

# FORUM OF END STAGE RENAL DISEASE NETWORKS

**President**

Cynthia Kristensen, MD  
Denver, CO

**President-Elect**

Klemens Meyer, MD  
Boston, MA

**Secretary**

Susan Stark  
Indianapolis, IN

**Treasurer**

Diane Carlson  
St. Paul, MN

**Past-President**

Richard Goldman, MD  
Albuquerque, NM

**Members-At-Large**

Katrina Dinkel, MA  
Kansas City, MO

Jerry Fuller  
Jackson, MS

Leland E. Garrett, Jr.  
MD, FACP, FASN  
Raleigh, NC

Stuart Goldstein, MD  
Houston, TX

Andrew Howard, MD, FACP  
Alexandria, VA

Jerry Jackson, MD  
Birmingham, AL

Kelly Mayo, MS  
Tampa, FL

Judy Stevenson, MSN, CPHQ  
Pittsburgh, PA

**Ad Hoc Members**

Louis Diamond  
MB, ChB, FACP, FCP(SA)  
Washington DC

Jenny Kitsen  
Woodbridge, CT

Darlene Rodgers  
Denver, CO

Derrick Latos, MD, MACP  
Wheeling, WV

**Forum Coordinator**

Bonnie Freshly, MEd, CMP  
Richmond, VA

DATE: December 11, 2009  
TO: CMS Office for Clinical Standards and Quality (OCSQ)  
FROM: Cynthia Kristensen, MD, President, Forum of ESRD Networks  
RE: ESRD Network Dedication to Patient Centeredness

In response to the ESRD Program Redesign, Networks collectively would like to take the opportunity to offer the enclosed position paper, which summarizes the many advantages of having Networks promote patient centeredness of ESRD services. Since their inception, ESRD Networks have been active in creating educational materials, tools, and resources for ESRD patients and families. In addition to the position paper, there are two attachments.

Attachment A: Overview of Pertinent Legislation and Regulations

Attachment B: Summary of National and Network Patient Services Accomplishments

Thank you for your consideration of this information, and Networks look forward to continuing to perform this important work.

Enc.

**ESRD Networks Promote Patient Centeredness**  
**A Value and Business Case Position Paper**  
Forum of ESRD Networks  
December 11, 2009

**Overview**

ESRD Networks have been processing patient complaints since the inception of ESRD Networks in 1978. This important function is authorized by legislation and regulation. Please see Attachment A. This position paper describes the many advantages of having ESRD Networks perform this service.

**1. Synergy among patient concerns, quality improvement, ESRD patient registry, and ESRD provider directory**

The three main functions performed by ESRD Networks include patient complaints, quality improvement, and management of an ESRD patient registry and ESRD provider directory. By doing all three functions, Networks are in a better informed position when performing the individual functions. That is, when identifying and investigating a quality of care or access to care concern, Networks can evaluate quality improvement information, patient complaint patterns, and registry data. Absent any one of the three functions would compromise the Network's ability to perform this comprehensive assessment of care.

**2. Statutory, regulatory, and contractual authority**

Federal laws, regulations, and contracts assign authority to Networks for evaluating and resolving patient grievances. Along with the authority, these laws, regulations, and contracts specifically protect patient confidentiality. These protections afford patients and Networks the unique ability to process the patient complaint without fear of reprisal or disclosure of confidential information.

**3. Objectivity as a Health Oversight Organization**

Federal laws, regulations, and contracts also specifically address conflict of interest. While volunteer kidney disease experts serve on Network Boards of Directors and Medical Review Boards, Networks have specific protocols for preventing any conflict of interest. Networks have a reputation for making credible and objective decisions with having such conflict of interest protections in place.

**4. Collaboration With OIG, CMS and Its Contractors**

CMS and OIG: CMS Regional Offices are authorized to certify, re-certify, and terminate ESRD facilities for provision of Medicare certified ESRD services. Four of the ten CMS Regional Offices also oversee the ESRD Networks in their regions. Networks have close working relationships with CMS and the CMS Regional Offices. Also, Networks have working relationships with the Office of Inspector General because of the requirement to report any instances of fraud.

CMS and Its Contractors: For the purposes of assessing and improving the quality of care delivered to individuals with kidney disease, CMS has several contractors including ESRD Networks, Quality Improvement Organizations, State Survey Agencies, Arbor Research, and University of Michigan Kidney Epidemiology and Cost Center. Each of these contractors has a specific role in improving health care for Medicare beneficiaries. Networks collaborate with these organizations and use work products developed by these organizations such as the Dialysis Facility Reports, the Scientific Registry of Transplantation, and Statement of Deficiency Reports. These working relationships allow Networks to represent dialysis and kidney transplant recipients by having up-to-date information from a variety of sources.

## **5. Multidisciplinary Benefits**

The statute, regulations, and contract requirements specify the multidisciplinary nature of Networks. Each Network has a highly functioning Patient Advisory Committee. Networks also have Medical Review Boards which are comprised of patients plus professionals such as nephrologists, nephrology nurses, renal social workers, renal dietitians, transplant physicians, transplant surgeons, pediatricians, and ESRD facility administrators. Such multidisciplinary representation ensures that Networks take a broad view when making decisions about access and quality of care.

## **6. National Presence**

While each Network is encouraged to customize patient services and quality improvement to the needs in its region, there is also a national consistency that is assured in several ways. The Network Operations Manual has a model protocol for processing patient grievances, which is used by all Networks. The Committee and staffing structure of all Networks is specified in federal law, regulations, and contract requirements. Networks routinely share best practices and resources. There is a Network presence in every part of the USA and its territories.

## **7. Regional Focus**

Each Network is assigned to a specific geographic region. Having such a regional focus permits each Network to build working relationships with the ESRD providers in the region. Such relationships become imperative in order to implement quality improvement activities and to assist with access to care. Such working relationships would be lost in a system that had only a centralized, national focus.

## **8. Working Relationships with ESRD Facilities Improves Access to Care**

The current Network regional designations have been in effect since 1988. So, for over twenty years, Networks have been working with the existing facilities and newly opening facilities in the Network region. These long standing relationships become particularly important in encouraging access to care. No legal precedent (other than Hill Burton funding) requires a facility to accept or keep a patient. Networks use a variety of resources including Decreasing Patient Provider Conflict (DPC) to intensively work with patients and providers to prevent unnecessary involuntary discharge of

patients. These intensive efforts have served to keep the involuntary patient discharge rate as low as possible. In the event of a patient discharge, the current Conditions for Coverage require the facility to report the involuntary discharge to the Network and to the State Survey Agency.

### **9. Cost-Effective**

There are only 18 Network contracts in the USA. Each Network is governed by a volunteer Board of Directors, Medical Review Board, and Patient Advisory Committee. Medicare saves millions of dollars annually because these volunteers donate their time to perform these quality improvement and patient services.

### **10. Efficient**

In 2005, CMS offered LEAN training to all Quality Improvement Organizations and Networks. The training was particularly designed to improve efficiencies, and CMS required its quality contractors to review their beneficiary complaint processes. By mapping processes, QIOs documented a very complex algorithm with numerous parties involved leading to an unfocused and inefficient system. QIOs are in the process of working with CMS to revise those inefficient beneficiary complaint systems. Conversely, Networks were commended by the LEAN training faculty for having a streamlined system handled by a very limited number of specially trained staff that were able to close beneficiary concerns in a timely way.

### **11. Competent**

CMS contract requires each Network to have a Patient Services Coordinator, who has either a Masters degree in Social Work or who is an experienced nurse. Regulations also require that a renal social worker actively engaged in serving individuals with kidney disease serve on the Network Medical Review Board. The intricacies of the ESRD Program require specialized knowledge of the psychosocial and clinical aspects of care. Networks take pride in addressing and resolving concerns within the authority of the Network. If there are other agencies better qualified to respond to patient concerns, Networks assist patients with working with those entities such as the current or a different facility or the State Survey Agency.

### **12. Patient Concerns Regarding Facility Staff, Treatment, or Quality of Care**

For the past several years, the most common categories of patient concerns processed by ESRD Networks are concerns related to facility staff, treatment, and quality of care. Network staff are uniquely qualified to process such concerns and performing comprehensive investigations as needed.

### **13. Patient Rights and Available Grievance Mechanisms**

Patient rights to grievance mechanisms at the facility level and the Network level are delineated in the Conditions for Coverage federal regulations. Facilities are required to inform their patients of this opportunity, and Networks' support solving concerns at the local level. Frequently, facility staff will contact the Network for resources as the

facilities make attempts to address concerns at the facility level, so there is evidence of a high volume of concerns processed in this straightforward manner. There are also instances, however, where patients choose to process their concerns at the Network level. Accordingly, Networks process thousands of patient concerns annually.

#### **14. Processing Complaints BEFORE Complaints become Grievances**

Networks invest considerable resources in being proactive. By offering patient education materials, new patient packets, and information about emergency preparedness, for example, Networks work to offer information to prevent concerns. In spite of such education offered, there are also instances where individual concerns still need to be addressed. In these circumstances, Networks make every effort to address the concern promptly, gather information needed, and resolve as best as possible. In this way, the vast majority of patient concerns can be handled before they become grievances.

#### **15. Pattern Analysis and Systems Level Change**

By contract, all Networks are required to analyze patterns of patient concerns. Such analyses can lead to the development of policies, resources, or systems to help prevent recurrence of patient concerns. Examples of such systems level change include the Decreasing Patient and Provider Conflict, involuntary patient discharge procedures, and targeted topics at Annual Meetings.

#### **16. Sanctions and Alternative Sanctions**

Networks have long standing relationships with patients and providers in the region. Ordinarily, access to care and quality of care concerns are able to be addressed with intensive quality improvement interventions. If, however, patient health is at risk, Networks have the responsibility and authority to recommend sanctions.

#### **17. Network Accomplishments Demonstrate Effectiveness**

Network accomplishments to contributed to the patient-centeredness of the ESRD Program are too numerous to list all, but a brief summary is included. Please see Attachment B.

**Attachment A**  
**ESRD Networks Promote Patient Centeredness**  
**A Value and Business Case Position Paper**  
Forum of ESRD Networks  
December 11, 2009

**Overview of Pertinent Legislation and Regulations**

Year	Legislation or regulation
1972	Public Law 92-603 entitled Medicare benefits to nearly all individuals with end stage renal disease, regardless of age.
1976	<p>Conditions for Coverage regulations were published which addressed designation of Network organizations and their functions which included:</p> <ul style="list-style-type: none"> <li>○ Developing criteria and standards relating to the quality and appropriateness of patient care.</li> <li>○ Evaluating and resolving patient grievances.</li> <li>○ Collecting, validating, and analyzing such data as are necessary to prepare the reports required , the Secretary’s report to Congress about the ESRD Program, and to assure the maintenance of the registry established under section 1881©(7) of the Act.</li> </ul>
1989	<p>The Omnibus Reconciliation Act of 1989 extended limitations of liability to ESRD Networks which provides that:</p> <ul style="list-style-type: none"> <li>○ No person employed by or furnishes professional services to [Network organizations] shall be held to have violated any criminal law or to be civilly liable.</li> <li>○ No doctor of medicine or osteopathy shall be civilly liable on account of any action taken in compliance with professionally developed norms of care</li> <li>○ The Secretary shall make payment to any person who furnishes legal services in connection with the defense of any suit related to the performance of any duty under contract.</li> </ul>
Title 42, Section 1320c-9	All data provided to the Network by CMS and all materials prepared by the Network for CMS shall be considered confidential and shall not be disclosed to unauthorized parties. No patient record in the possession of [a Network] shall be subject to subpoena or discovery proceedings in civil action. No document produced by [a Network] in connection with its deliberations in making determinations shall be subject to subpoena or discovery in any administrative or civil proceeding.
2008	Updated Conditions for Coverage reaffirms that each facility must participate in ESRD Network activities and pursue Network goals. These regulations expand on sanctions, alternative sanctions, patient rights and the process of involuntary patient discharge.

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

<b>Network</b>	<b>Project</b>	<b>Accomplishments</b>
<b>NATIONAL</b>	Participated in the Involuntary Patient Discharge Survey-2002	Project began to quantify the number of discharged patients and gain understanding into the related issues of involuntary discharge.
<b>NATIONAL</b>	Participated in the 2003 ESRD Stakeholders meeting.	The stakeholders meeting documented the possible reasons for conflict in the dialysis facilities and solutions for decreasing conflict.
<b>NATIONAL</b>	DPC toolkit	Based on research conducted by Networks (Involuntary Discharge Survey), the toolkit was developed (and since, revised) to provide hands on training tools for facilities to use with staff to build skills in preventing conflict.
<b>NATIONAL</b>	Patient Services Coordinator (PSC) Mentor Program	Designed to pair a seasoned PSC with a new PSC for support and transfer of knowledge and resource materials that will provide a foundation for professional development.
<b>NATIONAL</b>	Patient Service Coordinator's Collaborative Resource Guide on Challenging Situations	The document is intended to be used as an internal Network guide for the PSC to use. It is of particular benefit to the new PSC. It offers checklists, resource list, information about the development and use of behavioral agreements, and guidelines for letter writing and examples.
<b>NATIONAL</b>	Contact Utilities	PSCs pushed to have a tool available to bridge the change to CrownWeb, as the function of contacts had been overlooked in the development of CrownWeb. The Utilities include both those for general comments and those for complaints and grievances, and also for involuntary discharges.
<b>NATIONAL</b>	Work with Patient and Professional Organizations	PSCs have participated on a national level in their work with patient and professional organizations, such as AAKP, RSN, ANNA, and NKF conducting presentations at annual meetings and teleconferences, participating on work groups, and contributing articles to journals and magazines.
<b>NATIONAL</b>	Barriers to Outpatient Dialysis Special Project and subsequent Collaborative Projects	Identified barriers to outpatient dialysis placement; facilitated development of standardized forms for contact calls regarding placement concerns and involuntary discharge events.
<b>NATIONAL</b>	Kidney Community Emergency Response Coalition (KCER)	In August 2009, the Kidney Community Emergency Response (KCER) Coalition held a successful meeting with community partners to provide education to non-renal stakeholders and encourage their collaboration with ESRD providers and patients to encourage disaster preparedness. Additionally, the KCER Coalition set up a comprehensive resource website for the renal community and H1N1 (swine flu). The KCER Pandemic Preparedness Team developed

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

Network	Project	Accomplishments
		educational tools and handouts targeting patients and staff to promote flu prevention, awareness, and best practices.
<b>NATIONAL</b>	CAHPS Pilot Project	Patient experience of care QI project Four Networks pilot tested the ESRD CAHP. As a part of the test, worked with two dialysis facilities to enhance patient’s perception of care based on the CAHPS survey responses.
<b>1</b>	5-Diamond Patient Safety	In April 2008, to help promote patient safety values, the Network launched the 5-Diamond Patient Safety Program. The goal of this program is to help dialysis facilities better implement patient safety principles among both staff and patients. Currently 58 Providers are participating in the 5 Diamond program, and 20 have achieved 5 diamond status.
<b>1</b>	Vascular Access Passport and Protections Card	<p>The Vascular Access Passport was designed by the Network of New England for patients to carry with them. The passport is meant to summarize the details about a patient’s vascular access (placement, flow direction, revisions, reason for failure, etc) informing both the patient and the health care team. The passport help maintain the life of the hemodialysis access.</p> <p>The Vascular Access Protection Card is both a patient education piece (with information about preserving the veins in the non dominant arm for future vascular access for hemodialysis) and a removable wallet card.</p> <p>Both of these are supported and endorsed by the Renal Physicians Association (RPA) and used as a tool in their CKD Patient Management Toolkit.</p> <p>Sub National Contracts for CKD Quality Improvement Organizations order passports in very large quantities, some in the thousands. In 2008, the Network gave out thousands to providers as a tool to implement vascular access as a top priority with regards to education in the renal community.</p>
<b>1</b>	Dialysis Unit Wisdom	The Network of New England developed 5 laminated patient educational cards, held together by a ring, which contain snapshot reminders of information including: safety, exercise, flu, access care, disaster “to do” list and other helpful hints. These cards were

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

Network	Project	Accomplishments
		given to every provider in New England to hang in the patient waiting area. Since 2008, when Dialysis Unit Wisdom was developed, more than 200 copies have been distributed.
1	Dialysis Technicians Meetings	In its fourth year this meeting has an average attendance of 300 dialysis Patient Care Technicians. This meeting is supported by the LDO's. This meeting has many speakers, and CEU's are given at the end.
1	Dialysis Patients Speak: A Conversation About the Importance of AV Fistulas (a video)	The Network of New England was the Executive Producer of this video, which was made in 2005. Dialysis Speaks uses real patients from ME, MA and CT) and renal professional to discuss the importance of AV Fistulas. This video was directed, edited, and produced by Liza Walworth who is a relative of a New England Nephrologist. A discount was given in production services. The Network of New England has given 86 copies to providers from 2006-2009.
2	Critical Asset Survey for Emergency Preparedness	Developed and updated asset form for Network facilities to complete on an annual basis. This form will allow the Network to know facility staffing; available supplies, and how prepared facilities are in the event of an emergency or disaster.
2	DPC Toolkit	Offered 2 WebEx and continue to have monthly conference calls with providers.
2	Involuntary Discharge Quality Improvement Project	Working with facilities to prevent involuntary discharges. Goal is to decrease the number of involuntary discharges from the reported involuntary discharges.
2	Office of Emergency Management	Developed a relationship with the Office of Emergency Management and New York City agencies regarding special needs facilities under H1N1.
2	Advanced Warning System	Participated in meetings and conference calls with the Department of Health, Office of Emergency Management and Special Needs facilities in New York State to regarding preparedness and distributing educational information. The goal was to make sure that the special needs community had a mechanism in place to distribute and share information in the event of an emergency or disaster. The focus for the meetings at present was the H1N1 virus. The Advanced warning system members will continue to be on call whenever issues of preparedness arise.
3	Kidneys R Us Newsletter	Develop and mail to each facility a quarterly newsletter for patients in English and Spanish for patient education. Newsletter was designed by and has ongoing participation from Patient Advisory Committee members.

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

Network	Project	Accomplishments
<b>3</b>	DPC Poster	Developed a poster that was sent to each facility on managing conflict on the unit.
<b>3</b>	Phosphorus Awareness Poster	Developed a poster on phosphorus awareness that was sent to each facility to post for patient education.
<b>3</b>	Treatment Options Poster	Developed a poster on treatment options that was sent to each facility to post for patient education.
<b>3</b>	PAC Committee	Initiated a Patient Advisory Committee composed of dialysis and transplant patients from the Network. Committee works on newsletter and patient education programs. Reviews Network goals and interventions utilized to obtain goals.
<b>3</b>	NJ Renal Coalition	Established a coalition composed of individuals connected to the renal community from private corporations, non-profits as well as patients. Coalition works to promote education on CKD. Develops education programs for patients and professionals.
<b>3</b>	Patient Education Programs	Conduct semi-annual patient education programs that focus on issues relevant to dialysis and transplant patients. Collaborate with RSN to obtain speakers. Collaborated with NJ Renal Coalition and local transplant hospital to develop a program on transplant and dialysis treatment options that was attended by over 50 patients and family members.
<b>3</b>	Website	Created an online Q and A forum for anyone interested to post questions about renal disease. Questions are answered by MRB members and NW staff and posted for visitors to view for educational purposes.
<b>4</b>	REHABILITATION: Getting Back to Work Brochure (2nd printing 2008)	Brochure includes: <ul style="list-style-type: none"> <li>• An overview of eligibility and application process for vocational rehabilitation</li> <li>• Distributed to all NW4 units Spring 2008</li> <li>• Included in our Patient/ Unit Bulletin Board packets</li> </ul>
<b>4</b>	Annual Rehabilitation, Employment and School reports: A Unit Specific Report created for every dialysis facility	This report includes: <ul style="list-style-type: none"> <li>• Percent of patients (age18-54) engaged in VR, Work or School</li> <li>• Unit specific and Network wide data comparison</li> <li>• Vocational Rehabilitation Best Practices Check list</li> <li>• Quality Improvement Project Consideration</li> <li>• Listing of the local and regional Offices/Divisions of Vocational Rehabilitation</li> </ul>

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

Network	Project	Accomplishments
4	Patient Advisory Committee (PAC)	Our 17 member committee Includes: 8 HD In –center patients, 1 HD In-center patient/on Nocturnal, 1 HD/Home patient, 5 transplanted patients and 2 spouses. Our Patient Advisory Committee meets twice yearly and has guided our patient education focus for more than three years.
4	Know Your Numbers: a series of articles in Patient /Family Newsletters guided by PAC	The Network developed a series of five newsletter articles for our “Newsletters for People with CKD and their Families”. To increase patient understanding of their blood work, lab values, medication and diet adherence. Fall 2009 BUN and Serum Creatinine Summer 2009 Lipids, Kt/V, URR and Hemoglobin Winter 2008 Potassium Summer 2008 Understanding Albumin Summer 2007 Calcium, Phosphorus and Healthy Bones
4	Semi-annual Patient and Family Workshops /Community Education	Philadelphia, PA -October 2009 topic included: Making Yourself a Perfect 10, Exercise for CKD and Participating in Your Care Plan Meeting Hershey, PA-May 2009, Goal Setting for Personal Growth presented by a Professional Life Coach Philadelphia, PA-October 2008 topics included: Vascular Access-a Lifeline for Care, Maintaining Healthy Bones and Support Groups for Patients Hershey, PA-April 2008, Empowerment: Making Your Own Health Choices included Treatment Modality Options, the Renal Support Network and Dialysis Patient Citizens support groups
5	Dialysis Care Communication for Quality Staff Training Modules	These 5 modules (Professionalism, Patient-Centered Care, Patient Concerns, Fistula First, and Caring Through the End) are designed to be used by dialysis center staff responsible for conducting in-service training. Trainings aim to build skills in communication.

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

Network	Project	Accomplishments
5	Annual Grievance Reports	The reports are sent to Medical Directors to inform them of the number and types of complaints received about their facility. The report provides comparison to the Network average and includes resources for dealing with difficult patients and situations.
5	Annual Vocational Rehabilitation Reports	The reports are sent to the Social Workers with additional copies for the Governing Body to inform them of their vocational rehabilitation rates. The report provides comparisons to the State, Network, and Nation (USRDS report). It also includes resources for assisting patients in maximizing their rehabilitation outcomes.
5	<i>Chronic Kidney Failure: A Guide to Better Living</i> Patient Education Series	This series is based on the popular booklet formerly known as <i>Meeting the Kidney Challenge</i> and includes updated, current information and resources. Each document is written at an 8th grade or lower reading level, and all are available for download and may be reproduced freely. Large print copies are also available. Topics include What is Kidney Failure, Coping with Kidney Disease, Treatment Options, What is Hemodialysis, What is Peritoneal Dialysis, What is Kidney Transplant, Comparing Treatment, Medications, Your Diet, and Infection Control.
5	5-Diamond Patient Safety Modules: Decreasing Patient-Provider Conflict and Missed Treatments	The goal of this program is to help dialysis facilities better implement patient safety principles among both staff and patients. Each of the modules includes required activities to earn Diamond status, optional activities, tools and resources, and measures.
5	<i>Advance Care Planning: For the Dialysis Patient and Their Family</i> Brochure	Developed to help patients and families plan for the progression of their diseases and conditions, including end of life. It provides information and direction about where to start, who to talk to, and where to get more information.
5	<i>The Emotion Ocean: Coping with Kidney Disease</i> Patient Presentation	This light hearted, thought provoking presentation provides a review of common emotions that patients experience and includes helpful tips and tools for positive coping.
5	Patient Newsletters	Patient newsletters are done quarterly and produced completely in-house. Patient focus groups have helped to provide information in a way that is meaningful and interesting to patients. Frequent topics include vascular access, grievances and conflict, emergency preparedness, immunization, Medicare, vocational rehabilitation, advances in treatment, and resources. A popular feature is the renal recipe critique.
5	Participated in the ICH-CAHPS demonstration project	One of four Networks that worked on this project to examine the feasibility of using the instrument to define, implement, and evaluate a project to improve patients' experiences of care in dialysis centers.

**Attachment B**  
**ESRD Networks**  
**Summary of Patient Services Accomplishments**  
**December 2009**

Network	Project	Accomplishments
5	Education offerings to assist units in transitioning to the new Conditions for Coverage	Education included: <ul style="list-style-type: none"> <li>• Webinars and workshops addressing overall changes in the new CfC, and reviewing the patient-centered focus and patient safety issues,</li> <li>• Webinars and workshops about QAPI related to patient satisfaction and grievances in the dialysis facility,</li> <li>• Review and discussion with local CNSW chapters about CfC and its impact on social workers.</li> </ul>
6	Patient Education Calendar	Network 6 Consumer Committee has developed calendars for 2009 and 2010 calendar years for patient education. Calendars are distributed to facilities and patients. Monthly topics include Immunizations, Vascular Access, Emergency Preparedness, Vocational Rehabilitation, Nutrition, Treatment Options and more! Each month, we send facilities supporting information on the month's topic so they can reinforce this in their patient education programs.
6	Consumer Committee	Network 6 has had an active Patient Advisory Committee for over 20 years. This patient-led committee creates numerous projects throughout the years including, calendars, posters, and newsletters and provides the essential patient voice to the Network
6	Facilitated Mediation	The Network provides guidance to facilities, in an effort to mitigate problems between beneficiaries and providers. Guidance is based on the Conditions of Coverage and is intended to clarify specific regulatory concerns presented by the facility. In addition, Network 6 provides on-site guidance to facilities and patients to discuss ways to successfully work on communication.
6	Patient-Centered Care in End-Stage Renal Disease On-line Training Modules	Analysis of ESRD Network 6 complaint and grievance data identified skill deficiencies in communication, professionalism, boundaries, patient/provider relationships, and a lack of understanding regarding the impact of patient mental health issues on their treatment. The modules were intended to develop an awareness of the psychosocial aspects of chronic renal disease; as well as a method for identifying and dealing with problems and needs of the ESRD patient.
6	The Role of the Patient Care Technician in Improving Patient Satisfaction presentations	The focus of these presentations is the development of the Patient Care Technician (PCT) as a professional. The objectives of the presentation are:





























