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# FMQAI Access

The Florida ESRD Network

## The Network's Top Reported Complaints about Facilities

As part of our quality improvement activities, Network 7 reviews complaints by area of concern and by affiliation each quarter, and reports the findings to the Medical Review Board (MRB) for recommendation. Last quarter's review indicated that treatment or quality of life issues were involved in 44% of aggregate complaints received for a 12-month period. Staff related issues were involved in 24% of the complaints. Following are the top categories of complaints received and some measures that facilities can take to resolve issues prior to becoming a formal complaint or grievance.

1) Treatment or quality of life issues (44%) – The most common sub-categories of treatment related or quality of life complaints include:

- Patient scheduling
  - > Discussion - Intrusion of hemodialysis on time is a major issue for patients. Some patients complain about timeliness of getting on the dialysis machine or favoritism shown toward other patients. Others complain about their appointment time. It is important to remember the patient's perspective. Loss of control over schedules greatly impacts lifestyle.
  - > Tips - Consider the patient's adjustment phase when addressing these concerns. Utilize the social worker to assess the patient's functioning, coping mechanism and support systems. Consider referral to home dialysis options.

Consider a change in the patient's dialysis time to accommodate for their schedule / lifestyle needs. Follow-up accordingly as part of patient care planning and Quality Assessment Performance Improvement (QAPI).

- Management issues
  - > Discussion - The most common complaint about management is that patient concerns are not taken seriously. Patients report that staff tries to cover up incidents, fail to follow-up with complaints, and have "attitudes" when complaints are voiced. Additionally, patients complain about facilities not following policies and procedures.
  - > Tips - Facility leaders should view complaints as opportunities for improvement; intervene early and appropriately; and equally enforce the facility complaint process for all patients.

*(continued on page 2)*

## The Network's Top Reported Complaints about Facilities

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### 2) Staff related (24%) – Common staff related complaints include:

- Staff competency
  - > Discussion – Often patients will only allow certain staff to treat them. This is usually related to personality clashes, ethnic or gender concerns or proficiency of staff's cannulation skills.
  - > Tips - Ask the patient why they are refusing certain staff. Address patient concerns and facilitate resolution, such as in-servicing staff on patient sensitivity and professionalism or mentoring a staff member until they are more proficient with cannulation. Assist the staff with ways to distance them from the patient's rejection, so that they do not enter into conflict with the patient. Adhere to the facility policy related to patient special requests, and administer it evenly with all patients. Involve the social worker in addressing the patient's emotions related to treatment and relationships with the staff. Consider enhanced patient participation in their own self-care (e.g. weighing themselves, monitoring blood pressure, holding needles sites, self-cannulation).
- Respect and dignity
  - > Discussion - Commonly reported concerns include rude, abrupt, argumentative, insensitive, or demeaning behavior; physical or mental harassment; staff is confrontational in front of other patients; inappropriate comments or teasing; inappropriate and inadequate communication; and poor customer service.
  - > Tips - Remember, the ESRD Federal Regulations stipulate that patients have the right to respect; recognition of personal needs; sensitivity to psychological needs/coping; and privacy when sensitive topics are discussed. Staff should demonstrate observance of patients' rights and consideration of a patient's physical condition, emotional state and cultural background. Patients must be able to question procedures or staff performance without fear of reprisal. It is important to hold staff accountable for their behavior. Unprofessional behavior may adversely impact the patients' behavior or adjustment.

- Insufficient staffing
  - > Discussion - Common themes include not enough staff on the floor; patients are not being properly monitored during staff breaks; staff turnover is high; social work services are not readily available; and complaints about the number of staff, composition of staff, or staff assignments.
  - > Tips - The ESRD Federal Regulations stipulate that facilities must maintain current documentation to demonstrate personnel meet the basic requirement of their assigned roles. Further, an adequate number of qualified personnel must be present whenever patients are undergoing dialysis. Make the process for requesting staff assistance (e.g. social worker or dietitian) known to patients. Post schedules and how to contact staff by phone if they cover more than one facility. Consider having a form for requesting consultative services.
- 3) Professional ethics (14%) – These complaints are often related to maintenance of appropriate boundaries. The interpersonal staff / patient relationship should be focused on patient outcomes. It is a therapeutic (not social) relationship.
- 4) Physical environment (11%) – Machine breakdowns and temperature in the facility are commonly reported issues. Refer to the Conditions for Coverage for regulations and guidance on issues related to equipment repair and patient environment.
- 5) Patient transfer or discharge (4%) – Facilities should contact Network 7 to review patient and facility concerns before they escalate to crisis, discuss the issues and interventions, and explore options other than discharge.
- 6) Reimbursement / Financial (3%) – The majority of these complaints are regarding health insurance, Social Security benefits, and financial concerns that can affect access to care. The Network usually coordinates follow-up regarding these issues with the facility social worker.

Per the Conditions for Coverage, facilities must measure, analyze, and track quality indicators that reflect processes of care and facility operations. Patient satisfaction is an indicator which should be monitored in your QAPI program.

(continued on page 3)

## The Network's Top Reported Complaints about Facilities

(continued from page 2)

- Look for trends in the data you collect
- Share results of your patient satisfaction surveys with the patients
- Involve patients in finding solutions to problems
- Implement solutions in a timely way
- Demonstrate evidence of action taken to implement changes
- The Network is available to provide technical assistance with your QAPI program

Some suggestions for your consideration:

- Consider what your patients would say if asked about their experiences of voicing concerns. What can you learn from this?
- Evaluate you staff's style in responding to patient concerns. Are they open vs. defensive? Do they presume validity of the patient's concern vs. minimizing or negating it? When talking to patients about their expressed concerns, what is their body language?

The above information is not meant to be an exhaustive list of problems and solutions, as every patient and facility situation should be considered on an individual basis. We welcome provider calls to the Network, so that together we can work toward optimal care and successful adjustment for your patients.

Resources:

- *Decreasing Dialysis Patient-Provider Conflict (DPC)* – <http://www.esrdncc.org/index/decreasing-dialysis-patient-provider-conflict>
- *The Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey (ICH-CAHPS)* – [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)
- Network 7 Quality Improvement Resources – <http://www.fmqai.com/qip.aspx>
- *Improving the Fundamentals of Managing in a Dialysis Facility*, and other Network 7 free online continuing education courses – <http://edu.flqio.org/>

**Will You Be Ready  
For a Disaster?**  
KIDNEY COMMUNITY EMERGENCY RESPONSE (KCER) COALITION



**2010 KCER Summit  
APRIL 13, 2010  
Orlando, Florida**

The Kidney Community Emergency Response (KCER) Coalition hosts an annual in-person meeting of the Coalition. This meeting is open to anyone interested in disaster preparedness for the kidney community. Reservation information will be available soon.

**Visit Us Today at...**  
**[www.kcercoalition.com](http://www.kcercoalition.com)**

## Network Contact Information

Each facility should ensure that Network 7's contact information is prominently displayed for patient viewing. Per the Conditions for Coverage:

- "Facility staff must inform each patient / designee how to contact the appropriate external entity to file a grievance, including the ESRD Network and the State Survey Agency (Agency for Healthcare Administration)."
- "Information that must be posted includes the list of patient rights and the mailing addresses and contact information for the applicable ESRD Network and State Survey agency, as well as the complaint telephone numbers for each."
- "As with in-center patients, facilities must provide home dialysis patients with contact information for the applicable ESRD Network and State Survey Agency."

If your facility is in need of a Network grievance poster / Network contact information, please contact Lisa Hall at [lhall@nw7.esrd.net](mailto:lhall@nw7.esrd.net) or (813) 383-1530 ext 3883.



## The Surveys are Coming! The Surveys are Coming!

Yes, folks it's that time of year again! It's time for the annual ESRD Facility Survey (CMS-2744). As you may remember, this is where we send you a listing of the patients you had last January, all of the patient events that were reported to us during the year, what we show as your ending patient population on December 31<sup>st</sup> and ask you to verify that the information is correct. Okay, let's all groan together...

As this form is only completed once a year, we would like to remind you about a couple of areas that are often overlooked. Let's start at the top and work our way down. (Copies of the forms and detailed instructions for completing the form are available for download from the CMS website at: <http://www.cms.gov/CMSForms/CMSForms.>)

On the top right hand side of the form is a section CMS is using to verify the physical address, the number of stations, the telephone number, the profit status (profit/non-profit), any affiliations with a dialysis chain, types of dialysis service offered and whether the clinic offers shifts starting at 5:00 pm or later. Please fill in this section completely.

In the Dialysis Patient section, in the center of the form, there are fields to record information on patients who received more than 4 treatments per week. If you have reported those patients as such on your PARs they will be listed, if not, you will need to call the Network office with those, and any other data you need to correct.

Vocational Rehabilitation (VR) information is also collected on this form. Previously, we collected that data in the spring, but as it is now included on this form, we will be providing you with VR Worksheets and you will need to enter the results in these fields. Please remember that leaving the VR section blank is effectively saying to CMS that you provide no VR services or assistance to your patients.

Next is the Treatment and Staffing section. In the bottom section of the form there are two fields that ask you to provide the total number of Hemodialysis and the total number of Other [dialysis] treatments that were performed in your dialysis facility during the year. This would include any treatments you provided to your regular patients as well as any done for seasonal, transient or hurricane patients you may have treated. The Hemodialysis field is pretty straight

forward. It refers to any hemodialysis treatments your facility did in-center, including training treatments, if your facility provides home hemodialysis training to patients. The Other field is where you record any training treatments provided to CAPD and CCPD patients, any IPD treatments, if your facility provided that service, and any other non-hemodialysis treatments you performed in your facility for regular, seasonal or transient patients. The number of training treatments for CAPD and CCPD is the number of days on which training treatments were provided, not the number of exchanges. These fields should not include acute treatments or those where the patients received supplies from you and the treatments were performed elsewhere. These numbers can often be difficult to obtain, so start gathering them as soon as you can.

Next to the Treatment Load fields is a table regarding staffing levels. The table asks you to enter the number of full time and part time staff employed at your facility that are RNs, LPN/VNs, PCTs, APNs, dietitians and social workers. It also asks you to complete the number of open (not filled) full and part time positions you have in each of these disciplines. Leaving this section blank will make it appear to CMS that you are operating with insufficient staff and that no efforts are being made to acquire staff.

### Quick Links

#### Network Website

<http://www.fmqai.com/esrd.aspx>

#### Download 2728, 2746, and 2744 forms and instructions directly from CMS

<http://www.cms.gov/CMSForms/CMSForms/list.asp>

and do a search for items containing the word ESRD.

#### Dialysis Facility Compare

<http://www.medicare.gov/dialysis> to learn more about dialysis facilities across town or across the country

## Starting a buttonhole

1. Perform a complete physical assessment of the AV fistula and document the findings.
2. Select the cannulation sites carefully. Consider straight areas, needle orientation, and ability of the patient to self-cannulate. Sites should be selected in an area without aneurysms, and with a minimum of two inches between the tips of the needles.
3. Remove any scabs over the cannulation sites.
4. Disinfect the cannulation sites per facility protocol.
5. Using a sharp AV fistula needle, grasp the needle wings, and remove the tip protector. Align the needle cannula, with the bevel facing up, over the cannulation site and pull the skin taut.
6. Cannulate the site at a 25 degree angle; self-cannulators may require a steeper angle. It is important to cannulate the developing constant-site in the exact same place, using the same insertion angle and depth of penetration each time.
7. A flashback of blood indicates the needle is in the access. Lower the angle of insertion. Continue to advance the needle into the AV fistula until it is appropriately positioned within the vessel.
8. Securely tape the AV fistula needle and proceed with dialysis treatment per facility protocol.

*\*Note: It takes approximately six cannulations using a sharp needle to create a scar tissue tunnel track in a given site.*

## Cannulating a buttonhole

1. Perform a complete physical assessment of the AV fistula and document the findings.
2. Remove any scabs over the cannulation sites per facility protocol.
3. Disinfect the cannulation sites per facility protocol.
4. Using a buttonhole needle set with anti-stick dull bevel, grasp the needle wings, and remove the tip protector. Align the needle cannula, with the bevel facing up, over the cannulation site and pull the skin taut.
5. Carefully insert the needle into the established cannulation site. Advance the needle along the scar tissue tunnel track. If mild to moderate resistance is met while attempting to insert the needle, rotate the needle as you advance it using gentle pressure.
6. A flashback of blood indicates when the needle is in the access. Lower the angle of insertion. Continue to advance the needle into the AV fistula until it is appropriately positioned within the vessel.
7. Securely tape the ButtonHole needle set and proceed with the dialysis treatment per facility protocol.

*\*Note: Ensure the same needle insertion angle and depth of penetration are used consistently for each cannulation of a constant-site.*

(Source: [www.homedialysis.org](http://www.homedialysis.org))



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## FROM THE DIRECTOR

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The Network hosted its 2009 Annual Forum from November 16 – 18 in Tampa at the Renaissance Hotel at International Plaza. This outstanding meeting serves as part of the Network’s ongoing efforts to provide professional education to the Florida renal community. Over 350 people attended the 2009 Annual Forum with the theme “Win Big with Quality: Raising ESRD Care to the Next Level.” As always, the meeting provided presentations from both national and local speakers. Among some of the most thought-provoking topics and best evaluated speakers were “Kidney Allocation” by Thomas Peters, MD; and “Dialysis Catheters: A Call to Action” by Arif Asif, MD; Victor Bowers, MD, FACS; and Jeffrey Sands, MD, MMM.

In addition to the exceptional educational sessions that focused on the ESRD Conditions for Coverage, FMQAI also presented its annual awards, recognizing excellence in ESRD care. The event honored outstanding people, facilities, and organizations for their exceptional work during 2009. Awards were presented for Fistula First Champions, Data Achievement, Community Services, Outcomes Excellence, Quality Improvement, Disaster Preparedness, and Volunteer of the Year. The Network also presented a new award for 2009, the Vocational Rehabilitation Champion Award.

### **Fistula First Champions**

As part of the Centers for Medicare & Medicaid Services Fistula First Breakthrough Initiative, the Network continued to work with dialysis facilities, nephrologists, surgeons, and other key partners to reach the goal of 66% of patients with AV fistulas. The Network recognized 33 facilities that had already reached the “Breakthrough Initiative” goal, representing a 43% increase over 2008.

The Network was also pleased to honor three facilities that demonstrated the greatest AVF improvements from 2008 – 2009. These three facilities averaged an annual improvement of more than 22% for AVF. (*Fistula First Champions are listed on page 11*)

### **Data Achievement Award**

This award was given to 27 ESRD facilities exemplifying excellence in data management. Eight of those facilities were receiving the Data Achievement Award for the sixth year in a row. Criteria for consideration included the consistent submission of 100% accurate and timely data for all CMS forms (2728s and 2746s) and the Patient Activity Reports.

### **Community Services Award**

The Community Services Award was developed to honor an organization or individual who had made an outstanding effort to improve the quality of services for Florida kidney patients. The Network was pleased to recognize Frank Torano, from the Social Security Administration, for his significant contribution to improving vocational rehabilitation rates in Florida. Mr. Torano has provided technical assistance and resources to the Network and ESRD providers; and has personally assisted social workers to meet the needs of individual patients. His efforts have directly impacted the impressive increases in the number of patients working and in school in the Florida ESRD community.

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## From the Director *(continued)*

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### **Vocational Rehabilitation Champions**

In June 2008, Network 7's Vocational Rehabilitation Advisory Committee initiated a QI project, VR: Getting Back on Track. The statewide goal is to increase the percentage of patients ages 18-54 who are either engaged in VR, attending school or employed to 30% by December 2009. The VR Champion Award was presented to 14 facilities that demonstrated the top performance in helping patients achieve their personal rehabilitation goals. All facilities honored achieved greater than 54% of eligible patients in school, VR or working, including two facilities that reached 100%.

### **John Cunio, MD Memorial Award for Excellence**

The criteria used in assessing potential candidates for this award were: standardized mortality and hospitalization ratios, anemia management, adequacy of dialysis and AVF rates. Four facilities received honorable mention for their outstanding achievements: North Melbourne Dialysis, Perry Dialysis, Renal Care Partners of Delray Beach, and Universal Kidney Center. The John Cunio, MD Memorial Award for Excellence was then presented to Pinnacle Dialysis for its excellence in the management of patient outcomes for Florida ESRD patients.

### **Volunteer of the Year Award**

In appreciation for her valuable leadership, and in grateful acknowledgement of her talents and service so freely and unselfishly given, FMQAI: The Florida ESRD Network presented Catherine Barnett, LCSW with the Volunteer of the Year Award. An avid patient advocate, this long-time member of the Medical Review Board has provided patient-centered care to dialysis patients in Florida for more than 30 years. On the Network MRB, she chairs the Complaint and Grievance Subcommittee and consistently challenges renal professionals to maintain a focus on the provision of care that is empathic, ethical and patient-centered.

### **Susan V. McGovern, ARNP, MS Memorial Award**

The Susan V. McGovern, ARNP, MS Memorial Award honors the memory of Susan McGovern, a Network staff member who passed away in 2006. This annual award honors the "quest for continuous quality improvement, the desire to teach others, and the willingness to serve the renal community at the highest level." The Network was pleased to present this award to Jeffrey Sands, MD, MMM. A long time volunteer with the Networks, Dr. Sands works tirelessly to improve all aspects of care. He champions CQI to Florida providers, physicians and the renal community nationally. Through his expertise and passion, he has improved the quality of care and quality of life for kidney patients; and he continues to do so on a daily basis.

### **FKDC Disaster Preparedness Award**

The Network was pleased to honor Don Cranston, from TECO Energy, with the second annual FKDC Disaster Preparedness Award, which was developed to honor an individual that has made outstanding contributions in disaster preparedness for dialysis and kidney transplant patients, healthcare workers, and emergency management in the state of Florida. Mr. Cranston has consistently volunteered his time and resources to further advance the Coalition and its mission. Whether assisting with stakeholder communications or donating resources for outreach and education, he is always a key contributor to FKDC activities.

Overall, FMQAI: The Florida ESRD Network has continued to show improvement in patient outcomes; however this success wouldn't be possible without all of you. The Network thanks you for your dedication, cooperation, and support. Together, we will continue to work together to improve the quality of care and quality of life for our Florida ESRD patients.

*Kelly M. Mayo, MS*

## Q

# Quality Corner

## New Vocational Rehabilitation Tracking Tool Available

The ESRD Federal Regulations [CfC 494.80(a)(13); 494.90(a)(8)] require facilities to: evaluate patients for referral to vocational rehabilitation (VR) services; assist patients in achieving and sustaining an appropriate level of productive activity, as desired by the patient; and make VR referrals as appropriate.

Florida's 2008 VR Annual Survey overall data indicates that 27.5% of patients statewide are either receiving services from VR, working or attending school full/part time. The Network's stretch goal is to increase the statewide performance to 35.7% by December 2009.

Due to an identified need to improve VR rates in the Network 7 area, the Network initiated a quality improvement project, *Vocational Rehabilitation: Getting Back on Track*, during June 2008. The goal of this project is to increase the number of Florida ESRD patients, ages 18-54, either receiving services from VR, employed or attending school full/part time. The objectives of the VR Project are to:

- ✓ Promote vocational rehabilitation awareness;
- ✓ Engage facilities in conducting Continuous Quality Improvement (CQI);
- ✓ Demonstrate outcomes-driven social work practice; and
- ✓ Enhance the level of independence and quality of life for ESRD patients.

Each of the facilities identified in the VR QI Project Focus Group began the project with a baseline of 0% of patients, ages 18-54, engaged in VR, working or attending school (based on 2007 VR Annual Survey). One of the primary lessons learned with this project was that baseline data was recorded inaccurately by many facilities on the VR Annual Survey. A tracking tool was developed by the Network and disseminated to all project participants that provided a format to easily monitor the number of patients engaged in VR, work or school. Participants in the Focus Group have made impressive gains overall with 40% of patients either receiving VR services, employed, or in school.

To improve your facility's reported outcomes, the Network suggests that you utilize the VR Tracking Tool by keep a running list of patients, ages 18-54, each month. For each patient, place a checkmark into each box that applies (received VR, employed full/part time, in school full/part time). Review the list on the last day of each month. Remove or delete any patients who are no longer at your facility (people who have expired, transferred out, or received transplants) as of the last day of each month. The information that remains will indicate the number of patients, ages 18-54, that are engaged in VR, working or attending school.

The VR tracking tool and instructions on its use are posted on our Vocational Rehabilitation web page at <http://www.fmqai.com/Vocational-Rehabilitation.aspx>. If you have any questions or need technical assistance, please do not hesitate to contact Lisa Hall at 813-865-3883 or [LHall@nw7.esrd.net](mailto:LHall@nw7.esrd.net).

Promotion of vocational rehabilitation not only improves facility and statewide outcomes, but ultimately makes a difference in the quality of life for kidney patients.



# Decreasing Dialysis Patient - Provider Conflict (DPC)

This program was designed for use by dialysis center leadership and the staff responsible for conducting in-service training and quality improvement. The Decreasing Dialysis Patient-Provider Conflict Project (DPC) is based upon ESRD Network efforts and a Renal Stakeholder Consensus Conference conducted in October of 2003. This conference was sponsored by the Forum of ESRD Networks with support from an educational grant from ESRD Network 12.

With funding from the Centers for Medicare & Medicare Services (CMS) and working with a Task Force of renal stakeholders and content experts, workgroups developed the tools and resources for staff training that you find here. As a result of this team effort, the DPC toolbox now contains three steps and a variety of helpful tools. The three steps are described in detail below.

At the core of the DPC project lies the staff training component. This component is designed for all levels of staff with an emphasis on dialysis staff that provide direct patient care and who may not have received training in professionalism or in conflict resolution. The training aims to decrease patient-provider conflict by building conflict resolution skills, improving communication and increasing understanding of how interactions with patients, their families and friends, and other staff may trigger or escalate conflict in the dialysis setting. The staff training component was built

around the acronym CONFLICT. Each letter of the acronym represents a principle or action that can be used when trying to prevent, decrease, or understand patient-provider conflict. Training components include:

- C**reate a Calm Environment
- O**pen Yourself to Understanding Others
- N**eed a Nonjudgmental Approach
- F**ocus on the Issue
- L**ook for Solutions
- I**mplement Agreement
- C**ontinue to Communicate
- T**ake Another Look

For more information on DPC or to download a provider manual, please visit [http://www.esrdnetworks.org/special-projects/copy\\_of\\_DPCCProviderManual.pdf](http://www.esrdnetworks.org/special-projects/copy_of_DPCCProviderManual.pdf)

(Source: [www.esrdnetworks.org](http://www.esrdnetworks.org))

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## “What Every Patient Needs to Know”

This brochure was created to help patients and their families through the process of organ transplantation, and to provide the information needed to make knowledgeable healthcare decisions. For additional information, you may call the United Network for Organ Sharing (UNOS) at (888) 894-6361 or link directly to the brochure by visiting <http://www.unos.org/SharedContentDocuments/WEPNTK2008.pdf>.

You may link to additional “free” transplant brochures, in English and Spanish <http://www.unos.org/resources/brochures.asp>.



# DID YOU KNOW???

*The ESRD Network of Florida is Available to Provide Technical Assistance!*

## Quality Improvement

- Assist, facilitate, educate and clarify Network QI Projects for facilities.
- Assist with the development / implementation of QI Projects in facilities.
- Encourage the development of emergency preparedness policies & procedures at the facility level (to include a backup plan).
- Available to review Corrective Action Plans for completeness / accuracy before facilities submit them to AHCA.
- Available to educate on the Conditions of Coverage and its interpretation as well as the Network's Criteria & Standards.

## Information Systems

- Assist, educate, facilitate and clarify information on the implementation of CROWNWeb. If you would like more information on CROWNWeb, please visit our website at <http://www.projectcrownweb.org/crown/index.php>.

## Patient Services

- Assist, clarify and educate on grievance procedure & due process.
- Mediate between patients & facilities via telephone.
- Assist with the provision of community resource information and materials, as available.
- Develop and host patient education workshops throughout the state.
- Provide Vocational Rehabilitation and emergency preparedness information to facilities and patients.
- Assist patients to locate facilities when traveling or as needed (we can not force a facility to accept a patient, just identify the ones available in the area).
- Maintain a toll-free number for patient use throughout the state of Florida.
- *Accept collect calls from patients only.*

## Administrative

- Assist, clarify and educate facilities with CMS requirements.
- Communicate changes in CMS that will impact facilities via Fax Blast, e-mail (where available), informational mass mailings, workshops / professional meetings and Annual Forum.
- Represent the needs of our community to CMS.
- Develop partnerships with organizations to address quality as an outcome in ESRD.
- Facilitate involvement in Network boards and activities from all aspects of the ESRD community.
- Involve the community proactively in the improvement of care in the State of Florida.
- Communicate with facilities on the status of the Network and its activities.

Contact the Network at (813) 383-1530 or [info@nw7.esrd.net](mailto:info@nw7.esrd.net)



## Most Improved AVF Recipients



Provider #	Facility Name	% Improved	Census
102740	Orlando Dialysis	29.22%	0-50
102504	South Broward Artificial Kidney Center	14.51%	100+
102830	Middleburg Dialysis LLC	24.66%	51-100

## Fistula First Breakthrough Initiative Recipients

Provider #	Facility Name	% AVF
100038	Memorial Regional Hosp - Dialysis	66.67%
102782	Universal Kidney Center Of Boynton Beach	66.67%
102803	St Petersburg South Dialysis	66.67%
102819	Davenport Dialysis Center	66.67%
102825	Ocala Regional Kidney Centers Home Dialysis	66.67%
102855	Broward Kidney Centers Of Coral Springs	67.19%
102795	Fmc Dialysis Services - North Boynton Beach	67.92%
10065f	Vamc-Palm Beach Dialysis - 118ccp	68.18%
102857	Casselberry Dscf	68.18%
102504	South Broward Artificial Kidney Ctr	68.25%
102708	Pine IslanD Kidney Center	68.42%
102845	West Pensacola Dialysis Center	68.42%
102773	St Petersburg Dialysis	68.83%
102582	West Boca Dialysis Center	70.00%
102645	Complete Dialysis Care	70.87%
102520	Boca Raton Artificial Kidney Center	70.97%
102818	Highlands Dialysis Center	70.97%
102695	Gulf Coast Kidney Center - Hudson	71.43%
102799	Fort Walton Beach Dialysis	71.43%
102796	Fmc Dialysis Services - Hawthorne	72.00%
102518	West Florida Dialysis	72.06%
102793	Ocala Regional Kidney Center North	72.55%
102510	Dialysis Assoc Of The Palm Beaches	73.02%
102841	Universal Kidney Center Of Pembroke Pines Miramar	74.55%
102720	Crystal River Dialysis Center	77.03%
102808	University Artificial Kidney Center Llc	77.78%
102732	North Melbourne Dialysis Inc	78.85%
102739	Universal Kidney Center Inc	78.95%
102726	Santa Rosa Dialysis	82.76%
102740	Orlando Dialysis	83.33%
102860	Universal Kidney Center Of Margate-Coral Springs Llc	83.33%
102871	Fmc - Mandarin	90.91%
102801	Universal Kidney Center Of Davie	92.86%

**REGISTER TODAY!**  
[nkfclinicalmeetings.org](http://nkfclinicalmeetings.org)

**CLINICALS**  
SPRING CLINICAL MEETINGS  
Orlando, FL April 13–17, 2010



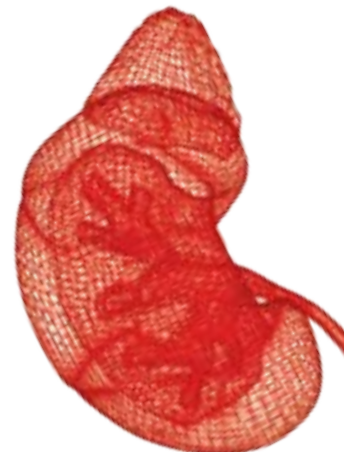
## Attend the National Kidney Foundation **2010 SPRING CLINICAL MEETINGS**

Join more than 2,000 kidney health care professionals, for a carefully designed curriculum of information-filled courses, practical workshops, thought-provoking symposia and well-argued debates.

**CEU Accredited Program for Social Workers**

**Topics Include:**

**Relaxation Therapy  
Conditions for Coverage  
Clinical Intervention Strategies  
Best Practices  
Ethics  
... and Much More!**



Visit the SCM10 website for additional program information: [www.nkfclinicalmeetings.org](http://www.nkfclinicalmeetings.org)  
E-mail questions to [clinicalmeetings@kidney.org](mailto:clinicalmeetings@kidney.org) or call NKF at **212.889.2210**

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## **ATTENTION: ESRD Complaint and Grievance Process**

Under Federal Medicare Law, End Stage Renal Disease (ESRD) Networks are authorized to implement procedures for evaluating and resolving patient complaints or grievances about the quality or adequacy of the care you receive in your dialysis facility.

**IN FLORIDA, YOUR ESRD NETWORK IS:  
FMQAI: The Florida ESRD Network  
5201 West Kennedy Boulevard, Suite 900 • Tampa, Florida 33609  
Telephone (813) 383-1530 • Fax (813) 354-1514  
For Patients Only 800-826-3773 • [www.fmqai.com/esrd.aspx](http://www.fmqai.com/esrd.aspx)**

If you have a complaint or grievance about the quality or adequacy of care you are receiving, your **FIRST STEP** should be to discuss your problem with your physician, nurse or facility administrator. Such discussions with your caregivers may resolve your problem.

If such discussion does not address your problem, the Network can assist you in resolving your complaint or grievance by providing an impartial review. However, you have the right to file a formal grievance with the Network as the first step if necessary.

Should you need more information about how the Network complaint and grievance process works talk with your social worker or call the Network at (800) 826-3773.