

# Southeastern Kidney Council, Inc.

[www.esrdnetwork6.org](http://www.esrdnetwork6.org)

Improving the lives of people with, or at risk for, End Stage Renal Disease by promoting and advancing quality of care.

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## Overview

The Southeastern Kidney Council (SKC) is a non-profit 501(c)(3) corporation, governed by a volunteer Board of Directors. SKC was established in 1988 through a coalition of the former ESRD Networks 20 (South Carolina and Georgia) and 21 (North Carolina) to apply for the ESRD Network 6 contract, covering Georgia and North and South Carolina. SKC was successful in that endeavor and continues to hold the Network 6 contract with Centers for Medicare & Medicaid Services (CMS), expanding its knowledge base and skill level as the complexity of the Network contract has increased. SKC is devoted to helping health care professionals and patients in the Network 6 area to improve the treatment and control of ESRD, including the collection, analysis and dissemination of information; technical assistance; on-site review of facilities; review and resolution of patient grievances; professional and patient education and collaboration in research studies with regional universities. At the end of 2006, Network 6 included 506 dialysis providers and 10 transplant providers serving 32,892 dialysis patients and 8,800 transplant patients.

In 1997, SKC began development of a national ESRD surveillance system for CMS to be used by all eighteen Networks. Through position papers and consensus building, SKC identified the best practices among the existing Network data systems and incorporated those into a standardized national system that allowed Networks to follow patient care across Network boundaries. Networks converted their legacy data into the system in 1999 and continue to use it today to enter, validate, store and report demographic and treatment information. This robust system serves as the national ESRD registry and health planners, epidemiologists, researchers, patients and the public, use the data. SKC's role in the development of this system ranged from purchase and installation of the hardware to design, development and testing of the software to training and support of all users. Responsibility was later added for enhancement and support of a facility-based system that electronically submitted data for inclusion in the Network system.

## Core Values

### **Patient and Family-Centeredness**

- We recognize that CKD patients and their families are our primary focus and everything we do is to benefit the patient.
- We partner with the community we serve to foster the highest quality care for every patient every day.
- We seek the voice of the patients and their families and the expertise and experience of providers to guide the SKC direction.

### **Commitment to Excellence**

- We can be depended upon to produce the highest quality work as individuals and as an organization.
- We provide exemplary service through professional and ethical behavior.
- We respect the contributions of others by promoting teamwork and collaboration.

### **Knowledge**

- We strive to be life long learners and teach others in an ever-changing environment to ensure the highest level of care and best outcomes.
- We collect, evaluate and disseminate current information to provide a solid foundation of knowledge for ourselves and the renal community.
- We are accessible to patients and their families, providers and other organizations to share our expertise.

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## Respect

- We are responsible to ourselves and others in order to achieve individual goals in balance with our mission.
- We value one another, our organization and the community we serve; this drives us to do what is right and needed.
- We keep our commitments and are accountable for our conduct and decisions.

## Continuous Improvement

- We constantly seek better ways to ensure excellent, reliable patient care using accurate, timely and reliable data.
  - We strengthen our organization through consistently measuring and modifying our internal operations as part of Continuous Quality Improvement.
  - We stimulate and encourage patients and professionals to seek the highest level of quality care and outcomes.
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## Contracts and Projects

### ESRD Network 6 (1988-present)

Contract with CMS to monitor and improve care delivered to ESRD Medicare beneficiaries. This includes quality improvement, patient and staff education and outreach, patient grievance resolution and data entry, validation and management for the national ESRD registry.

### Standardized Information Management System -SIMS (1997-2006)

Contract with CMS to develop a national system to serve as the ESRD registry. All eighteen Networks are required to use this system and CMS has access to the data via a central repository of data. This project included designing business requirements, developing and testing the software, purchasing and installing the hardware, delivering the software and training and supporting all users.

### Beneficiary Complaint System Project (2002-2003)

This was a Special Project added to the Network 6 contract with CMS to improve the complaint system in North Carolina. SKC and the NC State Survey Agency established a model for communication and feedback between the two agencies. The SKC developed patient education tools and posters and implemented a program of patient Network Representatives (NetRep).

### VISION - Vital Information System to Improve Outcomes in Nephrology (2004-06)

Responsibility for support and revision of this facility-based information system was added to the SIMS contract. This software was developed by other contractors and had to be retooled to communicate with SIMS. This also included training and support of users.

### Core Data Set (2004-2006)

This was added to the SIMS contract and required standardization of existing data elements and establishment of a Technical Expert Panel to develop a methodology to identify the QI data needed by ESRD Networks, including definitions, frequency of collection, and reports to be generated.

### ESRD Reporting Tool (2004-2005)

Contract with the Network Coordinating Center to organize a Joint Application Design group to provide an information systems based Reporting Tool for CMS, ESRD Networks and other authorized users of ESRD data. This work built on the enhanced SIMS and REMIS databases

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developed by CMS and SKC. The standard and ad-hoc reports supported improvements in data collection, reporting and analysis and quality improvement and other initiatives within the ESRD Program.

## **Safe and Timely Immunization Coalition – STIC (2005-2006)**

A special study added to the ESRD Network contract, STIC established a coalition to improve influenza, hepatitis b and pneumococcal vaccination rates in ESRD patients and staff. This includes data surveillance, development of educational materials, quality improvement intervention design and implementation and identification of best practices.

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### Core Competencies

- Technical assistance to dialysis providers to improve care delivered to ESRD patients, including training on QI skills, distribution of feedback reports and evidence based guidelines
  - Education of patients and providers to include development and distribution of written materials and planning and implementation of seminars and workshops
  - Data management, including data entry, validation, reconciliation and certification
  - Data analysis and reporting for quality improvement feedback and publication through the SKC Data Committee
  - Evaluation and resolution of patient complaints and grievances
  - Development of business requirements for ESRD registry systems
  - Consensus building
  - Administration of a small non-profit business with experience in government contracting
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## Awards and Accomplishments

### Quality Indicators

- Adequacy of Dialysis: improved the percent of patients with a URR  $\geq$  65% from 32% in 1993 to 89% in 2006.
- Anemia management: improved the percent of patients achieving a hemoglobin of 10.3 g/dL or better from 75% in 1998 to 84% of patients achieving a hemoglobin of 11 g/dL or better in 2006.
- Influenza immunization rates: improved the percent of facilities with at least 60% of patients receiving influenza vaccine from 45% in 1997 to 73.5% in 2005-06
- Prevalent fistula rates: improved from 29.2% in December 2002 to 42.7% in June 2007
- Incident fistula rates: improved from 20.3% in September 2003 to 28.0% in June 2007

### Awards

- August 1995: Health Care Financing Administration (HCFA) Bureau Director Citation for improving care of hemodialysis patients, specifically designing a treatment algorithm for improved adequacy of dialysis
- October 1996: HCFA Bureau Director Citation for outstanding contribution to the ESRD program
- June 1997: HCFA Bureau Director Citation for 20 years in the ESRD program
- March 2000: HCFA Award for serving as a SIMS test site
- August 2002: American Association of Kidney Patients Dom Gentile award for patient education programs
- March 2003: Centers for Medicare & Medicaid Services Office of Clinical Standards and Quality Award for development and implementation of SIMS and VISION
- September 2004: Centers for Medicare & Medicaid Services Award for support of the ESRD program through SIMS and VISION
- April 2006: Centers for Medicare & Medicaid Services Administrator's Award for contribution to the Fistula First Breakthrough Initiative

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CMS Annual Network	• 2007:	• 2006: 100%	• 2004: 100%	• 2002: 98.3%
Evaluation Scores:	100%	• 2005: 100%	• 2003: 100%	• 2001: 96.5%

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## Governance Structure

A multi-disciplinary Board of Directors, including patients, physicians and allied health care professionals, governs SKC. The Board has three standing committees:

- The Consumer Committee responsible for developing patient educational programs and materials, working with the Medical Review Board (MRB) to oversee the patient grievance process and providing the patient voice to the Board and other committees
- The MRB responsible for designing and implementing quality programs, conducting technical assistance and assisting in the resolution of grievances
- The Data Committee responsible for overseeing the collection and analysis of data

### Board of Directors

- Leland Garrett, MD FACP FASN, *Wake Nephrology Associates (Chair)*
- Marshia Coe, RN BSN, *Health Systems Management (Vice Chair, NC)*
- Gwyneth Taylor, RN CNN, *Newnan Dialysis Services (Vice Chair, GA)*
- Shirley Yoakum, RN CNN, *FMC VP of Training & Organizational Development (Vice Chair, SC)*
- Barry Freedman, MD, *Wake Forest University Baptist Medical Center (Secretary, Data Committee Chair)*
- Katrina Nelson, RN BSN, *Amgen, Inc. (Treasurer)*
- Bonita Balcom Guilford, *Consumer (Consumer Committee Chair)*
- Richard Paul, MD, *Piedmont Nephrology (Medical Review Board Chair)*
- Kaleem Ahmed, MD, *Banks, Jackson, Commerce Medical Center*
- Bonita Balkcom Guilford, *Consumer*
- Neil Caldwell, *Consumer*
- Ralph Caruana, MD, *Medical College of Georgia (Immediate Past Chair)*
- Bettye Donaldson, RN BSN MAHRM, *DaVita Southwest Atlanta*
- Veronica Garner, *FMC of Kinston Dialysis Unit*
- Sharon Haney, RN MSN CCTC, *Wake Forest University Baptist Medical Center*
- Carlos Martinez, MD, *Renal Physicians of Georgia PC*
- Pearl Magovern, MSW, *Wake Forest University Baptist Medical Center*
- Jen Morgan, MHA RD, *Moncks Corner RAI*
- Catherine Phillips, RN, CNN, *West Georgia Health Facility*
- Brenda Thrasher, FNP-C, *Carolinas Medical Center*
- James Wood, MD, *Southeast Renal Associates*
- Jenna Krisher, *Executive Director, non-voting*

## Staff Structure

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	Jenna Krisher, Executive Director	
Leighann Sauls, RN CDN <i>Director of QI</i>	Margo Clay, MIS <i>Director of Information Mgt</i>	Christine Gevertz, PHR, MBA <i>Director of Operations</i>
Carol Clarke, RN <i>QI Coordinator</i>	Deborah Jackson <i>IM Specialist</i>	Amy Williams <i>Administrative Manager</i>
Sammy Bailey, LMSW, CACII <i>Patient Services Specialist</i>	Dee Tyburski <i>Information Systems Specialist</i>	

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The *Executive Director* administers the operational and financial aspects of the corporation and serves as a liaison between the Board of Directors, its committees, and external agencies. The Executive Director monitors and ensures adherence to all contract requirements. She is the primary source of information between the Network organization and CMS.

The *Director of Operations* administers the financial and accounting transactions for the

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corporation. She oversees human resources responsibilities, manages employee benefit plans and payroll, along with varied internal office operations. She works with the Executive Director to prepare necessary contract, financial and administrative reports, assist with preparation of contract budgets, and coordinate required audits. The *Administrative Manager* works with the Director of Operations to design and implement office procedures, support the management team and assist with financial management tasks. The *Administrative Manager* also manages all meetings and events logistics, preparation of the Quarterly and Annual Reports and the design of educational brochures and handouts.

The *Director of Information Management* staffs the Data Committee and supervises the Information Management Coordinator, Information Management Specialists, and Information Systems Specialist to administer all data requirements of the Network contract. She is responsible for assuring the confidentiality of patient data, identifying and resolving system problems, and directing the accurate and timely entry and submission of all Network and CMS forms. She produces profile reports for CMS, Network Boards, Committees and staff. She completes special data requests for the community and updates the data files for the Network website. The *IM Specialists* process forms, monitor compliance, provide technical support to the facilities, and conduct necessary data validation and reconciliations to ensure the accurate entry and reporting of all patient and facility data. They respond to special requests from CMS, including the confirmation of ESRD Medicare beneficiaries. The *Information Systems Specialist* functions as the technical support contact for Network 6 and works with forms processing and facility data as part of the IM team. The ISS serves as the Vital Information Systems to Improve Outcomes in Nephrology (VISION) contact for dialysis facilities that use the VISION software. The Information Management team participates in the monthly Consolidated Renal Operations in a Web-enabled Network (CROWN) calls with other Networks to provide input on Network 6 processes and to ensure adherence to the national standard Network approach to information processing.

The *Director of Quality Improvement* administers all Quality Improvement and Patient Services requirements of the Network contract. She staffs the Medical Review Board (MRB) to develop Quality Improvement Projects and activities and assists with the design, analysis and reporting of data for the MRB. Together, the Director and the *Quality Improvement Coordinator* provide technical assistance to the facility staff and implement Quality Improvement Projects and Quality Assessment and Performance Improvement Projects. They also assist with clinical data collections including Clinical Performance Measures, Fistula First and lab data collection. They also assist with the development of educational materials, and resolution of patient grievances. The *Patient Services Specialist* staffs the Network Consumer Committee in developing and implementing patient education materials and programs. She is the first line of contact for all patient complaints/grievances and facility concerns and works with patients and facility staff to resolve each situation. She prepares reports for CMS and Network Boards and Committees. The Quality Improvement nurses and Patient Services team members each worked in dialysis units prior to joining the Network staff, providing valuable experience and insight for helping patients and providers. They collaborate with the state surveyors and other external organizations, as needed, to resolve grievance situations and to further the Network quality agenda.

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## Sample Educational Materials

- *Renal Health News* – a semi-annual patient newsletter
- *Communicator* – a quarterly staff newsletter
- *Vascular Access for Hemodialysis* – patient education video and booklet in English and Spanish
- *Living with Kidney Failure* – a patient education booklet
- *Kidney Transplant Basics: A Patient Resource Guide*
- To Contract or Not to Contract: a guideline for facilities considering a patient behavior contract
- *Dialysis Workout* – an exercise video for patients to use at home or at the dialysis unit
- *Disaster Preparation Guide* for dialysis and transplant patients
- Catheter assessment algorithm tool
- *SKC Recommendations for Dealing with Disruptive and/or Abusive Behavior*
- *Glossary of ESRD terms* – used by patients and new dialysis facility staff
- *What to Do If I Have a Complaint* – brochure for patients
- *Choosing Your Vascular Access* – brochure for patients
- *STIC Resource Guide* – staff and patient immunization educational materials
- *What is Adequate Dialysis* – patient video explaining hemodialysis adequacy
- Network introductory poster to be displayed for patients at dialysis units
- Resource Directory: a listing of educational materials from SKC and other organizations with download and ordering information

## Sample Seminars & Training

- “Creating AV Fistula in all Eligible Hemodialysis Patients”: Seminar for vascular access surgeons, radiologists and interventionalists
- “Discover the Possibilities” a patient seminar
- “Mission Possible: Quality Care for ESRD Patients” a seminar for dialysis unit staff
- “Decreasing Dialysis Patient-Provider Conflict – Conflict Management Resources for Nephrology Professionals”
- “On Course with Cannulation” – a hands-on workshop for nurses and patient care technicians to improve cannulation skills
- “Partnering to Increase AV Fistula use among Hemodialysis Patients”, a seminar for vascular surgeons, radiologists and interventionalists
- “Access Awareness Day for Dialysis and Kidney Patients” – Vascular access education for patients
- “Unleashing the Data Chains: How to Submit Timely and Accurate Data Forms, Surveys and Reports” – seminar for training of dialysis unit staff

## Publications

### Journal Articles

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