

D. IMPROVE COLLABORATION WITH PROVIDERS TO ENSURE ACHIEVEMENT OF THE GOALS THROUGH THE MOST EFFICIENT AND EFFECTIVE MEANS POSSIBLE, WITH RECOGNITION OF THE DIFFERENCES AMONG PROVIDERS (E.G., INDEPENDENT, HOSPITAL-BASED, MEMBER OF A GROUP, AFFILIATE OF AN ORGANIZATION) AND THE ASSOCIATED POSSIBILITIES/CAPABILITIES

21st Annual Network of New England Educational Meeting

The annual meeting “Decisions in ESRD – Who Should be Making Them” was held in Sturbridge, MA on Thursday October 15th 2009. Topics were:

- “What’s Best for the ESRD Patient”
- “Alternatives to Conventional Hemodialysis: Nocturnal In-center, Nocturnal HHD, Short Daily HHD, PD, Transplantation or No Treatment – Which Choice for Which Patient”
- “Is KT/V Urea the Best Measure of Dialysis Adequacy”
- “Diabetic ESRD and Improving Outcomes – The Role of the Hemodialysis Unit”
- “Healthy and Innovative Nutrition for Renal Patients”
- “Interventional Nephrology: A New Look at an Old Problem”
- “Fistula First: Where do We Go From Here”
- “Safe Medication Use is Everyone’s Job”
- “Enhancing Dialysis Patient Self management Through Interdisciplinary Team Support”

There was a variety of posters from professional ESRD disciplines with a total of over 600 attendees (Table P) for the past two years. The attendees included nurses, dietitians, social workers, technicians, patients, physicians, surveyors and other healthcare personnel including 63 exhibitors.

Table P

Year:	2006	2007	2008	2009
Total Attendance:	537	554	668	670
Patient Advisory Committee	6	8	7	8
Administrators/Regional Managers (not including Nurse Managers)	6	10	10	16
Technicians	18	20	30	60
Physicians	15	10	17	16
Dietitians	37	39	56	60
Social Workers	63	64	72	89
Nurses	304	319	390	358
35 Exhibitors	72	56	70	63

Table Q: The Network of New England customer evaluation:

LOGISTICS:	2005	2006	2007	2008	2009
Survey response rate based on total attendance at each Annual Meeting	37% (N=534)	53% (465)	31% (498)	36% (591)	30% (607)
Actual number of surveys returned	195	247	153	212	185

Note: Instructed to complete customer evaluation only if they had been in contact with the Network in the past year (Table Q).

Key Findings:

- Over 95% of respondents indicated that the Network staff responded promptly and able to provide specific documents and respond to questions.
- Over 85% of respondents felt the Network was a resource for quality related topics or patient/staff issues.
- Over 90% of respondents felt the Network was a resource for statistical and ESRD related regulations.
- Over 78% of respondents had used the Decreasing Patient Provider Conflict toolkit.
- Over 90% of respondents felt the Network was a resource for dealing with disruptive patients.
- Over 84% of respondents found the Network website useful.

Dialysis Technician Educational Meeting

On April 16th and 21st 2009, Network 1 hosted an educational meeting in Portsmouth, NH and Sturbridge, MA for technicians. The purpose of the meeting was to discuss clinical issues related to the care of ESRD patients. The program was approved for 5.3 contact hours through the National Association of Nephrology Technicians/Technologists (NANT). A total of 227 technicians attended. The topics discussed were:

- “ESRD and Dialysis Treatment in the US: Scope of the Problem, Goals of Treatment and the Role of the ESRD Networks”
- “T.N.T: Technicians Tips”
- “Native AV Fistula: Assessment and Cannulation – Standard”
- “A Discussion from Both Sides of the Chair”
- “Identification and Implementation of Professional Boundaries”
- “Conquering the Technician Certification Process: Demystifying the Water System”

An optional survey sheet was also completed by the technicians with a 53% response rate (Table R).

Table R

Question	Yes	No
Was the information presented useful to your daily work:	98%	2%
Were the speakers well organized, prepared and easy to follow?	100%	-
Was the sign-up and payment process efficient?	100%	-
Would you attend another meeting like this next year?	98%	2%

When asked “how would you change your behavior?” 94% said they would be more mindful of the patient, listen more to patients, and try to be more professional with patients and other staff members. Six percent (6%) said they could change vascular access techniques.

Email/Fax Blast

In 2009 the Network of New England relayed pertinent information to providers via email/fax blasting over 32 times. This effective way of delivering information reaches all Network 1 providers in a timely fashion lessening delays of time sensitive data. Following are some topics fax/emailed by the Network:

- The Network Grievances Notice, which stressed the importance, according to the CfC, of posting information on how to file a complaint in the facilities.
- The completed revision of the Patient Services and Community section of the Network website
- Patients Rights and Patient Responsibilities posters
- Immunization materials (Hepatitis B, H1N1 etc.)
- CMS’s new payment model,
- FAQ’s related to CMS clarifications on CfC guidelines alerts reviewed from KCER
- Reminder notice to all nurse managers and administrators about Patient Assessments and Plan of Care and CMS’s rulings on the time frames for completing these plans.

Emergency Preparedness

ESRD is a life threatening condition affecting over 12,000 patients (hemodialysis and peritoneal dialysis) in the New England region in 2009, all of which necessitate unique emergency needs in the event of a major disaster. ESRD patients require either medications to prevent rejection of a transplanted kidney, or regular kidney dialysis treatments to clean their blood of toxins as frequently as three to four times a week. Missing even a few dialysis treatments (2-3 days) can result in severe complications or even death.

The availability of community resources will vary depending on the type emergency encountered, and must be considered in any disaster planning. Subsequent to past national disasters, dialysis facilities, transplant centers, patients and professional organizations, and other strategic partners involved in kidney disease recognized the need to improve planning and preparedness for major emergencies. As a result of this need, the Network of New England developed an emergency and pandemic work plan to ensure emergency operations support and coordination of activities in the event of a disaster, and to assist ESRD facilities in the Network 1 area in the development or improvement of its provider-specific emergency preparedness plan for its facility and patients.

- ***Network Business Continuity and Contingency Plan***

Network of New England maintains a Business Continuity and Contingency Plan (BCCP) document, as required by CMS. This document lists roles and responsibilities for staff at times of emergencies to the Network of New England's physical site and information technology infrastructure. It also states the name of the back-up Network (Network 9/10) that assumes responsibilities when, and if, the staff at the Network are unable to perform their duties. The BCCP is annually reviewed, updated and shared with Network staff. As required by the contract, the BCCP is submitted to CMS Project Officer.

- ***Kidney Community Emergency Response (KCER) Coalition***

In January 2006, CMS coordinated a National Disaster Summit to develop and coordinate disaster response in the ESRD community, to plan for the future, and to initiate the formation of a national coalition, "Kidney Community Emergency Response Coalition" (KCER) www.KCERcoalition.com. KCER is comprised of representatives from the renal community (patient and professional organizations, practitioners, ESRD Networks, large dialysis organizations, independent dialysis and transplant facilities, suppliers, and state survey and certification and emergency representatives, as well as CMS, FDA, CDC, and other Federal agencies), and an administrative core group from Network 7. Eight workgroups have been developed to work on individual parts of the overall plan (Patient Assistance, Communication, Facility and Patient Tracking, Federal Response, Facility Operations and Industry Supplies and Services, Coordination of Staff and Volunteers, Physician Placement and Assistance, and Pandemic Preparedness). Network of New England Staff serve on three of the eight response teams, participating in periodic conference calls, development of resource tools, mock drills and disaster assistance.

▪ ***H1N1 Influenza Outbreak of 2009***

The onset of the H1N1 influenza global outbreak in April 2009 was of major concern to the vulnerable ESRD population and in the renal community. As a result, the Network of New England participated in frequent national conference calls hosted by the Kidney Community Emergency Response (KCER) coalition to address concerns associated with the virus impact on dialysis patients and facilities. The Network also worked closely with New England Health Departments to stay current on state protocols for handling suspected H1N1 flu cases and reporting procedures. The Network proactively provided CDC and HHS alert messages, state health department information/resources and key contacts to all New England providers via email, fax blasts and routine posts on the Network website. In 2009, the Network received several calls from dialysis facilities in the New England region seeking clarification on how to handle suspected H1N1 cases in their units. Guidance was provided. By the end of 2009, 8 ESRD patients in New England tested positive for the H1N1 influenza virus, of which 7 patients recovered to full health and 1 patient expired due to additional underlying health issues and advanced age. There were no reported cases of New England dialysis facility staff members testing positive for the H1N1 virus at any time during 2009.

Donate Life Connecticut

Donate Life Connecticut (DLC) is a statewide coalition of volunteer agencies and individuals with shared interest in public education about organ and tissue donation, and increasing the number of transplanted organs and tissues, which give new life and hope to people suffering from a fatal illness or life threatening injury. This coalition is a non-profit corporation, with a 501(c)(3) tax exempt status. Activities are coordinated by a part-time Project Manager, with volunteers and agency members contributing time and in-kind resources. The Board of Directors meets quarterly via face-to-face or by conference call. Monthly membership meetings are held at the Connecticut Hospital Association. An Annual Meeting is held in June. The Network Executive Director serving as an officer on the Board of Directors in the capacity of Treasurer, while the Network Community Development Coordinator serving as a Board alternate.

In 2009 several activities and projects were successfully completed and participated by Network of New England staff through its collaboration with Donate Life Connecticut, including:

- 20th Annual High School Poster Contest
- Participated in the national Tree of Life campaign
- National Donate Life Month Celebration at CT State Capitol
- Thanks for Asking / Caring Campaign
- 1st Annual Toast to Life fundraiser
- Registered organizations and corporations for Workplace Partnership for Life
- Increased membership by from 29 members in 2008 to 32 members in 2009
- Launched new corporate website
- CT Donor registration rate reached 1 million (Table S)

**Table S: State of Connecticut
2009 Donor Designation Rate**

Month	# of Registered Organ Donors (Licensed Drivers & ID Holders)
January	967,783
February	969,606
March	970,465
April	976,829
May	978,971
June	981,655
July	984,506
August	988,137
September	992,180
October	995,039
November	999,668
December	1,001,376

Donor Designation Collaborative

The Network 1 Community Development Coordinator continues to serve as a representative of Network of New England, by participating in the National Donate Life America's Donor Designation Collaborative to help increase the number of actionable donor designations in New England. The focus of this collaborative effort is built on the successful use of the "Model for Improvement". The Donor Designation Collaborative is designed to assist regional and state-based teams in founding (establishing), fixing (improving), or filling (promoting) donor registries and tracking progress towards state and national donor designation goals. The Donor Designation Collaborative identifies and spreads best practices in the areas of measurement and analysis; effective partnerships and relationships; registry development, management and promotion; and to apply proven methods for organizational change and improvement. Through local monthly meetings and activities, and various local and national conference calls, the New England team has planned, designed, tested, implemented and measured changes in its respective states.

Forum of ESRD Networks

Network Executive Director and the Network 1 past chair currently serve on the Forum Board of Directors. During 2009, the Forum as a voting member of the National Quality Forum has commented and voted on clinical measures of importance to ESRD patients. This organization is also a member of the Kidney Care Quality Alliance. The Forum has communicated with CMS/QCSQ leadership on topics related to Networks such as Network redesign and attribution.

State Survey Agencies

Network 1 maintains a registry of state ESRD surveyors in all six New England states. Each year resource material on ESRD data and Network 1 activities are shared with the state surveyors. Consultation and information sharing on provider performance and policy issues are provided as

requested. Monthly structured conference calls with the six states are held with an agenda to share emerging issues and potential barriers to proper deployment for regulations. More frequent calls from state surveyors seeking background information prior to provider site visits are taking place.

Quality Improvement Organizations (QIO's)

In New England there are four QIOs that cover the six states. These organizations hold CMS Medicare contracts to address quality of care in several clinical settings (hospitals, nursing homes and professional offices). The Network has a working relationship with each QIO in this region. Network 1 staff has given articles and presentations to QIO customers in different settings. The sub-national CMS/CKD contract was awarded to 10 QIO's. One was to Quality Partners of Rhode Island (QPRI). This CKD effort has increased the working relationship with the RI QIO. The Network has several representatives on their CKD strategic coalition. Monthly conference calls are held with QPRI staff. The Network staff have given technical assistance to RI QIO related to data analysis on RI ESRD incident patients and comparative data profiles of RI providers.

End of Life Coalition (EOL)

This coalition was established in 2005 as one of the CMS special funded projects in 2005/2006. The funding was awarded to the Mid-Atlantic renal coalition (Network 5). The coalition continues to function due to the volunteer efforts of several professionals (www.kidneyeol.org). The mission of the coalition is to promote effective interchange between patients, families, caregiver, payers and providers in support of integrated patient centered end of life care of chronic kidney disease patients. The Network Director of the Network of New England continues to serve on the steering committee for this coalition. In September 2009, the EOL Coalition in partnership with National Hospice and Palliative Care Organization conducted a 1 ½ day program in Denver, CO. The focus was sharing information of the unique benefits of hospice for ESRD patients. ESRD pain management was also presented.

National Kidney Foundation Affiliates (NKF)

There were three NKF affiliates in New England. During 2009, the National Kidney Foundation has instituted a new organizational structure. The Maine NKF and CT NKF have become subsidiaries of the MA NKF. Both Maine and Connecticut have retained their local office and staff. The Network 1 Director serves on the Medical Advisory Board of CT NKF

Network of New England Website

All Networks are urged to maintain a website as an important way to provide community outreach and an educational resource. The Internet has become an essential part of all comprehensive communications systems for organizations seeking two-way access to their target audience. Over the past several years, the Network of New England website has been reorganized to allow for greater accessibility and downloading of data. Periodic updates and improvements to the site are done internally with the aid of technological advancements and trained staff.

Since 2007, the Network of New England has maintained a website that meets government 508 compliance regulations*. Throughout 2009, the Network site continued to be enhanced with new postings, useful links and by providing informative downloads in the following areas:

- Annual Report
- Conditions for Coverage
- CROWNWeb
- Community Partnerships
- Data Reporting Forms
- Dialysis Facility Compare (DFC)
- Emergency Preparedness
- ESRD Related Publications
- ESRD Networks
- Fistula First Initiative
- Grievance Policy
- Network Goals
- Network Meeting Information
- Network Notes Newsletter
- Network Staff Directory
- Patient Advisory Committee
- Patient Safety (5 Diamond Program)
- Patient Services and Community
- Performance Index
- Quality Improvement
- Statistical Highlights
- Vocational Rehabilitation
- What's New

* *Section 508, an amendment to the United States Workforce Rehabilitation Act of 1973, is a federal law mandating that all electronic and information technology developed, procured, maintained, or used by the federal government be accessible to people with disabilities.*

Table T illustrates the number of visits to the Network of New England website, number of pages viewed (hits) and the number of files downloaded for educational purposes during each month of 2009. It is recognized that an increase in web “traffic” occurred in the months prior to the Network Annual Educational Meeting, which takes place in October, when brochures and meeting information are posted. Also identified is an increase in downloaded files following the Annual Meeting when speaker materials are available online. Other noted peaks can be contributed to specific projects, such as the Technician’s Meeting held April of 2009 and quarterly Fistula First updates. Dips in hits and downloads have been documented during the spring and summer months for several years. There has been no definitive explanation for this occurrence other than possible shifts in the staff as a result of vacations usually taken during this time in the New England area.

Table T: 2009 Network of New England website Trends

Month	Site Visits	Hits	Downloaded Files
January	5,890	62,160	12,638
February	4,876	52,177	9,661
March	4,792	49,247	10,516
April	4,330	47,362	7,298
May	4,558	44,037	7,867
June	4,596	47,176	8,690
July	5,301	48,430	9,038
August	5,282	54,655	11,657
September	6,168	59,984	12,091
October	7,103	65,283	16,097
November	6,319	52,599	13,988
December	6,278	52,880	14,212

Source: Gamewood, Inc. ESRD Network monthly website trend reports

Achieving Network 1 Goals in Collaboration with Other Organizations

Partnerships with ESRD providers and renal professionals have taken many shapes during the past 32 years of this Network. The Patient Advisory Committee is now 11 years old and many of its members serve on different Network 1 committees. The PAC advice and viewpoint is always valued. The Connecticut Coalition of Organ and Tissue Donation (Donate Life) is 24 years in existence. The addition of a part-time program manager for Donate Life has greatly enhanced the activities and accomplishments of Donate Life Connecticut. The Network 1 annual meeting, Technician meeting and professional newsletters have become a regional tradition. Emergency coordination and regional planning continues to require identification of new partners for updating an effective plan; a challenge the Network accepts. In 2009, the CKD collaborative with RI Quality Partners has been very active with a greater sharing of data, speakers and resources.