The 12th Annual Network Meeting was held on September 14, 2000 at the Sheraton Hotel in Framingham, Massachusetts. The theme for the 2000 meeting was “Working As A Team In Providing Renal Care.” With a total of 521 participants, the attendees included 60% nurses, 10% renal dietitians, and 10% social workers. The remaining 30% included physicians, patients, administrators, technicians, surveyors, pharmacists, and other health care personnel. Continuing education credits were provided for each discipline. Of note is that the physicians received CMES for the first time this year. However, the physician-attendance only increased by < 1%, so providing these CMES was not cost-effective.

The keynote speaker was Rita Emmett, MS, who addressed a topic that many attendees had requested on their 1999 evaluations. The most requested topic had to do with helping staff members handle a number of stressors in their daily work environment. These stressors included staffing shortages, cost containment, patients with increase comorbidities, and a changing work ethic in general. To that end, Ms. Emmett’s presentation was entitled; “While You’re Taking Care Of Others, Who Takes Care Of You?” The Likert scale was used to evaluate the speakers (with 5 being the highest), Ms. Emmett received a 4.5.

The next speaker was Alan Kliger, MD, Chair of the Network Board of Directors and Medical Director at New Haven CAPD. Dr. Kliger discussed “Patient Safety and Medical Mistakes: Where are we in ESRD?” He familiarized attendees with the upcoming OIG Report (Office of the Inspector General), and noted that findings were pending from the OIG. Dr. Kliger also addressed the importance of accountability in the healthcare environment, especially in the End Stage Renal Disease program. His concept was an important one in the way we think of errors in healthcare. Instead of just reporting the actual sentinel events and major incidences, we need to think about reporting the “near misses”, so that we can track improvement, and learn from a “near miss”. This concept coincides more fittingly with the concepts of quality improvement.

The Network Vascular Access Quality Improvement Project Committee consisted of Amy Friedman, MD, Cecelia Meehan, RN, Douglas Mesler, MD, Candace Walworth, MD, and Helen Wander, RN. This committee presented a panel discussion on the Vascular Access Quality Improvement Project, and outlined findings and plans for intervention titled “Vascular Access – Still The Achilles Heel.” Most meeting attendees agreed that this is the number one problem in dialysis units today.
Mark Williams, MD, Medical Director for Dialysis at the Joslin Clinic discussed “Care Plan For The Renal Diabetic Patient”. Dr. Williams has an excellent background in caring for the renal diabetic patient and provided comprehensive clinical expertise for this special population.

Beth Witten, MSW, spoke on “Successful Rehabilitation as a Team Effort: A Role for Everyone”. With her experience as a renal social worker, and as senior project manager of the Life Options / Medical Education Institute, Ms. Witten provided excellent handouts for the attendees.

We were fortunate to have Dicken Ko, MD, transplant surgeon at Massachusetts General Hospital. His topic was entitled “Living Related and Unrelated Donor Kidney Transplantation – What’s New For The Millennium”, and Dr. Ko provided an outstanding portfolio of technical audio-visuals. Many of the evaluations rated his presentation at 5+ with additional compliments for making this topic so understandable for a mixed audience.

The final session focused on “Pre-ESRD Management”. Kline Bolton, MD started off by giving the audience an overview of Chronic Kidney Disease, or CKD, as is the current terminology. Then, a “Nephrology Perspective” was provided by a panel consisting of hemodialysis and peritoneal dialysis staff members. These panel members included: Adele Avitabile, RD, Hugh Carey, MD, Janice Farren, RN, Sally Hood, MD, Sandra Peckens, SMW, and Sally Santacroce, LPN. The “Patient Perspective” was eloquently provided by David Lockwood, who has experienced a number of treatment modalities.

An important element of every Network Educational program is providing time for ESRD staff to “network”, view facility posters, and discuss nephrology products and services with corporate exhibitors.

Poster Presentations were exhibited by the following from New England facilities:

<table>
<thead>
<tr>
<th>POSTER PRESENTATIONS</th>
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<tbody>
<tr>
<td>Glenn Kershaw, MD, Nancy Lister, RN, Barbara Zebrowski, MS, RD, CSR</td>
</tr>
<tr>
<td>University Dialysis Center – Shrewsbury, Massachusetts</td>
</tr>
<tr>
<td>“Effect of Increasing Dialysis Bicarbonate Levels on Serum Albumins”</td>
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<tr>
<td>Ann Marie Correia, LPN, Virginia Walega, MPH, RD, CSR</td>
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<tr>
<td>BMA of New Bedford / FMC of Massachusetts</td>
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<tr>
<td>“Is There a Role for Ace Inhibitors for the PD Patient with Hypoalbuminemia?”</td>
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<td>Pamela Hastings, RN, BSN, Aimee Reynaud, RN, BSN, Karen C. Robbins, MS, RN, CNN, Christine Ceccarelli, MS, MBA, RN, CNN, John D’Avella, MD</td>
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<tr>
<td>Hartford Hospital – Hartford, Connecticut</td>
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<tr>
<td>“Improving the Quality of Care for Hemodialysis Patients: Transonic – the New Wave in Vascular Access Management”</td>
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<tr>
<td>Name(s)</td>
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<tr>
<td>David Hull, MD, Gil Fortunato, John D’Avella, MD, Pamela Hastings, RN, BSN, Stephen Ohki, MD</td>
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<tr>
<td>Brian Cooper, MD, Connie Hill, RN, Cynthia Lambert, RN, Jenny Kitsen, BA</td>
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<tr>
<td>Jenny Kitsen, BA, Nancy Carlson, Rick Coffin, Alan Kliger, MD</td>
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<td>Alan Kliger, MD, William Haley, MD, Kendra Reynolds, Jan Deane, RN, Connie Hill, RN, Diane Carlson, Jenny Kitsen, BA</td>
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<td>Lynne Carbone Brown, RN, BSN, Maria Luongo, RN, MSN, Nina T. Rubin, MD</td>
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<td>Lorraine Castaldo, RD, Maria Luongo, RN, MSN, Nina T. Rubin, MD</td>
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<tr>
<td>Margie Locke, RN, CNN, Dan Chrzanowski, CHT, Chief Technician, Marie Becker, MS, RN, Terry Fregeau, RN, CNN, Jeffrey Laut, MD</td>
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<tr>
<td>Network 1</td>
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</tbody>
</table>
| **Donna McCarthy, RN, Regional Quality Manager**  
**Connie McKenna, RN, Case Manager**  
Fresenius Medical Care – Regional Office  
**Sheryl Fletcher, RN, DON, Cathy Sinni, Inservice RN**  
West Suburban Kidney Center  
**Emel Hamilton, RN, CNN, DON, Evelyn Cavanaugh, Inservice RN, CNN**  
The Kidney Center  
**Nancy Bradway, Inservice RN**  
University Dialysis Center  
**BMA Trenton, Trenton, NJ and BMA Newark, Newark, NJ**  
Additional Collaborating Facilities  
“Increasing Transplant Awareness” |
| **Anne Woods, LICSW, Joan O’Shaughnessy, BA, RN, CCTC, Lewis Cohen, MD**  
**Michael Germain, MD, David Poppel, MD, and R.P.C.I. Service of Remembrance Task Force**  
Baystate Medical Center – Springfield, Massachusetts  
“Transplant Recipients Remembered: A Seven-Step After Care Program for Family Members” |
| **Jessie Thibault, RN, Edith Freeman, RN, Jennifer Poole, MPH, RD, Shirley Stewart, LSW, and Mary Jalbert, RN, CNN**  
North Shore Regional Dialysis Center – Beverly, Massachusetts  
“Learning To Live Well With Kidney Disease: A Pre-ESRD Program” |
| **Christopher M. Flynn, RN, BSN and Marion Smith, RN, CNN**  
Manchester Kidney Center – Manchester, New Hampshire  
“LDL Apheresis In The Treatment Of Hyperlipidemia” |
| **Candace C. Walworth, MD and Alison Daigle**  
Lewiston Auburn Kidney Center – Lewiston, Maine  
“Delayed Referral To Dual Specialty Community Practice: Impact On Permanent Access And Hospitalization” |
| **Scott Bernstein, MD, Eileen Santiglia, RN, CNN, Myra Orbach, Secretary, Ed Poland, Technician, Anne Brady, RN, CNN, Elisa Griffin, RN, CNN, Geraldine Kasten, RN, CNN, and Sharon Kurpen, RN, CNN**  
Dialysis Hometraining Unit: Hartford Hospital – Hartford, Connecticut  
“Pre-ESRD Program” |
Donna McCarthy, RN, Evelyn Cavanaugh, RN, CNN, Emel Hamilton, RN, CNN
Fresenius Medical Care
“The History of Dialysis”

The Annual Meeting is fortunate to have a group of corporate exhibitors, who by their attendance and support, provided excellent displays and discussions of dialysis products and services. Exhibitors included:

EXHIBITORS

Abbott Laboratories – Hospital Products Division ☆ Abbott Renal Care ☆ AMGEN, INC.
American Regent Laboratories, Inc. ☆ Baxter Healthcare Corporation – Renal Division
Bone Care International ☆ Braintree Laboratories, Inc. ☆ B. Braun Medical, Inc.
Cardio Medical Products/MedComp ☆ ESRD Network of New England
Fresenius Medical Care ☆ Genzyme Therapeutics ☆ Health Care Financing Administration
HemoCue, Inc. ☆ In-Line Diagnostics ☆ Kendall Healthcare / Vascular Access Division
Kidney Transplant & Dialysis Association (KT/DA) ☆ Life Options Rehabilitation Program
Minntech Renal Systems ☆ National Kidney Foundation of Connecticut
National Kidney Foundation of Massachusetts, Rhode Island, New Hampshire, and Vermont
New England Organ Bank ☆ Ortho Biotech Nephrology ☆ Rhode Island Quality Partners
Satellite Laboratory Services ☆ Schein Pharmaceutical ☆ SIGMA TAU Pharmaceuticals
Sims Deltec ☆ Social Security Administration ☆ Terumo Medical Corporation
Tri-State Hospital Supply Corporation ☆ VASCA, INC. ☆ W.L. Gore and Associates.

♦ Managed Care Inquiries

During 2000 HMO and Managed Care inquiries increased due to care plan withdrawals and service area reductions. Several large insurance providers “pulled out” of the New England service area during 2000, leaving both patients and social workers scrambling for alternate sources of secondary coverage. Additionally, clarification regarding HCFA’s Medicare + Choice program has been a continuing source of confusion for patients and professionals. HMO or Managed Care inquiries typically come from; ESRD patients (or patient’s family members), renal Social Workers, or HMO representatives themselves. Although the ESRD Networks are not contractually mandated to respond to fiscal/reimbursement questions, appropriate staff members attempt to stay abreast of regulatory changes in an effort to fulfill our community resource and outreach responsibilities. In our experience dealing with these types of inquiries, we have found two good referral tools; HCFA’s “Questions and Answers for ESRD Medicare Beneficiaries Who Lose Their Managed Care Plan Coverage” and Medicare’s rich website:
http://www.medicare.gov/contacts/related/ships.asp
Managing the Challenging Patient – Utilization of Tool

Background: During 1999 the ESRD Network of New England developed and approved a professional teaching and training tool entitled: “Recommendations for the Management of Disruptive and Abusive Patients.” The tool is a six-page document containing information on purpose, education, procedures and OSHA’s workplace violence prevention program. The recommendation section of the tool has guidance on rules of conduct, policy development, behavioral contracts, action plans, physician involvement, and termination of services.

During 2000, our Network made good use of the new patient management tool described here. It was disseminated at the Annual Meeting to over 500 New England renal professionals and it is sent to individual requestors as needed. Unfortunately, the incidence of abusive and disruptive ESRD patients is on the increase, as observed in all of healthcare, thus the tool is a vital resource. Anecdotal feedback from users of the document assess it as helpful in dealing with difficult situations.

Partnerships/Collaboration Within The Renal Community

American Kidney Fund

Network staff continues to rely on the American Kidney Fund as a one-time financial aid (Patient Grants) referral source for renal Patients and Social Workers. The program design allows Social Workers to assist patients with the application process, thereby insuring confidentiality at the patient/facility level. Networks refer patients to the fund in response to specific inquiries, and then patients are directed to seek their individual Social Workers for assistance and supporting documentation in the application process.

During 2000 the American Kidney Fund (AKF) greatly enhanced its scope of services and its website. AKF patient service programs include; AKF Discount Pharmacy Card Program, (aforementioned) Patient Grants, Kidney Kids Calendar, Disaster Relief, AKF Helpline, referral to free pharmacy products, Patient Rehab information, public education and an African American Outreach program.

AKF has also expanded and enhanced its patient/public education materials to include fact sheets on the following topics of interest; Important Facts, Kidney Q and A, Diabetes, High Blood Pressure, Kidney Stones, Kidney Dictionary, Blood in Your Urine, Polycystic Kidney Disease, Childhood Nephrotic Syndrome, and Test Your “Kidney IQ.”

The AKF is an important organizational resource that this Network utilizes with confidence and appreciation.
American Association of Medical Instrumentation (AAMI)

The Network Quality Manager remains as the liaison with AAMI, and when revisions in AAMI Standards occur, this information is sent out to all of the Network facilities.

American Nephrology Nurses’ Association (ANNA)

Network staff work closely with the Continuing Education Application Board of ANNA for all Network educational programs for nurses. As an example, through repeated requests, the use of Social Security numbers on CEAB applications has been dropped, resulting in better confidentiality for attendees at all local, regional, and national meetings.

When schedules and budgets allow, Network Medical Quality Managers attend local and national meetings of ANNA.

American Society of Nephrology

Network staff attended this Annual Symposium held in October 2000. Two Network posters were on display. Andrew Brem, MD, Pediatric Nephrologist at Rhode Island Hospital, presented “Outcomes Studies In A Pediatric Dialysis Population”. This poster discussed the pediatric data collection that was conducted over a two-year period at six-month intervals as part of the Network wide clinical indicator project.

Candace Walworth, MD and Douglas Mesler, MD presided over a poster that described the Network Vascular Access Quality Improvement Project. This poster, entitled “Vascular Access: Variations In New Dialysis Patients” had two goals. One goal was to determine the variation of initial access type by patient characteristics. The second goal was to explore the relationship between first access type and length of time the patient was known to be pre-ESRD.

American Society of Transplantation

Working with John Vella, MD, a transplant surgeon and member of the American society of Transplantation, and the Network Transplant Committee, Network staff distributed AST Guidelines for a Transplant Evaluation Model. It was suggested that facility staff incorporate this model into their patients’ long term care plans and other chart documentation.

Baystate Medical Center /Robert Wood Johnson Foundation Palliative Care Project

The Baystate Medical Center is part of a special Palliative Care Project that is funded by the Robert Wood Johnson Foundation. Lewis Cohen, MD, and Michael Germain, MD direct this special study that is examining the importance of Renal Supportive Care. This care model encompasses advance care planning, symptom treatment and assessment, end of life care, dialysis withdrawal, and a comprehensive bereavement program.
The Network Executive Director serves on the Advisory Board for this project, and plans were begun in 2000 for a collaborative education program on End of Life Management for 2001.

**Centers for Disease Control and Prevention**

The Network Executive Director and Medical Quality Manager have been part of a task force with the CDC for infection control issues. In 1999, and 2000, the CDC has been working on its revision of “Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients”. They are planning distribution of that document to all facilities via website and/or mailings in 2001.

All in-center hemodialysis facilities participated in the 2000 CDC “National Surveillance of Dialysis-Associated Diseases”. The 2000 results were described in another section of this report.

**Connecticut Coalition for Organ and Tissue Donation**

Network of New England has established and continues to nurture a collaborative partnership with the Connecticut Coalition for Organ and Tissue Donation. The Network’s relationship with Connecticut Coalition is comprised of several activities. Those activities include active membership status, attendance at meetings, service as a representative at Health Fairs and other public events, service as a coalition officer (treasurer) and support of coalition goals and objectives as a part of our daily work-approach. The Network benefits from its relationship with the Coalition because common goals for modality-selection are advanced through this organization. Likewise, the Coalition benefits from the expertise of Network skills, knowledge base and contributions of time and commitment.

A specific project of the CT Coalition is sponsorship of an annual poster art competition among Connecticut high school students. The annual event is now in its thirteenth year and has been increasingly popular and rewarding. The rules of the contest require that students create an original artistic expression, of poster size, which represents the concept and positive aspects of organ donation. Winners of the competition receive awards and certificates for their creatively conceived entries. The first-place winning poster is silk screened onto tee-shirts, and then offered for sale, with proceeds going to the Coalition to advance its mission of public education.

The annual poster contest project is an “everyone wins” event. The student competitors win because their art is formally judged and rewarded. The public wins because information about organ donation becomes more widely disseminated, and the Coalition is a winner because its goal of public education is promoted.

In 2000 the CCOTD undertook a major revision of its centerpiece public education brochure, renaming it “Donate Life” (a nationally developed ad slogan). As CCOTD experiences organizational change the brochure used to describe CCOTD’s mission and characteristics was in need of correction and refreshing. A committee, led by a concerned citizen, began the arduous task of revision and the even bigger challenge of identifying funding sources to support the project. It is expected that the brochure will be completed and ready for distribution in the spring.
of 2001. These brochures provide a vital link to the CT Dept of Motor Vehicles, because CDMV makes them available to CT drivers getting or renewing licenses.

The CCOTD experienced a great accomplishment during the year 2000. In May 2000, a website was established with the help and expertise of David Goldman, a double transplant recipient. By the end of the year more than 10,000 people had visited the site. David has become a lifetime honorary member of CCOTD, since offering his unpaid technical assistance in constructing the site. Estimates from other website designers ranged up to five thousand dollars, which at the time of construction was more than the entire CCOTD bank account! Without the great work of Dave Goldman and his donor “Krissy” we would not have been able to post the site. Many people have remarked about the site as being very attractive and inviting - exactly the goal of website design. Shown here is the CCOTD home page:

Corporate Supporters of Nephrology Education Programs

As noted in the section describing the Annual Network Education Meeting, this Network continues to be highly regarded in the corporate community for our education and collaboration skills. In addition to exhibit booths at our education programs, we meet with corporate clinical specialists to keep updated on dialysis medications, equipment, safety trends, etc. Important clinical information is then disseminated in the Network newsletters, but we do not endorse any product lines per se.
Facility Leadership Information – Interaction with Network Administrators, Medical Directors, and Nurse Managers

All major Network communication is circulated to the Renal Administrator, Medical Director/Co-Director, and Nurse Manager at each facility. Additional specific information for data coordinators, dietitians, social workers, and technicians is faxed, mailed, or emailed, as needed.

The Network newsletter (“Network Notes”) is utilized to update facilities with the latest HCFA/Network information. Examples of this information include: ESRD regulations and policies, patient issues, clinical issues, technical/equipment issues, data management, and administrative issues.

Food and Drug Administration

We continue to provide important information from the FDA. For example, in 2000, we sent out additional FDA directives to stop the use of certain thrombolytics. A list of acceptable thrombolytics was also disseminated in a Network newsletter, and these included Streptokinase (Steptase), Alteplase (Activase), Anistreplase (Eminase), and Retepase (Retavase).

Forum of ESRD Networks

Network staff continue to be very active in the Forum of ESRD Networks, which is the group that encompasses all 18 Networks. The Network Executive Director is a long time member of the Board of Directors. The Network Chair is the current Chair of the Forum Quality Improvement Committee, and interacts on a frequent basis with the national renal community. In YR 2000, Dr. Kliger and this Network, in behalf of the Forum, proposed to HCFA the development of a leadership training project which will be funded to be presented in the spring of 2001. Both Medical Quality Managers have provided feedback, presentations, and review of quality-related materials for the Forum Quality Improvement Directors’ Group, and attended Forum QI meetings in the spring and fall of 2000. The Network Patient Services Coordinator serves on the Forum Patient Advisory Committee. The Administrative Assistant interacts with the Forum Coordinator to update materials for mailings and Internet web sites.

This Network has been given, by HCFA, the Forum project for developing a training session and "tool box" for Network leadership on patient safety. This project will be completed in the year 2001.

Forum of ESRD Networks Annual Poster Session

The Health Care Financing Administration and the Forum of ESRD Networks held their Annual Meeting in March 2000 in Washington, D.C.

This Network presented four posters. Two of these four posters were in collaboration with Network 11, and one poster was in collaboration with Networks 9 and 14.
1. “Hemodialysis Bacteremia Surveillance”  
Brian Cooper, MD, Connie Hill, RN, Cynthia Lambert, RN, and Jenny Kitsen, BA  
This poster described the ongoing bacteremia surveillance that follows ten Network facilities for bacteremias, antibiotic usage, and infection rates.

Amy Friedman, MD, Candace Walworth, MD, Douglas Mesler, MD, Cecelia Meehan, RN, Helen Wander, RN, Douglas Shemin, MD, William DeSoi, PhD, Connie Hill, RN, and Cynthia Lambert, RN.  
This poster summarized the results of the Network Vascular Access Quality Improvement Project to date, and found that less than 43% of the entire study population present to hemodialysis after an orderly progression to renal insufficiency. The poster also demonstrated that the other 57% of patients in this study population arrived at hemodialysis requiring an access other than a fistula.

3. “Standardized Mortality Ratios (SMR) - Do They Predict Future Mortality?”  
Jenny Kitsen, Nancy Carlson, Rick Coffin, and Alan Kliger, MD.  
A collaborative activity of Networks 1, 9, and 14, this poster reported that SMRs have substantial year-to-year variation. Additional results showed that facilities in the highest and lowest SMR quartiles for each Network in 1996 had substantial variation in subsequent years. Lowest quartile facilities (best survival rates) tended to remain low. Higher quartile facilities tended to remain high, but with more variation.

4. “Prioritizing and Implementing NKF-DOQI Guidelines in Networks #1 and #11”  
Alan Kliger, MD, William Haley, MD, Kendra Reynolds, Jan Deane, RN, Connie Hill, RN, Diane Carlson, and Jenny Kitsen.  
The Forum of ESRD Networks and the Renal Physicians Association jointly sponsored this study to determine which DOQI clinical practice guidelines were of the highest priority in dialysis facilities. The recommendations of this study were outlined on the poster. These included: creating more opportunities for CQI training for Medical Directors and other nephrologists, providing CQI tools for common high-priority clinical practice guideline areas, and emphasizing clinical protocols and resources for Vascular Access management and improvement.

**Interaction with New England Renal Social Workers**

During the year 2000 the ESRD Network of New England enjoyed the continuation of its long-standing relationship with the CT Nephrology Social Workers (CNSW). Each month the CNSW met at the Network offices to hold the group’s regular meetings. This provides a good opportunity for Network staff and CT renal social workers to interact, share information, and seek answers/solutions to current issues. At the October 2000 meeting the Network Patient Services and Resource Coordinator gave a presentation to the group regarding Network and Medicare guidelines.
The Executive Director conducted a work session for the Connecticut Chapter of Nephrology Social Workers on how to better define their core skills as dialysis team members. This process will assist them in setting work priorities and in developing a “model” job description to use with their employers. The group formed an Ad Hoc Committee to develop a prototype and position statement.

**Kidney Dialysis and Transplant Association (KT/DA)**

The current Network liaison is Richard Faber, Ph.D., who is a valuable member of the Network Board of Directors, and serves on the leadership of KT/DA. At each Annual Network Meeting, complimentary exhibit booth space is given to KT/DA, and the information at this booth has been very helpful for ESRD patients and staff.

**Life Options – Renal Rehabilitation Program**

In January 2000, all ESRD Networks received a call for support from one of our most valued partners: The Life Options, Renal Rehabilitation Program. We were requested to send a letter of support to Rehabilitation Services Administration to encourage training for Vocational Rehabilitation Counselors on the topic of ESRD. This Network quickly responded to this request and sent official correspondence to the appropriate government office.

In addition, Beth Witten, MSW, discussed vocational rehabilitation at the Annual Network Meeting in September 2000. At that time, additional educational material from the Life Options – Renal Rehabilitation Program were also distributed to over 500 attendees.

**Qualidigm (formerly Connecticut Peer Review Association)**

The Network has an ongoing relationship with the local peer review organization, Qualidigm. This agency covers both Connecticut and Rhode Island. There is a consultant arrangement with Jeanne Scinto of Qualidigm to assist the Network with its HCFA quality improvement projects.

Network staff also participated in the planning stages for the Connecticut Diabetes Quality Improvement Project. However, due to limited staff resources and other contract commitments, our participation had to be limited to the early planning stages only.

**National Kidney Foundation/Affiliates**

We continue to have good working relationships with the NKF affiliates in the New England area. All New England affiliates are invited to attend educational programs, and serve as exhibitors at the Annual Network Meeting. Mailings to the NKF affiliates include Network newsletters, facility directories, statistical data, and important clinical updates. As time and resources permit, Network staff also attend NKF meetings on the local, regional, and national level.

As an example, the Network Patient Services and Community Resource Coordinator presented materials and described the activities of the Network at the February 2000 NKF affiliate meeting.
Network 1

held in Providence, Rhode Island. She also discussed patients’ rights to file grievances and the role of the Network in supplementing education, primarily provided by facility staff.

Plans are underway for a collaborative educational program with the National Kidney Foundation of Massachusetts, Rhode Island, New Hampshire, and Vermont. This program is planned for spring 2001 and the potential topics will be "Shared Decision Making" and "End of Life Care."

**Network of New England’s First Full Year on “the Web!”**

The Forum of ESRD Networks urged all the ESRD Networks to establish and maintain websites 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. In the year 2000 the ESRD Network of New England made final enhancements to its site, which was launched in October 1999. The site was heavily visited during 2000 as displayed by this bar chart constructed from fourth quarter data:

**Q4/2000 Website Traffic**

![Q4/2000 Website Traffic Chart](chart.png)

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<th>Networks</th>
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</table>
The ESRD Network of New England website [http://www.networkofnewengland.com](http://www.networkofnewengland.com) contains the following menu items:

**Network of New England**

- Mission Statement
- Our Goals
- Medicare Entitlement Updates
- Performance Index
- Grievance Policy
- Your Health
- News Letters
- Books and Video

The ESRD Network of New England is a non-profit corporation, which serves as the Medicare contractor for the Network 1 region. Network 1 encompasses Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

As of Dec. 31, 2000, there are 139 dialysis facilities and 16 renal transplant centers in this region, providing treatment to over 10,131 dialysis patients and approximately 5,058 patients who have a functioning kidney transplant in New England.

The activities of the Network organization are under the direction of a 40 member Board of Directors and a 20 member Medical Review Board.

As the Network’s computer skill levels improve (both individually and through staff additions) it is anticipated that during 2001 the website will become entirely an internal product. To date the website has been maintained off-site through technical consultation. It is hoped that in the future the website can be updated on a monthly basis from the continual improvement of our staff capabilities.

**Network Technicians (NANT) and Osmonics/Zyza Tech - Network Water Treatment Conference**

This past year, the Network was able to provide an excellent educational opportunity for technicians and NANT members. In November 2000, this Network had the opportunity to partner with Zyza-Tech Osmonics to provide an excellent program for Network technicians. This program, entitled, “Ensuring Safe Water for Hemodialysis”, was held at the Publick House in Sturbridge, Massachusetts. Rebeca Amato, RN, BSN worked with NANT and ANNA in providing educational credits for hemodialysis technicians and nursing staff.

Speakers included Marie Wagner-Clarke, MT, HCFA Project Officer; Rebecca Amato, RN, BSN, CNN; Wayne Priest, BS; and Terry McClure, BA. The topics covered: Clinical Symptoms of Inadequately Treated Water, Reverse Osmosis Components, Reverse Osmosis Components, AAMI and FDA Standards for Water Treatment Monitoring, Bacterial Treatment Concerns, HCFA Survey of a Water Treatment system, Reverse Osmosis Theory / Fundamentals, and...
Cleaning and Disinfecting Issues for Dialysis Water Treatment.

Targeted primarily for dialysis technicians and nurses responsible for dialysis water treatment, two physicians were also in attendance. A total of 89 people attended, and 96% of those were technicians. The evaluations showed that the program was well planned, well presented, and fulfilled a large educational need for ESRD personnel responsible for dialysis water treatment. 7.2 ANNA contact hours and 7.8 NANT continuing education credits were granted.

**New England Area Renal Social Workers (NEARSW)**

The New England Area Renal Social Workers (NEARSW) remains active and viable as a resource for New England Social Workers. In June 2000 the Network Executive Director attended the annual NEARSW meeting in Sturbridge, MA where she staffed a Network exhibit space, and provided impromptu comments to the group during a general Q and A session. In October 2000 the Network Patient Services and Resource Coordinator traveled to Lahey Clinic in MA to provide a brief presentation to NEARSW members on recent changes in Medicare regulation, Medicare + Choice, and immunosuppressive medications.

On an “as indicated” basis the Network provides specialized mailings to all New England Social Worker designed to keep them apprised on changes that impact patients.

**Organ Procurement Agencies (OPOs)**

The Network Executive Director serves on the Advisory Committee of the New England Organ Bank. In this year, the New England OPOs have developed a new method of organ sharing. The Network arranged for the Patient Advisory Group to serve as a focus opinion group in the development of this policy.

**Renal Physicians Association**

Four members of the Network staff and the Network chair were participants in an interactive educational conference call presented by Steven Fishbane, MD and Richard Goldman, MD. This RPA / Forum educational program covered the concepts of continuous quality improvement, explained team issues, discussed process analysis, and differentiated CQI projects from outcomes research. Facility examples were discussed, and these included catheter care, hemoglobin indicators, and KT/V in peritoneal dialysis patients.

Networks 1 and 11 continue to conduct the analysis of the DOQI prioritization project, which is under the supervision of the RPA and Forum.

**State Survey Agencies**

This Network has maintained communication with the six health departments of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont in various ways.
These include:

→ Serious patient / quality of care issues that require intervention

→ Mailings of all Network newsletters, annual reports, HCFA reports, statistical summaries, and other important communications, e.g., FDA alerts, etc.

→ Notices of Network educational meetings

In November 2000, the leadership of this Network worked with members of the Connecticut Health Department meeting for the “Access to Care.” (More information about that meeting is written in another section of this report.)

A conference call was held in February 2000 with the Ad Hoc Committee reviewing the Massachusetts Dialysis Regulations. During this first conference call, participants discussed the use of more descriptive language for qualifications of Medical Directors, Technicians, and pre-ESRD medical assessments.

**United Network for Organ Sharing**

The Network Executive Director and Information Systems Manager work with both Organ Procurement Agencies in this region in sharing statistical information to improve data reporting of transplant activities.

♦ **Network Professional Notes**

The Network of New England has established and maintained a publication entitled “Network Notes” which is sent to New England providers periodically. The four-page newsletter was redesigned this year and is directed towards professional staff identified as Medical Directors, Administrators, Nurse Managers, Social Workers, and other interested members of the renal community. During 2000, the publication was produced and mailed in March, October and December. Topics and articles selected for publication in *Network Notes* are considered based on current trends and interests.

Further, the publication supports the Network/Facility CQI model by providing clinical data feedback to facilities. The periodic publication of *Network Notes* offers a vehicle for display and discussion of clinical data submitted to the Network as part of CQI activities. The data is aggregated, analyzed, and displayed in *Network Notes* to aid facilities in understanding levels of quality and opportunities for improvement.

♦ **Special Mailings**

In our continued role as an educational liaison for ESRD facilities, the Network of New England continues to provide important information of special interest to ESRD staff.
Examples for 2000 include:
→ FDA safety alerts about thrombolytics mailed and faxed to Administrators, Nurse Managers, and Medical Directors
→ Mailed communication to area Social Workers and Board members about the technical corrections to the Congressional Omnibus Act of 1999 ( "Safe Harbor" for Needy Patients)
→ In conjunction with the NKF, distributed the NKF annual Renal Summer Camp Directories to Social Workers.

♦ Achieving Network Goals in Collaboration with Other Organizations

This network has demonstrated through its active role as an educator that by sharing resources and working in collaboration with all entities can learn and benefit. In addition, the diverse partnership activities with other agencies reported in this section exceeds the requirements defined in the Network scope of work.
D. Evaluating and Resolving Patient Grievances as Categorized in the Standard Information Management System (SIMS)

In 2000 the Network of New England staff received and addressed more than 602 contacts (all SIMS categories from providers to patients) ranging from three (3) formal grievances to hundreds of requests for basic educational material. A total of 13 serious complaints were received that had the potential to become formal grievances. Through diligent and patient-centered conflict resolution expertise, these complaints were resolved before escalating to the formal grievance threshold. Of the three grievances resolved one involved unprofessional patient/staff interactions, one involving physician conduct, which was referred to State Surveyor Agency, and one involving a clinical error. The thirteen complaints managed by Network staff involved one or several of these issues:

- Termination of Services
- Behavioral Contracts
- Attitudes of Staff/Patients
- Ineffective Communications
- Misunderstandings
- Staff Training Needs
- Hard to Care for Patients
- Time Management Skills
- Corporate Influences
- Loss of “Care” from Healthcare

Our Network continues to apply the following definitions set to process and categorize contacts:

**Types of Contact**

**Grievance:** A documented complaint (written, transcribed or written with assistance) from a patient or patient representative alleging poor quality of care. A grievance requires one or more of four actions to be taken by the Network (investigate, facilitate, refer or mediate). An assessment, review and evaluation will be undertaken and a findings report or letter generated within 90-days from date of receipt. A grievance may or may not require review by the Network Grievance Committee and/or Medical Review Board.

**Complaint:** A verbal expression of concern, statement of a problem or request for assistance from a patient or patient representative alleging any of a broad range of issues and requires some action to be taken and documented by Network staff. The action taken by Network staff may include any of the four actions as described above. A complaint may become a grievance.

**Inquiry:** A written or verbal request from a patient, patient representative or an individual or group for ESRD educational material or referral. These contacts may become a complaint or grievance.

**Facility Contact:** A Network contact received from an ESRD facility representative seeking information, guidance, consultation, assistance or presentation of a problem. The contact may involve clinical, behavioral or social interaction issues related to quality of care.
action will be taken by Network staff based on contractual, mandate and professional judgement. These contacts may become grievances.

There is no question that human relationships within dialysis clinics are suffering from lack of staff, changes in staff’s level of expertise and staff stress. These dynamics, when combined with an exponentially growing patient population, create an environment where complaints are bound to increase. Patients of today are more educated about a wider variety of medical conditions and have greater expectations of “the system.” At the same time, clinic staff is undergoing tremendous strain from lack of qualified personnel, diminishing resources as corporations redefine priorities and cultural value shifts.

The following is a table showing contacts, of all types, received and addressed by the Networks’ Patient Services Coordinator during 2000.

<table>
<thead>
<tr>
<th>CONTACTS PROCESSED BY PATIENT SERVICES FOR 2000</th>
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<td>1st Quarter</td>
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♦ Achieving Network Goals in Patient Grievances

In 2000, this Network has worked hard at developing consistent methods of documenting and processing patient contacts. Most contacts have been for information, temporary treatment placement or inquiries related to patient treatment issues. The Network staff handles potential grievances with early intervention by being a facilitator between the patient and the provider to resolve issues or concerns. This new internal procedure is an improvement in processing patient contacts and the implementation of SIMS has increased standardization of patient inquiries.