FMQAI The Florida ESRD Network (Network #7)

2009 ANNUAL REPORT

EXECUTIVE SUMMARY

For the past six years, FMQAI has held the Centers for Medicare & Medicaid Services (CMS) contract for the End Stage Renal Disease (ESRD) Network of Florida (Network 7). Serving Florida as the Quality Improvement Organization (QIO) and ESRD Network, FMQAI works with providers, health plans, practitioners, and beneficiaries to implement projects focused on improving the care provided to over three million Medicare beneficiaries.

Network 7 is responsible for completing activities related to four required tasks: quality improvement, patient services, administration and data management. Additionally, Network 7 conducted two special studies in 2009: Renal—Requirements, Support, and Training (R-RCT) and the Kidney Community Emergency Response (KCER) Coalition.

Throughout 2009, the Network implemented strategies to accelerate change by promoting the use of comparative performance data and rapid cycle improvement. These tools and other quality improvement (QI) activities assisted both providers and practitioners to reach and exceed facility-level, state, and national goals. This included hosting quality improvement workshops for Focus Group participants and conducting intensive onsite visits to providers struggling to meet Network goals.

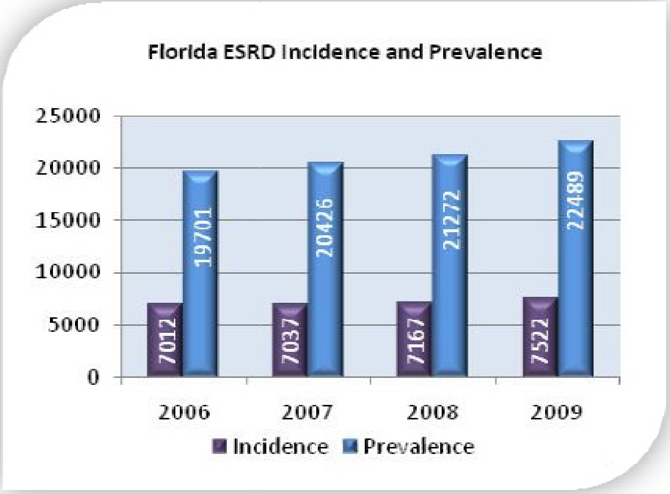
As an overview of our accomplishments, FMQAI is pleased to provide this 2009 Annual Report Executive Summary. To download the 2009 Annual Report in its entirety, please visit: www.fmqai.com/ESRD.aspx.

CMS National Goals for the ESRD Program

- Improve the quality and safety of dialysis-related services provided for individuals with ESRD.
- Improve the independence, quality of life and rehabilitation (to the extent possible) of individuals with ESRD.
- Improve patient perception of care and experience of care and resolve patients' complaints and grievances.
- Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible.
- Improve the collection, reliability, timeliness, and use of data to support the goals of the ESRD Network Program.

2009 ESRD Demographics

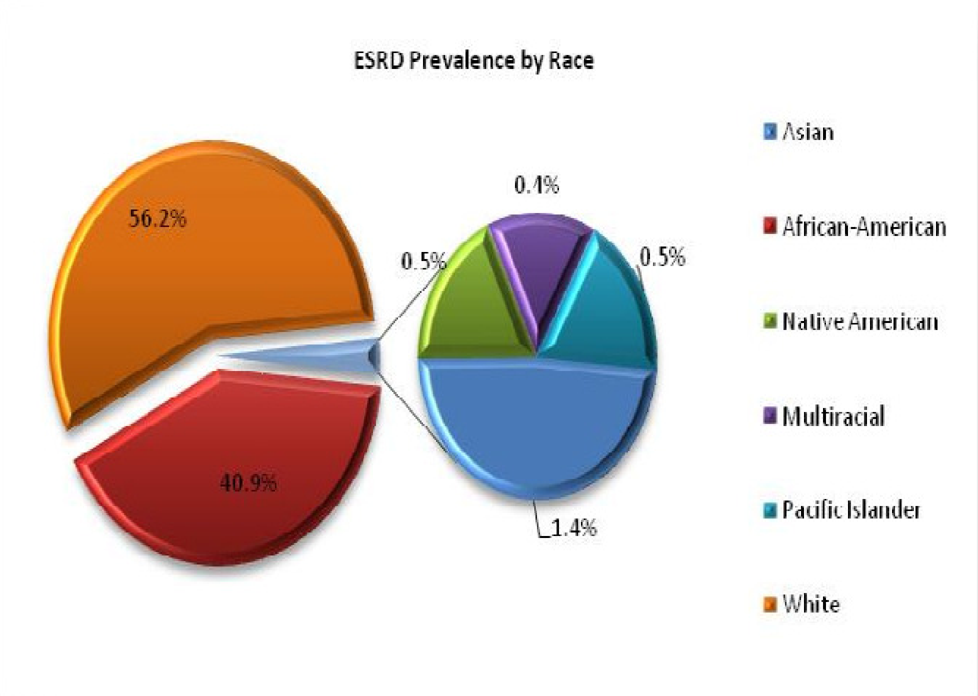
Network 7 worked in collaboration with the Florida renal community and other key stakeholders to improve the quality of life and quality of care to over 22,000 individuals with ESRD in 2009. From 2008 to 2009 the prevalent patient census for Florida increased by 1,217 patients (5.7%), for a total of 22,489 prevalent patients. Florida also demonstrated an increase in the number of incident patients for *(continued on page 2)*



2009 Demographics (continued from page 1)

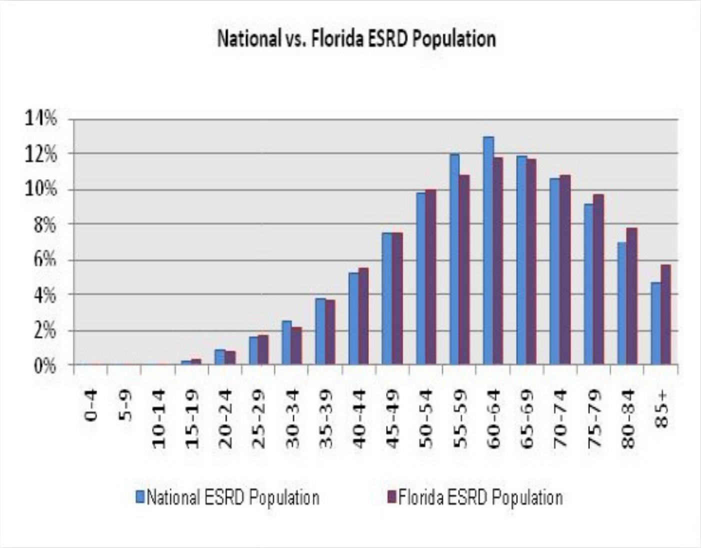
2009, increasing by 355, for a total of 7,522 residents newly diagnosed with ESRD. This represents a 5.0% increase, which is significantly larger than the 1.8% increase registered from 2007 – 2008. Overall, Florida's incident rate has increased by 29.9% since 2000.

Race and Ethnicity



With respect to race, the demographics of Florida's ESRD population are similar to that of the United States' ESRD population, with 56.2% of Florida's ESRD population characterized as white and 40.9% as African-American. However, compared to Florida's general population, in which only 15.9% are categorized as African-American, the proportion of African-Americans with ESRD is disproportionately high. The third largest racial demographic is Asian, representing 1.4% of the entire ESRD population in Florida.

Hispanics account for 21% of Florida's general population. Florida also has many Hispanic ESRD patients; however, due to inconsistent data collection practices regarding the CMS 2728 form, the available data for that population may not be reliable. As in the general population, the largest concentration of Florida's ESRD Hispanic patients reside in Miami-Dade County.



Gender and Age

Forty-three percent of Florida's ESRD population is female and 57% is male, which is closely aligned with the national ESRD patient population. Additionally, 45.5% of Florida's ESRD population is 65 or older, which is 2.2% higher than the national ESRD population. This figure is also disproportionately large when compared to Florida's general population, in which only 17.4% of residents are 65 or older.

2009 Lab Data Collection

One of the primary objectives of ESRD Networks is to improve the quality of health care services for ESRD patients. Methods used to accomplish this goal include both local and national quality improvement projects. The Lab Data Collection, also known as Elab, is a national project first initiated by Network 11 in 1998. The facility-specific reports generated from the Lab Data Collection offer comparative data at the Network level and can be used for quality improvement purposes.

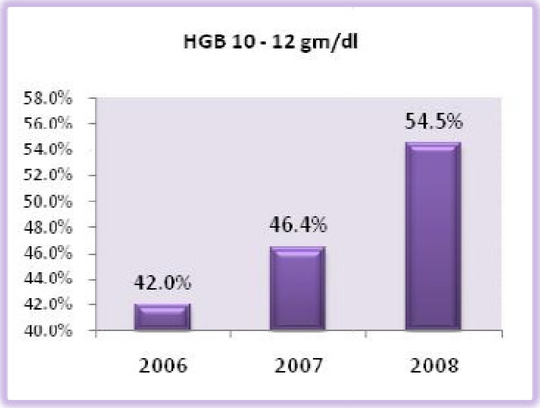
The 2009 Lab Data Collection included patient outcomes from October – December 2008. All 18 ESRD Networks participated, collecting outcomes from nearly 100% of dialysis patients and facilities. In total, 12 lab elements were collected including hemoglobin, albumin, phosphorus, ferritin, and adequacy. Approximately 97% of Florida facilities participated in the 2009 Lab Data Collection.

Adequacy of Hemodialysis

Analysis of the Elab results indicated that the percentage of patients receiving adequate hemodialysis improved for the Florida renal community in the fourth quarter of 2008. During July 2008, the Network initiated a hemodialysis adequacy QI project with nine facilities identified as having less than 70% of patients achieving a URR of ≥ 65%. The baseline for the nine facilities was 57.7% of patients with a URR ≥ 65%, with a goal of improving to 85%. The facilities reached this goal, achieving 85.2% of patients with a URR ≥ 65% as of the March 2009 final measurement date. This represents a total improvement of 27.5% over the baseline.

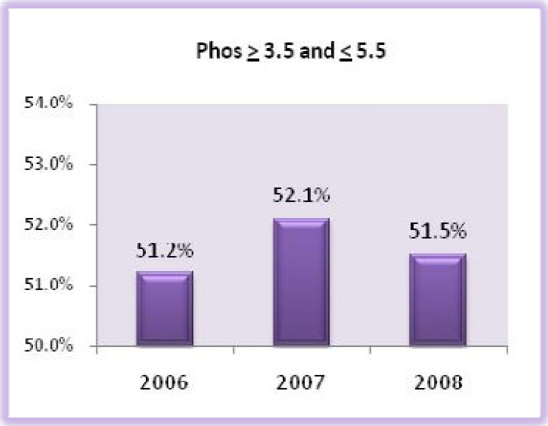
Anemia Management

Anemia is a well-documented problem for patients with kidney failure. Hemoglobin is one key indicator related to anemia management. The K/DOQI target range for mean hemoglobin is 11 – 12 gm/dl. The 2009 Lab Data Collection results reported on the percentage of patients with a hemoglobin between 10 – 12 gm/dl. For Network 7, the percentage of patients in this category increased 8.1% during the fourth quarter of 2008, reaching 54.5%.



Bone Mineral Metabolism

According to the Elab results, the Network showed a decrease in the percent of patients with a phosphorus of 3.5 – 5.5 mg/dl. In September 2009, the Network initiated a project to increase the percent of patients with a phosphorus of 3.5 – 5.5 mg/dl. The eight facilities included in the project began with a baseline of 42.4% of patients with a phosphorus level of 3.5 – 5.5 mg/dl, with a goal of increasing 5% by May 2010. As of December 2009, the facilities demonstrated an improvement of 7.3%, achieving the project goal five months early.



Vocational Rehabilitation: Getting Back on Track

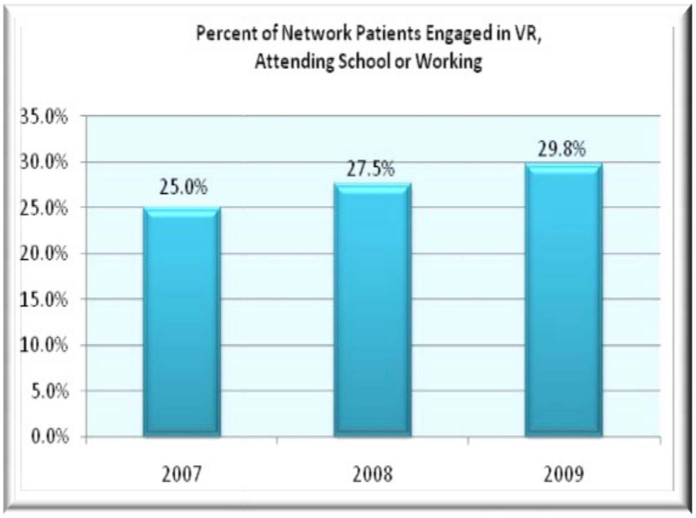
In June 2008, Network 7 initiated a QI project, Vocational Rehabilitation (VR): Getting Back on Track, with the goal of improving the percentage of patients in the Network 7 area, ages 18 — 54, that are either engaged in VR, working, or attending school. Project activities included both a statewide spread and more intensive interventions with a targeted group of providers.

The statewide baseline for this project was established utilizing the 2007 VR Annual Survey data, which demonstrated that 25% of Florida ESRD patients were reported as being engaged in VR services, working, or employed. The Network statewide goal was to achieve a 5% increase over the 2007 baseline, or 30%, by December 2009.

All facilities in the Focus Group began the project with a baseline of 0%. The initial goal for the Focus Group was to achieve a 75% gap reduction between the facility baseline and the Network rate for 2007, or 18.7%. However, due to significant gains made in the first quarter of the project, this goal was revised to 35.7%.

Statewide Activities: The top 10% of facility performers (43) were identified for each of the six Florida VR Regions. A conference call with the top performers was conducted to share best practices and brainstorm ideas to improve VR rates in the state of Florida.

Focus Group Activities: The bottom facility performers from each of the six Florida VR Regions were identified, for a total of 28 Focus Group facilities. Focus Group activities conducted during 2009 included ongoing technical assistance, dissemination of lessons learned, quarterly conference calls to share best practices, and continued submission of a quarterly tracking tool.



Statewide results indicated that, as of December 31, 2009, 29.8% of Network 7 patients aged 18 – 54 were either engaged in VR services, attending school or working. This represented an increase of 4.8% over the 2007 baseline and was just 0.2% short of reaching the project statewide goal.

The final Focus Group measure for this project was conducted using October – December 2009 data. Analysis of this data indicated 54% of Focus Group facilities met the 35.7% project goal. Overall, 45.1% of patients in the Focus Group facilities were either receiving VR services, employed, or attending school full/part time, which exceeded the project goal by 9.4%.

The Importance of Vocational Rehabilitation

Pursuit of personal rehabilitation goals can enhance the level of independence and quality of life for ESRD patients. Research shows that people on dialysis who keep working feel better. Working patients are more physically able, have less pain and have better general health and energy. Better physical functioning predicts fewer and shorter hospital stays and a longer life. A job can also give dialysis patients a sense of purpose, a place to be, an identity and an income.

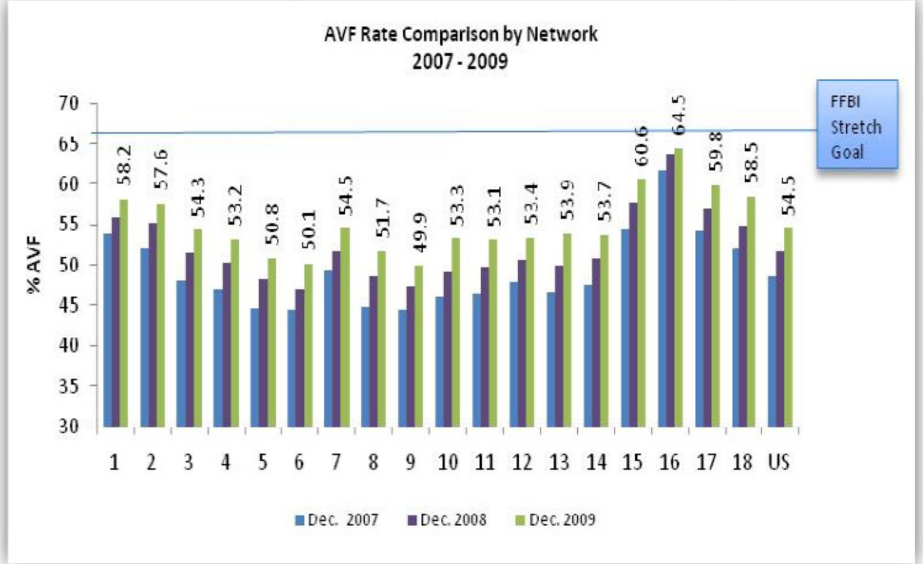
The ESRD Conditions for Coverage specify that social workers should provide services that maximize the social functioning of the patient, including providing patients with job retention strategies and making referrals to job-training and employment counseling/ placement services. Social work efforts to promote vocational rehabilitation are important interventions in trying to improve the social functioning of patients who are in their prime working years.

Fistula First Quality Improvement Project

FMQAI continued to conduct its two-pronged approach toward increasing fistula rates by utilizing a statewide spread, as well as conducting more intensive interventions with an identified group of providers struggling to improve AVF rates.

Statewide: The statewide approach to Fistula First focused on communicating the best practices for improving AV fistula rates to all those who care for ESRD patients. Involving professionals and other strategic partners was critical to improving care and increasing the rate of AVF use in the hemodialysis community.

As of December 2009 the Network and national AVF rates were in alignment, with 54.5% of eligible hemodialysis patients being dialyzed using an AV fistula. Network 7 ranked seventh in fistula prevalence among all Networks in 2009.



2008—2009 Fistula First Focus Group: The Fistula First Focus Group provided for a systematic approach to healthcare quality improvement in which dialysis facilities could test and measure practice innovations and share experiences to accelerate implementation of best practices.

The baseline AVF rate for the 32 Focus Group facilities, measured in March 2008, was 33.9%. By the March 2009 final measurement, the facilities improved to 43.3%, for an average increase of 9.4%. This final measurement easily exceeded the goal to increase AVF rates to above 40%. This improvement was statistically significant (p< .0001).

To establish effectiveness of the Focus Group intervention, the data was further analyzed, comparing improvements in AVF rates between Fistula First Focus Group participants and all other facilities statewide. Overall, the participants in the project increased their AVF rate by 9.4% (p<.0001), while the non-participants increased their AVF rate by 1.87% (p=.0004).

Fistula First Breakthrough Initiative

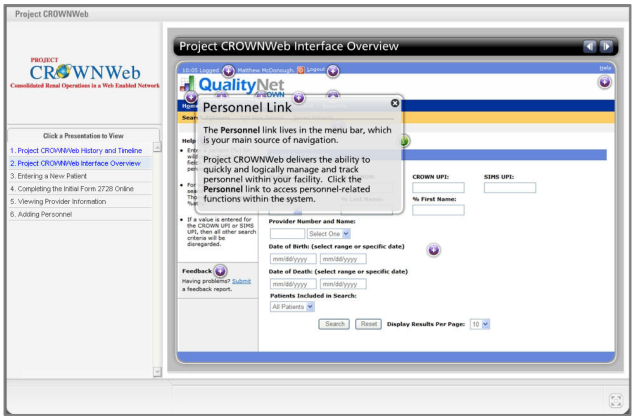
In 2005, CMS introduced the Fistula First Breakthrough Initiative (FFBI). Fistula First is a nationwide initiative that promotes the adoption of recommended best practices in dialysis facilities. The goal of the FFBI is to address the urgent need to have safer, higher-quality access to hemodialysis through appropriate AVF placement. The stretch goal for the FFBI was to increase the percentage of patients dialyzing with an AV fistula to 66% by June 2009.

Although the FFBI did not meet the stretch goal, impressive gains in AVF rates were made nationwide, with 94% of ESRD Networks achieving AVF rates of 50% or greater, including Network 7; and 11% of Networks achieving AVF rates of 60% or greater. Additionally, as of December 2009, the percentage of patients dialyzing with an AVF nationally reached 54.5%, which was only 11.5% short of reaching the stretch goal.

Although significant gains have been made, collaboration and partnership between the Networks, CMS, and the provider community will continue to play a vital role as they work to bridge the gap between current AVF rates and the 66% stretch goal.

Project CROWNWeb

During 2009, FMQAI continued work on the Renal—Requirements, Communication and Training special project, formerly known as Quality Infrastructure Support. This special study supports the development of CROWNWeb, which represents the future of the ESRD program.



1. Project CROWNWeb History and Timeline
2. Project CROWNWeb Interface Overview
3. Entering a New Patient
4. Completing the Initial Form 2728 Online
5. Viewing Provider Information
6. Adding Personnel

The **Personnel** link lives in the menu bar, which is your main source of navigation.

Project CROWNWeb delivers the ability to quickly and logically manage and track personnel within your facility. Click the **Personnel** link to access personnel-related functions within the system.

- If a value is entered for the CROWN UPI or SIMS UPI, then all other search criteria will be disregarded.

Having problems? Submit a feedback report.

The first phase of CROWNWeb in-person training was held on a nationwide basis in January 2009. Eleven trainers conducted successful training in 35 states and territories, with providers from all 50 states attending. The training offered potential CROWNWeb users with structured training based on accepted adult learning principles, as well as a hands-on environment in which they could use the system and ask questions of an experienced instructor. A survey was administered after each class, and the results obtained from attendees was extremely positive (~99% overall satisfaction rating).

The second phase of CROWNWeb in-person training was conducted during October and November 2009. Trainings were held in seven US cities. For both phases of training, response to the CROWNWeb system itself was extremely positive among both Independent facilities and LDOs. FMQAI received numerous compliments on the format of the training, the materials developed to assist in the training, and the trainers' ease of interaction with and ability to simplify information for learners that were worried about using CROWNWeb.

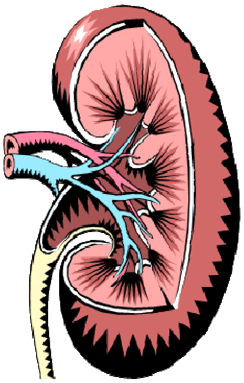
Kidney Community Emergency Response Coalition

The Kidney Community Emergency Response (KCER) Coalition was formed in January 2006 in an effort to minimize disruption to life-sustaining dialysis and transplant services in the event of an emergency or disaster. KCER provides technical assistance to ESRD Networks, CMS, and other groups to ensure timely and efficient emergency preparedness, response, and recovery for the national kidney community.

On August 3, 2009, the KCER Coalition hosted a Community Partner Conference titled *Surviving the Storm: Disasters and Dialysis.* This meeting encouraged the development of community partnerships through education and information sharing between all stakeholders. *Surviving the Storm* was organized to provide ideas and suggestions in collaborating with a variety of stakeholders to promote disaster preparedness in the kidney community.

There were over 75 attendees at the conference. The attendees represented CMS, ESRD Networks, State and county health departments, ESRD providers, hospitals, Federal Bureau of Prisons, Children's Medical Center of Dallas, the National Disaster Medical System, and the Dallas Community Emergency Response Team. Many attendees brought attention to unmet needs in the areas of independent dialysis providers, pediatric dialysis, and transplant patients/providers. Conference attendees worked collaboratively to identify unmet needs, emerging threats, and gaps in resources.

Treatment Options



Throughout 2009, FMQAI regularly promoted patient education regarding treatment options that help to support patient independence and quality of life, such as kidney transplantation, home dialysis, nocturnal dialysis, and in-center self-care. Essential to the success of these activities was collaboration with the renal community, including professional associations, transplant centers, and community organizations. Network activities related to treatment options included sharing materials between other Networks and stakeholders; speaking at meetings, conferences, and workshops; endorsing initiatives and other activities; and providing helpful links on the FMQAI website.

According to the 2009 Dialysis Facility Report, the average number of patients transplanted per facility from 2005 – 2008 in the Network 7 area was 2.2, compared with 2.5 nationally. Additionally, as of December 31, 2008, the average percentage of patients per facility on the transplant waitlist in the Network 7 area was 14.9%, compared to 21.4% nationally. Based upon analysis of this data, the Network conducted a facility-specific project targeting underperforming facilities in the Tampa Bay area (Hillsborough, Pinellas, and Pasco counties).

To orient participants to the project, the Network hosted a Transplant Liaison Workshop during November 2009. The workshop outlined the key project interventions, including the designation of a transplant liaison that was tasked with facilitating the transplant referral process, and provided education regarding the transplant process. Outcome measures for this project include the percent of dialysis patients referred for transplant and the percent of facilities that achieve a 50% gap reduction over the baseline for percent of patients on the kidney transplant waitlist. Activities for this project are expected to continue through 2010. Final results will be available at that time.

Florida Kidney Disaster Coalition

The Florida Kidney Disaster Coalition (FKDC), which was established in 2006, is comprised of both renal and non-renal stakeholders who recognize a continuing need to improve planning and preparation for emergencies within the renal community. FKDC members included 56 stakeholders representing 31 agencies. Key activities implemented in 2009 included:

- H1N1 Response Activities – FKDC remained proactive in its response to the H1N1 threat. FKDC added a section for pandemic flu resources to the website and members regularly sent out updates and tools from the Centers for Disease Control and Department of Health utilizing the FKDC listserv.

- Conditions for Coverage – During August 2009, FKDC disseminated a Conditions for Coverage Resource mailing to all Florida providers. The resources were also posted to the FKDC website.

- Community Partner Packet (CPP) for Electric Partners – The CPP for Electric Partners was developed in collaboration with TECO and the Florida Hospital Association. The CPP was mailed in August 2009 to the five largest utility providers in Florida, representing over 90% of the utility service providers in the state. The CPP for Electric Partners included a listing of Florida dialysis providers by county, Patient Zip Code Report by county, Save a Life ESRD Fact Sheet, the ANNA handout *ESRD for Policymakers,* and a summary of Florida ESRD demographics.

Data Management

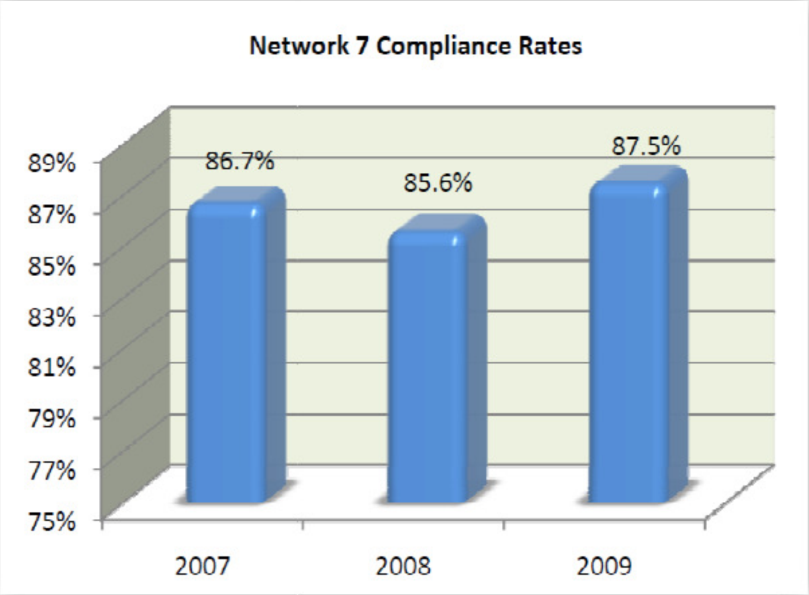
Network 7 is tasked with maintaining a patient and facility database and ensuring confidentiality, integrity, timeliness, accuracy, and security of the data. The purpose of maintaining the database is to ensure that a patient's renal medical condition has reached end stage and to register all ESRD patients (both Medicare and non-Medicare) with the United States Renal Data System, as mandated by law. Data management activities conducted by the Network during 2009 include:

CMS Forms

Throughout 2009, FMQAI worked directly with all dialysis and transplant providers to obtain either hardcopy or electronic versions of the 2728, 2746 and 2744 (Facility Survey). Hardcopy forms were keyed into SIMS on a daily basis. After being entered into SIMS, forms were proofread to ensure accurate processing. Additionally, Reject Reports indicating outstanding errors on forms were sent to facilities no later than the following business day after receipt. In 2009, the Network Data Department processed more than 12,500 forms, for an average of 29 CMS-2728 Forms and 19 CMS-2746 Forms per working day.

Compliance Reports

CMS guidelines require that the combined forms compliance rate for ESRD providers should not be less than 90% for both annual and semi-annual rates. For 2009, the Network demonstrated a 1.9% increase in compliance rates . At the Annual Forum, the Network distributed tools to assist facilities in improving their compliance rates. These tools included mandatory fields checklists, templates for the 2728 and 2746, newsletter articles and a Quality Improvement Plan template. The Network worked informally with individual facility personnel to assist in improving their outcomes, as well as providing technical assistance via phone regarding data accuracy and compliance.



Patient Activity Reports (PARs)

The Network is responsible for ensuring that current patient events are reported to CMS in a timely manner. To do so, the Network utilizes the PAR. The PAR allows providers to indicate changes in patient treatment modality status and to update patient events such as transfers in or out of the facility.

Facilities submit the completed PAR to the Network on a monthly basis. In 2009, the Network received a total of 3,962 PARs. From the information received on the PARs, the Network processed 34,170 patient events in 2009, or an average of 131 per day.

Patient Education

The Network is tasked with providing educational materials to patients in its area. At a minimum, this information should include the role of the ESRD Network, the Network's grievance process, treatment options, information on vascular access, and information to educate and encourage patients to achieve their maximum level of rehabilitation.

Patient Advisory Committee (PAC)

Each Network is required to maintain an active Patient Advisory Committee comprising patients and renal professionals who represent the Network area and provide input to the Network on the concerns and needs of patients. As of December 31, 2009 the Network 7 PAC was comprised of 20 members representing all geographic regions of the state.

The PAC met on a quarterly basis via in-person meetings and conference calls and played a key role in assisting the Network with developing and disseminating patient educational materials. During 2009, the PAC was utilized to assist in evaluating the effectiveness and appropriateness of educational materials previously distributed by the Network. Members of the Committee also made numerous recommendations for future educational topics.

FMQAI Website

FMQAI is Florida's Medicare Quality Improvement Organization (QIO) and the End Stage Renal Disease (ESRD) Network of Florida. As the Medicare Quality Improvement Organization for Florida and ESRD Network 7, FMQAI is under contract with the Centers for Medicare & Medicaid Services (CMS) at the U.S. Department of Health and Human Services (HHS).

As a healthcare quality improvement organization, FMQAI works with providers in Hospitals, Physician Offices, Nursing Homes, and many other provider settings to implement projects focused on improving the care provided to over three million Medicare beneficiaries in Florida. FMQAI's mission is to ensure the quality, effectiveness, efficiency, and economy of health care services provided to Medicare beneficiaries.

FMQAI performs independent medical record reviews for a variety of settings, including acute inpatient and outpatient facilities, ambulatory surgery centers, skilled nursing facilities, home health agencies, physician offices and managed care organizations. FMQAI has provided technical assistance to

The Network 7 website, which can be found at www.fmqai.com, was developed to serve patients, families, dialysis and transplant providers, and the renal community at large. In an effort to promote use of the website, new web additions were announced to patients and providers via newsletters, faxblasts and at community events. In addition, assistance with navigation of the website was provided on a daily basis via the help-line throughout 2009. The website is divided into several different sections to ease the user's ability to find information. Sections geared toward patient education and resources include:

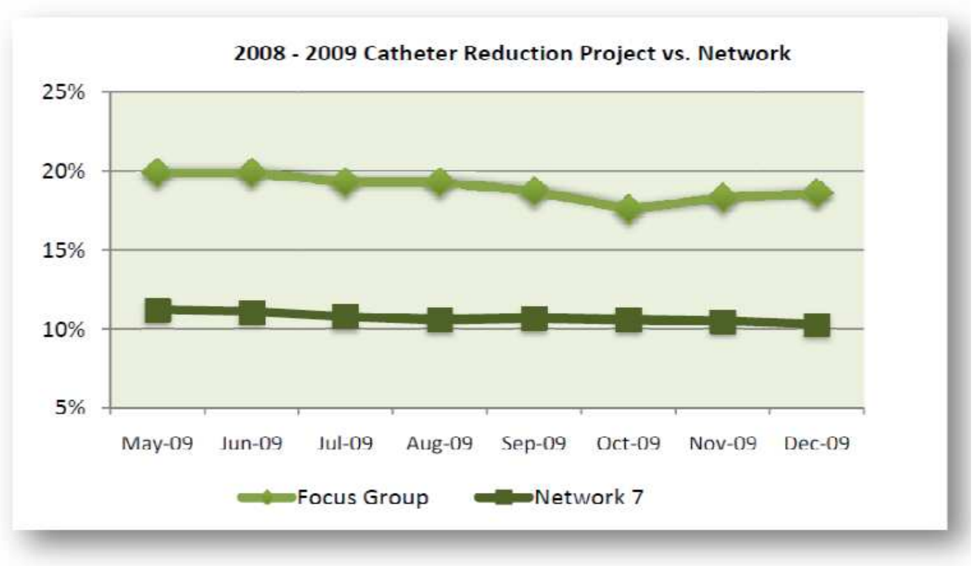
- For Patients & Families Webpage — Includes materials on emergency preparedness and going back to work. This section also contains links to patient newsletters and patient education.
- Community Information and Resources — Contains information on provider education, emergency preparedness, the grievance process, vocational rehabilitation, technical assistance, and patient education.

Catheter Reduction Strategies

FMQAI conducted a two-pronged approach to decreasing catheter rates in Florida during 2009. Statewide activities consisted primarily of a toolkit and educational opportunities. More intense interventions were undertaken with a select group of facilities that were struggling to decrease the percentage of patients with a catheter only greater than 90 days.

Statewide: Educational opportunities were made available to all facilities statewide through the Network Annual Forum, quarterly newsletters, educational fax blasts, education modules and material on the Network website. The Network also provided technical assistance via phone, email, and outreach at patient and professional meetings.

2008 —2009 Catheter Reduction Project: Nineteen facilities with the highest rates of catheters only greater than 90 days were identified for inclusion in the target group of the 2008 Catheter Reduction Project. Activities included onsite visits, technical assistance, and conference calls.



The Focus Group participants decreased their overall rate of catheters only greater than 90 days by 5.6% from the baseline, reaching 17.5% by the final measurement. Eight (42%) of the 19 facilities met the project goal (50% gap reduction). Project participants also saw a statistically significant increase in their AVF rates, improving from 44.21% to 48.32% (p=0.0414).

2009—2010 Catheter Reduction Project: Sixteen participants were included in the 2009 Catheter Reduction Project. Total project improvement for Focus Group participants from the baseline of 19.9% (May 2009) to December 2009 was 1.3%. As of December 2009, 4 of 16 (25%) facilities met the 50% gap reduction goal, which is only 5% short of meeting the March 2010 goal of 30%. Activities for the 2009 Catheter Reduction Project are expected to continue through August 2010.

Onsite Technical Assistance

The Network conducted onsite visits to provide technical assistance to those facilities struggling to reach their goals and/or lacking knowledge on how to improve processes of care. Each facility was requested to invite their medical director, administrator, charge nurse, educator, and quality personnel.

A key element of this intervention was the involvement of the medical director. During the visits, information specific to the medical director role and responsibilities, with a focus on Quality Assessment and Performance Improvement (QAPI), was presented.

The onsite visit agenda included:

- Medical director presentation
- Review of QAPI program and Network-specific projects
- One-on-one technical assistance
- Recommendations for QAPI improvement
- Review of vascular access management process

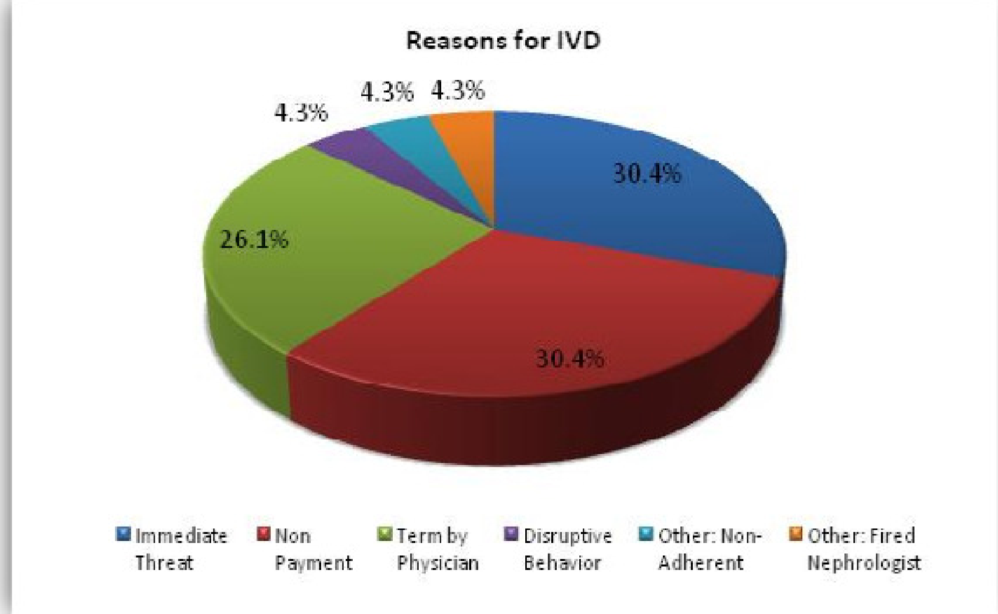
Improving Perception & Experience of Care

Network 7 maintained consistent efforts throughout 2009 to assist, facilitate, and educate ESRD patients and providers in resolving beneficiary complaints and grievances. Central to this goal was the process of improving patients' perception and experience of care. This was achieved by providing educational information to patients, implementing educational programs for providers and conducting trend analysis of reported situations to detect patterns of concern. Additionally, the Network worked proactively with the renal community during the year to resolve conflicts and concerns at the facility level.

The Network received a total of 896 calls from beneficiaries and facilities in 2009. Of the 896 calls received, 149 (17%) were complaints. The majority of complaints were related to treatment or quality of life issues (43.6%). The second highest category of complaints the Network received were staff related (27.5%). To address these complaints, the Network provided feedback to all facilities in the state regarding the top categories of complaints via an article in the provider newsletter.

Involuntary Discharge (IVD):

The Network began detailed tracking of involuntary discharges beginning in July 2009. From July 1, 2009 – December 31, 2009, the Network received notice of 29 involuntary discharges. Of those reported to the Network, 6 (20.7%) were averted (did not result in IVD). Of the 23 IVDs that did occur, the majority were attributed to immediate and severe threat (30.4%), non-payment (30.4%), and termination by the physician (26.1%). Network staff provided statewide education to facilities on involuntary discharges and the Conditions for Coverage throughout 2009.



Involuntary Discharge

The Conditions for Coverage mandate that facilities provide patients with a 30-day written notice of an IVD and discontinuation of services. It also states that an order for discharge be signed by the facility's medical director and patient's attending physician and that involuntary discharge procedures be reviewed by the State Survey Agency and ESRD Network.

The Network reconciles involuntary discharge data for accuracy of reporting by reviewing facility contacts to the Network, and by following up with a call to facilities that did not notify the Network prior to reporting the IVD on the Patient Activity Reports. Additionally, the Network reviews the PARs for facilities that have reported IVD cases and/or "at risk IVD cases," to be certain that the PARs reflect accurate data. The Network began detailed tracking of involuntary discharges beginning in July 2009. The trending information is shared with CMS on a quarterly basis.

2009 Annual Forum

The Network hosted its 2009 Annual Forum from November 16 – 18, 2009 in Tampa at the Renaissance Hotel at International Plaza. Over 350 professionals attended this outstanding meeting, which focused on "Win Big With Quality: Raising ESRD Care to a New Level." Among some of the most thought-provoking topics and best evaluated speakers were "QAPI: Requirements and Implementation" by Richard Goldman, MD; "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 outstanding educational sessions that focused on the new 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, Vocational Rehabilitation Champions, Community Services, Outcomes Excellence, Volunteer of the Year Quality Improvement, Disaster Preparedness, and Data Achievement:

- Fistula First Champions — For 2009, the Network recognized 33 facilities that had already reached the "Breakthrough Initiative" goal, representing a 43% increase over 2008. Additionally, two of these facilities had achieved AVF rates above 90%.
- Vocational Rehabilitation Champions — The VR Champion Award was presented to 14 facilities that demonstrated the top performance in helping patients achieve their personal rehabilitation goals.
- Community Services Award — Frank Toraño (Social Security Administration)
- John Cunio, MD Memorial Award for Excellence — Pinnacle Dialysis
- Volunteer of the Year Award — Catherine Barnett, LCSW
- Susan V. McGovern, ARNP, MS Memorial Award — Jeffrey Sands, MD, MMM
- FKDC Disaster Preparedness Award — Don Cranston (TECO)
- Six Year Data Achievement Awards:
    - Jupiter Kidney Center, LLC
    - Seminole Dialysis Center
    - West Kendall Dialysis Center
    - Central Florida Kidney Center—Osceola
    - Atlantic Kidney Center
    - North Melbourne Dialysis, Inc.
    - Central Florida Kidney Center—Winter Garden
    - Central Florida Kidney Center—Longwood

FMQAI gratefully acknowledges the entire renal community for its support and contributions toward improving the quality of healthcare services and quality of life for Florida ESRD patients. FMQAI, as both the Florida ESRD Network and the Florida QIO, looks forward to working with the renal community in the coming years with the goal of improving the overall health of ESRD patients.