

FISTULA RATES IMPROVE

We would also like to congratulate the facilities that have made improvements during the 1st and 2nd quarters of 2004. The facilities listed below have had an increase of 5% or greater in their AV fistula prevalence rate.

Alabama

ADS Fairfield
ADS Oneonta
ADS Pell City
ADS Clanton
Atmore Dialysis Center
DCI Cullman
FMC Bay Minette
FMC Camelia
FMC Gardendale
FMC Huntsville
FMC Langdale
FMC Magnolia
FMC North Alabama
FMC Parkway Dialysis Center
FMC Tuskegee
FMC Walker
FMC West Mobile
Gambro Healthcare Bessemer
Gambro Healthcare Birmingham H.T.
Gambro Healthcare Ozark
Gambro Healthcare Sheffield
Gambro Healthcare Sylacauga
Physician's Choice of AL Prattville
Roanoke Dialysis Clinic
South Baldwin Dialysis Center

Mississippi

FMC Biloxi - SMKC
FMC Diberville - SMKC
FMC Hazlehurst
FMC Kosciusko
RCG Eupora

Tennessee

Blount Dialysis Center
Bradley Dialysis Center
Camden Kidney Clinic
Collierville Kidney Clinic
DCI Dickson
DCI Hixon
DCI Humboldt
DCI Maryville
Dialysis Association of Columbia
FMC Athens
FMC Elk River
FMC Graceland
FMC Oak Ridge
FMC Roane County
FMC Tipton County
FMC West Kingsport
Lafayette Dialysis Center
Morristown Dialysis Center
NNA of Memphis South
Savannah Kidney Clinic
TKCI Brownsville
Vanderbilt Dialysis Clinic East

FISTULA FIRST UPDATE

Fistula First Toolkits

By now each facility nurse manager should have received the Network 8 Fistula First Toolkit. This kit was developed through a collaborative effort of all ESRD networks, a national workgroup and members of the renal community, and then individualized by our Network. We appreciate the contribution of tools submitted by dialysis organizations throughout the US, which were incorporated in this kit.

The kit is designed to assist you in your vascular access quality improvement efforts. Use of the tools and protocols are not mandated by Network 8, but are to be used at the discretion of your facility and organization.

A key component of the kit is the Facility Self-Assessment. This tool allows facilities to determine which practices are already in place and additional ones to consider. While it may not be possible to implement all strategies at once, positive results can come from the implementation of any practices described.

We encourage all staff members to review the kit, and we welcome any feedback or suggestions. If you have any questions regarding the kit, please contact Ann Pridgen or Sheila Mitchell at the Network office.

Fistula First Data Reports

Facility-specific data reports, depicting vascular access data from the beginning month of submission through March 2004, were recently distributed to all medical directors, facility administrators and nurse managers (in the toolkit). These two reports compare prevalent (existing) fistula rates in your facility to the overall Network 8 and US rates, and breakdown the types of prevalent accesses in your facility. These reports will be distributed on a quarterly basis.

Three additional reports will be distributed for the 2nd quarter, which will include two reports describing facility catheter use and a report describing access types in incidence (new) patients.

The first catheter report will demonstrate the breakdown of catheter categories into catheter < 90 days, > 90 days, catheter with AVF and catheter with AVG. The second report will compare the facility, state and Network rates of patients with long-term catheters (> 90 days). In the initial review of this report, we found state and Network averages to be surprisingly lower than averages reported in the 2002 CDC data and the 2002 CPM data. While we are

hopeful that improvements have been made, we are aware of reporting issues that may have skewed the data.

All reports should be examined for accuracy, and discrepancies should be reported to the Network. Please note that most facilities owned by large dialysis organizations (LDOs - DaVita, DCI, FMC, Gambro, NNA and RCG) have their data transmitted electronically from the corporate office to CMS, and then to the Network. This data reflects what was entered into the computer system at the facility. To ensure the accuracy of the data, we encourage you to update electronic records with patient access types, with each change. We also urge you to record catheter insertion dates, as this determines which catheter category will be reported (< or > 90 days).

Facilities submitting data directly to the Network should examine reports for errors, as well. Data entry error at the facility or Network level and submission of incorrect data will result in inaccurate reports. We urge you also to keep access data current and use the most reliable source for data submission.

The goal of CMS and the Networks is to provide timely accurate data reports which can be utilized in vascular access CQI efforts. CMS, the Networks and representatives from LDO and non-LDO facilities are working collaboratively to achieve this goal and to reduce the burden of data collection on facility staff.

We appreciate your efforts in providing data that leads to improved outcomes for your patients.

Fistula First Resource

Network 8 is pleased to announce that several surgeon members of the Fistula First Workgroup have volunteered assistance to surgeon colleagues in the tri-state region.

Surgeons interested in AV fistula creation can now arrange OR observation with a volunteer surgeon. Arrangements may be worked out between observer and surgeon at a location of choice. All surgeons who were identified to us by facilities earlier this year will receive an announcement of this opportunity, and nephrologists will receive an information copy of the announcement as well.

We hope to develop a similar service for those interested in observing sonographic vessel mapping techniques.

For more details, contact Ann Pridgen, RN, QI Director at 601-936-9260.

ELAB

In July, all Network 8 facility managers, administrators, and medical directors were mailed the 2003 Elab report containing clinical performance indicators from October-December 2003. To allow facilities to compare performance, the report also contained data for the state and Network. Elab is shorthand for "electronic transmission and reporting of laboratory data."

For purposes of clarity, an explanation of the Elab data path is defined below:

For purposes of clarity, here is an explanation of the Elab data path: Blood is drawn and sent to the lab for processing. From the lab, results are electronically transmitted to eSOURCE, the CMS data contractor. eSOURCE creates electronic reports from the data, and reports are transmitted to Networks for printing and distribution to providers.

Network 8 utilizes Elab data to recognize hemodialysis facilities that have excelled in anemia management and adequacy. CMS has removed albumin as a targeted indicator, leaving the following goals for the remaining quality indicators:

Anemia management - 70% of hemodialysis patients with Hgb > 11.0

Adequacy - 84% of hemodialysis patients with Kt/V > 1.2.

Based on 2003 Elab data, the Network 8 region has exceeded the CMS goals for both indicators (anemia management - 78.1% and adequacy - 92.9%). To encourage continued improvement, CMS has urged Networks to set higher goals for themselves and the facilities in their region. With this in mind, Network 8 has "raised the bar" for facility recognition.

In the spirit of the Olympics, facilities will be recognized in three levels:

1. Gold - Achieving benchmark status in both categories, defined as having > 90% of patients meeting both Hgb and Kt/V indicators
2. Silver - Achieving benchmark status in one category (as defined above) as long as the CMS goal for the remaining indicator is also met.
3. Bronze - Meeting or exceeding CMS goals for both indicators, but with < 90% of patients meeting either indicator.

This recognition will be in the form of

certificates distributed at the Network 8 Annual Meeting in Memphis, October 22. Further recognition of Gold status facilities is included in this newsletter.

Facilities achieving the K/DOQI vascular access target for AV fistulas will be recognized separately at the October meeting.

ELAB SUPER STARS!

Based on 2003 Elab data received from 275 Network 8 facilities, we are proud to recognize the following 29 facilities for obtaining Benchmark status in both anemia management and hemodialysis adequacy. Benchmark facilities met the following criteria:

- Anemia management: > 90% patients have Hgb > 11.0
- Adequacy: > 90% patients have Kt/V > 1.2

Those receiving recognition are listed below:

- Gambro Healthcare - Gadsden, AL
- Physician's Choice Dialysis of Alabama - Montgomery, AL
- Phenix City Dialysis Center - Phenix City, AL
- Gambro Healthcare - Ozark, AL
- FMC University of South Alabama - Mobile, AL
- FMC Dialysis Services of Lakeview - Guntersville, AL
- South Baldwin Dialysis Center - Foley, AL
- Renal Care Group, Anniston #2 - Anniston, AL
- Alabama Dialysis Services, Walker - Jasper, AL
- Gambro Healthcare, Ensley - Birmingham, AL
- Atmore Dialysis Center - Atmore, AL
- Alabama Dialysis Services, Fairfield - Fairfield, AL
- Alabama Dialysis Services, Oneonta - Oneonta, AL
- Gambro Healthcare Eufaula - Eufaula, AL
- Pearl River Dialysis - Picayune, MS
- Waynesboro Dialysis Unit - Waynesboro, MS
- Renal Care Group, Louisville - Louisville, MS
- DCI East Ridge - East Ridge, TN
- Cumberland Dialysis Center - Clarksville, TN
- DCI Brownsville - Brownsville, TN
- DCI Clarksville Highway - Nashville, TN

- Tennessee Kidney Clinics, Inc. - Selmer, TN
- Dialysis Associates of Springfield - Springfield, TN
- FMC Morristown - Morristown, TN
- Renal Care Group, Martin - Martin, TN
- FMC Mountain City - Mountain City, TN
- Sumner Regional Dialysis Center - Gallatin, TN
- DCI Holston River Clinic - Knoxville, TN
- Vanderbilt Dialysis Clinic East - Nashville, TN

HOME DIALYSIS CENTRAL

The non-profit Medical Education Institute has launched Home Dialysis Central (www.homedialysis.org)-a new website that aims to raise awareness and use of peritoneal dialysis (PD) and home hemo.

Site features for patients and professionals include "find a center"-a brand-new database of home dialysis clinics, a legislative action center, message boards, Medicare payment answers, home dialysis machine catalog, patient stories, helpful tools, news, links, and more.

MOBILE PATIENT MEETING RESCHEDULED

Hurricane Ivan stormed ashore on the Gulf Coast of Alabama blowing down trees, shutting down power, closing dialysis facilities and requiring the cancellation and rescheduling of the planned September 19 patient meeting.

The meeting tentatively has been rescheduled for November 21, 2004. This is a joint meeting that Network 8 is sponsoring with the Alabama Kidney Foundation and the University of South Alabama Regional Transplant Center. USA has been able to secure 5.4 CEUs for nurses for this meeting so we hope that some facility staff will be able to attend with your patients. It will be held at the Mobile Marriott hotel. Approximately 150 patients had previously registered, and we ask that you encourage those patients to attend the rescheduled meeting in November.

The regular Birmingham patient meeting is still scheduled for October 17 and the Nashville meeting is for November 7. Brochures for these meeting will be sent to social workers shortly. Mississippi patients met in Jackson on August 15,