



MEMORANDUM

To: «HNURSNAME», Clinic Manager
#«PROVNUM», «PROVNAME»

From: Tensia Sili, Lead Data Coordinator
Melissa Garcia, Data Coordinator

Subject: **2010 ESRD Annual Facility Survey**

Date: February 18, 2011

In this packet, you will find the following materials that we have put together to assist you in completing your facility's Annual Survey for the year 2010 as accurately as possible. **Please read thoroughly through the description/instructions on directions for each item.**

Form	Description/Instructions
1. Confirmation Receipt	Please fill out and fax back to (323) 962-0127 immediately to ensure Network 18 that the packet was received by your facility.
2. ESRD Facility Annual Survey (CMS-2744)	This section contains your facility Survey for 2010. All parts of the Survey should be reviewed and sections 33-41 must be filled out. Please make sure to sign when completed before sending back to the Network no later than Wednesday, March 16, 2011.
3. Vocational Rehabilitation & Staffing Count Instructions	These instructions will assist you when calculating the number of patients on Vocational Rehabilitation (Fields 33-35) and the number of Full-Time and Part-Time, current and open, staff positions at your facility (Fields 38-41) on the Survey page.
4. 2010 Patient Census	We have included a Patient Census reflecting patients that were dialyzing with your facility as of December 31, 2010 . Please review this list and should there be any corrections, please refer to Item No. 5.
5. Corrections to Patient Census	Should you come across patient(s) that is missing from your census, which should be on your list and/or vice versa , please list the patient(s) on the Corrections Sheet and submit no later than Wednesday, March 16, 2011 .
6. No Error Receipt	If the Patient Roster is completely accurate, please fax this receipt and the completed Survey Page (CMS-2744) to (323) 962-0127 no later than Wednesday, March 16, 2011 .
7. Missing Forms Report	The following is a list of form(s) that have not been received. Please FAX in the form(s) ASAP. If there is no Missing Forms Report included, your facility does <u>not</u> have any forms missing.

Mission Statement

To provide leadership and assistance to renal dialysis and transplant facilities in a manner that supports continuous improvement in patient care, outcomes, safety and satisfaction.

<p>8. Accuracy & Compliance Report</p>	<p>This section contains your facility Accuracy and Compliance report for all 2728 & 2746 forms *received* only in 2010. This report is for informational purposes only. Unfortunately, since the forms have already been transmitted to CMS, forms cannot be modified in anyway. Therefore, no corrections can be made.</p> <p>If your facility has a 90% or higher, congratulations! Please accept the certificate included in recognition for your hard work and dedication.</p> <p>**If your facility's rate is at 80% and below, please find a Compliance Action Plan (CAP) attached to your report. The CAP needs to be submitted no later than Wednesday, March 16, 2011.</p>
<p>9. Security Awareness Flyer</p>	<p>Network 18 would like to share some helpful pieces of information whenever handling sensitive data, to further protect and safeguard our patient information to the best of our ability.</p>

Should you have any questions or concerns, please do not hesitate to contact Tenisia Sili or Melissa Garcia in the Data Department at (323) 962-2020.

All surveys and corrections (if any) are due to the Network no later than:

Wednesday, March 16, 2011