.

Last fall Network 8 and the independent facilities in Mississippi began

working on a Quality Improvement Project to help them review their emergency preparedness resources and plans. We asked the facilities to fill out a needs assessment form so they could determine their strengths and weaknesses.

We then invited a representative from each facility to attend a face-to-face meeting where they heard presentations from the Mississippi Department of Health, the Mississippi Emergency Management Agency, Network 8, Inc., and Hattiesburg Dialysis Clinic staff who had been on the front lines during Katrina. Facility representatives were



given materials and guidance on how to improve their readiness and were asked to take this information back to their units and apply the knowledge that they had gained.

Based on recommendations we as a Network learned in the training session, letters were sent to all Network 8 facilities encouraging them to make contact with their local Emergency Management Agencies (EMAs) and get acquainted. A list of all of the county EMAs were included in the mailing, along with the "Save A Life" fact sheet developed by the Kidney Community Emergency Response (KCER) Coalition and a Shelter Triage Form that was developed by Network 13 during Katrina.

Additionally, the "Save a Life" fact sheet and the Shelter Triage Form were sent to the county EMAs along with a listing of all of the dialysis facilities in each state. The local EMAs were encouraged to share these tools with any Red Cross Shelters in their areas, and we received feedback that this has taken

place in Alabama and Mississippi already.

At the conclusion of the project, the participating independent facilities completed the original needs assessment form a second time to measure changes they had made. Striking areas of improvement included adoption of written disaster plans, identification of alternative water supply sources, communication with local EMA officials, wiring buildings for emergency generators, and providing individual staff training on emergency preparation.

The needs assessment form is a resource available to all clinics as a checklist to guide your preparedness efforts. The document, which was previously sent to the nurse manager at each clinic, is available on the Network 8 website (follow the "Disaster" link). If you have any questions regarding your readiness or need any materials, feel free to contact Brenda Dyson in the Network office at (601) 936-9260 ext. 15.

Network 8 Staff Changes

This summer, Lynn Haynes, Network 8 Outreach Coordinator, resigned to pursue a career in nursing education. While we will deeply miss her, we are pleased to announce the hiring of Dr. Rowena Elliott, for the position. Rowena is a certified nephrology nurse, and has been an Associate Professor at Alcorn State University and the University of Mississippi Medical Center. She received BSN and MSN degrees from the University of Mississippi and a Doctorate Degree in Education from the University of Mississippi. As Outreach Coordinator, Rowena will lead community outreach activities, such as the Memphis Area Fistula First Coalition and other collaborative efforts to educate the general public, patients, and healthcare providers about chronic kidney disease. Rowena's vast experience and educational background will be a great asset to our Network. As a side note, Rowena is a candidate for National Secretary of the American Nephrology Nurses' Association, so be sure to vote in the coming election!



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Abbott Blood Glucose Meters

Audience: Diabetic patients, endocrinologists, diabetic educators, other healthcare professionals

[Posted 09/11/2007] Abbott notified users of Precision Xtra, Optium, ReliOn Ultima, Rite Aid, and Kroger blood glucose meters (manufactured after January 31, 2007), to check display screen of the meter to make sure that it is working properly. If meters are dropped onto a hard surface, part of the display can be jarred or disconnected, thereby making it difficult to read the lot number or date information. Additionally, dropping the meter can cause the screen to appear blank, which could result in an inability to view blood glucose test results. The inability to generate blood glucose results may cause a significant risk for hypoglycemia or hyperglycemia.

Users of these meters who note that the display screen is not working properly should immediately stop using their meter. Patients should keep their glucose meters in the wallet provided to offer additional protection for the meter. If the meter is dropped on a hard surface, patients should immediately perform a meter display check. Instructions on how to do this are detailed in the meter's Users Guide. If no problems are encountered during the automatic display check, the meter is ready for use.

Rocephin (ceftriaxone sodium) for Injection

Audience: Neonatologists, pediatricians, infectious disease specialists, hospital administrators, other healthcare professionals

[UPDATED 09/11/2007] Roche informed healthcare professionals about revisions made to the prescribing information for Rocephin to clarify the potential risk associated with concomitant use of Rocephin with calcium or calcium-containing solutions or products.

Healthcare professionals are advised that Rocephin and calcium-containing solutions including continuous calcium-containing infusions such as parenteral nutrition, should not be mixed or co-administered to any patient irrespective of age, even via different infusion lines at different sites. Rocephin and IV calcium-containing solutions should not be administered within 48 hours of each other in any patient. No data are available on the potential interaction between ceftriaxone and oral calcium-containing products or interaction between intramuscular ceftriaxone and calcium-containing products (IV or oral).

Warfarin (marketed as Coumadin)

Audience: Hematologists, other healthcare providers, consumers

[Posted 08/16/2007] FDA approved updated labeling to include pharmacogenomics information to the CLINICAL PHARMACOLOGY, PRECAUTIONS, and DOSAGE AND ADMINISTRATION sections of the prescribing information for the widely used blood-thinning drug, Coumadin. This new information explains that people's genetic makeup may influence how they respond to the drug. Specifically, people with variations in two genes may need lower warfarin doses than people without these genetic variations. The two genes are called CYP2C9 and VKORC1. The CYP2C9 gene is involved in the breakdown (metabolism) of warfarin and the VKORC1 gene helps regulate the ability of warfarin to prevent blood from clotting.

The dosage and administration of warfarin must be individualized for each patient according to the particular patient's prothrombin time (PT) / International Normalized Ratio (INR) response to the drug. The specific dose recommendations are described in the warfarin product labeling, along with the new information regarding the impact of genetic information upon the initial dose and the response to warfarin. Ongoing warfarin therapy should be guided by continued INR monitoring.

Avandia (rosiglitazone maleate) Tablets**Actos (pioglitazone hydrochloride) Tablets****Avandaryl (rosiglitazone maleate and glimepiride) Tablets****Avandamet (rosiglitazone maleate and metformin hydrochloride) Tablets****Duetact (pioglitazone hydrochloride and glimepiride) Tablets**

Audience: Endocrinologists, other healthcare professionals, consumers

[Posted 08/14/2007] After a review of postmarketing adverse event reports, FDA determined that an updated label with a boxed warning on the risks of heart failure was needed for the entire thiazolidinedione class of antidiabetic drugs. These drugs are used in conjunction with diet and exercise to improve blood sugar control in adults with type 2 (non-insulin-dependent) diabetes. Manufacturers of certain drugs have agreed to the upgraded warning.

The strengthened warning advises healthcare professionals to observe patients carefully for the signs and symptoms of heart failure, including excessive, rapid weight gain, shortness of breath, and edema after starting drug therapy. Patients with these symptoms who then develop heart failure should receive appropriate management of the heart failure and use of the drug should be reconsidered. People who have questions should contact their healthcare providers to discuss alternative treatments

Warnings

Red Yeast Rice Red Yeast Rice/Policosonal Complex Cholestrix

Audience: Consumers and healthcare professionals

[Posted August 09, 2007] FDA warns consumers and healthcare professionals to avoid using Red Yeast Rice and Red Yeast Rice/Policosonal Complex, sold by Swanson Healthcare Products, Inc. and manufactured by Nature's Value Inc. and Kabco Inc., respectively; and Cholestrix, sold by Sunburst Biorganics because the products may contain an unauthorized drug that could be harmful to their health. The products, promoted and sold over the Internet as treatments for high cholesterol, contain lovastatin, the active pharmaceutical ingredient in Mevacor, a prescription drug approved for high cholesterol.

Lovastatin can cause severe muscle problems leading to kidney impairment. The risk is greater in patients who take higher doses of lovastatin or who take lovastatin and other medicines that increase the risk of muscle adverse reactions such as nefazodone (an antidepressant), certain antibiotics, drugs used to treat fungal infections and HIV infections, and other cholesterol lowering agents. Consumers who use any red yeast rice products should consult their healthcare provider if they experience any problems that may be due to these products.

Baxter Healthcare Corporation COLLEAGUE And FLO-GARD Volumetric Infusion Pumps

Audience: Hospital administrators, hospital risk managers, healthcare professionals, and consumers

[UPDATE 08/14/2007] Baxter Healthcare and FDA notified healthcare professionals that certain Baxter COLLEAGUE and FLO-GARD Infusion Pumps sent to Baxter Healthcare Corporation for service, repair, or for correction may have been returned to users without service being performed on them. The company discovered falsified repair, test and inspection data sheets, including electrical safety data, for some of the referenced pumps serviced at its Phoenix, Arizona facility.

Bayer Ascensia Contour Blood Glucose Monitoring System

Audience: Endocrinologists, healthcare professionals, diabetic patients, and pharmacies

[Posted 07/13/2007] Bayer Healthcare and FDA notified healthcare professionals and consumers of a Class 1 Recall of Bayer Ascensia Contour Blood Glucose Monitoring System, Product 7152A. This system is used by diabetic patients to measure the amount of glucose in their blood, and as an aid in monitoring the effectiveness of diabetes management.

The product was recalled because the meters reported the wrong units of measure for Canadian users. Instead of mmol/L, which is the appropriate measurement for Canadian users, the meters were reporting mg/dL. Consumers may misinterpret the blood glucose results displayed, overestimate the blood glucose levels, and may have a reaction of hypoglycemia. Patients with questions should call Bayer Healthcare at 1-574-256-3441

Gadolinium-Based Contrast Agents for Magnetic Resonance Imaging (MRI): Magnevist, MultiHance, Omniscan, OptiMARK, ProHance

Audience: Radiologists, Nephrologists, Dermatologists, other healthcare professionals

[Posted 05/23/2007] FDA notified healthcare professionals of the Agency's request for the addition of a boxed warning and new warnings about the risk of nephrogenic systemic fibrosis (NSF) to the full prescribing information for all gadolinium-based contrast agents (GBCAs). The new prescribing information FDA is requesting highlights and describes the risk for NSF following exposure to a GBCA in patients with acute or chronic severe renal insufficiency (glomerular filtration rate <30 mL/min/1.73m²) and patients with acute renal insufficiency of any severity due to the hepato-renal syndrome or in the peri-operative liver transplantation period. Healthcare professionals should avoid the use of a GBCA in these patients unless the diagnostic information is essential and not available with non-contrast enhanced magnetic resonance imaging.

True Man and Energy Max Products

Audience: Consumers, healthcare professionals

[Posted 05/10/2007] FDA informed consumers and healthcare professionals regarding the dangers associated with the purchase or use of True Man or Energy Max products promoted and sold as dietary supplements throughout the United States. Both products, promoted as sexual enhancement products and as treatment for erectile dysfunction (ED), are illegal drug products that contain potentially harmful, undeclared ingredients. The undeclared ingredients may interact with nitrates found in some prescription drugs such as nitroglycerin and may lower blood pressure to dangerous levels. Both products contain either a thione analog of sildenafil, the active ingredient in Viagra, or a piperadino analog of vardenafil, the active ingredient in Levitra. Both Viagra and Levitra are FDA approved products for the treatment of ED. FDA has not approved True Man and Energy Max, therefore, the safety and effectiveness of these products are unknown. Consumers should discontinue use of these products and consult their healthcare professional about approved treatments for ED.

Medwatch Warnings cont'd.

Antidepressant Medication Products

Audience: Healthcare professionals, consumers

[Posted 05/02/2007] FDA notified healthcare professionals that the Agency proposed that makers of all antidepressant medications update the existing black box warning on the prescribing information for their products to include warnings about the increased risks of suicidal thinking and behavior in young adults ages 18 to 24 years old during the first one to two months of treatment. The proposed labeling changes also state that scientific data did not show this increased risk in adults older than 24 years of age and that adults 65 years of age and older taking antidepressants have a decreased risk of suicidality. The proposed updates apply to the entire category of antidepressants. Individuals currently taking prescribed antidepressant medications should not stop taking them and should notify their healthcare professional if they have concerns. Manufacturers of antidepressant medications will have 30 days to submit their revised product labeling and revised Medication Guides to FDA for review. See the FDA press release for the list of products affected by the proposed antidepressant product labeling changes.

What Do We Do With the Data?

By now you should have received the 2007 Dialysis Facility Report (DFR), Lab Data Collection Report, and quarterly Fistula First Report, all of which describe data related to clinical performance measures for anemia management, dialysis adequacy and vascular access. In addition, the DFR contains mortality, hospitalization, and transplantation data and prepares you for what will be reported on the Dialysis Facility Compare website. Network 8 distributes these reports to facilities for use in their quality improvement activities and utilizes the data in combination with other information to profile facilities, to set and measure Network goals, and to prioritize work efforts.

Facility profiles are reviewed to determine outcomes that warrant Network recognition or Network intervention, which may include required participation in a facility-specific quality improvement project. The Network QI staff use goals and criteria, developed by the Network 8 Medical Review Board, for this process. To encourage continuous improvement, we may "raise the bar" from year to year, and this will be reflected in our goals and recognition criteria. Intervention criteria can change, as well, as Network "norms" continue to improve. Facility-specific intervention activities may vary, based on work priorities and available resources. This means that quality improvement projects will not be implemented with **each** facility that has met a single

intervention criterion. However, Network 8 will continue to monitor the facility outcomes and implement a quality improvement project, if the facility meets multiple criteria and/or fails to improve over time.

The chart below describes the current Network 8 goals, intervention criteria and performance, based on the clinical performance measures determined by the Centers for Medicare & Medicaid Services (CMS) and other measures determined by the Network 8 Medical Review Board. We encourage you to review this information and compare with your company's quality improvement goals, then strive for the higher!

Measure	Goal	Intervention Criteria	Network Performance	% of Facilities Meeting or Exceeding Goal
Standardized Mortality Rate	≤ 1.0	> 1.10 and statistically significant	1.03 (2003-2006)	64.8 % (2003 - 2006) statistical significance not considered
Vascular Access: % of patients using AVF	≥ 45%	< 30%	42.9 %	44.5 %
% of patients using catheter only	< 15%	≥ 25%	16% (Qtr. 2 - 07)	51.6% (Qtr. 2 - 07)
Anemia Management: % of patients with Hgb ≥ 11.0	≥ 84%	< 70%	81.5% (Qtr. 4 - 06)	47.2% (Qtr. 4 - 06)
Hemodialysis Adequacy: % of patients with Kt/V ≥ 1.2	≥ 95%	< 84%	93.9% (Qtr. 4 - 06)	55.3% (Qtr. 4 - 06)

Network 8 is proud to recognize the following 36 facilities that have achieved each Network goal, based on data available to the Network. These facilities will be given a certificate of recognition at the 2007 Annual Network Meeting. Congratulations to the nephrologists, staff and patients for contributing to these excellent outcomes!

Alabama

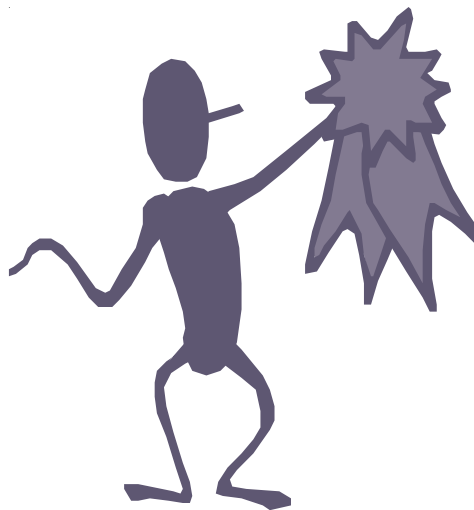
- ADS Fairfield
- ADS Shelby
- Athens Dialysis
- Atmore Dialysis Center
- Boaz Dialysis
- DCI Enterprise
- Eufaula Dialysis
- FMC Bay Minette
- FMC Chambers
- FMC Dauphin Island Pkwy
- FMC Huntsville
- FMC Magnolia
- FMC Opelika
- FMC Scottsboro
- FMC Thomasville
- FMC Tuskegee
- FMC West Mobile
- PCD Alexander City
- South Baldwin Dialysis Center

Mississippi

- DSI Carthage
- FMC D'Iberville
- FMC Gulfport S. MS Kidney Center
- Pearl River Dialysis
- RCG Tunica
- RCG Aberdeen
- RCG Brookhaven
- RCG Eupora
- RCG Macon
- RCG Tupelo

Tennessee

- Cookeville Dialysis
- DCI Brownsville
- DCI Humboldt
- DCI Southern Hills
- FMC North Parkway
- RCG Springfield
- Sumner Dialysis



2007 CPM Project Update

Once again, the annual CPM data collection project is well underway and nearing completion. This year, 801 patients, selected from 89 clinics in Alabama, 56 clinics in Mississippi and 94 clinics in Tennessee, were chosen at random by CMS for fourth quarter 2006 data reporting. As in previous years, our four Veterans Health Administration units are participating in the project by submitting data on 100% of their patients.

At this time, all CPM forms from non-VA facilities have been returned, reviewed, corrected, and data entry completed. Due to a “red-tape” issue, data collection from VA facilities was delayed and data is not due to the Network until September 21. We are now in the final stage of the CPM process—data validation. This step requires the completion of roughly 5% of total non-VA forms, by Network staff, using information supplied by the facility. Letters to the 31 facilities included in the validation process were

mailed on August 13th and validation information was due to the Network by August 31st.

Last year’s analysis of CPM data revealed an abysmal error-rate of 50%—that is, 50% of the 803 forms that were submitted contained errors that required one or more phone calls or faxes in order to get data corrected. This year we are thrilled to report that the average error rate was down to 33%—a

HUGE improvement! Of the 655 forms submitted by non-VA clinics, only 207 forms required phone or fax corrections. While VA forms are yet to be processed, historically these forms have proven to be the most accurate despite the heavy workload that comes with manually completing forms on 100% of patient population.

Our sincere thanks go out to each and every one of you that worked diligently to complete forms on time and with minimal errors. Those of you that graciously supplied data corrections are also much appreciated. Special recognition is merited for those listed below that submitted ALL forms error-free and on time.

Thanks!



Amy Bennett, RN	<i>DaVita</i>	Kristi Newman, RN	<i>FMCNA</i>
Anita Yarbrough, RN	<i>FMCNA</i>	LaRuth Woods	<i>FMCNA</i>
Anna Watkins, RN	<i>DaVita</i>	Linda Mewbourn, RN	<i>FMCNA</i>
Armanda Thrasher, RN	<i>FMCNA</i>	Lisa Butler, RN	<i>RCG</i>
Bambi Maher, Data Contact	<i>DCI</i>	Lura Kelly, RN	<i>FMCNA</i>
Barbara Jones, RN	<i>DSI</i>	Lyn Scott, RN	<i>DSI</i>
Becky Woods, RN	<i>DCI</i>	Marcia Dillingham, RN	<i>DaVita</i>
Bonnie Cupp, RN	<i>FMCNA</i>	Mary Kay Booth, RN	<i>Independent</i>
Brandy Johnson, RN	<i>DCI</i>	Mary Kelley, RN (PD)	<i>FMCNA</i>
Brenda Capuyan, RN	<i>FMCNA</i>	Maureen Playford, RN	<i>RCG</i>
Brenda Higginbotham, RN	<i>FMCNA</i>	Melissa Grantham, RN	<i>FMCNA</i>
Carol White, RN	<i>RCG</i>	Michelle Carver, RN	<i>RCG</i>
Carolyn Pruitt, LPN	<i>Independent</i>	Michelle Frith, RN	<i>FMCNA</i>
Cheryl Barton, RN	<i>DaVita</i>	Misty Folds, RN	<i>DCI</i>
Chrissi Devin, RN	<i>Independent</i>	Nicole Coleman, RN	<i>DSI</i>
Christy Foster, RN	<i>DaVita</i>	Nicole Lee, RN	<i>Independent</i>
Christy Freeny, RN	<i>FMCNA</i>	Nicole Moore, RN	<i>RCG</i>
Cindy Ehresman, RN	<i>RCG</i>	Paula Miller, LPN	<i>RCG</i>
Connie Hargrove, RN	<i>DCI</i>	Peggy Eldridge, RN	<i>FMCNA</i>
Dawn Lott, RN	<i>DaVita</i>	Phyllis Presley, LPN	<i>DaVita</i>
Debbie McDonald, RN	<i>RCG</i>	Rachelle Driver, RN	<i>DSI</i>
Donna Darnell, RN (PD)	<i>FMCNA</i>	Ramona Palmer, RN	<i>RCG</i>
Eileen Ahmed, RN (PD)	<i>FMCNA</i>	Renia Anderson, RN	<i>RCG</i>
Eunice Robinson, RN	<i>RCG</i>	Rhonda Harrison, RN	<i>RCG</i>
Franshun Steele, RN	<i>DaVita</i>	Rich Colvin, RN	<i>FMCNA</i>
Gayle Kolb, RN	<i>DCI</i>	Robbie Reed, RN	<i>FMCNA</i>
Genevieve Carter, RN	<i>FMCNA</i>	Robin Morse, RN	<i>Independent</i>
Ginger Scott, RN	<i>Independent</i>	Robin Morse, RN (PD)	<i>Independent</i>
Gladys McGrew, RN	<i>RCG</i>	Rochelle Isom, RN	<i>FMCNA</i>
Glenda Gary	<i>DCI</i>	Ronda Cooper, LPN	<i>DCI</i>
Gwen Durrett, RN	<i>RCG</i>	Sandra Anderson, RN	<i>FMCNA</i>
Gwen Valenti, RN	<i>FMCNA</i>	Sarah Redman, RN	<i>DCI</i>
Herma Tucker, RN	<i>DCI</i>	Sean Daniel, RN	<i>DCI</i>
Jamie Horton-Mauldin, RN	<i>DaVita</i>	Selusta Knight, RN	<i>DaVita</i>
Jan Carter, RN	<i>DCI</i>	Shawanda Johnson, RN	<i>DCI</i>
Janice Cerno, RN	<i>FMCNA</i>	Sherri Pereira, RN	<i>DCI</i>
Janice Jeter, RN	<i>DCI</i>	Shirley Emberg, RN	<i>DSI</i>
Jaryl Erwin, RN	<i>DaVita</i>	Stacy Matthews, RN	<i>FMCNA</i>
Jennifer Payne, RN	<i>FMCNA</i>	Stephanie Jordan, RN	<i>Independent</i>
Jeralyn Mayo, RN	<i>DCI</i>	Stephanie Williams, RN	<i>RCG</i>
Joy Parker, LPN	<i>Independent</i>	Susan Macht, RN	<i>Independent</i>
Joyce Lynch, RN	<i>FMCNA</i>	Tammy Blevins, RN	<i>DCI</i>
Karen Hamm, RN	<i>FMCNA</i>	Tara Carr, RN	<i>DCI</i>
Kathy Steffey, RN	<i>FMCNA</i>	Tiffany Ward, RN	<i>RCG</i>
Katrina Culp, RN	<i>FMCNA</i>	Tracey Mobley, RN	<i>FMCNA</i>
Kay Cronk, RN	<i>DCI</i>	Verlin Washington, RN (PD)	<i>RCG</i>
Kay Rich, RN	<i>DaVita</i>	Vicki Varnes, RN	<i>DCI</i>
Kelley Obligacion, RN	<i>DaVita</i>	Vicky Hathaway, RN	<i>Independent</i>
Kelly O'Brien, Adm. Asst.	<i>DCI</i>	Vonnetta Mousseau, RN	<i>DaVita</i>
Kim Blevins, RN	<i>FMCNA</i>	William Lang, RN	<i>DaVita</i>