



The End Stage
Renal Disease
Network Of Texas

**4040 McEwen Suite 350
Dallas Texas 75244**

info@nw14.esrd.net * www.esrdnetwork.org
972-503-3219 Fax

To Whom It May Concern:

The ESRD Network of Texas (#14) welcomes your facility as a new provider of services in the End Stage Renal Disease Program. We look forward to working with closely you in Network activities that collect information and improve care for ESRD patients.

Please complete the attached forms and return them to the Network **at least 6 weeks before DSHS survey** so that we can establish your facility in the National Database and communicate with the correct person(s).

- A biography form for your designated representative to the Network. This person will be the official Facility Representative in any voting that occurs.
- A Roster of Key Personnel. This will allow us to direct information to the appropriate person.
- Print two copies of a sheet titled "Network Information Acknowledgment". Please **return one signed copy** of the form to the Network and retain one for your files. This form states the Goals and Objectives that we will be working with you to achieve.
- Print two copies of the Network Agreement for your new facility. Please **sign both copies and return both copies to the Network**. When all the above has been returned to the Network and determined to be complete, you will receive your signed Network Agreement for your files. The Surveyor from the Texas Department of State Health Services will ask to review this agreement when your initial survey is conducted.

You will receive a Network Notebook including the necessary CMS forms you will need as soon as we receive your completed forms.

After reviewing this material, should you have questions concerning any of the information or if we can be of assistance in any way, please let us know. Network staff are always available to assist you. A listing of staff and their area of work is enclosed to assist you should you need to call or write us.

Again, let me welcome you to the Network.

Sincerely,

Glenda Harbert

Glenda Harbert
Executive Director

Glenda Harbert, RN, CNN, CPHQ – 972-503-3215
Executive Director

email: gharbert@nw14.esrd.net

- National initiatives or legislation
- Texas Department of Health issues
- Questions about ESRD Network structure and committees/boards
- Questions about other Networks
- Concerns or complaints about Network activities or Network personnel

Debbie O'Daniel – 469-916-3804

Office Manager

email: dodaniel@nw14.esrd.net

- Will assist anyone with questions/issues not listed on this information sheet
- Accounts Payable/Receivable Issues
- Meeting registration/questions
- Booklet/pamphlet orders
- New Facility Packet
- Texas ESRD Facility Roster
- Who to contact/information on starting a new facility

Nancy Carlson, MPA – 469-916-3819

Data Coordinator

email: ncarlson@nw14.esrd.net

- CMS 2744 (Annual Survey) questions
- Gross & Standardized Mortality Rates
- Annual Data Report
- SIMS/VISION
- Scheduling data orientations for facility staff
- Compliance Reports
- Patient count by zip code

Casey Contreras – 469-916-3809

Data Clerk

email: ccontreras@nw14.esrd.net

- CMS 2728 forms
- Missing Forms Report
- Monthly Patient Activity Report (PAR)

Jennie Conley – 469-916-3811

Data Clerk

email: jconley@nw14.esrd.net

- CMS 2728 forms
- Monthly Patient Activity Report (PAR)

Doris Wilson – 469-916-3802

Receptionist/Data Clerk

email: dwilson@nw14.esrd.net

- CMS 2746
- To order blank CMS 2728/2746 forms

Bobbie Knotek, BSN, CNN, CPHQ – 469-916-3803
Quality Improvement Director

email: bknotek@nw14.esrd.net

- Quality Management Tools and Resources
- Network Quality Improvement Projects & data
- Assistance with facility-specific QI Projects/Data
- National & Texas rules, regulations & standards
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals

Angie Wieler, RN, BN, CNN – 469-916-3806

Quality Improvement Coordinator

email: awieler@nw14.esrd.net

- Network Quality Improvement Projects & data
- Assistance with facility-specific QI Projects/Data
- National & Texas rules, regulations & standards
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals

Gay Grauke, – 469-916-3810

Project Coordinator

email: ggrauke@nw14.esrd.net

- National & Texas Data Projects (Clinical Performance Measure, CDC, USRDS, etc)
- Network Quality Improvement Projects & Data
- Assistance with facility-specific QM Projects/Data

Geli King-Brown, MS – 469-916-3800

Outreach Coordinator

email: gbrown@nw14.esrd.net

- Professional Newsletter
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals
- Patient Newsletter
- Educational Meetings
- Patient Advisory Committee

John Q. Gowan – 972-503-3215

Patient Services Coordinator

- Patient concerns/complaints/grievances
- Renal professional concerns/complaints/grievances
- VocRehab

ESRD Network of Texas, Inc.
4040 McEwen Rd Suite 350
Dallas, Texas 75244

Fax 972-503-3219

2007 Network Goals & Objectives

List of Services

Working to achieve our Mission & Vision

Our Mission

To support quality dialysis and kidney transplant healthcare through the provision of patient services, education, quality improvement, and data exchange.



Our Vision

We will foster a commitment to continued treatment of ESRD patients while preserving a safe environment, provide web-based resources and find ways to decrease facility workload yet still get the information we need.

Supporting Quality Care

ESRD NETWORK OF TEXAS, INC.

WE WILL

The management, staff, and Boards of the ESRD Network of Texas, Inc. will work to assure the health care security for ESRD patients in Texas. This includes access to appropriate and quality health care that achieves desired outcomes, protection of rights and dignity and consumer satisfaction, and dissemination of clear and useful information to assist with health care decisions.

VISION

We will foster a commitment to continued treatment of ESRD patients while preserving a safe environment, provide web-based resources and find ways to decrease facility workload yet still get the information we need.

MISSION STATEMENT

We support quality dialysis and kidney transplant healthcare through patient services, education, quality improvement and data exchange.

VALUES

We strive to understand and act upon the needs of our customers, employees, Boards and partners.

Our success is dependent on collaboration with providers, patients, and the volunteer Network Boards and committees.

We act with integrity in all we do.

DEFINITION OF QUALITY

Quality of care is the degree to which health services to individuals and populations increase the likelihood of desired health outcomes and is consistent with current professional knowledge. ***Institute of Medicine***

ESRD NETWORK OF TEXAS, INC.

GOALS & OBJECTIVES

Strategic Goals of ESRD Networks

In keeping with the legislative mandate for the ESRD Network program, the goals of CMS include ***ensuring the right care for every person every time*** and encouraging sound medical practice to:

Improve the quality and safety of dialysis related services provided for individuals with ESRD in Texas.

Assist providers in establishing & maintaining dynamic, ongoing quality management and outcomes assessment programs.

Develop and utilize criteria and standards that address the quality and appropriateness of care for ESRD patients.

Disseminate and utilize national practice guidelines to assess the quality of care for ESRD patients and provide professional education.

Collect, analyze and disseminate facility specific, comparative outcomes data.

Perform special studies developed by the Medical Review Board, CMS, DSHS, USRDS, and other agencies.

Conduct activities to assist patients and providers increase understanding and measurably improve ESRD clinical outcomes.

Initiate Quality Improvement Projects on topics identified by CMS, the Medical Review Board and Texas renal community as a high priority to impact significant numbers of patients.

Collaborate with Providers, State and Federal Agencies to promote continuity of care in emergency situations that disrupts dialysis delivery.

Improve independence and quality of life of individuals through use of self-care modalities (such as transplantation, peritoneal dialysis, home hemodialysis), and self directed care, as appropriate, through the end of life.

Collaborate with the renal community and rehabilitation agencies to promote habilitation.

Promote the use of medically suitable treatment modalities.

Improve patient perception of care and experience of care and resolution of patient's complaints and grievances.

Promote access to appropriate and quality health care that achieves desired outcomes.

Protect rights and dignity and support consumer satisfaction.

Evaluate and resolve patient complaints and grievances.

Improve, when medically appropriate, the rate of transplantation and use of self-care and self-directed modalities, through the end of life to ensure the patient achieves the maximum level of rehabilitation and independence possible.

Promote the use of and encourage access to medically suitable treatment modalities.

Promote Advanced Care Planning to ensure that patients' wishes are known and honored, to prevent futile care and to protect rights and dignity.

Collect, analyze, and disseminate facility specific, comparative vocational rehabilitation and modality utilization data including transplant referral and use of self care and home dialysis.

Improve collaboration with providers to ensure achievement of the goals.

Partner with Large, Small and Independent Dialysis organizations and providers to maximize the efficiency of the Network.

Improve the collection, reliability, timeliness, and use of data to measure processes of care, outcomes, and to support the ESRD Network program.

Disseminate clear and useful information to assist with health care decisions.

Provide information on patterns, processes, and outcomes of care to support quality activities.

Provide data to support the national Medical Information System in a timely manner as defined by CMS.

Maintain a 90% compliance rate for all providers with respect to required timeliness and accuracy.

Foster electronic transmission of data.

GOALS & OBJECTIVES

To achieve the above stated Goals each facility must:

Continuously strive to deliver care to each patient that is individualized, consistent with current professional knowledge, and that achieves desired outcomes.

Assess and refer in a timely manner medically suitable patients to treatment modalities that increase habilitation and independence including in-center self care, self care and transplantation.

Establish and maintain a dynamic quality management system that evaluates the care provided and identifies opportunities for and continuously works to improve care delivered.

Clearly delineate and respect the rights and responsibilities of **BOTH** the patient, family, significant others **AND** the facility. All involved in the receipt of and delivery of care must understand and respect these rights & responsibilities.

Submit data and information timely and accurately as defined by each form or project to the Network as is required by law. Aggregate data may be shared with corporate owners and administration.

Utilize EMSystem by completing the required provider information, updating monthly on a regular basis and daily or more frequently when needed during emergency situations that disrupts dialysis delivery.

Designate two disaster representatives for the facility and provide off facility contact information.

Appoint and support a Network Patient Representative (NPR). Representative role is attached.

Cooperate in meeting the Network Goals and Objectives delineated above as required by law and regulation. For more information visit our website at www.esrdnetwork.org.

LIST OF SERVICES

Available upon request

1. Identification of available providers for patients seeking ESRD services, including transient and displaced disaster patients.
2. Technical assistance, guidance, and/ or appropriate referrals regarding ESRD regulations and recommended practices. *Copies of ESRD Federal & State Regulations, Centers for Disease Control & OSHA Recommendations, and Practice Guideline Information are available.*
3. Technical assistance, guidance, and/ or appropriate referrals regarding the provision of services to ESRD patients.
4. Facility/ provider support in the resolution of patient issues or concerns **before** they become complaints/ grievances. *A Treatment Agreement Guide published in January 1997 and the Intensive Intervention Booklet published in 2002 are available on our website. Decreasing Dialysis Patient- Provider Conflict Toolkit mailed to all units in 2005.*
5. Assistance in development of local disaster plans that include such emergencies as floods, earthquakes, hurricanes; etc. *A Disaster Planning Resource Manual published by CMS in 2002 and a Texas specific addendum, a 3 Day Disaster Diet, a Hazard Assessment Tool, Emergency Supply Checklist, Emergency Dialysis Patient Record and many other resources are available on our website.*
6. Assistance in the development of community and patient education programs. *A New Patient Orientation Packet is sent to each new ESRD Patient upon receipt of the Medical Evidence Report and is available upon request.*
7. Resources and assistance regarding the use of tools to assess the health related quality of life of patients.
8. Resources and assistance regarding timely referral to vocational rehabilitation, transplantation and development of community & patient education programs.
9. Assistance in establishing, defining and promoting facility specific:

Goals and procedures to assess patients for placement in treatment modalities that improve independence, quality of life, and rehabilitation

Quality Management Programs & Quality Improvement Projects & Plans

Goals for referral of suitable candidates to vocational rehabilitation programs and/ or such programs or activities that enhance independence and a higher quality of life

Patient education regarding kidney transplantation and self care modalities

Advanced Care Planning and End of Life Programs

Immunization Programs including patient education

10. Mentor facility partnerships for quality improvement projects.

Other Available Information

On our web site at esrdnetwork.org or by calling to request:

- Annual Report
- Project Reports
- Quality Improvement Tools
- Links to Renal Related Organizations & information

Dialysis Facility Compare Website

What is it? Dialysis Facility Compare is a Medicare Website with information about:

Dialysis Facility Characteristics:

- address and telephone number of the facility,
- the facility's initial date of Medicare certification,
- shifts starting at 5 PM or later (if you need your treatments in the evening),
- the number of treatment stations,
- the types of dialysis offered (in-center hemodialysis, peritoneal dialysis, and home hemodialysis training),
- facility ownership type (profit or non-profit), and
- chain name (if applicable).

Quality Measures:

- the percent of patients at a facility with a Urea Reduction Ratio (URR) of 65 or greater known as adequacy of hemodialysis,
- percent of patients treated with Epogen® with a hematocrit of 33 or greater, and
- patient survival information.

How do you get to it?

Go to our website at esrdnetwork.org then click on **Patient Information** then click on **Facility Information** then click on **Medicare Dialysis Facility Compare** and go to **Geographic Selection**. Since TX has a large number of Dialysis Facilities, the state is split in half geographically by East / South & North/& West. If you are not sure which area you need to search, you can [view a list of counties](#) belonging to each area.

The data is updated annually in January. Facilities/ providers may submit corrections about the address or demographic information to the ESRD Network by sending a letter.

The clinical data is handled directly by the CMS central office in Baltimore. Each year when the data is sent to the facilities for preview before it is posted to the website, instructions are provided for comments and corrections to CMS.



UPDATE SHEET

PRINT OR TYPE THIS FORM

SECTION 1: Physical Address (actual address listed on TDH License)

Address 1: (street number and name) _____

Address 2: (suite number, routing number, mail code, etc) _____

City: _____ TX Zip Code _____ - _____ (9 digits needed)

SECTION 2: Facility Mailing Address LEAVE BLANK IF SAME AS ABOVE

Address 1: (PO Box, etc) _____

Address 2: (suite number, routing number, mail code, etc) _____

City: _____ TX Zip Code _____ - _____ (9 digits needed)

SECTION 3: Miscellaneous Information

Phone Number: _____ Fax Number: _____

Area Codes **are required** for phone and fax numbers

E-Mail: _____ Corporate Affiliation: _____

County: _____ No. of Stations: _____

SECTION 4: Location Type

_____ Free Standing _____ Hospital Based
_____ Other: _____

SECTION 5: Shift Information (Hours of operation must be reported in military time, refer to enclosed time sheet)

Number of M-W-F shifts _____ Number of T-TH-S shifts _____
M-W-F Open Time _____ T-TH-S Open Time _____
M-W-F Close Time _____ T-TH-S Close Time _____

After 5:00 shift (shifts starting after 17:01pm) ____ Yes ____ No

SECTION 6: Services (mark every service your facility offers)

_____ Hemo _____ PD
_____ Reuses Dialyzers _____ Home Hemo
_____ Accepts Transient Patients _____ Offers Self Care Dialysis
_____ Offers Hepatitis B Isolation _____ Accepts Pediatric Patients (<19 y/o)
_____ Offers Training

END STAGE RENAL DISEASE NETWORK OF TEXAS
NETWORK COORDINATING COUNCIL MEMBERSHIP

Professional Biography

FACILITY REPRESENTATIVE _____ DATE _____

FACILITY AFFILIATION:

Name _____

Address _____

City _____

HEALTH DISCIPLINE _____

(If Physician state ESRD Category, e.g. Nephrologist, Transplant Surgeon, Urologist, Pediatrician)

FORMAL TRAINING _____ YEARS
(Physicians include residency programs)

Check all that apply for Medical Director:

____ BOARD ELIGIBLE; if yes, enter expiration date if applicable: __/__/__

____ Internal Medicine ____ Nephrology ____ Pediatrics

____ Pediatric Nephrology ____ Surgery

____ BOARD CERTIFIED

____ Internal Medicine ____ Nephrology ____ Pediatrics

____ Pediatric Nephrology ____ Surgery

PROFESSIONAL ESRD PATIENT CARE EXPERIENCE _____ YEARS

Provider # 45-_____ OR 67-_____

Facility UPIN #: _____

Facility Name: _____

City: _____

Approx. Open Date ____/____/____

PLEASE NOTE:
Any position that does not apply to
your facility mark as: N/A

PLEASE TYPE OR PRINT LEGIBLY

Position	Name	Credentials	E-Mail
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Last, First

Medical Director*:			
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Physician responsible for facility as a whole. Medical Director UPIN #:

Administrator/CEO:			
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Responsible for facility as a whole.

DON/Head Nurse*:			
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Registered Nurse responsible for data collection and for supervising facility nursing staff.

PD Nurse Coordinator:			
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Registered Head Nurse responsible for the peritoneal dialysis unit.

Data Contact:			
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Responsible for the completion of all HCFA Data forms; person to be contacted for corrections.

Facility Rep:			
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Individual designated by the facility as the voting representative of the Network Council.

Social Worker*:			
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Facility Social Worker; person to be contacted for questions and concerns.

Dietitian:			
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Facility Dietitian; person to be contacted concerning ESRD dietitian questions and concerns.

Survey (2744) Rep:			
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Responsible for the completion of the HCFA annual facility survey.

Network Patient Rep:			
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Patient designated by the facility to serve as a primary liaison between the facility's patients & Network 14

Facility Disaster Coordinator*:			
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Alternate Disaster Coordinator*:			
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*** Position required by CMS to be reported to ESRD Networks**

ESRD NETWORK OF TEXAS PATIENT REPRESENTATIVE POSITION DESCRIPTION

Every dialysis clinic in Texas should have a Network Patient Representative (NPR) who will act as a link between patients and the ESRD Network office. The NPR may also serve as a link between patients and clinic staff (see optional duties). If there is someone in the clinic already serving as a link between patients and clinic staff, the NPR will serve only as a link between the Network and patients at the clinic.

The Network's Patient Advisory Committee (PAC) developed the NPR responsibilities listed below. These responsibilities are only minimal guidelines. Each clinic is free to expand this list as they wish by adding other duties to improve communication between patients and staff and to expand facility's patient and staff education opportunities.

**The Network Patient Representative can assume the following
responsibilities
where they do not already exist:**

The following are considered **STANDARD** responsibilities for an NPR:

1. Be a role model to other patients by:
 - Learning about the latest dialysis and transplantation information from his/her facility, the Network, and other sources.
 - Following his/her own treatment plan.
2. Receive and distribute ESRD Network patient mail-outs addressed to the NPR.
3. Be available to assist the staff with the patient bulletin board.

The following are considered **OPTIONAL** responsibilities to be carried out when agreed upon by the NPR and appropriate clinic staff.

1. Be available to facilitate communications between patients and facility staff when needed or requested.
2. Be familiar with information provided by their facility and the Network and be available to answer patient questions about this information.

3. Be available to assist with the orientation and support of new patients to the facility and introduce them to other patients.
4. Be available to assist the unit social worker with patient support groups.
5. Be available to assist with the coordination of patient activities (such as educational meetings and social events).
6. Be available to help organize phone calls or visits (where appropriate) to patients who are in the hospital or who would benefit from a call or visit.
7. Be available to write and distribute a patient newsletter for his/her own clinic with the aid of clinic staff.

Suggestions To Assist Facility Staff and NPR Relationship

1. It is best to have a staff member serve as a co-worker. The staff member can then assume responsibility for informing the Network if the NPR leaves the clinic, etc.
2. If your clinic runs six days a week rather than three, there should be more than one NPR. The primary NPR can appoint an assistant NPR for each shift to assure that all shifts and all days are covered.
3. If your clinic does not already have one or more subscriptions to the popular renal patient magazines or newspapers (i.e., AAKP Renal Life, NKF Family Focus, Nephrology News and Issues-For Patients Only), please contact the Network for information on how to get these subscriptions for your clinic.
4. Patients who are already serving in other capacities (such as the Patient Advisory Committee of the Network, the Patient Services Committee of NKF, an officer of the AAKP, etc.) are eligible to be NPRs.



Other Physicians:

(List all physicians who practice at your facility)

PRINT OR TYPE

Facility Name: _____

Name: _____ Credentials _____ UPIN _____

Office Address: _____ Suite # _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ e-mail: _____@_____

Check all that apply: Nephrologist Vascular Access Surgeon
 Transplant Surgeon Interventional Radiologist

Name: _____ Credentials _____ UPIN _____

Office Address: _____ Suite # _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ e-mail: _____@_____

Check all that apply: Nephrologist Vascular Access Surgeon
 Transplant Surgeon Interventional Radiologist

Name: _____ Credentials _____ UPIN _____

Office Address: _____ Suite # _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ e-mail: _____@_____

Check all that apply: Nephrologist Vascular Access Surgeon
 Transplant Surgeon Interventional Radiologist

Name: _____ Credentials _____ UPIN _____

Office Address: _____ Suite # _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ e-mail: _____@_____

Check all that apply: Nephrologist Vascular Access Surgeon
 Transplant Surgeon Interventional Radiologist



END STAGE RENAL DISEASE NETWORK OF TEXAS
MEMBERSHIP AGREEMENT
BETWEEN

Name of Facility (PRINT or TYPE)

_____, **Texas**

City

NETWORK COORDINATING COUNCIL
of
NETWORK OF TEXAS

The undersigned, on behalf of _____ **(Name of Facility, (City), Texas)** hereby joins in membership with the Network of Texas and agrees to provide representation to the Network Coordinating Council and to participate in the activities of the Council in attaining the goals and objectives of the End-Stage Renal Disease Program.

Signed _____

Date ____/____/____



DO NOT complete this section, for Network completion only



The undersigned acknowledges this document as an agreement between _____, _____ **Texas** and End Stage Renal Disease Network of Texas, to become effective _____.

Signed: _____
Network Executive Director

Date: ____/____/____



NETWORK INFORMATION ACKNOWLEDGMENT

FACILITY NAME _____

**FACILITY REPRESENTATIVE
TO THE NETWORK** _____

This facility has received and reviewed the following information:

- Network #14 Goals and Objectives
- Network #14 Membership Agreement
- Network #14 Facility Representative Biography form
- Roster of Key Personnel form
- Facility Information form

DATE _____ SIGNATURE _____

SIGN BOTH COPIES, RETURN ONE COPY TO THE NETWORK OFFICE. ONCE ALL COMPLETED PAPERWORK HAS BEEN RECEIVED AT THE NETWORK OFFICE, THEN ONE COPY WILL BE SENT TO YOU WITH YOUR NEW FACILITY NOTEBOOK.