

2008 Annual Report

Executive Summary



To obtain a copy of the 2008 Heartland Kidney Network's Annual Report, please visit our website at www.heartlandkidney.org or contact the Network office at 816-880-9990

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ESRD NETWORK PROGRAM GOALS

Heartland Kidney Network is a nonprofit organization that contracts with Centers for Medicare & Medicaid Services (CMS) to oversee the End Stage Renal Disease program (ESRD) in the states of Iowa, Kansas, Missouri, and Nebraska. Heartland Kidney Network is part of a national system of ESRD Networks established by Congress in 1976 to help dialysis and kidney transplant centers achieve high standards of care for kidney patients. In 2008, Heartland Kidney Network actively worked to fulfill the 2006-2009 CMS contract goals listed below:

- Improve the quality and safety of dialysis related services provided for individuals with ESRD.
- Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis), in-center self-care, as medically appropriate, through the end of life.
- Improve patient perception of care and experience of care, and resolve patient's complaints and grievances.
- 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, etc.) and the associated possibilities/capabilities.
- Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.

Source: 2008 Annual Report

ANNUAL CONFERENCE PROVIDES MORE THAN JUST EDUCATIONAL OPPORTUNITIES

In January 2008, the Network hosted the Heartland Kidney Educational Conference, "The Road to Quality Improvement." This annual event is open to public, but it is specifically targeted to the dialysis facility providers in Iowa, Kansas, Missouri, and Nebraska. It is a two-day educational event that offers CE and CME credits to renal professionals, as well as networking opportunities between facility staff, exhibiting companies and the entire renal community.



NEW BOARD MEMBERS ELECTED

In September and October, the Network conducted the Annual Board nomination and election process. Three new Board members were elected to the Executive Committee, and four new Board members were elected to the Medical Review Board. Their terms began in January 2009. In addition, new leadership for each Board began in January 2009. David Goldner, MD began service as the Board of Directors President and David Sommerfeld, MD is the Medical Review Board Chair.

QUALITY IMPROVEMENT PROJECTS

The Quality Improvement department develops projects to assist dialysis facilities in improving patient outcomes and providing quality care. In 2008, there were 13 Quality Improvement projects that were either completed or initiated. Below is a summary of the projects:

Summary of Quality Improvement Project (QIP) status as of December 31, 2008			
Task	Title of QIP	Summary	Status
1.a	Project Pull Up	August 1, 2007 - March 31, 2008 This project focused on increasing arteriovenous fistula percentages in 49 selected facilities that had yet to reach an arteriovenous fistula percentage of forty percent and had already been required to complete corrective action plans.	Completed
1.a	Decreasing Arterio-venous Grafts (AVG)	September 1, 2008 - March 31, 2009 The project decreased arteriovenous graft (AVG) usage by addressing the barriers to AVG conversion in 19 facilities representing over 1,800 patients.	In process
1.b	Catheter Reduction	September 1, 2008 - March 31, 2009 This project reduced long-term catheter use in 17 facilities representing 1,800 patients by addressing patient needle fear and requiring CQI tracking by the facility.	In process
1.c	Operation Protein Power - Phase I	May 1, 2007 - February 28, 2008 All 265 facilities in the Network were included in this initiative. This project emphasized education for patients and staff.	Completed
1.c	Operation Protein Power - Phase II	September 1, 2007 - March 31, 2008 44 selected facilities that were still having difficulty achieving nutritional goals were enrolled in this project after having participated in Operation Protein Power Phase I. This project took a more focused and targeted approach to increasing serum albumin.	Completed
1.c	Mission Referral	January 1, 2007 - January 31, 2008 The Network intervened with nine facilities to increase number of patients on the kidney transplant wait list in the selected Network facilities by 10% by December 2007.	Completed
1.c	Septicemia	January 1, 2008 - October 31, 2008 This project focused on nine facilities with high septicemia hospitalizations to decrease the percentage of dialysis patients hospitalized for septicemia by 5% by 9/30/08.	Completed
1.c	Anemia Management	September 1, 2008 - April 30, 2009 This project worked with nine facilities representing 800 patients to achieve adequate hemoglobin levels via a back-to-basics approach including anemia 101, inflammatory process information, and iron stores education.	In process
1.c	Hemodialysis Adequacy	September 1, 2008 - February 28, 2009 This project addressed increasing hemodialysis (HD) adequacy by focusing on missed/shortened treatments in eight facilities representing 560 patients.	In process
1.c	Mineral Metabolism	October 1, 2008 - February 28, 2009 This project focused on increasing the percentage of patients achieving calcium-phosphorus product <55 mg /dL by addressing patient and staff education in nine facilities representing 733 patients.	In process
1.d	Missing Access Types	August 1, 2007 - January 31, 2008 This was a three facility quality assessment and improvement project (QAIP) focusing on missing access type documented on Fistula First data collection.	Completed
1.d	Catheter Reduction	November 1, 2007 - June 30, 2008 This was a single facility QAIP designed to decrease percentage of Catheter >90 days in prevalent patients.	Completed
1.d	Septicemia	July 1, 2008 - October 31, 2008 This was a single facility QAIP designed to decrease percentage of septicemia related patient hospitalizations.	Completed

Source: 2008 Annual Report Data

PATIENT/STAFF CONFLICT RESOLUTION

Heartland Kidney Network assumes a proactive role in the prevention, facilitation, and resolution of complaints and grievances, including implementing educational programs that will assist facility staff in handling difficult situations. The Network's role in resolving a complaint, grievances, or inquiries varies depending upon the situation. The following are examples of different roles that the Network may assume:

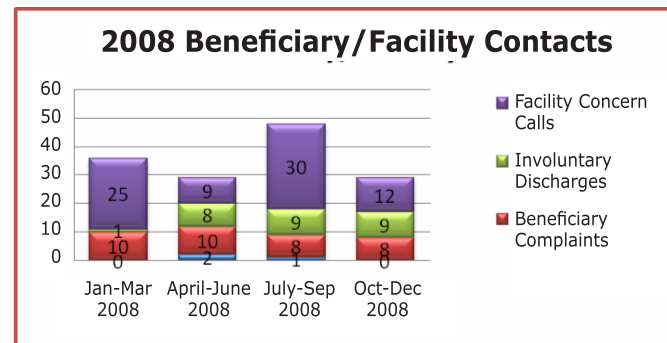
- Expert Investigator
- Referral Agent
- Facilitator
- Coordinator
- Advocate
- Educator

The Network utilized the Decreasing Dialysis Patient Provider Conflict (DPC) program in 2008 and provided facility staff with training where difficult patient issues occurred. The DPC program is made available to all facilities through the Network website.

COMPLAINT AND GRIEVANCES SUMMARY

Heartland Kidney Network addresses complaints and grievances from patients, facility staff, and other agencies or problems identified through the Network's quality improvement activities. This is done to encourage open communication between patients and facility staff and to promote the prompt resolution of complaints and grievances at the local level. If a problem exists, the Network makes recommendations to improve the quality of ESRD care.

The figure (right) provides a visual graphic depicting the Heartland Kidney Network's contacts and call activities for 2008. This information is reviewed and analyzed on a monthly basis. The data was further broken down by various demographics and was shared with the Medical Review Board and the Board of Directors during regularly scheduled quarterly meetings throughout the year. The Network provided technical assistance and recommendations to callers with emphasis in involvement of treatment care team while resolving issues; callers were also educated on the new conditions for coverage guidelines.



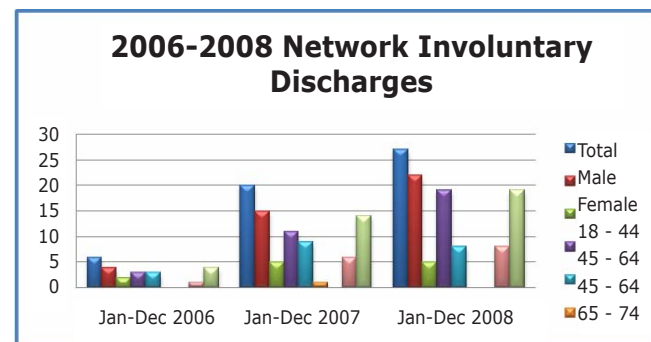
Source: 2008 Annual Report Data

INVOLUNTARY DISCHARGES

During 2008, 27 involuntary discharges were received, 20 in 2007 and 8 in 2006. The Network noted an increase in the number of patients discharged during 2008 compared to previous two years with a similar trend observed nationwide.

Heartland Kidney Network recommended facility staff to contact the Network at the initial conflict point to receive guidance and suggestions and prevent issues from escalating leading to patient involuntary discharges. Facility staff was educated on how to manage challenging patient situations. Callers were recommended to utilize effective assessment, care planning, interventions, and collaboration between themselves and patients in order to successfully manage challenging situations. Facility staff was encouraged to reference the *DPC (Decreasing Dialysis Patient-Provider Conflict)* and *Guide to Care Agreement* materials provided by the Network and become very familiar with the new Conditions of Coverage.

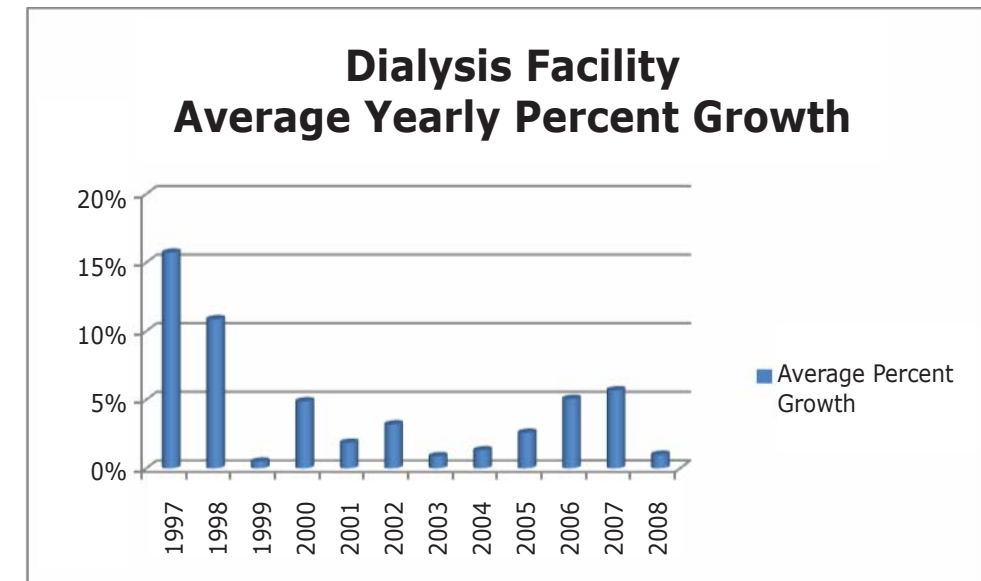
The figure (right) provides visual graphic depicting the Heartland Kidney Network's involuntary discharges activities for the last three years (2006, 2007 and 2008).



Source: 2008 Annual Report Data

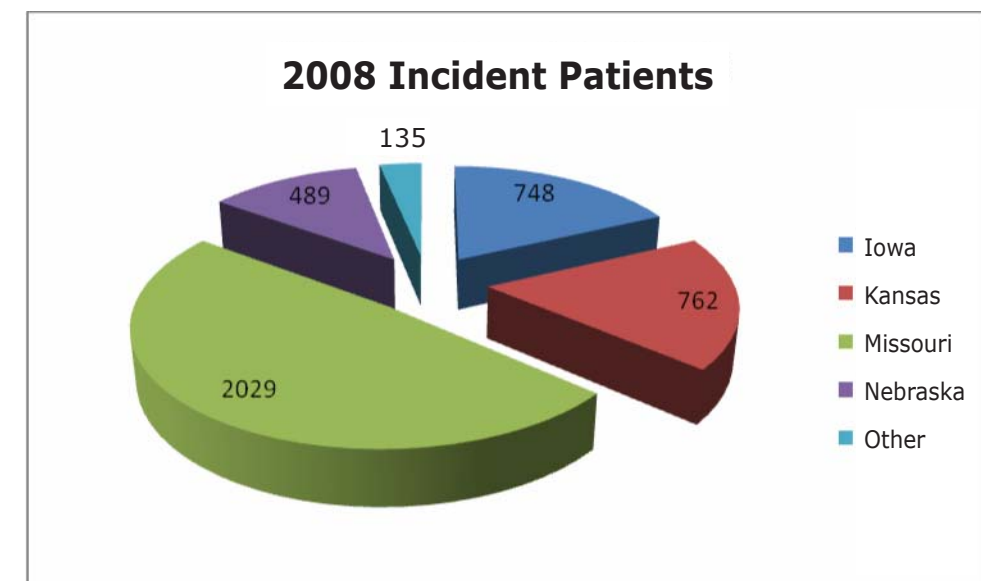
2008 ESRD NETWORK PATIENT POPULATION STATISTICS

As of December 31, 2008, Heartland Kidney Network had 266 Medicare certified dialysis facilities, 17 Medicare certified transplant facilities, 5 Veterans Administration facilities offering dialysis and/or transplantation, and 4 Organ Procurement Organizations. Other represents patients treated in a Network facility, but living outside the Network's borders. The data charts below include only patients who dialyzed or received renal transplant at a facility located within the Network's four-state area.



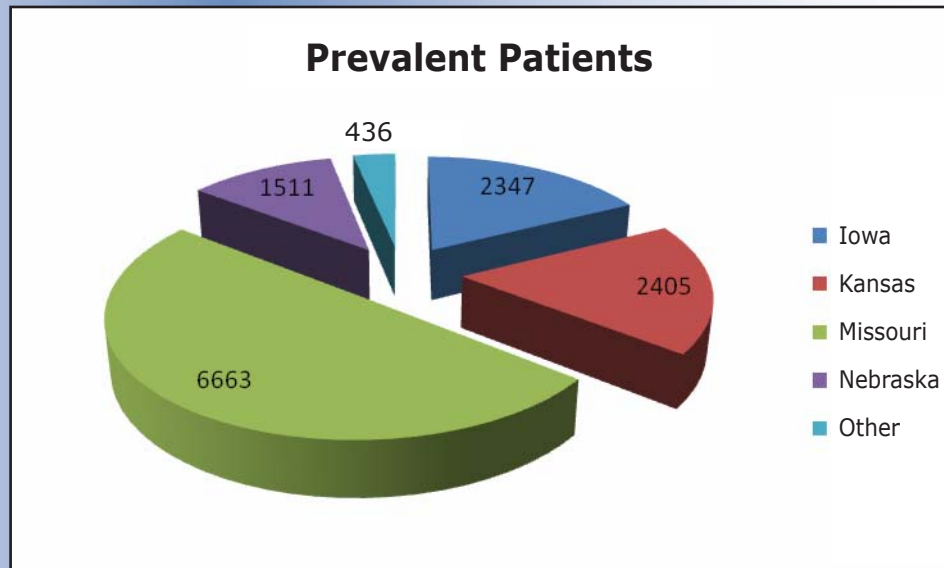
Source: 2008 Annual Report Data

The following charts were compiled with patient data from the 2008 calendar year. The incident rate reflects the number of patients who were newly diagnosed as having ESRD during 2008 calendar year. The data shows the number of newly diagnosed patients who started renal replacement therapy (dialysis or transplant) in 2008. Each states Incident rate is based on the state's population size.



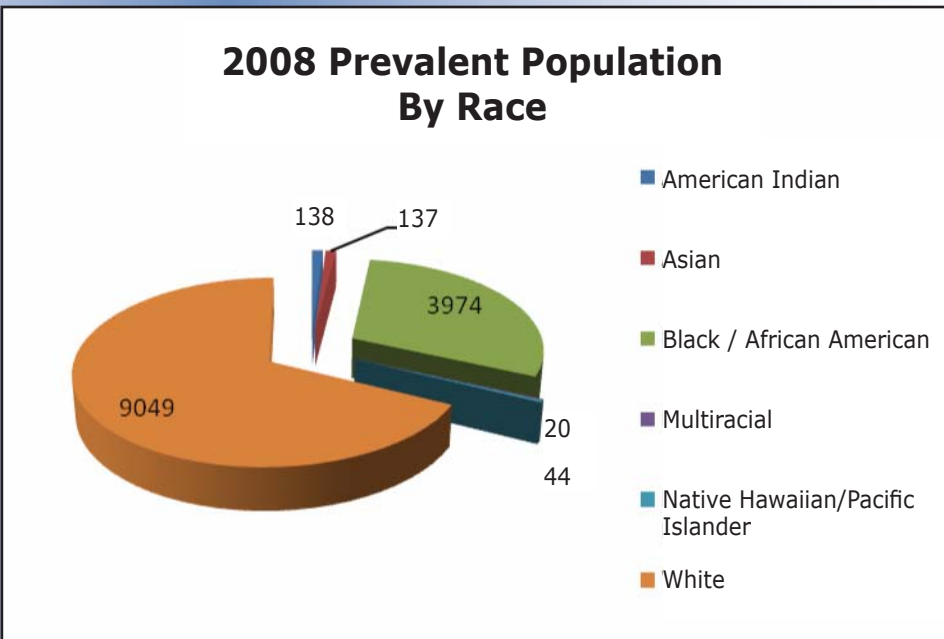
Source: 2008 Annual Report Data

These prevalence data reflects the number of patients who were on chronic maintenance dialysis at Heartland Kidney Network on December 31, 2008. Patients were reported according to their geographic residence (State in which they reside) to determine and compare prevalence rates with Missouri having the highest prevalence rate during 2008.



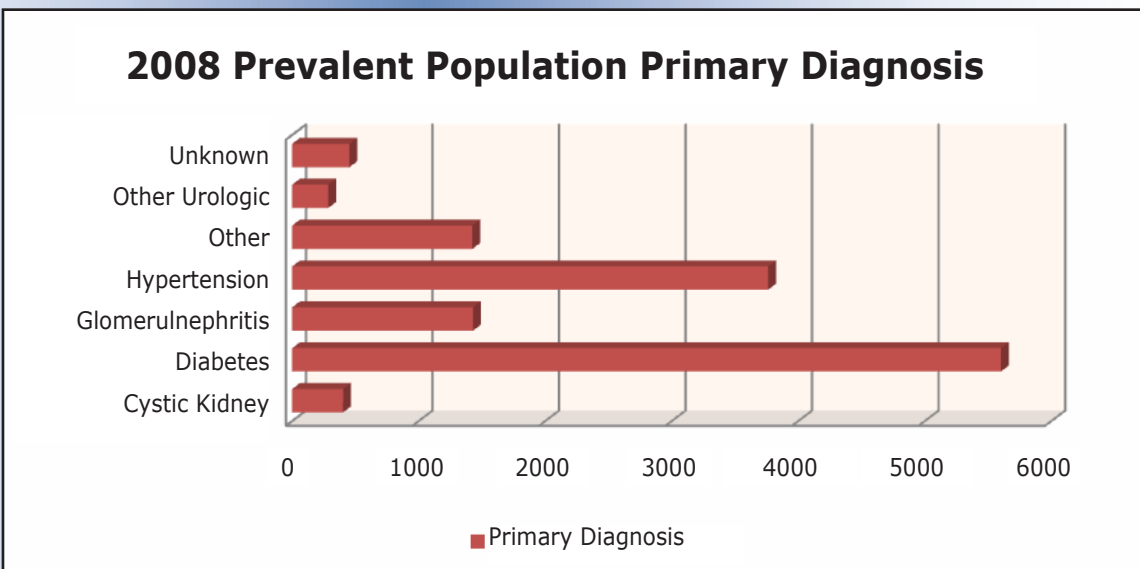
Source: 2008 Annual Report Data

The following data reflects the number of patients who were on chronic maintenance dialysis at Heartland Kidney Network on December 31, 2008 based upon their race. The highest patient population was White followed by African American and other racial groups were noted in small population as well.



Source: 2008 Annual Report Data

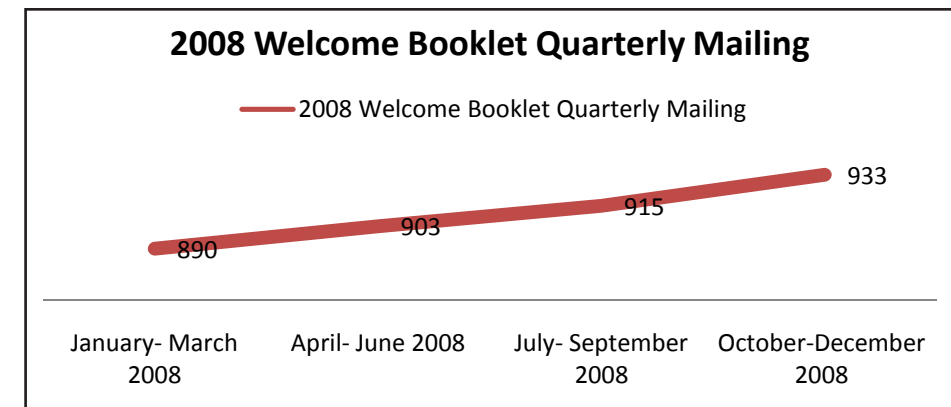
The following chart provides an analysis of the prevalence population based on the primary diagnosis during the 2008 calendar year. The majority of the patients' primary diagnosis was diabetes followed by hypertension and other illnesses.



Source: 2008 Annual Report Data

NEW PATIENT WELCOME BOOKLET

New dialysis patients need to know a great deal of information on a variety of topics in a timely manner in order to reduce the stress caused by starting dialysis and worry about the unknown. The Network's *New Patient Welcome Booklet* is a resource which provides new ESRD patients with a link to the Network at the start of their dialysis journey. In 2008, there were 3,641 booklets directly mailed to incident patients. The Network's *New Patient Welcome Booklet* is direct mailed to each incident patient within 45 days of his or her initiation on dialysis or transplant receipt. The following graph represents the Network's continuous tracking of the *New Patient Welcome Booklet* mailings for the year 2008. As the year progressed, there were more booklets distributed to new ESRD patients within the Network indicating continued increase in the number of incident patients.



Source: 2008 Annual Report Data

DISTRIBUTION OF INFORMATIONAL MATERIALS TO PATIENTS & CARE PROVIDERS

The Network develops materials that provide benefits to the patients/providers and that are packaged in a manner that is best suited to its use and relevance to the target population. In 2008, the Network developed and or revised the following educational resources which are available on the network website: Complaints and grievances, Vocational Rehabilitation, Kidney Transplant brochures: Patient Rights and Responsibility and Fistula First Posters: Guide to Care Agreement Booklet, New Patient Welcome Booklet and the Transplant booklet were also revised in 2008.

ONLINE RESOURCES AVAILABLE REGARDING NEW CONDITIONS FOR COVERAGE

The new ESRD Conditions for Coverage became effective on October 14, 2008, for providers of out-patient dialysis treatment. In an effort to assist facilities with this major revision, the Network provided technical assistance to facility staff and dialysis patients, created and supplied numerous resources on its website. Facility staff can access these resources by taking three easy steps:

1. Go to www.heartlandkidney.org
2. Click on the **Administration** link
3. Click on the **Conditions for Coverage** link