

# Improving the Grievance Process

**Brittney Jackson, LMSW, MBA**

**April 28, 2016**



# Objectives

---

- Grievance Definition
- Identify Key Players
  - Documentation
  - Investigation
- Grievance Log Tutorial
- Identified Trends
- Access to Available Resources

# Definition of a Grievance

- What is a grievance?
  - Written or oral communication
  - From an ESRD patient or an individual representing a patient
  - ESRD service received from a Medicare-certified provider
  - With respects to safety, civility, patient rights, and/or clinical standards of care

# Key Players: Documentation

- Who should be responsible for receiving and documenting a grievance?
  - Everyone
  - Care providers
  - Any staff person who receives a grievance
  - Facility Administrator/Clinic Manager

# Key Players: Investigation

- Who is responsible for carrying out an investigation of a grievance?
  - Facility Administrator/Clinic Manager
  - Staff Member's direct supervisor

# Grievance Log Tutorial

- CMS provided template
- One grievance per log
- Documentation

Month: _____ Year: _____	Acknowledgement Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Outcome Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
-----------------------------	--

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

**Description of Grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions/Steps Taken:**  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

**Resolution:**  
\_\_\_\_\_  
\_\_\_\_\_

**Was the grievant provided a verbal explanation of the above resolution?**  
Yes  No  Date: \_\_\_\_\_

**Was the Grievance escalated?**  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date

**Grievance Log**

<p>Month: _____ Year: _____</p>	<p>Acknowledgement Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____</p> <p>Outcome Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____</p>
-------------------------------------	---

Date Grievance Filed: \_\_\_\_\_

Grievance entered by (Staff person): \_\_\_\_\_

Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_

Name of Grievant: \_\_\_\_\_

**Description of Grievance:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Actions/Steps Taken:**

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_

\_\_\_\_\_

**Resolution:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was the grievant provided a verbal explanation of the above resolution?**

Yes  No  Date: \_\_\_\_\_

**Was the Grievance escalated?**

If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date
  - Key Players

Month: _____ Year: _____	Acknowledgement Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Outcome Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
-----------------------------	--

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

**Description of Grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions/Steps Taken:**  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

**Resolution:**  
\_\_\_\_\_  
\_\_\_\_\_

Was the grievant provided a verbal explanation of the above resolution?  
Yes  No  Date: \_\_\_\_\_

Was the Grievance escalated?  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.



# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date
  - Key Players
  - Description

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

**Description of Grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions/Steps Taken:**  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

**Resolution:**  
\_\_\_\_\_  
\_\_\_\_\_

Was the grievant provided a verbal explanation of the above resolution?  
Yes  No  Date: \_\_\_\_\_

Was the Grievance escalated?  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date
  - Key Players
  - Description
  - Actions/Steps Taken

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

Description of Grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions/Steps Taken:  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

Resolution:  
\_\_\_\_\_  
\_\_\_\_\_

Was the grievant provided a verbal explanation of the above resolution?  
Yes  No  Date: \_\_\_\_\_

Was the Grievance escalated?  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date
  - Key Players
  - Description
  - Actions/Steps Taken
  - Resolution

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

Description of Grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions/Steps Taken:  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

Resolution:  
\_\_\_\_\_  
\_\_\_\_\_

Was the grievant provided a verbal explanation of the above resolution?  
Yes  No  Date: \_\_\_\_\_

Was the Grievance escalated?  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date
  - Key Players
  - Description
  - Actions/Steps Taken
  - Resolution
  - Escalated

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

Description of Grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions/Steps Taken:  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

Resolution:  
\_\_\_\_\_  
\_\_\_\_\_

Was the grievant provided a verbal explanation of the above resolution?  
Yes  No  Date: \_\_\_\_\_

Was the Grievance escalated?  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Grievance Log

- CMS provided template
- One grievance per log
- Documentation
  - Date
  - Key Players
  - Description
  - Actions/Steps Taken
  - Resolution
  - Escalated
  - Tracking

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

Description of Grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions/Steps Taken:  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_

Resolution:  
\_\_\_\_\_  
\_\_\_\_\_

Was the grievant provided a verbal explanation of the above resolution?  
Yes  No  Date: \_\_\_\_\_

Was the Grievance escalated?  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Acknowledgement Letter

Date:

Dear \_\_\_\_\_:

Thank you for bringing your concern to our attention. We take all concerns very seriously and can assure you that your concerns will be fully investigated. It is our goal to resolve your concerns in a manner that is satisfactory to all parties involved.

\_\_\_\_\_ will follow up with you in one week from the date of this letter to provide you with an update on our investigation. We appreciate your patience in this matter. If you have any questions please contact \_\_\_\_\_ at \_\_\_\_\_.

Please note that all patients should feel safe filing a complaint or grievance without fear of retaliation. If you feel that you are being retaliated against, please notify \_\_\_\_\_ immediately. Additionally, if you feel that you have been discriminated against based on race, color, national origin, disability, age, gender, sexual orientation, or religious beliefs you may file a complaint with the Office for Civil Rights at 1-800-368-1019.

Kind Regards,

Name

Title

# Outcome Letter

Date:

Dear \_\_\_\_\_:

We would like to inform you that the complaint you filed on \_\_\_\_\_ has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for bringing your concerns to our attention. If you have any additional questions or concerns, please contact \_\_\_\_\_ at \_\_\_\_\_.

If you are dissatisfied with the outcome of your complaint, you may contact:

ESRD Network X  
Patient Services Department  
Address  
City, State Zip  
Phone: (XXX) XXX-XXXX

or

Department of Public Health  
Licensing and Certification Division  
Address  
City, State Zip  
Phone: (XXX) XXX-XXXX  
Fax: (XXX) XXX-XXXX

Kind Regards,

Name

Title

# Case Example

- The staff at “Facility A” receive two grievances from patients during the month of January 2016, they are documented in the facility grievance log as follows:
  - On January 7<sup>th</sup> a patient requests to file a grievance with the facility because they feel that the temperature is too cold
  - On January 15<sup>th</sup> patient states that their blood pressure drops too low during dialysis treatments and requests to file a grievance with the facility



# Completed Grievance Log

Month: January

Year: 2016

Acknowledgement Letter Provided?

Yes  No  Date: \_\_\_\_\_

Outcome Letter Provided?

Yes  No  Date: \_\_\_\_\_

## Grievance Log

**Date Grievance Filed:** 1/07/16

**Grievance entered by (Staff person):** B. Jones

**Reported to Facility Administrator/Clinic Manager?** Yes  No  FA/CM Initials: JS

**Name of Grievant:** Jane Doe

### Description of Grievance:

Patient requests to file a grievance with the facility because they feel that the temperature is too cold

### Actions/Steps Taken:

Date: 1/07/16 Actions/Steps completed by (B. Jones): Educated patient on why they may feel cold during dialysis, and offered patient a blanket. Reported concerns to the Clinical manager

Date: 1/9/16 Actions/Steps completed by (J. Smith (CM)): Followed up with patient about concerns. Grievance closed.

# Completed Grievance Log

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Resolution:**

Patient was provided with education and resources.

\_\_\_\_\_  
\_\_\_\_\_

**Was the grievant provided a verbal explanation of the above resolution?**

Yes  No

Date: 1/9/16

**Was the Grievance escalated?** No

If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.

# Identified Trends in Patient Complaints

- What are the top grievances received at the Network?
  - **Environmental Issues** (e.g., facility too cold, basic maintenance issues such as chair, lobby)
  - **Major Quality of Care or Access to Care Issues** (e.g., major bleeds, wrong dialyzer, prescription changes without physician order, IVDs either at risk or actual)
  - **Interpersonal Issues** (e.g., conflicts between patients, conflicts between staff and patients)
  - **Minor Quality of Care Issues** (e.g., simple bleeding after dialysis, minor infection control issues)
  - **Operational Issues** (e.g., inadequate staffing, other issues related to the operation of the facility)

# Assisting Patients

- What fosters an environment that encourages patients, family members and care partners to voice their concerns?
  - Ensure that all patients are aware of the option to file a grievance
  - Internally at your unit, with the Network and with the Department of Health Services (DHS)
  - Hang grievance posters in an area that is visible to all patients and visitors
  - Place grievance brochures in an area that is accessible to all patients and visitors

# Available Resources: IPRO ESRD Network Program Website

- <http://esrd.ipro.org>

The screenshot shows the homepage of the IPRO End-Stage Renal Disease Network Program. At the top, there is a navigation menu with links for Home, About Us, Our Initiatives, Who We Serve (highlighted with a red circle), and Events. Below the navigation is a banner with three photos of diverse people and the text "PROMOTING SAFE, EFFECTIVE, PATIENT-CENTERED CARE". The main content area features eight icons representing different program areas: Improving Quality, Patient Safety, Patient Engagement, Data Systems, ESRD Networks, Publications, Regulations, and Value-Based Care.

End-Stage Renal Disease  
Network Program


Home About Us Our Initiatives **Who We Serve** Events  
Emergency Information

PROMOTING SAFE, EFFECTIVE, PATIENT-CENTERED CARE

- IMPROVING QUALITY  
Outcome Driven Results
- PATIENT SAFETY  
Preventing Adverse Events
- PATIENT ENGAGEMENT  
Experience of Care
- DATA SYSTEMS  
CROWNWeb, NHSN, DFR
- ESRD NETWORKS  
Areas We Serve
- PUBLICATIONS  
Newsletters, Reports and Links
- REGULATIONS  
State and Federal
- VALUE-BASED CARE  
ESRD QIP and 5 Star

# Available Resources: Grievance Process

- <http://esrd.ipro.org/who-we-serve/file-a-grievance>



End-Stage Renal Disease  
Network Program

Home About Us ▾ Our Initiatives ▾ **Who We Serve ▾** Events  
Emergency Information ▾ ESRD News and Alerts

## FILE A GRIEVANCE

[Home / Who We Serve / File a Grievance](#)

### Grievance Procedures

*If you wish to file a grievance, please contact the Patient Services Department in your Network service area.*

#### Patient Experience of Care


As a dialysis patient, if you are not satisfied with the care you receive you have several options for filing a grievance:

- You may choose to file a grievance directly with [your dialysis facility](#)
- You may choose to file a grievance with the [Network in your service area](#)
- You may choose to file a grievance with your [State Department of Health](#)


#### Filed at Your Dialysis Facility


Following federal regulations, all dialysis facilities are required to have a grievance process meant to address patient concerns. You may wish to speak with your dialysis Social Worker or your Facility Administrator if you would like to file a grievance.


It is **NOT** mandatory that a patient follow the facility grievance process before contacting the Network. However, this can be a fast easy way to fix a problem at your dialysis facility and we encourage that you consider it as an option.




**To file a grievance, contact:**

**Network 1 (CT, MA, ME, NH, RI, VT)**  
Brittney Jackson, LMSW, MBA  
Patient Services Director  
☎ 203-285-1213 

**Network 2 (NY)**  
Evan Smith, LMSW, MBA  
Patient Services Director  
☎ 516-209-5348 

Emanca Brown, MSW  
Community Outreach Coordinator  
☎ 516-209-5549 

**Network 9 (IN, KY, OH)**  
Andrea Bates  
Patient Services Director  
☎ 216-593-0001 

# Available Resources: Grievance Posters

**DO YOU HAVE A GRIEVANCE?**

**Speak Up.**  
Here's how...

**First...**

Request a copy of your clinic's grievance policy from a staff member, and ask questions if you don't understand how to file a grievance.

**If you are still unsatisfied...**

For grievances related (but not limited) to:


- Patient rights • Unfair treatment by staff • Poor communication
- Medical errors • Requests for information, assistance, or referrals
  - Services provided • Operations of the clinic
- Cleanliness of the facility • Equipment or building conditions

**Contact**

**IPRO ESRD Network of the South Atlantic**  
909 Aviation Parkway, Suite 300 Morrisville, NC 27560  
Phone: (919) 463-4500 • Toll-Free Patient Line: (800) 524-7139  
Fax: (919) 388-9637

**You may also contact**

**Georgia Department of Community Health**  
Healthcare Facility Regulation Division, Diagnostic Services Unit  
2 Peachtree Street, N.W., Suite 31-447 Atlanta, GA 30303-3142  
Toll-Free: (800) 878-6442 • Local: (404) 657-5726 • Fax: (317) 233-7494  
Website: www.dch.georgia.gov

 End-Stage Renal Disease Network of the South Atlantic [esrd.ipro.org](http://esrd.ipro.org)

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicaid & Medicare Services, Contract HHSM-500-2016-0006C.

**DO YOU HAVE A GRIEVANCE?**

**Speak Up.**  
Here's how...

**First...**

Request a copy of your clinic's grievance policy from a staff member, and ask questions if you don't understand how to file a grievance.

**If you are still unsatisfied...**

For grievances related (but not limited) to:

- Patient rights • Unfair treatment by staff • Poor communication
- Medical errors • Requests for information, assistance, or referrals
  - Services provided • Operations of the clinic
- Cleanliness of the facility • Equipment or building conditions

**Contact**

**IPRO ESRD Network of the South Atlantic**  
909 Aviation Parkway, Suite 300 Morrisville, NC 27560  
Phone: (919) 463-4500 • Toll-Free Patient Line: (800) 524-7139  
Fax: (919) 388-9637

**You may also contact**

**Division of Health Service Regulation - Nursing Home Licensure and Certification Section**  
2711 Mail Service Center, Raleigh, NC 27699-2711  
Toll-Free: (800) 624-3004 • Local: (919) 855-4500  
Website: <https://www2.ncdhs.gov/dhsr>

 End-Stage Renal Disease Network of the South Atlantic [esrd.ipro.org](http://esrd.ipro.org)

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicaid & Medicare Services, Contract HHSM-500-2016-0006C.

**DO YOU HAVE A GRIEVANCE?**

**Speak Up.**  
Here's how...

**First...**

Request a copy of your clinic's grievance policy from a staff member, and ask questions if you don't understand how to file a grievance.

**If you are still unsatisfied...**

For grievances related (but not limited) to:

- Patient rights • Unfair treatment by staff • Poor communication
- Medical errors • Requests for information, assistance, or referrals
  - Services provided • Operations of the clinic
- Cleanliness of the facility • Equipment or building conditions

**Contact**

**IPRO ESRD Network of the South Atlantic**  
909 Aviation Parkway, Suite 300 Morrisville, NC 27560  
Phone: (919) 463-4500 • Toll-Free Patient Line: (800) 524-7139  
Fax: (919) 388-9637

**You may also contact**

**South Carolina Department of Health and Environmental Control**  
Bureau of Certification/Health Regulation  
2600 Bull Street, Columbia, SC 29201  
Toll-Free: (800) 922-6735 • Local: (803) 545-4300  
Website: [www.dhec.sc.gov](http://www.dhec.sc.gov)

 End-Stage Renal Disease Network of the South Atlantic [esrd.ipro.org](http://esrd.ipro.org)

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicaid & Medicare Services, Contract HHSM-500-2016-0006C.

*Please contact your Network to receive a copy of the grievance poster*

## For more information

ESRD Network of the South Atlantic  
Shannon Wright, BSW, PMP, ITIL v3  
Executive Director  
(919) 463-4512  
swright@nw6.esrd.net

ESRD Network of the South Atlantic  
Wambui Kungu  
Quality Improvement Coordinator  
(919)-463-4506  
wkungu@nw6.esrd.net

ESRD Network of the South Atlantic  
Carla Primo  
Patient Services Director  
919-463-4500  
cprimo@nw6.esrd.net



Improving Healthcare  
for the Common Good®

END-STAGE RENAL DISEASE NETWORK PROGRAM  
<http://esrd.ipro.org>