

Introduction

BSI Prevention QIA Toolkit

In support of the Centers for Medicare & Medicaid Services' (CMS') reduction in healthcare-associated infections (HAIs) initiatives, HSAG: ESRD Network 17 (the Network) is conducting an infection prevention quality improvement activity (QIA) with the goal of reducing bloodstream infection (BSI) rates. Your facility was selected to participate in this QIA by the Network. Participating facilities were identified by analysis of BSI data from the National Healthcare Safety Network (NHSN) for the period of January through June 2016 for all vascular access types.

Objectives

The BSI Prevention QIA is intended to:

- Improve facility infection control processes.
- Promote the use of the Centers for Disease Control and Prevention's (CDC's) recommended infection prevention practices and observation tools.
- Engage patients by educating them regarding infection prevention practices, so they feel empowered to speak up about ensuring a safe dialysis environment.
- Improve patient quality of life.
- Reduce hospitalizations due to BSIs.
- Spread best practices and lessons learned statewide.
- Promote antibiotic stewardship.

QIA Focus

Participating facilities will focus on:

- Performing audits using the CDC BSI prevention audit tools, including:
 - Hand Hygiene.
 - Catheter Connection/Disconnection and Fistula/Graft Cannulation.
 - Dialysis Station Disinfection.
 - Accurate and Timely NHSN Reporting.
- Using CDC and Agency for Healthcare Research and Quality (AHRQ) quality improvement tools.
- Educating patients regarding infection prevention practices, culminating with a signed patient pledge to join the fight against HAIs.
- Engaging patients in their own infection prevention practices by encouraging them to complete CDC audits for hand hygiene compliance.
- Reporting monthly to NHSN and the Network regarding:
 - Dialysis events.
 - Completion of patient education and CDC BSI prevention audits.

Instructions and Completion Checklist

BSI Prevention QIA Toolkit

The following instructions are your guide to completing the BSI Infection Prevention QIA interventions found in this BSI toolkit:

- Step 1 Attend the QIA Orientation Webinar on January 26, 2017**
If you are unable to attend, contact Ruth Dawson at rdawson@nw7.esrd.net to obtain the link to view the webinar recording.

 - Step 2 Review BSIs for December 2016–February 2017**
 - Identify root causes**Note:** During subsequent months, you will be reviewing only the BSIs identified during the reporting month.

 - Step 3 Complete the Infection Prevention Action Plan on the February monthly reporting form (due March 5, 2017).**
Note: A monthly reporting form for each month of the QIA is included in this toolkit.

 - Step 4 Have all patient care staff complete the one-hour self-guided training course, *Infection Prevention in the Dialysis Setting*, by February 28, 2017.**
 - The course is available on the CDC website at www.cdc.gov/dialysis/clinician/CE/infection-prevent-outpatient-hemo.html.
 - The course offers one FREE continuing education (CE) credit.
 - Acquiring CE credit is not required for the QIA.
 - Staff having completed the course must sign the February monthly reporting form.

 - Step 5 Submit the monthly reporting form to the Network via fax or email by March 5, 2017.**
 - Fax: 813.354.1514
 - Email: RDawson@nw7.esrd.net
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- Step 6** Have all patient care staff review the enclosed CDC audit instructions and begin audits by March 1, 2017; audits are to be completed on a monthly basis.
 - 7 CDC AV Fistula Graft Cannulation Observation audits
 - 7 CDC Catheter Connection and Disconnection Observation audits
 - 7 CDC Dialysis Station Disinfection Observation audits
 - 13 CDC Hemodialysis Hand Hygiene Observation audits
 - 5 CDC Hemodialysis Hand Hygiene Observation audits
 - Audits completed by patients

- Step 7** Enter dialysis facility events into NHSN monthly and submit the Network monthly reporting form by the 5th of the following month.
 - Facility infection data and the results of CDC audits are required to be reviewed with the facility's Medical Director during Quality Assurance and Performance Improvement (QAPI) meetings.

- Step 8** Disseminate the patient resources included in this toolkit and have patients sign the Infection Prevention Pledge, beginning March 2017.
 - Report the number of patients provided with resources and the number of patients that signed pledges each month on the monthly reporting form.

- Step 9** Complete the QIA evaluation that will be provided in October 2017.

Additional Resources

These additional resources are available to assist you in completing your BSI QIA:

- Best Practices Video - Covers hand hygiene, catheter connection/disconnection, and fistula/graft cannulation: www.cdc.gov/dialysis/prevention-tools/training-video.html
 - Catheter Scrub-the-hub Protocol: www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf
 - Checklist tools: www.cdc.gov/dialysis/prevention-tools/index.html
 - Hand hygiene, catheter connection/disconnection, and fistula/graft cannulation audit tool: www.cdc.gov/dialysis/prevention-tools/index.html
 - Agency for Healthcare Research and Quality (AHRQ) Safety Program for End Stage Renal Disease Facilities Toolkit: www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/index.html
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2017 HAI Prevention QIA

Ruth Dawson, RN, CNN
Nephrology Nurse
Network 17 Quality Improvement Team
January 26, 2017

Orientation Webinar Attendance

To verify facility attendance, please message the host via the chat function, or send an email after the call, with the name of the facility and attendees to Ruth Dawson at:

RDawson@nw7.esrd.net.

Webinar Agenda

- Introduction to the 2017 Healthcare-Associated Infection (HAI) Quality Improvement Activity (QIA)
- QIA Interventions
- Bloodstream Infection (BSI) QIA Reporting
- 2016 HAI QIA Best Practices
- Trainings, Toolkits, and Other Resources From the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC)
- Steps for Success
- Questions?

Introduction to the 2017 HAI Prevention QIA

HAIs in the ESRD Population

- The end stage renal disease (ESRD) population is at a higher risk for HAIs than the general population:
 - Incidence of HAIs can be up to 100 times higher
 - Rate of mortality due to HAIs is 43% higher
- Violations in infection prevention protocols were the most cited violations in dialysis facilities by the California State Survey Agency in 2016.

Source: National Action Plan to Prevent Healthcare-Associated Infections

HAI QIA Goals

The goals of the Network 17 HAI QIA are to:

- Demonstrate a 5% relative reduction in the pooled mean rate of BSIs in the targeted QIA facilities
- Promote patient, family, and caregiver engagement within the facilities
 - Allow patients the ability to impact their own care and engage in monitoring infection prevention opportunities

Facility Inclusion Criteria

The HAI QIA will include facilities:

- With BSI rates from the first and second quarter of 2016 that were above the Network average of 0.44
 - The baseline Focus Group aggregate BSI rate is 0.80
 - The Focus Group aggregate BSI rate goal is 0.76
- That received citations from the State Survey Agency (SSA) for infection prevention procedures in 2016

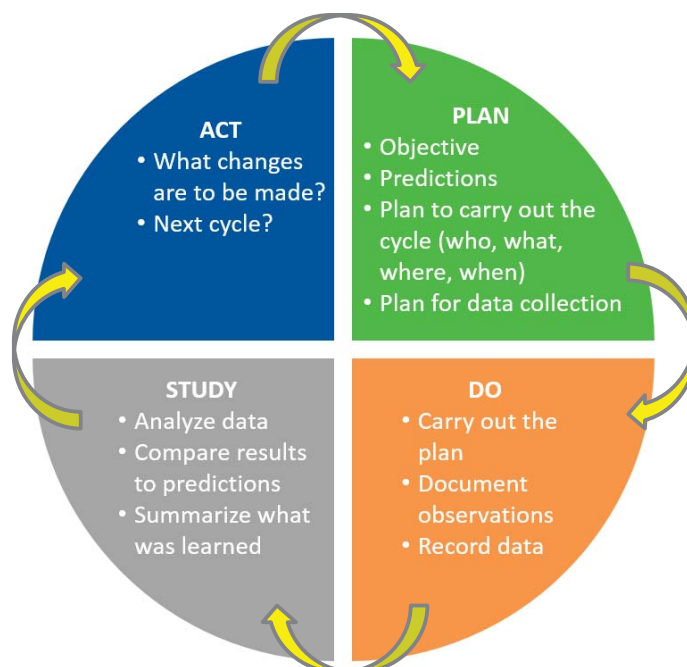
HAI QIA Interventions

HAI QIA Interventions

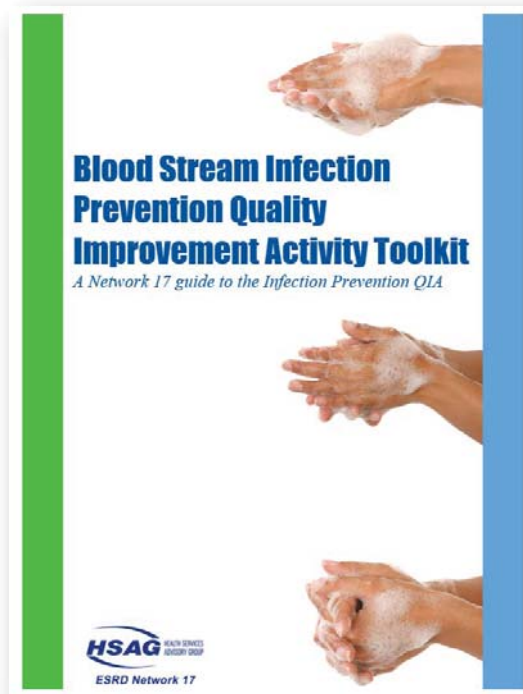
Network 17 interventions will include the implementation of:

- The Plan-Do-Study-Act (PDSA) improvement model
- The BSI Prevention QIA Toolkit
- Staff education
- Use of CDC audit tools for:
 - Hand hygiene
 - Catheter connection/disconnection
 - Fistula/graft cannulation
 - Dialysis station disinfection
- Patient engagement as partners in infection prevention through:
 - Patient education
 - Patient action
 - Patient pledge
 - Patient-completed audits
- CDC Core Elements of Antibiotic Stewardship
- Additional interventions identified by facility

PDSA Cycle Improvement Model



2017 HAI QIA Toolkit



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QIA Interventions: Staff Education

Staff education for February 2017 must include:

- Completion of the one-hour self-guided training course, Infection Prevention in the Dialysis Setting, by all QIA facility patient care staff. The training course is available on the CDC website at:
 - www.cdc.gov/dialysis/clinician/CE/infection-prevent-outpatient-hemo.html.
- Completion of the annual online NHSN Dialysis Event Surveillance Training by all QIA facility National Healthcare Safety Network (NHSN) users. The training is available at:
 - <https://nhsn.cdc.gov/nhsntraining/courses/2016/C18/>.
- Review of the CDC Recommended Interventions for Dialysis BSI Prevention by all facilities. The document is available at:
 - www.cdc.gov/dialysis/prevention-tools/core-interventions.html.

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QIA Interventions: CDC Audit Tools

- For the period of March–September 2017, all QIA facilities must complete the following monthly audits:
 - ≥ 13 hand hygiene observations
 - ≥ 7 catheter connection/disconnection observations
 - ≥ 7 fistula/graft cannulation observations
 - ≥ 7 dialysis station disinfection observations
- The audit tools can be located here:
 - www.cdc.gov/dialysis/prevention-tools/index.html
- Facility staff should watch the CDC best practices video found at: www.cdc.gov/dialysis/prevention-tools/training-video.html, which covers:
 - Hand hygiene
 - Catheter connection/disconnection
 - Fistula/graft cannulation

CDC Audit Tools: Hand Hygiene Observations

Facilities must:

- Utilize the hand hygiene audit tool to collect a minimum of **13 observations** per month
- Tally the numerator/denominator
- Submit audit results via the Network monthly report by the **5th of the following month**:
 - Numerator = Number of successful hand hygiene opportunities observed
 - Denominator = Total number of hand hygiene opportunities observed during audit

CDC Audit Tools: Catheter Connection/Disconnection Observations

Facilities must:

- Utilize the catheter connection/disconnection audit tool to collect a minimum of **7 observations** per month
- Tally the numerator/denominator
- Submit audit results via the Network monthly report by the **5th of the following month:**
 - Numerator = Number of procedures performed correctly
 - Denominator = Total number of procedures observed during audit

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QIA CDC Audit Tools: Fistula/Graft Cannulation Observations

Facilities must:

- Utilize the fistula/graft cannulation audit tool to collect a minimum of **7 observations** per month
- Tally numerator/denominator
- Submit audit results via Network monthly report by the **5th of the following month:**
 - Numerator = Number of procedures performed correctly
 - Denominator = Total number of procedures observed during audit

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QIA CDC Audit Tools: Dialysis Station Disinfection Observations

Facilities must:

- Utilize the dialysis station disinfection audit tool to collect a minimum of **7 observations** per month
- Tally the numerator/denominator
- Submit audit results via Network monthly report by the **5th of the following month:**
 - Numerator = Number of procedures performed correctly
 - Denominator = Total number of procedures observed during audit

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QIA Interventions: Engaging Patients as Partners—Education

In order to encourage patient and family engagement at the facility level, facilities should provide patient education using the following materials found in the QIA Toolkit:

- *A Patient's Guide: Clean Hands Can Save Lives*
 - Hand washing
 - Staff hand washing protocol
- *Washing Your Vascular Access & Knowing the Signs and Symptoms*
 - Washing the dialysis access prior to treatment
 - Signs and symptoms of infection

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QIA Interventions: Engaging Patients as Partners—Action

- Once they have been provided with the appropriate educational materials,* patients should be encouraged to:
 - Sign the *Patient Infection Prevention Pledge*
- Patients selected to participate in the hand hygiene audits should be encourage to:
 - Perform **5 hand hygiene audits per month** for the period of March–September 2017
 - Patient audits should be recorded with other hand hygiene audits on the Network monthly report

*All patient educational materials can be found in the HAI QIA Toolkit

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Antibiotic Stewardship Collaborative

Quality Improvement Organizations
HSAG HEALTH SERVICES ADVISORY GROUP

Antibiotic Stewardship Collaborative

Your organization agrees to:

- Establish antibiotic stewardship (AS) activities that meet the Centers for Disease Control and Prevention (CDC) Core Elements of Antibiotic Stewardship in Outpatient Settings.
- Participate in learning and action network (LAN) activities to promote and spread AS best practices.
- Identify both a clinical lead to support this collaborative and a staff champion to oversee the program and activities.

Health Services Advisory Group (HSAG) agrees to:

- Provide no-cost education, outreach, and technical assistance to spread the principles of AS.
- Educate healthcare providers on the fundamentals of AS and the risks of misuse/overuse of antibiotics.
- Work with your organization to establish AS activities that meet the CDC Core Elements of Antibiotic Stewardship in Outpatient Settings.
- Build partnerships with state and local agencies, advocacy groups, and healthcare stakeholders to develop education and implement AS programs where they are most needed.
- Develop a change package of best practices to strengthen AS in your organization.
- Develop a LAN that includes national and local thought leaders, academic/professional societies, front-line clinicians, health systems, and patients to sustain AS program activities.
- Facilitate coaching calls and peer-to-peer assistance upon request.
- Provide presentations by nationally recognized subject-matter experts (including the CDC) at collaborative meetings and webinars.

Quality Improvement Organizations
HSAG HEALTH SERVICES ADVISORY GROUP

Commitment Agreement

Organization Name _____

Type of Outpatient Organization (e.g., ASC, ED, FQHC, clinic, urgent care) _____

Agrees to participate with Health Services Advisory Group (HSAG) in the
Antibiotic Stewardship Collaborative

Confidentiality
As a Medicare Quality Improvement Organization (QIO-QIO), HSAG is required to keep confidential any information collected from your organization in accordance with 1160 of the Social Security Act and the requirements of 42 CFR 480.

Data that your organization shares with HSAG will not be shared with any other party or used for purposes other than the participation in this initiative, unless approved in writing by your organization.

Agreement
This is a voluntary agreement to participate in the Centers for Medicare & Medicaid Services (CMS) funded national action plan to spread AS principles through the Antibiotic Stewardship Collaborative. Please indicate your intent to participate with HSAG by **completing and submitting this agreement.**

Organization Clinical Lead (print) _____ Signature _____ Date _____
Organization Clinical Lead email _____ Phone _____

Staff Champion Name and Title (print) _____ Signature _____ Date _____
Staff Champion email _____ Phone _____

Note: Please ensure both signatures are obtained prior to sending back to HSAG

Please fax, or scan and email this agreement to the attention of Rick Webb.
Fax: 813.865.3722 | Email: rwebb@hsag.com

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www.hsag.com/join-as

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BSI QIA Reporting

QIA Monthly Reporting

For the period of March–September 2017, QIA facilities must:

- Enter BSI events into NHSN by the end of each month
- Complete the Network monthly reports, including, as applicable:
 - Patient census
 - Number of events, by access
 - Organism identified/sensitivities reviewed with nephrologist
 - Root cause of BSI events and planned/completed interventions
 - Patient education/patient pledges
 - QIA evaluation question
- Return completed monthly reports by the **5th of the following month**

February Monthly Reporting Form Example

HSAG HEALTH SERVICES ADVISORY GROUP
The Florida ESRD Network

Infection Prevention QIA Monthly Reporting Form

Reporting Month: **February 2017**

Facility Name: _____ CCN #: _____
 Individual Completing Report: _____
 Facility Hemodialysis Patient Census: _____

Were the BSI events entered in NHSN? Yes No

Infection Prevention Action Plan for BSI Events
 List reported BSI events from December 2016–February 2017, the documented root causes, vascular access type highest at risk associated with the BSI, and planned/completed interventions.

List BSI Events by Patient CW UPI	Root Cause of infection(s)	Vascular Access Type	Planned/Completed Intervention(s)

Network 7 | BSI Prevention Monthly Report 2017

HSAG HEALTH SERVICES ADVISORY GROUP
The Florida ESRD Network

Infection Prevention QIA Monthly Reporting Form

Reporting Month: **February 2017**

Please have staff that has completed the CDC's Infection Prevention in the Dialysis Setting training course during the reporting month sign below:

Print Name	Signature

Fax or email the completed form to Ruth Dawson by **March 5, 2017** at 813.354.1514 or RDawson@nw7.esrd.net.
 Do not send any patient sensitive information (patient names/initials, SSN, DOB)

Network 7 | BSI Prevention Monthly Report 2017



March, May, July, and August Monthly Reporting Forms

HSAG HEALTH SERVICES ADVISORY GROUP
The Florida ESRD Network

Infection Prevention QIA Monthly Reporting Form

Reporting Month: **March 2017**

Facility Name: **New Facility** Medicare CCN #: **000000**
 Individual Completing Report: **Ruth Dawson**
 Facility Hemodialysis Patient Census: **88**

Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.
 AVF: **1** Graft: _____ Catheter: _____

Were the BSI events entered in NHSN? Yes No

Infection Prevention Action Plan
 List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.

Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
11111	Pseudomonas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contamination staff not following buttonhole policy	Buttonhole cannulation workshop, audits
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		


Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)	10	13
Hand Hygiene Observations (5 minimum completed by patients per month)	4	5
Catheter Connections/Disconnections (7 minimum per month)	6	7
Fistula or Graft Cannulations (7 minimum per month)	4	7
Dialysis Station Disinfections (7 minimum per month)	6	7

Patient Resources
 Report patient education activities for the month of March 2017.

# of patients who received Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms	15
# of patients who received Clean Hands Can Save Lives	5
# of patients who signed the pledge	10



April, June, and September Monthly Reporting Forms



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **April 2017**

Facility Name	New Facility	Medicare CCM #	00000000
Individual Completing Report	Ruth Dawson		
Facility Hemodialysis Patient Census	88		
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.			
AVF	Graft	Catheter	1
Were the BSI events entered in NHSN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Infection Prevention Action Plan for BSI Events				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (<i>Right Drug for the Right Bug?</i>)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
12345	Staph Aureus	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Touch contamination	CVC care workshop with staff audits
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure		
Prevention Process Measure	# of Successful Observations	Total # of Observations
Observations (13 minimum per month)	7	13
Observations (5 minimum completed by patients per month)	2	5
Connections/Disconnections (7 minimum per month)	2	7
Contaminations (7 minimum per month)	5	7
Line Infections (7 minimum per month)	4	7

Patient Resources	
Report patient education activities for the month of April 2017.	
Received <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>	25
Received <i>Clean Hands Can Save Lives</i>	1
Agreed the pledge	10
Which of the following resources you find most useful in educating patients regarding infection prevention	<input checked="" type="checkbox"/> <i>Clean Hands Can Save Lives</i> <input type="checkbox"/> <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>

Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.

Success: Patients reminding each other to wash their access before sitting in the dialysis chair

Barriers: Non-ambulatory patients unable to wash accesses, staff needs frequent reminders to wash the patients access prior to antiseptic of cannulation sites

Fax or email the completed form to Ruth Dawson by **May 5, 2017** at 813.354.1514 or RDawson@nw7.esrd.net.
Network 7 | BSI Prevention Monthly Report 2017

2016 HAI QIA Best Practices

2016 HAI QIA Best Practices

The following best practices for HAI reduction at the facility level were identified during QIA activities for 2016:

- Include all staff members in monthly audit completion to improve infection control practices
- Conduct targeted auditing during turnover to identify the need to adjust patient schedules to allow for proper infection control technique
- Identify staff in need of additional education on cannulation and central venous line catheter care infection control procedures
- Conduct infection control-specific staff meetings and in-services to focus staff on following protocols

2016 HAI QIA Best Practices (cont.)

- Prompt physicians and nurse practitioners to practice hand hygiene between patients when rounding
- Identify and correct improper mask placement during catheter care
- Include patients in hand hygiene audits to encourage more patient participation and better staff-to-patient communication regarding infection control protocols
- Engage patients through use of Network educational materials to support infection prevention interventions by staff
- Conduct infection control lobby days targeting hand hygiene, vascular access care, and CVC reduction to foster patient and family/caregiver awareness of infection control practices

Trainings, Toolkits, and Other Resources From AHRQ and CDC

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Comprehensive Unit-Based Safety Program (CUSP) Toolkit

The AHRQ CUSP Toolkit:

- Includes training tools to make care safer by improving the foundation of how physicians, nurses, and other clinical team members work together
- Builds the capacity to address safety issues by combining clinical best practices and the science of safety
- Was created for clinicians by clinicians
- Can be found at:

www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html



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CUSP Toolkit (cont.)

- Is modular and modifiable to meet individual unit needs
- Includes teaching tools and resources to support change at the unit level, presented through facilitator notes that take you step-by-step through the modules, presentation slides, tools, and videos
- Includes the following modules:
 - Learn about CUSP
 - Assemble the Team
 - Engage the Senior Executive
 - Understand the Science of Safety
 - Identify Defects Through Sensemaking
 - Implement Teamwork and Communication
 - Apply CUSP
 - The Role of the Nurse Manager
 - Spread
 - Patient and Family Engagement

AHRQ ESRD Toolkit Modules

Each module includes teaching tools and resources to support change at the unit level, including:

- Creating a Culture of Safety
- Clinical Care
- Using Checklists and Audit Tools
- Patient and Family Engagement

www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/index.html

CDC Dialysis BSI Prevention Collaborative

The CDC Dialysis BSI Prevention Collaborative:

- Is a partnership aimed at preventing BSIs in hemodialysis patients
- Is open to freestanding and hospital-based outpatient dialysis facilities across the country
- Has participating facilities measure BSIs, using the dialysis event surveillance module in the NHSN, and a package of evidence-based practices to prevent these devastating infections



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Dialysis BSI Prevention Collaborative Topics

- [About the Collaborative](#)
 - Approach
 - Benefits of Joining
- [Core Interventions](#)
 - Bloodstream
 - Staff Education
 - Catheter
- [News and Reports](#)
 - Collaborative & Dialysis News
- [Audit Tools, Protocols & Checklists](#)
 - Toolkits, Forms, Training, Protocols

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CDC Resources

- Catheter Scrub-the-Hub Protocol
 - Key steps in catheter connection/disconnection
www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf
- Checklist tools
www.cdc.gov/dialysis/prevention-tools/index.html
- Hand Hygiene Observation Protocol
www.cdc.gov/dialysis/prevention-tools/Protocol-hand-hygiene-glove-observations.html

Quality Assessment and Performance Improvement (QAPI)

- Review QIA outcomes in facility QAPI meetings, including:
 - Monthly audit results
 - Patient engagement in QIA
- Document participation in the Network 17 QIA in QAPI meeting minutes

Steps to Success

Follow these steps to success for the Network 17 HAI QIA:

- Educate staff
- Complete CDC audits monthly, including patient participation in the process
- Utilize materials to educate patients
 - Have patients sign pledges once education is complete
- Submit monthly report to the Network by the **5th of each following month**
- Notify Network 17 of any management changes
- **Never email patient information to Network 17**

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Questions



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Reminder: Orientation Webinar Attendance Verification

To verify facility attendance, please message the host via the chat OR send an email after the call with the name of the facility and attendees to Ruth Dawson at:

RDawson@nw7.esrd.net

Network 17 Contacts

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Thank you!

Network 17 Quality Improvement Team

This material was prepared by HSAG: ESRD Network 17 (Network 17), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Pub #: CA-ESRD-17A146-01062017-01