Activities performed under this contract were sponsored by the Centers for Medicare & Medicaid Services (CMS)

Contract Number HHSM-500-2010-NW008C
PREFACE

It is a pleasure to introduce the 2012 edition of the Network 8 Annual Report. The year was marked by steady improvement in a number of clinical projects of high importance to ESRD patients, including vascular access, influenza vaccinations and anemia management.

Improved AV fistula outcomes were recorded in three of four metropolitan areas that were receiving focused technical assistance. Additionally, providers in Network 8 occupy a top-tier spot among the regions in controlling long-term catheters, reducing them to 6.4%, which is a 40% reduction since the Fistula First project began in 2003.

The year was a year of firsts in a number of ways. Two new information systems, CROWNWeb and NHSN were rolled out during the year, and the impact of the new Quality Incentive Program was realized by a number of units. Network 8 staff responded by providing a significant volume of technical assistance, both by phone and on site, and will continue to do so in order to promote improved care for beneficiaries.

The importance of the day-to-day work at the individual facility level among professionals and patients cannot be overemphasized. This report summarizes a cross-section of key activities, and, on behalf of the Board of Directors and Medical Review Board, we take this time to acknowledge the contributions of all whose work is reflected in this volume.

Sincerely,

Elizabeth Ofili, MD, MPH
Chair, Board of Directors

Professor of Medicine, Morehouse School of Medicine
Chief of Cardiology
Associate Dean of Clinical Research
TABLE OF CONTENTS

INTRODUCTION................................................................................................................................. 1

I. NETWORK DESCRIPTION............................................................................................................ 2
   Geography................................................................................................................................... 2
   Population characteristics ........................................................................................................... 2
   Economic status .......................................................................................................................... 3
   ESRD population ........................................................................................................................ 3

II. NETWORK STRUCTURE ........................................................................................................... 6
   Network Personnel and Key Responsibilities............................................................................. 6
   Committees ................................................................................................................................... 8

III. ESRD NETWORK PROGRAM STRATEGIC GOALS .............................................................. 15
   CMS Goal # 1: Improve the quality and safety of dialysis-related services provided for
   individuals with ESRD .............................................................................................................. 16
   CMS Goal # 2: Improve the independence, quality of life, and rehabilitation (to the extent
   possible) of individuals with ESRD through support for transplantation, use of self-care
   modalities (e.g., peritoneal dialysis, home hemodialysis), and in-center self-care, as medically
   appropriate, through the end of life. ......................................................................................... 23
   CMS Goal # 3: Improve patient perception of care and experience of care, and resolve
   patients’ complaints and grievances. ....................................................................................... 48
   CMS Goal # 4: Improve collaboration with providers and facilities to ensure achievement of
   goals 1 through 3 through the most efficient and effective means possible, with recognition of
   the differences among providers (independent, hospital-based, member of a group, affiliate of
   an organization, etc.) and the associated possibilities /capabilities ........................................ 58
   CMS Goal # 5: Improve the collection, reliability, timeliness, and use of data to measure
   processes of care and outcomes; maintain the patient registry, and support the goals of the
   ESRD Network Program. ......................................................................................................... 68

IV. SANCTION RECOMMENDATIONS .......................................................................................... 70

V. RECOMMENDATIONS FOR ADDITIONAL FACILITIES ..................................................... 71

VI. DATA TABLES .......................................................................................................................... 72
FIGURES

Figure 1. State Population Profiles, All Ages................................................................. 3
Figure 2. Percentage of Persons Living Below Poverty, 2011 ............................................ 3
Figure 3. Number of Patients on Dialysis at the End of the Year, 2012................................. 4
Figure 4. Number of Patients New to Dialysis, 2012 ......................................................... 4
Figure 5. List of Causes of ESRD Based on Primary Diagnosis ........................................... 5
Figure 6. List of Board of Directors Members, 2012 ......................................................... 8
Figure 7. List of Medical Review Board Members, 2012 ................................................... 9
Figure 8. List of Network Council Officers ....................................................................... 10
Figure 9. List of Network Advisory Committee Members, 2012-2013 ............................. 11
Figure 10. List of Patient Advisory Committee Members .................................................. 12
Figure 11. List of Patient Advisory Council Officers ............................................................ 13
Figure 12. List of Transplant Advisory Committee Members ............................................. 14
Figure 13. Network 8 Vascular Access Trends, 2003-2012 ............................................... 16
Figure 14. AVF Use in Prevalent Patients by Network ....................................................... 19
Figure 15. Network 8 Vascular Access Trend in Prevalent Patients, 2003-2012 ................... 19
Figure 16. Number of NEPOPs, 2012 ................................................................................ 24
Figure 17. Percentage of Patients Regularly Receiving the Network Newsletter ................ 33
Figure 18. List of 2012 Annual Network Council Meeting Evaluation Results ................... 39
Figure 19. Contact Summary, 2007-2012 ....................................................................... 51
Figure 20. Involuntary Discharges by State ....................................................................... 53
Figure 21. Primary Cause of Involuntary Discharge ............................................................ 53
Figure 22. Patient Placement After Involuntary Discharge ................................................. 53
Figure 23. Facility Concerns in 2012 ............................................................................... 54
Figure 24. 2012 Beneficiary Complaints .......................................................................... 55
INTRODUCTION

Alliant Quality’s Network 8, Inc. (Network 8) is a subsidiary of the Alliant Health Solutions family of companies. It is one of 18 end stage renal disease (ESRD) organizations providing services under contract with the Centers for Medicare & Medicaid Services (CMS). Chartered in Jackson, Miss. in 1988, Network 8 has oversight responsibilities for dialysis facilities in the states of Alabama, Mississippi and Tennessee.

VISION

Network 8 strives to improve the quality and experience of care for all kidney patients in Alabama, Mississippi and Tennessee.

MISSION

The mission of Network 8 is to be an effective resource and advocate for all kidney patients, their families and providers, through collaboration with others, to promote quality outcomes and appropriate modes of therapy throughout their lives until the end of life.

When the ESRD Network program was created by Congress in 1972, Medicare eligibility was made available almost universally to all those with end stage kidney failure, regardless of age. The program consists of government-certified dialysis and transplant providers who are reimbursed for services provided. Under this unique coverage arrangement, almost all citizens qualify for Medicare, and most of those who do not qualify are covered by a state Medicaid program.

Over the years, the goals of the ESRD Network program have evolved from resource monitoring and case review to the promotion of data-driven quality improvement and patient-centered care. The following CMS core goals are incorporated into ESRD Network contractual activities:

- Improve the quality and safety of dialysis-related services
- Improve the independence, quality of life and rehabilitation of individuals through transplantation and use of self-care modalities through the end of life
- Improve patient perception of care and experience of care, and resolve complaints and grievances
- Improve collaboration with providers to ensure achievement of goals through the most efficient and effective means possible
- Improve the collection, reliability, timeliness and use of data to measure processes of care and outcomes, maintain the patient registry, and support the ESRD Network program

The year of 2012 was a year of transition, including adoption of a new information system, CROWNWeb, and preparation for a restructured core contract beginning in 2013. This report summarizes activities conducted by Network 8, Inc. in 2012. Data tables at the end of the report provide additional information about the patient population served in this region.
I. NETWORK DESCRIPTION

GEOGRAPHY

Alabama lies at the southern end of the Appalachian Mountains and extends southward from the Tennessee border to the Gulf of Mexico and Florida panhandle. The state covers 52,419 square miles and borders Mississippi to the west, Georgia to the east and Tennessee to the north. Urban areas include Birmingham (the largest city), Montgomery (the capital), Mobile and Huntsville.

Mississippi borders the Gulf of Mexico to the south and shares its eastern border with Alabama, its western border with Louisiana and Arkansas and its northern border with Tennessee. The state covers 48,430 square miles. The largest city and capital, Jackson, is located in the central part of the state. Other large towns include Gulfport and Biloxi on the Gulf Coast, Hattiesburg to the south of Jackson, Greenville in the northwest and Tupelo in the northeast.

Tennessee’s geography differs substantially from the other two states, with a maximum north-south distance of 115 miles and an east-west span of some 491 miles. It covers 42,143 square miles, and its regions are so different from each other that three distinct divisions are canonized in state law: West Tennessee, Middle Tennessee and East Tennessee. Population centers include Memphis in West Tennessee, Nashville (capital) in Middle Tennessee and Knoxville and Chattanooga in East Tennessee.

Of the three states, Alabama and Mississippi share more geographical, climate, population and cultural similarities than their neighbor to the north. Tennessee, smaller in square mileage, has more topographic diversity and ties Missouri for first place in sharing boundaries with eight other states.

POPULATION CHARACTERISTICS

Tennessee is the most populous of the three states, followed by Alabama and Mississippi. Mississippi is one of the most rural states in the nation with 51% of its population living outside urban areas. This compares with an Alabama rural population of 41% and 34% in Tennessee.

African-Americans are disproportionately affected by ESRD. With its 37% percent African-American population, Mississippi has the largest proportion of African-American residents, followed by Alabama and Tennessee. In Alabama and Tennessee, the African-American population is concentrated in urban settings, and in Mississippi more than 60% of residents in most rural Delta counties are African-American. This concentration is true for Tennessee’s largest city, Memphis, which borders the northwestern corner of Mississippi. Eastern Tennessee counties have predominantly white populations, as do northeastern Mississippi counties and counties in north Alabama. State population profiles may be found in Figure 1 below (Census Bureau data remain the same as those published in the 2011 annual report).
### State Population Profiles, All Ages

<table>
<thead>
<tr>
<th></th>
<th>Alabama</th>
<th>Mississippi</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>4,802,740</td>
<td>2,978,512</td>
<td>6,403,353</td>
</tr>
<tr>
<td>White</td>
<td>3,289,877</td>
<td>1,760,301</td>
<td>4,969,002</td>
</tr>
<tr>
<td>African-American</td>
<td>1,258,318</td>
<td>1,102,049</td>
<td>1,069,360</td>
</tr>
<tr>
<td>American Indian,</td>
<td>28,816</td>
<td>14,893</td>
<td>19,210</td>
</tr>
<tr>
<td>Alaska Native</td>
<td>52,830</td>
<td>26,807</td>
<td>89,647</td>
</tr>
<tr>
<td>Asian</td>
<td>1.1%</td>
<td>0.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Native Hawaiian,</td>
<td>No data</td>
<td>No data</td>
<td>6,403</td>
</tr>
<tr>
<td>Other Pacific Islander</td>
<td>No data</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>72,041</td>
<td>32,764</td>
<td>108,857</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>187,307</td>
<td>80,420</td>
<td>294,554</td>
</tr>
<tr>
<td></td>
<td>3.9%</td>
<td>2.7%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

**Figure 1. State Population Profiles, All Ages**

### Economic Status

According to the most recent U.S. census data, the national poverty rate increased from 15.3% in 2010 to 15.9% in 2011. The rate increased by a fraction of a percentage point in Mississippi and Tennessee, staying flat in Alabama.

### Persons Living Below Poverty, 2011

<table>
<thead>
<tr>
<th></th>
<th>Alabama</th>
<th>Mississippi</th>
<th>Tennessee</th>
<th>U.S. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td></td>
<td>22.6%</td>
<td>18.3%</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

**Figure 2. Percentage of Persons Living Below Poverty, 2011**

### ESRD Population

Figure 3 summarizes the number of patients by state and by race who were dialyzing in Network 8 on December 31, 2012. The number of patients increased by 667 (approximately 3%) over the count in 2011, but the 2012 data should be considered preliminary since 2012 was a transition year for the information collection method.
The following table shows the number of new cases of ESRD, by race, who began dialysis during the 2012. The total represents a decrease of 435 patients (7%) as compared to 2011. Again, these are preliminary numbers that are subject to change over time.

### Patients New to Dialysis, 2012

<table>
<thead>
<tr>
<th>Race</th>
<th>AL</th>
<th>MS</th>
<th>TN</th>
<th>Other</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>1</td>
<td>13</td>
<td>0</td>
<td>1</td>
<td>15</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
<td>8</td>
<td>16</td>
<td>1</td>
<td>39</td>
<td>0.7%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>973</td>
<td>829</td>
<td>824</td>
<td>63</td>
<td>2689</td>
<td>46.5%</td>
</tr>
<tr>
<td>More than one race selected</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>0.1%</td>
</tr>
<tr>
<td>White</td>
<td>889</td>
<td>570</td>
<td>1452</td>
<td>98</td>
<td>3009</td>
<td>52.1%</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>17</td>
<td>0.3%</td>
</tr>
<tr>
<td>Total</td>
<td>1881</td>
<td>1426</td>
<td>2303</td>
<td>169</td>
<td>5779</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: CROWNWeb

Figure 4. Number of Patients New to Dialysis, 2012
Causes of ESRD are summarized in Figure 5 below. The single greatest contributor to kidney failure was diabetes, followed closely by hypertension in both 2011 and 2012. The next highest single cause of ESRD was glomerulonephritis.

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>2012</th>
<th>%</th>
<th>2011</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>2509</td>
<td>43.4%</td>
<td>2579</td>
<td>42.2%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2008</td>
<td>34.7%</td>
<td>2170</td>
<td>35.5%</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
<td>289</td>
<td>5.0%</td>
<td>334</td>
<td>5.5%</td>
</tr>
<tr>
<td>Cystic kidney</td>
<td>136</td>
<td>2.4%</td>
<td>129</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other/Missing</td>
<td>837</td>
<td>14.5%</td>
<td>902</td>
<td>14.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5779</td>
<td>100.0%</td>
<td>6114</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: CROWNWeb as of 12/31/2012

Figure 5. List of Causes of ESRD Based on Primary Diagnosis
II. NETWORK STRUCTURE

The Network 8 administrative staff is headquartered in Jackson, Mississippi, where 10 full-time and one part-time individuals share responsibilities for delivering quality improvement (QI) services articulated in the CMS contract.

NETWORK PERSONNEL AND KEY RESPONSIBILITIES

Administrative Staff

- **Jerry Fuller, Executive Director (ED)**
  The ED administers the contract, supervises key staff and serves as primary liaison to the Network 8 board of directors.

- **Katie Wilcher, Office Manager (OM)**
  The OM performs bookkeeping and payroll support duties, provides primary audit support, coordinates employee benefits and provides other administrative and office management support. The OM is cross-trained to provide back-up support to the data department.

Quality Improvement Staff

- **Sheila McMaster, MSN, CNN, CPHQ, Quality Improvement Director (QID)**
  The QID coordinates the work of the Quality Improvement Nurse, the Quality Improvement Analyst and the Quality Improvement Specialist. She works with the Medical Review Board to write and implement the quality work plan, prepare newsletter communications and oversee the key project deliverables. Additional duties include serving as liaison to the Medical Review Board and providing technical assistance to ESRD providers.

- **Pam Stephens, RN Quality Improvement Nurse (QIN)**
  The QIN provides adjunctive clinical support to the QI team and serves as a primary outreach person for monitoring improvement projects and assisting facility staff in conducting root cause analysis.

- **Kristi Durham, RHIA, Quality Improvement Analyst (QIA)**
  The QIA works in close collaboration with other members of the QI team and with the Information Systems Director to array and analyze data to guide program strategies. The QIA produces reporting tools for internal and external audiences, using available data sources. The QIA also monitors facility quality indicators for indications of needed technical assistance by members of the clinical team.
• **Casey Magee, Quality Improvement Specialist (QIS)**
  The QIS provides administrative support to the QI department, including coordinating the 5 Diamond patient safety program and tracking and trending facility-specific performance on quality measures. The QIS produces in-house graphics and formatting for newsletters and brochures, serves as liaison to area printers and performs webmaster functions.

**Patient and Community Services**

• **Brenda Dyson, Community Engagement Coordinator (CEC)**
  The CEC takes a lead role in developing and implementing the education plan for patients and providers. The CEC serves as the primary contact for the patient advisory committee, coordinates assigned QI projects, contributes to the patient and facility newsletters, and serves as liaison with allied state and national renal organizations. She coordinates interagency disaster preparedness activities and coordinates the activities of the Memphis Area Fistula First Coalition.

• **NaTasha Avery, LMSW, Patient Services Director (PSD)**
  The PSD is the primary contact for the patient grievance process, produces the quarterly patient newsletter and other patient materials, and provides training on topics such as the Decreasing Dialysis Patient/Provider Conflict (DPC) project. The PSD studies trends of patient and provider concerns and helps develop programmatic responses to those issues.

**Information Systems and Support**

• **Robert Bain, Information Systems Director (ISD)**
  The ISD manages the data department, supervising two data specialists. The ISD oversees the accuracy, completeness and timeliness of data submission and user support of CROWNWeb. The ISD provides IS support for Network staff. The ISD is the System Security Officer for the organization and is the liaison with CMS for all systems security protocols. The ISD maintains Network 8’s risk assessment, system security plan and business continuity plan and provides IS support to the staff during emergencies.

• **April Hood, Data Monitoring and Review Specialist (DMRS)**
  The DMRS monitors provider input into CROWNWeb through daily system reports and routine evaluation of provider progress. The DMRS provides primary support to transplant and VHA facilities and enters their data into CROWNWeb. She provides secondary phone support to providers related to CROWNWeb issues or questions and periodically assists the ISD on directed LAN maintenance tasks.
• Janet Henn, Provider Data Support Specialist (PDSS)
  The PDSS serves as the primary data-related technical support person for all Network 8 CROWNWeb providers. Additionally, she coordinates the project for tracking new patient packet returns.

COMMITTEES

Board of Directors (BOD)

The Network 8 board of directors (BOD) is composed of up to 15 members and a nonvoting financial officer (See Figure 6). The Medical Review Board chair serves in a nonvoting capacity. The function of the BOD includes setting policy, managing Network 8's financial operations and directing administrative staff in performance of contract requirements.

<table>
<thead>
<tr>
<th>Board of Directors as of December 31, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elizabeth Ofili, MD, Chair</strong></td>
</tr>
<tr>
<td>Atlanta, GA</td>
</tr>
<tr>
<td><strong>Renay Camp</strong></td>
</tr>
<tr>
<td>Secretary-Treasurer</td>
</tr>
<tr>
<td>Jackson, MS</td>
</tr>
<tr>
<td><strong>Thomas Carter, DO</strong></td>
</tr>
<tr>
<td>Opelika, AL</td>
</tr>
<tr>
<td><strong>Dorothy Davis, Patient Rep.</strong></td>
</tr>
<tr>
<td>Birmingham, AL</td>
</tr>
<tr>
<td><strong>Sharon Rooks, RN, CDN</strong></td>
</tr>
<tr>
<td>Tupelo, MS</td>
</tr>
<tr>
<td><strong>A. Randle White, MD</strong></td>
</tr>
<tr>
<td>Greenwood, MS</td>
</tr>
<tr>
<td><strong>Michael Culpepper, MD</strong></td>
</tr>
<tr>
<td>Mobile, AL</td>
</tr>
</tbody>
</table>

Figure 6. List of Board of Directors Members, 2012

The BOD convenes four times yearly, twice in person and twice by teleconference. The board develops and/or approves policies and procedures, administers affairs of the Network Council (an advisory body representing all regional ESRD providers) and approves appointments to the Medical Review Board.
Medical Review Board (MRB)

The Medical Review Board (MRB) is a multidisciplinary committee similar in composition to the BOD (See Figure 7). Among its principal objectives are developing and implementing quality improvement initiatives and evaluating facility and patient concerns and complaints. The MRB oversees Network 8’s quality initiatives with guidance from the CMS and regional offices. On-site investigations occasionally are undertaken by the MRB as circumstances warrant. The MRB patient representative is a member of the Patient Advisory Committee by virtue of MRB membership.

<table>
<thead>
<tr>
<th>Medical Review Board as of December 31, 2012</th>
</tr>
</thead>
</table>
| Jerry Jackson, MD  
  Chair  
  Birmingham, AL | Dana Rizk, MD,  
  Vice Chair  
  Birmingham, AL |
| Katina Lang, MSW  
  Patient Representative  
  Jackson, MS | Ralph Atkinson, III, MD  
  Nashville, TN |
| Robert Bradley Canada, MD  
  Memphis, TN | Markesia Forward, MSN, RN, CNN  
  Mobile, AL |
| John Martin Lee, MD  
  Tupelo, MS | Anthony Langone, MD  
  Nashville, TN |
| Deborah Collingsworth, LAPSW, NSW-C  
  Jackson, TN | Jane McDonnell, RN  
  Biloxi, MS |
| Amiee Sanders, RN  
  Bay Minette, AL | Nicole Haynes, RD  
  Nashville, TN |
| Marc Stegman, MD  
  Memphis, TN | Kathy Jabs, MD, ex officio  
  Pediatric Consultant  
  Nashville, TN |

Figure 7. List of Medical Review Board Members, 2012
Network Council (NWC)

The Network Council (NWC) is a representative organization consisting of one professional representative appointed by each dialysis and transplant facility. Additionally, the Patient Advisory Council chair from each state serves on the council.

Council members have a variety of ways to interact with Network 8, including direct contact with staff, direct contact with their three elected officers and direct contact with MRB and BOD members. Additionally, the council chair, who is elected by council members, provides policy-making input to the BOD as a voting member of that body.

Council members are regularly contacted and encouraged to supply nominees to the MRB and to the BOD, and they may nominate themselves to serve as vacancies occur.

Council officers are chair, vice-chair, and secretary (see Figure 8). Officers meet throughout the year in person or by telephone to conduct business and to plan for the annual meeting.

<table>
<thead>
<tr>
<th>Network Council Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
</tr>
<tr>
<td>Vice-Chair</td>
</tr>
<tr>
<td>Secretary</td>
</tr>
</tbody>
</table>

Figure 8. List of Network Council Officers

2012 activities included:

- Planned and produced the October annual meeting in Birmingham, Ala.
- Participated in Network Advisory Committee activities

Network Advisory Committee (NAC)

The Network Advisory Committee (NAC), drawn from the larger pool of NWC facility representatives, serves a more direct liaison function between the provider community and the Network 8 organization. In order to ensure equal representation of all regions of the network, membership is based on congressional districts for each state.

The NAC met twice during 2012. The first meeting took place April 15 by teleconference and the next meeting took place October 3 in Birmingham, Ala. in conjunction with the annual meeting.
The 2012 – 2013 NAC members are listed in Figure 9 below:

<table>
<thead>
<tr>
<th>Network Advisory Committee Members, 2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paulette Miller</td>
</tr>
<tr>
<td>Shirly Emberg</td>
</tr>
<tr>
<td>Machelle Bevis</td>
</tr>
<tr>
<td>Katrina Culp</td>
</tr>
<tr>
<td>Angele LaFontaine</td>
</tr>
<tr>
<td>Brian Berthiaume</td>
</tr>
<tr>
<td>David Sweet</td>
</tr>
<tr>
<td>Amy Radford</td>
</tr>
<tr>
<td>Cindy Locklear</td>
</tr>
<tr>
<td>Lora Simmons</td>
</tr>
<tr>
<td>Cindy Higgason</td>
</tr>
<tr>
<td>Kim Boren</td>
</tr>
<tr>
<td>Alicia Nowell</td>
</tr>
<tr>
<td>Lee Parrott</td>
</tr>
<tr>
<td>Shirley Chatel</td>
</tr>
<tr>
<td>Debbie Odom</td>
</tr>
<tr>
<td>Herma Tucker</td>
</tr>
<tr>
<td>Patrice Brooks</td>
</tr>
<tr>
<td>Janice Jeter</td>
</tr>
<tr>
<td>Lisa Jefferson</td>
</tr>
<tr>
<td>Melissa Kwitkowski</td>
</tr>
<tr>
<td>Linda Tremblay</td>
</tr>
<tr>
<td>Kristina Lowell</td>
</tr>
<tr>
<td>Caroline Reynolds</td>
</tr>
<tr>
<td>Whitney Jordon</td>
</tr>
<tr>
<td>Anicia Lester</td>
</tr>
<tr>
<td>Earline Collins</td>
</tr>
<tr>
<td>Angie Exum</td>
</tr>
<tr>
<td>Courtney Bedford</td>
</tr>
</tbody>
</table>

|                                                        |
| FMC Camellia, AL                                       |
| DSI Walker County, AL                                  |
| Florence, AL                                            |
| FMC Chase, AL                                           |
| RCG Princeton, AL                                       |
| UAB Transplant, AL                                      |
| FMC East Mobile, AL                                     |
| South Baldwin, AL                                       |
| Physicians Choice Dialysis, AL                         |
| DSI Hazlehurst, MS                                      |
| Silver Creek Dialysis, MS                              |
| RCG Aberdeen, MS                                       |
| DSI Jackson Southwest, MS                              |
| FMC Jackson, MS                                         |
| Lucedale Dialysis, MS                                   |
| Smokey Mountain Dialysis, TN                           |
| DCI Maryville, TN                                       |
| Knoxville Dialysis Center, TN                          |
| DCI Chattanooga Broad St., TN                          |
| FMC Lafollette, TN                                      |
| Vanderbilt Dialysis Clinic East, TN                    |
| Dialysis Associates HT, TN                             |
| RCG Franklin, TN                                        |
| DCI Dickson, TN                                         |
| FMC Memphis Midtown, TN                                |
| FMC Lewisburg, TN                                       |
| FMC North Memphis, TN                                   |
| Dyersburg Dialysis, TN                                 |
| DSI Central Memphis, TN                                 |

**Figure 9. List of Network Advisory Committee Members, 2012-2013**
2012 activities included:

- Provided input into the new CMS Statement of Work
- Provided nominations for both the MRB and BOD
- Provided input into topics and speakers for the annual meeting

**Patient Advisory Committee (PAC)**

The role of the Patient Advisory Committee (PAC) is to provide a more efficient and effective patient voice for communicating with the Network organization. The goal is to maintain a broad-based committee representative of the tri-state region and inclusive of available modality choices. The committee (see Figure 10) meets as needed to assist the organization in achieving patient-focused goals. During 2012 the committee met face-to-face two times and once by conference call. Additional input was provided by phone and e-mail.

For a complete summary of 2012 PAC activities, refer to Section III under Educational Initiatives for Professionals.

### Patient Advisory Committee Members

<table>
<thead>
<tr>
<th>Member</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte Baynes</td>
<td>Birmingham, AL</td>
</tr>
<tr>
<td>Annie Jean Allen</td>
<td>Bessemer, AL</td>
</tr>
<tr>
<td>Ruth Crenshaw-Love, RN</td>
<td>Montgomery, AL</td>
</tr>
<tr>
<td>Dorothy Davis</td>
<td>Birmingham, AL</td>
</tr>
<tr>
<td>Floy Lambert</td>
<td>Tallassee, AL</td>
</tr>
<tr>
<td>Earline Stokes</td>
<td>Goodman, MS</td>
</tr>
<tr>
<td>Melinda O’Quinn</td>
<td>Wesson, MS</td>
</tr>
<tr>
<td>Kennedy Taylor</td>
<td>Cordova, TN</td>
</tr>
<tr>
<td>Katina Lang-Jenkins</td>
<td>Jackson, MS</td>
</tr>
<tr>
<td>Chris Elrod</td>
<td>Chattanooga, TN</td>
</tr>
</tbody>
</table>

*Figure 10. List of Patient Advisory Committee Members*

2012 activities included:

- Provided input to the Patient Education Plan
- Planned new project for increasing the number of Facility Patient Representatives
- Provided articles for both *Patient Tips for Healthy Living* and *Why to Comply?*
- Provided input to the *Facility Patient Representative Handbook*
- Provided input to patient newsletters
Patient Advisory Councils

The patient advisory councils serve as a vehicle for patient education in the network. Each facility in the network is encouraged to identify a patient representative to serve on the state-specific Patient Advisory Council. Suggested roles of representatives are provided to facilities, which may adapt those recommendations to fit internal protocols. A new Facility Patient Representative Handbook is under development.

At least one annual educational meeting on current topics such as health, treatment modalities, and quality of life issues takes place in each state. The meeting also serves to keep patients abreast of CMS and Network 8 goals and to give them a forum for addressing issues of concern. The chair of each council is an ex-officio member of the NWC and is a member of the PAC (see Figure 11). The roles of the patient representatives can include, but are not limited to:

- Being a patient advocate and peer counselor in their facility and to educate new patients about life with kidney disease
- Serving as clinic representative at Network 8 patient meetings and bringing back educational materials to their fellow patients
- Distributing newsletters and other materials to their fellow patients

<table>
<thead>
<tr>
<th>Patient Advisory Council Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
</tr>
<tr>
<td>Annie Jean Allen</td>
</tr>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>Chair</td>
</tr>
<tr>
<td>Earline Stokes</td>
</tr>
<tr>
<td>Mississippi</td>
</tr>
<tr>
<td>Chair</td>
</tr>
<tr>
<td>Kennedy Taylor</td>
</tr>
<tr>
<td>Tennessee</td>
</tr>
</tbody>
</table>

Figure 11. List of Patient Advisory Council Officers

Transplant Advisory Committee (TAC)

The Transplant Advisory Committee (TAC) is a subcommittee of the MRB. In 2012, the group continued to analyze the results of the evaluation of the transplant fact sheet and Q & A brochure developed by the committee. As a result, the committee determined that facilities would benefit by knowing the specific exclusion criteria at the different transplant facilities in the network. Criteria were collected and displayed at a poster session at the annual Network 8 meeting in October, and hard copies of criteria were prepared for facilities.

Members of the 2012 TAC are listed in Figure 12 below.
### Transplant Advisory Committee Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Anthony Langone, MD</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Member</td>
<td>Shirley Schlessenger, MD</td>
<td>Mississippi</td>
</tr>
<tr>
<td>Member</td>
<td>Martha Tankersley, CRNP</td>
<td>Alabama</td>
</tr>
<tr>
<td>Member</td>
<td>Katina Lang</td>
<td>Mississippi</td>
</tr>
<tr>
<td>Member</td>
<td>Arnitta Pryor</td>
<td>Mississippi</td>
</tr>
<tr>
<td>Member</td>
<td>Dana Rizk, M.D.</td>
<td>Alabama</td>
</tr>
</tbody>
</table>

**Figure 12. List of Transplant Advisory Committee Members**

2012 activities included:

- Developed Transplant Poster Session that took place in conjunction with Network 8 annual meeting
- Provided input to Network 8 boards on transplant-related issues
III. ESRD NETWORK PROGRAM STRATEGIC GOALS

ESRD networks join with CMS in pursuit of the following goals:

1. Improve the quality and safety of dialysis-related services provided for individuals with ESRD.

2. Improve the independence, quality of life and rehabilitation (to the extent possible) of individuals with ESRD through support for transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis) and in-center self-care, as medically appropriate, through the end of life.

3. Improve patient perception of care and experience of care, and resolve patients’ complaints and grievances.

4. Improve collaboration with providers and facilities to ensure achievement of goals 1 through 3 through the most efficient and effective means possible, with recognition of the differences among providers (independent, hospital-based, member of a group, affiliate of an organization, etc.) and the associated possibilities/capabilities.

5. Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes, maintain a patient registry and support the goals of the ESRD Network program.
**CMS Goal #1: Improve the Quality and Safety of Dialysis-Related Services Provided for Individuals with ESRD.**

- Vascular Access (Fistula First) Quality Improvement Project
- Elab Project
- CPM Project
- Network-specific Quality Improvement Projects
- Facility-specific Quality Assessment and Improvement Project

**Vascular Access Quality Improvement Project: Fistula First: Forging Forward**

The National Vascular Access Improvement Initiative (Fistula First) began in 2003 and set out to achieve rapid health care improvement for Medicare beneficiaries as well as lower costs for the Medicare program. Figure 13 illustrates Network 8 vascular access trends in both incident and prevalent patients from project inception through the last reconciled legacy data collection in March.

![Figure 13. Network 8 Vascular Access Trends, 2003-2012](image)
Now in its ninth year, Network 8 has continued to work toward improving arteriovenous fistula usage rates while decreasing the use of long-term catheter access. The figure above depicts a steady decline in long-term catheters as fistula rates have improved.

Facilities participating in vascular access improvement activities in 2012 were initially chosen from the three Network metropolitan areas with the lowest average AVF rates as of June 2010, and included all hemodialysis patients (in-center and home) within a 50-mile radius of the city.

- Jackson, Miss. units (n=16): baseline AVF rate for June 2010 was 41.2%. As of June 2011, the AVF rate for these units had improved to 45.6%. The December 2011 AVF rate had improved to 47.4% and the March 2012 rate had further improved to 47.5%.
- Birmingham, Ala. units (n=32): baseline AVF rate for June 2010 was 43.9%. As of June 2011, the AVF rate for these units had improved to 45.8%. The December 2011 AVF rate had improved to 47.8% and the March 2012 rate had further improved to 47.9%.
- Nashville, Tenn. units (n=35): baseline AVF rate for June 2010 was 44.4%. As of June 2011, the AVF rate for these units had improved to 50.8%. The December 2011 AVF rate had improved to 53.2% although the March 2012 rate had dropped to 52.1%.

Based on improvements noted in the above regions, the Montgomery, Ala. units (n=13) were added to the group of focused-review activities in July 2011. The baseline AVF rate for June 2011 was 45.6% with a nadir of 44.4% in September, improving to 45.5% in December 2011 and the March 2012 rate showing continued improvement at 45.7%.

**Promotional and Educational Activities During 2012**

- February: Memphis Area Fistula First Coalition meeting / Central Venous Occlusion (CVO) Repair & The Hemodialysis Reliable Outflow CE offering
- April: Professional newsletter posted
- May: Memphis Area Fistula First Coalition meeting
- May: Cannulation Workshop, Cleveland, Miss.
- May: Cannulation Workshop, Memphis, Tenn.
- July: Nashville-area facility visits
- July: DCI Vascular Access Improvement presentation
- July: Montgomery FMC *Vascular Access Improvement* presentation
- July: 2-day Cannulation Teleconference in Tennessee – Memphis, Nashville, Johnson City, Knoxville
- August: Memphis Area Fistula First Coalition meeting
- August: *Vascular Access Improvement* presentation, Renal Update – Jackson, Miss.
- September: Memphis Area Fistula First Coalition meeting/PeripherAl Arterial Disease in the Chronic Kidney Disease Patient: Screening, Diagnosis and Treatment – CE offering
October: *Vascular Access Improvement* presentation to DaVita Regional meeting, Chattanooga, Tenn.

October: DCI annual meeting *Vascular Access Improvement* presentation

October: Network 8 annual meeting in Birmingham, Ala.

October: Professional newsletter distributed

November: *Vascular Access Improvement* presentation to FMC Regional meeting, Mobile, Ala.

In addition to the above activities, additional facility-specific vascular access technical assistance included:

- Assistance with monthly Fistula First data submission (legacy) through March, then via CROWNWeb beginning June 14
- Identification and assistance with correction of patient-level missing vascular access data each month
- Distribution of buttonhole cannulation materials on request
- Distribution of Atlas of Vascular Access (hard copy or DVD) on request
- Distribution of Creating AV Fistula in all Eligible Hemodialysis Patients (surgeon DVD series) on request

Refer to Figures 14 and 15 for a graphical depiction of Network 8 vascular access improvement trends in prevalent patients since project inception.
Figure 14. AVF Use in Prevalent Patients by Network

Figure 15. Network 8 Vascular Access Trend in Prevalent Patients, 2003-2012
Elab Project

The 2012 Elab Project—the collection and analysis of patient-specific data from fourth quarter 2011, involved 358 Network 8 providers consisting of 289 Large Dialysis Organization (LDO) facilities and 69 non-LDO facilities. Lab elements collected on a patient-specific level included: hemoglobin, transferrin saturation, ferritin, URR, Kt/V, albumin, phosphorus and calcium. Requested data was due to Network 8 Jan. 31 and reports were mailed to each participating facility on May 16, 2012.

Quality Improvement Activities

Clinical performance measure data drive the development and implementation of quality improvement projects in one or more of the following areas: adequacy of dialysis, anemia management and vascular access as related to decreased catheter use and/or monitoring for stenosis. Data obtained from the Elab project in conjunction with Fistula First data were utilized for the analysis of the aforementioned measures. Development and implementation of these projects occurred under the direction of the MRB.

Reducing Catheter Rates (July 2010-December 2012)

Efforts to assist facilities with reduction of long-term catheter rates (defined as “catheter as only access for > 90 days”) continued during the 2012 contract cycle in an effort to address vascular access outcomes comprehensively. Originally initiated in July 2010, as of June 2011, 10 of 16 units (62.5%) previously under focused-review for long-term catheter rates > 15% had markedly improved catheter outcomes while six units (37.5%) continued to experience rates > 15%.

After review of June 2011 data, the Network 8 MRB directed that 100% of facilities with long-term catheter rate > 15% be included in 2011-2012 project. The intervention threshold of > 15% was chosen in an effort to avoid punishing facilities for patients who refuse AVF or AVG access and to prevent facilities from refusing to care for catheter patients simply due to patient choice of access. Project design specified that facilities would be released from review after achieving a three-month average long-term catheter rate of 12% or less.

Targeted intervention to focused-review facilities included assistance with development/revision of improvement plan, provision of educational resources/tools as needed, frequent telephone calls to monitor progress and offer support, and selected site visits.
NETWORK-SPECIFIC QUALITY IMPROVEMENT PROJECTS

Increasing Influenza Immunizations Project (July 2011 – June 2012)

Each year, network organizations select a Quality Improvement Project (QIP) from a pre-approved list of topics. The 2010-2011 contract year was the inaugural year for the Increasing Influenza Immunizations QIP. In an effort to continue increasing influenza immunization rates, for the 2011-2012 influenza season, the MRB requested that staff continue to work with intervention facilities from last year’s project, collect baseline data from 100% of dialysis facilities and educate all facilities on ways to improve their immunization rates for both patients and staff. The goals of the project were:

1) 80% of project facilities should reach the national influenza vaccination rate of 70%,
2) 80% of facilities should submit baseline data on patients and staff.

The cohort included in the baseline data collection was patients and staff as of Dec. 31, 2011, and data collection ceased on Jan. 31, 2012.

In August, the 16 intervention facilities received memos announcing the results from the 2010-2011 project, and Quality Improvement action plans were requested. Once Quality Improvement action plans were received and reviewed, feedback was provided and technical assistance was offered.

All facilities received information packets in September regarding the 2011-2012 influenza project. An overview of the project was included along with several educational resources. Additional educational resources also were distributed in the following months, to include an Influenza Learning Session, CDC Flu Vaccination Toolkit, and CDC Happy, Healthy Holiday Influenza e-cards. Materials also were posted on Network 8’s website to ensure accessibility.

Data collection forms were emailed to the facilities in January and were due back to Network 8 by Feb. 15, 2012. The results revealed that both project goals were met. Thirteen out of 16 intervention facilities (81.3%) had an influenza rate above 70%, and 305 out of 364 facilities (83.8%) submitted their baseline data by the end of February.

Intervention facilities received status reports in April 2012 that depicted their facility’s previous rate and current influenza rate. Baseline data were reviewed by the MRB in May and a new intervention group was selected.

For the 2012 six-month contract extension cycle beginning July 1, 41 intervention facilities were selected. The goal of the project was that 50% of intervention facilities would reach or exceed a seasonal influenza vaccination rate of 70%. Data analysis confirmed that 34 of 39 facilities (87.2%) met the goal. The 13 intervention facilities from the previous contract cycle were monitored as well and 12 (92.3%) maintained or exceeded a seasonal influenza vaccination rate of 70%.
FACILITY-SPECIFIC QUALITY ASSESSMENT AND IMPROVEMENT PROJECTS (QAIPs)

The purpose of facility-specific QAIPs is to assist facilities with the development and implementation of projects to improve outcomes in areas of need as determined by complaints, grievances or clinical outcome data.

Optimizing Anemia Outcomes

The CMS ESRD Statement of Work directs Network 8 to assist facilities in development of a QI program that is data-driven and interdisciplinary. This includes facilities identified by Network 8 when poor performance/problems are identified. The 2008 National Performance Standard (2009 Dialysis Facility Report) incorporated into the Quality Incentive Payment revealed 26% of patients with hemoglobin > 12 gm/dL; this percentage dropped to 16% in 2009, to 11% during calendar year 2010 and to 2.5% in 2011 according to 2012 Dialysis Facility Report data. Having reviewed this data, the Network 8 MRB requested that criteria for selecting intervention facilities be lowered to the Quality Incentive Program threshold of greater than 10% of patients with hemoglobin > 12 gm/dL in order to support facility improvement efforts related to the QIP.

For the 2011-2012 contract cycle beginning July 1, 2011 and ending June 30, 2012, seven facilities were selected for the anemia management improvement activities. As of April 25, 2012 all seven units had maintained less than 10% of patients with hemoglobin > 12 gm/dL for three consecutive months and were released from further review. For the 2012 six-month contract extension cycle, 10 facilities were selected for quality improvement activities. As of October 2012, each of these units had maintained three consecutive months of less than 10% of patients with hemoglobin > 12 mg/dL.

SUMMARY

The various activities conducted during 2012 ranged from those broad in scope, such as Fistula First and Elab collection activities, to interventions within a more narrow scope, such as assistance with facility-specific quality improvement efforts. Regardless of the nature of the project, all activities were undertaken in an effort to ensure that Network 8 consumers, both staff and patients alike, were provided the optimal tools and assistance to improve the quality and safety of dialysis-related services and to ensure the best outcomes possible. Data in this section reflect the forward movement of facilities to improve outcomes in the areas of vascular access, influenza immunizations and anemia management.
**CMS Goal # 2: Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through support for transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis), and in-center self-care, as medically appropriate, through the end of life.**

**New ESRD Patient Orientation Packet**

Network 8 continues to be a strong advocate for patient education that can lead to active self-management. The commitment is to provide patients with the educational materials and resources that they will need to live a long and productive life. Among these resources is the CMS New ESRD Patient Orientation Packet (NEPOP) which contains the following information:

- CMS letter of introduction
- Network 8 letter of introduction
- Dialysis Facility Compare brochure
- National Kidney Foundation (NKF) Patient and Family Council brochure
- Vascular Access postcard
- American Association of Kidney Patients (AAKP) resources brochure
- *Preparing for Emergencies: A Guide for People on Dialysis* booklet
- *Medicare coverage for Kidney Dialysis and Kidney Transplant Services* booklet
- *You Can Live: Your Guide for Living with Kidney Failure* booklet

Network 8 follows up on all returned NEPOPs that are not deliverable. Figure 16 below details the number of NEPOPs processed in 2012.
<table>
<thead>
<tr>
<th>Month</th>
<th>Number Mailed During the Month</th>
<th>Number Returned Due to Death</th>
<th>Number Returned Requiring Address Corrections*</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>433</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>February</td>
<td>540</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>March</td>
<td>628</td>
<td>4</td>
<td>36</td>
</tr>
<tr>
<td>April</td>
<td>520</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>May</td>
<td>328+</td>
<td>3+</td>
<td>36+</td>
</tr>
<tr>
<td>June</td>
<td>129#</td>
<td>5#</td>
<td>33#</td>
</tr>
<tr>
<td>July</td>
<td>448</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>August</td>
<td>587</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>September</td>
<td>495</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>October</td>
<td>521</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>November</td>
<td>463</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>December</td>
<td>453</td>
<td>8</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>5545</td>
<td>44</td>
<td>294</td>
</tr>
</tbody>
</table>

Figure 16. Number of NEPOPs, 2012.

* Returns and Corrections above are from multiple months and do not correspond to the column indicating the month mailed.
+ The information represents data reported January 1 through May 18, 2012 in SIMS. The “#” June - December data is from CROWNWeb.

**Patient Meetings**

State-based kidney foundations have taken the lead not only in sustaining annual patient educational conferences but in expanding their coverage to additional regional locations. Through partnering with the foundations, Network 8 was able to help support seven educational patient meetings in 2012. These day-long seminars are used to teach patients and family members about modality options, rehabilitation, vascular access and other activities that can improve their quality of life. In 2012, the traditional day long format was used for all three of the meetings in Mississippi – Biloxi, Jackson and Tupelo, two of the meetings in Alabama – Huntsville and Birmingham, and for the meeting in Nashville, Tenn. The meeting in Montgomery, Ala. was a half-day meeting starting at noon and ending at 5:00 p.m.
Mississippi

The first Mississippi patient meeting took place April 22, 2012 at the Biloxi Lighthouse Visitors Center in Biloxi. Network 8 partnered with the Mississippi Kidney Foundation for all three of the Mississippi meetings. The meeting was well attended with 105 patients and family members from the coastal area. The theme of this year’s meeting was *Be Inspired, Be Motivated, Be THERE!* and the keynote session was a professional panel on *You Are Part of Your Health Care Team*. The panel consisted of a social worker (*Separating Facts from Fiction*), a nurse practitioner (*Making the Most out of Your Visit With Your Doctor*), a dietitian (*Healthy Food Choices... It’s In the Bag*) and a nephrologist (*Understanding Your Lab Results*).

Additional topics included:

- *Journaling Through Your Emotions*
- *Tightening the Nuts and Bolts – Social Security & Medicare*
- *Vocational Rehabilitation*
- *What Can Network 8 Do For You?*
- *Thou Shalt Not Forget Thou Binders (Hidden Phosphorus)*
- *Alternative Modalities – What Are Your Options* (Patient panel with in-center hemodialysis patient, home hemodialysis patient, peritoneal dialysis patient, nocturnal dialysis patient and transplant patient)
- *Staying Positive* (inspirational speaker)
- *Is Transplantation an Option for You?*
- *Mississippi Kidney Foundation Update*

The meeting was well received with 100% of the attendees stating that the workshop increased their knowledge of the subjects presented and rating the quality of the conference as excellent or good.

The second Mississippi patient meeting of 2012 took place August 19 at the Mississippi Organ Recovery Agency in Jackson. The meeting was extremely well attended with more than 160 patients and family members from central Mississippi coming to the conference. The theme and the topics for the meeting stayed the same as in Biloxi with different speakers filling in and one new topic added, *Making Exercise a Part of Your Everyday Life*. The evaluations for the meeting again were extremely positive with 100% of the attendees agreeing or somewhat agreeing that the program had increased their knowledge of the subjects presented and rating the quality of the conference as excellent or good.

The final Mississippi meeting of 2012 was Nov. 4 at the Bancorp South Arena in Tupelo. In attendance were 145 patients and family members from northern Mississippi. The theme and topics were the same as the Jackson meeting with speakers volunteering from the northern Mississippi area.
Tennessee

The Tennessee patient meeting took place Oct. 14, 2012 at the Owen Education Center at Baptist Hospital in Nashville and in partnership with the Tennessee Kidney Foundation. Sixty-two patients and family members from around Tennessee attended the conference. The theme and topics for the conference echoed those from the Mississippi meetings with the theme of Be Inspired, Be Motivated, Be There. The keynote presentation was, again, a professional panel presentation on You Are Part of Your Health Care Team. The panel consisted of a social worker (Separating Facts from Fiction), a nurse (Making the Most out of Your Visit With Your Doctor), a dietitian (Healthy Food Choices...It’s In the Bag) and a nephrologist (Understanding Your Lab Results).

Additional topics included:

- Update: Social Security and Medicare
- What Can Vocational Rehabilitation Do for Me?
- Making Exercise a Part of Your Everyday Life
- What Can Network 8 Do for You?
- Where is Phosphorus Hiding?
- Alternative Modalities – What Are Your Options (Patient panel with in-center hemodialysis patient, home hemodialysis patient, peritoneal dialysis patient, nocturnal dialysis patient and transplant patient).
- Addressing the Needs of Tennessee Kidney Patients
- Staying Positive (inspirational speaker, Shad Ireland)

The evaluations were excellent with 100% of the attendees stating that the program had increased their knowledge of the subjects presented and 100% of the attendees also rating the conference as excellent or good.

Alabama

The first Alabama meeting of 2012 was Sept. 9 at the EarlyWorks Museum in Huntsville. All three of the Alabama meetings were in partnership with the Alabama Kidney Foundation. Approximately 95 patients and family members from northern Alabama attended the meeting. The keynote presentation was on Respect the Access.

Additional Topics Included:

- What Network 8 Can Do for You
- Serving the Needs of Alabama Kidney Patients
- Job Success – Alabama Department of Vocational Rehabilitation
- Are Your Qualified (for a Transplant)
• The Balance (Understanding Your Lab Values)
• Home Sweet Home – Alternative Modalities

The evaluations for the meeting were very good with 100% of the attendees stating that the meeting had increased their knowledge of the subjects presented, and rating the content and quality of the program as excellent or good.

The second Alabama meeting took place in Birmingham at the St. Vincent’s Bruno Conference Center on Oct. 21. One hundred and eleven patients and family members from central Alabama attended the meeting. The keynote address for the meeting was Travel and Dialysis: Advice for Patients and Families.

Additional topics included:
• What Can Network 8 Do for You?
• Serving the Needs of Alabama Kidney Patients
• Dialysis Access for all Modalities
• Organ Donation: How Does it Work?
• So I Need a Kidney Transplant - What’s Next?
• Before, During and After the Transplant

The meeting was well received with 100% of the attendees stating that the general content and quality of the program was excellent or good and 98% also stating that the program had increased their knowledge of the topics presented.

The final Alabama conference of 2012 took place Nov. 11 at the Montgomery Cardiovascular Institute at Baptist Medical Center South in Montgomery. This was the first time a patient meeting took place in Montgomery and was a half-day meeting. Approximately 60 patients and family members from south central Alabama attended the conference which began with a Divine Desserts cooking demonstration from noon until 1:00 p.m. followed by questions and answers on maintaining a healthy renal diet.

Additional Topics Included:
• What Network 8 Can Do for You
• Serving the Needs of Alabama Kidney Patients
• Organ Donation: How Does It Work?
• Maintaining Your Lifeline
• Be an “A” Student – Understanding Your Disease
• Home Sweet Home – Alternative Modalities
Again, the evaluations were excellent with 100% of the attendees stating that the conference had increased their knowledge of the subjects presented and rating the quality of the conference as excellent or good.

Overall, 738 patient and family members attended the seven 2012 patient conferences. This was an increase of more than 300 attendees from the previous year due to increasing the number of meetings from four to seven. There were very positive comments from the attendees on their evaluation forms. Some of their comments included:

- Great conference – Keep up the good work!
- I learned so much about the different modalities
- Thanks for the information – I had no idea I could take a cruise while on dialysis!
- I didn’t know you could be on the list at more than one transplant center!
- Janie Walters is a wonderful speaker!
- I learned that I might be able to return to work and that I need to take good care of myself.
- I never knew Network 8 existed. Thanks so much for all of the wonderful information.
- I learned to take care of my lifeline, my access.
- I learned about dialysis at night.
- I found this to be very educational. Keep up the good work!
- Very good information. Thank you for having this conference.
- I really enjoyed listening to Shad Ireland’s story.

Along with the presentations, a large packet of educational materials was made available to the patients at these conferences. These materials included:

- AAKP brochures on vascular access, modality selection, iron, nutrition, bone health and depression
- Copies of the AAKP Patient Plan and Kidney Beginnings booklets
- AAKP magazines including Renalife, Diet Tips and Bits and Taking it Home
- Americans with Disability Act

CMS materials included:

- The Medicare Handbook
- Information on Medicare Part D
- A postcard on Dialysis Facility Compare
- Information about Fistula First

Network 8 materials included:

- The patient newsletter
• The Network 8 grievance policy
• Information about the PAC and an application form to join the PAC
• Technical assistance information
• Patient Tips for Healthy Living
• Why to Comply?
• Transplant brochure and fact sheet

Postcards for Home Dialysis Central and LORAC information on rehabilitation, CDC immunization information, and other NKF and RSN materials were distributed. CKD materials such as the NKDEP brochure Kidney Disease Runs in Families were given to patients as well as materials brought by partnering organizations. Additionally, NxStage sent brochures on short daily home dialysis and these also were distributed at the meetings.

Promotion of the Use of Self-Care Modalities and Transplantation

Alternative modalities were discussed at the Mississippi meetings in Biloxi, Jackson and Tupelo, the Tennessee meeting in Nashville and the Alabama meetings in Huntsville and Montgomery, with patient panels in Biloxi, Jackson, Tupelo and Nashville. Literature on self-care and home therapies were provided at all patient meetings. These included the AAKP modality brochures on peritoneal and hemodialysis, the AAKP Taking It Home magazine, brochures on the NxStage machine and the Home Dialysis Central postcard.

The February 2012 patient newsletter contained an article entitled Knowing Your Treatment Options, which highlighted all dialysis options including home hemodialysis and peritoneal dialysis. The Network 8 patient booklet Understanding Kidney Failure and Selecting a Treatment Modality, is available on the website for facilities and they continue to make several inquiries each month. Transplantation was discussed at each of the seven Network 8 patient meetings in 2012 and the Network 8-produced transplant fact sheet and brochure were distributed at each meeting. The use of home therapies in the network continues an improvement opportunity.

Transplant Advisory Committee

Network 8 continues to receive requests for the TAC-produced tools, Fact Sheet on Kidney Transplantation and the brochure Is a Kidney Transplant Right for Me? These materials were first produced and distributed in 2011. They were included in the packets at all seven of the 2012 patient meetings and in the new provider packets. They were also filled upon request. The facilities were encouraged to give the fact sheet to anyone who might be eligible or interested in a transplant and then follow up with the more detailed brochure if the patient was very interested in proceeding. The two-pronged approach of education seems to be effective and the facilities have continued to comment positively on this method. They were also distributed at the annual meeting and at the AAKP convention in Atlanta in August where Network 8 had a booth.
Additionally, all adult transplant facilities in the network responded positively to the request to participate in a poster session during the Network 8 annual meeting in Birmingham in October. They were asked to send in their exclusion criteria, and uniform posters were made for each center. The facilities were also given the opportunity to send more materials or to attend and take part in the poster session. The poster session received very positive feedback from the attendees and was on display during the entire Network 8 annual meeting.

**Educational Collaborations with Renal Organizations**

**American Association of Kidney Patients (AAKP)**

Network 8 distributes American Association of Kidney Patients (AAKP) materials at all of the patient meetings. Requests for educational materials including Spanish materials are referred to the AAKP website.

The Community Engagement Coordinator (CEC) attended the AAKP national convention August 9 – 11 in Atlanta, Ga. She participated in the convention by presenting a “Lunch with the Experts” talk on *What to Expect Post-Transplant.*

Network 8, along with Alliant Quality, hosted an exhibit booth during the convention with the CEC manning the booth along with Alliant staff. Network 8 and CMS materials were made available at the booth, including the transplant fact sheet and brochure and the new rehabilitation brochure.

The CEC published an article in the September 2012 issue of the AAKP national magazine *Renalife* entitled *Take Care: Get Involved in Your Care.* Network 8 patient and former PAC/MRB member Dr. Paul McGinnis also was published in the September issue of the magazine. His article was entitled *Sex and Chronic Kidney Disease.* He also had an article published in the November issue of *Renalife* entitled *Straight Talk, Helpful Hints for Communicating with Your Healthcare Team.*

**National and State Kidney Foundations**

Network 8 continues to collaborate on several initiatives with the National Kidney Foundation (NKF) in West Tennessee and with state kidney foundations in Alabama, Mississippi and Tennessee.

**Professional Symposiums**

The Tennessee Kidney Foundation partnered with Network 8 and QSource on a series of two cannulation workshops which took place July 25 and 26 of 2012. The title of the workshops was *Assessment, Management, and Cannulation of the Dialysis Vascular Access.* The workshops originated in Knoxville and were teleconferenced to Nashville, Memphis and the Johnson City Tri-Cities area. The workshops took place the afternoon of Wednesday, July 25 and then
repeated the morning of July 26. They were teleconferenced to the off-site locations both days. Seventy-five people attended the two-day conference including 31 on the 25th and 44 on the 26th. Attendees received 3.25 continuing education units (CEs) and 100% of the attendees agreed that they would make practice changes (strongly agreed, agreed, or somewhat agreed) as a result of this activity. The presenter, Robert Inman, RN, MSN, CNN, received excellent evaluations.

Network 8 also partnered with the Kidney Foundation of the Greater Chattanooga area to send out information about the 21st annual Renal Symposium that took place in Chattanooga on March 29. The brochure and registration information about the conference was sent to all facilities in the Chattanooga area on February 28. Registration was limited to 200 and attendance reached the maximum.

The Alabama Kidney Foundation exhibited at the October Network 8 annual meeting in Birmingham, Ala.

**Patient Meetings**

We continue to partner with the Alabama Kidney Foundation for the patient meetings that took place in Huntsville, Birmingham and Montgomery in 2012. We also continue to partner with the Mississippi Kidney Foundation for the patient meetings in Jackson, Biloxi and Tupelo, and the Tennessee Kidney Foundation for the patient meeting in Nashville.

The Executive Director (ED) serves as a volunteer board member of the Mississippi Kidney Foundation and the Patient Data Submission Specialist (PSD) serves on the Patient Advisory Committee (PAC).

The CEC partnered with the Mississippi Kidney Foundation and assisted with several Renal Evaluation and Assessment Program (REAP) screenings in 2012. The purpose of the screenings is to identify people who have signs and symptoms of early kidney disease and encourage them to seek further evaluation and follow-up from a physician. The percentage of people who attend the screenings who are diagnosed with some stage of chronic kidney disease continues to be around 30%.

Network 8 staff has offered to be available to support and help with local initiatives as schedules permit and has also participated in awareness events such as the Kidney Walk, Kidney Disease Awareness Night at sporting events, health screenings and health fairs. The staff participated in the BB King Day Health Fair in Indianola, Miss. on September 29. This included a REAP screening that took place during the health fair. Network 8 had a booth and distributed materials along with the Mississippi Kidney Foundation. Network staff has helped with patient events such as the annual patient picnic and support group meetings as well.


Rehabilitation Initiatives

The patient meetings in Biloxi, Jackson and Tupelo, Miss, Huntsville, Ala. and Nashville, Tenn. all included presentations on vocational rehabilitation and getting back into the work force. Each patient meeting information packet also included information such as The Benefits of Volunteering, Americans with Disabilities Act, as well as Social Security Benefits and continuing to work.

The Network 8 PAC reviewed and approved a rehabilitation brochure during their October 2011 meeting. The brochure was adapted from one originally developed by Network 4 and listed the advantages of working, along with contact information for the vocational rehabilitation agencies in all three states. The brochure was printed and mailed to Network 8 facilities in August 2012 along with an exercise DVD that was produced by Network 9/10. A fax-back form was included for providers interested in receiving more of the rehabilitation brochures. Approximately 50 orders for additional brochures were received. Comments included, “Excellent brochure, I would like to order it for all of my clinics,” and, from a patient at AAKP, “It’s nice to see that networks are actually doing something to help patients realize that they can continue to work.”

Additionally, an article in the February 2012 edition of the Network 8 patient newsletter was entitled Getting Back to Work.

National Kidney Disease Education Program – CKD Opportunities

Network 8 continues to utilize the materials developed by National Kidney Disease Education Program (NKDEP) for several different initiatives. They are used at the annual patient meetings, especially the family reunion postcards which warn family members of patients that they need to be tested for CKD. They were distributed at health fairs and kidney screenings, including the BB King Health Fair. They continue to be utilized at the Memphis Area Fistula First Coalition (MAFFC) initiatives, including the World Kidney Day events that took place in Memphis on March 8, 2012. They also continue to be utilized for events sponsored by the Mississippi Chronic Illness Coalition. The NKDEP materials were distributed to legislators on Capitol Day, January 19, 2012 and several other events and health fairs.

Educational Media for Patients and Professionals

Network 8’s patient newsletter, Kidney Patient Update was distributed three times in 2012. The first issue was distributed in February. Included in the issue were articles on the Network 8 PAC updates, Rehabilitation: Getting Back to Work, the different modality options, and two 40-Year Club members.

Articles related to Network 8’s goals included:

- **Modality Types**
- **Vocational Rehabilitation**
The June edition of the patient newsletter contained information on emergency preparedness, What you Need to Know about Network 8, upcoming patient events, obtaining educational information via email from Network 8, Planning for the Future, What to Do if You Have a Complaint, and the 20-Year Club.

Articles related to Network 8’s goals included:

- *Save a Life - What you need to know about emergency preparedness for people with kidney disease*
- *What You Need to Know about Network 8*
- *Planning for the Future*
- *Do You Have a Concern, Complaint or Grievance About Your Facility?*

The October edition of the patient newsletter contained information on upcoming patient educational meetings, open enrollment for Medicare Part D, eating tips for the holidays, obtaining educational information via email from the Network, Dialysis, the flu, and you, Dialysis Facility Compare, Vascular Access Care, and the 20-Year Club.

Articles related to Network goals included:

- *Medicare Prescription Drug Coverage (Medicare Part D)*
- *Dialysis, the flu, and you*
- *Dialysis Facility Compare*
- *Vascular Access Care*

Each edition of the patient newsletter was made available to more than 24,000 patients.

Patients attending the annual patient meetings were asked to evaluate the newsletter content and whether they were actually receiving them. When asked if they were receiving the newsletter, the information in Figure 17 was provided.

<table>
<thead>
<tr>
<th>States</th>
<th>Goal</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>90%</td>
<td>85%</td>
<td>83%</td>
<td>72%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>90%</td>
<td>100%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>90%</td>
<td>75%</td>
<td>89%</td>
<td>83%</td>
</tr>
</tbody>
</table>

*Figure 17. Percentage of Patients Regularly Receiving the Network Newsletter*

Although these results are influenced by the convenience sampling method, none of the three states were within the 90% Network 8 goal. All facility social workers were sent an email
requesting that they hand-deliver the newsletter to each patient and reminded that the patient representative could be used as a resource in assisting with this task. Additionally, all facility social workers were sent an email explaining the importance of providing the patients with a copy of the newsletter. In the future, when the newsletters are mailed to the facility, social workers will receive an email so they will be aware of their arrival and make arrangements to hand deliver them to patients.

When asked to rate the content of the newsletter, the responses were much better. In Alabama, 98% of the patients completing the evaluation stated that the quality of the newsletter was excellent or good, along with 100% of the patients in Mississippi and Tennessee.

**Patient Tips for Healthy Living**

To continue providing educational information and resources to patients, Network 8 developed *Patient Tips for Healthy Living*. The PAC verbalized the need for patients to receive short and easy to read information regarding their health and diet. Another patient concern is the need for dialysis-friendly recipes. In response to their concerns Network 8 began distributing *Patient Tips for Healthy Living* in 2010. This is a one page, two-sided tip sheet that focuses on a specific topic each edition. Patients and dietitians have been very receptive and appreciative of the information so Network 8 has continued to develop and distribute the material.

This information is reviewed by a panel of four dietitians and a PAC member to ensure accuracy. Once the review is complete it is distributed quarterly via email to the dietitians to incorporate in their education to patients and is available on Network 8’s website. The objective is to provide patients information regarding their dietary needs and encourage them to make better decisions regarding their health.

The seventh edition was distributed to all dietitians in February and focused on dialysis shopping tips. It included articles such as, tips for saving money on groceries, lower cost protein choices and two dialysis-friendly recipes.

The eighth edition was emailed to facilities in May. This edition provided education regarding anemia management. It included information on what is anemia, signs and symptoms of anemia, managing anemia, high iron foods for dialysis patients, and two dialysis-friendly recipes.

The ninth edition was emailed in August. This edition focused on exercise and included articles on how to exercise, the benefits of exercise, tips for controlling thirst while exercising, and two dialysis-friendly recipes.

The tenth edition was emailed in November. This edition focused on general health and included articles on how to stay healthy, making plans for being on the go and two dialysis-friendly recipes.

**Why to Comply? Taking Steps to Better Choices**
The PAC developed their project based on an identified need they have witnessed regarding noncompliance. Additionally, Network 8 noticed a huge increase in facility contacts on dealing with noncompliance in the dialysis unit and physicians discharging patients from their service due to this issue. In response to PAC and facility concerns, Network 8 developed *Why to Comply?* This is a quarterly, one-page publication that is emailed to social workers as a guide as they primarily address noncompliance issues with patients. It is intended to serve as an enhancement to the education and counseling social workers already routinely provide to patients. While this, alone, will not change the behavior, the goal is to allow the social worker the opportunity to review the information with patients and provide tangible information to them.

The fifth edition was distributed in March and focused on medications. It included the articles *Know Your Medications, Medication Tips, When Do I Take My Medicines?* and *Common Dialysis Medicines.*

The sixth edition was distributed in June and focused on the harm of missing dialysis. It included information on the risks of missing treatments which included cardiac complications, cramping, and fluid overload. A word search puzzle on the risks of missing dialysis also was provided.

Many patients have verbalized the importance and benefit of hearing information from their peers. The seventh edition was distributed in September and focused on peer education regarding knowing the meaning of the monthly lab work. It featured three PAC members explaining what their labs mean to them and how to ask questions about lab values.

The eighth edition was distributed in December and focused on being compliant with dialysis treatments. It featured three dialysis patients explaining why they come to treatment and comply with the recommendations.

**ESRD Health Headlines**

The *ESRD Health Headlines* is a professional publication distributed by email three times a year to facility social workers and nurse managers.

The third edition was emailed in January and addressed vocational rehabilitation. It provided information on vocational rehabilitation services, tips for partnering with local vocational rehabilitation offices and contact information for state vocational rehabilitation offices.

The fourth edition was emailed in April and focused on advance care planning. It included the articles, *Preparing Yourself and Your Clinic for the Hardest Talk, What to Consider When Developing a Procedure for Your Clinic,* and *Talking Points with Patients.*

The fifth edition was emailed to social workers and facility managers in August. It focused on dialysis and sexuality. The information was written by psychiatrist and kidney patient Dr. Paul McGinnis.
Facility Newsletters

Two editions of Network News were published in 2012.

The spring 2012 edition, published in April, contained articles on the following issues:

- Quality Improvement Progress Report
- Network 8 / Alliant Health Solutions Merger Details
- 5-Diamond Patient Safety Program Update
- AVF “Rock Stars”
- Who You Gonna Call: Resources Available from Network 8
- Quality Incentive Program Basics
- Renal Resources for You
- Network 8 February 2012 Vascular Access Outcomes
- 2011 AVF Rate Comparison: State, Network and US
- December 2011 Regional Variation in AVF Rates in Network 8

The fall 2012 edition, published in October in a new electronic format, contained the following articles:

- Network 8 Annual Meeting Recap
- ESRD QIP Proposed Rule
- NHSN Update
- New CDC Resources
- Update on 5-Diamond Patient Safety Program
- Network Services
- Upcoming Events

Materials produced by Network 8 continue to be in demand including the Network 8-developed disaster manual, which is included in the New Facility Packet and contains local emergency contact information for each county in the network. There is a section in the back of the manual that should be copied and given to patients. The new facility packet also contains the disaster poster and the transplant poster which were revised in 2008. The patient information cards are available on Network 8’s website. The Network 8 grievance posters also are included in the New Facility Packets and are available on the website. These are state specific with SSA information and can be downloaded.

The most requested Network 8-produced item is the patient education book, Understanding Kidney Failure and Selecting a Treatment Modality. The book is currently out of print and requests are being referred to the downloadable copy on the Network 8 website. Seasonal influenza materials that were sent to all providers in September included STIC (Safe and Timely Immunization Coalition) materials, 5-Diamond materials and CDC materials. Also distributed to
facilities in the following months were: an Influenza Learning Session, CDC Flu Vaccination Toolkit, and CDC Happy, Healthy Holiday Influenza e-cards. Materials also were posted on Network 8’s website to ensure easy accessibility. Finally, drug recall information affecting ESRD patients is communicated to all dialysis providers on receipt from FDA or KCER.

**Educational Initiatives for Professionals**

**2012 Annual Network Council Meeting**

The theme for the 2012 annual meeting, which took place Oct. 3 – 5 at the Wynfrey Hotel in Birmingham, Ala. was *Center, Home and Transplant: Maintaining Quality and Safety in Every Setting!* The MRB, BOD and PAC met October 3 prior to the start of the educational sessions.

Topics included in the general educational sessions were:

- *Preventing Medical Errors – “DamselFly: The Diana Brookins Story”* by Kim Sandstrom
- *The CMS ESRD Core Survey: Getting to the Core of Patient Safety and Quality Care* by Teri Spencer, RN
- *KDQOL As a Clinical Collaborative – Integrated Care Approach* by Michelle Richardson, PharmD, BCPS, FCCP
- *Patient Stories* by Floy Lambert, Kennedy Taylor and Bobby Terry
- *Addressing Mental Health Issues in Dialysis Facilities and Effective Interventions* by Teri Browne, PhD, MSW, NSW-C
- *CROWNWeb Update* by Robert Bain
- *Confronting Legal and Ethical End of Life Challenges* by Stephen Roberts, JD
- *Home is Where the Kidney Is – Remembering Alternative Modalities* by Sara Kennedy, BSN, RN,
- *Transplantation from Referral to Follow-Up* by Rockell Burks, RN, BSN and Cynthia thorn, RN, MSN, MHA
- *Promising Approaches to the Albumin Puzzle: New Evidence in Support of Team Action* by Jerry Jackson, MD
- *Preventing Burnout by Building a Culture of Respect* by Mark Meier, MS, LICSW

A business session including a Network Update took place Thursday, Oct. 4 for Network Council (NWC) representatives along with all of the attendees. Glenda Barnett-Streicher, RN, CNN, Network Council Chair, gave an update on the state of the network and welcomed the NWC representatives, PAC members and Network Advisory Committee (NAC) members to the meeting.

Break-out sessions on Thursday, Oct. 4 included:
Attendance for the meeting was very good. There was a bit of a drop-off from last year, but still, overall, excellent. There were 45 dietitians (dietitians received 15 CEs), 71 social workers (social workers received 11.0 CEs) and 131 nurses and PCTs (they received 10.83 CEs) in attendance. Counting all attendees, including board members, patients and exhibitors, the total attendance was approximately 325. Twenty-four exhibitors paid for exhibit space and Network 8 continues to receive extremely positive comments on the meeting. Results of the evaluations show that attendees rated the question, “I will make changes to my practice based on information that I have received at this meeting,” as a 4.38 out of a 5.0.

Additional assessment of the impact of the meeting can be determined from the attendees’ responses to the remainder of the evaluation. The objectives of the meeting were evaluated on a scale of one to five, with five being equal to strongly agree and one representing strongly disagree. Responses from the attendees are summarized in Figure 18 below:
Objective | Average
---|---
The education activity was well organized. | 4.72
The subject matter presented was relevant to my current practice. | 4.59
The activity presented was consistent with what had been advertised. | 4.74
The content was balanced (free of commercial bias). | 4.79
Understand a first person perspective of medical harm | 4.81
Discuss the National Healthcare Safety Network (NHSN) dialysis event surveillance protocol and CMS reporting requirements | 4.39
List anticipated changes by CMS to the current state survey process | 4.65
Demonstrate how KDQOL-36 results can be used by each member of the team | 4.64
Identify what empowers patients to become involved in their healthcare | 4.84
Discuss at least three root causes of mental health issues in a dialysis unit | 4.74
Understand the features of the CMS CROWNWeb Program | 4.67
Identify and analyze the legal and ethical considerations of several end of life scenarios | 4.80
Compare and contrast alternative renal replacement therapies | 4.78
Discuss the transplant process from referral to follow-up | 4.79
Recognize evidence and approaches in treating low albumin in dialysis patients | 4.76
List ways of preventing burnout among dialysis facility staff | 4.89

Figure 18. List of 2012 Annual Network Council Meeting Evaluation Results

Other Professional Workshops / Presentations

- Feb. 21 – Workshop on *Central Venous Occlusion (CVO) Repair and Hemodialysis Reliable Outflow (HeRO) Device* sponsored by Memphis Area Fistula First Coalition.
- Feb. 22 – Dinner Meeting on Central Venous Occlusion (CVO) Repair and Hemodialysis Reliable Outflow (HeRO) device sponsored by Memphis Area Fistula First Coalition for Memphis physicians.
- May 2 – “*We Can*” Vascular Access Cannulation Workshop; Cleveland, Miss.
- May 3 – “*We Can*” Vascular Access Cannulation Workshop; Memphis, Tenn.
- July 25 – *Assessment, Management, and Cannulation of the Dialysis Vascular Access*. The cannulation workshops originated in Knoxville, Tenn. and were teleconferenced to Memphis, Nashville and the Tri-Cities area. They were sponsored by the Tennessee Kidney Foundation, Network 8 and QSource.
- July 26 – *Assessment, Management, and Cannulation of the Dialysis Vascular Access*. The cannulation workshops originated in Knoxville, Tenn. and were teleconferenced to...
Memphis, Nashville and the Tri-Cities area. They were sponsored by the Tennessee Kidney Foundation, Network 8 and QSource.

- Sep. 6 – *Peripheral Arterial Disease in the Chronic Kidney Disease Patient*, sponsored by MAFFC

### 5-Diamond Patient Safety Program

Network 8 continues to support the efforts of each dialysis facility to incorporate patient safety into their organizational culture. The 5-Diamond Patient Safety Program was introduced in October 2009 at the annual network meeting in Birmingham, Ala. The program is designed to help dialysis facilities better implement patient safety principles among both staff and patients.

This voluntary, self-paced program is designed so that each dialysis facility that completes one module and submits documentation to Network 8 (i.e., write-up about how they implemented the module and the outcome achieved) will receive one “diamond,” with a maximum of five diamonds awarded to a facility. All participating facilities that receive diamonds were recognized as follows:

**1-, 2-, 3- and 4-Diamond Facilities**

- Facility accomplishment write-up in *Network News* newsletter
- Facility recognized on the Network 8 website

**5-Diamond Facilities**

- Facility accomplishment write-up in *Network News* newsletter
- Facility recognized on the Networks 8 website
- Special recognition at the next NWC annual meeting
- Two paid registrations for the NWC annual meeting
- Letter of recognition from the board chair
- Plaque to display in their facility

As of December 2012, 37 network facilities had achieved 5-Diamond status, two facilities had achieved 4-Diamond status, one had achieved 3-Diamond status, two had achieved 2-Diamond status and five had achieved 1-Diamond status. Twelve facilities had achieved the 5-Diamond status by October annual meeting. They received two paid registrations and were at the meeting to receive their recognition.

Facilities participating in the 5-Diamond Safety Program must submit an application to Network 8 before beginning the program. The facility must complete the mandatory Patient Safety Principles module first and then additional modules in any order. There is no charge to participate and facilities can complete as many or few modules as desired. Completion of at least one module is required to be recognized.
Program Modules:

- Patient Safety Principles (Mandatory and must be completed first by all participants).
- Decreasing Patient & Provider Conflict
- Emergency Preparedness
- Influenza Vaccination
- Hand Hygiene (Infection Control)
- Health Literacy
- Medication Reconciliation
- Missed Treatments
- Patient Self-Managed Care
- Sharps Safety
- Slips, Trips & Falls
- Stenosis Monitoring
- Transplantation
- Communication (new in 2012)
- Constant Site Cannulation (new in 2012)

The 5-Diamond Safety Program was collaboratively developed by the Mid-Atlantic Renal Coalition (MARC) and the ESRD Network of New England and is endorsed by the Renal Physicians Association (RPA) and the American Nephrology Nurse’ Association (ANNA).

Network 8 Website

Network 8 maintains a website, www.esrdnetwork8.org, for the ESRD community. It includes five “content channels” or broad target areas, to create a more enhanced viewing capability. The five content channels are:

- News
- Patients
- Providers
- About Us
- Emergency Preparedness

The News “channel” is updated and viewed most frequently.
The Providers “channel” includes Quality Improvement, Data Management, Professionals Newsletter, and Annual Reports and Data Tables.
The Patients “Channel” includes a Patients Services Overview, Patient Educational Resources, Grievance Information and Patient Newsletters.
The top 10 downloads during the last quarter of 2012 were:

- 2011 Annual Report
- 2011 Annual Report Data Tables
- Kidney modality booklet
- 5-Diamond Overview
- Disaster brochure (NKF)
- Network 8 Annual Meeting Brochure
- Conditions for Coverage (Interpretive Guidelines)
- CMS Patient Disaster Manual
- Spring 2012 Professional Newsletter
- CDC Guidelines – Preventing Catheter Infections
Emergency Preparedness

Network 8 continues to actively work to educate and inform patients and providers about disaster preparedness.

- The CMS patient handbook *Preparing for Emergencies: A Guide for People on Dialysis* is included in the New Patient Packet and is mailed to directly to all new patients’ homes. CMS is currently out of the booklet and Network 8 has had to refer many requests for the booklet to the Network 8 website. Requests for the KCER lavender patient ID cards continue to come in. They are filled upon request and Network 8 is linked to the KCER website.

- The CMS facility manual, along with the CMS patient handbook and the Network 8 facility manual continue to be included in the Network 8 New Facility Packet along with the Network 8-produced disaster poster.

- Network 8 staff and providers participated in the Great Central U.S. Shakeout Feb. 7 – 8, 2012. Information about the Shakeout was sent to Network 8 providers on Jan. 13 and a reminder was sent Feb. 23. Approximately 28 network providers participated in the drill, and, interestingly, dialysis facilities comprised the majority of all medical/healthcare providers taking part in the drill.

- The Birmingham, Ala. area once again had to deal with tornadoes on January 23 as several storms came through the area. The DaVita Center Point unit was closed for two days dealing with electrical issues, but luckily no structural damage. Patients were accommodated at sister facilities in the area until they were able to go back to their unit.

- Network 8 staff participated in local calls with KCER, other affected networks and Large Dialysis Organization (LDOs) during the tornadoes in January.

- On May 18 the CEC requested the disaster preparedness plans from all independent facilities in the East Tennessee Region. At the end of June, all of the plans had been received. The CEC and QIN reviewed the plans against the Network 8 Emergency Preparedness Needs Assessment. Recommendations were made and sent to the facilities on an “as needed” basis.

- Network 8 staff members worked intensively with KCER and network providers in preparation for and in response to Hurricane Isaac. An e-mail was sent to providers on August 24 reminding them to be ready for the hurricane. Another was sent August 27 giving them resources. There were 15 facilities in Alabama and 24 facilities in Mississippi that were impacted in some way by the storm. Many of these planned closings and rearranged schedules in anticipation of the storm, although some of these actually never had to close. Two units in Mississippi were closed for a short while due to power outages.

- Network 8 took part in all of the KCER calls that were scheduled during the hurricane, including the wrap-up call on September 19.

- The Mississippi Department of Health participated in the KCER calls and in follow-up communications with Network 8. At MDH’s request, Network 8 attended a meeting with

Network 8, Inc.
CMS Contract Number HHSM-500-2010-NW008C
2012 Annual Report
other agencies to discuss best practices for assuring the safety of citizens during emergencies.

- Network 8 staff participated in the Earthquake Drill October 19. The October drill was a KCER-supported activity and Network 8 submitted pre- and post-evaluations.
- The CEC attended a meeting of the Mississippi Pandemic Workgroup June 6, 2012.
- The CEC reviewed materials (but was unable to attend) a meeting of the Mississippi Pandemic Committee Nov. 1, 2012 in Jackson, Miss.
- Network 8 staff attended a meeting of the Mississippi ESF-8 team Dec. 5.
- Network 8 undertook several initiatives to prepare its facilities for possible emergencies:
  - Sep. 16 – 22 was designated (by the Patient Assistance Team) as Disaster Preparedness Week for Dialysis Patients. The materials were sent to network providers Sep. 17. Information about two webinars on Emergency Preparedness was included, one for patients and one for professionals. Both webinars took place Sep. 25.
  - Information on Emergency Preparedness was included in the packets for all seven patient meetings in 2012.
  - Network 8 exhibited at the John D. Bower Renal Update Symposium August 9 – 11. KCER materials were distributed at the booth.
  - KCER had an exhibit at the Network 8 annual meeting October 3 – 5 in Birmingham, Ala. and their representative staffed the booth during exhibit hours. Information was given to all meeting attendees.
- The CEC continued to co-chair the Patient Assistance group of KCER, which meets regularly on the second Tuesday of each month through April 2012. At that time a new chair was named. The CEC continued as a member of the committee and was able to attend most of the calls.
- In addition to attendance on the Patient Assistance Group calls, the CEC is a member of the Pandemic/Infectious Disease workgroup which meets on an “as needed” basis.
- Network 8 staff was asked and participated in a panel at the KCER summit in Baltimore on Dec. 12. The panel included networks that had been involved in both Hurricane Isaac and in Super Storm Sandy and offered best practices to attendees.
- The Network 8 website contains information on disaster preparedness for patients and facility staff and is separated into three categories:
  - Patients
  - Providers
  - Pandemic Information

Resources can be downloaded and accessed from the web, and these include:

- *Preparing for Emergencies: A Guide for People on Dialysis*
- Emergency preparedness patient ID cards
- Transplant Recipients and Dialysis Patient assistance links
o Toll-Free phone numbers for Networks and Large Dialysis Organizations (LDOs)
o Link to Kidney Community Emergency Response Coalition (KCER)
o Link to dialysis units.com to find the open/closed status of facilities

Network 8 continued in 2012 to use various methods and marketing strategies to improve patient independence, quality of life and rehabilitation. This is done by empowering the patient to be the center of their health care team and involving them in the entire kidney disease experience, which includes the following:

- Transplantation,
- Use of self-care modalities (peritoneal, home hemodialysis)
- In-center self-care, as medically appropriate,
- Education on diet, exercise, rehabilitation and end of life support

Patient meetings, newsletters, posters, mailings and the website were used to promote these therapies.

Network 8 staff spoke at patient and professional meetings, wrote articles for other publications, and worked with other organizations such as AAKP and NKF to reach larger audiences. Lessons learned from the PAC were incorporated, using their experiences as a way to reach other patients as peer mentors. The PAC also provided input into the education plan and into the new 2013 Scope of Work (SOW), using their experiences as a basis for reaching more patients.
**CMS Goal # 3: Improve Patient Perception of Care and Experience of Care, and Resolve Patients’ Complaints and Grievances.**

**Patient Advisory Committee (PAC)**

Network 8 continues to have three separate patient councils – one in each state – that include patient representatives from each dialysis facility. These patient representatives are encouraged to attend the educational seminars in their area and bring back resources to their fellow patients. Total attendees at state meetings were 266 in Alabama, 410 in Mississippi and 62 in Tennessee. The chair of each state council serves as a member of the Patient Advisory Committee (PAC).

The PAC is currently comprised of 10 members (it can have up to 11), representing in-center hemodialysis, patients with prior peritoneal dialysis experience, home hemodialysis and transplantation. Two members are appointed by the BOD, one by the MRB, three are state council chairs and there four at-large members. The PAC met once by conference call and hosted two face-to-face meeting in 2012. It continued to provide input, as needed via e-mail and mailings, on newsletters, *Why to Comply?, Patient Tips for Healthy Living* and patient meetings.

The first conference call was March 6. Eight of the 10 members were present. Discussion centered on patient involvement in Network 8 activities as defined in the new SOW. The PAC then discussed how to get patients more involved in both their own care and in Network 8 activities. The PAC has decided to work to reinvigorate the patient representatives at the facility level and get them involved in leading activities in their facilities such as support groups and peer counseling.

The first face-to-face meeting took place June 21 at the Wynfrey Hotel in Birmingham, Ala. Eight of the 10 members were in attendance along with two Network 8 staff members and five guests. Guidance was given for the next six months of the SOW. Staff will be working to identify a patient representative for each facility in the network (current rate is 58%), and then find innovative ways to have the patient representative become more active at the facility level including the formation of local support groups.

The PAC members also discussed current projects. *Patient Tips for Healthy Living* and *Why to Comply?*, which continue to be popular with facility staff and patients. Binders containing all of the previous editions of the documents were given to all of the attendees. The attendees were very impressed with the collection of materials and were asked again if they were receiving the documents. As before, some of the patients reported that they were not getting the materials. *Why to Comply?* is being sent to social workers and *Patient Tips for Healthy Living* goes to dietitians to hand out to patients. This led to a discussion of starting an e-mail group so materials can be sent directly to patients. Members were very excited about this possibility. The group was told that Network 8 staff has begun collecting e-mails from the last newsletter and at the Biloxi, Miss. patient meeting. Network 8 will continue to use these venues to collect e-mails and...
as it updates the patient representatives list, and will also ask for e-mail addresses from this group.

The Patient Services Director (PSD) then asked the group for comments and ideas on the next editions of the fact sheets. She showed the group some materials from another network, which highlight a patient giving advice to other patients, and suggested that this could work well with *Why to Comply?* The PAC was very receptive of the idea with the PAC chair volunteering to write about the dangers of missing treatments and another member agreeing to write about lab values. The group discussed the idea of discontinuing the *Why to Comply?* when all topics have been covered.

The PSD also asked the PAC for ideas for future editions of *Patient Tips for Healthy Living*. Suggestions from the PAC included tips for staying healthy, including exercise and working for yourself, and the satisfaction of volunteering, which will increase self-worth and emotional health. The group suggested adding inspirational quotes and encouraging self-care and adding ideas for low impact exercises that can involve physically-challenged patients that are inexpensive and simple to do. *Patient Tips for Healthy Living* will be continued into the new contract in January. The group was shown how well their projects have been embraced by other networks. The *Because You Count* DVD was close captioned in Spanish by the Texas Network and sent to all networks, and the *Why to Comply?* and *Patient Tips for Healthy Living* have both been used by numerous other networks.

The second face-to-face meeting was Oct. 3, 2012 at the Wynfrey Hotel in Birmingham, Ala. in conjunction the Network 8 annual meeting. Nine members, four Network 8 staff members and three guests were in attendance. The first items for discussion were the current projects, *Patient Tips for Healthy Living* and *Why to Comply*? Note: This is the 7th edition of *Why to Comply*? and the 9th edition of *Patient Tips for Healthy Living*. The *Why to Comply*? articles, written by three PAC members in the current 7th edition, were reviewed and very well received. These articles have also generated great feedback from facilities and clinics. The current articles for *Patient Tips for Healthy Living* are focused on exercise and healthy recipes for dialysis patients. These were reviewed by members (along with the dietitian review panel) and deemed very important for the well-being of dialysis patients.

The PSD discussed articles for the next edition of *Why to Comply*? and the group agreed to concentrate on the topic Benefits of Full Treatment. For the next edition, three more PAC members volunteered to write the articles. Ideas for the next edition of *Patient Tips for Healthy Living* were also discussed. The members agreed on topics such as The Need and Importance of Volunteering, Self-Worth and Inspirational Quotes from Patients. The PSD told the group that other networks have been using Network 8 literature and articles and Network 8 has received very positive feedback from everyone, including clinics and patients.

Discussion then turned, again, to increasing the number of facility patient representatives. The need for facilities to either know who their representative is and/or to select a patient representative was discussed. The decision was made to send the information on patient
representatives and the resources on how to pick a patient representative to all facilities within the coming months.

The CEC asked that members spend some time at home reviewing the new *Your Role as a Patient Representative* manual and to give her their feedback as soon as possible. Additional resources have been added to the manual, which should be helpful in giving the patient representatives a good support system. The need to get patient representatives in place and for the patient representatives and facilities to start and be actively involved in patient support groups was discussed. It was agreed that a resource packet be developed and sent to each facility social worker and patient representative.

The group discussed the upcoming SOW and the Learning and Action Networks (LANs) that will begin in January. They will be comprised of 10 patients. The CEC discussed the need to talk to other networks to see how the PACs were going to fit into the LANs and how the two groups would be working together and separately.

**DPC and Professionalism Presentations**

The PSD continued to utilize the decreasing Dialysis Patient-Provider Conflict (DPC) program in 2012. Network 8 provided facility staff training presentations for units where difficult patient issues have occurred. The PSD also encouraged and applied DPC techniques when addressing facility concerns and patient complaint calls. The DPC program is posted on the Network 8 website and facilities are encouraged to review the information.

Numerous facilities were provided with DPC presentations and the DPC toolkit to utilize in staff training. The QID and QI nurse presented on *Keys to Conflict Resolution* for an independent dialysis facility. This presentation utilized the principles of DPC to address conflict and difficult patient situations.

**Scope of Patient Concerns**

Figure 19 provides a historical overview of the contacts that were received in the Network 8 office over a five-year span (2008-2012). The contacts were classified according to the definitions and coding by CMS, which are listed below.
**Figure 19. Contact Summary, 2007-2012**

**Complaints and Grievances**

Grievances are requests for a formal investigation of a serious complaint involving a facility, physician or other provider (quality of care issue). Complaints are requests for assistance on behalf of an ESRD patient regarding concerns about ESRD issues including, but not limited to, care or treatment. This could include mediation activities. Beneficiary Inquiry is a request for information, advice, referral or educational material that does not require problem resolution. Facility concerns are requests (from staff) for guidance or advice/assistance in handling difficult issues that are patient related (clinical or behavioral). Facility Inquiry is a request (from staff) for information, advice, referral or educational material that doesn’t require problem resolution.

In 2012, the Network 8 staff received and processed 574 patient-related contacts ranging from beneficiary complaints to simple requests for educational materials.

Network 8 actively promoted its role and used newsletters, workshops, professional publications and the website to instruct patients on how to file a complaint or grievance. Network 8 strives to maintain an effective method for evaluating and resolving patient complaints and grievances. It has a written grievance policy that was revised in 2010 and follows the procedures outlined in the ESRD manual. Providers are expected to post their own grievance procedures along with a description of how patients may access Network 8’s grievance mechanism.

A copy of the grievance procedure is posted on the Network 8 website and a copy of the grievance policy is also included in information given out at patient meetings. The process is reviewed at the meetings and the participants are asked if they understand the grievance procedure. In Mississippi, 83% of the respondents at the Biloxi meeting stated they understood the procedure and 94% at the Jackson meeting felt the same. In Tennessee 95% stated they understood the procedure. In Alabama, 97% of the respondents at the Birmingham meeting stated they understood the procedure, 96% of the respondents at the Huntsville meeting and 88% at the Montgomery meeting felt the same.
Network 8 staff gives an overview of the grievance policy to patients, family members and providers when communicating with them regarding a complaint. In 2012 patients were asked to complete a telephone evaluation regarding the assistance provided by Network 8 in resolving their complaint. Network 8 also provides technical assistance to facilities that are experiencing problems with difficult patients.

Due to the increase in number of facility staff contacting Network 8 with difficult patients, the PSD continues to encourage all facilities to contact the Network 8 in the beginning phases of working with a difficult patient in order to limit involuntary discharges. When the PSD was contacted, she offered appropriate interventions for the facility to utilize when working with the patient as opposed to discharging the patient. The PSD contacted the facility and monitored the patient’s behavior for 90 days to determine if there was an improvement in patient behavior. If there was no improvement, the PSD offered alternate interventions.

Formal Grievance

During 2012, Network 8 did not receive any grievances requiring formal investigation. Staff was able to meet the needs or concerns of callers and avoid the necessity for formal grievance activity, however, patients are given the option.

Involuntary Discharges

In the rare instances when a patient is involuntarily discharged from a facility, Network 8 ensures the facility provides the necessary information. All facility administrators, nurse managers and social workers were sent the involuntary discharge packet from the PSD. Since the new Conditions for Coverage in October 2008, Network 8 has required documentation for all involuntary discharges and the packet serves as a guide for facilities in providing the appropriate and complete information.

Network 8 has a tracking system for the involuntary discharges that have been averted due to its intervention. Due to facilities being required to notify Network 8 prior to providing the patient with a 30-day notice, efforts are made to avert the discharge during the initial phone call. The PSD discusses alternate interventions and reviews the conditions for coverage with the facility and ensures all efforts of working with the patient have been attempted and the discharge is the last resort. Network 8 was successful in averting 28 involuntary discharges in 2012. The involuntary discharge packet states for the facility to notify the state survey agency of the discharge. Additionally, the PSD sends each state survey agency a list of involuntary discharges in their respective states each quarter.

Involuntarily discharged patients that have not been placed in a new unit or have not contacted Network 8 are sent a letter to contact Network 8 for assistance with resources. Network 8 reviewed involuntary discharges to look for patterns by states, race, gender, dialysis corporation and whether the patient was placed in another facility. Figures 20-22 provide data regarding involuntary discharges in the network.
### Involuntary Discharges by State

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>13</td>
<td>40%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>14</td>
<td>44%</td>
</tr>
</tbody>
</table>

Figure 20. Involuntary Discharges by State

### Primary Cause of Involuntary Discharge

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruptive/Abusive Behavior (30-day notice)</td>
<td>8</td>
<td>25%</td>
</tr>
<tr>
<td>Immediate Discharge Due to Severe Threat</td>
<td>17</td>
<td>53%</td>
</tr>
<tr>
<td>Lack of Payment</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Physician Discharge from Services</td>
<td>4</td>
<td>13%</td>
</tr>
</tbody>
</table>

Figure 21. Primary Cause of Involuntary Discharge

### Patient Placement After Involuntary Discharge

<table>
<thead>
<tr>
<th>Placement</th>
<th>Number</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Unit</td>
<td>22</td>
<td>69%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>10</td>
<td>31%</td>
</tr>
</tbody>
</table>

Figure 22. Patient Placement After Involuntary Discharge
Facility Concerns

As reflected by the Figure 23 below, there were 315 facility concerns in 2012.

Figure 23. Facility Concerns in 2012

The concerns are categorized as follows: 94 calls for disruptive patient behavior, 71 calls related to noncompliance, 63 calls related to patient discharge/transfer (usually requesting information for involuntary discharge), and 29 calls for technical assistance. Smaller categories included treatment-related/quality of care, abusive behavior, staff-related, reimbursement/financial, and requests for information. The number of facility concerns increased slightly from 2011 and the majority of the concerns continue to be from facility staff seeking guidance and assistance with difficult patient situations.

When noncompliance is the issue, Network 8 advocates for the patient’s right to self-determination and discusses methods of educating the patients to ensure they understand the consequences of this behavior. The facility is educated on methods to manage the behavior such as involving the patient’s support system, evaluating for depression and other psychosocial barriers to the patient attending treatment, and reassigning the patient to a later shift and delaying machine set-up until the patient arrives.
For facilities that were at capacity and stated patients waiting to be admitted to the unit, they were asked to not give the patient an assigned shift but to allow the patient to call when treatment was needed. The facility would then inform the patient when a treatment slot was available. The facilities were reminded that noncompliance is not a reason for discharge as stated in the Conditions for Coverage.

**Beneficiary Complaints**

As shown in Figure 24, 73 beneficiary complaints were received during 2012. Twenty-eight were staff-related, 26 were treatment-related/quality of care issues, seven were patient discharge/transfer, six were physical environment, three were professional ethics, two were requests for technical assistance, and one was disruptive. Of the 73 complaints, 67 were resolved or closed and six were referred to state agencies.

![Figure 24. 2012 Beneficiary Complaints](image)

Many of the staff-related calls involved dealing with inadequately trained staff, staff attitudes and inappropriate comments made by the staff. In such situations, Network 8 has required management to conduct staff training on DPC, professionalism, and effectively communicating
with patients. Many of the quality of care calls were concerning not receiving adequate care at the facility, treatment modalities, vascular access issues, and medications.

Several calls were in response to changes in facility policies such as operating times, shift changes, allowing family members in treatment areas and eating while on the machines. In most policy change issues, communication, or lack thereof, is the problem as the patients don’t feel that they have been given enough notice or enough input into making the change. In those cases, Network 8 advises the facility to provide the patients with written notice and allow the patients the opportunity to prepare for the changes. In most cases, beneficiary complaints focused on issues in which Network 8 was able to mediate between patient and staff. During the initial phone call the patient is informed of the role of Network 8 and methods it can utilize to assist with resolving their complaints.

**Beneficiary Inquiries**

Network 8 received 17 beneficiary inquiries in 2012. Many of the beneficiary calls during 2012 focused on technical assistance, questions about transfers and discharges, general information regarding their treatments and the care they receive, and other ESRD services. Other calls focused on methods of obtaining secondary insurance coverage, transplantation and the process of getting on a list, etc. Post-transplant questions centered on patients asking for ways to get help to pay for medications after they are no longer eligible for Medicare and cannot afford insurance coverage.

There were several calls to Network 8 from CKD patients wanting to learn more about dialysis. Many of these calls were from Stage 4 and Stage 5 patients regarding when Medicare becomes effective and how they can pay for their treatment prior to the effective date. Network 8 took the opportunity to educate patients about the benefits of home therapies, sent them educational materials, and referred them to the Dialysis Facility Compare (DFC) website. Network 8 also talked provided information about the benefits of working, how that would work best with home therapies, and how working can help with financial issues.

**Facility Inquiries**

In total, Network 8 received 109 facility inquires in 2012. Most of the facility inquiries this year were requests for information, technical assistance, and the Network 8-produced booklet, *Understanding Kidney Failure and Selecting a Treatment Modality*. Several calls were for the CMS handbook on emergency preparedness and the patient disaster handbook. The technical assistance included answering questions about the Conditions for Coverage, payment and eligibility for Medicare and Medicare Part D, transportation issues, transplantation, end of life resources, and other clinical issues.

Many facilities contacted Network 8 regarding the Conditions for Coverage to ensure they were taking all the necessary steps when working with patients. Network 8 also was contacted for information about behavioral agreements and asked when they were appropriate tools to use.
Network 8 took this as an opportunity to discuss the correct method of implementing agreements, providing them with sample agreements and a guide to implementation. There was a significant increase in calls from physicians regarding the appropriateness of discontinuing care for a patient or refusing to accept a patient due to noncompliance.

Acute care hospitals contacted Network 8 to provide technical assistance, including trying to place dialysis patients who were showing up for treatment in their emergency rooms. Most of these patients had been involuntary discharged from their previous units. Additional calls were received from hospitals and family members of tracheotomy and ventilator patients who were unable to find a dialysis facility that would admit them. Many of these calls were referred to the appropriate agencies.

**Site Visits**

No site visits due to patient complaints were conducted by Network 8 in 2012. All complaints were successfully closed or resolved through telephone communication and letters, when appropriate. Many of the resolutions included the facility providing staff training or submitting an improvement plan to Network 8 and successfully implementing it within the facility. Network 8 would remain in contact with those facilities until the actions in the improvement plan were complete.

**SUMMARY**

Network 8 continued to utilize and implement a variety of activities in 2012 to improve patient perception of care and experience. The *I Count* campaign developed with the input of the PAC and the distribution of the *Because You Count* DVD for patients discussing their rights and responsibilities. *Patient Tips for Healthy Living* and *Why to Comply?* have been well received well by patients and improved their experience of care.

Additionally, Network 8 continued to provide facility staff with information about DPC and professionalism training in order to reduce patient/provider conflict and to decrease the number of patient complaints and involuntary discharges. It has assisted facilities with behavioral agreements and utilizing them as a positive experience for the patients. By offering interventions and conducting follow-up calls on patients with disruptive/abusive behaviors, Network 8 has been able to assist facilities with implementing interventions and decrease involuntary discharges.
CMS GOAL # 4: IMPROVE COLLABORATION WITH PROVIDERS AND FACILITIES TO ENSURE ACHIEVEMENT OF GOALS 1 THROUGH 3 THROUGH THE MOST EFFICIENT AND EFFECTIVE MEANS POSSIBLE, WITH RECOGNITION OF THE DIFFERENCES AMONG PROVIDERS (INDEPENDENT, HOSPITAL-BASED, MEMBER OF A GROUP, AFFILIATE OF AN ORGANIZATION, ETC.) AND THE ASSOCIATED POSSIBILITIES/CAPABILITIES.

Memphis Area Fistula First Coalition

Established in 2005, the Memphis Area Fistula First Coalition (“Coalition”) continued its work in 2012 to improve AVF rates in an area that once had one of the lowest AVF rates (prevalent patients) in the Network 8 region. The network region has made excellent progress since the formation of the Coalition. The current vision and mission statements were revised in November 2009:

- **Vision:** All people with CKD will receive early diagnosis, education and treatment to delay or avoid the need for dialysis. Those choosing hemodialysis will be offered an evaluation for placement of AV fistula.
- **Mission:** The Memphis Area Fistula First Coalition (MAFFC) will strive to form effective partnerships, share prevention goals and will enhance community efforts to delay or prevent the onset of end stage renal disease. For those who do progress to end stage, MAFFC will promote: patient education and empowerment to avoid inferior access types; process changes in care transitions to maximize the opportunity for fistula creation in individuals requiring hemodialysis; referral networks based on evidence-based outcomes; participation by nephrologists and surgeons in Fistula First goals; and, active identification and reduction of barriers where feasible.

A new long-term goal was set in February 2010 after the previous goal had been met. The new goal for fistula prevalence was met in November 2011 when it was also decided to lower the previous goal for incident fistulas from 60% to 40%. The current goal is:

- **Long-term goal:** Achieve a fistula prevalence rate of 60% and a fistula incidence rate of 40% in Memphis by 2012.

**Coalition partners:**

Coalition members include Memphis-area hospitals, dialysis providers, nephrologists, QSource, ANNA Memphis Blues Chapter, NKF of West Tennessee, Amedisys Home Health, Vascular Access Centers, University Vascular Access Center and Interventional Nephrologist Specialist Access Centers.

Currently there are two workgroups within the Coalition. The workgroups are Patient Self-Management and Professional Education. The workgroups have set the following goals:
The goals of the Patient Self-Management workgroup are:

1. To provide educational opportunities to patients and caregivers to promote self-cannulation and other self-management principles.
2. To develop materials and facilitate educational opportunities with Memphis-area facilities to increase the percentage of self-care patient in these units.

The goals of the Professional Education workgroup are:

1. To work with area hospitals to modify systems to detect CKD and promote AV fistula planning and placement as stated in the FFBI Change Concept #12.
2. To provide ongoing educational opportunities related to vascular access management to the Memphis-area professionals.

Working with Coalition partners, the following activities occurred during 2012:

- The first quarterly Coalition meeting of 2012 took place Feb. 21 at the new QSource office in Memphis, Tenn. with 14 members in attendance. Discussion centered on the strides made by the Coalition in meeting the 2012 prevalence goal. There also was discussion that the incidence goal, which was set to match the prevalence goal, was set too high. The group looked at data showing that Memphis trails the rest of Tennessee in incidence of fistulas and voted to reset the goal from 60% to 40% by the end of 2012. Currently the rate is approximately 20% for Memphis, but closer to 37% for the state of Tennessee. The group then discussed ways of raising the rate including looking back at previous time lines to see what has worked in the past.

- A workshop on Central Venous Occlusion (CVO) Repair and Hemodialysis Reliable Outflow (HeRO) Device also took place Feb. 21. The 61 attendees received 2.25 CEs and the evaluations were excellent. The objective, “The material presented was relevant to my current practice,” received a 4.88 out of 5.0 rating and the presenters, Dr. Jorge Salazar and Dr. Eric Gardner also received excellent evaluations, with Dr. Salazar receiving 4.94 and Dr. Gardner 4.93 out of 5.0 on “knowledge of subject matter.”

- The Coalition membership offered a repeat of the lecture the evening of Feb. 22 with Lesley Dinwiddie of Hemosphere joining Dr. Gardner for his part of the presentation and Dr. Salazar offering his part again. The dinner presentation was offered to area surgeons and nephrologists and approximately 12 attended. Network 8 sent information to all of the medical directors in the Memphis area about the lecture.

- The Memphis Blue Chapter of ANNA, a coalition member, hosted a diabetes webinar following the Feb. 21 Coalition meeting. It was approved for 1.5 CEs and approximately 20 people participated. Network 8 sent information about the webinar to Coalition members and also to area nurses.
• The next meeting of the Memphis Blues Chapter of ANNA was March 13. The meeting was on *Complications of Vascular Access* and was at the University Vascular Access Center. Coalition member, Heidi Herndon presented to the group, who received 2.25 CEs for attending. Information on the meeting was sent to all Coalition members and all Memphis-area facilities Feb. 28.

• The Professional Education workgroup met by conference call March 26, 2012 with six members participating in the call. Discussion centered around increasing incident fistula rates including increasing physician involvement and the two upcoming cannulation workshop that took place May 2 in Cleveland, Miss. and May 3 in Memphis, Tenn.

• The Patient Self-Management workgroup met by conference call March 27, 2012 with six members participating. Discussion centered around work on a virtual toolkit to house the items that might eventually be distributed on a DVD and the feasibility of increasing patient attendance at patient workshops.

• A “We Can” *Vascular Access Cannulation Workshop* took place in Cleveland, Miss. May 2. The workshop was sponsored by Vascular Access Centers and the MAFFC. Network 8 sent brochures out to Mississippi facilities. Approximately five people attended and Brian LaMendola presented. No evaluation information has been received.

• A “We Can” *Vascular Access Cannulation Workshop* also took place in Memphis, Tenn. May 3. The workshop was sponsored by the MAFFC. Twenty-nine nurses and PCTs attended the workshop and Brian LaMendola was the presenter again. The evaluations were excellent with 100% of the attendees rating the question, “The information given was relevant to my current practice” as a 5.0 out of a possible 5.0.

• A Coalition meeting was held following the May 3 cannulation workshop. The meeting focused on how to remind nephrologists of the need for early referral as a way to try to increase the incident fistula rate. The group is going to work on a *QIP Fact Sheet* to give physicians a quick reminder of the quality improvement incentives that are currently in place specifically regarding fistula rate. The discussion included the possible contents of the virtual toolkit and how to link it to the Network 8 website.

• Prior to the Coalition meeting, Network 8 staff met with QSource staff to discuss ways of bringing the dialysis facilities to the table in the Care Transitions Project. Discussions initially began as a possible way to increase incident fistulas in the Memphis area – increased fistulas would equal lower re-hospitalizations. As of Dec. 31, 2012 there was no “Community” in the Memphis area. The Tennessee Communities are in the Tri-Cities area, Knoxville, Chattanooga, Columbia and Jackson. Network 8 will invite dialysis facilities to participate in the Communities, see if any opportunities arise to bring Memphis units to the table in the Jackson Community, and will invite the Memphis facilities to attend the statewide LAN meeting.
• Two administrators in the Chattanooga area were invited to attend the Chattanooga community Transitions of Care meeting which was Friday, June 15. Neither attended, although one was out of town and did express interest in attending in the future. Network 8 will continue to work with the facilities in the communities and encourage involvement. There are currently five Communities in Tennessee.

• A workshop on *Peripheral Arterial Disease in the Chronic Kidney Disease Patient* took place Sep. 6 at the QSource building in Memphis, Tenn. Dr. Jorge Salazar was the speaker. All 16 attendees strongly agreed that the presenter was knowledgeable of the subject presented and that the objectives were met.

• The Coalition meeting followed the workshop with seven members in attendance. Discussion centered on the fact sheet for physicians on the QIP and how to get fistulas placed early. The next meeting was discussed – Dec. 6 – at which time the progress made by the Coalition and the excellent work of its members will be acknowledged.

• Work continues with QSource to bring Tennessee dialysis providers to the table for the Transitions of Care Community in Jackson. Meetings took place August 2 and August 28, and one dialysis provider did attend both meetings. The CEC also attended the meeting on August 2 to participate in a community “kick-off” event and to get a better understanding of how dialysis providers would benefit from collaborating with this project. The consensus is that there is definitely a place for the dialysis community in this project.

• Network 8 partnered with the Tennessee Kidney Foundation and QSource for two cannulation workshops that took place in Tennessee July 25 and 26. The title of the workshops was, *Assessment, Management, and Cannulation of the Dialysis Vascular Access*. The workshops originated in Knoxville and were teleconferenced to Nashville, Memphis and Johnson City (Tri-Cities area). The workshops took place the afternoon of Wednesday, July 25 and then were repeated the morning of July 26. It was teleconferenced both days.

Seventy-five people attended the two days of the conference, 31 on the 25th and 44 on the 26th. Attendees received 3.25 CEs and 100% of attendees agreed that they would make practice changes (strongly agreed, agreed or somewhat agreed) as a result of this activity. The presenter, Robert Inman, RN, MSN, CNN, received excellent evaluations. Network 8 hopes to have an opportunity to repeat this activity with this presenter at a later date.

• An executive committee call took place Nov. 6 with staff from Network 8, QSource and Vascular Access Center of Memphis. At the meeting the format for the Dec. 6 meeting was discussed along with ideas for refreshments and door prizes, which VAC will supply.

• Announcement of the December 6 meeting and holiday celebration was sent to Coalition members on Nov. 7. All dialysis facility staff in the Memphis area also were invited.
Network 8 continues to work with QSource to bring dialysis providers to the table for the Transitions of Care Community in Jackson, Tenn. The group will expand into the Dyersburg and Martin areas of Tennessee and invitations were sent Nov. 27 to dialysis facility staff in those areas to encourage them to attend the Dec. 7 Northwest Community meeting taking place in Martin. Invitations also were sent Nov. 27 to dialysis providers in the Nashville and Columbia areas to attend the Transitions of Care Communities in their areas. With the new SOW, Network 8 hopes to transition the MAFFC into the Northwest Tennessee Care Transitions Project as early placement of fistulas can definitely decrease hospitalizations.

The fact sheet for physicians on the QIP and a virtual toolkit for the website on patient self-cannulation and patient self-management remain the two goals that the Coalition hopes to accomplish before the contract ends. Drafts of these two products will be shown to the membership at the next Coalition meeting.

A Coalition meeting took place December 6 at the Vascular Access Center of Memphis, Tenn. with 27 people in attendance. Discussion centered on the direction in the next SOW (Transitions of Care Community) and a look back on the accomplishments of the Coalition over the past seven years.

Kidney Community Emergency Coalition (KCER)

The CEC continued as co-chair of the Patient Assistance group of KCER through April 2012 and then continued on as a member of the group. She also continued to serve as a member of the Pandemic/Infectious Disease group. The Patient Assistance group meets regularly on the second Tuesday of each month and the Pandemic/Infectious Disease group meets as needed. The CEC also served as a member of the KCER strategic planning committee during 2012. The CEC was asked and did participate in a panel at the KCER summit in Baltimore Dec. 12. The panel included Network 8 staff who had been involved in both Hurricane Isaac and in Super Storm Sandy, and offered best practices to the attendees.

Mississippi State Emergency Response Agency

Network 8 continues to provide input into the Mississippi Department of Health’s emergency plan as it is revised each year. It also provided input into the Pandemic Plan that was developed in 2010 and is represented on the state’s Pandemic Steering Committee. A list of county Emergency Management Agencies is included in the Network 8 specific Emergency Preparedness Manual and is updated periodically. Network 8 staff also were in contact with the agency during Hurricane Isaac and provided input regarding the open/closed status of the dialysis facilities. Department of Health staff also participated in the KCER calls that took place in conjunction with Isaac. Network 8 staff members also attended a meeting of the ESF-8 group that on Dec. 5, 2012.
Additional collaborations

State Survey Agencies

Network 8 has an on-going partnership with all three state survey agencies and serves as a resource for any ESRD-related questions or concerns that surveyors may have. Additionally, it strives to keep state survey agencies apprised of intervention facilities and any quality of care concerns that have been logged. Conference calls were conducted with each state survey agency throughout 2012 to ensure open communication and to offer technical assistance to surveyors as needed.

Mississippi Kidney Foundation

The Mississippi Kidney Foundation (MKF) continues to act as a co-sponsor for the Mississippi annual patient meetings. This year the meetings were in Biloxi (April), Jackson (August) and Tupelo (November). The ED serves as a volunteer board member of the Mississippi Kidney Foundation and the PSD serves on the PAC. The ED attended the MKF’s annual meeting which was August 13.

The CEC continues to work with MKF to help conduct the Renal Evaluation and Assessment Programs (REAP) screenings. The purpose of the screenings is to identify people who have signs and symptoms of early kidney disease and encourage them to seek further evaluation and follow-up from a physician. She participated in four REAP screenings in Mississippi during 2012: Feb. 12 in Jackson where 89 patients were screened, Feb. 18 in Brookhaven where 37 participants were screened, Feb. 25 in Greenville where 78 participants were screened, and Sep. 18 in Indianola where 99 participants were screened.

Network 8 staff has offered to support and help with local initiatives as schedules permit. They have participated in awareness events such as the Kidney Walk and have helped with patient events such as the annual patient picnic and support group meetings.

Mississippi Chronic Illness Coalition

The CEC continues to serve as a member of the Mississippi Chronic Illness Coalition (MCIC), which is working to address the needs of the chronically ill within the state of Mississippi. She serves as the co-chair of the Community Awareness group. The CEC attended the Feb. 8 Mississippi Chronic Illness Coalition meeting in Jackson. The Mississippi State Department of Health’s Heart Disease and Stroke Prevention Program presented to the group. Network 8 continues to discuss and make modifications to the “Know Your Numbers” campaign for children which we hope to roll-out to all Mississippi school children. This was the only meeting in 2012 as the group was working to reorganize.
American Association of Kidney Patients

During 2012, Network 8 continued to utilize the materials produced by American Association of Kidney Patients (AAKP) for all patient meetings. Requests for information are referred to the AAKP website.

The CEC also attended the AAKP convention where Network 8/Alliant Quality had an exhibit booth. She manned the booth during exhibit hours and breaks, distributing Network 8 and CMS materials to attendees. She also participated in the convention presenting a “Lunch with the Experts” talk on What to Expect Post-Transplant.

Additionally, the CEC published an article in the September 2012 issue of the AAKP’s national magazine Renalife entitled Take Care: Get Involved in Your Care. Network 8 patient and former PAC/MRB member Dr. Paul McGinnis also was published in the September issue of the magazine. His article was entitled, Sex and Chronic Kidney Disease. He also had an article published in the November issue of Renalife entitled Straight Talk, Helpful Hints for Communicating with Your Healthcare Team.

MEI and Life Options

Network 8 continues to utilize the materials produced by MEI/Life Options, most of which can be acquired at no cost. Home Dialysis Central postcards, Life Options rehabilitation materials and Life Options Employment book were distributed at patient meetings.

National Kidney Foundation

NKF of West Tennessee is a member of the Memphis Area Fistula First Coalition and as a member, partnered on several professional seminars and Kidney Disease Awareness events.

Alabama Kidney Foundation

Network 8 continues to partner with the Alabama Kidney Foundation for the annual Alabama patient meetings. Meetings took place in Huntsville, Birmingham and Montgomery in 2012.

Tennessee Kidney Foundation

Kidney Foundation of the Greater Chattanooga Area

Network 8 partnered with the Kidney Foundation of the Greater Chattanooga area to send out information about the 21st annual Renal Symposium which was in Chattanooga March 29. The brochure and registration information about the conference was sent to all facilities in the Chattanooga area Feb. 28. Registration was limited to 200 and maximum attendance was reached.

Other Networks

- Network 5 End of Life (EOL) materials were included in packets for all patient meetings and information regarding Network 5 EOL webinars was sent to network providers.

- On Nov. 30, Network 8 staff began meeting by conference call with University of Mississippi Medical Center staff, Katrina Dinkel, Executive Director of the Heartland Kidney Network, and members of the Explore Transplant team to discuss rolling this program out at the UMMC and how Network 8 can assist with the roll-out. Explore Transplant is a packaged set of educational materials developed under a HRSA grant and UMMC has purchased the package from the Missouri non-profit that oversees the project.

  Explore Transplant training took place Feb. 16, 2012 at the University of Mississippi Medical Center for all Mississippi area facilities. Network 8 sent information about the program to Mississippi social workers, head nurses and dietitians. The conference did reach capacity with 62 people attending. The CEC and the QID participated. Another workshop was discussed for the fall (or a later date) and Network 8 has indicated interest to the Explore Transplant organization to support training in all three states over the next three years.

- The CEC continued to serve as a member of Network 9/10s TEP of the ESRD Beneficiary Focused Learning Network Special Project during 2012. A face-to-face meeting in Baltimore Jan. 18 – 20 and the CEC attended. Webinars took place April 20, May 14 and June 4 and the CEC also was able to attend those calls. The contract for the LAN was then extended through December 2012. The group has produced change packages on patient education for anemia management and modality selection and self-empowerment. They also are working to unveil a virtual library on these topics. After the contract extension, calls scheduled for Sep. 7 and again Sep. 25, 26 and 27. The CEC was able to attend all but one of the calls. Another webinar took place Nov. 14 and the CEC did attend.

CMS Meetings and Activities in 2012

- Jan. 24: The Network 8 Executive Director (ED) attended NHSN training in Atlanta, Ga. at the CDC (procedures for enrollment and submission of VA infection data).
- Jan. 25: The QID and QIN participated in *Dialysis Center Dialogues: The ESRD QIP Final Rule* webinar hosted by Spire learning and conducted by Dr. Steven Fishbane and Paula Dutka, MSN.
- Feb. 2: The ED, QID, QIA and QIN participated in the CMS-sponsored open-door call regarding the ESRD QIP.
- May 9: The PSD attended the annual PSD/CEC summit held in conjunction with the NKF Spring Clinical Meetings in Baltimore.
- Sep 10 - 12: The ED, PSD and QID attended the Forum of ESRD Networks Quality Conference in Baltimore.

**Forum of ESRD Networks**

Dr. Jerry Jackson, Network 8’s MRB chair, continued to serve as an active participant on the Forum’s Medical Advisory Committee during 2012.

**Quality Improvement Organizations**

- The CEC participates with the Mississippi QIO, IQH, on the Mississippi Chronic Illness Coalition (MCIC).
- The CEC and QIM attended the face-to-face meeting of the Mississippi QIO’s (IQH) Care Transitions LAN meeting April 18 in Jackson, Miss.
- IQH provided immunization and mammogram brochures to Network 8, which were distributed at patient meetings.
- QSource, the Tennessee QIO, continues to be an active and invaluable partner in the Memphis Area Fistula First Coalition.
- QSource was a partner in the cannulation workshops that were teleconferenced across Tennessee July 25 and 26.
- Throughout 2012 Network 8 worked with QSource to bring dialysis providers to the table for the Transitions of Care Community in Jackson, Tenn. The group will expand into the Dyersburg and Martin, Tenn. areas and invitations were sent to dialysis facility staff in those areas on Nov. 27 to encourage them to attend the Dec. 7 Northwest Community meeting which will be in Martin. Invitations also were sent Nov. 27 to dialysis providers in the Nashville and Columbia, Tenn. areas to attend the Transitions of Care Communities in their areas. Network 8 previously sent invitations to providers in the Chattanooga area. With the new SOW, Network 8 hopes to transition the MAFFC into the Northwest Tennessee Care Transitions Project as early placement of fistulas can definitely decrease hospitalizations.
University of Mississippi Medical Center

- The QID served on the planning committee and presented at Renal Update which is a professional symposium sponsored by UMC at the UMC Conference Center at the Medical Mall in Jackson, Miss. The conference took place on August 9 - 10 and Network 8 exhibited at the event.

- Network 8 has collaborated with the University of Mississippi Transplant Program to help inform Mississippi providers about the Explore Transplant Program that took place Feb. 2012.

Vascular Access Centers

- Network 8 collaborated with Vascular Access Centers for five workshops during 2012. The first two workshops, focusing on central venous occlusion and use of the HeRO device, with Drs. Eric Gardner and Jorge Salazar, were held February 21 and 22 in Memphis, Tenn.

- The next two workshops, with Brian LaMendola presenting on vascular access assessment, care and cannulation, were May 2 in Cleveland, Miss. and May 3 in Memphis, Tenn.

- The fifth collaboration, a workshop on *Peripheral Arterial Disease in the Chronic Kidney Disease Patient* was Sep. 6 at the QSource building in Memphis, Tenn. Dr. Jorge Salazar was the speaker.

SUMMARY

Network 8 partnered with a number of organizations during 2012, bringing a variety of experts together with the common goal of improving the quality of services provided for those served. Though some of these collaborations were short-term commitments, the hope is that long-term benefits will be experienced by those participating in these activities. Ongoing collaborations such as the Memphis-area Fistula First Coalition, KCER, state survey agencies, and the Mississippi State Emergency Management Agency continue to grow and strengthen as Network 8 endeavors to continually improve the quality of services it provides.
**CMS Goal # 5: Improve the Collection, Reliability, Timeliness, and Use of Data to Measure Processes of Care and Outcomes; Maintain the Patient Registry, and Support the Goals of the ESRD Network Program.**

In support of the ESRD program, Network 8 supports the provider community in its use of CROWNWeb.

To maintain the ESRD patient registry, Network 8 entered Medical Evidence Reports Medicare Entitlement and/or Patient Registration (Form 2728), ESRD Death Notification (Form 2746), and monthly patient events that are submitted by transplant and VHA facilities. Network 8 also used monthly UNOS kidney transplant reports to ensure accurate records of kidney transplants. All forms and patient data are communicated to CMS through the use of CROWNWeb.

Helping providers to maintain accurate and current data in CROWNWeb is vital to the network, and is supported by several ongoing activities, including:

- Facility monitoring activities
- Near match and multi-network or multi-facility resolution
- Annual Survey (CMS-2744) assistance and data review

The reports from CROWNWeb are used as the foundation of Network 8 to provide assistance and guidance to facilities, physicians and researchers. The goal of data collection and use is to support the needs of patients and to ensure the best patient outcomes possible.

To maintain the accuracy of patient data, CROWNWeb is compared to other CMS databases. If there was a discrepancy, the facility (primarily) or the Network is notified via Notifications and Accretions (Action List) in CROWNWeb. The facility investigates the discrepancy and makes any needed corrections or additions.

In order to validate the data in CROWNWeb, Annual Facility Surveys are completed by all Network 8 facilities. Facilities are required to compare the Form 2744 to their patient records, and make corrections, if needed. Any corrections are made in CROWNWeb to ensure that all patient data is entered and is correct.

Security of the information systems containing patient data is outlined in the Network 8 System Security Plan (SSP). The SSP is based on a detailed risk assessment.

The Business Continuity and Contingency Plan (BCCP) was revised and updated to ensure sound contingency and disaster recovery plans in the event of a disaster.
Physical security was enhanced through several additional policy enhancements. Network 8 data were backed up nightly and backup tapes are securely maintained to enable data recovery.

**CROWNWeb**

CROWNWeb is CMS-developed software that is now used by all dialysis facilities to report patient data, clinical performance measures and facility data.
IV. SANCTION RECOMMENDATIONS

Section §1881(c)(2)(G) of the Social Security Act (the Act) provides that a network shall identify facilities and providers that are not cooperating toward meeting the network goals and assist such facilities/providers in developing appropriate plans for correction. No facilities were the subject of sanction recommendations in 2012.
V. RECOMMENDATIONS FOR ADDITIONAL FACILITIES

In prior years there was very little growth in the home patient population in this region and, therefore, the growth in home training programs/facilities remained relatively static. Recent changes in the dialysis reimbursement structure have given a boost to peritoneal dialysis program, and these market forces have had a positive impact on the number of patients who are being encouraged to dialyze at home.

An unmet program need is a resource for patients who cannot be accepted into an outpatient dialysis facility because of a credible threat to the safety of others. The small number of patients in any given part of this region would not support a separate facility dedicated to this population. Hospitals become the safety net in these instances, and there are payment issues that prevent involuntarily discharged (IVD) patients from receiving regularly scheduled treatments in a hospital setting.

In many cases, the IVD patient will only be treated when he or she becomes symptomatic, and this nonstandard treatment regimen increases the odds of an early death. An ideal solution would offer safe, routinely scheduled treatments for these patients, reimburse hospitals at the substantially higher rate commensurate with the cost of providing care, and restrict conferral of this benefit to patients meeting tightly controlled criteria. Otherwise, there is the chance that this tailored solution might unintentionally incentivize overuse. Such a solution might be had in the adoption of a claims modifier that could only be used in a narrow set of conditions drawn up by an expert panel with the credentials to assess the impact of the modifier on the health care delivery systems.
VI. DATA TABLES

The data tables in this section of the report are based on patient registration and event updates entered by Network 8 facilities or their corporations into a web-based information system, CROWNWeb. The tables themselves are auto-generated from the database per CMS specifications and depict information as of Dec. 31, 2102. Reconciliation of the data continued through the second week of June 2013.

The legacy CMS patient tracking database, SIMS, was decommissioned mid-year when the new CROWNWeb information system was implemented, transferring ownership and self-management of data to facilities and their corporations. Because 2012 was a transition year, reporting variances may limit the degree to which 2012 data can be compared to prior years. Accordingly, these data should be considered provisional and may be adjusted in the future as more complete reporting is available.