

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

22nd Annual Network of New England Educational Meeting

The annual meeting “Turning the Tide: Challenges and Changes in the Care of the Renal Patient” was held in Sturbridge, MA on Thursday October 14th 2010. Topics were:

- “Changing Times: Aligning Quality Performance” presented by Candace Walworth, MD
- “What’s New in Renal Palliative Care?” presented by Lewis M. Cohen, MD
- “Thinking Outside the Unit: A Kidney Transplantation Update for the Dialysis Facility” presented by Joseph Vassalotti, MD
- “Biofilms in Nature and Disease” presented by William Costertoni, PhD
- “Management of Challenging Patients”
- “Vascular Access Management for the Multidisciplinary Dialysis Team and Centers of Excellence” presented by John D’Avella, MD
- “Two Years Working with the Conditions for Coverage: What Have We Learned?” presented by Deborah Ulin RN, BSN; Bernadette Drinkwine RN, BSN,CNN; Nadine Tasker RN, BSN, MSB, CNN

There were a variety of posters from professionals ESRD disciplines with a total of over 600 attendees, 35 exhibitors with 85% of Network providers represented.

Table Q: Network Annual Meeting Attendance

Year:	2006	2007	2008	2009	2010
Total Attendance:	537	554	668	670	662*
Patient Advisory Committee	6	8	7	8	10
Administrators/Regional Managers (not including Nurse Managers)	6	10	10	16	31
Technicians	18	20	30	60	94
Physicians	15	10	17	16	20
Dietitians	37	39	56	60	40
Social Workers	63	64	72	89	80
Nurses	304	319	390	358	322
Exhibitor Representatives	72	56	70	63	65

An optional customer evaluation was completed by those who only have had contact with the Network in the past year.

Table R: The Network of New England Annual Meeting Customer Evaluations:

LOGISTICS:	2005	2006	2007	2008	2009	2010
Survey response rate based on total attendance at each Annual Meeting	37%	53%	31%	36%	30%	29%
	(N=534)	(465)	(498)	(591)	(607)	(662)
Actual number of surveys returned	195	247	153	212	185	194

RESPONDENTS BY DISCIPLINE:	2005	2006	2007	2008	2009	2010
Physicians / Physician Assistants	2%	2%	2%	1%	1%	2%
Social Workers	58%	52%	42%	45%	41%	38%
Nurses	27%	24%	28%	27%	20%	22%
Dietitians	11%	9%	8%	13%	14%	16%
Administrators	1%	2%	5%	2%	1%	5%
Patients	<1%	0	<1%	0	0	0
Technicians (formerly in “other” category)	-----	-----	-----	12%	22%	12%
Other (Pharmacist(s) or <i>Non-specified attendees who completed a form, but left the category for their discipline blank</i>)	<1%	11%	14%	0	1%	5%

Key Findings:

- Over 98% of respondents indicated that the Network staff responded promptly and were able to provide specific documents and respond to questions.
- Over 94% of respondents felt the Network was a resource for quality related topics or patient/staff issues.
- Over 94% of respondents felt the Network was a resource for statistical and ESRD related regulations.
- Over 68% of respondents had used the Decreasing Patient Provider Conflict toolkit.
- Over 94% of respondents felt the Network was a resource for dealing with disruptive patients.
- Over 88% of respondents found the Network website useful.

Network of New England Technician Educational Meetings: “The Importance of Dialysis Technicians as Part of the Healthcare Team”

During April 2010, Network 1 hosted 2 educational meetings, one in Portsmouth, NH and one in Sturbridge, MA. The purpose of the meetings was to discuss clinical issues related to the care of ESRD patients. The program was approved for 5.4 contact hours through the National Association of Nephrology Technicians/Technologists (NANT). A total of 240 technicians attended. The topics discussed were:

- “Getting Through the first 90 Days on Dialysis: What Needs to be Done” presented by Candace Walworth, MD
- “AV Fistula: Assessments, Complications and Interventions” presented by Patty Ryder RN, CNN

- “Laboratory Test Results in Patient on Dialysis: What Are They Used For? What Do They Mean? Why Are They Frequently Abnormal?” presented by Douglas Shemin, MD
- “Dialysis Water 101: A Not Too Technical Guide for Water Treatment” presented by Joseph Chiarenza, Technical Trainer
- “Patient Safety: Who is Responsible in the Dialysis Unit?” presented by Jenny Kitsen

An optional survey sheet was also completed by the technicians with a 90% response rate (Table S).

Table S: The Network of New England Technician Meeting Customer Evaluations:

Question	2009		2010	
	Yes	No	Yes	No
Was the information presented useful to your daily work:	98%	2%	100%	-
Were the speakers well organized, prepared and easy to follow?	100%	-	100%	-
Was the sign-up and payment process efficient?	100%	-	100%	-
Would you attend another meeting like this next year?	98%	2%	98%	2%

When asked “how would you change your behavior?” 80% said they would be more mindful of patient safety. Five percent (5%) said they would improve the way they would evaluate vascular access, 10% said they would show more consideration for staff/patients and 5% said they would share the knowledge learned with other staff members.

Overall, for educational meetings during 2009/2010, Table S depicts the number of providers that were represented at the meetings with a range of 1-17 professionals from each facility.

Table T: Dialysis Providers Represented at Network of New England Educational Meetings 2009/2010
Range of Attendees 1-17

State	Total Providers	Annual Meeting		Technician – 2 Meetings
		Attended 2009	Attended 2010	Attended 2010
CT	39	37	36	17
ME	19	17	14	14
MA	75	71	64	37
NH	11	11	10	8
RI	15	14	12	7
VT	8	8	6	8
TOTAL	167	158	142	91

Emergency Preparedness

ESRD is a life threatening condition that affected 12,427 dialysis patients (hemodialysis and peritoneal) and approximately 8,775 patients who had a functioning kidney transplant in the New England region in 2010, 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 vary depending on the type of 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 that The Renal Network, Inc. (NW 4/9/10) will serve as the back-up Network to NW1, assuming 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 two of the eight response teams – Facility Operations and Pandemic Preparedness - participating in periodic conference calls, development of resource tools, mock drills and disaster assistance.

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 the Program Director, 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 November. The Network Executive Director serves as an officer on the Board of Directors in the capacity of Treasurer, while the Network Community Development Coordinator serves as a Board alternate.

In 2010 several activities and projects were successfully completed and participated in by Network of New England staff through its collaboration with Donate Life Connecticut, including:

- Adopting the Uniform Anatomical Gift Act (UAGA) revisions related to regulations and developments in the field of organ and tissue donation to improve the availability of transplantation - Connecticut joined 44 other states.
- Sponsoring a workshop through Transplant Speaker's International for 20 DLC volunteers to improve their level of public speaking skills so volunteers can better educate the public about the importance of organ and tissue donation through their personal stories.
- Hosting the 20th Annual High School Poster Contest, with 32 school winners selected out of 399 posters submitted. Awards were presented to students at the Annual Donate Life Month Celebration at the Connecticut State Capitol in April.
- Recruiting 18 towns in Connecticut to join the national initiative *Flags Across America* honoring local donors who chose to give the 'gift of life'. Donate Life flags raised at town halls remind citizens of the importance of organ and tissue donation.
- Participating in the 2010 Annual *Rose Parade* in Pasadena, CA with a floragraph (picture made out of flowers) of a Connecticut organ donor on the float. The *Rose Parade* serves as a memorial to organ and tissue donors and a platform for donor families, living donors and transplant recipients to inspire the world to save and heal those in need of the 'gift of life'.
- Honoring ICU nurses with the Thanks for Asking / Caring Campaigns.
- Hosting the 2nd Annual Toast to Life fundraiser.

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 bi-monthly conference calls and various local activities, the New England team has planned, designed, tested and implemented measureable changes in its respective states.

Forum of ESRD Networks

Network Executive Director and the Network 1 past chair and Network Grievance Chair currently serve on the Forum Board of Directors. During 2010, 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 National CKD Priorities, Prospective Payment System and CROWNWeb.

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 requests 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 clients in different settings. The sub-national CMS/CKD contract was awarded to 10 QIO's. One contract was to Quality Partners of Rhode Island (QPRI). This CKD effort has increased the relationship with the RI QIO. The Network has several representatives on their CKD strategic coalition. Monthly conference calls are held with PRI 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.

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. Connecticut has retained their local office and staff. The Network receives inquires from NKF staff and referrals related to patient complaints.

Network of New England Website

The usability and usefulness of information on an organization's website is only good if the site is content rich and easily navigated. The Internet has become an essential part of all comprehensive communications systems for organizations seeking two-way access to their target audience. All Networks are urged to maintain a website as an important way to provide community outreach and an educational resource. The Network of New England continues to make strides in reorganizing their website 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 2010, 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
- Kidney Chronicles Patient Newsletter
- Immunizations
- Infections
- 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
- Recall Alerts
- 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.*

Network Publication

The Network, in partnership with representatives from St. Raphael's Hospital New Haven, CT, published in the Advances in Peritoneal Dialysis Volume 26, 2011 "Trends in Chronic Peritoneal Dialysis Utilization in New England."

Network 1 Collaborative with Donated Dental Services

Since January 2010, The Network of New England has facilitated referrals to Donated Dental Services (DDS) which assists renal patients with severe dental problems. According to the Founder, DDS is a national humanitarian initiative through which 14,000 volunteer dentists assisted by 2,800 laboratories have contributed \$150 million in comprehensive therapies to 90,000 needy disabled, elderly, and medically compromised individuals in the United States.

This program is a helpful resource for patients who have exhausted every other financial option seeking needed assistance for dental work. Only the most severe patient cases are considered for these services.

The Network has collaborated with DDS to serve as a “middle man” to help the patients needing essential dental care services. The Network notified all the ESRD clinics and transplant facilities in all six states of this program by several mailings of the application and the medical triage forms. The Network does not choose which applications will be submitted to this program. The Network coordinates the application process. When the applications from the facilities are submitted, they are coded and sent to the appropriate address by state. The Network staff received many calls from providers who had questions about the Donated Dental Service and who wanted applications and the medical triage form. During 2010, 38 referral applications were submitted to DDS.

Achieving Network 1 Goals in Collaboration with Other Organizations

Partnerships with ESRD providers and renal professionals have taken many shapes during the past 33 years of this Network. The Patient Advisory Committee is now 12 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 25 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 emergency response and coordination plan. In 2010, the CKD collaborative with RI Quality Partners has been very active with a greater sharing of data, speakers and resources. The deployment of a new service for patients to receive donated dental care has been helpful in getting patients on transplant waiting lists.