

Southern California Renal Disease Council, Inc.

ESRD Network 18

2005 *Annual Report*

Leonard Shapiro, MD
President, Board of Directors

Robert C. Kopelman, MD
Chair, Medical Review Board

Douglas R. Marsh
Executive Director



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.

6255 Sunset Boulevard • Suite 2211 • Los Angeles • California • 90028
(323) 962-2020 • (323) 962-2891/Fax • www.esrdnetwork18.org

Preface

A

President's Statement

B

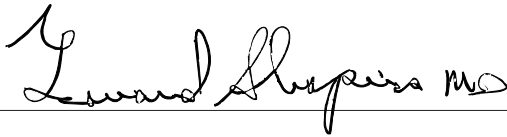
Table of Contents

Message From The President

We are pleased to submit the 2005 Annual Report for the Southern California Renal Disease Council/ESRD Network 18.

The Southern California renal community continued to experience significant growth and rapid change in 2005. Persistent staffing shortages in most ESRD disciplines, increasing patient acuity, state and local budget shortfalls, expanding regulatory oversight, and other market/operational realities represented major challenges to ESRD providers. Network 18 was similarly challenged to develop and implement new programs that support fulfillment of contractual requirements and the SCRDC mission. This Report describes our many activities directed toward developing stronger working relationships with facility members and others in the renal community in support of the imperative for enhanced patient care, outcomes, safety and satisfaction in the ESRD Program.

Our membership continued its high level of support and cooperation; we particularly acknowledge the dedicated patients and professionals whose volunteer service on various committees was invaluable in furthering Network activities.



Leonard Shapiro, MD, President
Board of Directors

Table of Contents

Preface	
A.	<i>President's Statement</i>
B.	<i>Table of Contents</i>
I.	Introduction
A.	<i>Network Description</i> 2
B.	<i>Structure</i> 3
	1. <i>Staffing</i>
	2. <i>Committees</i>
II.	CMS National Goals and Network Activities
	<i>Goal 1a: Improve the Quality of Health Care Services and Quality of Life for ESRD Beneficiaries</i> 10
	<i>Goal 1b: Evaluating and Resolving Patient Grievances</i> 28
	<i>Goal 2: Improve Data Reliability, Validity, and Reporting among ESRD Providers/Facilities, Networks and CMS (or Other Appropriate Agency)</i> 35
	<i>Goal 3: Establish and Improve Partnerships and Cooperative Activities. These activities may include ESRD Networks, QIOs, State Survey Agencies and ESRD Providers/Facilities, Medicare + Choice (M+C) Organizations, ESRD Facility Owners, Professional Groups, and Patient Organizations</i> 38
	<i>Goal 4: Support the Marketing, Deployment, and Maintenance of CMS Approved Software</i> 42
III.	Sanction Recommendations 43
IV.	Recommendations for Additional Facilities 45
V.	Data Tables
A.	<i>Table 1: ESRD Incidence</i> 47
B.	<i>Table 2: ESRD Dialysis Prevalence</i> 49
C.	<i>Dialysis Modality By Self-Care Settings</i>
	1. <i>Table 3: Home</i> 50
	2. <i>Table 4: In-Center</i> 56
D.	<i>Renal Transplants</i>
	1. <i>Table 5: Number By Transplant State</i> 62
	2. <i>Table 6: Number By Transplant Type, Age, Race, Sex and Primary Diagnoses</i> 63
E.	<i>Table 7: Dialysis Deaths</i> 64
F.	<i>Table 8: Vocational Rehabilitation</i> 65

I. Introduction

A

Network Description

B

Structure

1. Staffing
2. Committees

A. Network Description

The Southern California Renal Disease Council (SCRDC) area covers 13 counties from the Mexico and Arizona/Nevada borders to the central California coastal area and inland. As of December 31, 2005, the estimated population in the SCRDC service area was 23,200,000, an increase of approximately 2,000,000 since the 2000 census. Three of the nation's six most populous counties are in Network 18, including Los Angeles County with more than 10,000,000 residents, nearly twice that of any county in the United States. The Network 18 region is nonetheless quite diverse, with many less urban areas and large, sparsely populated remote desert and mountain areas. A rising birth rate and continuing legal and illegal immigration is expected to offset out-migration to other states and allow California's population growth rate to meet or exceed that of the United States in the coming years.

The SCRDC area is characterized by ethnic and cultural diversity; no ethnic group constitutes a majority of the populace. 2005 population estimates show 9,001,000 Whites (38.8%), 9,624,000 Hispanics (41.5%), 2,413,000 Asians/Pacific Islanders (10.4%), 1,485,000 Blacks (6.4%), 96,000 American Indians/Alaska Natives (0.4%) and 581,000 Other/Multiple Races (2.5%). Hispanics are projected to become a majority of the Los Angeles County population during this decade and the largest ethnic group in the state of California by 2020.

Consistent with the nationwide trend, the SCRDC population is "graying". The mean age based on 2005 population estimates is 34.6 years versus 30.6 years in 1990. The number of people age 65 and older increased by more than 500,000 over the past decade. There are now nearly 2,400,000 people 65 years of age and older in the SCRDC area.

Consistent population growth and prevailing demographic trends in the SCRDC area indicate continuing increases in the need for ESRD services and the array of demands upon the provider community to meet those needs. Diverse cultural values and expectations of the health care delivery system, foreign language barriers, and varied nutritional norms are just some of the issues that the provider community faces in providing high quality care to ESRD patients in Southern California.

Sources:

California Department of Finance, Demographic Research Unit
Claritas, Inc. (Projections based on actual 2000 U.S. Census data)

B. Structure

1. *Staffing*

SCRDC maintains a staff complement of eleven individuals, representing 10.5 FTEs to fulfill its CMS Network contract requirements. The Fistula First Breakthrough Initiative Project Coordinator is also an SCRDC employee; her duties are executed under the CMS Network Coordinating Center contract held by SCRDC. A stable work force continues to be a key component of our effort to improve the overall efficiency and effectiveness of Network activities. It is also key to the development and maintenance of improved working relationships with facility members and others in the renal community. The Administration function continues to provide a higher level of support to Quality Improvement and Patient Services staff. It has proven to be very successful in improving the productivity of professional staff. Reorganization of the Data/IS function following the resignation of the Data Manager effective January 2006 will result in consolidation of the Manager and Computer Systems Analyst positions and re-allocation of resources to Data Coordinators and Administrative Assistant support. That position is vacant, but aggressive recruitment should identify an appropriate candidate in early 2006. Following is a list of employees and their job titles and key responsibilities:

Administration

Douglas R. Marsh, MHSA, Executive Director. Reports to the President, Board of Directors. Responsible for overall management and coordination of ongoing organizational activities in fulfillment of all CMS contract requirements and deliverables. Serves as primary staff support to the Board of Directors, ensuring that all pertinent governance matters are reviewed/acted upon in a timely manner. Develops/revises policies and procedures and ensures effective implementation consistent with Board direction. Manages SCRDC finance, personnel and other Administration functions and oversees the Quality Improvement, Patient Services and Data/Information Systems Departments. Ensures effective working relationships with DHHS Regions IX and X, the California State Survey Agency, facility members and other renal-related organizations involved in the provision, monitoring and improvement of ESRD patient care.

Rebecca B. Garcia, Office Manager. Reports to the Executive Director. Provides ongoing administrative support to the Executive Director, including organization and maintenance of personnel, financial and other confidential files. Performs routine SCRDC financial-related duties including payroll, accounts payable, general accounting, employee benefits administration and IRS/Franchise Tax Board tax/pension plan filings, budget development and variance analysis/reporting, interfacing with outside consultants as directed. Prepares analysis/decision matrix for equipment acquisition and other product/service selection matters. Supervises the Administrative Assistants.

Malena Alvarez, Erika Jimenez, and Jessica Zamora, Administrative Assistants. Report to the Office Manager. Provide administrative/clerical support to the Quality Improvement, Patient Services and Data functions. Maintains hard copy facility information files and updates Facility and Nephrologist databases. Maintains original computer and hard copy files of all Network forms and

publications, updating and supplementing as appropriate. Designs and produces all SCRDC publications including Data Manual, CQI Manual, periodic newsletters, meeting brochures and internal documents such as policy & procedure manual. Responds to written facility requests for forms. Provides support to the Executive Director for special projects and during peak workload periods.

Quality Improvement

Svetlana Kacherova, RN, BSN, CPHQ, Quality Improvement Director. Reports to the Executive Director. Coordinates the design, development, application and monitoring of the CMS Health Care Quality Improvement Program at the Network level, including Fistula First, Clinical Performance Measures and all formal studies, projects and related reporting requirements. Provides primary staff support to the Medical Review Board, including implementation of quality improvement projects and preparation of related reports as well as monitoring conformance of member facilities to the Medical Review Board's adopted standards/performance criteria. Directs the organization's internal quality improvement program. Serves as a resource to the State Survey Agency, member facilities, non-ESRD providers and others who require information/assistance with quality/patient care-related issues. Supports the Patient Services function as needed.

Lisle Mukai, RN, BSN, Quality Improvement Coordinator. Reports to the Quality Improvement Director. Provides staff support for Fistula First and all other SCRDC Quality Improvement projects and activities, conducting on-site visits as appropriate. Serves as primary liaison with facilities in conducting Clinical Performance Measures data collection and validation. Develops and maintains databases in support of various Quality Improvement activities as well as an ongoing interface with the Data/Information Systems Department. Serves as primary staff support for the MRB Fistula First and other MRB Committees. Provides support to the Patient Services function as needed.

Patient Services

Cecilia Torres-Correa, RN, BSN, Patient Services Coordinator. Reports to the Executive Director. Develops patient education/support activities including development of materials and presentation of training sessions. Coordinates and administers the SCRDC grievance procedure, serving as the primary interface with patients, facilities and others in handling complaints. Leads CMS, Forum and SCRDC educational initiatives related to managing conflict in dialysis facilities. Provides primary interface with the Patient Advisory Committee. Serves as liaison with Department of Rehabilitation officials, Council of Nephrology Social Workers, National Kidney Foundation and other patient-focused organizations/agencies.

Data

Alice Malik, Data Manager. Reports to the Executive Director. Manages all data collection, follow-up, analysis and reporting activities. Continually assesses and revises data management system output to ensure efficiency, accuracy and adherence to CMS and Network requirements. Ensures compliance

Structure

with all Data requirements set forth in the CMS Statement of Work and Network Organizations Manual, including facility accuracy & compliance profiles, facility directory information, data storage and security/confidentiality and CMS-2728, CMS-2746 and CMS-2744 submissions. Oversees implementation of SIMS/VISION/Q-Net and related hardware/software updates and facility training. Serves as a resource to the Medical Review Board, and Quality Improvement and Patient Services staff, providing reports and other information as requested. Provides Data reporting training/workshops for dialysis facility staff as needed/requested. Serves as primary interface with CMS officials, Social Security offices and HMOs regarding ESRD Medicare entitlement situations.

Edwin Del Salto, Computer Systems Analyst. Reports to the Data Manager. Continually monitors data system to ensure its performance meets internal and external customer needs and requirements. Serves as primary interface with SCRDC staff and outside consultants regarding SIMS, VISION, REMIS, Q-Net and related hardware/software upgrade initiatives. Provides technical support to facilities receiving VISION training. Prepares special data reports for Administration and Quality Improvement staff using FoxPro or Crystal Reports programming expertise. Utilizes data system to prepare periodic Accuracy & Compliance profiles, missing/incomplete forms summaries and other facility feedback reports. Perform ongoing systems maintenance, upgrades, security reviews and related staff training.

Monique Montes & Edil Lima, Data Coordinators. Report to the Data Manager. Perform ongoing data entry and necessary follow-up for all new patients, transfers, deaths, transplants and other patient events. Prepare notices to facilities with delinquent CMS and Network data forms. Maintain neat and well-organized hard copy files of CMS-2728 and CMS-2746 forms as well as monthly Network Patient Status forms. Research and respond to facility inquiries regarding CMS and Network forms/data reporting requirements.

2. Committees

ESRD Network 18 is organized as the Southern California Renal Disease Council, Inc. (SCRDC), a non-profit California corporation that complies with the legislative requirements regarding Network council and membership. A Board of Directors serves as the policy and decision-making body and oversees ongoing activities. Membership in SCRDC is set forth by corporate bylaws and Federal regulation and includes dialysis facilities, renal transplant centers, organ procurement agencies and histocompatibility laboratories. Two hundred fifty-nine (259) Medicare-certified dialysis facilities, 17 Medicare-certified renal transplant centers and 4 non-Medicare certified Veterans Administration dialysis facilities were voting SCRDC members as of December 31, 2005.

SCRDC's Board of Directors (BOD) meets quarterly to provide overall leadership and direction to the organization. Each contract year, the BOD adopts a set of organizational goals and objectives and receives periodic reports from Administration regarding progress in achieving them. The goals and objectives focus on SCRDC's four primary functional areas — administration/governance, quality improvement, patient services, and data reporting/information management. The 20 Board members must include at least five

non-physicians and one patient representative. A general election was held in late 2005; eight Directors were re-elected and nine Directors will serve their first term on the SCRDC Board. The remaining three positions are held by the President-Elect, MRB Chair and patient representative. The Board has delegated certain functions to committees, as described below:

Executive Committee — The Executive Committee consists of the officers of SCRDC (President, President-Elect, Secretary, Treasurer and Immediate Past-President) and the Chair of the Medical Review Board. It meets as necessary to monitor financial, personnel and other administrative matters.

Bylaws Committee — The SCRDC President appoints this group. The Committee and Board of Directors did not recommend any revisions to the Bylaws in 2005. Administrative steps to streamline the nominations/election process were successfully implemented following Bylaws revisions in 2003. The Bylaws will be reviewed in 2006 for continued conformance to CMS contract requirements.

Nominating Committee — The Nominating Committee is responsible for overseeing membership nominations for Board of Directors and Medical Review Board general elections. They also present candidates to the Board of Directors for any mid-term vacancies. The SCRDC President-Elect serves as Chair of the Nominating Committee. In 2005, the Nominating Committee was involved only in the general election for Board of Directors and Medical Review Board vacancies.

Medical Review Board — The Medical Review Board (MRB) has primary responsibility for the coordination of quality improvement activities and other activities as set forth in the CMS contract. The MRB consists of fifteen (15) members, including at least one nephrologist, nurse, social worker and dietitian involved in the care of ESRD patients. One member is an ESRD patient. Seven (7) positions were filled for terms starting January 1, 2005, 4 were newly elected and 3 re-elected. The general areas of responsibility of the MRB are defined by Federal regulation and include the following:

- Direction of formal Quality Improvement Projects such as Fistula First and CPM, as well as other Quality Improvement activities
- Evaluation of the quality and appropriateness of care provided in Network facilities
- Review of formal patient grievances and other patient care/services issues
- Direct special studies and surveys
- Analyze data profiles and direct follow-up as appropriate
- Coordinate quality activities with other health care organizations
- Report activities to the Board of Directors

In order to perform these functions, the MRB has several standing committees and occasionally appoints ad hoc task forces to examine specific issues. The MRB committees are:

- Fistula First
- Infectious Disease
- Patient Services/Vocational Rehabilitation
- Data/Statistical Analysis
- Transplant

Structure

Patient Advisory Committee — The Patient Advisory Committee (PAC) was initiated by SCRDC in response to a need for patient input to Network activities. There are 6 volunteer members representing all ESRD treatment modalities including home hemodialysis and transplantation. In addition to advising the SCRDC Board of Directors and Medical Review Board on patient concerns/interests and reviewing formal patient grievances, PAC members participate in development of patient education projects and preparation of educational materials. Periodic meetings and conference calls ensure ongoing review and consideration of patient-related issues.

Complete Board of Directors and Medical Review Board rosters as of December 31, 2005 are provided on the following pages.

2005

Board of Directors — Roster of Members

President

Leonard Shapiro, MD
Gambro — Huntington Beach
Huntington Beach

President-Elect

Allen R. Nissenson, MD
UCLA Medical Center
Los Angeles

Secretary

Kathy H. Laws, RN, BS
FMC — San Diego
San Diego

Treasurer

Susan Vogel, MHA, RN, CNN
South Valley Regional Dialysis Center
Encino

Past-President

Rodrigo J. Fernandez, MD, Ph.D.
DaVita — Chula Vista
National City

Patient Advisory Committee Chair

Lori Hartwell
Glendale

MRB Chair

Robert C. Kopelman, MD
Bakersfield Dialysis Center
Bakersfield

Directors

Cyril H. Barton, MD
University of California Irvine
Orange

Waldo Concepcion, MD, FACS
Loma Linda University Medical Center
Loma Linda

Judy Dodd, RN
High Desert Hemodialysis, Inc.
Palmdale

Ursula Kramer
FMC — Mission Hills Kidney Center
Mission Hills

Mary M. McKenzie, RN
St. Joseph Hospital Renal Center
Orange

Linda Mullen, RN
DaVita — Riverside
Riverside

Marciano B. Ocon, RN, BSN
DaVita — Glendora Dialysis Center
Glendora

Jack E. Rubin, MD
Los Angeles Dialysis Center
Los Angeles

Robin Siegal, MA, MSW, LCSW
Los Angeles Dialysis Training Center
Los Angeles

Robert E. Soderblom, MD, FACP
Loma Linda VA Medical Center
Loma Linda

David M. Ward, MD
University of California San Diego
San Diego

2005

Medical Review Board — Roster of Members

Chair

Robert C. Kopelman, MD
Bakersfield Dialysis Center
Bakersfield

Patient Advisory Committee Chair

Lori Hartwell
Glendale

Members

Arlene Antonoff, LCSW, BCD
DaVita — Tower
Los Angeles

Deborah Benner, MA, RD, CSR
DaVita Inc.
El Segundo, CA

Danilo B. Concepcion, CCHT, CHT
St. Joseph Hospital Renal Center
Orange

Judy Dodd, RN
High Desert Hemodialysis, Inc.
Palmdale

Eben I. Feinstein, MD
DaVita — Hollywood
Los Angeles

Randall Heyn-Lamb, RN, BSN, CPTC
USC University Hospital
Los Angeles

Jack E. Rubin, MD
Los Angeles Dialysis Center
Los Angeles

Leonard Shapiro, MD
DaVita — Huntington Beach
Huntington Beach

Josephine P. Torres, RN, CNN
FMC — San Bernardino
San Bernardino

Beverly Tresbesh, LCSW
DaVita — Main Place
Orange

David M. Ward, MD
University of California San Diego
San Diego

Sandra Wilson, RN, CNN
Kidney Center of Thousand Oaks
Thousand Oaks

Alan Wilkinson, MD, FRCP
UCLA Kidney & Pancreas Transplantation
Los Angeles

II. CMS National Goals and Network Activities

Goal 1

- 1a. Improve the Quality of Health Care Services and Quality of Life for ESRD Beneficiaries

- 1b. Evaluating and Resolving Patient Grievances

Goal 2

Improve Data Reliability, Validity, and Reporting among ESRD Providers/Facilities, Networks and CMS (or Other Appropriate Agency)

Goal 3

Establish and Improve Partnerships and Cooperative Activities. These Activities may Include ESRD Networks, QIOs, State Survey Agencies and ESRD Providers/Facilities, Medicare + Choice (M+C) Organizations, ESRD Facility Owners, Professional Groups, and Patient Organizations

Goal 4

Support the Marketing, Deployment, and Maintenance of CMS Approved Software

Goal 1a

Improve the Quality of Health Care Services and Quality of Life for ESRD Beneficiaries

Quality Improvement Activities

The CMS Health Care Quality Improvement Program (HCQIP) and ESRD Network Statement of Work serve as the blueprint for Network 18 quality improvement activities. SCRDC provides ongoing education/materials/support on the continuous quality improvement process in numerous ways as described below.

Annual Facility CQI Reports

Starting in 1992, all facilities in ESRD Network 18 were required to submit an annual “CQI Project Report Form” based on the FOCUS-PDCA model for quality improvement. The system provided a way for facilities to demonstrate their commitment to a quality improvement environment with “hands-on” practice in CQI. Facilities actively involved in CQI tend to be more quality-focused in all aspects of patient care and ongoing operations. The Network reporting requirement also provided useful information regarding facility quality improvement activities and potential areas where Network resources could be applied.

In 2003, the Medical Review Board (MRB) evaluated the CMS and Network “paperwork reduction” goals and decided to make the CQI Project Report Form a voluntary activity rather than a requirement. It remains part of the Network Quality Improvement Manual, and is available to facilities that have been requested by the MRB to submit documentation of QI activity due to inadequate outcome indicators. While the reporting requirement has been eliminated, the MRB recommendation to conduct and document facility-specific QI activities remains in effect. We also specifically modified the CQI Project Report Form to specifically support improvement in vascular access management outcomes through the Fistula First project. During 2005, we utilized the updated CQI Project Report form to conduct Quality Improvement Projects in facilities with AVF rates < 30%.

SCRDC staff and the MRB continue to encourage facilities to undertake internal QI projects in areas where there is room for improvement. Ongoing discussions with renal providers indicate that the principles of Quality Improvement and development of a QI program are generally in place in ESRD facilities in Southern California. This reflects the growing emphasis on quality over a several year period and its incorporation into ongoing practices at dialysis facilities, as well as the growing presence of large dialysis corporations with dedicated quality improvement/management resources.

Pattern Analysis: Facility Profiling

In 1993, ESRD Network 18 began “facility profiling” as a follow-up to the initial CQI training efforts conducted in 1992. The facility-specific data collected includes standardized mortality rate (SMR), clinical indicators (e.g. anemia, adequacy, nutrition), other outcome indicators (e.g. Hepatitis B vaccination rate, AVF & catheter rates, standardized hospitalization, mortality and transplantation rates) and other facility

performance indicators (e.g. patient complaints, key staff turnover, CMS forms submission). The facility profile information has evolved over the years and it serves to support our on-going QI activities and collaboration with the State Survey Agency.

One resource used for the facility profiling data is the yearly Dialysis Facility Compare (DFC) Reports from CMS. The University of Michigan Kidney Epidemiology and Cost Center (UMKECC) conducts the statistical analysis for the information provided in these reports with funding from the Centers for Medicare and Medicaid Services. The reports are based on data from Medicare dialysis and hospitalization claims, Medical Evidence Forms (CMS-2728), Death Notification Forms (CMS-2746), Annual Facility Survey Forms (CMS-2744) and other CMS and Social Security Administration data. The purpose of these reports is to notify facilities of their updated quality measures, which are posted on the Dialysis Facility Compare Website. ESRD Networks distribute these reports to dialysis providers. The report is sent to the facility manager, the facility Medical Director, and a copy is kept at the Network Office. The DFC reports are public information that could be utilized by the State Survey Agencies (SSA) for survey and certification activities. The reports were distributed to all Network 18 facilities in August 2005, and all facilities had three weeks to submit their comments to the UMFECC regarding their results.

Publication of profile data gives the individual facility the opportunity to compare itself to both Network and national aggregate data, and to identify specific areas to direct their internal CQI efforts. Although the clinical indicators (Clinical Performance Measures Study and now Fistula First) related to patient care tend to be the focus of most ESRD facility internal CQI efforts, many other areas of facility operations can be effectively addressed through profiling.

In 2005, the collection method for the annual collection of clinical indicator data (anemia and adequacy) was changed so that the Large Dialysis Organizations (DaVita, Gambro, and FMC) were able to transfer the data electronically. DaVita chose to manually collect data while FMC and Gambro utilized electronic transmission. Independent facilities were required to submit data by diskette or hard copy, with the Network in turn manually entering the lab values into the electronic database. After the data was submitted to Network 11, and analyzed by University of Minnesota statisticians, the final reports were reviewed and forwarded to facilities for incorporation into their ongoing QI program. Unfortunately, the reports for 54 facilities were found to have discrepancies. Network 18 QI and Data staff were unable to identify any pattern to the discrepant facility reports. Following discussions with Network 11, and further joint efforts to identify the problem, the decision was made to re-submit the data to Network 11 for re-analysis. Revised reports are expected in early 2006. Lessons regarding data collection methodology and review/presentation of facility-specific data from this project will be incorporated into future data collection efforts in general, and the lab data collection project in particular.

Follow-up on facility-specific and Network-wide outcomes continued in 2005 based on the clinical indicator data of those facilities whose reports did not have discrepancies. The lowest ranked facilities, based on 2004 laboratory data, were required to submit monitoring data on hemoglobin and/or URR/Kt/V until sustained improvement occurred as part of the MRB intervention plan for facilities not meeting established outcome targets. Fifteen (15) facilities began the monitoring program for hemoglobin, thirty (30) facilities

CMS National Goals and Network Activities

for URR, and five (5) for KT/V. As the results of the first wave of monitoring came back, all of the involved facilities showed satisfactory improvement in the management of the monitored clinical indicators.

Clinical Performance Measures Project

The Clinical Performance Measures Project, based on the National Kidney Foundation's Dialysis Outcome Quality Initiative (NKF-DOQI) Clinical Practice Guidelines, is a national study that collects data from randomly selected adult hemodialysis and peritoneal dialysis patients throughout the United States. For ESRD Network 18, 787 patients were selected by CMS for 2005 (615 hemodialysis and 172 PD). A 100% sample of pediatric in-center hemodialysis patients was also included in the study, as well as 100% of Veterans Health Administration dialysis facility patients. In 2005, Network 18 had a total of 1,007 forms, the largest number of CPM forms among all the Networks.

CPM Results - Hemodialysis

Percentage of Patients with:	2005		2004		2003	
	NW 18	US	NW18	US	NW18	US
Kt/V \geq 1.2	88%	91%	91%	91%	86%	89%
Hgb \geq 11	87%	83%	83%	80%	79%	79%
AVF	38%	39%	38%	35%	36%	33%
Catheters	17%	27%	15%	20%	21%	27%
Albumin \geq 4.0/3.7	39%	36%	41%	39%	34%	35%

As shown above, Network 18 equaled or surpassed the national average for permanent catheter, albumin and hemoglobin clinical performance measures in 2005. Vascular access measures were compiled for hemodialysis patients, Network 18's percentage of AV fistulae remained at 38%, which is slightly below the national average of 39%. Network 18 has the third lowest (best) rate of long-term catheters in the nation. The long-term catheter rate for the United States remained at 27%, unchanged from 2003. In addition, the percentage of hemodialysis patients with an AV graft receiving stenosis monitoring in Network 18 was 69%, exceeding the national average of 67%. Serum Albumin outcomes slightly declined nationally, with 36% of patients meeting the standard in 2005 versus 39% in 2004. The Network 18 outcome for this clinical indicator is 39% compared to 41% in 2004, although it is still higher than the national average.

As for anemia outcomes, 87% of Network 18 patients had a mean Hemoglobin \geq 11 gm/dl, up from 83% in 2004, and exceeding the 2005 national average of 83%. In recognition of successful anemia management across the Southern California provider community, the MRB raised the internal Network 18 performance standard to 85% of patients with a mean Hemoglobin \geq 11 gm/dl. The outcomes standard for hemodialysis adequacy is a mean Kt/V greater than or equal to 1.2. This standard was met by 88% of the Network 18 study patients. This is slightly lower than the national average of 91%, but higher than both the CMS goal (80%) and the Network goal (85%). There was improvement shown in the median dialysis session length (time on dialysis). The national average has remained the same since 2004 (213 minutes) while the Network 18 average increased from 205 minutes to 210 minutes.

Due to the small sample size, peritoneal dialysis (PD) results and the pediatric patient sample results were not reported on a Network-specific level. Overall, there continues to be small improvements in outcomes for PD patients.

Veteran's Healthcare Administration (VHA) facilities in Network 18 completed a 100% sample of CPM forms (total of 234 forms) and the results were submitted to Network 9/10. Feedback reports will be sent to the VHA Facility Managers and Medical Directors in 2006.

Network-wide Quality Improvement Projects (QIPs)

1. National Vascular Access Improvement Initiative (NVAII), "Fistula First"

Background: Despite significant clinical evidence of its superiority as a vascular access method, the AV fistula rate in the United States had been steadily declining prior to the 1997 NKF-DOQI recommendations on Vascular Access. The outcome of this trend was an increase in dialysis patient morbidity, mortality, and an increase in Medicare hospitalization costs related to access complications. During 2003, a new project on vascular access, specifically increasing the percentage of patients with AV fistulae, was developed and entitled the National Vascular Access Improvement Initiative (NVAII), or "Fistula First". This project is unique in that it involves a partnership with CMS, all ESRD Networks, corporate and independent dialysis providers, nephrologists, vascular surgeons, interventional radiologists/nephrologists, and other patient and professional renal-related organizations across the country participating in the same project during a three-year time period initially and later expanded to six-years. Project management direction and assistance was provided by a premier healthcare quality organization, the Institute for Healthcare Improvement (IHI). Lawrence Spiegel, MD, a vascular surgeon, is the national Clinical Chair for the Project.

Goals: The initial goals of the NVAII project were consistent with K-DOQI guidelines: a 50% AVF rate for incident patients, and a 40% AVF rate for prevalent patients. The established goal for Network18 was a 4-percentage-point net increase of AF fistulas over the 35.7% baseline AVF rate in December 2002. Based on the Project's initial success during 2003 and 2004, the CMS Quality Council has established NVAII as a Breakthrough Initiative with considerable additional resources and a new project goal — 66% AVF prevalence nationally by June 30, 2009.

Methods: To set up a project of this magnitude, a number of professional consensus groups and committees were assembled from across the country. Experts in all areas selected the most successful approaches for achieving improvements in AV fistula placement and use, which resulted in a list of 11 intervention strategies known as "change concepts". These concepts are as follows:

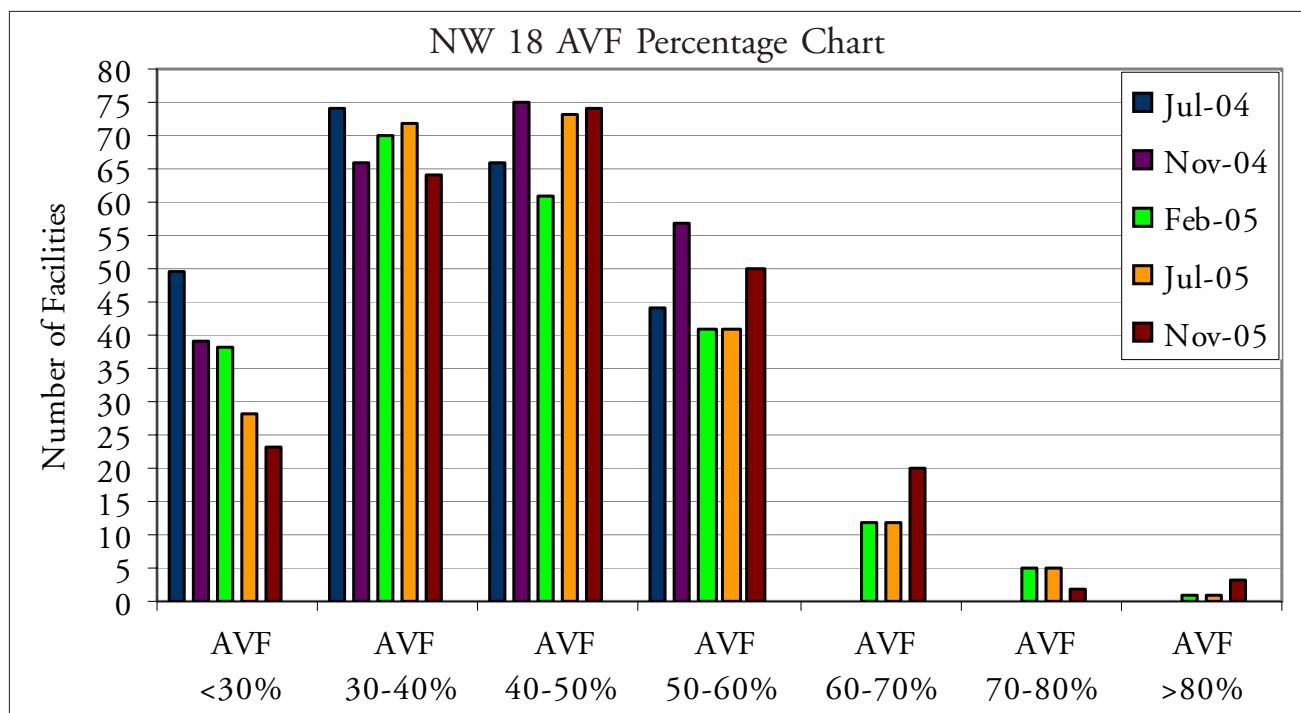
- Designate dialysis facility staff (RN if feasible) to be responsible for vascular access CQI
- Timely referral to nephrologists
- Early referral to surgeon for "AVF only" evaluation and timely placement
- Surgeon selection based on best outcomes, willingness, and ability to provide access services
- Full range of appropriate surgical approaches to AVF evaluation and placement
- Secondary AVF placement in patients with an AV graft
- AVF placement in patients with catheters where indicated
- AV fistula cannulation training for facility staff
- Monitoring and surveillance to insure adequate access function
- Education for caregivers and patients
- Outcomes feedback to guide practice

CMS National Goals and Network Activities

ESRD Networks work with their local professional partners and dialysis facilities to find the best methods for implementing the change concepts in their regions. All independent facilities continue to submit monthly Vascular Access outcomes forms to the Network for inclusion in the Vascular Access database. According to the Fistula First Dashboard, during 2005, a monthly average of 95% of fistula-first eligible facilities were reporting data to Network 18. The number of reporting facilities showed a drop in the last quarter of 2005, primarily due to the DaVita/Gambro merger that resulted in the establishment of 20 Renal Advantage Inc. (RAI) facilities in Network 18. At this time, these facilities are considered independent facilities and therefore will begin submitting Vascular Access monthly logs manually in January 2006. We continue to evaluate opportunities to use the outcomes data for additional reports that will support vascular access management improvement activities at the regional and facility levels.

During 2005, Network 18 continued active participation at the local and national levels on this project. We continue to collect vascular access data on a monthly basis and provide quarterly feedback reports to our facilities with the Change Package and facility-specific SIMS-generated reports (Vascular Access used in Prevalent Patients, Fistula Use and Placement Rates in Incident Patients, and Facility Prevalence Rates for Use of Fistulas, Grafts, & Catheters/Ports). In 2004, Network 18 developed a system that grouped facilities into four quartiles (fistula rate <30%, 30-39%, 40-49%, >50%) for QI follow-up and report presentation. As the project evolved, the network felt the need to further subdivide the quartile system and acknowledge facilities with AVF rates >60%, > 70%, and >80%. As a result, at the end of 2005, the Network's facility AVF performance was as follows:

As shown above, the outcomes are "moving to the right". The number of facilities with an AVF rate <30% is steadily decreasing and the Network Quality Improvement department is working with those facilities to improve vascular access outcomes. Throughout 2005, we conducted Quality Improvement Projects in those facilities. The goal of this QIP was 5% improvement in incident and prevalent AVF rates



between March 2005 and August 2005. Facilities were asked to implement one or two Change Package concepts and work on them to improve AVF rates. A total of 36 facilities were monitored. According to August 2005 data, 12 facilities (33%) showed 5% or more improvement in AVF rates and 17 facilities (47%) achieved AVF rates 30% or higher. After the results were finalized, individual letters were sent to each participating facility evaluating their progress and recognizing the facility's efforts/successes/opportunities. In October 2005, Network QI staff started a second wave of monitoring to continue working with 20 facilities, including those that did not meet 5% improvement goal, and those that achieved 5% improvement but still had an overall AVF rate <30%.

According to our interaction with renal providers, most of the facilities in Network 18 are utilizing change concept #1 (Routine CQI review), #3 (Early referral to surgeon for "AVF only" evaluation and timely placement), and #7 (AVF placement in patients with catheters where indicated). There has been growing interest regarding change concept #6 (Secondary AVF placement in patients with AV grafts) and change concept #10 (Education for caregivers and patients). Two facilities with an AVF rate >50% have been paying careful attention to change concept #8 (Cannulation training for AV Fistulas). The educators/vascular access coordinators from these facilities attended the "On Course with Cannulation" program in January 2005 and provided further education and inservices in their facilities. In the future, we envision more activities geared toward vascular access monitoring and surveillance and dealing with the maturation process of new fistulas. We also plan to continue to monitor use of various change concepts in an effort to identify and measure those with the greatest impact on vascular access outcomes in Network 18.

The Network QI staff prepared and distributed a Fistula First Newsletter for all facilities along with the quarterly feedback reports to serve as a communication vehicle featuring local success stories. We also started utilizing our website and created a Fistula First section that contains the core information about the project, the "Tool Kit", the CMS Press Release, and other information facilities can utilize to improve vascular access management practices and outcomes in general, and the AVF rate in particular.

Network 18 was a regular participant in Implementation Working Group (IWG) and other Fistula First-related calls with other Networks, the IHI team and CMS representatives as well as quarterly QID calls. These and other Fistula First calls provided the opportunity for participants to identify and review improvement strategies, share success stories, discuss issues and barriers, some of which (e.g., managed care practices) transcend Network boundaries.

Working closely with IHI and drawing on the experience of other Networks, Network 18 established several strategies to support the Fistula First Project, and during 2005 we were actively developing those strategies as well as setting the stage for new strategies to be developed in 2006. To better track these strategies, we followed IHI's model connecting strategies to activities and then to results.

One strategy developed by Network 18 was to focus on Network areas with strong resources and infrastructure to support a successful Fistula First Initiative. In 2004, San Diego geographical vascular access professionals created a San Diego Dialysis Access Club with the goal of achieving better community outcomes with regards to vascular access. They have regular meetings (3 x year) where they invite guest speakers to discuss vascular access-related issues and present case studies. Network 18 staff is currently working with

Orange County vascular surgeon champions to organize a similar club in the Orange County area and eventually in the Greater Los Angeles area. The availability and extensive use of a freestanding vascular center in San Diego is a significant contributor to that area's nearly 50% AVF rate.

Another strategy developed by the Network was to partner with LDOs to identify opportunities for collaboration on increasing AVF rates. The Network meets periodically with LDO representatives to provide comparative vascular access data. Quarterly facility-specific AVF reports are shared with regional management. During 2005, we participated in numerous regional meetings with FMC, DaVita and Gambro Healthcare staff to discuss the Fistula First Project and update best practices, barriers, solutions, and QI approaches to support improved AVF rates in their facilities. Outcomes data to date reveals that LDO facilities are generally more likely to show improvement in AVF outcomes than independent facilities.

Another Fistula First Strategy was to provide and support educational activities related to vascular access management. To implement this strategy, Network 18 partnered with Network 16 staff and one of the major LDOs to offer a cannulation training program in January 2005. It was a "train-the-trainer" program allowing representatives from all LDOs as well as independent providers and small groups to participate. One of our Network's vascular surgeon-champions also attended the training. One of the nurse educators from an independent chain of facilities provided inservices and training within her organization. She started a buttonhole cannulation program in her facility which was well received by patients and staff. Other facilities focused more on development of dedicated teams of experienced staff to cannulate fistulas, while continuing training of newer staff to improve their fistula cannulation skills.

During 2005, Network 18 continued developing partnerships with other local renal community groups that could influence the Fistula First project. Network staff gave numerous presentations on Fistula First at American Nephrology Nurses Association chapter meetings and California Dialysis Council Board of Directors meetings and educational conferences. We also regularly communicate with CMS and State Agency officials regarding Fistula First results and their potential roles in supporting the Project. The project developments were presented at local patient education meetings hosted by the Renal Support Network and at an American Kidney Fund educational program held in Los Angeles. Another example of a patient-centered activity was a follow-up on "The Oldest AV Fistula" contest that took place in late 2004, and publication of "The Oldest AV Fistula" article on the ikidney.com website. We are looking into developing new media outreach activities in the future to promote vascular access care and broader AV Fistula utilization.

Finally, Network 18 continued developing a Vascular Surgery strategy to directly and formally involve surgeons and others who can impact vascular access outcomes. We compiled a database of local surgeons and interventional radiologists for future mailings and activities. We are also considering creating an e-mail database for surgeons/interventional radiologists for a faster and more cost-effective communication tool for the future.

During 2005, the Network distributed numerous copies of the surgical video series to local surgeons and all facility Medical Directors. In September 2005, Network 18 conducted a conference "Creating AV Fistulae in All Eligible Hemodialysis Patients" in Long Beach, California. Sixty-five (65) surgeons from California and even neighboring Networks/states attended this event. All major metropolitan areas in Southern

California were represented. The feedback received was very positive and encouraging. All of the attendees received a copy of the video “Creating AV Fistulae in All Eligible Hemodialysis Patients” featuring all surgical techniques discussed during the conference. The Network also set the stage for future follow up activities, connecting practitioners to the facilities of affiliation and establishing a baseline of data as of December 2005. The AVF rates in those hemodialysis facilities will be reviewed periodically to observe any practice patterns/change. We hope to build on the success of this conference with further educational programs, including a greater focus on the interventional radiologist community.

In addition to letters and surgical video series mailings, in December 2005 we sent out individual physician-specific CMS reports were mailed to 275 surgeons in Southern California. The reports represented a “snapshot” of hemodialysis vascular access placement practices for 2004, based on Medicare Part B outpatient claims. The initial feedback showed that some surgeons were not aware of their practice patterns and that they are in favor of the Fistula First Program. We also included the surgeon questionnaire in that mailing to explore their practice patterns/preferences. Based on those reports, we were able to establish “surgeon-champions” in all geographic regions of Southern California. We are planning to recognize them by sending them certificates of appreciation and inviting them to support Fistula First in their local community.

As a result of these strategies and ongoing support from the provider community, Network 18 had a 44.4% AVF rate as of December 2005, compared to 41.4 % in December 2004, and 35.7% at baseline in December 2002. Based on consistent and steady improvement, the Medical Review Board raised the internal Network 18 goal to 45% prevalent AVFs by June 30, 2006. CMS’ new goal for the Fistula First project is 66% prevalent AVF by July 1, 2009. We therefore must develop additional strategies focused on parties outside core renal provider network. We intend to incorporate greater Managed Care participation in the project, access primary care physicians and hospitals through the California QIO, and work closely with facilities (“Late Adopters”) that have shown little progress in the early years of the project. The MRB will also consider elevating the Fistula First outcomes and improvement performance measures to support continued progress in AVF placement and use across the provider community.

Other Quality Improvement Activities

1. The Kidney Community of Southern California (KCSC) Coalition

The Kidney Community of Southern California (KCSC) coalition was formed in May 2005 by 20 patient provider and Renal Community organizations with a focus on Patient-Centered issues. The coalition is led by Network 18, with guidance from Tom Wolff, PhD, who has more than 30 years experience training and consulting public, private and community organizations on coalition building.

The mission of KCSC is to provide greater coordination and effectiveness of educational resources to improve the quality of care for persons with or at risk for kidney disease in Southern California. The Coalition partners include the following organizations:

- American Association of Kidney Patients (AAKP) – 2 local chapters
- American Diabetes Association (ADA)

CMS National Goals and Network Activities

- American Kidney Fund (AKF)
- American Nephrology Nurses Association (ANNA) – 3 local chapters
- National Kidney Foundation of Southern California (NKF)
- California Dialysis Council (CDC)
- Kaiser Permanente of Southern California
- One Legacy Organ Procurement Organization
- Council of Nephrology Social Workers – 3 local chapters
- Fresenius Medical Care
- Innovative Dialysis Systems, Inc.
- Renal Support Network
- Independent Dialysis Providers

The initial thrust of the KCSC efforts is the creation of a website, www.kidney411.org, that will offer educational materials and learning opportunities for kidney patients and professionals in Southern California. It will be accessible to the public and benefit the Southern California renal community as well as others who visit the site. The specific website objectives are:

- To consolidate educational materials and offerings available through local renal patient and provider organizations.
- To provide appropriate informational materials for those who are at risk of developing kidney disease.
- To provide information about treatment options for kidney patients and promote donor awareness and transplantation.
- To provide educational materials in languages other than English to better serve the diverse Southern California population.
- To feature local educational events for patients and professionals.
- To provide disaster preparedness information.
- To provide information about Federal, State, and community resources available to kidney patients.

KCSC continues to support its efforts by inviting new organizations to join the coalition and explore other strategies to reach renal patients in Southern California. New KCSC members include the Council on Renal Nutrition, the local Latino chapter of the American Diabetes Association, and the Polycystic Kidney Disease Foundation. Several KCSC members have strong ties to community-based health clinics and other venues that offer promising opportunities to improve educational resources for patients. We hope that an alliance with the California QIO, Lumetra will facilitate the coalition pursuing CKD education efforts, particularly in underserved populations in Southern California.

2. Pandemic Flu

In 2005, Network 18 contacted the provider community, the State Agency, and the Lumetra to explore the status of Pandemic Flu preparedness activities. We identified a contact at the State Department of Health Services and exchanged some information which was also posted on our website. We are planning to further develop this project in the context of emergency preparedness and response. In November 2005, the Network 18 QI Director participated in a community service question and answer session about Pandemic Flu on a local ethnic cable television stations.

3. Influenza Campaign

After the 2004 influenza vaccine shortage, the Network started proactively preparing the provider community for the flu season by sending educational materials such as information handouts, Vaccine Information Statements, and sample tracking forms during summer 2005. Our ongoing communication with the renal community and State Agency revealed that that Flu vaccination in late 2005 was a smooth process in both LDO and independent facilities. Even though collection of the Influenza Vaccination Tracking forms is no longer mandatory, the Network still recommends that facilities track this information internally as a part of an effective QI program and in preparation for future CMS initiatives that will focus on adult vaccination. Based on evidence that immunization reduces mortality and morbidity in elderly patients with chronic disease, the Medical Review Board continues to promote influenza vaccination.

4. Transplant Issues

Network 18 continues to explore ways to support improved transplant referral processes and continues to consider transplant-related QI activities based on the availability of UNOS waiting list data. Network 18 is a member of the Donate Life Coalition, a group of renal and other medical professionals and organizations in Southern California dedicated to improving organ donation awareness and registration. Network 18 provided assistance and information to Donate Life accessing provider and patient groups that supported the new online organ donation registration system implemented in California in 2005. We hope to bring increased awareness about transplantation-related issues through the Kidney Community of Southern California (KCSC) website that will have a section on Transplantation.

5. Patient Safety

Network 18 encourages facilities to consider choosing patient falls, vascular access-related incidents or other important/recurring safety-related topics for an internal CQI project. We also continue to emphasize that an adult vaccination program at the facility level is a key patient safety activity and promote the safety issues associated with Fistula First and vascular access care. In 2006, we look forward to following up on the Patient Safety Special Project currently being done by Network 1.

6. GFR Review

In 2003, CMS altered its criteria to determine ESRD program eligibility to conform to the K-DOQI guideline for initiation of renal replacement therapy using glomerular filtration rate (GFR) as the primary laboratory indicator. The MRB and consulting biostatistician developed formal review criteria in 2004, including minimum sample size and GFR failure thresholds. The review process considers both facility and practitioner patterns for initiating renal replacement therapy. The SIMS program generated facility-specific and nephrologist-specific reports of incident patients during the year who did not pass the GFR algorithm. The Network goal is to have no more than 5% of incident ESRD patients who fail the GFR algorithm. In 2004, 94 of 7,938 incident patients (1.18%) failed the algorithm, slightly higher than the 1.0% in 2003. Based on the 2004 data, the Network QI staff identified one practitioner with patients at multiple facilities who failed the review. Follow-up with the practitioner revealed that all of the patients had multiple co-morbid conditions and required initiation of renal replacement therapy; the documentation describing the patients' status had not been submitted with the 2728 form at the onset of dialysis treatment. After the review process was completed, the Network sent reminders to all facilities regarding the GFR algorithm and medical justification/documentation guidelines.

7. Other Medical Review Board (MRB) QI Activities

During 2005, the Medical Review Board Fistula First subcommittee and MRB Clinical Indicators Subcommittees continued to review Network monitoring activities. The Fistula First committee was formed to guide its development and implementation in Network 18, and to represent the community for creating feedback reports and identifying/describing systemic issues that require resources beyond what the Network can provide. Based on the Fistula First progress and Dashboard results, the Network goal increased from 40% to 45% of the prevalent patient population using an AV Fistula by June 30, 2006. The same committee assisted Network staff in monitoring clinical performance and adjusting the Detail Plan for Clinical Indicators, particularly as it related to raising the performance standard on indicators for which Network 18 is already doing well. For example, in 2005, after reviewing results of the Clinical Performance Measure project, the Network goal for Anemia was increased to 85% (the CMS goal is 70%). The Medical Review Board will continue to evaluate the performance standards for all clinical indicators specified in the Detail Plan yearly or more frequently if appropriate.

Internal CQI

In addition to external Network-wide quality improvement activities, Network18 has developed a formal Internal Quality Control (IQC) program. All staff members actively participate and numerous contract-specific and other intra- and inter-departmental monitoring activities were conducted during 2005. The IQC Project Steering committee held regular meetings to discuss the progress of IQC projects in each department. To facilitate better understanding of this process by all staff members, Internal CQI was added as a routine agenda item for staff meetings. Some of the ongoing internal CQI projects included Fistula First Indicators monitoring, QI Department calls monitoring, New Patient Packet Returns, IT System Management including Back-up and security measures, and office ergonomics. New intra-departmental IQC projects started in 2005 included tracking of Involuntary Discharges, and Facility Accuracy & Compliance: non-

Vision Facility Forms Receipt and Follow-up. The major inter-departmental IQC project started in 2005 was New and Existing Employee Orientation. Its primary goal is to ensure that employee orientation is an ongoing process that incorporates all CMS, SCRDC, Departmental, and office building policy/procedure, compliance and informational items on a timely basis. All of the Internal CQI projects resulted in the establishment of ongoing monitoring and reporting activities; some led to revised measures, workflow, communication strategies, etc. For example, the QI Department Calls Monitoring Project resulted in establishment of new descriptive categories (e.g., Regulatory Compliance Issues, and State Agency-initiated Contacts) to reduce the unusually large number of calls that had been categorized as “Other”. Several additional IQC projects are under consideration and will be taken on as all staff continue to develop greater understanding of quality improvement principles and their application to ongoing Network operations.

Patient Services Activities

SCRDC dedicates considerable resources to patient services activities, working directly with patients as well as through facilities and other renal-related organizations on behalf of patients. The Patient Services Coordinator (PSC) has primary responsibility for patient/facility education and related activities, processing of complaints and grievances, and works closely with patient organizations and area Council of Nephrology Social Workers Chapters to support our goal of improving the health care services and quality of life for ESRD patients. Following is a description of key patient services-related activities conducted in 2005.

- Provided information, counseling, guidance and/or referral to patients on clinical issues, including the advantages/disadvantages of the various dialysis/transplant modalities, dialyzer reuse, types of vascular access, the Fistula First Project, vascular access care, laboratory values interpretation, dietary restrictions/compliance, Chronic Kidney Disease (CKD), and facility health and safety practices. Patients also frequently requested assistance regarding Medicare coverage and the new Medicare Part-D Prescription program, financial assistance services, patient rights and responsibilities, transient dialysis, secondary/medigap insurance, obtaining insurance coverage for transplant recipients who lose Medicare entitlement for immunosuppressive medications, HIPAA confidentiality issues, staffing standards/ratios, access to medical records, and SNFs that accept ventilator-dependent and other special needs patients who require dialysis services.
- Provided information and guidance on treatment availability/options for undocumented immigrants to healthcare providers within Network 18 and to medical care providers in other Network areas.
- For the past several years, provided support and technical assistance to a patient’s effort to develop and distribute a Renal Support Directory. Patients voluntarily submit their name, address, telephone number, treatment modality and language fluency so that others (particularly new patients) can identify individuals with a common background and contact them regarding their experience as a renal disease patient. The Directory also contains a listing of patient self-help support groups in Southern California and other renal-related organizations.

CMS National Goals and Network Activities

- We continued to support the Vocational Rehabilitation referral and application process for ESRD patients in California. We also continued to obtain VR status information at year-end to develop facility-specific profiles and assess whether patients who were working at the onset of ESRD remain in the workplace following initiation of dialysis treatment. Data in recent years has consistently shown that approximately 15% of patients are working prior to starting dialysis and that roughly half of them are no longer employed 12 months later.
- Network 18 has an annual mailing dedicated to vocational rehabilitation resources. The materials are provided to all facilities in the Network area and included a list of resources available from Life Options Rehabilitation Program and Resource Center, information available from the Social Security Administration, sample employment facilitation letters, a list of Rehabilitation Department field offices, a list of offices One-Stop Career Centers Program offices, a list of job-hunting and vocational rehabilitation websites, information on the “Ticket to Work” Program, and a list of resources on health-related Quality of Life Measures.
- The Network continues to maintain “PAC Facts” as part of its patient/facility staff educational program. PAC Facts is a 2-part document that includes laminated poster for display as well as a one-page fact sheet. All educational materials are translated into Spanish and distributed to facilities as well as posted on the Network 18 website. We have begun to consider an approach to translating patient materials into languages other than Spanish.
- SCRDC incorporates several resources into its New Facility Packet to ensure compliance with the State Survey Agency guidelines on informing patients about the ESRD Network. These resources include a laminated Network 18 poster which describes the Networks basic functions and how patients can access our resources, and the “How to Address Your Concern” which informs patient/family on how to talk about their concern at the facility level and how the Network can assist. A brochure, “Services For Patients”, accompanies these posters to provide information on Network services and how to obtain assistance with quality of care issues/complaints.
- SCRDC developed a new poster for its complaint/grievance education program to help facilities and patients understand the grievance process. The poster, “A Quick Guide To Working Through Concerns with Your Physician”, describes the steps a patient/family can take to resolve a concern they have regarding a physician or the medical care being delivered. The poster was sent to all facilities and is now included in the packet of materials provided to new facilities in Network 18.
- The Network maintains a small clearinghouse library of educational materials from other renal related organizations. These materials are available and/or are provided to patients, family members, and facilities as appropriate. In 2005, we added several resources with emphasis on transplant and end-of-life materials. Network 5 provided several excellent

CMS National Goals and Network Activities

- resources including “Advance Health Care Planning: For the Dialysis Patient and their Family” and various other materials from the National Hospice & Palliative Care Organization. The NKF publication, “Issues for Today’s Transplant Recipients” and UNOS publication, “Questions and Answers for Transplant Candidates and Families about Multiple Listing and Waiting Time Transfer” were also found to be particularly helpful resources based on the nature and frequency of patient and professional inquiries.
- A listing of patient education materials from other renal organizations that are available in Spanish continues to be updated/ revised and disseminated annually to all facilities and is available on our web site.
 - On an annual basis, the Network 18 grievance procedure/ grievance form (English and Spanish versions), are reviewed/ updated and distributed to all facilities.
 - The PSC is frequently a guest speaker on a variety of topics including conflict resolution and professional boundaries at corporate dialysis provider meetings, CNSW meetings, and individual facilities. We began a series of educational sessions on the Decreasing Patient-Provider Conflict (DPC) project in late 2005 and will continue implementation of our rollout plan in 2006. The DPC Toolbox was distributed to all independent facilities by mail with the opportunity to participate in various educational sessions offered through CNSW chapters, ANNA chapters and the California Dialysis Council. We believe that engaging regional LDO management representatives is important and have a series of meetings scheduled with the LDOs to describe the DPC project and provide the Toolbox.
 - The PSC worked closely with the local CNSW chapters to disseminate information to patients and other healthcare providers on the new Medicare Part D program.
 - The PSC is an active participant on the Kidney Community of Southern California (KCSC) Coalition that focuses on improving the effectiveness and coordination of patient and professional education activities in Southern California.
 - Network 18 staff partnered with the Renal Support Network to present a series of three patient education meetings. The program included presentations on renal diet, immunization/ infection control and vascular access management. Network 18 also supported local AAKP chapter education programs on the new Medicare Part D program, including one presented entirely in Spanish. The meetings were attended by approximately 100 patients, as well as some renal professionals who were able to receive Continuing Education Units.
 - The Network 18 staff maintains a relationship with the Health Insurance California Department of Aging (HICAP), making referrals and otherwise working together on behalf of ESRD patients who are experiencing health insurance related issues. Our interface with HICAP offices in 2005 was focused on the Medicare Part D program and ensuring that ESRD beneficiaries receive appropriate assistance and information about the new benefit.

CMS National Goals and Network Activities

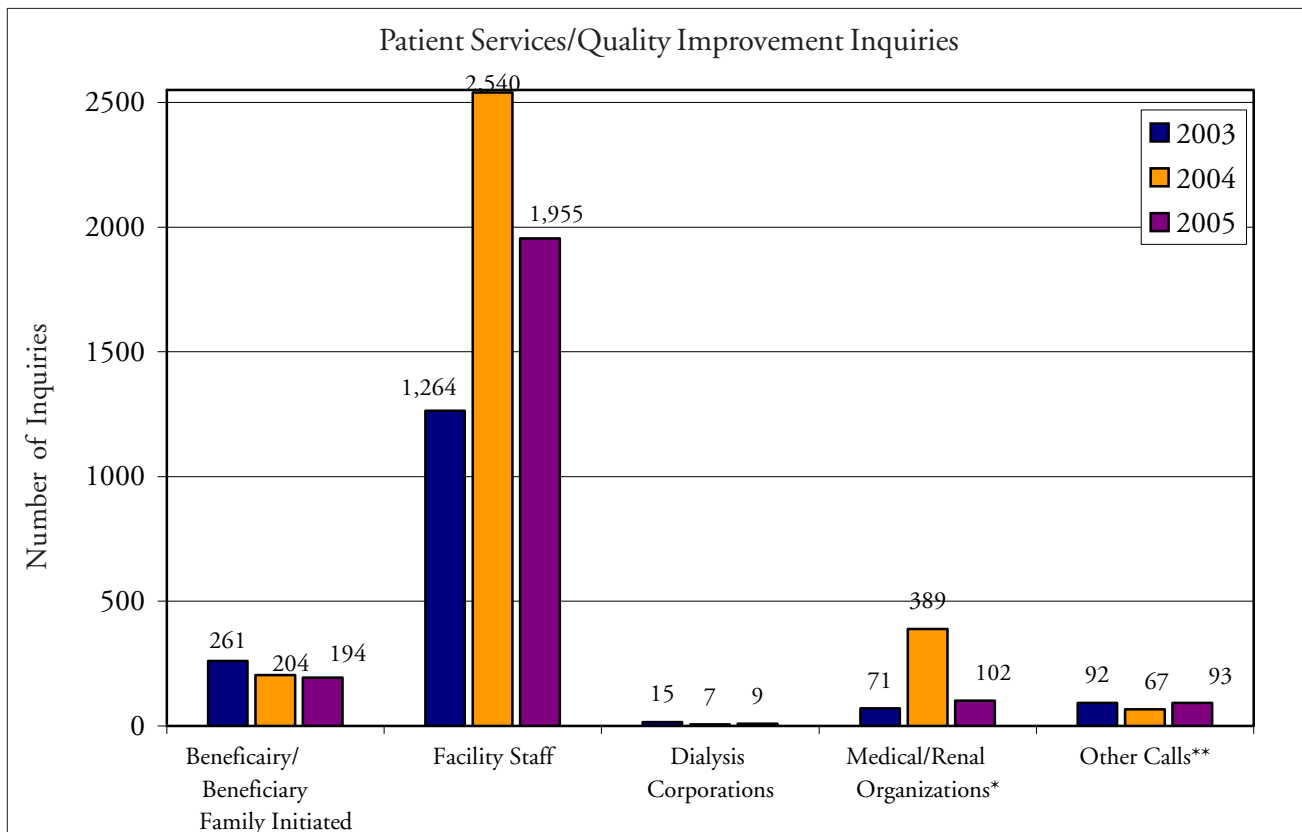
The table and chart below portrays the Patient Services/Quality Improvement inquiries received by Network 18 during 2005. The inquiries are collected in the SIMS format that has 20 separate categories under Area of Concern to report type of calls, only 17 of which are related to patient services or quality improvement. It also has 14 separate categories under Type of Caller to report who the calls were from. For reporting purposes here, Network 18 has consolidated the 14 Type of Caller categories into 5. The table shows a decrease of 585 Facility Staff calls and a decrease of 287 Medical/Renal organizations calls with the volume of other calls remaining consistent with previous years. The decrease in facility staff calls can be largely attributed to increased use of corporate risk management resources and continuing development of conflict management skills by facility staff. The decrease in contacts under Medical/Renal Organizations largely reflects a change in recording routine calls to the Data Department regarding medical entitlement for managed care patients .

Patient Services/Quality Improvement Inquiries

Contact	2003	2004	2005
Beneficiary/Beneficiary Family Initiated	261	204	194
Facility Staff	1,264	2,540	1,955
Dialysis Corporations	15	7	9
Medical/Renal Organizations*	71	389	102
Other Calls**	92	67	93
Total	1,703	3,207	2,353

*Refers to HMO, PRO's, State, CMS, Other Networks

**Refers to Pre-ESRD, Vendors, Students/Research, Anonymous calls.



Other Community Outreach/Collaborative Activities

Network 18 interacts with numerous other organizations that are directly or indirectly involved in the delivery of services to ESRD patients. Significant activities in 2005 included:

- The QI Director and Data Manager attended the Quality-Net meeting in Baltimore, along with CMS, the Quality Improvement Organizations (QIOs) and other ESRD Networks.
- Network 18 continues on-going communication with patient and renal provider community organizations such as Renal Support Network (RSN), local American Nephrology Nurses Association (ANNA) Chapters, America Kidney Fund (AKF), local American Association of Kidney Patients (AAKP) chapters, and local Licensed Clinical Social Worker (LCSW) chapters. During 2005, Network staff presented at their local and regional meetings covering various quality improvement and patient-related topics. We will continue these efforts and look forward to working closely with the Southern California chapter of the National Kidney Foundation on their 2006 Scientific Symposium program and inclusion of key Network-related issues such as Pandemic Flu Preparedness, Transplant Referral, and Reaching Underserved Populations.
- The Patient Services Coordinator attends local Council of Nephrology Social Workers meetings to provide updates on Network activities and remain abreast of the many issues within the social services realm that affect ESRD patients and providers.
- Network 18 maintained ongoing communication with representatives in the ESRD vendor community to stay current on technological advancements and the impact of ever-changing reimbursement and regulatory requirements on facility operations patient care delivery.
- In 2005, Network 18 with CMS guidance formed the Kidney Community of Southern California (KCSC) coalition. Representatives of 20 patient provider and renal community organizations were initial members of the Coalition and several others have joined since. The first initiative of the KCSC will be a website, www.kidney411.org, that will be launched in 2006.
- In 2005, the Network QI Director developed a relationship with the local Russian/Armenian television station. The Network views this as a great opportunity to reach an underserved population by utilizing the QID's bilingual ability. She has given interviews covering issues such as influenza and hepatitis that were well received. In the future, we are considering topic such as Diabetes, and Hypertension to bring awareness about Chronic Kidney Disease to non-English speaking populations. The KCSC Coalition expects to formally focus on reaching ethnic/underserved populations as part of its work in 2006.

CMS National Goals and Network Activities

- The SCRDC Annual Report was distributed to all facilities and other interested parties. The report provides feedback on the demographic, prevalence/incidence, mortality and many other profiles of the ESRD population, results of Network and national projects/studies and other Network activities.
- Established contacts with the California QIO, Lumetra, for Fistula First related activities. We had initial conversations regarding primary care physicians, medical groups and hospitals that play a key role in vascular access management and outcomes, but are generally outside the Network's purview.

Goal 1b

Evaluating and resolving patient grievances

Network 18 has consistently maintained an effective grievance review system that is focused on, and responsive to, the needs of ESRD beneficiaries. The Network adheres to the guidelines issued by CMS and conducts objective investigations, using members of the Patient Advisory Committee as appropriate. Network providers are encouraged to use a proactive approach for preventing and resolving complaints, including developing clear policies and using effective communication with patients and family members. The Network encourages dialysis patients and family members to address their complaints at the facility level before seeking assistance from other parties, but responds in a manner consistent with patients' wishes.

Promoting Awareness

Network 18 uses the following materials to inform patients and facilities about Network activities and responsibilities, including the complaint/grievance procedure. All materials are available in English and Spanish:

- **New Patient Packet:** Every new patient that begins ESRD treatment in the United States receives a package of materials from CMS, which includes a letter from Network 18. This letter informs the patient of the Network's services, including availability to help resolve complaints and grievances and provides the toll-free number for contacting the Network and the State Agency.
- **Network 18 Poster:** Network 18 mails this poster to all new facilities in the New Facility Packet. The poster is to be displayed in areas where patients and families have access. It summarizes Network services for patients and staff, including complaints/grievances handling.
- **Do You Have a Concern? Poster:** This poster is also included in the Network 18 New Facility packet. This poster is to be displayed in patient care areas for easy access. It provides a quick reference to assist patient/families in resolving a concern. It also informs them that the Network and the State Agency are available to assist them.
- **Services For Patients:** This brochure introduces Network 18 to patients and summarizes the services we offer.
- **Complaints and Grievances: A Guide For Patients and Families:** This brochure explains/defines complaints and grievances, options in dealing with them, and how the Network and State Agency can assist them.
- **Timetable for Complaints and Grievances:** This fact sheet provides the patient/family and facility the sequence and time frame for the Network to complete its review of a complaint/grievance.

New facilities receive the above information along with the Network grievance policy and other important information in their New Facility packet as soon as they retain on-site management staff and formally notify the Network of the intention to open. Facilities are also instructed to distribute/make available the Network brochures. A grievance packet is forwarded when requested. The grievance packet includes the grievance form, the Services For Patients, Complaints and Grievances: A Guide For Patients and Families, and the Timetable for Complaints and Grievance brochures.

Evaluating and Assessing Complaints and Grievances

Network 18 continues to address all complaints using active listening and mediation skills to prevent escalation to formal grievances. The Patient Services Coordinator encourages patients and facilities to work together to try to resolve differences as the first step in the process. The Network's involvement in the complaint/grievance process includes discussing the issues with the patient/family member, interfacing with providers, and making referrals to various agencies or other sources of information.

The Patient Services Coordinator assesses the initial complaint in several important ways:

- Spend as much time as necessary with the caller – effective listening may be all that is needed
- Assess the cause of the complaint and provide related educational materials
- Refer the caller back to the facility or corporation with a contact person to whom the complaint should be presented
- Offer words of encouragement and/or understanding
- Explain the role of the Network and encourage a “call-back” if the need/problem remains unresolved
- Assist the caller with conflict resolution tips/assistance to resolve the concern on their own
- Assist the caller with other options that may be relevant in resolving the concern

2005 Grievances and Complaints

Network 18 classifies and records all complaints/grievances based on the primary area of concern expressed by the complainant or grievant, even if there are multiple concerns. This information is used for reporting purposes and in developing Network educational materials. The Areas of Concern and their definitions are taken from SIMS.

CMS National Goals and Network Activities

The number of grievances and complaints received at Network 18 has been stable in past years despite steady growth in the patient population and provider community. The table below shows a increase in grievances, but the number of complaints is generally consistent with previous years. This may reflect the Network's proactive approach and effort to educate beneficiaries and facilities on the availability of Network resources and how to report a complaint/grievance.

Grievances and Complaints By Year

Category	2003	2004	2005
Grievances	4	4	7
Complaints	81	62	83

Grievances

In 2005, Network 18 processed seven (7) patient grievances. In these grievance situations, the recurring themes were lack of professional behavior and accountability among staff, as well as poor communication and assessment skills, and mental health issues. Five (5) grievances were Treatment Related/Quality of Care and two (2) were Staff Related

Following is a brief discription of the five Treatment Related/Quality of Care grievances:

- A grievance from a patient's mother alleged that the facility would not accommodate a request for alternative treatment schedule for her adult son, that overall treatment was "shabby", and that facility staff was "hostile and rude". The Network was unable to substantiate the concerns as investigation determined that the patient's poor outcomes reflected chronic non-adherence to treatment schedule, treatment prescription and medication regimen. The Network was unable to complete its work when the grievant requested termination of the investigation.
- The grievance involved a patient who alleged that the HMO and contracted transplant center were stalling his evaluation/placement on the waiting list and providing misinformation regarding his status. The initial Network investigation revealed a communication breakdown between the patient and the transplant center staff, as well as the patient's untimely follow through with the transplant evaluation testing. The HMO Quality Department immediately requested transfer of the grievance investigation to them. Careful follow-up and coordination with the patient and transplant center resulted in his completing the evaluation and placement on the waiting list.
- A patient well known to the Network filed a grievance alleging that he experienced an allergic reaction when placed on the wrong dialyzer, and that inappropriate patient assessment and care was the cause. The Network was able to substantiate several of his concerns, but not that the allergic reaction was related to the dialyzer mix-up. The facility made policy/procedural changes and provided several in-service programs as part of its corrective action.

CMS National Goals and Network Activities

- A patient's daughter filed a grievance alleging that her mother was being "abused, slandered, harassed and kept against her will" by the dialysis facility, that medication levels were not being monitored, and that the patient was not being referred for transplant evaluation. The Network was unable to substantiate the concerns. There was considerable documentation regarding the patient's general non-adherence, including failure to follow-up on referral for counseling and repeated episodes of disruptive behavior.
- A patient submitted a grievance stating that a facility staff member inserted a buttonhole needle into a non-buttonhole part of her vascular access causing damage and pain, that no apology was provided by staff and that the Facility Manager failed to follow-up as promised. The Network was unable to substantiate any of the concerns and no recommendations were made to the facility.

The two Staff Related grievances are briefly described as follows:

- The patient's grievance alleged that his physician submitted false medical records to the Department of Motor Vehicles, causing his drivers license to be revoked. The matter was referred to the State Medical Quality Board that oversees physician conduct.
- The patient's grievance involved several issues related to staff behavior. She alleged that unprofessional staff behavior and staff inattentiveness caused post-dialysis bleeding from her vascular access site. She further alleged that staff made inappropriate remarks about the incident and that management did not respond to her concerns about the incident. The Network was able to substantiate the incident, but also determined that the facility had already initiated follow-up action with policy/procedure changes regarding termination of dialysis and an in-service on staff professionalism.

The Network continues to collaborate with the State Agency in certain grievance situations, especially when the grievance involves the Conditions of Coverage and quality assurance issues. All grievants are informed that they may appeal their grievance to the State Agency or the Centers of Medicare & Medicaid Services.

Complaints:

The Network devoted considerable time and resources to fifty-nine (59) complaints that required Network involvement and various levels of intervention. Three of the complaints resulted in mailing a grievance packet to the beneficiary or his/her family. These three are part of the seven grievances described above. The remaining four grievances obtained their grievance forms either from the Network 18 website or their dialysis facility.

Four complaints were referred to State Agency representatives. The four referrals involved staffing/training matters and general safety issues associated with facility policies and equipment. One complaint was referred to the State Medical Board regarding physician practice. One complaint from a patient who resides outside Network 18 was referred to the appropriate Network.

The remaining fifty-two (52) complaints that Network 18 processed were classified according to SIMS. Following is a summary of the complaints that were received during 2005.

Staff Related (17 Contacts): Complaints involved a combination of issues on professional behavior, staff communication skills, staff unwillingness to be objective or accommodating, and/or staff's lack of respect and dignity for the patient. Specifically referenced in the complaints were staff's inability to manage a staff-patient and/or patient-patient conflict effectively; staff and management lack of respect for each other and the interactions that result; and physician communication issues. Others included poor vascular access cannulation skills and catheter practice care, lack of compassion/sensitivity, lack of staff's ability to maintain confidentiality/privacy, interpersonal relationships between staff members, and fear of intimidation and reprisal by staff. Some of the other themes were lack of timely response to alarms/calls and staff's inadequate observation and assessment during their treatment. Network staff contacted the Clinic Manager and/or Administrator and assisted in developing programs for staff on professional behavior, confidentiality issues, and communication techniques. The Patient Services Coordinator also provided information and guidance on managing conflict and difficult situations.

Treatment Related/Quality of Care (17 Contacts): These complaints involved various clinical concerns such as, fluid management, physical assessments, and other dialysis related symptoms. Other issues included inconsistent enforcement of facility policies, transplant center policies on eligibility and placement on the waiting list, lack of patient-care coordination, and interruption of care due to faulty equipment. In each case, Network staff contacted the facility Social Worker, Clinic Manager, and/or Administrator to facilitate communication about the problem and ensure a resolution that considered both patient's rights and facility responsibility to provide a safe treatment environment for all parties.

Patient Transfer/Discharge (7 Contacts): Complaints involved inappropriate discharge by the dialysis facility, discharge without a reason, facilities unwilling to accept patients, traveling too far for dialysis, being "black balled" by dialysis facilities, and "wrongful discharge" by a physician. In each case, Network staff contacted the Clinic Manager and others determined that the situations were handled appropriately and in accordance with facility policy.

Physical Environment (4 Contacts): The complaints involved such issues as a gnat infestation at the facility, insufficient restrooms for patient use, policy that prohibits eating during the dialysis treatments and use of an isolation room for a patient who does not require it. Network staff contacted the Clinic Manager or Administrator and reviewed the facility's responsibility to provide a safe environment for all parties and provided assistance in resolving the situation. In all but one situation, the State Agency had already investigated and determined that the facility was in compliance with applicable requirements and/or initiated satisfactory follow-up.

Transient (3 Contacts): One complaint involved a patient who was traveling overseas and wanted to take the supplies that she wouldn't be using during her absence. The request was appropriately denied on the basis of cost and Medicare billing regulations. Another case involved transient dialysis arrangements and care that were not well coordinated with the patient's regular facility. The last case involved difficulty in obtaining the exact transient dialysis schedule for a patient who was in a traveling church choir. The Network determined that these two situations were handled in accordance with facility/corporate transient dialysis policy.

Request for Technical Assistance (2 Contacts): One complaint involved a SNF closing down its on-site dialysis facility and the patient being transported to an out-patient facility via gurney. The other complaint

involved a patient being denied access to home hemodialysis services by her HMO. In both cases, Network staff with support from the MRB Chair acted as a neutral third party and facilitated a satisfactory resolution.

Reimbursement/Financial (1 Contacts): The caller was upset that he was being denied admission to a dialysis facility after arrangements had been made because he did not have insurance coverage and was unwilling to pay cash. The Network determined that the patient was a very recent parolee and that the call from prison social services had misrepresented his insurance coverage. The Network advised the patient on how to receive dialysis on an immediate basis and ensure Medicare and/or Medi-Cal eligibility is established.

Other (1 Contacts): The caller was upset that he had brought concerns to the Network's attention, but that it took a State Agency inspection to document five health and safety code violations. Network staff reviewed the State Agency citations with him and advised that his concerns to the Network were non-specific and inconsistent with the State Agency's findings. Network staff also reviewed the differing roles and responsibilities of the Network and the State Agency and how the caller's concerns were clearly within the State Agency's purview.

These complaints demonstrate the wide range of issues that come to the attention of the Network and staff efforts to collaborate and actively participate with the renal community to protect patient rights while ensuring a safe environment to both provide and receive dialysis treatment.

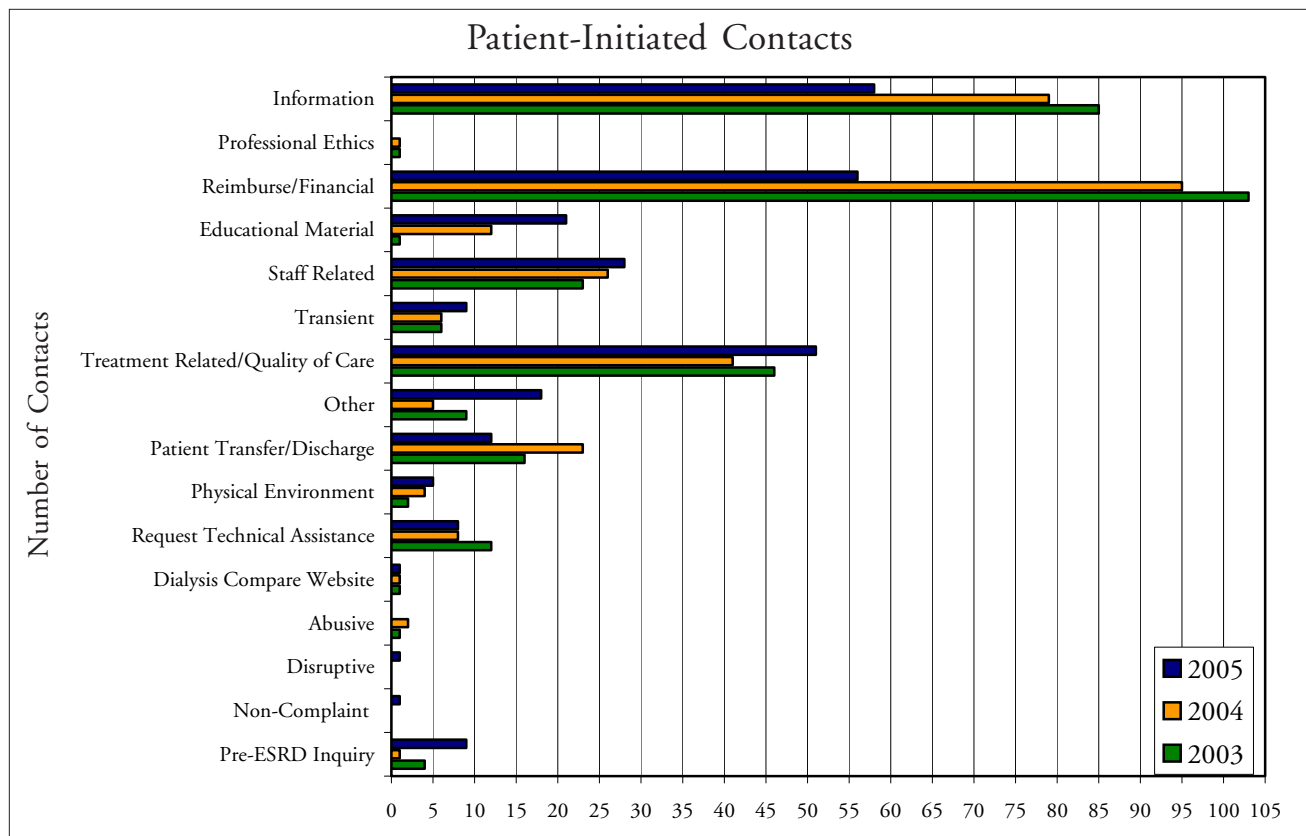
We continue to remain concerned about difficult/abusive patient behavior and the Patient Services Coordinator has devoted many hours to advising facilities on how to handle such situations, draft treatment agreements, or promote development of basic communication skills. We have also dedicated considerable resources to disseminating the Decreasing Dialysis Patient-Provider Conflict (DPC) information and implementing the program at the highest level with our providers. We have been coordinating with LDO regional staff, independent providers, professional organizations and others and will continue to support use of DPC concepts and tools in 2006.

The Network also devotes considerable time and energy to other patient concerns and inquires regarding such issues as Medicare and other insurance coverage, transportation, ESRD treatment modalities and regulatory requirements. The Quality Improvement Department tracking system allows for follow up on a particular matter at a later date, and documents/identifies general areas where Network resources can be effectively allocated. This system continues to be very effective and we continue to look for opportunities to improve care for ESRD beneficiaries. Patient services and quality of care-related contacts are tracked by facility and incorporated into the Network 18 facility profiling system.

The graph helps to illustrate the diversity of Patient-Initiated contacts in the SIMS Contact Classification categorized by Area of Concern for the period January-December 2005. Many contacts contain more than one area of concern. For the purpose of this graph, only the primary area of concern from each contact is indicated.

CMS National Goals and Network Activities

Patient-Initiated Contacts To Network			
Contact	2003	2004	2005
<u>Beneficiary-Initiated</u>			
• Information	85	79	58
• Professional Ethics	1	1	0
• Reimburse/Financial	103	95	56
• Educational Material	1	12	21
• Staff Related	23	26	28
• Transient	6	6	9
• Treatment Related/Quality of Care	46	41	51
• Disruptive/Abusive Patient	Subdivided	0	N/A
• Other	9	5	18
• Patient Transfer/Discharge	16	23	12
• Physical Environment	2	4	5
• Medicare Terminations	Phased Out	0	N/A
• Request Technical Assistance	12	8	8
• Dialysis Compare Website	1	1	1
• Abusive	1	2	0
• Disruptive	0	0	1
• Non-Compliant	0	0	1
• Pre-ESRD Inquiry	4	1	9
Total	310	304	278



Goal 2

Improve Data Reliability, Validity, and Reporting among ESRD Providers/Facilities, Networks and CMS (or Other Appropriate Agency)

Data reporting and related activities require more resources than any other activity and SCRDC continues to place a high priority on improving its performance and that of member facilities. The Network 18 patient population and dialysis facility inventory continue to grow at roughly 4% annually. The SCRDC Data staff processed nearly 20,000 CMS and Network forms as part of its data gathering and reporting responsibilities. A highly competitive marketplace, significant managed care penetration and high facility employee turnover rates contribute to an ongoing data collection/reporting “learning curve” and even more work for the SCRDC Data function. Against this backdrop, SCRDC focuses its management attention on four key areas:

- Continuing evaluation/refinement of Data Department functions, work flows, space utilization and staff responsibilities. Employee productivity remains high and existing data staff absorbed all additional workload. Data staff receive ongoing training in SIMS, VISION, QNET and REMIS software applications and strive to approach their individual duties as a team. Training QI, Patient Services and Administration personnel in using SIMS and VISION functionalities has been a key component of the Network staff development program. IQC projects in Data Forms Accuracy & Compliance and Involuntary Patient Discharge Tracking are examples of efforts to capitalize on a strong team attitude, achieve greater use of electronic systems, and the increasing interface between Data and other SCRDC departments.
- Continual review and upgrade of the hardware and software systems. Particular attention was devoted to implementation of new CMS policies related to backup procedures, disaster contingency plans and general security issues.
- Continued cultivation of strong working relationships with member facilities and corporate representatives to ensure their awareness of, and commitment to, fulfilling Network/CMS reporting responsibilities. We find that closer Network scrutiny is ultimately appreciated by facilities as they come to understand our partnership in the data collection process. We continue to embrace the philosophy of “doing the right thing correctly the first time” and take advantage of every opportunity to share and develop that attitude with member facilities and corporate representatives. Accuracy & Compliance reports and other feedback ensure that all parties are aware of their performance and can measure it against overall Network standards/benchmarks. An aggressive IQC project to improve the collection of data forms and reports is in the early stages and will be fully implemented in 2006.
- Active participation in the Network 18 Internal Quality Control program supports raising performance standards internally. For example, considerable effort has been expended on

validation of VISION data files and procedures through QNET into the SIMS database. VISION training was also an important Information Management IQC project. We trained 26 facilities in 2005. In validating patient and physician signatures on CMS-2728 forms received through VISION, Network 18 maintained its policy of validating at least one form from each VISION facilities, resulting in a 14% validation rate, significantly above the 3% requirement.

These efforts have been an integral part of our efforts to move from a simple Data Collection/Reporting mindset to one of Managing Information. We note continued progress in meeting the Data Department goals as the number of CMS/Network forms with missing/incomplete information remains low and generally limited to certain facilities with turnover of key administrative staff. Data staff continues to work with these dialysis facilities on an ongoing basis to retrieve CMS/Network forms.

Following is a more detailed description of some of the specific activities undertaken to achieve overall improvement in the Data Reporting/Information Management arena:

- Continued proactive involvement of LDO and smaller chain representatives in the Data Reporting process, by providing copies of all Network correspondence, feedback reports, etc. We find that management appreciates notice of Network activities that require facility resources and believe that their support is an important factor in improved facility performance. We continue to develop Data Reporting profiles for the corporate chains to provide overall and individual facility performance information in a consolidated format.
- Enhanced efforts to maintain current facility staff information. Semi-annual updates have proven helpful in updating the vast number of personnel and other changes occurring at member facilities. We also have a system in place to ensure that Network staff who are aware of any changes at the facility will immediately document it in a standard format and route it to all office staff. These procedures have helped the Network to keep the SIMS facility database as current as possible. This activity is also critical from a governance standpoint as eligibility for Board of Directors service and participation in Network elections is determined by facility roster designations
- We continue to develop relationships with various managed care organizations as part of ongoing CMS and Network efforts to verify/update ESRD status/Medicare-entitlement information. The relationship is collaborative based on a mutual understanding of issues and responsibilities, although the market is now fragmented and we continually encounter individuals who are unfamiliar with the unique aspects of ESRD care and entitlement. Many HMOs first relied upon the Network strictly as a source of ESRD status information, but now recognize that quality improvement and patient services expertise is also available.

CMS National Goals and Network Activities

- Support to the CMS ISG Office was provided by participating as a beta tester for the November release of SIMS. We also represented the ESRD group in the Complex3 Servers migration managed by BCSSI in late September.
- As part of the CROWN infrastructure, Network 18 continues performing ongoing patient data reconciliation and databases cleanup using the tools provided by CMS: Accretions and Notifications, SIMS and Access queries. REMIS alerts, etc. These procedures maintain the integrity of Network data.
- The QualityNet System Security Policies Handbook annual certification procedure using the new on-line method developed by IFMC was conducted and successfully completed by all Network employees.
- On a monthly basis Network 18 downloads transplant and transplant follow-up records from UNOS. This information is used to update the SIMS database with the most current transplant patient information.
- Several hardware and software upgrades were performed on the Network equipment. Additional memory was added to each workstation in preparation to upgrade to Windows XP. This upgrade included a complete re-image of each computer system. Replacing the main Router and expanding the broadband capacity of the T1 line improved the Network communication system.
- Ongoing support was provided to the Quality Improvement department, particularly for Fistula First data collection from non-LDO facilities, and the CPM and Lab Data Collection projects. We note that some VISION facilities were able to submit information for QI projects using the QNET environment.

Overall, SCRDC receives a high level of cooperation from member facilities. Improved Network performance and continued development of working relationships with facilities/corporate organizations will permit sustained levels of high performance and continued expansion of information management/reporting activities for Data, Quality Improvement and Patient Services purposes. We look forward to continued expansion of Information Systems technology to Network operations and its eventual development as a web-based system.

Goal 3

Establish and Improve Partnerships and Cooperative Activities. These activities may include ESRD Networks, Quality Improvement Organizations (QIOs), State Survey Agencies, ESRD Providers/Facilities, Medicare + Choice (M+C) Organizations, ESRD Facility Owners, Professional Groups and Patient Organizations

SCRDC maintains ongoing relationships with government agencies, provider organizations and other renal-related entities in support of its responsibility to monitor and improve the care and service provided to ESRD patients. SCRDC is fully prepared to serve as a resource to facilitate achievement of improved regulatory compliance, facility operations and patient outcomes/safety. The Board-approved SCRDC Mission Statement reflects this commitment:

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.

CMS Regions IX and X

In addition to ongoing interaction with the CMS Project Officer and staff at Region X, we have developed close ties with CMS Region IX's Survey & Certification staff whose responsibilities include ESRD facilities. CMS, California Department of Health Services, and Networks 17 and 18 staff meet quarterly to review ESRD licensure/certification issues as well as other current issues that impact ESRD facility operations and provision of care. Vascular access management/Fistula First, home hemodialysis licensure issues, State Agency surveyor training, and new facility licensure/certification some of the issues that received priority consideration.

State Survey Agency, California Department of Health Services

SCRDC continues to strive to develop ways to increase resource and expertise sharing with the California Department of Health Services Licensure & Certification (DHS L&C) surveyors. 2005 efforts included the following:

- DHS L&C District Offices are on the Network mailing list and received all official communications such as Fistula First newsletters and the Annual Report. We maintain ongoing interface with the Los Angeles County, San Diego County and San Bernardino District Offices regarding beneficiary complaints and other regulatory/quality assurance matters to ensure appropriate handling and avoid duplication of effort.
- Facilities were referred to DHS L&C for guidance/information concerning plant & equipment, infection control, health & safety, staff certification/training/experience requirements and other regulatory issues. During 2005, the Network staff communicated

CMS National Goals and Network Activities

with CMS Region IX and DHS surveyors regarding facilities that have serious survey deficiencies. Network resources are also made available to these facilities in support of their efforts to achieve substantial compliance.

- DHS L&C staff routinely contacted the Network before or during facility surveys to ascertain compliance with Network goals and other information that may merit examination during the site visit. DHS L&C offices also provided copies of survey findings for Network consideration of areas of widespread/recurring non-compliance and possible resources allocation.
- The DHS Division of Communicable Disease Control utilizes Networks 17 and 18 to convey information to dialysis facilities regarding infection control issues of immediate and statewide importance. The DHS Infection Control Program Director also serves as a resource to the California Networks on bloodborne pathogen, tuberculosis and other communicable diseases that impact the ESRD provider community. We have had initial discussions with DHS representatives regarding Pandemic Flu and it is clear that public agencies and private renal community members have considerable preparedness and response work to do.
- Quality Improvement assistance, including consultation with physician and technical representatives from the Network 18 MRB, was provided at the request of a State Agency District Office that was investigating a patient death and possible hemolysis episode at a dialysis facility.

Other Networks/Forum of ESRD Networks

SCRDC enjoys a positive and productive relationship with other Networks and participates actively in Forum of ESRD Networks or other projects of benefit to the renal community:

- Network 18 is one of several Networks participating in the CMS Barriers to Admission Project led by Network 9/10. This project will study the nature and scope of issues related to patients who face difficulty with placement in outpatient dialysis facilities due to unusual needs/circumstances such as ventilator-dependence or psychiatric disorder.
- The Network 18 Patient Services Coordinator completed her term as Chair of the Patient Services Coordinator group in mid-2005. The Chair serves as the primary liaison with the Executive Directors and Forum of ESRD Networks to coordinate the group's work efforts, conference call/meeting arrangements, etc.
- The Network 18 Executive Director serves on the Forum of ESRD Networks Board of Directors. Participation on this body represents an important opportunity to provide input to CMS regarding ongoing policy and quality-related issues as well as to better understand national priorities and their potential impact at the individual Network level.

ESRD Provider Community

Network 18 has assembled a stable, committed and experienced staff that facilitates greatly improved credibility and continuity with ESRD providers. Particularly significant among our interactions with the provider community in 2005 were the following:

- Site visits were conducted at several SCRDC facilities for purposes of Data/QI training, VISION implementation, patient complaint/grievance follow-up, special studies/medical records reviews, new facility orientation, Fistula First project follow-up, or community outreach.
- Continuing technical assistance was provided to the Los Angeles County Sheriff's office regarding provision of dialysis to incarcerated inmates. After considering development of a small dialysis facility at the main County Jail, officials determined that a restructured contract with their existing private community facility was the best approach to achieve cost savings and ensure adherence to quality and safety standards for inmates requiring dialysis treatment.
- Based on longstanding effective relationships with key administrative contacts at the large dialysis corporations, Network staff attended and presented information on the Fistula First Project at regional meetings of Fresenius, DaVita and Gambro. Corporate "partners" are included on the Network mailing list to ensure that they routinely receive Network publications on Fistula First and other important issues.
- In May 2005, the Kidney Community of Southern California Coalition was created involving roughly 20 patient and provider organizations in the local renal community. Network 18 is the facilitator of this Coalition, but its growth and development reflects the efforts of all members. The Coalition continues to conduct regular meetings and expects to launch a website in early 2006 that will support greater coordination and effectiveness of educational resources for renal patients and professionals in Southern California.
- The Executive Director regularly attends California Dialysis Council (CDC) Board of Directors meetings to present updates on CMS/Network activities and maintain an ongoing and personal interaction with key provider community representatives. The California Dialysis Council represents approximately 90% of California facilities, and their meetings are an excellent source of information on legislative, administrative, regulatory, operations and reimbursement matters that could impact the delivery of care to ESRD beneficiaries.

Network Coordinating Center

In late 2002, Network 18 entered into a cost-reimbursed contractual relationship with CMS to serve as the Network Coordinating Center (NCC). The NCC supports projects of benefit to the Medicare ESRD Program and the Network community by providing CMS and the Networks greater flexibility to respond to important initiatives. The NCC plays a key role in developing and coordinating the National Vascular Access Improvement Initiative/Fistula First Project as well as funding training and follow-up meetings throughout its course. The Networks' QI experience, with support and guidance from CMS and the Institute for Healthcare Improvement yielded significant improvement in vascular access outcomes and achievement of all initial Network-specific and CMS goals is anticipated prior to the June 2006 target date. The initial success of the Fistula First project also led to its designation as a CMS Breakthrough Initiative, appointment of a Project Coordinator based at Network 18, and the development of a broad-based coalition of renal community partners focused on improving vascular access outcomes in general, and arteriovenous fistulae in particular. The Fistula First Breakthrough Initiative (FFBI) now includes formal participation by a wide array of patient, practitioner, facility, vendor and other organizations involved in the provision of ESRD services. In addition, the FFBI has brought additional CMS resources such as Managed Care, Beneficiary Services and State Operations to the project. On the basis of early success and engagement of all major renal partners on the FFBI, CMS has established an aggressive AVF goal of 66% by June 2009.

NCC also subcontracted with Network 5 to assist CMS in understanding educational strategies that may be effective in engaging ESRD patients to utilize quality information in general, and the Dialysis Facility Compare website in particular. As the ESRD Dialysis Patient Quality Education Project (DPQEP) developed, the focus became preparing education materials that facility staff can use to teach patients rather than developing materials to reach patients directly. Training modules for Successfully Responding to Difficult Situations, AV Fistulas, Professionalism, Patient-Centered Care and Palliative Care/End of Life Issues modules were initially developed and then refined based on pilot testing at selected facilities. The materials were disseminated to all dialysis facilities, other renal-related organizations, and nephrology publications via direct mail, national meetings and education conferences and the Network 5 website. Other projects/activities undertaken under NCC include printing of various ESRD Program publications for patients and providers and initial work on the USRDS Comprehensive Dialysis Study and the In-center Hemodialysis Experience of Care (CAHPS) Study led by Network 15, and a National Disaster Preparedness & Response Coalition Conference led by Network 7. In addition, the NCC continues to subcontract with the Forum of ESRD Networks to provide clearinghouse and other support services to CMS and the Networks.

Goal 4

Support the Marketing, Deployment, and Maintenance of CMS Approved Software. (i.e., CROWN – Consolidated Renal Operations in a Web-enabled Network)

During 2005, Network 18 expended considerable resources to marketing and supporting the VISION application program. Twenty-six (26) dialysis facilities were trained during the course of the year, giving the Network a total of 32 trained facilities at the end of 2005. Nine WebEx sessions were conducted and proved to be effective training tool and a generally successful experience for the Network and the facilities.

By the end of June 2005, the thirty-two (32) trained dialysis facilities allowed Network 18 to comply with the CMS goal to train 40% of the independent facilities. The goal to have 20% of the trained facilities to submit information electronically via QNET, was also accomplished. Further training will be held to reach the goal of training 50% of eligible facilities and 25% facilities transmitting data on a monthly basis by June 2006.

During the last quarter of 2005, a new version of SIMS and VISION was released by CMS. Network 18 provided support and guidance to the VISION facilities during the upgrade process. The network provided CDs with the software, database and extra tools to expedite and facilitate the installation of the new release.

In 2006, Network 18 will develop a plan to identify ways to improve the submission of data from VISION facilities. A new Interest & Readiness survey will be sent to the remaining independent facilities in order to accomplish the marketing and utilization goals of the VISION program. Based on the Interest & Readiness Survey results, the Network will develop a plan for additional training which includes all interested independent facilities, but assigns priority to multi-facility organizations that have well-developed information system resources.

III. Sanction Recommendations

Sanction Recommendations

Network 18 did not recommend any sanctions against certified ESRD facilities in 2004. We note high overall compliance with Network projects and requirements; the procedures for tracking and following-up on overdue Data/Quality Improvement forms and records are successful. Staff and Medical Review Board oversight of these issues in an ongoing, systematic manner facilitated resolution of facility difficulties at an administrative level, and it was not necessary to consider formal sanctions. As appropriate, the Network provided technical assistance to dialysis facilities in responding to State Agency Licensure & Certification surveys and otherwise attaining substantial compliance with the Conditions of Participation for ESRD facilities.

As appropriate, Network 18 staff provided technical assistance to dialysis facilities in responding to State Agency Licensure & Certification surveys and otherwise attaining substantial compliance with the Conditions of Participation for ESRD facilities. We have developed an ongoing interface with each of the State Agency District Offices and Network staff and MRB representatives serve as a resource to their survey teams before, during and after facility inspections.

During the course of its ongoing Quality Improvement and Data Management activities in late 2004 and early 2005, Network 18 identified a provider where there were several inconsistencies between the patient's reported dialysis modality (in-center hemodialysis) and the location the services were actually provided (skilled nursing facilities/extended care facilities). The matter was referred to CMS for further review.

IV. Recommendations for Additional Facilities

Recommendations for Additional Facilities

Recommendations for Additional Facilities

The overall availability of adult and pediatric dialysis and transplant services in Network 18 remains satisfactory. The Southern California ESRD remains very competitive and six new dialysis facilities became operational in 2005. Several facilities increased capacity at their existing location in 2005 and several additional facilities are under development and expected to begin operations in early 2006. Funding constraints and State Agency survey priorities resulted in considerable delays in licensing and certifying new ESRD facilities in some areas in 2005. We are unaware of specific access to care issues stemming from delays in bringing new facilities online, but problems could develop in some areas if the situation continues over the longer-term.

With approximately two-thirds of Network 18 facilities offering peritoneal dialysis, there is adequate coverage for this modality throughout the Southern California area. The number of home hemodialysis patients remains small (53), but has more than doubled since 2003. Several facilities are known to be interested in developing home hemodialysis programs and we hope that growth in this modality over time will help with facility capacity issues. There are facilities with capacity issues, but few are able to add a shift starting after 5:00pm due to the continuing labor shortage. We receive occasional inquiries from transient patients who are having difficulty arranging dialysis services due to capacity limitations.

Consistent with the realities of an aging and more severely ill patient population, we continue to receive inquiries regarding the provision of dialysis services in Skilled Nursing/Long-Term Care and other non-ESRD certified health care facilities. Ventilator-dependent and other “special needs” dialysis patients whose care requires resources beyond that available in outpatient ESRD facilities are very difficult to place in alternate settings due largely to Medicare coverage/reimbursement policies. In many cases, it seems that such facilities are the most appropriate and cost-effective setting for the patient to receive dialysis, and a better alternative than prolonged hospitalization for the primary purpose of providing maintenance dialysis treatment. CMS policy revisions regarding provision of dialysis services in long term care facilities and other alternate settings will be a positive step to meeting the evolving needs of the ESRD population.

We also continue to experience a significant number of situations involving abusive/violent patients whose behavior potentially jeopardizes the care and safety of other patients and/or staff. In most cases, the situation is resolved through appropriate facility intervention, Network facilitation/mediation, or transfer to another facility. However, there are occasional situations where no satisfactory resolution can be achieved and the patient is discharged with hospital emergency rooms as the only source of dialysis treatment. These situations are an example of how chronic outpatient dialysis centers are now unable to accommodate the full spectrum of ESRD patients. This further points to the need to consider alternate ESRD treatment settings and/or reimbursement formulae for patients whose access to care is constrained under the current system.

Finally, we continued to receive inquiries regarding access to care/services for undocumented immigrants whose Medi-Cal eligibility is limited to “emergency services.” Unfortunately the Network is unable to be of assistance in resolving problems related to this policy. This issue has been exacerbated by California’s continuing budget deficit and the severe fiscal constraints with which state and local authorities have to contend. We note that this issue is also occurring in neighboring states as Network representatives and dialysis providers in those areas occasionally contact Network 18 to obtain information about the availability of dialysis services for undocumented immigrants in California.

V. Data Tables

A.

Table 1: ESRD Incidence

B.

Table 2: ESRD Dialysis Prevalence

C.

Dialysis Modality By Self-Care Settings

Table 3: Home

Table 4: In-Center

D.

Renal Transplants

Table 5: Number By Transplant State

Table 6: Number By Transplant Type, Age, Race,
Gender and Primary Diagnosis

E.

Table 7: Dialysis Deaths

F.

Table 8: Vocational Rehabilitation

NEWLY DIAGNOSED CHRONIC ESRD PATIENTS (ESRD INCIDENCE)

NEWLY DIAGNOSED CHRONIC ESRD PATIENTS IN SOUTHERN CALIFORNIA
BY AGE, RACE, GENDER, AND PRIMARY DIAGNOSIS FOR CALENDAR YEAR 2005

<u>AGE</u>	<u>* TOTAL</u>
0 — 4	17
5 — 9	7
10 — 14	27
15 — 19	61
20 — 24	114
25 — 29	100
30 — 34	162
35 — 39	226
40 — 44	343
45 — 49	495
50 — 54	671
55 — 59	817
60 — 64	835
65 — 69	875
70 — 74	919
75 — 79	904
80 — 84	739
>85	499
<u>Missing</u>	<u>0</u>
TOTAL:	7,811
<u>GENDER</u>	
Female	3,365
Male	4,446
<u>Missing</u>	<u>0</u>
TOTAL:	7,811
<u>RACE</u>	
American Indian/Alaska Native	31
Asian	694
Black or African American	1,093
More than one race selected	19
Native Hawaiian/Pacific Islander	164
White	5,810
<u>Missing</u>	<u>0</u>
TOTAL:	7,811
<u>PRIMARY DIAGNOSIS</u>	
Cystic Kidney Disease	128
Diabetes	3,766
Glomerulonephritis	535
Hypertension	2,188
Other	702
Other Urologic	73
Missing	0
<u>Unknown</u>	<u>419</u>
TOTAL:	7,861

Source of Information: Network SIMS Database

Date of Preparation: June 2006.

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

* Information represents ESRD Network 18 only, Southern California. It does not include Northern California, Network 17.

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved facilities.

This table includes 0 patients with transplant therapy as an initial treatment.

This table includes 135 patients receiving treatment at Veterans Affairs facilities.

LIVING ESRD DIALYSIS PATIENTS
(ESRD DIALYSIS PREVALENCE)

ALL ACTIVE DIALYSIS PATIENTS IN SOUTHERN CALIFORNIA BY AGE, RACE, GENDER,
AND PRIMARY DIAGNOSIS AS OF DECEMBER 31, 2005

<u>AGE</u>	* <u>TOTAL</u>
0 — 4	20
5 — 9	18
10 — 14	59
15 — 19	138
20 — 24	346
25 — 29	498
30 — 34	779
35 — 39	1,095
40 — 44	1,372
45 — 49	1,959
50 — 54	2,606
55 — 59	3,024
60 — 64	3,078
65 — 69	3,112
70 — 74	2,816
75 — 79	2,496
80 — 84	1,852
>85	1,073
<u>Missing</u>	<u>0</u>
TOTAL:	26,341
<u>GENDER</u>	
Female	11,819
Male	14,522
<u>Missing</u>	<u>0</u>
TOTAL:	26,341
<u>RACE</u>	
American Indian/Alaska Native	120
Asian	2,485
Black or African American	4,387
More Than One Race Selected	22
Native Hawaiian/Pacific Islander	743
White	18,584
<u>Missing</u>	<u>0</u>
TOTAL:	26,341
<u>PRIMARY DIAGNOSIS</u>	
Cystic Kidney Disease	625
Diabetes	12,015
Glomerulonephritis	2,697
Hypertension	7,537
Other	1,954
Other Urologic	407
Missing	0
<u>Unknown</u>	<u>1,106</u>
TOTAL:	26,341

Source of Information: Network SIMS Database.

Date of Preparation: June 2006

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

* Information represents ESRD Network 18 only, Southern California. It does not include Northern California, Network 17.

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. The numbers may not reflect the true point prevalence due to different definitions for transient patients.

This table includes 260 patients receiving treatment Veterans Affairs facilities.

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

SELF-CARE SETTING - HOME

Provider Number	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
050069	St. Joseph Hospital	6	8	2	2	12	20	0	0	20	30
050138	Kaiser Permanente-Sunset	4	7	10	7	39	33	0	0	53	47
050069	St. Joseph Hospital Renal Center	8	5	2	3	20	21	0	0	30	29
050138	Kaiser Permanente-Sunset (Dialysis Unit)	7	8	7	6	33	31	0	0	47	45
050139	Kaiser Permanente-Bellflower (Dialysis)	0	0	19	13	68	79	0	0	87	92
050140	Kaiser Permanente-Fontana (PD Unit)	0	0	16	15	52	52	0	0	68	67
050191	St. Mary Medical Center	0	0	0	0	0	0	0	0	0	0
05027F	V.A. Medical Center of Long Beach	0	0	2	1	0	0	0	0	2	1
05029F	V.A. Greater LA Healthcare System	0	0	0	0	1	0	0	0	1	0
050327	Loma Linda University Medical Center	0	0	0	0	0	1	0	0	0	1
050376	LAC Harbor-UCLA Medical Center	0	0	0	0	0	0	0	0	0	0
050561	Kaiser Permanente-West Los Angeles (Dialysis)	0	0	5	1	16	16	0	0	21	17
050609	Kaiser Permanente-Anaheim (PD Unit)	0	0	10	10	24	27	0	0	34	37
050677	Kaiser Permanente-Woodland Hills (Dialysis)	0	0	2	1	24	19	0	0	26	20
050686	Kaiser Permanente-Riverside (PD Unit)	0	0	24	24	16	28	0	0	40	52
05114F	V.A. San Diego Healthcare System	0	0	5	3	0	0	0	0	5	3
05128F	V.A. Loma Linda Healthcare System	0	0	2	1	0	0	0	0	2	1
052500	FMC-Hillcrest Dialysis	0	0	0	0	0	0	0	0	0	0
052502	DaVita-Kidney Dialysis Care Unit	0	0	3	3	8	8	0	0	11	11
052503	DaVita-Main Place Dialysis Center	0	0	3	1	1	3	0	0	4	4
052505	Fullerton Dialysis	0	0	0	0	0	0	0	0	0	0
052513	FMC-Santa Barbara Community Dialysis Ctr	0	0	1	0	0	1	0	0	1	1
052515	Los Alamitos Hemodialysis Center	0	0	0	0	0	0	0	0	0	0
052521	Antelope Valley Dialysis	0	3	2	1	3	1	0	0	5	5
052522	Mobile Dialysis Services, Inc. (Compton)	0	0	0	0	0	0	0	0	0	0
052523	FMC-Long Beach	0	0	0	0	0	1	0	0	0	1
052525	Escondido Dialysis	0	0	1	0	16	2	0	0	17	2
052532	DaVita-Riverside Dialysis Center	0	0	26	25	26	19	0	0	52	44
052536	FMC-National City Dialysis Center	0	0	0	0	0	0	0	0	0	0
052538	Inglewood Dialysis	0	0	0	0	0	0	0	0	0	0
052539	DaVita-Lakewood Dialysis Center	0	0	0	0	0	0	0	0	0	0
052541	Palm Springs Dialysis	0	0	7	7	5	6	0	0	12	13
052544	FMC-Culver City Dialysis	0	0	0	0	0	0	0	0	0	0
052545	Kidney Dialysis Center of Northridge, LLC	0	0	0	0	0	0	0	0	0	0
052547^	Gambro-La Jolla	0	0	0	0	0	0	0	0	0	0
052549	Burbank Dialysis Partnership	0	0	3	2	2	1	0	0	5	3
052550	Loma Linda University Kidney Center	1	1	5	2	26	24	0	0	32	27
052552	Upland Dialysis	0	0	12	7	27	28	0	0	39	35
052554	DaVita-Valley Dialysis Center	1	2	0	0	0	0	0	0	1	2
052556	Skypark Dialysis	0	0	0	1	0	0	0	0	0	1
052557	Glendale Hemodialysis Facility	0	0	4	5	0	0	0	0	4	5
052558	Holy Cross Renal Center	0	0	5	1	0	0	0	0	5	1
052561	Victor Valley Dialysis	0	0	6	7	1	1	0	0	7	8
052564	DaVita-Garfield Hemodialysis Center	0	0	4	12	13	9	0	0	17	21
052574	DaVita-Downey Dialysis Center	0	0	0	0	0	0	0	0	0	0
052575	RAI-North Waterman-San Bernardino	0	0	9	12	20	18	0	0	29	30

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2006

This table includes 10 Veterans Affairs Facility patients for 2004 and 5 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

SELF-CARE SETTING - HOME

Provider Number	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
052576	FMC-Kearny Mesa Dialysis Center	0	0	16	9	12	7	0	0	28	16
052579	FMC-Conejo Valley Renal Center	0	0	0	0	0	0	0	0	0	0
052580	DaVita-Covina Dialysis Center	0	0	3	4	1	0	0	0	4	4
052581	Beach Cities Dialysis/Gardena	0	0	0	0	0	0	0	0	0	0
052582	St. Vincent Dialysis Center, Inc.	0	0	0	0	0	0	0	0	0	0
052585	Kidney Center of Van Nuys	0	0	4	3	3	2	0	0	7	5
052588	San Fernando West Kidney Center	0	0	10	9	7	9	0	0	17	18
052589	UCI Renal Dialysis Center	1	1	2	0	19	17	0	0	22	18
052590	RAI-Compton Los Angeles	0	0	9	7	16	12	0	0	25	19
052591	Pomona Dialysis	0	0	0	0	0	1	0	0	0	1
052597	Mission Viejo Dialysis	0	0	2	7	0	3	0	0	2	10
052599	DaVita-Beverly Hills Dialysis Center	0	0	1	0	0	0	0	0	1	0
052606	Santa Barbara Artificial Kidney Center, LLC	0	0	23	26	5	4	0	0	28	30
052613	DaVita-Eaton Canyon Dialysis	0	0	3	4	10	8	0	0	13	12
052617	RAI-Garden Grove Blvd.-Garden	0	0	0	1	3	0	0	0	3	1
052619	Huntington Dialysis Center	0	0	3	6	0	1	0	0	3	7
052620	DaVita-Hemet	0	0	12	2	15	27	0	0	27	29
052621	DaVita-Brea Dialysis Center	0	0	13	2	0	1	0	0	13	3
052622	White Memorial	0	0	0	0	0	0	0	0	0	0
052625	Los Angeles Dialysis Training Center, LLC	0	0	6	5	30	33	0	0	36	38
052627	La Palma Dialysis Center, LLC	0	0	4	9	2	1	0	0	6	10
052628	Hanford Dialysis	0	0	30	23	4	2	0	0	34	25
052631	Wilshire Dialysis Center	0	0	6	6	5	8	0	0	11	14
052632	Glendale Dialysis	0	0	3	1	3	3	0	0	6	4
052633	FMC-Mission Hills	0	0	2	2	3	2	0	0	5	4
052634	RAI-Centinel-Inglewood	0	0	0	0	0	0	0	0	0	0
052635	Bakersfield Dialysis	0	0	0	0	0	0	0	0	0	0
052637	Burbank Dialysis	0	0	0	0	0	0	0	0	0	0
052638	Kidney Center of Simi Valley, Inc.	0	0	2	2	3	1	0	0	5	3
052641	Huntington Beach Dialysis	0	0	0	0	0	0	0	0	0	0
052643	Tower Dialysis	0	0	5	7	26	20	0	0	31	27
052644	Alhambra Community Dialysis Unit	0	0	0	0	0	0	0	0	0	0
052648	San Juan Capistrano South Dialysis	0	0	0	0	0	0	0	0	0	0
052652	DaVita-Paramount Dialysis Center	0	0	9	7	8	8	0	0	17	15
052653	FMC-Chula Vista Dialysis Center- South	0	0	0	0	0	0	0	0	0	0
052654	RAI-North Garey Pomona	0	0	0	0	0	0	0	0	0	0
052656	FMC-Ventura	0	0	2	0	10	8	0	0	12	8
052657	RAI-Corporate Way Palm Desert	0	1	1	1	4	3	0	0	5	5
052658	Kidney Institute of the Desert	0	0	0	0	0	0	0	0	0	0
052661	DaVita-Corona Dialysis Center	0	0	7	6	10	9	0	0	17	15
052665	Santa Monica Dialysis	0	1	0	1	3	4	0	0	3	6
052666	Tulare Dialysis	0	0	0	0	0	0	0	0	0	0
052667	Tri Counties Home Dialysis	0	0	11	9	21	26	0	0	32	35
052668	FMC-Camarillo	0	0	0	0	0	0	0	0	0	0
052670	Imperial Dialysis	0	0	0	4	0	15	0	0	0	19
052671	DaVita-United Dialysis Center	0	0	9	9	12	15	0	0	21	24
052672	FMC-Gateway Dialysis Center-West	0	0	0	0	0	0	0	0	0	0

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2006

This table includes 10 Veterans Affairs Facility patients for 2004 and 5 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

SELF-CARE SETTING - HOME

Provider Number	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
052673	Bakersfield Dialysis Center	0	0	13	23	10	6	0	0	23	29
052674	Delano Dialysis	0	0	0	0	0	1	0	0	0	1
052678	FMC-Gateway Dialysis Center-East	0	0	0	0	0	0	0	0	0	0
052679	Coastal Dialysis Center	0	0	0	0	0	0	0	0	0	0
052681	FMC-Glendora	0	0	0	0	0	0	0	0	0	0
052682	Fontana Dialysis	0	0	1	0	0	0	0	0	1	0
052683	RAI-East Olympic-Los Angeles	0	0	11	12	9	4	0	0	20	16
052684	San Gabriel Regional Dialysis Training Ctr.	0	0	15	12	33	21	0	0	48	33
052686	FMC-La Mesa Dialysis Center	0	0	0	0	0	1	0	0	0	1
052687	FMC-Carson	0	0	0	0	0	0	0	0	0	0
052690	FMC-El Centro Desert Valley Dialysis Center	0	0	0	0	1	0	0	0	1	0
052695	DaVita-Los Angeles Dialysis Center	0	0	3	3	13	15	0	0	16	18
052696	Visalia Dialysis	0	0	0	2	0	2	0	0	0	4
052699	High Desert Hemodialysis, Inc.	0	0	3	2	0	1	0	0	3	3
052700	DaVita-Monterey Park Dialysis Center	0	0	1	4	5	4	0	0	6	8
052701	Beach Cities Dialysis/Torrance	0	0	0	0	0	0	0	0	0	0
052708	FMC-North Coast Kidney Center	0	0	1	0	19	19	0	0	20	19
052710	La Puente Dialysis Center, Inc.	0	0	0	1	0	0	0	0	0	1
052712	Intercommunity Dialysis Center	0	0	5	8	2	1	0	0	7	9
052713	University Park Dialysis Center	0	0	1	0	2	0	0	0	3	0
052714	Desert Cities Dialysis	0	0	11	10	8	7	0	0	19	17
052715	Pacific Dialysis Services, Inc.	0	0	0	0	0	0	0	0	0	0
052716	DaVita-Santa Ana Dialysis Center	0	0	2	1	0	0	0	0	2	1
052717	DaVita-Greater El Monte Dialysis Center	0	0	0	0	0	0	0	0	0	0
052718	DaVita-Norwalk Dialysis Center	0	0	3	1	2	3	0	0	5	4
052720	Citrus Dialysis Center	0	0	5	3	1	3	0	0	6	6
052724	Santa Fe Community Hemodialysis Center, Inc.	0	0	0	0	0	0	0	0	0	0
052725	DaVita-Doctors Dialysis Center of E.L.A.	0	0	0	0	0	2	0	0	0	2
052726	Mohan Dialysis Center of Covina	0	0	0	0	0	0	0	0	0	0
052727	RAI-Indian Court Redlands	1	1	4	2	5	4	0	0	10	7
052730	DaVita-Murrieta	0	0	0	0	0	0	0	0	0	0
052731	Chula Vista Dialysis	1	0	2	4	15	20	0	0	18	24
052734	Anaheim Dialysis	0	1	10	11	12	7	0	0	22	19
052735	DaVita-Temecula Dialysis Center	0	0	8	10	4	7	0	0	12	17
052739	Chino Dialysis	0	0	0	0	0	0	0	0	0	0
052740	RAI-Fletcher Parkway-El Cajon	0	0	0	0	0	0	0	0	0	0
052743	DaVita-Mountain Vista Dialysis Center	0	0	3	7	20	19	0	0	23	26
052744	South Valley Regional Dialysis Center	6	8	0	0	2	4	0	0	8	12
052746	DaVita-Sunrise Dialysis Center	0	0	1	0	4	7	0	0	5	7
052747	West Coast Dialysis Center, Inc.	0	0	12	16	8	7	0	0	20	23
052749	Dialysis Center at Moreno Valley	0	0	0	0	0	0	0	0	0	0
052754	Airport Dialysis	1	1	4	0	16	0	0	0	21	1
052755	Greater Los Angeles Dialysis, Inc.	0	0	1	1	0	0	0	0	1	1
052756	Encinitas Dialysis	0	0	5	5	8	4	0	0	13	9
052760	FMC-San Gabriel Dialysis Center	0	0	0	1	0	2	0	0	0	3
052761	DaVita-Premier Dialysis Center	0	0	19	14	3	1	0	0	22	15
052762	FMC-Oxnard	0	0	0	0	0	0	0	0	0	0

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2006

This table includes 10 Veterans Affairs Facility patients for 2004 and 5 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

SELF-CARE SETTING - HOME

Provider Number	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
052764	FMC-San Gabriel Valley PD Clinic	0	0	17	13	33	26	0	0	50	39
052768	DaVita-Diamond Valley Dialysis Center	0	0	0	0	0	0	0	0	0	0
052771	Gateway Home Dialysis	0	0	16	16	11	19	0	0	27	35
052772	RAI-Hospital Circle-Westminster	0	0	2	4	3	6	0	0	5	10
052773	Westminster South Dialysis	0	0	0	0	0	0	0	0	0	0
052776	HI-Desert Dialysis	0	0	1	4	2	1	0	0	3	5
052778	Santa Clarita Kidney Center	0	0	0	0	0	0	0	0	0	0
052779	RAI-Mission Gorge San Diego	2	2	3	9	8	16	0	0	13	27
052780	FMC-East County Dialysis Center	0	0	0	0	0	0	0	0	0	0
052781	North Hollywood Dialysis	0	0	0	0	0	0	0	0	0	0
052782	Mountain View Dialysis Center, Inc.	0	0	0	0	0	1	0	0	0	1
052785	DaVita-Montebello Dialysis Center	0	0	0	0	0	0	0	0	0	0
052788	Nephron Dialysis Center Of Lakewood	0	1	0	0	0	0	0	0	0	1
052789	Indian Wells Valley Dialysis Center	0	0	0	0	0	0	0	0	0	0
052790	Kidney Care Center of the North Valley	0	0	2	3	11	9	0	0	13	12
052791	Rosemead Dialysis Center	0	0	0	1	0	0	0	0	0	1
052792	FMC-Imperial County	0	0	0	0	0	0	0	0	0	0
052794	DaVita-USC Kidney Center	3	1	9	9	38	38	0	0	50	48
052798	RAI-Newhope-Fountain Valley	0	0	7	6	3	2	0	0	10	8
052799	San Diego South Dialysis	1	1	0	0	0	0	0	0	1	1
052800	Kidney Center of Santa Paula	0	0	0	0	0	0	0	0	0	0
052801	Hollywood Dialysis Center	0	0	8	8	2	2	0	0	10	10
052802	DaVita-Harbor UCLA	0	0	21	24	13	11	0	0	34	35
052803	Carson Artificial Kidney Center, LLC	0	0	0	0	0	0	0	0	0	0
052804	DaVita-Montclair Dialysis Center	0	0	1	0	1	0	0	0	2	0
052806	Baldwin Hills Dialysis Center	0	0	0	0	0	0	0	0	0	0
052807	DaVita-Valley View Dialysis	0	0	21	24	10	8	0	0	31	32
052808	Saddleback Dialysis	0	0	0	1	7	5	0	0	7	6
052809	Los Angeles Community Dialysis-South	0	0	4	3	0	0	0	0	4	3
052811	Renal Care Center of San Luis Obispo	0	0	21	25	2	0	0	0	23	25
052812	FMC-Blythe Desert Dialysis	0	0	0	0	0	0	0	0	0	0
052816	Desert Cities Dialysis of Barstow	0	0	6	5	0	0	0	0	6	5
052817	Dialysis Center of Colton	0	0	0	0	0	0	0	0	0	0
052818	UCSD Dialysis Center	0	0	4	4	20	20	0	0	24	24
052820	RAI-Foothill Blvd.-Glendora	0	0	0	0	0	0	0	0	0	0
052821	Pacific Gateway Dialysis, LLC	0	0	13	17	9	6	0	0	22	23
052823^	Renal Services Group of Calexico	0	0	0	0	0	0	0	0	0	0
052827	Kidney Center of Panorama City, Inc.	0	0	3	3	1	1	0	0	4	4
052828	Los Angeles Downtown Dialysis	0	0	3	3	10	3	0	0	13	6
052829	FMC-Santa Paula	0	0	0	0	0	0	0	0	0	0
052830	FMC-Calexico Desert Dialysis	0	0	0	0	0	0	0	0	0	0
052832	Kidney Institute at Eisenhower Medical Center	0	0	0	0	0	0	0	0	0	0
052834	RAI-El Camino Real Oceanside	0	0	0	0	0	0	0	0	0	0
052835	RAI-Broadway Chula Vista	0	0	0	0	0	0	0	0	0	0
052836	Toiyabe Dialysis Center	0	0	0	0	0	0	0	0	0	0
052837	Westside Dialysis	0	0	0	0	0	0	0	0	0	0
052838	Lompoc Artificial Kidney Center	0	0	7	8	0	1	0	0	7	9

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2006

This table includes 10 Veterans Affairs Facility patients for 2004 and 5 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

SELF-CARE SETTING - HOME

Provider Number	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
052839	Northeast Bakersfield Dialysis	0	0	0	0	0	0	0	0	0	0
052840	Long Beach Dialysis Center	0	0	0	0	0	0	0	0	0	0
052842	FMC-Oceanside	0	0	0	0	0	0	0	0	0	0
052843	Montebello Dialysis Center, LLC	0	0	0	0	0	0	0	0	0	0
052844	DaVita-Imperial Care Dialysis Center	0	1	0	1	0	0	0	0	0	2
052846	Renal Services Group of Inglewood	0	0	0	0	0	1	0	0	0	1
052847	FMC-West Covina Kidney Center	0	0	0	0	0	0	0	0	0	0
052848	FMC-Riverside	0	0	0	0	0	1	0	0	0	1
052849^	Angel Kidney Care of Inglewood	0	0	0	0	1	0	0	0	1	0
052852	DaVita-Crescent Heights Dialysis Center	1	1	1	0	7	4	0	0	9	5
052854	Mohan Dialysis Center of Industry	0	0	0	0	0	0	0	0	0	0
052855	FMC-Rancho Cucamonga	1	2	0	0	0	0	0	0	1	2
052856	DaVita-Washington Plaza Dialysis Center	0	0	0	0	0	0	0	0	0	0
052858	DaVita-Kenneth Hahn Plaza Dialysis Center	0	0	1	0	0	0	0	0	1	0
052859	Glendale Kidney Center	0	3	0	0	0	0	0	0	0	3
052860	FMC-Channel Islands	0	0	0	0	0	0	0	0	0	0
052861	FMC-South Orange County	0	0	0	0	0	0	0	0	0	0
052862	FMC-North Orange County	0	0	0	0	0	0	0	0	0	0
052863	RAI-North Riverside-Rialto	0	1	0	0	0	0	0	0	0	1
052864	FMC-San Ysidro Dialysis Center	0	0	0	0	0	0	0	0	0	0
052865	DaVita-UCLA Medical Ctr (Adult)	2	2	4	6	37	41	0	0	43	49
052866	San Ysidro Dialysis	0	0	1	4	25	25	0	0	26	29
052867	East Palmdale Dialysis Center	0	0	0	1	1	3	0	0	1	4
052868	Queens Dialysis Unit, Inc.	0	0	0	0	0	0	0	0	0	0
052869	Palmdale Regional Dialysis Center	0	0	0	0	0	0	0	0	0	0
052871	Central Coast Kidney Disease Center	0	0	7	5	7	10	0	0	14	15
052872	Florence Dialysis Center	0	0	0	0	0	0	0	0	0	0
052873	Kidney Center of Thousand Oaks, Inc.	0	1	5	9	4	4	0	0	9	14
052875	Intensive Renal Care	0	0	0	0	0	0	0	0	0	0
052878	FMC-San Bernardino	0	0	0	0	0	0	0	0	0	0
052879	Hacienda Dialysis Center	0	0	0	0	0	0	0	0	0	0
052880	FMC-Bellflower	0	0	0	0	0	0	0	0	0	0
052881	Newport Beach Dialysis	0	0	0	0	0	0	0	0	0	0
052882	FMC-West Los Angeles	0	0	0	0	0	1	0	0	0	1
052883	San Diego East Dialysis	0	0	0	0	2	1	0	0	2	1
052884	Whittier Kidney Dialysis Center	0	0	9	10	1	1	0	0	10	11
052885	FMC-Dialysis Services of Paradise	0	0	0	0	0	0	0	0	0	0
052886	FMC-Dialysis Services of College	0	0	0	0	0	0	0	0	0	0
052889	FMC-North Long Beach	0	0	0	0	0	0	0	0	0	0
052890	FMC-Antelope Valley	0	0	0	0	0	0	0	0	0	0
052893	Temple City Dialysis Facility, Inc.	0	0	0	0	0	0	0	0	0	0
052894	RAI-Monroe Indio	0	0	0	0	0	0	0	0	0	0
052895	DaVita-Lake Elsinore Dialysis Center	0	0	0	0	0	0	0	0	0	0
052896	Cerritos Dialysis Center, LLC	0	0	0	0	0	0	0	0	0	0
052897	DaVita-Tustin Dialysis Center	0	3	11	15	10	8	0	0	21	26
052898	RAI-Laguna Canyon-Irvine	0	0	2	5	1	0	0	0	3	5
052899	Kidney Center of Los Angeles	0	1	8	10	7	7	0	0	15	18

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2006

This table includes 10 Veterans Affairs Facility patients for 2004 and 5 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

SELF-CARE SETTING - HOME

Provider Number	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
053302	Childrens Hospital of Los Angeles	0	0	3	2	29	24	0	0	32	26
053506	Kaweah Delta Dialysis Facility	0	1	5	6	9	6	0	0	14	13
053512	Porterville Hemodialysis Facility	0	0	1	2	0	0	0	0	1	2
552501	Advanced Dialysis Center	0	0	0	0	0	0	0	0	0	0
552502	RAI-East First Street-Tustin	0	0	0	1	0	0	0	0	0	1
552506	FMC-Irwindale	0	0	0	1	0	0	0	0	0	1
552507	Kidney Center of Sherman Oaks, Inc.	0	0	0	0	0	0	0	0	0	0
552508	FMC-Woodland Hills Dialysis Center	0	0	0	0	0	1	0	0	0	1
552509	DaVita-Whittier Dialysis Center	0	0	4	5	3	1	0	0	7	6
552511	DaVita-Rosemead Springs Dialysis	0	0	0	0	0	0	0	0	0	0
552513	College Dialysis	0	0	1	2	14	14	0	0	15	16
552515	Carmel Mountain Dialysis	0	0	3	3	3	2	0	0	6	5
552516	FMC-Rancho	0	0	0	2	0	0	0	0	0	2
552517	Arroyo Dialysis Center	0	0	1	1	0	0	0	0	1	1
552518	Costa Mesa Dialysis	0	0	1	0	1	0	0	0	2	0
552520	Banning Dialysis	0	0	0	3	2	1	0	0	2	4
552521	Bakersfield South Dialysis	0	0	4	7	37	17	0	0	41	24
552525	FMC-San Fernando	0	0	0	0	0	0	0	0	0	0
552526	California Kidney Care Center	0	0	2	8	8	11	0	0	10	19
552527	RAI-Harbor Blvd.-Garden Grove	0	0	1	4	1	1	0	0	2	5
552531	Escondido Home Training Dialysis	0	0	2	8	34	42	0	0	36	50
552532	FMC-South Bay	0	0	0	0	0	0	0	0	0	0
552538	Mohan Dialysis Center of Glendora	0	0	0	0	0	0	0	0	0	0
552541#	DaVita-Citrus Valley Dialysis	0	0	0	0	0	0	0	0	0	0
552543#	Home Dialysis Therapies of San Diego-North	0	0	0	6	0	11	0	0	0	17
552544#	DaVita-Crossroads Dialysis Center	0	0	0	5	0	0	0	0	0	5
552545#	Anaheim Hills Dialysis Center	0	0	0	0	0	0	0	0	0	0
552546#	Home Dialysis Therapies of San Diego-South	0	0	0	1	0	3	0	0	0	4
552547#	Canyon Country Dialysis Center, LLC	0	0	0	0	0	0	0	0	0	0
552548#	Davita-Ontario Dialysis	0	0	0	0	0	0	0	0	0	0
	Network Total	37	54	773	812	1,267	1,234	0	0	2,077	2,100

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2006

This table includes 10 Veterans Affairs Facility patients for 2004 and 5 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY IN-CENTER
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

Provider Number	Provider Name	IN-CENTER							
		HEMO		PD		TOTAL		HOME & IN-CENTER	
		2004	2005	2004	2005	2004	2005	2004	2005
050069	St. Joseph Hospital Renal Center	240	241	0	0	240	241	270	270
050138	Kaiser Permanente-Sunset (Dialysis Unit)	153	159	0	0	153	159	200	204
050139	Kaiser Permanente-Bellflower (Dialysis)	0	3	0	0	0	3	87	95
050140	Kaiser Permanente-Fontana (PD Unit)	0	7	0	0	0	7	68	74
050191	St. Mary Medical Center	0	0	0	0	0	0	0	0
05027F	V.A. Medical Center of Long Beach	71	67	0	0	71	67	73	68
05029F	V.A. Greater LA Healthcare System	67	71	0	0	67	71	68	71
050327	Loma Linda University Medical Center	27	27	0	0	27	27	27	28
050376	LAC Harbor-UCLA Medical Center	0	0	0	0	0	0	0	0
050561	Kaiser Permanente-West Los Angeles (Dialysis)	0	1	0	0	0	1	21	18
050609	Kaiser Permanente-Anaheim (PD Unit)	0	0	0	0	0	0	34	37
050677	Kaiser Permanente-Woodland Hills (Dialysis)	0	0	0	0	0	0	26	20
050686	Kaiser Permanente-Riverside (PD Unit)	0	2	0	0	0	2	40	54
05114F	V.A. San Diego Healthcare System	55	54	0	0	55	54	60	57
05128F	V.A. Loma Linda Healthcare System	40	62	0	0	40	62	42	63
052500	FMC-Hillcrest Dialysis	74	61	0	0	74	61	74	61
052502	DaVita-Kidney Dialysis Care Unit	160	159	0	0	160	159	171	170
052503	DaVita-Main Place Dialysis Center	112	120	0	0	112	120	116	124
052505	Fullerton Dialysis	106	107	0	0	106	107	106	107
052513	FMC-Santa Barbara Community Dialysis Center	30	34	0	0	30	34	31	35
052515	Los Alamitos Hemodialysis Center	134	129	0	0	134	129	134	129
052521	Antelope Valley Dialysis	121	132	0	0	121	132	126	137
052522	Mobile Dialysis Services, Inc. (Compton)	58	76	0	0	58	76	58	76
052523	FMC-Long Beach	57	61	0	0	57	61	57	62
052525	Escondido Dialysis	103	99	0	0	103	99	120	101
052532	DaVita-Riverside Dialysis Center	238	235	0	0	238	235	290	279
052536	FMC-National City Dialysis Center	91	92	0	0	91	92	91	92
052538	Inglewood Dialysis	189	76	0	0	189	76	189	76
052539	DaVita-Lakewood Dialysis Center	159	165	0	0	159	165	159	165
052541	Palm Springs Dialysis	116	103	0	0	116	103	128	116
052544	FMC-Culver City Dialysis	84	86	0	0	84	86	84	86
052545	Kidney Dialysis Center of Northridge, LLC	129	135	0	0	129	135	129	135
052547^	Gambro-La Jolla	0	0	0	0	0	0	0	0
052549	Burbank Dialysis Partnership	90	87	0	0	90	87	95	90
052550	Loma Linda University Kidney Center	119	125	0	0	119	125	151	152
052552	Upland Dialysis	127	136	0	0	127	136	166	171
052554	DaVita-Valley Dialysis Center	119	102	0	0	119	102	120	104
052556	Skypark Dialysis	92	91	0	0	92	91	92	92
052557	Glendale Hemodialysis Facility	169	179	0	0	169	179	173	184
052558	Holy Cross Renal Center	197	204	0	0	197	204	202	205
052561	Victor Valley Dialysis	107	107	0	0	107	107	114	115
052564	DaVita-Garfield Hemodialysis Center	150	148	0	0	150	148	167	169
052574	DaVita-Downey Dialysis Center	128	130	0	0	128	130	128	130
052575	RAI-North Waterman- San Bernardino	155	152	0	0	155	152	184	182
052576	FMC-Kearny Mesa Dialysis Center	141	143	0	0	141	143	169	159
052579	FMC-Conejo Valley Renal Center	62	68	0	0	62	68	62	68

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2006

This table includes 233 Veterans Affairs Facility patients for 2004 and 254 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY IN-CENTER
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

IN-CENTER

Provider Number	Provider Name	HEMO		PD		TOTAL		HOME & IN-CENTER	
		2004	2005	2004	2005	2004	2005	2004	2005
052580	DaVita-Covina Dialysis Center	66	69	0	0	66	69	70	73
052581	Beach Cities Dialysis/Gardena	102	102	0	0	102	102	102	102
052582	St. Vincent Dialysis Center, Inc.	104	106	0	0	104	106	104	106
052585	Kidney Center of Van Nuys	99	103	0	1	99	104	106	109
052588	San Fernando West Kidney Center	79	93	0	0	79	93	96	111
052589	UCI Renal Dialysis Center	110	106	0	0	110	106	132	124
052590	RAI-Compton Los Angeles	120	108	0	0	120	108	145	127
052591	Pomona Dialysis	154	136	0	0	154	136	154	137
052597	Mission Viejo Dialysis	78	83	0	0	78	83	80	93
052599	DaVita-Beverly Hills Dialysis Center	130	110	0	0	130	110	131	110
052606	Santa Barbara Artificial Kidney Center, LLC	84	91	0	0	84	91	112	121
052613	DaVita-Eaton Canyon Dialysis	127	124	0	0	127	124	140	136
052617	RAI-Garden Grove Blvd.-Garden	70	66	0	0	70	66	73	67
052619	Huntington Dialysis Center	165	158	0	0	165	158	168	165
052620	DaVita-Hemet	71	78	0	0	71	78	98	107
052621	DaVita-Brea Dialysis Center	120	101	0	0	120	101	133	104
052622	White Memorial	139	134	0	0	139	134	139	134
052625	Los Angeles Dialysis Training Center, LLC	0	0	0	0	0	0	36	38
052627	La Palma Dialysis Center, LLC	77	80	0	0	77	80	83	90
052628	Hanford Dialysis	88	97	0	0	88	97	122	122
052631	Wilshire Dialysis Center	109	124	0	0	109	124	120	138
052632	Glendale Dialysis	104	109	0	0	104	109	110	113
052633	FMC-Mission Hills	142	141	0	0	142	141	147	145
052634	RAI-Centinela-Inglewood	101	92	0	0	101	92	101	92
052635	Bakersfield Dialysis	80	82	0	0	80	82	80	82
052637	Burbank Dialysis	97	88	0	0	97	88	97	88
052638	Kidney Center of Simi Valley, Inc.	87	87	0	0	87	87	92	90
052641	Huntington Beach Dialysis	54	50	0	0	54	50	54	50
052643	Tower Dialysis	121	111	0	0	121	111	152	138
052644	Alhambra Community Dialysis Unit	82	79	0	0	82	79	82	79
052648	San Juan Capistrano South Dialysis	72	75	0	0	72	75	72	75
052652	DaVita-Paramount Dialysis Center	171	172	0	1	171	173	188	188
052653	FMC-Chula Vista Dialysis Center- South	109	95	0	0	109	95	109	95
052654	RAI-North Garey Pomona	123	126	0	0	123	126	123	126
052656	FMC-Ventura	151	155	0	0	151	155	163	163
052657	RAI-Corporate Way Palm Desert	66	66	0	0	66	66	71	71
052658	Kidney Institute of the Desert	107	98	0	0	107	98	107	98
052661	DaVita-Corona Dialysis Center	108	104	0	0	108	104	125	119
052665	Santa Monica Dialysis	142	136	0	0	142	136	145	142
052666	Tulare Dialysis	72	76	0	0	72	76	72	76
052667	Tri Counties Home Dialysis	1	6	0	0	1	6	33	41
052668	FMC-Camarillo	76	79	0	0	76	79	76	79
052670	Imperial Dialysis	0	113	0	0	0	113	0	132
052671	DaVita-United Dialysis Center	187	219	0	0	187	219	208	243
052672	FMC-Gateway Dialysis Center-West	56	57	0	0	56	57	56	57
052673	Bakersfield Dialysis Center	357	365	0	1	357	366	380	395

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2005

This table includes 233 Veterans Affairs Facility patients for 2004 and 254 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY IN-CENTER
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

IN-CENTER

Provider Number	Provider Name	HEMO		PD		TOTAL		HOME & IN-CENTER	
		2004	2005	2004	2005	2004	2005	2004	2005
052674	Delano Dialysis	77	77	0	0	77	77	77	78
052678	FMC-Gateway Dialysis Center-East	83	87	0	0	83	87	83	87
052679	Coastal Dialysis Center	52	51	0	0	52	51	52	51
052681	FMC-Glendora	33	28	0	0	33	28	33	28
052682	Fontana Dialysis	95	95	0	1	95	96	96	96
052683	RAI-East Olympic-Los Angeles	113	118	0	0	113	118	133	134
052684	San Gabriel Regional Dialysis Training Ctr.	0	2	0	0	0	2	48	35
052686	FMC-La Mesa Dialysis Center	87	88	0	0	87	88	87	89
052687	FMC-Carson	26	43	0	0	26	43	26	43
052690	FMC-El Centro Desert Valley Dialysis Center	126	119	0	0	126	119	127	119
052695	DaVita-Los Angeles Dialysis Center	130	127	0	0	130	127	146	145
052696	Visalia Dialysis	86	87	0	0	86	87	86	91
052699	High Desert Hemodialysis, Inc.	58	49	0	0	58	49	61	52
052700	DaVita-Monterey Park Dialysis Center	203	192	0	0	203	192	209	200
052701	Beach Cities Dialysis/Torrance	60	57	0	0	60	57	60	57
052708	FMC-North Coast Kidney Center	169	171	0	0	169	171	189	190
052710	La Puente Dialysis Center, Inc.	103	111	0	0	103	111	103	112
052712	Intercommunity Dialysis Center	185	183	0	0	185	183	192	192
052713	University Park Dialysis Center	125	127	0	0	125	127	128	127
052714	Desert Cities Dialysis	150	164	0	0	150	164	169	181
052715	Pacific Dialysis Services, Inc.	149	147	0	0	149	147	149	147
052716	DaVita-Santa Ana Dialysis Center	143	133	0	0	143	133	145	134
052717	DaVita-Greater El Monte Dialysis Center	92	100	0	0	92	100	92	100
052718	DaVita-Norwalk Dialysis Center	105	102	0	0	105	102	110	106
052720	Citrus Dialysis Center	98	91	0	0	98	91	104	97
052724	Santa Fe Community Hemodialysis Center, Inc.	49	50	0	0	49	50	49	50
052725	DaVita-Doctors Dialysis Center of E.L.A.	148	147	0	0	148	147	148	149
052726	Mohan Dialysis Center of Covina	83	98	0	0	83	98	83	98
052727	RAI-Indian Court Redlands	96	96	0	0	96	96	106	103
052730	DaVita-Murrieta	61	67	0	0	61	67	61	67
052731	Chula Vista Dialysis	137	137	0	0	137	137	155	161
052734	Anaheim Dialysis	124	128	0	0	124	128	146	147
052735	DaVita-Temecula Dialysis Center	78	76	0	0	78	76	90	93
052739	Chino Dialysis	138	150	0	0	138	150	138	150
052740	RAI-Fletcher Parkway-El Cajon	72	81	0	0	72	81	72	81
052743	DaVita-Mountain Vista Dialysis Center	157	133	0	0	157	133	180	159
052744	South Valley Regional Dialysis Center	130	125	0	0	130	125	138	137
052746	DaVita-Sunrise Dialysis Center	135	147	0	0	135	147	140	154
052747	West Coast Dialysis Center, Inc.	139	142	0	0	139	142	159	165
052749	Dialysis Center at Moreno Valley	78	88	0	0	78	88	78	88
052754	Airport Dialysis	107	122	0	0	107	122	128	123
052755	Greater Los Angeles Dialysis, Inc.	71	72	0	0	71	72	72	73
052756	Encinitas Dialysis	51	46	0	0	51	46	64	55
052760	FMC-San Gabriel Dialysis Center	198	209	0	0	198	209	198	212
052761	DaVita-Premier Dialysis Center	197	206	0	0	197	206	219	221
052762	FMC-Oxnard	107	109	0	0	107	109	107	109

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2005

This table includes 233 Veterans Affairs Facility patients for 2004 and 254 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY IN-CENTER
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

Provider Number	Provider Name	IN-CENTER							
		HEMO		PD		TOTAL		HOME & IN-CENTER	
		2004	2005	2004	2005	2004	2005	2004	2005
052764	FMC-San Gabriel Valley PD Clinic	0	6	0	0	0	6	50	45
052768	DaVita-Diamond Valley Dialysis Center	62	80	0	0	62	80	62	80
052771	Gateway Home Dialysis	0	0	0	0	0	0	27	35
052772	RAI-Hospital Circle-Westminister	95	92	0	0	95	92	100	102
052773	Westminster South Dialysis	69	72	0	0	69	72	69	72
052776	HI-Desert Dialysis	46	58	0	0	46	58	49	63
052778	Santa Clarita Kidney Center	107	85	0	0	107	85	107	85
052779	RAI-Mission Gorge San Diego	176	169	0	0	176	169	189	196
052780	FMC-East County Dialysis Center	86	96	0	0	86	96	86	96
052781	North Hollywood Dialysis	85	84	0	0	85	84	85	84
052782	Mountain View Dialysis Center, Inc.	74	71	0	0	74	71	74	72
052785	DaVita-Montebello Dialysis Center	119	128	0	0	119	128	119	128
052788	Nephron Dialysis Center Of Lakewood	44	61	0	0	44	61	44	62
052789	Indian Wells Valley Dialysis Center	33	41	0	0	33	41	33	41
052790	Kidney Care Center of the North Valley	146	130	0	0	146	130	159	142
052791	Rosemead Dialysis Center	94	98	0	0	94	98	94	99
052792	FMC-Imperial County	52	52	0	0	52	52	52	52
052794	DaVita-USC Kidney Center	223	229	0	0	223	229	273	277
052798	RAI-Newhope-Fountain Valley	125	122	0	0	125	122	135	130
052799	San Diego South Dialysis	69	75	0	0	69	75	70	76
052800	Kidney Center of Santa Paula	67	74	0	0	67	74	67	74
052801	Hollywood Dialysis Center	126	105	0	0	126	105	136	115
052802	DaVita-Harbor UCLA	164	163	0	0	164	163	198	198
052803	Carson Artificial Kidney Center, LLC	69	82	0	0	69	82	69	82
052804	DaVita-Montclair Dialysis Center	126	122	0	0	126	122	128	122
052806	Baldwin Hills Dialysis Center	104	98	0	0	104	98	104	98
052807	DaVita-Valley View Dialysis	211	219	0	0	211	219	242	251
052808	Saddleback Dialysis	131	125	0	0	131	126	138	132
052809	Los Angeles Community Dialysis-South	105	119	0	0	105	119	109	122
052811	Renal Care Center of San Luis Obispo	114	111	0	0	114	111	137	136
052812	FMC-Blythe Desert Dialysis	26	21	0	0	26	21	26	21
052816	Desert Cities Dialysis of Barstow	36	30	0	0	36	30	42	35
052817	Dialysis Center of Colton	77	93	0	0	77	93	77	93
052818	UCSD Dialysis Center	112	110	0	0	112	110	136	134
052820	RAI-Foothill Blvd.-Glendora	93	87	0	0	93	87	93	87
052821	Pacific Gateway Dialysis, LLC	119	119	0	0	119	119	141	142
052823^	Renal Services Group of Calexico	0	0	0	0	0	0	0	0
052827	Kidney Center of Panorama City, Inc.	106	100	0	0	106	100	110	104
052828	Los Angeles Downtown Dialysis	115	105	0	0	115	105	128	111
052829	FMC-Santa Paula	54	77	0	0	54	77	54	77
052830	FMC-Calexico Desert Dialysis	73	96	0	0	73	96	73	96
052832	Kidney Institute at Eisenhower Medical Center	85	100	0	0	85	100	85	100
052834	RAI-El Camino Real Oceanside	64	74	0	0	64	74	64	74
052835	RAI-Broadway Chula Vista	112	124	0	0	112	124	112	124
052836	Toiyabe Dialysis Center	22	18	0	0	22	18	22	18
052837	Westside Dialysis	84	84	0	0	84	84	84	84

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2006

This table includes 233 Veterans Affairs Facility patients for 2004 and 254 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY IN-CENTER
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

Provider Number	Provider Name	IN-CENTER							
		HEMO		PD		TOTAL		HOME & IN-CENTER	
		2004	2005	2004	2005	2004	2005	2004	2005
052838	Lompoc Artificial Kidney Center	59	60	0	0	59	60	66	69
052839	Northeast Bakersfield Dialysis	67	60	0	0	67	60	67	60
052840	Long Beach Dialysis Center	126	117	0	0	126	117	126	117
052842	FMC-Oceanside	45	46	0	0	45	46	45	46
052843	Montebello Dialysis Center, LLC	81	73	0	0	81	73	81	73
052844	DaVita-Imperial Care Dialysis Center	124	140	0	0	124	140	124	142
052846	Renal Services Group of Inglewood	93	91	0	0	93	91	93	92
052847	FMC-West Covina Kidney Center	49	52	0	0	49	52	49	52
052848	FMC-Riverside	114	116	0	0	114	116	114	117
052849 [^]	Angel Kidney Care of Inglewood	66	0	0	0	66	0	67	0
052852	DaVita-Crescent Heights Dialysis Center	96	108	0	0	96	108	105	113
052854	Mohan Dialysis Center of Industry	57	57	0	0	57	57	57	57
052855	FMC-Rancho Cucamonga	110	124	0	0	110	124	111	126
052856	DaVita-Washington Plaza Dialysis Center	181	187	0	0	181	187	181	187
052858	DaVita-Kenneth Hahn Plaza Dialysis Center	97	104	0	0	97	104	98	104
052859	Glendale Kidney Center	119	130	0	0	119	130	119	133
052860	FMC-Channel Islands	62	60	0	0	62	60	62	60
052861	FMC-South Orange County	96	114	0	0	96	114	96	114
052862	FMC-North Orange County	106	106	0	0	106	106	106	106
052863	RAI-North Riverside-Rialto	119	115	0	0	119	115	119	116
052864	FMC-San Ysidro Dialysis Center	105	96	0	0	105	96	105	96
052865	DaVita-UCLA Medical Ctr (Adult)	108	112	0	0	108	112	151	161
052866	San Ysidro Dialysis	75	81	0	0	75	81	101	110
052867	East Palmdale Dialysis Center	53	51	0	0	53	51	54	55
052868	Queens Dialysis Unit, Inc.	84	80	0	0	84	80	84	80
052869	Palmdale Regional Dialysis Center	71	72	0	0	71	72	71	72
052871	Central Coast Kidney Disease Center	91	91	0	0	91	91	105	106
052872	Florence Dialysis Center	70	92	0	0	70	92	70	92
052873	Kidney Center of Thousand Oaks, Inc.	79	82	0	0	79	82	88	96
052875	Intensive Renal Care	76	80	0	0	76	80	76	80
052878	FMC-San Bernardino	112	107	0	0	112	107	112	107
052879	Hacienda Dialysis Center	46	53	0	0	46	53	46	53
052880	FMC-Bellflower	175	171	0	0	175	171	175	171
052881	Newport Beach Dialysis	112	116	0	0	112	116	112	116
052882	FMC-West Los Angeles	98	111	0	0	98	111	98	112
052883	San Diego East Dialysis	54	54	0	0	54	54	56	55
052884	Whittier Kidney Dialysis Center	111	118	0	0	111	118	121	129
052885	FMC-Dialysis Services of Paradise	64	86	0	0	64	86	64	86
052886	FMC-Dialysis Services of College	32	35	0	0	32	35	32	35
052889	FMC-North Long Beach	65	64	0	0	65	64	65	64
052890	FMC-Antelope Valley	93	92	0	0	93	92	93	92
052893	Temple City Dialysis Facility, Inc.	36	43	0	0	36	43	36	43
052894	RAI-Monroe Indio	42	48	0	0	42	48	42	48
052895	DaVita-Lake Elsinore Dialysis Center	77	68	0	0	77	68	77	68
052896	Cerritos Dialysis Center, LLC	61	64	0	0	61	64	61	64
052897	DaVita-Tustin Dialysis Center	107	96	0	0	107	96	128	122

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2006

This table includes 233 Veterans Affairs Facility patients for 2004 and 254 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

[^] Provider not operational in 2005

DIALYSIS MODALITY

NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY IN-CENTER
AS OF DECEMBER 31, 2004 AND DECEMBER 31, 2005

IN-CENTER

Provider Number	Provider Name	HEMO		PD		TOTAL		HOME & IN-CENTER	
		2004	2005	2004	2005	2004	2005	2004	2005
052898	RAI-Laguna Canyon-Irvine	85	84	0	0	85	84	88	89
052899	Kidney Center of Los Angeles	100	114	0	0	100	114	115	132
053302	Childrens Hospital of Los Angeles	28	21	0	0	28	21	60	47
053506	Kaweah Delta Dialysis Facility	83	91	0	0	83	91	97	104
053512	Porterville Hemodialysis Facility	117	109	0	0	117	109	118	111
552501	Advanced Dialysis Center	93	86	0	0	93	86	93	86
552502	RAI-East First Street-Tustin	47	56	0	0	47	56	47	57
552506	FMC-Irwindale	156	179	0	0	156	179	156	180
552507	Kidney Center of Sherman Oaks, Inc.	45	54	0	0	45	54	45	54
552508	FMC-Woodland Hills Dialysis Center	72	83	0	0	72	83	72	84
552509	DaVita-Whittier Dialysis Center	74	73	0	0	74	73	81	79
552511	DaVita-Rosemead Springs Dialysis	39	49	0	0	39	49	39	49
552513	College Dialysis	37	48	0	0	37	48	52	64
552515	Carmel Mountain Dialysis	39	35	0	0	39	36	45	41
552516	FMC-Rancho	27	38	0	0	27	38	27	40
552517	Arroyo Dialysis Center	68	84	0	0	68	84	69	85
552518	Costa Mesa Dialysis	50	41	0	0	50	41	52	41
552520	Banning Dialysis	80	80	0	0	80	80	82	84
552521	Bakersfield South Dialysis	54	68	0	0	54	68	95	92
552525	FMC-San Fernando	56	93	0	0	56	93	56	93
552526	California Kidney Care Center	98	118	0	0	98	118	108	137
552527	RAI-Harbor Blvd.-Garden Grove	48	65	0	0	48	65	50	70
552531	Escondido Home Training Dialysis	0	1	0	0	0	1	36	51
552532	FMC-South Bay	54	82	0	0	54	82	54	82
552538	Mohan Dialysis Center of Glendora	15	29	0	0	15	29	15	29
552541#	DaVita-Citrus Valley Dialysis	0	53	0	0	0	53	0	53
552543#	Home Dialysis Therapies of San Diego-North	0	0	0	0	0	0	0	17
552544#	DaVita-Crossroads Dialysis Center	0	44	0	0	0	44	0	49
552545#	Anaheim Hills Dialysis Center	0	8	0	0	0	8	0	8
552546#	Home Dialysis Therapies of San Diego-South	0	0	0	0	0	0	0	4
552547#	Canyon Country Dialysis Center, LLC	0	43	0	0	0	43	0	43
552548#	Davita-Ontario Dialysis	0	14	0	0	0	14	0	14
	Network Total	23,561	24,235	0	4	23,561	24,241	25,638	26,341

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2006

This table includes 233 Veterans Affairs Facility patients for 2004 and 254 Veterans Affairs Facility patients for 2005.

Provider not operational in 2004

^ Provider not operational in 2005

RENAL TRANSPLANTS PERFORMED IN 2004

NUMBER OF TRANSPLANTS PERFORMED BY TRANSPLANT CENTERS FOR
CALENDAR YEAR 2004 AND 2005

Provider Number	Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENT WAITING FOR TRANSPLANT**	
		2004	2005	2004	2005
050022	Riverside Community Hospital	30	30	196	277
050025	UCSD-Medical Center	137	111	456	407
050065	Western Medical Center	16	3	85	94
050069	St. Joseph Hospital*	24	35	162	188
050100	Sharp Memorial Hospital	117	94	472	478
050129	St. Bernardine Medical Center	27	10	74	74
050191	St. Mary Medical Center*	7	11	66	94
050245	Arrowhead Regional Medical Center	5	5	74	69
050262	UCLA Medical Ctr-Adult & Pediatrics	316	276	1,955	1,955
050327	Loma Linda University Medical Center*	107	90	840	916
050348	UCI Medical Center	15	31	114	116
050376	LAC/Harbor-UCLA Medical Center*	29	29	239	30
050424	Green Hospital of Scripps Clinic	32	31	37	68
050502	St. Vincent Medical Center	230	175	1,166	1,149
050625	Cedars-Sinai Medical Center	67	106	0	442
050696	USC University Hospital	55	54	55	54
050746	Western Medical Center Santa Ana	0	11	0	94
053302	Childrens Hospital of Los Angeles*	23	33	65	49
053303	Childrens Hospital of San Diego	16	10	16	0
	Network Total ***	1,253	1,145	6,072	6,554

*Transplant and Dialysis Center

**These numbers are not added to State or Network tables because some patients may be placed on more than one waiting list. The numbers are accurate for each center only.

***Information represents ESRD Network 18 only, Southern California. It does not include Northern California, Network 17.

Source of Information: 2005 Facility Survey

Date of Preparation: June 2006

RENAL TRANSPLANT RECIPIENTS FOR TRANSPLANT CENTERS WITHIN THE NETWORK AREA

RENAL TRANSPLANT RECIPIENTS BY TRANSPLANT TYPE, AGE, RACE, GENDER,
AND PRIMARY DIAGNOSIS CALENDAR YEAR 2005

<u>AGE</u>	<u>CADAVERIC</u>	<u>LIVING RELATED</u>	<u>LIVING UNRELATED</u>	<u>TOTAL*</u>
0 — 4	7	1	0	8
5 — 9	11	3	0	14
10 — 14	17	8	3	28
15 — 19	37	12	1	50
20 — 24	10	14	11	35
25 — 29	31	24	10	65
30 — 34	47	18	22	87
35 — 39	60	18	16	94
40 — 44	63	20	21	104
45 — 49	95	26	19	140
50 — 54	82	34	13	129
55 — 59	98	22	10	130
60 — 64	74	27	15	116
65 — 69	69	7	5	81
70 — 74	34	5	3	42
75 — 79	11	1	0	12
80 — 84	0	2	0	2
>85	0	1	0	1
Missing	0	0	0	0
TOTAL	746	243	149	1,138
<u>GENDER</u>				
Female	320	94	63	477
Male	426	149	86	661
Missing	0	0	0	0
TOTAL	746	243	49	1,138
<u>RACE</u>				
American Indian/Alaska Native	4	0	0	4
Asian	90	15	11	116
Black or African American	90	20	16	126
More Than One Selected	0	1	0	1
Native Hawaiian/Pacific Islander	24	4	4	32
White	538	203	118	859
Missing	0	0	0	0
TOTAL	746	243	149	1,138
<u>PRIMARY DIAGNOSIS</u>				
Cystic Kidney Disease	33	10	22	65
Diabetes	237	51	32	320
Glomerulonephritis	134	67	30	231
Hypertension	169	47	28	244
Other	100	40	22	162
Other Urologic	17	6	2	25
Missing	0	0	0	0
Unknown	56	22	13	91
TOTAL	746	243	149	1,138

Source of Information: Network SIMS Database

Date of Preparation: June 2006

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

*Information represents ESRD Network 18 only, Southern California. It does not include Northern California, Network 17.

This table includes 0 patients receiving treatment at VA facilities.

DIALYSIS DEATHS

DEATHS OF DIALYSIS PATIENTS BY STATE OF RESIDENCE, AGE, RACE, GENDER,
PRIMARY DIAGNOSIS AND CAUSE OF DEATH FOR CALENDAR YEAR 2005

<u>AGE</u>	<u>* TOTAL</u>
0 — 4	1
5 — 9	0
10 — 14	4
15 — 19	3
20 — 24	7
25 — 29	20
30 — 34	29
35 — 39	62
40 — 44	116
45 — 49	201
50 — 54	306
55 — 59	417
60 — 64	522
65 — 69	659
70 — 74	788
75 — 79	844
80 — 84	782
>85	664
<u>Missing</u>	<u>0</u>
TOTAL:	5,425
<u>GENDER</u>	
Female	2,478
Male	2,947
<u>Missing</u>	<u>0</u>
TOTAL:	5,425
<u>RACE</u>	
American Indian/Alaska Native	35
Asian	469
Black or African American	821
More Than One Race Selected	3
Native Hawaiian/Pacific Islander	130
White	3,967
<u>Missing</u>	<u>0</u>
TOTAL:	5,425
<u>PRIMARY DIAGNOSIS</u>	
Cystic Kidney Disease	49
Diabetes	2,799
Glomerulonephritis	295
Hypertension	1,613
Other	421
Other Urologic	70
Missing	0
<u>Unknown</u>	<u>178</u>
TOTAL:	5,425
<u>PRIMARY CAUSE OF DEATH</u>	
Cardiac	2,794
Gastro Intestinal	45
Infection	619
Liver Disease	76
Vascular	297
Missing	0
Other	785
<u>Unknown</u>	<u>809</u>
TOTAL:	5,425

Source of Information: Network SIMS Database

Date of Preparation: June 2006

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

Information represents ESRD Network 18 only, Southern California. It does not include Northern California, Network 17.

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare approved facilities.

This table includes 57 patients receiving treatment at Veterans Affairs facilities.

VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY
PATIENTS AGED 18—54 AS OF DECEMBER 31, 2005

Provider No.	Provider Name	No. of Dialysis Patients Aged 18– 54	No. of Dialysis Patients Receiving Services From Voc Rehab and Other Voc Rehab Related Service Providers	No. of Dialysis Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Offers Dialysis Shift Starting at 5 pm or later
050069	St. Joseph Hospital	122	0	34	7	N
050129	St. Bernardine Medical Center	0	0	0	0	N
050138	Kaiser Permanente-Sunset (Dialysis Unit)	78	0	42	2	Y
050139	Kaiser Permanente-Bellflower (Dialysis)	40	5	23	5	N
050140	Kaiser Permanente-Fontana (PD Unit)	33	1	22	2	N
05027F	V.A. Medical Center of Long Beach	13	0	0	0	N
05029F	V.A. Greater LA Healthcare System	12	0	2	2	Y
050327	Loma Linda University Medical Center	10	0	0	0	N
050561	Kaiser Permanente-West Los Angeles (Dialysis)	6	2	4	2	N
050609	Kaiser Permanente-Anaheim (PD Unit)	18	0	0	0	N
050677	Kaiser Permanente-Woodland Hills (Dialysis)	13	0	8	0	N
050686	Kaiser Permanente-Riverside (PD Unit)	24	0	12	0	N
05114F	V.A. San Diego Healthcare System	14	0	1	0	N
05128F	V.A. Loma Linda Healthcare System	12	0	0	0	Y
052500	FMC-Hillcrest Dialysis	15	0	4	1	N
052502	DaVita-Kidney Dialysis Care Unit	58	0	13	0	Y
052503	DaVita-Main Place Dialysis Center	46	0	0	0	N
052505	Fullerton Dialysis	25	1	2	1	N
052513	FMC-Santa Barbara Community Dialysis Ctr	6	0	2	0	N
052515	Los Alamitos Hemodialysis Center	37	0	6	0	N
052521	Antelope Valley Dialysis	45	0	9	1	N
052522	Mobile Dialysis Services, Inc. (Compton)	31	1	3	1	N
052523	FMC-Long Beach	28	0	2	0	N
052525	Escondido Dialysis	23	0	2	0	N
052532	DaVita-Riverside Dialysis Center	96	3	20	2	Y
052536	FMC-National City Dialysis Center	27	0	0	0	Y
052538	Inglewood Dialysis	36	0	2	0	N
052539	DaVita-Lakewood Dialysis Center	55	0	20	4	Y
052541	Palm Springs Dialysis	36	3	9	2	N
052544	FMC-Culver City Dialysis	14	0	5	1	N
052545	Kidney Dialysis Center of Northridge, LLC	44	4	17	0	Y
052549	Burbank Dialysis Partnership	26	0	9	2	Y
052550	Loma Linda University Kidney Center	87	2	18	5	Y
052552	Upland Dialysis	58	2	6	3	N
052554	DaVita-Valley Dialysis Center	31	0	17	0	Y
052556	Skypark Dialysis	22	0	9	0	Y
052557	Glendale Hemodialysis Facility	42	0	10	1	Y
052558	Holy Cross Renal Center	85	0	20	0	N
052561	Victor Valley Dialysis	37	0	5	1	N
052564	DaVita-Garfield Hemodialysis Center	43	0	8	1	Y
052574	DaVita-Downey Dialysis Center	41	2	16	2	Y
052575	RAI-North Waterman- San Bernardino	81	0	10	2	N
052576	FMC-Kearny Mesa Dialysis Center	53	0	12	1	Y

VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY
PATIENTS AGED 18—54 AS OF DECEMBER 31, 2005

Provider No.	Provider Name	No. of Dialysis Patients Aged 18– 54	No. of Dialysis Patients Receiving Services From Voc Rehab and Other Voc Rehab Related Service Providers	No. of Dialysis Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Offers Dialysis Shift Starting at 5 pm or later
052579	FMC-Conejo Valley Renal Center	14	0	0	0	N
052580	DaVita-Covina Dialysis Center	33	0	3	1	N
052581	Beach Cities Dialysis/Gardena	37	1	9	1	N
052582	St. Vincent Dialysis Center, Inc.	48	0	9	2	Y
052585	Kidney Center of Van Nuys	37	2	5	0	N
052588	San Fernando West Kidney Center	25	0	0	0	Y
052589	UCI Renal Dialysis Center	64	1	8	1	N
052590	RAI-Compton Los Angeles	58	0	0	0	N
052591	Pomona Dialysis	58	1	11	0	Y
052597	Mission Viejo Dialysis	18	0	5	2	N
052599	DaVita-Beverly Hills Dialysis Center	35	0	0	0	Y
052606	Santa Barbara Artificial Kidney Center, LLC	35	1	13	3	N
052613	DaVita-Eaton Canyon Dialysis	42	0	8	0	N
052617	RAI-Garden Grove Blvd.-Garden	17	0	3	1	Y
052619	Huntington Dialysis Center	53	1	25	3	Y
052620	DaVita-Hemet	33	0	1	0	Y
052621	DaVita-Brea Dialysis Center	23	0	7	0	N
052622	White Memorial	32	0	0	0	Y
052625	Los Angeles Dialysis Training Center. LLC	11	0	5	2	N
052627	La Palma Dialysis Center, LLC	33	0	12	1	Y
052628	Hanford Dialysis	44	0	2	0	N
052631	Wilshire Dialysis Center	51	1	8	3	Y
052632	Glendale Dialysis	31	0	4	1	N
052633	FMC-Mission Hills	54	0	18	0	Y
052634	RAI-Centinel-Ingleswood	31	1	4	2	N
052635	Bakersfield Dialysis	40	0	1	1	N
052637	Burbank Dialysis	32	0	4	0	N
052638	Kidney Center of Simi Valley, Inc.	26	2	6	0	Y
052641	Huntington Beach Dialysis	11	0	3	0	Y
052643	Tower Dialysis	59	2	16	5	N
052644	Alhambra Community Dialysis Unit	15	0	8	0	N
052648	San Juan Capistrano South Dialysis	20	0	7	0	N
052652	DaVita-Paramount Dialysis Center	76	3	12	3	Y
052653	FMC-Chula Vista Dialysis Center- South	20	0	5	0	N
052654	RAI-North Garey Pomona	24	0	0	0	Y
052656	FMC-Ventura	51	0	13	1	Y
052657	RAI-Corporate Way Palm Desert	16	0	0	0	N
052658	Kidney Institute of the Desert	28	0	0	0	N
052661	DaVita-Corona Dialysis Center	27	0	8	1	Y
052665	Santa Monica Dialysis	33	0	15	0	Y
052666	Tulare Dialysis	25	0	1	0	N
052667	Tri Counties Home Dialysis	19	1	2	1	N
052668	FMC-Camarillo	14	0	2	0	N

VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY
PATIENTS AGED 18—54 AS OF DECEMBER 31, 2005

Provider No.	Provider Name	No. of Dialysis Patients Aged 18– 54	No. of Dialysis Patients Receiving Services From Voc Rehab and Other Voc Rehab Related Service Providers	No. of Dialysis Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Offers Dialysis Shift Starting at 5 pm or later
052670	Imperial Dialysis	54	0	0	0	N
052671	DaVita-United Dialysis Center	103	1	13	7	Y
052672	FMC-Gateway Dialysis Center-West	15	0	0	0	N
052673	Bakersfield Dialysis Center	174	1	27	5	N
052674	Delano Dialysis	25	0	4	1	N
052678	FMC-Gateway Dialysis Center-East	38	1	5	0	N
052679	Coastal Dialysis Center	13	1	4	1	Y
052681	FMC-Glendora	6	0	2	0	N
052682	Fontana Dialysis	35	1	3	3	N
052683	RAI-East Olympic-Los Angeles	36	112	3	0	N
052684	San Gabriel Regional Dialysis Training Ctr.	15	0	1	3	N
052686	FMC-La Mesa Dialysis Center	20	0	3	0	N
052687	FMC-Carson	14	0	2	0	N
052690	FMC-El Centro Desert Valley Dialysis Center	33	0	2	0	Y
052695	DaVita-Los Angeles Dialysis Center	55	5	18	3	Y
052696	Visalia Dialysis	29	0	0	1	N
052699	High Desert Hemodialysis, Inc.	21	0	2	0	Y
052700	DaVita-Monterey Park Dialysis Center	60	0	17	1	Y
052701	Beach Cities Dialysis/Torrance	13	0	1	1	N
052708	FMC-North Coast Kidney Center	69	0	24	2	Y
052710	La Puente Dialysis Center, Inc.	36	1	5	0	N
052712	Intercommunity Dialysis Center	39	0	7	0	Y
052713	University Park Dialysis Center	51	0	14	0	Y
052714	Desert Cities Dialysis	63	0	7	7	N
052715	Pacific Dialysis Services, Inc.	34	0	0	0	N
052716	DaVita-Santa Ana Dialysis Center	61	1	8	3	N
052717	DaVita-Greater El Monte Dialysis Center	36	0	8	2	N
052718	DaVita-Norwalk Dialysis Center	34	7	6	4	N
052720	Citrus Dialysis Center	34	0	0	0	N
052724	Santa Fe Community Hemodialysis Center, Inc.	14	0	14	0	N
052725	DaVita-Doctors Dialysis Center of E.L.A.	48	0	7	1	N
052726	Mohan Dialysis Center of Covina	21	0	4	1	N
052727	RAI-Indian Court Redlands	30	0	7	0	N
052730	DaVita-Murrieta	15	0	0	0	N
052731	Chula Vista Dialysis	48	2	0	0	N
052734	Anaheim Dialysis	52	1	12	0	N
052735	DaVita-Temecula Dialysis Center	36	0	13	0	N
052739	Chino Dialysis	53	0	1	1	N
052740	RAI-Fletcher Parkway-El Cajon	24	0	0	0	N
052743	DaVita-Mountain Vista Dialysis Center	71	0	9	2	N
052744	South Valley Regional Dialysis Center	37	0	16	0	N
052746	DaVita-Sunrise Dialysis Center	62	2	11	2	N
052747	West Coast Dialysis Center, Inc.	48	4	15	3	Y

VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY
PATIENTS AGED 18—54 AS OF DECEMBER 31, 2005

Provider No.	Provider Name	No. of Dialysis Patients Aged 18– 54	No. of Dialysis Patients Receiving Services From Voc Rehab and Other Voc Rehab Related Service Providers	No. of Dialysis Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Offers Dialysis Shift Starting at 5 pm or later
052749	Dialysis Center at Moreno Valley	35	0	3	1	Y
052754	Airport Dialysis	40	0	8	1	N
052755	Greater Los Angeles Dialysis, Inc.	31	0	2	1	N
052756	Encinitas Dialysis	4	1	3	0	N
052760	FMC-San Gabriel Dialysis Center	52	1	7	2	N
052761	DaVita-Premier Dialysis Center	96	0	18	4	N
052762	FMC-Oxnard	39	0	13	3	Y
052764	FMC-San Gabriel Valley PD Clinic	25	0	4	2	N
052768	DaVita-Diamond Valley Dialysis Center	28	0	5	2	Y
052771	Gateway Home Dialysis	16	0	5	0	N
052772	RAI-Hospital Circle-Westminister	32	0	6	2	Y
052773	Westminster South Dialysis	11	0	0	0	N
052776	HI-Desert Dialysis	22	0	0	0	N
052778	Santa Clarita Kidney Center	24	0	8	1	Y
052779	RAI-Mission Gorge San Diego	78	0	0	0	N
052780	FMC-East County Dialysis Center	32	0	2	0	N
052781	North Hollywood Dialysis	27	0	2	0	Y
052782	Mountain View Dialysis Center, Inc.	21	0	3	0	N
052785	DaVita-Montebello Dialysis Center	38	0	0	0	N
052788	Nephron Dialysis Center Of Lakewood	17	0	6	0	N
052789	Indian Wells Valley Dialysis Center	15	0	7	0	Y
052790	Kidney Care Center of the North Valley	46	0	14	0	Y
052791	Rosemead Dialysis Center	29	0	0	0	N
052792	FMC-Imperial County	12	0	5	0	N
052794	DaVita-USC Kidney Center	141	5	22	1	N
052798	RAI-Newhope-Fountain Valley	46	1	8	2	N
052799	San Diego South Dialysis	26	0	2	0	N
052800	Kidney Center of Santa Paula	26	0	1	1	Y
052801	Hollywood Dialysis Center	44	4	0	4	Y
052802	DaVita-Harbor UCLA	96	0	21	1	N
052803	Carson Artificial Kidney Center, LLC	31	0	4	0	N
052804	DaVita-Montclair Dialysis Center	41	0	13	1	Y
052806	Baldwin Hills Dialysis Center	24	0	0	0	N
052807	DaVita-Valley View Dialysis	105	3	20	1	Y
052808	Saddleback Dialysis	22	1	12	0	Y
052809	Los Angeles Community Dialysis-South	52	41	0	1	N
052811	Renal Care Center of San Luis Obispo	47	4	11	14	N
052812	FMC-Blythe Desert Dialysis	7	0	0	0	N
052816	Desert Cities Dialysis of Barstow	12	1	2	2	N
052817	Dialysis Center of Colton	35	0	0	0	N
052818	UCSD Dialysis Center	65	9	13	7	Y
052820	RAI-Foothill Blvd.-Glendora	24	0	11	0	N
052821	Pacific Gateway Dialysis, LLC	47	0	0	0	N

VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY
PATIENTS AGED 18—54 AS OF DECEMBER 31, 2005

Provider No.	Provider Name	No. of Dialysis Patients Aged 18– 54	No. of Dialysis Patients Receiving Services From Voc Rehab and Other Voc Rehab Related Service Providers	No. of Dialysis Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Offers Dialysis Shift Starting at 5 pm or later
052827	Kidney Center of Panorama City, Inc.	38	5	5	2	Y
052828	Los Angeles Downtown Dialysis	34	0	1	0	N
052829	FMC-Santa Paula	26	2	0	0	N
052830	FMC-Calexico Desert Dialysis	19	0	0	0	N
052832	Kidney Institute at Eisenhower Medical Center	20	0	6	0	N
052834	RAI-El Camino Real Oceanside	27	1	6	1	Y
052835	RAI-Broadway Chula Vista	39	0	13	1	Y
052836	Toiyabe Dialysis Center	4	0	1	0	N
052837	Westside Dialysis	35	2	12	2	Y
052838	Lompoc Artificial Kidney Center	19	0	6	0	N
052839	Northeast Bakersfield Dialysis	15	0	2	0	N
052840	Long Beach Dialysis Center	58	1	12	3	Y
052842	FMC-Oceanside	13	0	2	0	N
052843	Montebello Dialysis Center, LLC	16	0	2	0	N
052844	DaVita-Imperial Care Dialysis Center	53	1	6	4	Y
052846	Renal Services Group of Inglewood	25	0	13	0	N
052847	FMC-West Covina Kidney Center	23	0	1	2	N
052848	FMC-Riverside	31	0	7	3	Y
052852	DaVita-Crescent Heights Dialysis Center	28	0	13	1	N
052854	Mohan Dialysis Center of Industry	13	0	0	1	N
052855	FMC-Rancho Cucamonga	35	0	5	5	N
052856	DaVita-Washington Plaza Dialysis Center	85	0	7	4	Y
052858	DaVita-Kenneth Hahn Plaza Dialysis Center	51	0	0	0	N
052859	Glendale Kidney Center	40	0	4	1	Y
052860	FMC-Channel Islands	13	3	0	0	N
052861	FMC-South Orange County	34	0	12	1	Y
052862	FMC-North Orange County	34	4	11	3	Y
052863	RAI-North Riverside-Rialto	35	1	3	2	N
052864	FMC-San Ysidro Dialysis Center	23	0	3	1	N
052865	DaVita-UCLA Medical Ctr (Adult)	52	0	16	10	Y
052866	San Ysidro Dialysis	38	1	3	1	N
052867	East Palmdale Dialysis Center	29	1	3	1	N
052868	Queens Dialysis Unit, Inc.	27	1	1	1	N
052869	Palmdale Regional Dialysis Center	25	0	6	1	N
052871	Central Coast Kidney Disease Center	43	3	6	1	N
052872	Florence Dialysis Center	51	4	7	6	N
052873	Kidney Center of Thousand Oaks, Inc.	27	1	9	1	N
052875	Intensive Renal Care	25	0	1	2	N
052878	FMC-San Bernardino	36	0	0	0	N
052879	Hacienda Dialysis Center	8	0	1	0	N
052880	FMC-Bellflower	46	1	19	1	Y
052881	Newport Beach Dialysis	24	1	9	1	Y
052882	FMC-West Los Angeles	20	0	0	0	N

VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION BY DIALYSIS FACILITY
PATIENTS AGED 18—54 AS OF DECEMBER 31, 2005

Provider No.	Provider Name	No. of Dialysis Patients Aged 18– 54	No. of Dialysis Patients Receiving Services From Voc Rehab and Other Voc Rehab Related Service Providers	No. of Dialysis Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Offers Dialysis Shift Starting at 5 pm or later
052883	San Diego East Dialysis	10	0	2	0	N
052884	Whittier Kidney Dialysis Center	31	0	9	0	N
052885	FMC-Dialysis Services of Paradise	21	1	4	0	Y
052886	FMC-Dialysis Services of College	14	0	0	0	N
052889	FMC-North Long Beach	21	3	8	1	N
052890	FMC-Antelope Valley	28	1	5	2	N
052893	Temple City Dialysis Facility, Inc.	9	0	2	0	N
052894	RAI-Monroe Indio	15	0	0	0	N
052895	DaVita-Lake Elsinore Dialysis Center	23	2	4	1	N
052896	Cerritos Dialysis Center, LLC	16	0	0	0	N
052897	DaVita-Tustin Dialysis Center	49	0	8	3	N
052898	RAI-Laguna Canyon-Irvine	20	0	15	0	N
052899	Kidney Center of Los Angeles	35	8	2	11	N
053302	Childrens Hospital of Los Angeles	7	0	0	5	N
053506	Kaweah Delta Dialysis Facility	34	1	9	0	Y
053512	Porterville Hemodialysis Facility	38	2	15	0	Y
552501	Advanced Dialysis Center	21	12	1	0	N
552502	RAI-East First Street-Tustin	17	0	1	0	N
552506	FMC-Irwindale	45	0	15	1	N
552507	Kidney Center of Sherman Oaks, Inc.	8	0	5	0	N
552508	FMC-Woodland Hills Dialysis Center	19	2	10	1	N
552509	DaVita-Whittier Dialysis Center	28	0	6	1	N
552511	DaVita-Rosemead Springs Dialysis	8	0	2	1	N
552513	College Dialysis	27	0	2	0	N
552515	Carmel Mountain Dialysis	7	0	2	0	N
552516	FMC-Rancho	6	0	1	1	N
552517	Arroyo Dialysis Center	17	1	1	0	N
552518	Costa Mesa Dialysis	7	0	1	0	N
552520	Banning Dialysis	27	0	0	0	N
552521	Bakersfield South Dialysis	48	2	7	1	N
552525	FMC-San Fernando	27	0	12	1	N
552526	California Kidney Care Center	49	1	8	2	N
552527	RAI-Harbor Blvd.-Garden Grove	23	0	4	0	N
552531	Escondido Home Training Dialysis	25	0	10	0	N
552532	FMC-South Bay	22	0	0	0	N
552538	Mohan Dialysis Center of Glendora	7	0	1	0	N
552541	DaVita-Citrus Valley Dialysis	17	0	0	0	N
552543	Home Dialysis Therapies of San Diego-North	6	1	5	0	N
552544	DaVita-Crossroads Dialysis Center	14	0	2	2	N
552545	Anaheim Hills Dialysis Center	1	0	0	0	N
552546	Home Dialysis Therapies of San Diego-South	1	1	0	0	N
552547	Canyon Country Dialysis Center, LLC	16	1	5	2	Y
552548	Davita-Ontario Dialysis	8	0	1	0	N
	Network Total	8,721	326	1,642	293	76-Y