



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 1

ESRD NETWORK 12

Moderator: Lisa Taylor, BSN, RN
April 5, 2005
1:30 p.m. CT

Operator: Good day ladies and gentlemen and welcome to the Network 12 Open Door Conference Call.

At this time, all participants are on a listen-only mode; later we will conduct a question and answer session and polling and instructions will follow at that time. If anyone should require assistance during the conference, please press * then 0 on your touchtone telephone.

As a reminder this conference call is being recorded. I would now like to introduce your host, Ms. Lisa F. Taylor. Ms. Taylor, you may begin ma'am.

Lisa Taylor: Thank you Latif. Well I want to welcome everyone to our first Open Door Forum Meeting – our first teleconference.

Just to let you know, this is a replacement for the newsletter at least on a twice a year basis. We have been distributing staff newsletters to the unit four times a year and we thought we would try this to see if this might be a little bit different and better way to communicate the information to you about the networks goals, objectives, activities and plans for the future.

It will not replace the staff newsletter entirely. There will be a newsletter coming out during the next quarter – a printed newsletter that is. At this time I would like to introduce who is in the room here at the network office. My name again is Lisa Taylor, I am the Executive Director and sitting next to me is Katrina Dinkel, our Operation's Director and also listening is Rose Littlejohn, our office manager.

And now I would like to give the microphone to Sarah Yelton, our QI Director.

Sarah: Hi, this is Sarah – I will go ahead and introduce who is sitting next to me and again, I am the Quality Improvement Director here at the network. Sitting next to me is Kimberly Thompson (ph) who is the Patient Services Director.

Kimberly Thompson: Hello, this is Kim I am the Patient Services Coordinator – sitting next to me is Jeff Arnall the Data Manager.

Jeff Arnall: Hello, this is Jeff Arnall (ph) and as mentioned, I am the Data Manager and also the Director of Information Systems here at the network and sitting to my immediate right is Cathy Long who works in our QI Department as a QI Specialist.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 2

Cathy Long: Hi, this is Cathy – welcome to the meeting.

Lisa: Well now that you know who all is in the room and available, we will start with a couple of items.

We've allotted a fair amount of time for questions and for you to receive answers from us at the end of the session so please just, as we go through with our presentation if you have questions, if you will just jot them down, there will be a question and answer session at the end of the call.

At this time, I would like to turn the microphone over to Sarah and Cathy so that they can talk about the current quality improvement activities.

Sarah: This is Sarah – I hope that you can hear me. Let me start by saying that we really appreciate you taking time out of your busy day to spend some time with us so that we can go over some of our quality improvement initiatives.

I. Fistula First

The first one that I would like to talk about is called 'Fistula First' and I am not sure how familiar all of the participants on this call will be with the initiative; hopefully everyone is but just in case you are not, it is a multi-year, nationwide Centers for Medicare & Medicaid Services Initiative that will hopefully increase the use of AV Fistulas in our four states and across the nation - and it will also help to decrease the usage of grafts and most importantly catheters.

The Center for Medicare and Medicaid Services, and I am going to refer to them as CMS from here on, gave each network a goal to strive for when we started the project in 2003. To my knowledge, the project will likely go through 2009 at this point – it could go beyond that if it needs to. CMS gave us the goal here at Network 12 initially of 35.1% and I am happy to report that we have reached that goal this past fall. Maybe I should re-state and say that you all have reached that goal this past fall and in fact now, as of February 2005, we have surpassed the national average and we as a Network are at 39% AV fistulas, which is just really, really close to being right at the DOQI guidelines for AV fistulas. We will go over more of that here in a little bit. Cathy has some data that she would like to share with you in case you don't know, when you fill out those monthly reports that have fistula data on them, Cathy is the one who gets those and she tabulates them and anyway, Cathy would like to share a few words with you and here she comes.

Cathy Long: Hi, I hope that you can hear me. As Sarah said, Network has now hit 39%, which is fantastic. Having started at 31% with a goal of 35%, now to 39% - the path is being led by three states, Nebraska as of February is at 45.6%, Iowa at 43.0% and Kansas at 44.4%. What is great is even Missouri – Missouri started out at 26.7% and now they have gone all the way up to 34.3%. So overall, all the states are doing well.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 3

Some highlights – Omaha and Lincoln together are now at 44.4%. Topeka is at 61.8% - with at least nine facilities in Iowa over 60%. St. Louis started out at 24.71% and they are up to 29% - so that is great. And Southeast Missouri started out at 22% and now they are up to 31% - so overall you guys are doing great. We appreciate your response.

(APPLAUSE)

We also appreciate your response to those who have to complete paper forms – we have been above the national average in response rate for the forms, which is great. 91% of our facilities are included in these fistula percentage numbers. Again, we appreciate all your help, we appreciate everything you do to encourage the fistulas – keep up the great work.

Sarah:

Thank you Cathy, we appreciate that. As Cathy mentioned, individual states may be having more difficulty than others. Missouri in particular, has the largest number of dialysis patients in our four states. In fact, the state of Missouri has as many patients as the other three states added together. For them to improve as much as they have really says a lot for Missouri and again, we would like to applaud them – I hope you heard us applauding you, Missouri.

We at Network realize that increasing fistulas not only involves the people at the dialysis facility - the facility staff, Nephrologist, the patient, but it also involves the vascular access surgeons, and even others out there. We, and CMS realize that this is quite an undertaking. I wish you could hear CMS applaud you and believe me, they have. We were at a meeting last month in Baltimore and CMS is just amazed at how the nation has really taken off in this improvement initiative! so I did want to pass that onto you as well.

We talked earlier about the DOQI guidelines being 40% AV fistulas for prevalent patients. You will hear the term “prevalent” mentioned often – many of you probably know what that means, but just in case you don’t, that means patients that are currently on dialysis. The DOQI guidelines are 50% for incident patients. “Incident” patients, means those that are just starting on dialysis. If we are at 39% as a Network, we are almost at the DOQI guideline goal.

That being said, I think that we should tell you that CMS would like to go beyond what the DOQI guidelines are specifying. By the year 2009, CMS has set a new benchmark goal for the nation at 66.6% AV fistulas. Now, we do have a long way to go to reach it. CMS is well aware of all the barriers that will have to be overcome to get there. We have made some really good strides already, and I think we can get there. The good news is, there are some facilities in our four states that are already there. In fact, I can think of one facility in Topeka, Kansas that is almost at 72%. Cathy mentioned several others that were quite high. It is a lofty goal, but again I think it's one that can be reached. If we keep in mind that ultimately it's the patients that benefit – and we all want to give the best care we possibly can to those patients – is a worthy goal as well.

Let's see – resources; we haven't really talked about that at this point. Some dialysis facilities may be facing some very steep barriers to increasing their AV fistulas. Just today, there was a press release that came out to the networks, announcing a brand new Website. Grab your pencil; write



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 4

this down – it is www.fistulafirst.org. And that is all one word – f-i-s-t-u-l-a-f-i-r-s-t.org. The site contains some really good information about the project itself, resource materials and the part that I was most impressed with when I looked at it earlier today, the ‘Tool and Resource’ section. If you have specific needs, that would be the place to go. Of course, Cathy and I are always here to help you.

Another thing that we can offer is to link you up with another facility that has overcome a particular barrier. We would be more than happy to do that.

II. The Vascular Access Surgeon Database

I mentioned earlier that in order to reach our AV fistula goals it will take everyone, including the vascular access surgeons. A few years ago, Cathy and I developed a ‘Vascular Access Surgeon Database’. We’ve been using it and you know, things change. New doctors come on board and we may not be aware that. I would like to enlist your help – if you would take a moment and jot down who your vascular access surgeons are. Just fax them to us. You can do that anytime. If there is a new one, or if you are just not sure we know who your people are, we would be happy to update our surgeon’s database. Once we know who they are and where they are, then Cathy and I send them educational materials about the project and other things. We try to help you by educating them.

III. Technical Assistance

Many of you know this, but some of you may not know that part of our contract with ‘Center for Medicare and Medicaid Services’, states that the Networks are charged with supplying technical assistance to the dialysis facilities. You might ask, “What in the world is technical assistance”? Well that’s pretty broad and it can be defined in many, many ways. I received a call recently asking ‘what in the world is listeria?’ And so I did an Internet search and I found out some information on listeria for this facility. Another facility called because they were trying the buttonhole technique with their AV fistula and were having difficulty cannulating; well, I am not an expert in that but Network 16 is and I was able to put the two of them together to answer the question.

We have had questions about things like water quality, extremely obese patients (and how to obtain large chairs or large scales or things of that nature). If it’s a problem for you, then most likely, it would fall under the category of technical assistance. If we don’t know the answer, we will certainly try to find it for you. And the best thing of all is that there is no charge to you!

I did mention that we had used the assistance of Network 16 regarding the buttonhole. There are 17 other networks and as a Forum of Networks, (frequently we will elicit information from each other) you have the nation at your disposal. If you’ve got a problem, we will help you fix it.

Disaster Planning

I feel like I am a flight attendant and I should tell you that “your seat cushions can be used as a flotation device”. Anyway, it is spring here in the Midwest and we have to worry about tornado season along with other things like floods, power outages, fires, and even terrorism. We need to



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 5

revisit 'Annual Disaster Planning' as part of your annual updating within your own facility and your Continuous Quality Improvement (CQI) meetings. This is something that the State Surveyors look at, that your corporate people look at and, of course, the Network wants you to be as prepared as possible for any eventuality.

Never before in the history of the US, have we had to as concerned about disaster planning as we are today. A few years ago with 9-1-1, a lot of things changed and that included our emphasis on disaster planning. We've always been concerned about tornadoes but now we have to even think way beyond that. So let me start too by telling you that the Network staff attended a seminar last month in Baltimore in which the Homeland Security staff talked about the importance of having a local back up for dialysis facilities as well as a beyond local back up. The Florida people (Network 7) learned about that this past year in the hurricane season, I forget the names of the exact hurricanes, and it really doesn't matter, but four of them hit within a month and several dialysis facilities were affected by that – I mean talk about a disaster. You just think you have your backup facility planned and low and behold, they get blown away and so what do you do?

Network 7 in Florida was greatly involved in that, along with FEMA and some other folks that were national and local. They were able to work with the large corporate providers to provide care for the patients. So, that being said, things like that could happen here as well. A few years ago, we had some pretty severe flooding that affected several units and alternative means had to be made for dialysis for the patients. Anyway it is food for thought. What do you do when you are faced with a calamity?

So what we are asking you to do is take a few minutes this month (April) to talk with your Care Team during your CQI meetings and make some plans for disaster and disaster recovery. For example, do you know a carpenter that will help you board up your unit if your windows get blown out by a tornado? Do you know an electrician? You might want to jot those phone numbers down – be thinking "outside the box".

I would also encourage you to make up a disaster preparedness notebook, have all of your policies and procedures in one place along with a list of emergency supplies, and who your backup units are, etc. Not only would that be helpful for your own facility staff, but State Surveyors love to see stuff like that. So do your corporate folks when they come to visit you. I would encourage it highly.

At the Network, we have resource materials on disaster planning. All you would have to do is give Cathy, Kim or I a phone call and we could certainly see that you got them. We have a nice checklist that you might be interested in using. If you would like to use it, it is available to you at no cost.

V. Immunization

I know that you are getting tired of hearing from me, but I am almost done. Immunization and preventative medical care have been really hot topics with CMS, and rightfully so. The dialysis population is immunocompromised. Certainly flu vaccine and the pneumonia vaccine is



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 6

something that those folks need. The flu vaccine – we kind of chuckled when we talk about that because of the difficulty we all had last year in getting it! I think it's the first year that I have missed the shot myself in several years. I was kind of worried about getting the flu this year! The flu vaccine is normally available and I think that I can safely say that the government and others have paved the way for smooth access to the flu vaccine this coming fall. Anyway, flu vaccine, pneumonia vaccine, hepatitis and other preventative measures are definitely encouraged. You may be aware that CMS has an initiative called 'Healthy People 2010'. That is available on the CMS Website. You might want to jot this down too. It is www.cms.gov. You can find information about the national initiative that is not only for dialysis patients, but all of us. It focuses on trying to keep us all as healthy as we can be and immunization of course is a big part of that.

Oh, here's something – sometimes your dialysis patients will get the flu shot at your facility but sometimes, they go down to the local grocery store or the local pharmacy or their primary care physician's office or some other location to get their immunization. CMS spent a lot of time at the meeting last month in Baltimore talking with us about how do we know that the patients are getting their flu vaccines if they are not getting it at the unit? Where are they getting it and how do we all know? I would suggest that as you look at your immunization policy within your facility, you might also be thinking of ways to at least document that the patient got it in another location.

All right, let's see – take a moment this month: 1. Review your disaster planning 2. Review your immunization plan. Let's try and get all those patients immunized this year for flu and just as a reminder, Medicare and Medicaid do pay for the flu vaccine reimbursement so that is great.

Just a word to the wise, while we were in Baltimore, there is another thing that we heard and I won't take a lot of time on this topic but another hot topic for CMS is **referral for transplant**. You might want to look into your patient records and just be sure that you've got some documentation as far as 'was this patient referred for transplant?' And if not – why? And if so, what was the outcome? So, I think that is all that the Quality Improvement Department has unless Cathy has more to add and she is over there shaking her head – is that right?

Cathy Long: Yes, the lab data is on the—

Sarah: Oh, wait a minute – we do have one more thing. She wants to tell you about lab data.

Cathy Long: Most of you are familiar with E-lab last year. This year, they are doing a modified lab data collection. The large dialysis organizations will have their labs electronically submitted as it was last year. This year the independents will receive either a CD or a paper form to complete. It is patient-specific but it is only asking for three lab values per month for October, November and December of 2004. What they are asking for is the hemoglobin and first pre BUN and the first post BUN.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 7

These CD's and forms will probably sent out to you on or about April 30th. One other thing, on Fistula First, you will be receiving your facility quarterly reports, your graphs, the colorful graphs also on or about April 30th. Please share those with your medical director – show them to your staff, share them with whoever – even your patients might want to see how your facility is doing against the rest of Network and nationally.

Sarah: Thank you Cathy – we appreciate that. That is all for QI and at this point; this is Sarah, I will pass it on over to Jeff Arnall, he is our Information Systems Director.

Jeff Arnall: Thank you Sarah – I hope you all had lunch and maybe some of you had Chinese food and you know on the little menus there, they will say what year it is – the year of the rat or the monkey – well, this year it has been the year of the form. Last year, last October we rolled out the new 2746 Death Form and that went fairly smoothly, at least from any of the input that we have heard. And then you all just completed the new annual survey, the 2744 form which was redone for the first time in some years and now the biggie is going to come out June 1st and that is the eligibility form, the 2728.

That change is going to go into effect on June the 1st. Each unit will get about 20 forms along with instructions, and a helpful transparency that will help you know which boxes to fill out on the form. We will also place the training materials on our Website. At this time we are cannot give you a lot of details because CMS has embargoed that information, they don't want it being released until just the first or second week before the deadline on June the 1st. But please be watching our Website as we will have announcements and will be letting you know all the details.

What we would really like to put emphasis on is that it is not going to be a radically different form. We want to emphasize just what has changed, and those primarily will be the following areas: along with the lab values now collected, lipids will also be added to that and I know Glenda Whittle, our data forms person, has been speaking to some of your staff about preparing ahead of time, giving them a heads-up that there will be some new required items on the new forms.

The co-morbid have also changed somewhat, particularly with the addition of a depression co-morbid with a lot of interest nationally in tracking patient depression as a health care factor for the ESRD patient.

Some of the diagnosis codes have been changed and all the trailers have been dropped off – so the code sets are going to be little different. We will have the codes on the back of the new forms, and we will also have some spreadsheets with the codes for you to use as well. The Vision units, to which we will be adding about another 35 units by the end of April, will get a new version of the software in late May that will also include the new 2728 with all its changes. So again, we have a lot of changes coming out and we hope this is the last big change for the next couple of years as far as forms. I would like to encourage you to again, please just keep an eye on our Website www.network12.org for further details.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 8

And just as a final reminder also on a slightly different topic, our next quarterly roster will be sent out in mid May and will be due by the end of May and with that, I would like to thank you and turn the call over to Kim Thompson, in Patient Services.

Kim Thompson: Thank you Jeff, technical assistance is available through our office and some of the things Sarah briefly has touched on was information relating to disaster planning. Those of you that may not be aware, we also have a plethora of PowerPoint educational programs already developed on a variety of topics from 'Disaster Planning' to 'Documentation' and if you would like any of those, do not hesitate to give us a call and we will make you a CD and send it out.

Additional information you can find on our Website, as Jeff said at www.network12.org. The staff newsletter as Lisa had said is being replaced semi-annually with this Open Door teleconference forum. The next hardcopy staff newsletter that you will be receiving will tentatively arrive sometime in August. I am pushing it back to August simply because we have a desire to share information that is supposed to be reflected in the DPC tool kit in the summer. We would like to have the newsletter support that information and coordinate that information with what you will be receiving.

The distribution list on the last staff newsletter had been increased and some of you may have noticed that you received quite a few newsletters this last newsletter go-round as it increased from 3,000 to 10,000 specifically at the advice of our Board. That was to simply increase the staff awareness of the Network.

Secondly, thank you for the feedback that you guys have given us on the usefulness of the Staff Educational Newsletter. To encourage continued training and education for dealing with the difficult patient situation, a set of 25 cards have been written and distributed to the facility sometime this month. The situations actually stem from specific calls that were received by the Network office. The cards allow the facility staff to review as well as the opportunity to brainstorm their specific options on the back of the card. They also allow for the facility staff to plan for a situation and train staff prior to that event ever occurring. The newsletters regarding establishing boundaries and barriers to effective implementation are going to be followed with a brief questionnaire to assess your satisfaction and continue to drive this project.

The last patient newsletter was a tremendous success and we thank you from the Network Office to your dedication and your hard work in personally distributing the newsletter to the patients. The winners have already been notified.

Next, Sarah also mentioned emergency preparedness for the facilities, the next patient newsletter will include emergency preparedness for the patient including a sample emergency diet and things that your patients may want to place in a Rubbermaid container or some type of sealable container in the event that there was an emergency.

The other thing that the newsletter is going to include is information on the Dialysis Facility Compare. Dialysis Facility Compare for those that are not aware that it is actually a Website that



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 9

is hosted and supported by the Center for Medicare and Medicaid Services and it allows patient and staff to locate a facility anywhere in the United States. It allows you to locate the facility by the type of service provided whether or not they have dialysis shifts started after five o'clock, whether or not it is a profit or non-profit facility. It provides the telephone number and the address various quality measures such as adequacy - facilities percentage of patients with a URR of 65% or higher, hemoglobins above, 11 and it also includes survival information. The website is very easy to use and can be accessed at www.medicare.gov/Dialysis/Home.asp If you have questions on the website and it's navigation, please don't hesitate to call me at 816 880 1709; I would be glad to walk you through the site. At this point, I am going to turn the information back over to the Executive Director, Lisa Taylor.

Lisa Taylor: Thank you Kim. I just want to touch base on a few things. For anyone who hasn't seen them, the conditions for coverage have been released. The proposed regulations were published by CMS on February 4th; they were published in the Congressional (Inaudible) Register. These are the regulations for those of you who might not know – the conditions for coverage are the regulations, the federal rules for facilities who want to receive Medicare reimbursement for dialysis treatment.

The state comes in and under contract with the federal government, surveyed the facility to ensure that they are meeting these minimum standards. This is a complete re-haul of the conditions, as we know them now. The document itself, which is fairly extensive, contains both the proposed rules, which are at the back and a lengthy discussion of the (Inaudible) used to support these rules. There are several instances such as water treatment and some other issues that they are asking directly for comments as to whether or not they feel that this is adequate or if people would like to see some kind of different regulation in this area.

The Denver office recently (Inaudible) copy of the proposed rule to every medical director and unit administration or head nurse. The cover memo offers two documents that are available by email for your assistance – one in reading the conditions – one is a synopsis or foot note of the proposed rules, the other is a rule by rule comparison of existing rules with the proposed regulation. Both of these health documents are posted on our Website or they are available by emailing me at ltaylor@nw12.esrd.net.

To help me prioritize and know how to respond to your requests, please put 'Send Health Documents' in the subject line and I will get those out to you ASAP. I have had about 20 requests for those documents to date. The proposed rules include instructions for how to submit your comments. Comments are due to CMS, the Baltimore office by May 5th, 2005 at 5:00 p.m. Central Daylight Time. Please follow these directions and send your comments directly to CMS. If you want to send a copy of your comments to the network, send them only if you desire for those to be read by the executive committee, as we will not be sending comments directly except as speaking by the Network.

The committee will meet on April 22nd, to formulate the Network response. And FYI, CMS is required to publish final rules within three years after the February 4th proposed rule publication date.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 10

Now I would like to talk a little bit about the CMS proposed strategic plan for the ESRD Network program in '06 through '09. The vision that CMS is articulating right now is the right care for every person, every time. The program goals that they are expressing are to improve the quality and safety of healthcare services provided in dialysis and transplant facilities for patients with ESRD, to improve the quality of life for individuals with ESRD through the end of life, to establish and improve strategic partnerships with real coalitions at the national and regional level, to use those strategic partnerships and (Inaudible) coalitions to ensure optimum quality of care along the continuum of CKB and ESRD and to improve the collections, reliability, timeliness and use of data to measure processes of care, outcomes and support the ESRD program as a whole.

The aims for the goals are based on the Institute of Medicine six areas for strategic change and this is patient centeredness, which means that care delivery and processes of care are centered on the patient's needs, concerns and values and are expressed as priorities, that caregivers are empathetic and care is provided in a compassionate and responsive manner.

The second aim is effectiveness – that caregivers use scientific knowledge and evidence based guidelines and best demonstrated practices to offer patients with ESRD the best available care. Patient placing is the third aim – that patient's receive safe care in transplant and dialysis facilities. The systems of care are designed to anticipate adverse affects, learn from system failures and seek system improvements – efficiency.

The fourth aim is equity – that care does not vary in quality because of person characteristics of the patient or socioeconomic status. And also that the patient receives timely healthcare intervention and have processes in place to measure and minimize unnecessary delay. These are the six aims for the strategic goals. You will see them as the guiding forces in our next contract, which will begin this time next year, and you will see them in all of the activities that CMS is going to promote in the next four years.

I also want to talk a little bit about what is called CAPHS, C-A-P-H-S – don't ask me what the acronym stands for but it is basically a patient experience survey that CMS is piloting right now and will be conducting with dialysis patients.

It is not necessarily a patient satisfaction survey as it is an assessment of the patient's experience – asking them questions like, 'Did you see the social worker – what was that experience like for you?' 'Did you feel that you got adequate information?' I am throwing that out only as an example. Again, the information, the tool itself is in pilot phase, in its first run at pilot phase. (SKIP IN AUDIO) and CMS will be asking the patient to fill it out and return it to them.

We want to also remind you that the Network will be conducting our facility personnel update by the end of April. You will receive a printout of your key facility personnel that we have on record here in our database. This information is important for both of us in that you want to be able to receive important information to the right people in your dialysis unit and we want to be able to



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 11

communicate effectively on the different issues with different people that we need to discuss them with. So please look for that information and return it promptly.

Also, any time that there are changes in your personnel, copy off a Change of Personnel Update form, which is found under the Frequently Asked Questions or FAQ section of our Website; again www.network12.org. You can print that off, fill it out and fax it back to us and we will make those changes in the database so that we have information that is current and you can receive all of our communications in a timely and efficient manner.

Just a reminder, information such as the number of chairs, the types of services we provide and the name under which we interface with you as a dialysis unit can only be changed through a letter we receive from the regional office. Those changes need to be made through your state survey agency and then we receive a copy of the letter informing us of changes of ownership, changes in name and changes in services or number of stations.

The Network cannot make changes in that information until we receive a copy of that letter – sometimes the copy to our office gets delayed, so if you have received a letter from – a survey or from a change in name or stations, please fax us a copy of that letter and we will get that information changed in our database as soon as possible.

Is it question time? I think it is – I think that it is question time now. Latif, if you would like to go over the procedure, to let people know how they can ask questions and we will start with our questions now.

Operator: Thank you ma'am, ladies and gentlemen if you have a question at this time, please press the 1 key on your touchtone telephone. If your question has been answered or you wish to remove yourself from the question queue, you may press the # key.

Again ladies and gentlemen, if you would like to ask a question at this time; press the 1 key on your touchtone telephone.

From the RCGSP, our first question comes from Ardy Boucher – your question please.

Ardy Boucher: Will the lipid field be a required field on the new 27-28 since physicians do not typically draw lipids?

Jeff Arnall: Yes Ardy – it will be.

Ardy Boucher: Thank you.

Operator: Again ladies and gentlemen, if you would like to ask a question at this time; press the 1 key on your touchtone telephone.

Our next question from Tri State Dialysis comes from Diane Boleyn – your question please.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 12

Diane Boleyn: I have a question concerning the 2728 again and maybe I missed the date that you said it would go into effect and then the question about the lipids, which lipids will be included in the reporting requirements?

Jeff Arnall: Well to answer your first question, May 1st is when the new form will be effect. I do not have specific information on which lipids yet but that will be coming out prior to the release of the form and you will have a lot more detailed information at that time.

Diane Boleyn: Thank you.

Lisa Taylor: Hi Diane.

Diane Boleyn: Hi – good information.

Operator: Our next question from Renal, St. Louis – our next question comes from Cindy Leonard – your question please.

Ms. Leonard, your line is open please make sure it isn't muted – hello?

Cindy Leonard: Our question was the same question actually regarding the lipid clarification – so you have answered our call.

Operator: Thank you, again ladies and gentlemen, if you would like to ask a question at this time; press the 1 key on your touchtone telephone.

Our next question from Fresenius Home Health comes from Margaret Annen – your question please.

Margaret Annen: Hi there – I have a couple of clinics where the social worker at the hospital from where the patient is coming, so about the 27-28 – is there a problem with that or does it need to be (SKIP IN AUDIO)?

Jeff Arnall: Well, were they just getting acute treatments in the hospital?

Margaret Annen: They are getting acute treatments in the hospital and then when they come to us, they are chronic.

Jeff Arnall: Only the units treating them for the chronic care should be filling out the form. Typically that would not be the hospital-based unit.

Margaret Annen: Okay, thank you.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 13

Lisa Taylor: This is Lisa – I just got also Margaret that certainly the social worker at the hospital can help you get some of that information, such as initial peak serum creatinine and those lab values and can contribute to the information that is on that form.

Margaret Annen: Okay – would it be illegal if they completed the form?

Jeff Arnall: Well the form as you know, is tied to what facility – what provider number, you know that the patients get in chronic care treatment – so as long as its basically accredited to your unit and not to the hospital, that's what we are going to be looking at.

Margaret Annen: Okay – thank you very much.

Operator: I am showing no further questions at this time.

Lisa Taylor: Okay, we are going to do a quick summary – each of our participants here in the room – each of the presenters is going to give a quick one-key point on their presentations – we will start with Sarah.

Sarah: Hi this is Sarah, just that reminder that this is April and it's a good time to review your disaster planning and your immunization plan – also keep working on those fistula rates and those patients that have catheters; especially those in longer than 90 days, be finding out why they are not changing over to a permanent access. That's all I have and I will pass it over here to Jeff.

Jeff Arnall: Just a reminder again that the new 27-28 goes into affect on June 1st; probably about one to two weeks prior to that, you will be getting all kinds of detail information on our Website and mailed to the unit with very specific information including the questions on the lipids – so please keep an eye for that in Mid May on our Website. Now I am going to pass it off to Kim Thompson.

Kim Thompson: Hi, this is Kim – just a couple real quick recaps from my department – expect the difficult situation training cards to come out sometime this month, the next patient newsletter will arrive in your unit sometime in June and the staff newsletter will arrive sometime in August.

Please continue to personally distribute the staff, the patient newsletters to the patient and thank you for your responses on those. And now I am going to pass it back to the Executive Director, Lisa.

Lisa Taylor: My one key point is to thank you all for being here today and that the comments on the new regulations are due to CMS Baltimore office on May 5th at 5 o'clock Central Daylight time. I just want to give you a few calendar events – if you would like to mark these down: The 2006, yes we are talking 2006 Annual Meeting will be January 12 and 13 – so mark your calendar and save the date.

Personnel updates – facility personnel updates will be out by the end of the month, there is a symposium sponsored by the National Kidney Foundation of St. Louis that is going to look at



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 14

CKD care and it is called 'Is your office ready meeting the challenge of early CKD care?' on April 16 in St. Louis. You can visit their Website, which we will have a link posted on our Website for you to link over to theirs for information and registration. If you want to contact them, you can call 1-888-564-6643 for more information. Oh here is the Website – www.ckdoffice.org.

Another exciting date is the Network's open house here at the office, which will be Thursday, April 21st from 4 to 7 p.m. If you are able to attend, we would be happy to see you. We are going to have tours of the new office space, we did get new office space – we did not change our address or our telephone numbers but our new office space and we will be having a nice reception at that time.

That is all I have if anyone else has some important dates that they want to add.

Katrina Dinkel: No, I think at this time, we would like to do the polling – and as a reminder to all the participants today, we will be faxing a survey over to get some additional comments from you and any topic ideas for next time we hold this particular conference call. A transcript of this call should be available from our website; hopefully by Friday. So again, we thank all of you for your time and at this time, we would like to do the polling.

Operator: Thank you ma'am, ladies and gentlemen – we are now ready to begin our polling session. Please listen to the question and wait until all possible responses have been listed before you respond.

Our first polling question – Was the following objective met during the conference?

And the statement is: Attendee was updated on current QI projects.

If your answer is 'Yes', please press 1 – if your answer is 'No', please press 2.

I will repeat the statement, the statement was Attendee was updated on current QI projects.

Please stand by.

I believe a couple of people did not answer, we will give them just a moment to do so. Please stand by as we tabulate the results. Thank you.

Question number two: Was the following objective met during the conference?

And the statement is: Attendee understands the need for disaster planning.

Again, if your answer is 'Yes', please press 1 – if your answer is 'No', please press 2. You may answer now.

Please stand by as we tabulate the results.



ESRD Network 12
Moderator: Lisa Taylor
05-05-05/2:30 p.m. ET
Confirmation # 678102
Page 15

Okay, we will move to question three: Was the following objective met during the conference?

And the statement is: Attendee has knowledge of the need for immunizations.

If your answer is 'Yes', please press 1 at this time, if your answer is 'No', please press 2.

Please stand by as we tabulate the results.

Thank you – question number four - Was the following objective met during the conference?

And the statement is: Attendee is aware of the resources available through ESRD Network 12.

If your answer is 'Yes', at this time press 1, if your answer is 'No', please press 2.

Please stand by as we tabulate the results.

Thank you and our final question: Was the following objective met during the conference?

And the statement is: Attendee has been updated on the new 27-28 form and release dates.

If your answer is 'Yes', please press 1, if your answer is 'No', please press 2 at this time.

Please stand by as we tabulate the results.

This concludes our polling session – ma'am?

Lisa Taylor: Thank you Latif and thank you everyone for participating in our questions.

Again I want to thank you for your participation today – we look forward to both seeing you in January and we talk to many of you all the time – I am trying to think if there is anything else that we need to say.

Well, thank you for your time and we hope it is also a treat that we are wrapping up a little early this time. Thank you for participating and have a good day.

Operator: Ladies and gentlemen, this concludes today's conference. Thank you for your participation and have a wonderful day. You may disconnect your lines.