

Southern California Renal Disease Council, Inc.

ESRD Network 18

Annual Report

Allen Nissenson, 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.

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Southern California Renal Disease Council, Inc.

ESRD Network 18

ANNUAL REPORT

(January 1, 2006 through December 31, 2006)

CENTERS FOR MEDICARE AND MEDICAID SERVICES

Contract Number: HHSM-500-2006-018C

Mission Statement

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Preface

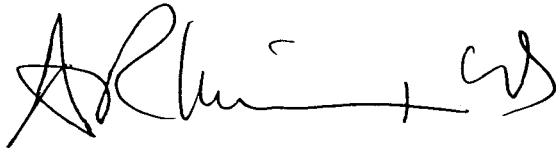
A President's Statement

Message From The President

We are pleased to submit the 2006 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 2006. Persistent staffing shortages in many ESRD disciplines, increasing patient census and acuity, state budget concerns, expanding regulatory oversight, evolving federal immigration policy, and other market/operational realities represented major challenges to ESRD patient and 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.

A handwritten signature in black ink, appearing to read "A. Nissenson, MD". The signature is fluid and cursive, with a large initial "A" and "N".

Allen R. Nissenson, MD, President
Board of Directors

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I. Introduction

A Network Description

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1. Staffing
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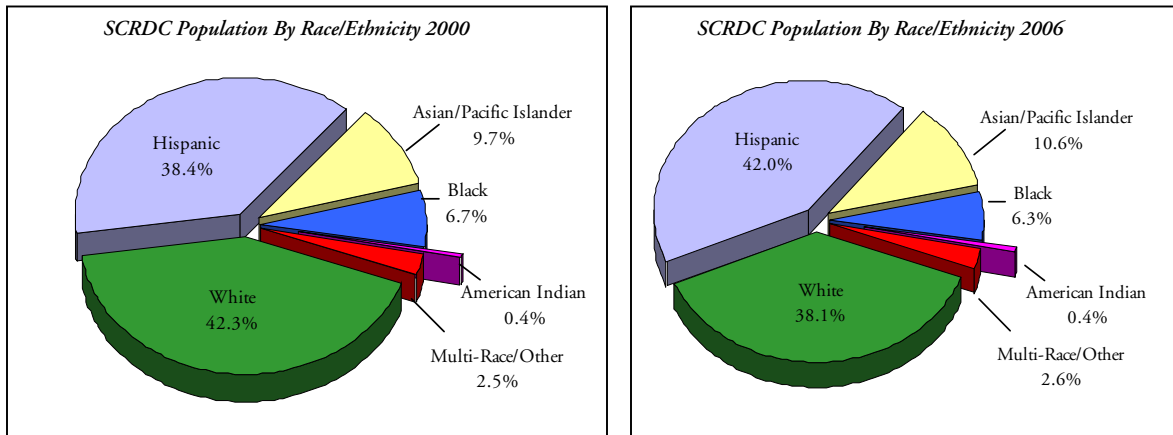
Network Description

The Southern California Renal Disease Council (SCRDC)/ESRD Network 18 area is the only ESRD Network that does not cover at least one entire state. As shown on the map below, the SCRDC area covers the 13 southernmost California counties from the Mexico and Arizona/Nevada borders to the central coastal area and inland. As of December 31, 2006, the estimated population in the SCRDC service area was 23,675,000, an increase of approximately 2,500,000 (11.9%) since the 2000 census. Three of the nation's six most populous counties are in Network 18, including Los Angeles County with nearly 10,200,000 residents, nearly twice that of any other 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 steady overall birth rate and continuing legal and illegal immigration is expected to offset our migration to other states and allow California's population growth rate to meet or exceed that of the United States in the coming years.



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The SCRDC area is characterized by ethnic and cultural diversity; no ethnic group constitutes a majority of the population. The tables and graphs below show 2000 actual census population data and December 31, 2006 population estimates. All racial/ethnic subgroups show an absolute population gain over that period, with the Hispanic and Asian/Pacific Islander groups recording disproportionately large increases due continuing immigration patterns. During this time period, the Hispanic population increased by more than 1.8 million to become the largest subgroup in Network 18. This trend is expected to continue with Hispanics 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.

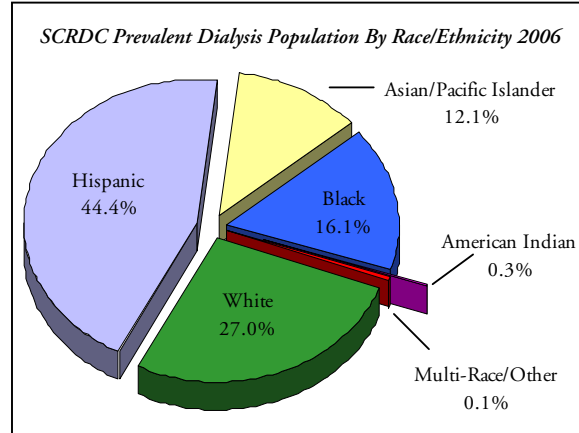
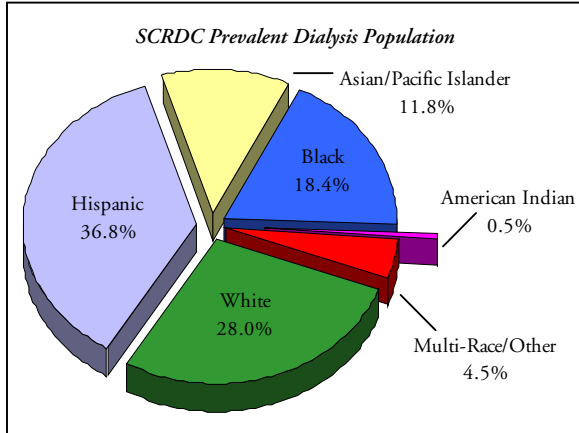


SCRDC Population By Race/Ethnicity 2000 & 2006

Race/Ethnicity	2000		2006	
	Population	Percent	Population	Percent
White	8,928,000	42.3%	9,020,000	38.1%
Hispanic	8,129,000	38.4%	9,946,000	42.0%
Asian/Pacific Is.	2,042,000	9.7%	2,512,000	10.6%
Black	1,426,000	6.7%	1,485,000	6.3%
American Indian	90,000	0.4%	99,000	0.4%
Multi-Race/Other	538,000	2.5%	613,000	2.6%
TOTAL	21,153,000	100.0%	23,675,000	100.0%

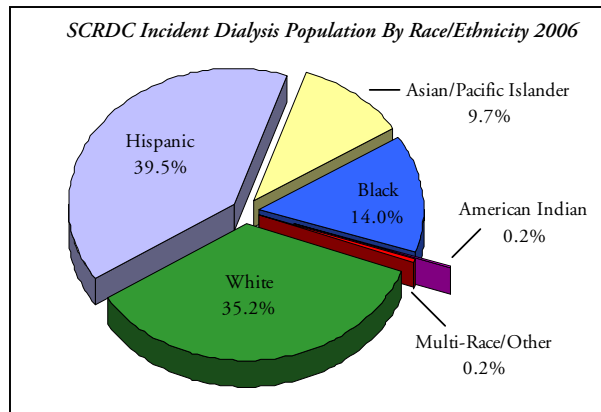
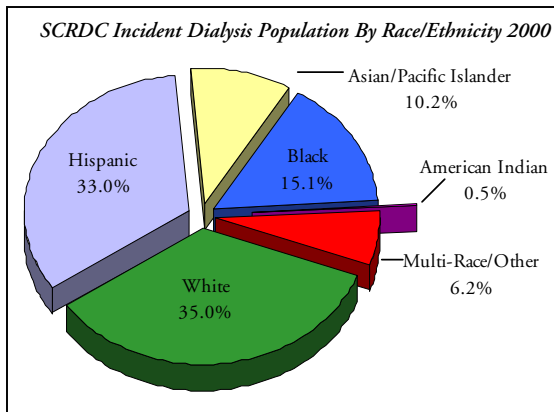
Consistent with the national trend, the population in the SCRDC service area is “graying”. The number of people age 65 and older in the SCRDC area was approximately 2,450,000 in 2006, a 275,000 increase from the 2000 census. Similarly, the number of people over age 50 in the SCRDC area as of December 2006 was in excess of 6,000,000, an increase of more than 1.1 million since the 2000 census. The fraction of the population over age 65 has risen from 10.2% to 10.4% since 2000 and the fraction over age 50 is now nearly 26%, up from 23% just six years ago.

The general population trends in Southern California are reflected and even magnified in its ESRD population. The following tables show that there were 27,600 prevalent ESRD patients in the SCRDC area as of December 31, 2006, a 35.5% increase since the 2000 census. The rate of increase in the prevalent dialysis population is nearly three (3) times that of the general population over that time period. The tables also show that 8,428 patients initiated dialysis treatment in Southern California in 2006, a 23.4% increase since the 2000 census. The rate of growth in the incident dialysis population is therefore nearly twice that of the 11.9% growth in the general population. In addition, slightly more than 50% of the 2006 incident ESRD patients were 65 years of age or older.



SCRDC Prevalent Dialysis Population By Race/Ethnicity 2000 & 2006

Race/Ethnicity	2000		2006	
	Population	Percent	Population	Percent
Hispanic	7,493	36.8%	12,253	44.4%
White	5,698	28.0%	7,439	27.0%
Asian/Pacific Is.	3,742	18.4%	3,326	12.1%
Black	2,401	11.8%	4,449	16.1%
American Indian	121	0.5%	86	0.3%
Multi-Race/Other	909	4.5%	47	0.1%
TOTAL	20,364	100.0%	27,600	100.0%



SCRDC Incident Dialysis Population By Race/Ethnicity 2000 & 2006

Race/Ethnicity	2000		2006	
	Population	Percent	Population	Percent
White	2,389	35.0%	2,965	35.0%
Hispanic	2,251	33.0%	3,328	33.0%
Asian/Pacific Is.	699	15.1%	914	10.2%
Black	1,030	10.2%	1,184	15.1%
American Indian	35	0.5%	15	0.5%
Multi-Race/Other	427	6.2%	22	6.2%
TOTAL	6,831	100.0%	8,428	100.0%

With the post World War II “baby boomer” population subgroup now representing more than one-quarter of the SCRDC population and the overall SCRDC racial/ethnic demography profile trending away from the lower-incidence White population, the need for ESRD services in Network 18 is expected to continue to grow for the foreseeable future. At the same time, increasing racial/ethnic diversity and associated cultural and language issues, rising service and outcomes expectations of the health care delivery system, technological advancements, disparate public and private insurance coverage for ESRD services, and other issues combine to challenge the Southern California renal community’s commitment to the provision of high quality care to all ESRD patients.

Sources:

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

Structure

1. Staffing

SCRDC maintains a staff complement of eleven individuals, representing 10.7 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 and to the maintenance of working relationships with facility members and others in the renal community. Turnover in the Data Department presented a serious challenge to the continuity of their work, but a new team was developed during 2006. The Administration function continues to provide a high level of support to Quality Improvement and Patient Services staff and the model has proven to be successful in improving the productivity of professional staff. As part of the reorganization of the Data/IS function following the resignation of the Data Manager in late 2005, the Data Manager and Computer Systems Analyst positions were consolidated with the Administration team providing additional support and assuming some functions previously performed by Data staff. Also, the new CMS contract includes an Outreach Coordinator function that we filled with an existing employee. Her responsibilities will largely support the Kidney Community of Southern California coalition activities and other patient-centered activities in the Patient Services and Quality Improvement Departments. 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 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 and oversees the provision of support to the Quality Improvement, Patient Services, and Data Departments.

Cynthia Jones, Administrative Assistant & Denise Fuentes, Administrative Assistant. Report to the Office Manager. Provide ongoing 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 SCRDC publications including periodic newsletters, meeting brochures and internal documents. Responds to written facility requests for forms. Provides support to the Executive Director for special projects and during peak workload periods.

Quality Improvement

Lana Kacherova, RN, MPH, 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 the Quality Improvement Workplan 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, 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 Director. 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 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, Renal Support Network, National Kidney Foundation and other patient-focused organizations/agencies.

Jessica Zamora, Outreach Coordinator. Reports to the Patient Services Director. Supports the Patient Services function by developing and maintaining relationships with renal community partners and other organizations regarding education programs and other patient-centered activities. Provides appropriate assistance to patients and others who request information regarding Patient Services or Kidney Community of Southern California Coalition (KCSC) matters. Assists the

Patient Services Director to support the Patient Advisory Committee by coordinating and scheduling calls/meetings and providing information regarding Network activities and projects on an ongoing basis. Maintains the Network 18 and KCSC websites. Uses desktop publishing to prepare educational materials for dissemination to patients, providers and other interested parties. Translates educational materials into Spanish as appropriate.

Data

Edwin Del Salto, 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 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. Serves as the Security Point of Contact for IT – related security issues. 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.

Kirsten Ramaglia, Data Coordinator & Tenisia Sili, Data Coordinator. Reports 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. Participate in facility training and other outreach activities to support timely and accurate submission of 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 sixty (260) 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, 2006.

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. Eight new Directors began 2-year terms in January 2006 and nine Directors were re-elected for another term. 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 recommended revisions to the Bylaws to streamline the process for Patient Advisory Committee appointment and address ambiguities, inconsistencies, or other technical issues. The membership approved the Bylaws revisions and they were effective for the 2006 and subsequent general elections.

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 2006, 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 members, including at least one physician, nurse, social worker and dietitian involved in the care of ESRD patients. One member, the Patient Advisory Committee Chair, is an ESRD patient. Five newly elected members began their terms in January 2006, 2 members were re-elected and began serving a second term and the remaining seven MRB members continued terms that run through December 2007. The general areas of responsibility of the MRB are defined by Federal regulation and include the following:

- Direction of the Network's Quality Improvement Projects and 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 utilizes standing committees to address Fistula First and QI Work Plan issues, and ad hoc committees to examine other specific issues that arise from time to time.

Patient Advisory Committee — The Patient Advisory Committee (PAC) was initiated by SCRDC in the mid-1990s in response to a need for patient input to Network activities. The new CMS contract now formally requires a Patient Advisory Committee and the membership approved

Bylaws changes to facilitate development of commitment and continuity by this important group. The process of re-establishing the PAC began in late 2006 with implementation of the Bylaws changes that call for solicitation of interest from patients and each Executive Committee member and the Executive Director to appoint a qualified patient. At the close of 2006, the appointment process was nearly complete and we expect to convene the first meeting of the new PAC in early 2007. The PAC appointees reflect the modality, geography and ethnic diversity of the Southern California ESRD patient population. In addition to advising the SCRDC Board of Directors and Medical Review Board on patient concerns/interests and reviewing formal patient grievances, PAC members will participate in development of patient education projects and preparation of educational materials, assist with complaint/grievance matters as appropriate, and participate in Kidney Community of Southern California Coalition outreach activities.

Complete Board of Directors and Medical Review Board rosters as of December 31, 2006 are provided on the following pages.

Structure

2006

Board of Directors – Roster of Members

President

Allen R. Nissenson, MD
UCLA Medical Center
Los Angeles

Clarence E. Foster, III, MD
University of California, Irvine
Orange

President – Elect

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

Bruce A. Greenfield, MD
California Kidney Care Center
Los Angeles

Secretary

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

Kathleen Hogan, RN, BSN, CCTC
Sharp Memorial Hospital
San Diego

Treasurer

Vacancy

Ursula Kramer
FMC – Mission Hills
Thousand Oaks

Past – President

Leonard Shapiro, MD
DaVita – Huntington Dialysis
Huntington Beach

Sandra A. Loskill, MHA, RD, CSR
DaVita – Santa Ana Dialysis Center
Santa Ana

Patient Advisory Committee Chair

Lori Hartwell
Glendale

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

MRB Chair

Robert C. Kopelman, MD
Bakersfield Dialysis Center
Bakersfield

Robert B. Sankaram, MD
DaVita – Costa Mesa
Fountain Valley

Directors

Thomas R. Allyn, MD
Santa Barbara Artificial Kidney Center
Santa Barbara

Beverly J. Trebesch, LCSW
DaVita – Main Place Dialysis Center
Orange

Denise Barnes, RN
Home Dialysis Therapies of San Diego-North
San Diego

Alan H. Wilkinson, MD, FRCP
UCLA Medical Center
Los Angeles

Eben I. Feinstein, MD
DaVita – Wilshire Dialysis
Los Angeles

Anthony J. Young, MSW
DaVita – University Park Dialysis Center
Los Angeles

Structure

2006

Medical Review Board – Roster of Members

Chair

Robert C. Kopelman, MD
Bakersfield Dialysis Center
Bakersfield

Julie Tarra, MS, RD
DaVita – San Ysidro Dialysis
San Diego

Patient Advisory Committee Chair

Lori Hartwell
Glendale

Susan Vogel
South Valley Regional Dialysis Center
Encino

Members

Arlene Antonoff, LCSW, BCD
DaVita – Tower
Los Angeles

Lynn Wang, MD, PhD
DaVita – Garfield Hemodialysis Center
Monterey Park

Barbara Baker, LCSW, PSY.D
DaVita – San Ysidro Dialysis
San Diego

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

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

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

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

Kathy H. Laws, RN, BSN
FMC – Mission Hills
San Diego

Rajnish Mehrotra, MA, FACP, FASN
Harbor – UCLA Medical Center
Torrance

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

Leonard Shapiro, MD
DaVita – Huntington Dialysis
Huntington Beach

II. CMS National Goals and Network Activities

Goal 1

Improve the quality and safety of dialysis related services provided for individuals with ESRD.

Goal 2

Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis), in-center self-care, as medically appropriate, through the end of life.

Goal 3

Improve patient perception of care and experience of care, and resolve patient's complaints and grievances.

Goal 4

Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers (e.g., independent, hospital – based, member of a group, affiliate of an organization, etc.) and the associated possibilities/capabilities.

Goal 5

Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.

Goal 1

Improve the quality and safety of dialysis related services provided for individuals with ESRD.

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. The Network 18 Quality Improvement Program accounts for each task covered in the 2006-2007 Statement of Work. These tasks are:

- Task 1. a. Vascular Access Quality Improvement Projects (Fistula First)
- Task 1. b. Clinical Performance Measures (CPMs) Collection
- Task 1. c. Network Specific Quality Improvement Projects (QIPs)
- Task 1. d. Facility Specific Quality Assessment and Improvement Projects (QAPIs)
- Task 1. e. General Requirements.

Annual Facility CQI Reports

Historically, 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. 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 a tool used by the Quality Improvement Department, 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 and the Network QI staff continuously reinforce the importance of identifying opportunities for improvement and conducting facility-specific QI projects. One of the examples of such efforts is that we modified the CQI Project Report Form (FOCUS-PDCA Model) to specifically support improvement in vascular access management outcomes through the Fistula First project. During 2006, we utilized the updated CQI Project Report Form to support outcome improvements in facilities with AVF rates < 40%.

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 Reports (DFR). The statistical analysis for the information provided in these Reports is conducted by the University of Michigan Kidney Epidemiology and Cost Center (UMKECC) and the University Renal Research and Education Association (URREA) with funding from CMS. 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 Reports (CMS-2744), and other CMS data and Social Security Administration data. Generally the information in the DFR 2006 reports is for the time period of January 2002 – December 2005. 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 the dialysis providers. The report is sent to the facility manager, the facility Medical Director, and a copy is kept at the Network Office. The DFR reports are public information that can be utilized by the State Survey Agencies for survey and certification activities. The reports were distributed to all facilities in August 2006, and all facilities had at least three (3) weeks to submit their comments directly to the UMKECC regarding their results using the following URL: www.urrea.org/esrdmeasures.

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 the Fistula First) related to patient care tend to be the focus of most ESRD facility internal CQI efforts, many other opportunities for improvement in components of facility operations can be effectively addressed through profiling. For instance, each facility received a letter from the Network that summarized the accuracy and/or timeliness of both QI and data forms submitted to the Network during the year. This was a joint effort of our Quality Improvement and Information Management Departments to provide the facility with constructive feedback and address areas for improvement.

In 2006, Network 18 participated in the annual Lab Data Collection Project previously known as E-Lab. This project requires collecting patient-specific data for both hemodialysis and peritoneal dialysis patients for the last quarter of the previous calendar year. The data collection included clinical indicators pertaining to anemia management, dialysis adequacy, and bone metabolism. This yearly exercise allows the Network to collect clinical indicator data from 100% of facilities and later provide each facility with a report, comparing their results with the Network, State, and the US. Each facility’s results are compared against the CMS goals and Network goals. Based on these results, the Quality Improvement staff develops targeted facility-specific activities. Data collection methods include electronic data transfer from Large Dialysis Organizations (LDOs) and manual data collection from Independent dialysis providers (non-LDOs). Data was collected manually from all participating non-LDO facilities in hard copy format or on diskette. After all the

data was entered into the system, one large Excel file was created for the Network, which was transferred to Network 11 for further analysis by University of Minnesota statisticians.

Based on the Lab Data Collection, Clinical Performance Measures (CPM) study, Vascular Access Data Collection, and other approved sources, each year the Network staff and MRB update the Detail Plan for Clinical Indicators by setting goals for the next year. Facility-specific results and appropriate benchmarks are reported to facility administrators, nurse managers, and medical directors in the annual “Facility Profile” letters. Facilities that do not meet either the Network or national means/proportions for each indicator are subject to MRB review and further interventions including but not limited to monthly or quarterly monitoring of the indicator until measurable improvement is achieved. The purpose is to draw facility attention to the particular indicator and to encourage application of internal interventions. The facility is requested to complete a run chart for the indicator covering a 6-month period to verify the facility’s progress. If the indicator outcome improves (e.g., achieves Network mean), the facility is released from further quarterly monitoring. If no improvement occurs, the facility is directed to monitor for an additional 3-month period, and the results are reviewed again at the end of that time. If the facility does not demonstrate improvement by the end of the second monitoring round, the facility is required to submit a Formal Improvement Plan (FIP). Monitoring activities are discussed with the MRB and remain a standing topic on the MRB meeting agenda.

The table below represents monitoring activities by the Network for each clinical indicator in 2006:

Clinical Indicator	Number of monitored facilities (Jan. -June 2006)	Number of monitored facilities (July- Sept. 2006)	Number of facilities conducting FIPs (Oct. – Dec. 2006)
Adequacy of Dialysis: URR \geq 65% Kt/V \geq 1.2	83	16	0
Anemia: Hgb \geq 11.0	77	7	0
Nutrition: Albumin \geq 4/3.7 Albumin \geq 3.5/3.2	41	0	0

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, 1,048 patients were selected by CMS for 2006 (856 hemodialysis and 192 PD). A 100% sample of pediatric and Veterans Health Administration hemodialysis and peritoneal dialysis patients was included in the study.

After all 1,048 forms CPM forms were returned to the Network for SIMS entry, five (5) forms were not entered into SIMS for the following reasons:

- Patient exclusions: Patients deleted from SIMS in May 2006. (2 forms-1 patient was on dialysis less than 30 days when he expired, and 1 patient only dialyzed on an acute basis)
- Facility Closed (2 forms)
- Patient records could not be obtained (1 form)

Forty-nine (49) Hemodialysis and Peritoneal Dialysis forms were returned blank and entered into SIMS as “Patient unknown” or “Patient was not dialyzed at the facility during the study period”. A detailed summary is as follows:

- Patient was unknown or the patient did not dialyze at facility during the study period. (18 forms)
- Incorrect modality (23 forms)
- Patient hospitalized (1 form)
- Patient transplanted prior to study period (4 forms)
- Patient regained kidney function (3 forms)

The CPM Validation process was completed within the CMS-established timelines and the report forwarded to CMS. Network 18 had a total of 26 CPM reliability forms. Two (2) of those forms were entered as "Patient unknown" or "Patient was not dialyzed at the facility during the study period". Specifically, both forms had incorrect modalities.

According to the 2005 CPM results and as shown below, Network 18 equaled or surpassed the national average for prevalent AV Fistula, permanent catheter, stenosis monitoring, hemoglobin and albumin clinical performance measures in 2005. Only adequacy of dialysis (Kt/V>1.2) is below the national average.

CPM Results – Hemodialysis

Percentage of Patients with:	2006		2005		2004	
	NW 18	US	NW 18	US	NW 18	US
Kt/V>1.2	89%	91%	88%	91%	91%	91%
Hgb>11	88%	84%	87%	83%	83%	80%
Albumin>	39%	33%	39%	36%	41%	39%
AVF	49%	44%	38%	39%	38%	35%
Catheters	22%	27%	17%	27%	15%	20%
Stenosis Monitoring	72%	69%	69%	67%	82%	77%

Due to the small sample size, peritoneal dialysis results and the pediatric patient sample results were not reported on a Network-specific level. Veterans Healthcare Administration (VHA) facilities in Network 18 completed a 100% sample of CPM forms (total of 259 forms) and the results were entered into SIMS. Feedback reports were sent to the VHA Facility Managers and Medical Directors in 2006.

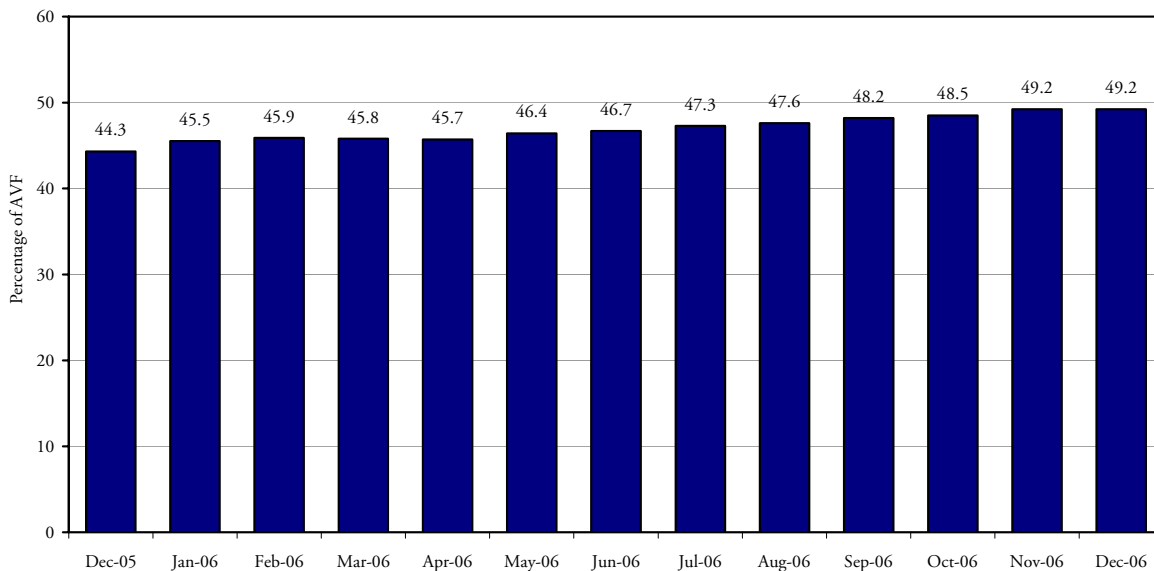
Network-wide Quality Improvement Projects (QIPs)

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

Background: Fistula First is a national CMS-driven quality improvement project that started in 2003 in conjunction with the Institute of Health Improvement (IHI). The project partners include CMS, all ESRD Networks, corporate and independent dialysis providers, nephrologists, vascular surgeons, interventional radiologists/nephrologists, and other patient and professional renal-related organizations. The initial goals of the project were to reach the National Kidney Foundation Dialysis Outcomes Quality Initiative (NKF-KDOQI) Guidelines targets for vascular access – 40% AVF utilization rate for the prevalent hemodialysis patient population, and 50% AVF placement rate for incident patients.

Goals: Based on initial project success, CMS increased the national goal to 66% AVF utilization in prevalent hemodialysis patients by June 2009. In addition, CMS set goals for each ESRD Network for each contract year, based on their baseline performance and a quality deficit reduction formula. Network 18’s AVF goal for the contract year 2006-2007 is 48.3% AVF by June 30, 2007. According to December 2006 data, 49.2% of prevalent patients in the Network were utilizing AV Fistulas as a primary source of vascular access (which already exceeds our yearly goal of 48.3% by 0.9%). The Network’s progress in AVF rates is presented in the graph below. The ultimate goal of this initiative is to increase the likelihood that all eligible hemodialysis patients will be using a native AV Fistula as a primary source of vascular access.

AVF Rate (Dashboard)



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”. The Network refers to these concepts on a daily basis while working with facilities to improve their vascular access management programs. These concepts are as follows:

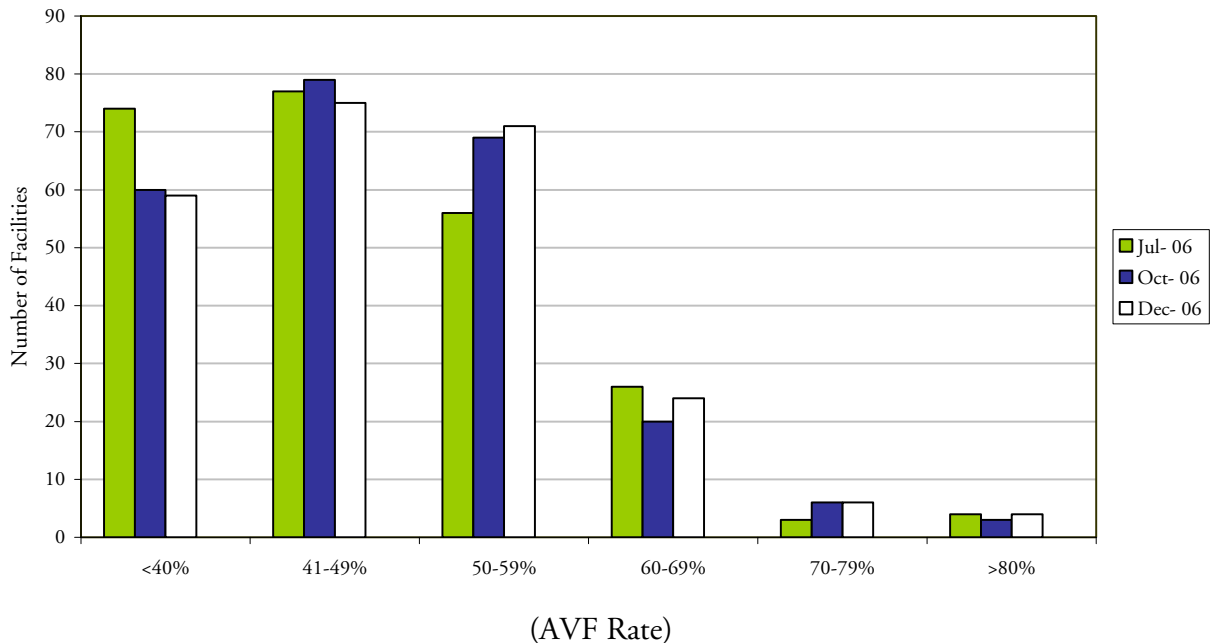
- Routine CQI Review of Vascular Access
- Timely Referral to Nephrologists
- Early Referral to Surgeon for “AVF only” Evaluation and Timely Placement
- Surgeon Selection Based on Best Outcomes, Willingness, and Ability to Provide Access Services
- Full Range of Appropriate Surgical Approaches to AVF Evaluation and Placement
- Secondary AVF Placement in Patients with AV Grafts
- AVF Placement in Patients with Catheters Where Indicated
- Cannulation Training for AV Fistulas
- Monitoring and Maintenance to Insure Adequate Access Function
- Education for Caregivers and Patients
- Outcomes Feedback to Guide Practice

To achieve the CMS National goal of 66% and sustain further improvement, the Network has been collaborating with the Medical Review Board and other organizations to find new and innovative approaches to facilitate the Fistula First initiative. Network activities include but are not limited to the following:

- Quarterly distribution of feedback reports containing facility-specific vascular access data & regional vascular access patterns.
- Quarterly distribution of the Fistula First Newsletter that updates all facilities on what is occurring in the Fistula First program, highlight high performing facilities, and share “best practices”/success stories. The Newsletter is also posted on the Network 18 website.
- Present Fistula First updates at local patient meetings & regional provider conferences.
- Statistical analysis is done semi-annually by our biostatistician to understand the statistical significance of the data and allow Network staff to track and identify effective processes.
- The Medical Review Board oversees ongoing development of Fistula First strategies to assist facilities in attaining the CMS/Network 18 prevalent AVF goals.

During 2006, we continued to collect vascular access data on a monthly basis and provide quarterly feedback 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). Starting in 2004, Network 18 developed a system that grouped facilities into 4 quartiles (AVF rate <30%, 30-39%, 40-49%, >50%) for QI follow-up and report presentation. As the project evolved, we felt the need to further subdivide the data to acknowledge facilities with AVF rates >60%, > 70%, and >80%. With the new Fistula First goal, Network 18 increased its expectations and starting in July 2006 established a monitoring system for facilities with AVF rates < 40%, (rather than < 30%) while continuing to track all facilities. The graph below represents the distribution of facilities within each category from July – December 2006.

Network 18 AVF Trend



The number of facilities with AVF rates < 40% showed a decline since July 2006. The number of facilities with AVF rates 40-49% remains the largest group in the Network. At the same time, the number of facilities with AVF rates 50-59% showed an increase. These positive changes occurred as a result of several focused Fistula First activities:

Late Adopters

As mentioned above, the Network monitors facilities whose AVF rate is less than 40%. Previously we had only been monitoring facilities with AVF rates < 30%. We have utilized the Network protocol to conduct CQI projects or Formal Improvement Plans encouraging facilities to identify their barriers and use some of the Change Package concepts to improve their facility's AVF rates. The activities to support this strategy included:

- Focused communication and follow up with facilities regarding facility-specific vascular access management issues (phone interviews, site visits, etc.)
- Providing technical assistance in developing vascular access management programs that incorporate Change Concepts and best practices.
- Conducting facility specific quality assessment & performance improvement projects (QAPIs) to improve AVF rates.

Surgeons

During 2006, 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 in the process of developing an e-mail database for faster and more cost-effective communication in the future. During 2006, the Network continued distributing the Fistula First

surgical video series upon request. The names of the surgeons with the best outcomes (information is provided by facilities) are featured in the Fistula First Newsletters. We also conducted a follow up to the Surgical Conference in Long Beach that took place in September 2005, connecting all conference attendees to their affiliated facilities and tracking those facilities' AVF rates. We utilized our biostatistician to compare AVF rates between September 2005 and 2006 in these facilities and compared them with the rest of Network 18 facilities. Our initial data analysis suggests that more time may be necessary to distinguish between the two groups, therefore we will be reviewing practice pattern data again at 18-months and 24-months post Surgical Conference. At this stage in the project, we recognize that Interventional Radiologists and Nephrologists play an important role in vascular access management and plan to involve them in future education programs.

Incident Patients

The Network is trying to facilitate early AVF placement by focusing on nephrologist referral practices to a vascular surgeon for access evaluation and AV fistula placement. In 2006, Network staff began developing nephrologist-specific reports that present incident patient data by vascular access type. The data is obtained from the CMS – 2728 Medical Evidence Forms. We hope that this information will help nephrologists understand their practice patterns and influence them to become proactive in vascular access care with their CKD patients. These reports are generated semi-annually and compile incident patients over a six months time frame. So far, we have generated and distributed two sets of reports and our initial feedback received from facilities was positive. The data to date shows that roughly 60% of patients were reported to be seen by a nephrologist six months prior to dialysis, but only about one third of the patients had a fistula at the onset of dialysis. We are planning to apply statistical analysis when a third set of data points are collected and specific QI activities will be conducted based on the results. At the same time, we are working with Data staff to ensure the accuracy of the vascular access data provided on the CMS – 2728 forms.

Quality Improvement Organization

The Network established contacts with the California QIO (Lumetra), and initiated collaboration to facilitate the Fistula First Breakthrough Initiative by engaging physicians, surgeons, hospitals, and other non-ESRD providers. During 2006, we conducted several activities with Lumetra. We had an initial meeting at their office to discuss several opportunities for collaboration. The Network also provided Lumetra with a “Fact Sheet” about AV Fistulas that was utilized for their monthly e-newsletter to all primary care physicians in California. We have also participated in their SCIP collaborative and made plans for future activities such as vascular access Webex training for hospitals and others. The Network also partnered with Network 17 and worked with Lumetra to provide a Webex overview of ESRD-related issues for Medicare Advantage plans, which took place in December 2006. We are also hoping to utilize Lumetra to produce surgeon-specific reports based on claims data.

Managed Care Organizations

During 2006, the Network worked on establishing contacts with major HMO affiliated medical groups to develop an understanding of their ESRD related care practices and issues. At this time, we have established contacts with major Southern California HMOs. They all agree that vascular access care leaves great potential for improvement. We have been collaborating with one of the most successful HMOs in Southern California, Kaiser Permanente, to learn the essential success factors of their ESRD program, and their potential application to other HMO models. We are also

planning a Vascular Access symposium for 2007 with Kaiser that will be open to the entire Network 18 surgical community.

ESRD Demonstration Project

Network 18 is collaborating with DaVita on their ESRD Demonstration Project conducted in the Inland Empire (San Bernardino and Riverside County). We will monitor the facilities on a monthly basis and provide quarterly comparative data of DaVita Demonstration Project “VillageHealth” enrolled facilities versus all DaVita facilities in the Network as well as to the rest of Network 18. Riverside and San Bernardino counties have AVF rates below the Network average and we hope that the development of the DaVita Demonstration Project will provide an additional opportunity to improve vascular access outcomes in those areas.

We have established corporate contacts with local LDOs and provide feedback to them as well as offering our availability to participate in their regional meetings to update them on the Fistula First Project. During 2006, the Network participated in several local and regional meetings/conferences. The Network has been providing regular quarterly feedback to all dialysis facilities participating in the project featuring their individual progress and comparing them to the rest of Network 18 facilities. We have also been soliciting facilities’ feedback and incorporating it in the Fistula First Newsletter distributed with the QI Quarterly Mailing. The Network QI staff continues to utilize the Fistula First Newsletter for all facilities along with the quarterly feedback reports to share new project developments and success stories. We continue to utilize the Fistula First section of our website which contains core information about the project.

Other Fistula First Activities

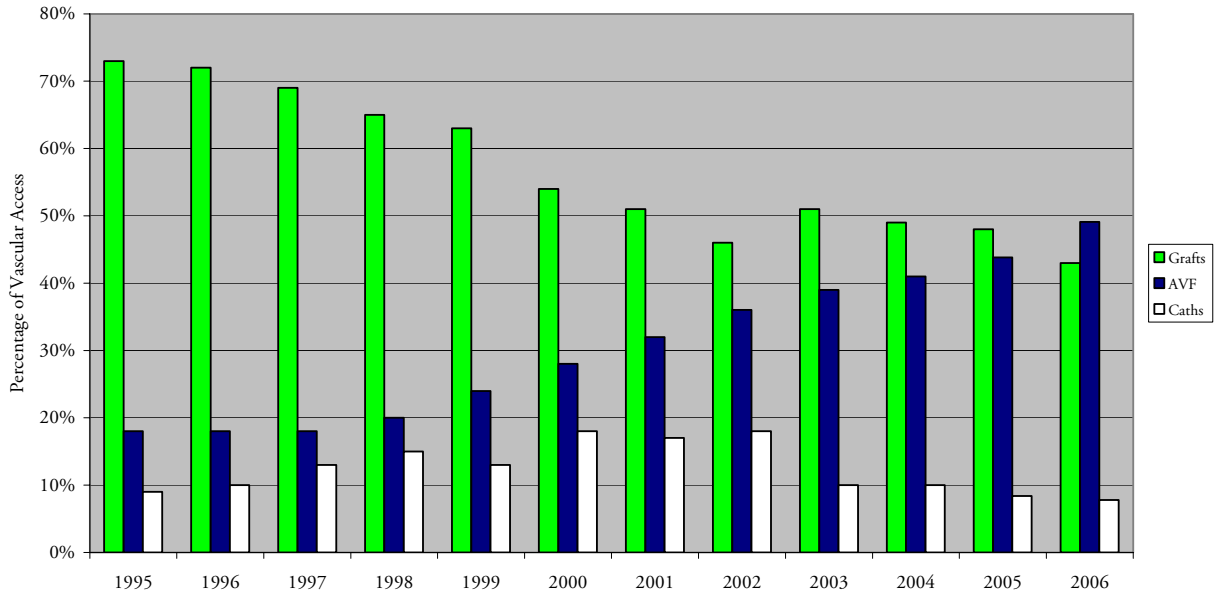
Network 18 was a regular participant in the Fistula First Breakthrough Initiative (FFBI) Coalition through membership on the FFBI Core Group and the FFBI Clinical Practice Group. We have been participating in all CMS Fistula First-related calls with other Networks, the FFBI Core Group Calls, Clinical Practice Group Calls 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, and learn from each other.

During 2006, Network 18 continued developing partnerships with other local renal community groups that could influence the Fistula First project. Network staff gave numerous presentations during California Dialysis Council Board of Directors meetings and educational conferences and maintains ongoing interface with area patient and professional organizations regarding vascular access issues.

We also regularly communicate with CMS and State Agency officials regarding Fistula First results and their potential roles in supporting the Project. In 2006, QI staff presented Fistula First for the 3 local State Agency offices (Los Angeles, San Bernardino, and San Diego) that oversee ESRD Facilities in Network 18. The Network has been an active participant in the development of local Dialysis Club meetings through attendance at meetings and providing project updates and trends. During 2006, we welcomed the initiation of the Dialysis Access Club of Orange County, and participated in the planning of the Dialysis Access Club of the Inland Empire to start in 2007. In June 2006, the Network was invited by the Renal Support Network to participate in the “Kidney Talk” radio show to promote Fistula First.

As a result of these efforts and ongoing support from the provider community, Network 18 had a 49.2% AVF rate as of December 2006, compared to 44.3 % in December 2005, and 35.7% at baseline in December 2002. The graph below portrays changes in the Network 18 vascular access distribution over the past decade.

Network 18 Vascular Access Trend



Other Quality Improvement Activities

During 2006, the Network staff and MRB developed the Quality Improvement Work Plan (QIWP) to meet contract goals, identify areas with the greatest potential for improvement, and to improve the quality of care given to the ESRD patient population in our Network. The plan addresses all areas of the contract by task from the QI Section of the Statement of Work. The plan is reviewed on a quarterly basis to monitor project process measures. Each project general description includes an aim, background, goal, activities/methods to achieve a goal, and measurement/re-measurement frequency.

Pandemic Flu

During 2006, the Network continued to assess the pandemic Flu Preparedness status among the local provider community, State Agencies, California QIO, and other renal related organizations. We identified a contact at the State Department of Health Services and exchanged some information which was also posted on our website along with a link to the official government website www.pandemicflu.gov. The QI director also presented Pandemic Flu issues at the local Armenian/Russian Cable TV station. The Network Executive Director was on the planning committee for the National Kidney Foundation Annual Scientific Symposium, and invited a speaker to present Pandemic Flu Preparedness and Response issues to the local renal provider community. Currently, we are in the process of further developing this project in the context of overall Emergency Preparedness and Response described below.

Emergency Preparedness & Response

Recent disasters have shown that Emergency Preparedness & Response is an area with potential for improvement within the renal community. According to our recent communications with local renal providers, all LDO facilities have an infrastructure in place to respond to an emergency situation and receive corporate support in a timely manner. Independent facilities, on the other hand, expressed the need to improve their facility's Emergency Preparedness practices. During 2006, ESRD Network 18 initiated activities to help Independent ESRD providers develop and implement Emergency Preparedness & Response Plans. The Network QI and Patient Services staff presented on "Emergency Preparedness" at several local and regional patient and provider meetings including the Renal Support Network (RSN) Patients Wellness Series, and regional meetings for small provider groups (Kidney Centers, Inc. and Innovative Dialysis Systems, Inc.). As a result, the Network partnered with a small group of facilities belonging to one of these provider groups to conduct a rapid-cycle improvement project (RCIP) on Emergency Preparedness and Response. We utilized some of the tools developed by the Kidney Community Emergency Response (KCER) Coalition tools such as Facility Assessment Checklist and "The Four Keys to Being Prepared for a Disaster". We followed the steps outlined in those documents:

1. Determine what kind of disaster you may expect;
2. Evaluate the readiness of your dialysis facility;
3. Prepare your staff;
4. Prepare your patients.

The Network worked closely with the participating facilities and conducted bi-weekly calls to discuss progress. Lessons learned during this project were shared with the rest of the Network 18 facilities. We continue to solicit all facilities' input on emergency preparedness and will continue to utilize RCIP with small groups of facilities to spread best practices.

In addition, the Network collaborated with ESRD Networks 15, 16, & 17 to develop an environmental scan that was applied to all facilities to establish a baseline for future emergency preparedness activities. The Network also initiated activities to insure internal Network preparedness to support Network activities in case of an emergency/disaster. The employee call tree was developed and the Network contingency plan updated. The Network established a formal agreement with ESRD Network 16 to be "back-up" Networks for each other and is currently in the process of exchanging vital information to support continued Network activities in the event of a disaster. Also, the Network obtained a password to the www.dialysisunits.org website which enables tracking and updating of facility status during a disaster. Emergency preparedness is a continuous process and we plan to interface with state/local emergency management officials and others to integrate ESRD into overall area planning for emergencies in 2007.

Immunization

After the 2004 influenza vaccine shortage, the Network started proactively preparing the provider community for the flu season by sending general educational materials, Vaccine Information Statements, and sample tracking forms during the summer and fall of 2006. The Network reviewed the Safe and Timely Immunization Coalition (STIC) materials and identified some documents for distribution. A special mailing dedicated to immunization issues was mailed to all ESRD facilities in the fall of 2006:

- Influenza Vaccine Information Statement (VIS) 2006 in English and Spanish;
- Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease (this document was developed by the Safe and Timely Immunization Coalition – STIC).
- 2006-2007 Pocket Information Guides for Influenza and Pneumococcal Polysaccharide (PPV);
- Influenza Vaccination Tracking Log – for facility internal use to encourage and support immunization tracking.

In addition to this mailing, the Network QI staff included the most recent Centers for Disease Control & Prevention (CDC) updates on Hepatitis B vaccination in our QI quarterly mailing to facilities in December 2006.

Standard Mortality Rate (SMR) Activities

One of the Network QI activities during 2006 was to assist facilities in understanding the processes of care and clinical issues that impact Standard Mortality Rate (SMR). During review of the 2006 Dialysis Facility Reports prepared by the University of Michigan, Network staff identified six (6) facilities with a cumulative SMR rated “Worse Than Expected”. Facility-specific SMR history for the last 3 years (2002-2005), facility-specific clinical profiles, as well as data from death notification (CMS-2746) forms was reviewed for these facilities. The results were discussed with the Network MRB and intervention activities initiated. The Network QI staff on behalf of the MRB Chairman mailed letters to facility Medical Directors presenting facility results in comparison to Network and National SMR rates, and requesting a Letter of Explanation from each Medical Director. The mailing also contained a copy of the facility’s 2006 DFR with the explanation of the methods used for SMR calculation and a Facility Process Review Checklist listing multiple factors that could affect SMR. Based on their responses, each facility was provided individual feedback on how they can improve. The QI Department will review internal data and 2007 DFR reports for these facilities with respect to SMR and follow-up accordingly.

Patient Safety

Network 18 continues to address patient safety through its everyday activities. We encourage facilities to consider choosing patient falls, dialyzer reprocessing, water safety, vascular access-related incidents or other important/recurring safety-related topics for an internal CQI project. As described above, in 2006 we started the SMR-related project. We also continue to emphasize that an adult vaccination program at the facility level is a key patient safety activity and promote safety issues associated with Fistula First and vascular access care. In addition, the Network distributed several fax blasts to facilities based on Food & Drug Administration alerts regarding heparin, erythropoietin and other issues that could affect dialysis patient safety.

Internal Quality Improvement (IQI)

In addition to external Network-wide quality improvement activities, Network 18 continues to develop a formal Internal Quality Improvement (IQI) program. The purpose of the program is to assure that the highest standards of performance are achieved and practiced uniformly by SCRDC staff members. IQI is a tool to allow each staff member and management to look at systems and standards being practiced within and across SCRDC departments. It also enables the group to identify system problems that may present obstacles to individuals and/or the entire team. Measurement, monitoring, quality improvement initiatives, and corrective action plans are used to

improve outcomes and to increase customer satisfaction. The IQI program of Network 18 centers around problem prevention, measuring performance with reliable QI methods focusing on both processes and outcomes, and encouragement of teamwork to improve service. The program encompasses the major “Statement of Work” activities in the CMS Health Care Quality Improvement Program. Traditionally, all IQI projects conducted in ESRD Network 18 utilized the FOCUS-PDCA model. During 2006, the Network started utilizing the PDSA (Plan-Do-Study-Act) quality improvement model. The PDSA is a 4-step model recommended by the Institute for Healthcare Improvement (IHI) that provides basis for identifying issues and adjusting internal processes early and moving toward rapid-cycle improvement. The IQI Project Steering committee conducts regular meetings to discuss the progress of IQI projects in each department. To facilitate better understanding of this process by all staff members, IQI was added as a standing agenda item for staff meetings. All staff members actively participate and numerous contract-specific and other intra- and inter-departmental monitoring activities were established during 2006. The IQI projects of 2006 were as follows:

- Fistula First IQI Indicators monitoring
- QI Department calls monitoring
- New Patient Packet Returns
- Delinquent Forms
- Office ergonomics
- Involuntary Patient Discharge Reporting

All of the Internal IQI projects resulted in the establishment of ongoing monitoring and reporting activities; some led to revised measures, workflow, communication strategies, etc. For example, after setting higher goals for the Fistula First Project, the Network staff made some revisions to the Fistula First IQI Indicator Monitoring. One of the indicators is reporting facility data monthly to the Network. We formerly waited two consecutive months before initiating follow-up on unreported data, but now follow-up with facilities immediately. Several additional IQI projects are under consideration and will be incorporated as the staff continues to develop greater understanding of quality improvement principles and their application to ongoing Network operations.

Goal 2

Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis), in-center self-care, as medically appropriate, through the end of life.

Rehabilitation

Network 18 encourages participation in rehabilitation programs by continuing to support the referral and application process for ESRD patients in California. Annually, Network 18 mails a Vocational Rehabilitation Resource Packet to all facilities, consisting of the following materials:

1. Life Options Rehabilitation Program Resources: Face-sheets of must have resources with instructions on how to obtain: (a) *Employment: A Kidney Patient's Guide to Working & Paying for Treatment*; (b) *Unit Self-Assessment Manual for Renal Rehabilitation* and (c) *Building Quality of Life: A Practical guide to Renal Rehabilitation*
2. Life Options Rehabilitation Resource Center: A catalog of materials
3. Social Security Administration Information on working/disability: (a) *Working While Disabled-A Guide To Plans For Achieving Self-Support*, (b) *Working While Disabled-How We Can Help* and (c) *Your Ticket to Work*
4. Sample Employment Facilitation Letters: Letters sent to patient's employer informing them of the treatment patient is receiving.
5. Resources on Health-Related Quality of Life Measures
6. List of Network 18 Department of Rehabilitation (DOR) Field Offices: Listed by county.
7. California One-Stop Career Center Sites: These are independent centers contracted by DOR, listed by County.
8. List of Vocational Rehabilitation (VR) Website Resources
9. Vocational Rehabilitation (VR) Services Fact information document and application.
10. Ticket to Work Information Sheet and instruction on how to access
11. List of Employment Networks through the Ticket to Work Program, organized by county

We continue to obtain vocational rehabilitation (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 10% of patients are working six months prior to starting dialysis and that roughly 40% of them are no longer employed at the onset of dialysis treatment. The following table reflects the VR data for the past two years.

Employment Status Statistics

	2005	2006
Total New Patients	8,067	8,428
New Patients Age 18-54	2,178	2,546
Employed Full Time or Part Time 6 months pre-dialysis	749 (9.3%)	791 (9.3%)
Employed Full Time or Part Time at onset of dialysis	431 (5.4%)	488 (5.7%)

Source: SIMS 2005 – 2006

Kidney Community of Southern California Coalition (KCSC)

The Kidney Community of Southern California Coalition (KCSC), initiated in May 2005, is an education-focused coalition that strives to reach patients directly and via the provider and professional communities. It entails collaboration with numerous renal patient, provider and professional organizations that are well-known to the Network, but also many others that are not necessarily renal-related, but share an interest in improving education/care for patients with comorbid conditions (e.g., diabetes) commonly found in CKD patients. Active, ongoing involvement by the Network 18 Executive Director, Patient Services Director, Outreach Coordinator and QI staff ensures that the full breadth of Network resources are represented and incorporated into Coalition activities.

Throughout 2006, the KCSC grew in membership and activity. In its second year, it went from 16 original organizations to 25. Our membership recommended and recruited new organizations, including the Council on Renal Nutrition, the Comprehensive Center for Healthcare Disparities, and the Braille Institute. Lumetra also formally joined the Coalition, attended the October meeting, and participated on an ongoing basis with their representative serving as co-leader of the Provider Outreach group.

In June 2006, the KCSC web site, www.kidney411.org, was launched to provide new educational opportunities for renal patients and professionals in Southern California. Postcards were used to market the website and all Coalition members distributed them to their organizations and others with whom they interact. The postcards were revised in November to include a “You Are At Risk” message and printed with one side in English and the other in Spanish. This was particularly important so that the Spanish-speaking at-risk community could become aware of the Spanish resources available on the web site. One of the Coalition members drafted a press release, announcing the web site launch, which was sent to marketing specialists at another member organization for review. It was then posted on the website homepage and submitted to our membership to distribute. Use of the website has steadily increased, with the number of visits in December 2006 reaching 11,000.

One of the Coalition goals is "To ensure that the needs of underserved populations are a significant consideration in all KCSC initiatives and activities". During the October meeting, there was general agreement by all members that a focus on "underserved populations" as identified by language, race, culture, geography and/or insurance status within the CKD and ESRD populations is appropriate. Progress has been made in working towards this goal through the Charles Drew Medical School/RAND Corporation/UCLA Comprehensive Center for Health Disparities in Chronic Kidney Disease (CCHD-CKD), which collaborates with members from many minority, grassroots organizations such as Healthy African American Families. There is also a focus on the Hispanic community by several Coalition members. On November 5, 2006, KCSC participated in "Unidos Contra La Diabetes," an American Diabetes Association Health Fair that primarily serves the Hispanic community. The booth was staffed by Network 18 staff and others from the Coalition. Approximately 1,000 people visited the KCSC booth, and several important lessons (e.g., appropriate use of the term "health screening", and the kinds of secondary information that exhibitors should have available) about this type of outreach were learned and shared with fellow Coalition members.

The KCSC was successful in working together to reach its initial goals, and will continue to review and refine its processes, practices and structure to improve its ability to fulfill the KCSC mission to provide greater coordination and effectiveness of educational resources to improve quality of care for patients with, or at risk of, kidney disease.

Other Activities

In addition to ongoing patient education efforts via ongoing Patient Services Department activities and the Kidney Community of Southern California, Network 18 focused on self-care dialysis as an opportunity for additional work.

Based on initial clinical studies that show improved outcomes and quality of life for patients who receive longer and/or more frequent dialysis, home hemodialysis is receiving increasing attention as a renal replacement modality. The proactive approach of several new programs supports use of home hemodialysis as the most appropriate long-term modality rather than simply a means to accommodate a patient who is not well-suited to in-center dialysis due to transportation, behavioral or other issues. Two of the three State Survey Agency District Offices that oversee ESRD facilities approved freestanding home hemodialysis training programs in late 2006. The third, Los Angeles County, continues to require home hemodialysis programs to operate under the license of an in-center hemodialysis program. The number of Network 18 patients on home hemodialysis increased from 54 to 78 in 2006 and is expected to continue to grow as patient (and physician/care team) experience proves positive and more programs are established. Network 18 will continue to monitor the issue and integrate it into other modality selection informational materials for patients.

The Medical Review Board discussed ways to expand Peritoneal Dialysis (PD) services in the Network. Consistent with previous years, only approximately 8% of the Network 18 patient population was on peritoneal dialysis in 2006. MRB discussions about PD suggest that nephrologists need to be educated and involved with the program to promote PD and be comfortable with the modality. One MRB physician with a successful PD practice has stressed the importance of patient education prior to reaching a point of starting renal replacement therapy. Roughly 30% of his patients opt for PD when approached about it before reaching end stage renal failure. With physicians playing a central role in the patient referral/modality selection process,

Network 18 will reach out to the International Society for Peritoneal Dialysis (ISPD) and major PD vendors to learn about physician educational opportunities.

The Healthy People 2010 goal for eligible (<70 years of age) ESRD patients to be wait-listed or have received a deceased-donor transplant within one (1) year of their ESRD initiation date is 66%. According to USRDS data, only 11.8% of patients fell into this category in 2005. The 2006 Dialysis Facility Reports (DFR) prepared by UMKECC shows that 30.4% of ESRD patients in Network 18 were on a transplant waiting list, compared to 22.5% nationwide. During 2006, Network 18 collaborated with ESRD Network 12 to work with providers with the lowest transplant waitlist ratio in each Network to identify barrier to successful transplant referral. Work with an initial set of facilities revealed that patients often receive transplant information soon after the beginning of dialysis and one year later. An improved approach to standardize processes and promote transplantation is to discuss transplant as an option 90 days after initiation of dialysis and quarterly thereafter. The Networks developed Transplant Log and Transplant Control forms to assist facilities in tracking patient waitlist status individually and collectively. We will monitor the participating facilities for improvement using internal data and review 2007 DFR results to ascertain the impact on transplant referral. The best practices for the project will be applied to other small groups of facilities as we use rapid cycle techniques to spread improvement. We will also meet with MRB representatives and Transplant Coordinators in our area to discuss transplant referral issues and waiting list activation from the transplant center perspective.

The National Institute of Transplantation (NIT), a non-profit affiliate of one of the kidney transplant programs in Network 18, is a member of the Kidney Coalition of Southern California and operates a program whereby transplant patients act as peer educators to provide support and education for dialysis patients who are either on the waiting list or contemplating transplant referral. With several patient organizations also participating in KCSC, it has proven to be a good source for NIT to identify interested patients.

Finally, the Network 18 Bylaws were revised in late 2006 to provide greater flexibility and accountability in establishing and maintaining the Patient Advisory Committee (PAC). The PAC is still being formed as of December 2006, but five of seven positions have been filled via a process designed to both encourage patient volunteerism/participation and achieve a cross-section of geography, modality and patient demographics among the members. The new PAC will assume its duties in 2007.

Goal 3

Improve patient perception of care and experience of care, and resolve patient's complaints and grievances.

Patient Services Activities

Network 18 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 Director has responsibility for patient/facility education and related activities, processing complaints and grievances, and working closely with patient organizations and area Council of Nephrology Social Worker Chapters to support the goal of improving patient perception of care and experience of care. Following is a description of key Patient Services-related activities conducted in 2006:

- Throughout the year, Network 18 provided information, counseling, guidance and/or referral to patients and callers on clinical issues, including the pros and cons of the various dialysis/transplant modalities, dialyzer reuse, types of vascular access, vascular access care, laboratory value interpretation, dietary restrictions/ compliance, Chronic Kidney Disease (CKD), and facility health and safety practices. Callers also frequently request assistance regarding Medicare covered services and the Medicare Part-D program, financial assistance, patient rights and responsibilities, transient dialysis, secondary/medigap coverage, insurance coverage for transplant recipients who lose Medicare entitlement for immunosuppressive medication, confidentiality issues, staffing ratios/standards, access to medical records, and SNFs that provide dialysis services to ventilator-dependent and other special needs patients.
- We provide information and guidance on treatment availability/options for undocumented immigrants to healthcare providers within Network 18 and to healthcare providers in other Network areas. We also assisted other Networks in providing Spanish resources and translation services to their patients. Network 18 assisted with calls asking for guidance in providing care to undocumented patients in the face of the new law requiring proof of citizenship to obtain Medi-Cal and other benefits.
- Network 18 continues to maintain "PAC Facts" as part of its patient/facility staff educational program. The PAC Facts are a 2-part educational program that includes a laminated poster for display as well as a one-page fact sheet. All the materials are translated into Spanish and distributed to facilities as well as posted on the Network website.
- The Network incorporates several resources into its New Facility Packet to ensure compliance with Federal guidelines on informing patients about the ESRD Network. Among these resources is a laminated poster that describes the Network's basic functions and how patients can access our resources, as well as a laminated poster "A Quick Guide to Working Through Concerns with Your Physician" which describes the steps a patient/family can take to resolve a concern they have regarding a physician or the medical care being delivered. This packet also includes extensive information on complaints and grievances. The grievance packet contains several resources such as a laminated poster on "How to Address Your Concern" which informs patient/family on how to approach their concern at the facility level and how the Network or State Agency can assist, a brochure "Services For Patients" that informs them of services available to them, another brochure on "Complaints and Grievances: A Guide for Patient and Families"

that provides information on how to obtain assistance with quality of care issues/complaints, Patient Rights and Responsibilities, Grievance form and guidelines, and the Network timeline for resolving the concerns.

- Network 18 maintains a small clearinghouse library of educational materials from other renal related organizations. These materials are provided to patients, professionals, and other interested persons and organizations. We also maintain a listing of patient education materials from other renal organizations that are available in Spanish. It is updated/revised and disseminated annually to all providers and available on our website. We have also added several materials on End of Life/Advance Directives and intend to create a special mailing on this important issue in 2007.
- Annually, Network 18 grievance procedure/grievance forms in (English and Spanish) are reviewed/updated and distributed to all facilities along with all other complaint and grievances documents in the Patient Services Resource mailing. The Resource mailing included of the following documents:
 1. Services for Patients Brochure
 2. Patient Grievance Guidelines/Form and Representative Form
 3. Complaints and Grievances: A Guide for Patients/Families
 4. Patient Rights & Responsibilities
 5. Patient Support Group List and Form
 6. List of Spanish Educational Materials
 7. Dialysis Facility Compare Postcard
 8. Where to Order Preparing for Emergency Flyer
 9. Donate Life Brochure
 10. Home Dialysis Central Postcard
 11. Kidney School Postcard
 12. Renal Support Network Directory
- The Patient Services Director is a frequent guest speaker at corporate provider meetings, CNSW meetings and individual facilities on a variety of topics including conflict resolution and professional boundaries. We continue to provide educational sessions on the Decreasing Patient-Provider Conflict (DPC) that was initiated in late 2005.
- The Patient Services Director continues to work closely with the local CNSW chapters to disseminate information to patients and other healthcare providers. As the role of the Outreach Coordinator evolves this position will have more interface with this group.
- The Patient Services Director was on a panel presentation on Conflict Resolution at the 2006 NKF Scientific Symposium along with two well-known professionals in that field.
- Network 18 partnered with the Renal Support Network to present a series of patient education meetings on emergency preparedness and other patient-centered issues in three different geographic areas of Southern California. Network 18 also supported local AAKP chapter educational programs including one presented entirely in Spanish.
- Network 18 staff continued to maintain a relationship with the Health Insurance Counseling and Advocacy Program of the California Department of Aging (HICAP), making referrals and

otherwise working together on behalf of ESRD patients who are experiencing health insurance related issues.

- A special mailing was sent to facility managers providing them with information on how to accurately report involuntary discharges. Facilities also received an article called “Alternative Solutions” offering alternative methods to deal with difficult situations within the dialysis unit. It was written and published by NW 9/10 with NW 18 data inserted. It was distributed to all facilities and posted to the Network website.

Evaluating and Resolving Patient Complaints and Grievances

ESRD Networks are required to process patient complaints/grievances regarding the quality of care they receive through their ESRD providers. The Network follows the procedures outlined in the ESRD Manual issued by CMS. Network 18 has consistently maintained an effective grievance review system that is focused on and responsive to the needs of ESRD beneficiaries. When Network 18 receives a complaint, an objective investigation is conducted by gathering information from the complainant and searching for previous contacts and complaints in SIMS, reviewing facility-specific data, directly contacting the appropriate staff person and using members of the Patient Advisory Committee (PAC), as appropriate.

The Network analyzes grievance information and presents a quarterly report to the MRB. Network 18 also runs an internal trending report from SIMS that analyzes complaints/grievances by facility. The Network also collaborates with the State Agency ESRD district offices in grievance situations, as appropriate.

Network 18 encourages beneficiaries to first address concerns at the facility level, although it is not a requirement. All complainants are provided with options for Network involvement: referral, informal process, and formal grievance.

Network 18 providers are encouraged to use a proactive approach for preventing and resolving complaints/grievances, including developing clear policies, using the Decreasing Patient-Provider Conflict toolkit, and using appropriate and effective communication techniques with patient and family members. The Network encourages dialysis patients and family members to address their concerns with facility management before seeking assistance from other parties, but we respond in a manner consistent with patient 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 ESRD patient receives a packet of materials from CMS, which includes a letter from Network 18. The letter informs the patient of the Network services, including availability to help resolve complaints/grievances and provides the toll-free number for contacting the Network and State Agency ESRD district offices.

- Network 18 Poster: Network 18 continues to include this poster 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.
- Services For Patients: This brochure introduces Network 18 to patients and summarizes the services we offer and brief information on how patients can talk with their healthcare team regarding concerns.
- Do You Have a Concern? This poster is part of Network 18's 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.
- 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 patients in the complaint/grievance process.
- Complaints and Grievance Timetable: This fact sheet provides the sequence and time frame for the Network to complete its review of a complaint/grievance.

New facilities receive the complaint/grievance information along with the Network grievance procedure 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 begin operations. They are also instructed to distribute/make available all Network complaint/grievance literature to patients and staff. A grievance packet is forwarded upon request by the caller. 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 Grievances brochures.

Assessing Complaints and Grievances

The Network continues to address all complaints using active listening and mediation skills to prevent escalation of the concern to a formal grievance. The Patient Services Director encourages patients and facilities to work together to try to resolve differences as the first step in the process. Network 18'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 Director assesses the initial complaint in several important ways:

- Spends as much time as necessary with the caller as effective listening may be all that is needed
- Assesses the cause of the complaint and provides related educational material
- Refers the caller back to the facility or corporation with the name of a contact person to whom the concern should be presented
- Offers words of encouragement and/or understanding
- Explains the role of the Network and encourages a "call-back" if the need /problem remains unresolved
- Assists the caller with conflict resolution tips on how to resolve the concern on their own

- Assists the caller with options that may be relevant in resolving the concern

Network 18 classified and recorded all complaints/grievances based on the primary area of concern expressed by the complainant or grievant, even if they touched on more than one aspect of care. The information is used for reporting purposes and in developing Network educational materials. The areas of concern and their definition are taken from SIMS.

The number of grievances and complaints received at Network 18 has been stable in past years despite a steady growth in the patient population and provider community. The table below shows stability in the number of grievances received, but a drop in the number of complaints. This may reflect the Network’s proactive approach and effort to educate and empower beneficiaries on how to resolve their concerns on their own at the facility level as well as educating providers on the availability of Network resources, training on the Decreasing Patient/Provider Conflict (DPC), and how to report a complaint/grievance.

Grievances and Complaints By Year

	2004	2005	2006
Grievances	4	7	8
Complaints	62	59	48

Grievances

Network 18 processed eight (8) formal patient grievances in 2006. The underlying themes in the grievances were mental health issues, lack of professional behavior and accountability among staff, and poor communication/assessment skills. Four (4) grievances were Staff Related, three (3) were Treatment Related/Quality of Care and one (1) involved Patient Transfer/Discharge.

Following is a brief description of the four (4) Staff Related grievances:

- A 7-page grievance letter was submitted describing the patients “bad care” and problems with the staff at the facility from which he had been discharged. The patients concerns were “harassment and abuse by staff”, complaints were being ignored, and staff used the dialysis machine to “kill people and induce amputations”.
Action: The Network was unable to substantiate any of the concerns raised. The investigation revealed that the facility had addressed the patient’s concerns and fears. There was documentation of observances of paranoia, delusions and fears of persecution. The medical records indicated attempts to refer the patient for mental health evaluation without success. The Network suggested that staff use re-focusing techniques and speak to the patient in concrete terms and consult with a mental health specialist on how to communicate with the patient.
- A lengthy grievance form was submitted describing the “bad care” received at the facility. The main concerns expressed were lack of compassion, unprofessional behavior, and jealousy of the patient’s good looks and well-dressed and professional manner. The grievant also was concerned that the facility allowed sexual harassment by staff and other patients. The patient believed all these were indications that facility is under “paganistic influences and practices”.

Action: Network staff was unable to substantiate any of the concerns. The medical records reflected signs and symptoms of mental health disorder as well as history of mental illness and non-adherence with medication regimens. Documentation also reflected the extensive counseling that was done by facility staff and their efforts to get the patient to seek mental health care.

- A grievance was submitted via telephone by a patient's family member with the following concerns: the nurse was confrontational and unprofessional, father (the patient) was being neglected and not disconnected from machine in a timely manner, repeated requests for experienced staff are ignored, and the facility does not meet the family half-way on its requests.
Action: Network had just initiated an investigation with the facility when the State agency called to discuss the case and confirm the grievant's call to the Network office. The State Agency surveyor stated that they would handle the grievance and keep us posted. One month later the surveyor called to advise that she could not substantiate the complaints. She requested that the Network assist the facility with communication techniques because transferring the patient was not an option due to insurance issues. Network staff assisted the facility in developing an in-service on communication.
- A grievance alleged that staff refused to take the patient off early, told him to lie about his medical condition, exhibited "incompetence and unprofessional conduct", and that poor assessment of his signs/symptoms resulted in hospitalization.
Action: Network investigation indicated that the patient was taken off the dialysis machine as requested, but clinical symptoms clearly indicated a visit to the emergency room. The Network was unable to substantiate that the patient was asked to lie about his condition. It was also determined that staff exhibited appropriate assessment skills and acted prudently with appropriate follow-up to the physician.

Following is a brief description of the three (3) Treated Related/Quality of Care grievances:

- A patient well known to the Network filed a grievance alleging the facility had placed his health at risk by forcing him to wait 2-3 hours for treatment, providing inappropriate care for his dialysis catheter, refusing to assist with his requests, and exhibiting unprofessional behavior and making inappropriate comments/gestures. The patient is also being asked to run errands for staff.
Action: The Network was unable to substantiate the concerns raised. The investigation reflected severe non-adherence to the treatment prescription and facility policies/procedures including assessment, weight and vital sign checks. The record includes documentation of many missed treatments, many AMA forms, refusal to take necessary medications/antibiotics, and several incidents of self-disconnection with loss of blood. The documentation also indicated facility efforts to assist, educate and care for the patient with the involvement of the attending physician.
- A patient submitted a written grievance alleging that the physician is not taking good care of him in general, and a leg infection in particular. He has a lack of communication with the physician and is being turned away from other physician groups.
Action: Network investigation reflected that the patient's concerns were not within the Network's scope. The concerns involved an inability to access medical services due to lack of financial resources rather than the care provided at the ESRD facility. The patient was referred to the State Medical Board for physician related concerns and to the county indigent health care system for assessment of his medical concerns.

- The grievance involved a patient being advised of facility policy not to allow patients into the dialysis facility unless a licensed staff member is present. The patient complained that the facility would not allow patients to wait in the facility lobby when transportation drops them off at 5:30am. Patients have to wait 20-25 minutes outside in the cold and feel they are being disrespected.
Action: Network investigation revealed that the facility was in the process of addressing the concern with its patients. A letter to the Network indicated that the facility intended the following action: a letter to all patients advising of facility policy and practice, staff in-service on the policy and practice, and formally addressing the situation at a CQI meeting. The Network suggested that they meet with the transportation company to discuss pick-up times for those patients affected, include the letter in their new patient packets, and post it in patient areas.

Following is a brief description of the Patient Transfer/Discharge grievance:

- The grievance involved a patient well known to the Network and ESRD community who was involuntary discharged. The patient wanted to file a lawsuit alleging sexual harassment, false accusations of abusive behavior, medications administered without consent, and violation of civil rights.
Action: The Network's initial investigation revealed that the patient was discharged for physically abusive behavior towards staff. The patient was mailed a grievance packet, but informed that the other concerns raised were legal in nature and not within the Network's purview.

All of the grievances were resolved to the best of the Networks ability, and grievants were notified by letter that they could appeal to State Survey Agency and CMS if they were not satisfied with the Network determination.

Complaints

Network 18 devoted considerable time and resources to forty-eight (48) complaints that required Network involvement and various levels of intervention. The majority of complaints were received by telephone from beneficiaries and/or concerned parties. After the initial contact and discussion with Network staff, and upon authorization by the patient or concerned party, follow-up occurred as approved with the affected parties.

Depending on the course of action taken or to be taken, patients were sent additional information including the Network 18 grievance packet, patient rights and responsibilities, and other information as applicable to their concerns. When the issues identified pose a threat to patient safety and/or directly relate to Conditions of Coverage, patients were given their State Agency contact numbers, and Network staff notified the appropriate State Agency ESRD district office.

The forty-eight (48) complaints were sorted in accordance with the ESRD Standardized Management Information System (SIMS) classifications. Following is a summary of the complaints that were received during 2006:

Staff Related (26 Contacts): Calls involved a combination of issues on unprofessional behavior/attitude issues, lack of communication between staff including physicians, and lack of respect and dignity towards patients. Several calls involved feelings of discrimination, staff speaking

other languages on the treatment floor, patient concerns about broken equipment not being addressed, lack of coordination between Patient Care Technicians and RNs, staff unwillingness to be objective or accommodating, staff/management lack of respect for each other; and interpersonal relationships between staff members. Others complaints included a lack of staff ability to maintain confidentiality/privacy, slow response to alarms/calls, and staff's inadequate observation and assessment during their treatment.

Action: Network staff contacted the Clinic Manager and/or and assisted in developing in-service programs for staff on professional behavior/boundaries, confidentiality issues, and communication techniques. The Patient Services Director also provided information and guidance on managing conflict and difficult situations.

Treatment Related/Quality of Care (14 Contacts): These calls involved a variety of issues including inconsistent enforcement of facility policies, lack of medical care coordination between physicians, insufficient staff, need for additional dialysis treatment time, and poor supervision of patients on the treatment floor. Some other issues included patient perception that the "customer is always right", confusion between quality of care and quality of service, and patients not being taken off early when they request it.

Action: 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 (4 Contacts): These calls from patients and families claim inappropriate discharge, unfettered access to dialysis facilities to receive treatment, and difficulty in finding placement in another facility after discharge.

Action: In each case, Network staff contacted the Clinic Manager and others to determine that the situation was handled in accordance with facility policy and incorporated patient and staff education.

Technical Assistance (2 Contacts): One call involved transplant listing and donor evaluation. The second case involved confidentiality issues regarding Network access to patient specific information for the new patient orientation packet.

Action: In both cases, Network staff with support from a MRB representative acted as a neutral party and facilitated a satisfactory resolution.

Physical Environment (1 Contact): This call involved infection control/cleanliness issues with a facility.

Action: The call was referred to the State Agency District office for follow-up.

Information (1 Contact): The call involved a patient who felt discriminated against by her physician. She wants to transfer to another facility within the same corporation but the physician group at that facility refuses to accept her.

Action: Network staff contacted the Clinic Manager and determined that the situation was handled appropriately. The patient received education and referrals appropriate to the circumstances.

These complaints and grievances demonstrate the wide range of concerns that come to the attention of Network 18 and the staff efforts to collaborate and actively participate with the renal community to protect patient rights while ensuring a safe environment for both patients and providers.

Network 18 continues to remain concerned about difficult/abusive patient behavior. The Patient Services Director has devoted many hours to advising facilities on how to handle such situations, assist with draft treatment agreements, or promote development of basic communication skills. We also dedicated considerable resources to continuing the dissemination of Decreasing Dialysis Patient-Provider Conflict (DPC) information/toolkit. The materials have been posted on the Network website for easy access. The Patient Services Director provided training for use of the DPC toolkit at several regional administrative, educational and social worker meetings, to improve the ability of facilities to address conflict situations internally.

Network 18 also devotes considerable time and energy to other patient concerns and inquires regarding such issues as Medicare Part B & D and other insurance coverage, transportation, ESRD treatment modalities and regulatory requirements.

The following table helps to illustrate the diversity of Patient-Initiated contacts in the SIMS Contact Classification categories by Area of Concern for 2006 Calendar year. Many of the contacts contain more than one area of concern. For this table, only the primary area of concern from each contact is indicated.

Patient-Initiated Contact To Network

Contact Type	2004	2005	2006
Information	79	58	55
Professional Ethics	1	0	1
Reimbursement/Financial	95	56	54
Educational Material	12	21	29
Staff Related	26	28	39
Transient	6	9	4
Treatment Related/QOC	41	51	29
Other	5	18	2
Patient Transfer/Discharge	23	12	7
Physical Environment	4	5	4
Request Technical Assistance	8	8	13
Dialysis Compare Website	1	1	1
Abusive	2	0	0
Disruptive	0	1	0
Non Compliant	0	1	0
Pre ESRD	1	9	11
TOTAL	304	278	249

Network 18 recorded two hundred twenty-one (221) Facility Concerns calls from facility representatives in 2006. Inquires and concerns were compiled according to SIMS Areas of Concern in the following categories:

- **Disruptive (87 calls):** Includes calls regarding situations in which there is a marked disruption in the ability of the staff to provide dialysis services due to behaviors or actions that interfere in the operation of the facility.
- **Non-Compliant (38 calls):** Includes calls in which non-compliance to treatment leads to disruption and/or termination of dialysis services. Also includes calls related to non-adherence of treatment schedule or medical issues.
- **Patient Transfer/Discharge (37 calls):** This includes calls in which there is a concern about a discharge or problem in transferring a patient, or adherence to applicable guidelines and policies.
- **Abusive (27 calls):** This includes calls regarding situations in which there is a perceived or actual threat of violence. The disruption compromises the safety of staff and fellow patients.
- **Treatment Related/Quality of Care (10 calls):** Includes calls in which some aspect of care is below acceptable standards.
- **Reimbursement/Financial (8 calls):** This includes calls where patients are experiencing coverage issues loss of benefits and need financial assistance program available for patients.
- **Technical Assistance (6 calls):** Includes calls in which technical guidance from the Network is needed to resolve the identified issue.
- **Information (2 calls):** Includes calls in which additional information is required by the facility to address a concern or issue.
- **Other (2 calls):** includes calls that do not fit into the listed categories.
- **Physical Environment (2 calls):** Includes calls where there is a problem with physical layout of the facility.
- **Pre-ESRD and Staff Related (1 call):** Includes calls in which staff behavior or professional practice is outside the acceptable standards.

Several years ago, CMS funded an initial project to measure and better understand the issues associated with involuntary patient discharge. The project results showed that Network 18 was third highest in involuntary discharges among the participating Networks. Concerned that involuntary patient discharges are chronically underreported, an IQI project was initiated in the Patient Services Department. Review of the available data found that facilities had often notified Patient Services when they had or will involuntarily discharge a patient, but they were not recording the discharges on the monthly Patient Activity Report (PAR). We also found times when the facility reported an involuntary discharge on the PAR, but had not advised the Patient Services Department. The Goal of the IQI project was to educate providers on the definition of the Involuntary Discharge event and

to increase accurate reporting on the PAR and to the Patient Services Department. This project will continue into 2007.

Data collection for the IQI project began on July 1, 2006. Data for the last six months of calendar year 2006 is as follows:

Involuntary Discharges

	Jul. 06	Aug 2006	Sept. 06	Oct. 06	Nov. 06	Dec. 06
Numbers reported to Patient Services	6	5	5	4	6	5
Number reported on PAR	4	1	1	1	4	4

Patient Services/Quality Improvement Inquiries

The table below portrays the Patient Services/Quality Improvement inquiries received by Network 18 during 2006. The inquiries are collected in the SIMS format that has 20 categories under Area of Concern to report type of calls but only 17 of which are related to Patient Services or Quality Improvement. It also has 14 separate categories under Type of Caller to record who the calls were from. For reporting purposes here, Network 18 has consolidated the 14 Type of Caller categories into 5. The following table shows a decrease of 528 Facility Staff calls and a decrease of 69 Medical/Renal organizations calls with the volume of other calls remaining consistent with previous years. The decrease in facility staff calls can be attributed to increased visibility of Network staff via facility site visits and area educational meetings; increased use of corporate risk management resources; and greater availability of conflict management tools, resources, and training programs.

Patient Services/Quality Improvement Inquiries

Contact	2004	2005	2006
Beneficiary/Beneficiary Family Initiated	204	194	182
Facility Staff	2540	1955	1427
Dialysis Corporations	7	9	8
Medical/Renal Organizations*	389	102	33
Other Calls**	67	93	66
Total	3,207	2,353	1,716

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

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

Other Patient-Centered 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 2006 included:

- SCRDC continued its ongoing relationship with the National Kidney Foundation of Southern California, the Renal Support Network and local chapters of the American Association of Kidney Patients. We refer inquiries to those organizations as appropriate and share resources on educational program offerings.
- In January 2006, the Network supported the 7th Annual Renal Prom hosted by the Renal Support Network. Several Network staff volunteered to drive teenagers to the prom, coordinate event activities, and provide adult supervision.
- The Patient Services Director 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. Key issues in 2006 included Advance Directives, documentation requirements for Medi-Cal eligibility and guidelines regarding provision of dialysis service in skilled nursing facilities.
- We maintained ongoing communication with representatives in the ESRD vendor community to stay current on technological advancements and the impact of changing reimbursement and regulatory requirements on facility operations and patient care delivery.
- The Network QI Director developed a relationship with the local Russian/Armenian TV station. The Network views this as a great opportunity to reach a minority/underserved population by utilizing her bilingual skill. She has given interviews about pandemic flu, infection control, and diabetes and hypertension to bring awareness about Chronic Kidney Disease to the Russian-speaking community.
- Network staff partnered with the American Kidney Fund (AKF) to make presentations on Improving Vascular Access Outcomes and Decreasing Patient-Provider Conflict at a Los Angeles meeting in May 2006.
- During 2006, the KCSC Coalition reached out to underserved populations by providing educational materials on its website (kidney411.org) in Spanish, and collaborating with the Comprehensive Center for Healthcare Disparities/Charles Drew Medical University Clinical Research Center to develop approaches on CKD education in the underserved communities in the greater Los Angeles area.

GOAL 4

Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers (e.g., independent, hospital-based, member of a group, affiliate of an organization, etc.) and the associated possibilities/capabilities

Network 18 supports dialysis and transplant providers both through direct interaction and ongoing interface with government agencies and renal-related organizations. SCRDC is 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.

ESRD Provider Community

Network 18 has assembled a stable and committed staff that facilitates continuity with ESRD providers. Particularly significant among our interactions with the provider community in 2006 were the following:

- Site visits were conducted at several SCRDC facilities for purposes of Data/QI training, patient complaint/grievance follow-up, special studies/medical records reviews, new facility orientation, Fistula First project follow-up, or community outreach.
- Presentations were made at several LDO and smaller chain regional meetings on such topics as conflict management in the dialysis setting, emergency preparedness, Fistula First, and CMS forms submission requirements.
- Information and technical assistance was provided to several parties considering development of freestanding home dialysis training programs. Home hemodialysis services has been the subject of considerable interest in Southern California and development of freestanding training centers represents an opportunity to provide patients with greater options for this modality. Several such programs have applications pending with the State Survey Agency at year-end.
- Quality improvement assistance, including consultation with physician and technical representatives from the Network 18 MRB, was provided at the request of a State Survey Agency District Office that was investigating an unusual water treatment configuration identified during a re-certification visit.
- Began developing a working relationship with Lumetra on Fistula First related activities. The Network provided Lumetra with a fact sheet about AV Fistulae that was utilized in the monthly e-newsletter that all primary care physicians in California receive. As part of the ESRD Demonstration Project in Southern California, we are also working with Lumetra and DaVita to improve vascular access management practices in Riverside and San Bernardino County hospitals that are Surgical Complications and Infections (SCIP) participants. We intend to further

develop our relationship with Lumetra in the context of the KCSC Coalition and chronic kidney disease education in underserved populations.

- The Executive Director or other Network staff regularly attends California Dialysis Council (CDC) Board of Directors meetings to present updates on CMS/Network activities and maintain ongoing and personal interaction with key provider community representatives. The CDC represents approximately 90% of California dialysis 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. The CDC is particularly important to non-LDO facilities that have neither the administrative infrastructure nor legislative advocacy resources to constantly monitor and quickly respond to legislative, regulatory, patient care, reimbursement and other current ESRD issues.

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 facilities' operations and provision of care. Vascular access management/Fistula First, home hemodialysis licensure issues, State Agency surveyor training, transplant facility regulations, and emergency preparedness are some of the issues that received priority consideration.

State Survey Agency, California Department of Health Services

SCRDC continues to develop ways to increase resource and expertise sharing with the California Department of Health Services Licensure & Certification (DHS L&C) surveyors. 2006 efforts included the following:

- DHS L&C District Offices are on the Network mailing list and received communications such as Fistula First newsletters and the Annual Report. We maintain periodic interface with the Los Angeles County, San Diego County and San Bernardino County District Offices regarding beneficiary complaints and other regulatory/quality assurance matters to ensure appropriate handling and avoid duplication of effort. We coordinated with them on issues including involuntary patient discharge, water treatment systems and machine maintenance practices. In addition, the Network 18 QI Director participated in a series of workshops with DHS District Office Survey & Certification staff regarding Fistula First and the areas where facility inspections can support and enhance vascular access management practices/outcomes. She will also participate in a training program for new ESRD surveyors to be held in San Diego in early 2007.
- Facilities were referred to DHS L&C for guidance/information concerning building and equipment requirements, infection control, health & safety, staff certification/training/experience requirements and other regulatory issues. During 2006, the Network staff communicated with CMS Region IX and DHS surveyors regarding two facilities with serious survey deficiencies and made resources available to these facilities in support of their efforts to achieve substantial compliance.

- DHS L&C staff often 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 some survey findings for Network consideration of areas of widespread/recurring non-compliance and potential follow-up.
- Network staff established contact with Emergency Management officials at Los Angeles County DHS to collaborate on disaster preparedness and response issues related to ESRD patients. We also had contact with Fire Department officials to review issues related to ESRD patient care and services in a disaster scenario. We anticipate similar interaction with Emergency Management representatives in other jurisdictions in Network 18.
- 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 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 hope to engage DHS representatives as they move forward with Pandemic Flu preparedness and response planning.
- The Kidney Community Emergency Response Coalition represents a collaborative effort of the ESRD Networks, CMS and other government agencies, dialysis provider community, patient organizations, vendors, professional societies, and others to focus on emergency/disaster preparedness and response activities for ESRD patients. The Coalition includes eight workgroups and the Network 18 Executive Director sits on the Federal Response Workgroup that develops information on the activities that federal agencies are prepared to provide in the event of a disaster that impacts the delivery of ESRD care over a large area.

Other ESRD Networks

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

- The Network 18 Patient Services Coordinator took a keen interest in the End of Life work initiated by Network 5 and began developing an informational packet for Southern California facilities. This activity has served as the springboard for involvement with the California Coalition for Compassionate Care that focuses on End of Life issues.
- Network 18 was one of several Networks that participated in the CMS Barriers to Admission Project led by Network 9/10. This project studied 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 behavioral disorder.
- Network 18 collaborated with Network 12 on a project to improve transplant referral processes for ESRD patients. They each worked with a small group of providers to develop a transplant control form and transplant log that facilities can use to systematically monitor the transplant referral status of individual patients as well as their entire patient group. Once approved by the MRB, the forms will be distributed to all facilities in Network 18 as helpful tools to support provision of transplantation-related information and referral as an option for all eligible patients.

Other Renal-Related Organizations

Network 18 continues ongoing communication with patient and renal community organizations such as Renal Support Network (RSN), local American Nephrology Nurses Association (ANNA) chapters, American Kidney Fund (AKF), local American Association of Kidney Patients (AAKP) chapters, and local Licensed Clinical Social Worker (LCSW) chapters. During 2006, Network staff presented at their local and regional meetings covering various quality improvement and patient-related topics such as vascular access management, Medicare Part D, and emergency preparedness. The Network 18 Executive Director served on the planning committee for the 2006 NKF-Southern California Scientific Symposium that included key Network-related issues such as pandemic flu preparedness, managing conflict in the dialysis setting, and reaching underserved populations.

Goal 5

Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcome; maintain Patient Registry; and support the ESRD Network Program.

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 responsibility to maintain a Patient Registry. A highly competitive marketplace 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 five key areas:

- Continuing evaluation/refinement of Data Department functions, work flows, space utilization and staff responsibilities. The Data team was rebuilt over the course of 2006 and employee productivity remains high. Data staff receive 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 other functionalities has been a key component of the Network staff development program. IQI projects in Data Forms Tracking & Follow-Up and Involuntary Patient Discharge Tracking continue to improve the 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 CMS policies related to security procedures, disaster contingency plans and general backup procedures.
- Continued cultivation of 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 wrestle with staff turnover and physician engagement issues and come to appreciate our partnership in the data collection process. 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 IQI project on data forms collection resulted in an increase in timely Patient Activity Report submission from 75% in January to 89% at year-end. A similar process has been developed for CMS forms and the Network expects overall compliance to exceed 90% in 2007. Focused outreach to individual facilities with the greatest improvement opportunity, improved feedback and engagement of LDO and local area chain regional representatives, and enhanced training opportunities are key components of this effort.
- Active participation in the Network 18 Internal Quality Improvement program supports raising performance standards internally. Consistent with the Network’s determination to improve the forms receipt, processing and follow-up process as well as individual facility and overall compliance rates, this effort received increasing attention in the latter part of 2006 and will continue to do so in 2007. Revisions to forms tracking practices, review and revision of the Data Manual, routing of all feedback reports to facility management and regional/corporate representatives, compressed timeframes for involving facility and/or corporate management, posting of frequently asked questions and other information on the Network 18 website, and

regular reports and oversight by the Medical Review Board are the significant components of Network 18's improvement plan.

- Continued support of the VISION program for electronic submission of forms to the ESRD Networks. With CMS' ongoing development of a new web-based forms management system and reduced support for the VISION project, we downsized the number of participating facilities to those that routinely fully utilized the system and did not experience hardware/software or other local issues. The six remaining VISION facilities continue to utilize the system and we hope that they will participate in the CROWN-WEB development process as the opportunity to do so arises.

These efforts are consistent with the evolution from simply a data collection/processing function to one that places a premium on managing and reporting information. As noted above, the number of CMS forms with missing/incomplete information leaves room for improvement and several specific improvement activities have already been identified as we strive for 90% overall compliance.

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

- 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. Administration staff support played a key role in managing these activities. By way of example, significant effort was devoted to update the Nephrologist, Vascular Surgeon, Radiologist, and Disaster Coordinator Contact information in the SIMS database. Data Department and Administration staff are similarly preparing for implementation of the National Provider Identifier (NPI) system in early 2007.
- 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. We have reached a point where the relationship is collaborative based on a mutual understanding of issues and responsibilities, although the market is fragmented and we continue to 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. We appreciated Lumetra inviting ESRD Networks 17 and 18 to participate in a Webex conference with Medicare Advantage Plans to provide an overview of Network functions and introduce Fistula First, conflict resolution, data reporting and other Network projects that could impact managed care plans and enrollees.
- The QualityNet System Security Policies Handbook annual certification procedure using the new on-line method developed by IFMC was successfully completed for all Network employees. Policy was revised to ensure that all employees, regardless of hire date or previous certification date, complete at least an annual re-certification.

- 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. Microsoft Outlook and MS Exchange were upgraded to the 2003 version and additional memory was added to the File Server in preparation for the Symantec Antivirus version 1.0 upgrade.

Data collection, reporting and follow-up are not restricted to the Data Department. As described in Goal 1 and elsewhere in this document, Quality Improvement Department activities and Internal Quality Improvement activities are driven and supported by data and the Data Department plays a role in implementation of many of those projects. Following is a description of some Network projects that are data-driven and/or require close interaction among Departments:

- The Clinical Performance Measures (CPM) project entails the collection of data from dialysis facilities to support establishment of improvement goals for anemia, adequacy of dialysis and other clinical indicators. Close interaction between the QI, Data, and Administration Departments ensured receipt and processing of electronic files, tracking, review, and follow-up of the data required from LDO and Independent facilities, complete data entry, transmission of files to Network 9/10 for compilation/report generation, and completion of the validation component.
- The Lab Data Collection project includes collection of clinical data on 100% of patients in Network 18. This data is used to support and complement CPM and other internal data available to the Network in establishing improvement goals/QI priorities and monitoring facilities. Again, close coordination among the QI, Data and Administrative teams is critical to the timely and effective completion of the data collection effort, including preparation of pre-formatted CDs for easy submission of the data, ongoing tracking and follow-up of data submissions, and compilation and transmission of the data to Network 11. Independent facilities and Networks have worked with some ESRD laboratories to identify means for Independent to obtain data electronically
- The monthly Fistula First Dashboard is an excellent example of regular and consistent data collection/reporting that supports ongoing refinement of QI activities to improve vascular access outcomes. The QI Department provides Fistula First feedback reports on facility-specific and Network-wide vascular access outcomes to all facilities on a quarterly basis. Feedback to providers is an important Fistula First Change Concept and doing so on a consistent basis is a valuable tool to guide and support improved facility vascular access management practices. LDO facilities' data is submitted to the CMS contractor electronically, but non-LDO facilities must submit data manually to the Network for compilation and forwarding to the CMS contractor. Again, the QI, Data and Administration teams collaborate to provide pre-formatted CDs to non-LDO facilities in support of timely and efficient data submission.
- Dialysis Facility Reports prepared by the University of Michigan Kidney Epidemiology and Cost Center (UMKECC) under CMS contract, is another data tool for the Network to look at outcomes indicators and identify facilities with improvement opportunities. Our work with several facilities whose high Standardized Mortality Ratio was statistically significant and other facilities whose low transplantation rate was statistically significant exemplify use of this data source to focus QI work.

- The CMS-2728 Form includes information on the timing of referral to the nephrologist and the type of vascular access in place at the onset of dialysis. This data is used to support QI efforts to improve vascular access management in incident patients, particularly those reported to have been followed by a nephrologist for three to six months prior to initiating dialysis treatment. Practitioner-specific and overall Network data is provided to nephrologists on a regular, semi-annual basis. This activity also requires coordination between the QI, Data and Administration teams to the extract the data from SIMS, prepare practitioner profiles, distribute feedback letters to practitioners, track behavior over time (due to small incident patient sample size for most practitioners), and resolve general and facility-specific data reporting issues.

Widespread electronic transmission of data and some limitations on Network data collection activities has resulted in the need to carefully assess the use of data and internal Network collection/follow-up practices. Those realities has also resulted in identification and use of already existing internal data sources to support QI and IQI activities, and fostered greater collaboration among Network functional areas to prepare, present and use the data to support improvement. These are positive developments and we will build on our experience to further improve the collection, timeliness and use of data in and among all Network functions.

III. Sanction Recommendations

Sanction Recommendations

Network 18 did not recommend any sanctions against certified ESRD facilities in 2006. We note generally high overall compliance with Network projects and requirements, although there remains room for improvement in submission of required forms at some facilities. This important function will receive increased ongoing internal management attention, Medical Review Board oversight, and outreach to facilities and corporate representatives. Focused staff and Medical Review Board oversight of facility clinical and operational issues generally facilitates resolution of facility difficulties at an administrative level, and we expect that use of formal sanctions will remain unnecessary. In addition, we are enthusiastic about CMS' development of a web-based system for reporting patient events and anticipate its role in improving the accuracy and timeliness of forms submission.

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. We maintain 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 licensure and certification inspections.

*IV. Recommendations for
Additional Facilities*

Recommendations for Additional Facilities

The overall availability of adult and pediatric dialysis and transplant services in Network 18 remains satisfactory. We occasionally become aware of a capacity issue in a particular locale, but there are no long-term shortages as the ESRD marketplace in the Southern California area remains very competitive and responsive to needs as four (4) new dialysis facilities were certified in 2006 and another five (5) awaited certification visits as of year-end. Several facilities increased capacity at their existing location in 2006 and we are already aware of at least 10 new dialysis facilities that are in various stages of planning and development and expected to begin operations in 2007. The State Survey Agency District Offices were able to reduce the backlog of facilities awaiting licensure/certification and new facilities are coming online more quickly than in the recent past.

With approximately 60% 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 (78), but represents a nearly 50% increase over the 2005 level. The first Medicare-certified freestanding home hemodialysis training centers in the SCRDC area were approved in 2006, several other applications for freestanding training centers are pending, and many existing facilities are known to be interested in adding home hemodialysis programs. We hope that growth in this modality over time will help with staffing-related facility capacity issues. The continuing labor shortage in Southern California is a barrier for some facilities that could otherwise expand capacity through extended hours of operation and the addition of a patient shift starting after 5:00pm. We note that only 25% of facilities in Southern California operate an evening shift. Additional system capacity is also available in the roughly fifty facilities that operate only three (3) days per week.

Consistent with the realities of an aging and more severely ill patient population, we continue to receive numerous inquiries from acute care hospital personnel, managed care case managers, and others 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. Revised CMS policy regarding provision of dialysis services in long term care facilities and other alternate settings will be a positive step toward 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 continue 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 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. We also note that the federal Deficit Reduction Act of 2005, signed into law in February 2006, includes provisions that require proof of legal residency/citizenship to receive Medi-Cal benefits. California is still developing policy in this regard, but its full implementation could significantly impact both ESRD patients and providers as they work with new eligibility/entitlement rules and potential payment and access to care issues.

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

ESRD Network 18
 Table #1

NEWLY DIAGNOSED CHRONIC ESRD PATIENTS (*ESRD INCIDENCE*)
NEWLY DIAGNOSED CHRONIC ESRD PATIENTS IN SOUTHERN CALIFORNIA
BY AGE, RACE, GENDER, AND PRIMARY DIAGNOSIS FOR CALENDAR 2006

Age Group	*Total
00-04	15
05-09	14
10-14	35
15-19	66
20-24	100
25-29	143
30-34	182
35-39	267
40-44	376
45-49	539
50-54	711
55-59	899
60-64	941
65-69	946
70-74	939
75-79	925
80-84	755
>=85	575
Missing	0
TOTAL:	8,428
<u>Gender</u>	
Female	3,610
Male	4,818
Missing	0
Total	8,428
<u>Race</u>	
American Indian/Alaska Native	18
Asian	793
Black or African American	1,190
More than one race selected	22
Native Hawaiian or Other Pacific Islander	149
White	6,256
Missing	0
Total	8,428
<u>Primary Diagnosis</u>	
Cystic Kidney	145
Diabetes	3,824
Glomerulonephritis	532
Hypertension	2,257
Other	812
Other Urologic	108
Missing	0
Unknown	750
Total	8,428

Source of information: Network SIMS Database

Date of Preparation: May 2007

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. This table includes 131 patients with transplant therapy as an initial treatment.

This table includes 130 patients receiving treatment at Veterans Affairs facilities.

ESRD Network 18
 Table #2

LIVING ESRD DIALYSIS PATIENTS (*ESRD DIALYSIS PREVALENCE*)
 ALL ACTIVE DIALYSIS PATIENTS BY STATE OF RESIDENCE, AGE, GENDER,
 AND PRIMARY DIAGNOSIS AS OF 12/31/2006

Age Group	Total
00-04	19
05-09	23
10-14	46
15-19	132
20-24	340
25-29	526
30-34	776
35-39	1,146
40-44	1,403
45-49	2,048
50-54	2,756
55-59	3,202
60-64	3,333
65-69	3,242
70-74	2,975
75-79	2,564
80-84	1,885
>=85	1,184
Missing	0
Total	27,600
<u>Gender</u>	
Female	12,285
Male	15,315
Missing	0
Total	27,600
<u>Race</u>	
American Indian/Alaska Native	103
Asian	2,666
Black or African American	4,487
More than one race selected	47
Native Hawaiian or Other Pacific Islander	720
White	19,577
Missing	0
Total	27,600
<u>Primary Diagnosis</u>	
Cystic Kidney	630
Diabetes	12,559
Glomerulonephritis	2,644
Hypertension	7,757
Other	2,141
Other Urologic	425
Missing	0
Unknown	1,444
Total	27,600

Source of information: Network SIMS Database

Date of Preparation: May 2007

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. 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 274 patients receiving treatment at VA facilities.

ESRD Network 18
 Table #3

DIALYSIS MODALITY
 NUMBER OF LIVING PATIENTS BY MODALITY BY DIALYSIS FACILITY SELF-CARE SETTINGS
 AS OF DECEMBER 31, 2005 AND DECEMBER 31, 2006

Provider No	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
050069	St. Joseph Hospital Renal Center	5	6	3	2	21	23	0	0	29	31
050138	Kaiser Foundation Hospital Medical Ctr.-Sunset	8	7	6	6	31	37	0	0	45	50
050139	Kaiser Foundation Hospital Medical Ctr.-Bellflower	0	0	13	28	79	70	0	0	92	98
050140	Kaiser Foundation Hospital Medical Ctr.-Fontana	0	0	15	19	52	77	0	0	67	96
050191	St. Mary Medical Center	0	0	0	0	0	0	0	0	0	0
050245	Arrowhead Regional Medical Center	0	0	0	0	0	0	0	0	0	0
05027F	V.A. Medical Center of Long Beach	0	0	1	1	0	0	0	0	1	1
05029F	V.A. Greater LA Healthcare System	0	0	0	1	0	0	0	0	0	1
050327	Loma Linda University Medical Center	0	0	0	0	1	0	0	0	1	0
050376	LAC Harbor-UCLA Medical Center	0	0	0	0	0	0	0	0	0	0
050561	Kaiser Foundation Hospital Medical Ctr.-West Los Angeles	0	0	1	0	16	15	0	0	17	15
050609	Kaiser Foundation Hospital Medical Ctr.-Anaheim	0	0	10	15	27	31	0	0	37	46
050677	Kaiser Foundation Hospital Medical Ctr.-Woodland Hills	0	0	1	2	19	18	0	0	20	20
050686	Kaiser Foundation Hospital Medical Ctr.-Riverside	0	0	24	22	28	37	0	0	52	59
050723#	Kaiser Foundation Hospital Medical Ctr.-Baldwin Park	0	0	0	3	0	40	0	0	0	43
05114F	V.A. San Diego Healthcare System	0	0	3	2	0	0	0	0	3	2
05128F	V.A. Loma Linda Healthcare System	0	0	1	2	0	0	0	0	1	2
052500	FMC-Hillcrest Dialysis	0	0	0	0	0	0	0	0	0	0
052502	DaVita-Kidney Dialysis Care Unit	0	0	3	2	8	8	0	0	11	10
052503	DaVita-Main Place Dialysis Center	0	0	1	4	3	4	0	0	4	8
052505	Fullerton Dialysis	0	0	0	0	0	0	0	0	0	0
052513	FMC-Santa Barbara Community Dialysis Center	0	0	0	0	1	1	0	0	1	1
052515	Los Alamitos Hemodialysis Center	0	0	0	0	0	0	0	0	0	0
052521	Antelope Valley Dialysis Center	3	2	1	1	1	1	0	0	5	4
052522	Mobile Dialysis Services, Inc. (Compton)	0	0	0	0	0	0	0	0	0	0
052523	FMC-Long Beach	0	0	0	0	1	0	0	0	1	0
052525	Escondido Dialysis	0	0	0	0	2	0	0	0	2	0
052532	DaVita-Riverside Dialysis Center	0	0	25	22	19	18	0	0	44	40
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	12	6	5	0	0	13	17
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
052549	Burbank Dialysis Partnership	0	0	2	2	1	2	0	0	3	4
052550	Loma Linda University Kidney Center	1	1	2	5	24	26	0	0	27	32

Provider No	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
052552	Upland Dialysis	0	0	7	8	28	32	0	0	35	40
052554	DaVita-Valley Dialysis Center	2	1	0	0	0	0	0	0	2	1
052556	Skypark Dialysis	0	0	1	0	0	0	0	0	1	0
052557	Glendale Hemodialysis Facility	0	0	5	0	0	0	0	0	5	0
052558	Holy Cross Renal Center	0	0	1	0	0	2	0	0	1	2
052561	Victor Valley Dialysis	0	0	7	11	1	0	0	0	8	11
052564	DaVita-Garfield Hemodialysis Center	0	0	12	11	9	11	0	0	21	22
052574	DaVita-Downey Dialysis Center	0	0	0	0	0	0	0	0	0	0
052575	RAI-North Waterman-San Bernardino	0	0	12	0	18	0	0	0	30	0
052576	FMC-Kearny Mesa Dialysis Center	0	1	9	12	7	4	0	0	16	17
052579	FMC-Conejo Valley Renal Center	0	0	0	0	0	0	0	0	0	0
052580	DaVita-Covina Dialysis Center	0	0	4	2	0	0	0	0	4	2
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	3	1	2	0	0	0	5	1
052588	San Fernando West Kidney Center	0	0	9	4	9	9	0	0	18	13
052589	UCI Renal Dialysis Center	1	1	0	1	17	11	0	0	18	13
052590	RAI-Compton-Los Angeles	0	0	7	6	12	15	0	0	19	21
052591	Pomona Dialysis	0	0	0	0	1	0	0	0	1	0
052597	Mission Viejo Dialysis	0	0	7	1	3	13	0	0	10	14
052599	DaVita-Beverly Hills Dialysis Center	0	1	0	0	0	0	0	0	0	1
052606	Santa Barbara Artificial Kidney Center, LLC	0	0	26	22	4	3	0	0	30	25
052613	DaVita-Eaton Canyon Dialysis	0	0	4	5	8	7	0	0	12	12
052617	RAI-Garden Grove Blvd.-Garden	0	0	1	0	0	0	0	0	1	0
052619	Huntington Dialysis Center	0	0	6	6	1	0	0	0	7	6
052620	DaVita-Hemet	0	0	2	4	27	27	0	0	29	31
052621	DaVita-Brea Dialysis Center	0	0	2	0	1	1	0	0	3	1
052622	DaVita-East La Plaza Dialysis	0	0	0	3	0	0	0	0	0	3
052625	Los Angeles Dialysis Training Center, LLC	0	0	5	3	33	24	0	0	38	27
052627	La Palma Dialysis Center, LLC	0	0	9	5	1	1	0	0	10	6
052628	Hanford Dialysis	0	0	23	28	2	1	0	0	25	29
052631	Wilshire Dialysis Center	0	0	6	9	8	10	0	0	14	19
052632	Glendale Dialysis	0	0	1	3	3	8	0	0	4	11
052633	FMC-Mission Hills	0	0	2	0	2	4	0	0	4	4
052634	RAI-Centinela-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	DaVita-Burbank Dialysis	0	0	0	0	0	0	0	0	0	0
052638	Kidney Center of Simi Valley, Inc.	0	0	2	3	1	1	0	0	3	4
052641	Huntington Beach Dialysis	0	0	0	0	0	0	0	0	0	0
052643	Tower Dialysis	0	0	7	8	20	16	0	0	27	24
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	7	4	8	13	0	0	15	17
052653	FMC-Chula Vista Dialysis Center- South	0	0	0	0	0	0	0	0	0	0
052654	Garey Dialysis Center Partnership	0	0	0	0	0	1	0	0	0	1
052656	FMC-Ventura	0	0	0	0	8	5	0	0	8	5
052657	RAI-Corporate Way-Palm Desert	1	0	1	4	3	3	0	0	5	7

Provider No	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
052658	Kidney Institute of the Desert	0	0	0	0	0	0	0	0	0	0
052661	DaVita-Corona Dialysis Center	0	0	6	5	9	3	0	0	15	8
052665	Santa Monica Dialysis	1	0	1	0	4	4	0	0	6	4
052666	Tulare Dialysis	0	0	0	0	0	0	0	0	0	0
052667	DaVita-Tri-Counties PD Home Dialysis	0	0	9	14	26	28	0	0	35	42
052668	FMC-Camarillo Dialysis Center	0	0	0	0	0	0	0	0	0	0
052670	Imperial Dialysis	0	0	4	4	15	14	0	0	19	18
052671	DaVita-United Dialysis Center	0	0	9	11	15	8	0	1	24	20
052672	FMC-Gateway Dialysis Center-West	0	0	0	0	0	0	0	0	0	0
052673	Bakersfield Dialysis Center	0	0	23	19	6	5	0	0	29	24
052674	Delano Dialysis	0	0	0	1	1	1	0	0	1	2
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	0	0	0	0	0	0	0	0
052683	RAI-East Olympic-Los Angeles	0	0	12	13	4	3	0	0	16	16
052684	San Gabriel Regional Dialysis Training Ctr.	0	0	12	9	21	20	0	0	33	29
052686	FMC-La Mesa Dialysis Center	0	0	0	0	1	0	0	0	1	0
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	0	0	0	0	0	0
052695	DaVita-Los Angeles Dialysis Center	0	0	3	4	15	12	0	0	18	16
052696	Visalia Dialysis	0	0	2	2	2	2	0	0	4	4
052699	High Desert Hemodialysis	0	0	2	1	1	1	0	0	3	2
052700	DaVita-Monterey Park Dialysis Center	0	0	4	4	4	4	0	0	8	8
052701	Beach Cities Dialysis-Torrance	0	0	0	0	0	0	0	0	0	0
052708	FMC-North Coast Kidney Center	0	0	0	0	19	19	0	0	19	19
052710	La Puente Dialysis Center, Inc.	0	0	1	0	0	0	0	0	1	0
052712	Intercommunity Dialysis Center	0	0	8	3	1	2	0	0	9	5
052713	University Park Dialysis Center	0	0	0	0	0	0	0	0	0	0
052714	Desert Cities Dialysis	0	0	10	14	7	4	0	0	17	18
052715	Pacific Dialysis Services, Inc.	0	0	0	0	0	0	0	0	0	0
052716	DaVita-Santa Ana Dialysis Center	0	0	1	0	0	0	0	0	1	0
052717	DaVita-Greater El Monte Dialysis Center	0	0	0	0	0	0	0	0	0	0
052718	DaVita-Norwalk Dialysis Center	0	0	1	4	3	3	0	0	4	7
052720	Citrus Dialysis Center	0	0	3	3	3	4	0	0	6	7
052724	Santa Fe Springs Regional Dialysis Center	0	0	0	0	0	0	0	0	0	0
052725	DaVita-Doctors Dialysis Center of E.L.A.	0	0	0	0	2	2	0	0	2	2
052726	Mohan Dialysis Center of Covina	0	0	0	0	0	0	0	1	0	1
052727	RAI-Indian Court-Redlands	1	1	2	8	4	4	0	0	7	13
052730	DaVita-Murrieta	0	0	0	0	0	0	0	0	0	0
052731	Chula Vista Dialysis	0	0	4	3	20	20	0	0	24	23
052734	Anaheim Dialysis	1	0	11	10	7	5	0	0	19	15
052735	DaVita-Temecula Dialysis Center	0	0	10	14	7	7	0	0	17	21
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	7	6	19	21	0	0	26	27
052744	South Valley Regional Dialysis Center	8	18	0	0	4	1	0	0	12	19

Provider No	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
052746	DaVita-Sunrise Dialysis Center	0	0	0	0	7	4	0	0	7	4
052747	West Coast Dialysis Center, Inc.	0	0	16	15	7	5	0	0	23	20
052749	Dialysis Center at Moreno Valley	0	0	0	0	0	0	0	0	0	0
052754	Airport Dialysis	1	0	0	0	0	0	0	0	1	0
052755	Greater Los Angeles Dialysis, Inc.	0	0	1	1	0	0	0	0	1	1
052756	Encinitas Dialysis	0	0	5	3	4	3	0	0	9	6
052760	FMC-San Gabriel Dialysis Center	0	0	1	1	2	1	0	0	3	2
052761	DaVita-Premier Dialysis Center	0	0	14	9	1	0	0	0	15	9
052762	FMC-Oxnard	0	0	0	0	0	0	0	0	0	0
052764	FMC-San Gabriel Valley PD Clinic	0	0	13	15	26	23	0	0	39	38
052768	DaVita-Diamond Valley Dialysis Center	0	0	0	0	0	0	0	0	0	0
052771	Gateway Home Dialysis	0	0	16	8	19	19	0	0	35	27
052772	RAI-Hospital Circle-Westminster	0	0	4	8	6	15	0	0	10	23
052773	Westminster South Dialysis	0	0	0	0	0	0	0	0	0	0
052776	HI-Desert Dialysis	0	0	4	7	1	0	0	0	5	7
052778	Santa Clarita Kidney Center	0	0	0	0	0	0	0	0	0	0
052779	RAI-Mission Gorge-San Diego	2	4	9	8	16	18	0	0	27	30
052780	FMC-East County Dialysis Center	0	0	0	0	0	0	0	0	0	0
052781	North Hollywood Dialysis	0	0	0	1	0	1	0	0	0	2
052782	Mountain View Dialysis Center, Inc.	0	0	0	0	1	1	0	0	1	1
052785	DaVita-Montebello Dialysis Center	0	0	0	0	0	0	0	0	0	0
052788	Nephron Dialysis Center Of Lakewood	1	0	0	0	0	0	0	0	1	0
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	3	3	9	5	0	0	12	8
052791	Rosemead Dialysis Center	0	0	1	2	0	0	0	0	1	2
052792	FMC-Imperial County	0	0	0	0	0	0	0	0	0	0
052794	DaVita-USC Kidney Center	1	1	9	13	38	28	0	0	48	42
052798	RAI-Newhope-Fountain Valley	0	0	6	6	2	2	0	0	8	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	5	2	0	0	0	10	5
052802	DaVita-Harbor UCLA	0	0	24	24	11	7	0	0	35	31
052803	Carson Artificial Kidney Center, LLC	0	0	0	0	0	0	0	0	0	0
052804	DaVita-Montclair Dialysis Center	0	0	0	0	0	0	0	0	0	0
052806	Baldwin Hills Dialysis Center	0	0	0	0	0	0	0	0	0	0
052807	DaVita-Valley View Dialysis	0	0	24	5	8	17	0	0	32	22
052808	Saddleback Dialysis	0	0	1	0	5	0	0	0	6	0
052809	Kidney Dialysis Center of West Los Angeles, LLC	0	0	3	2	0	0	0	0	3	2
052811	Kidney Dialysis Center of San Luis Obispo, LLC	0	0	25	19	0	0	0	0	25	19
052812	FMC-Blythe Desert Dialysis	0	0	0	0	0	0	0	0	0	0
052816	Desert Cities Dialysis of Barstow	0	0	5	4	0	0	0	0	5	4
052817	Dialysis Center of Colton	0	0	0	0	0	0	0	0	0	0
052818	UCSD Dialysis Center	0	0	4	3	20	19	0	0	24	22
052820	RAI-Foothill Blvd.-Glendora	0	0	0	0	0	0	0	0	0	0
052821	Pacific Gateway Dialysis, LLC	0	0	17	20	6	7	0	0	23	27
052827	Kidney Center of Panorama City, Inc.	0	0	3	4	1	0	0	0	4	4

Provider No	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
052828	DaVita-Los Angeles Downtown	0	0	3	2	3	4	0	0	6	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 Center, LLC	0	0	0	5	0	42	0	0	0	47
052838	Lompoc Artificial Kidney Center, LLC	0	0	8	7	1	0	0	0	9	7
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	1	0	1	0	0	0	0	0	2	0
052846	FMC-Renal Services Group of Inglewood	0	0	0	0	1	0	0	0	1	0
052847	FMC-West Covina Kidney Center	0	0	0	0	0	0	0	0	0	0
052848	FMC-Riverside	0	0	0	0	1	0	0	0	1	0
052852	DaVita-Crescent Heights Dialysis Center	1	0	0	2	4	10	0	0	5	12
052854	Mohan Dialysis Center of Industry	0	0	0	0	0	0	0	0	0	0
052855	FMC-Rancho Cucamonga	2	1	0	0	0	1	0	0	2	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	0	0	0	0	0	0	0	0
052859	Glendale Kidney Center	3	14	0	0	0	0	0	0	3	14
052860	FMC-Dialysis Services 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	1	0	0	0	0	0	0	0	1	0
052864	FMC-San Ysidro Dialysis Center	0	0	0	0	0	0	0	0	0	0
052865	DaVita-UCLA Medical Ctr (Adult Dialysis)	2	3	6	5	41	39	0	0	49	47
052866	San Ysidro Dialysis	0	0	4	4	25	14	0	0	29	18
052867	East Palmdale Dialysis Center	0	0	1	1	3	0	0	0	4	1
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	5	10	10	5	0	0	15	15
052872	Florence Dialysis Center	0	0	0	0	0	0	0	0	0	0
052873	Kidney Center of Thousand Oaks, Inc.	1	1	9	4	4	1	0	0	14	6
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	1	0	0	0	1	0
052883	DaVita-San Diego East	0	0	0	0	1	3	0	0	1	3
052884	Whittier Kidney Dialysis Center	0	0	10	5	1	7	0	0	11	12
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

Provider No	Provider Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
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	3	2	15	12	8	9	0	0	26	23
052898	RAI-Laguna Canyon-Irvine	0	1	5	4	0	0	0	0	5	5
052899	Kidney Center of Los Angeles	1	1	10	13	7	6	0	0	18	20
053302	Children's Hospital of Los Angeles	0	0	2	0	24	28	0	0	26	28
053506	Kaweah Delta Dialysis Facility	1	1	6	2	6	4	0	0	13	7
053512	Porterville Hemodialysis Facility	0	0	2	3	0	0	0	0	2	3
552501	Advanced Dialysis Center	0	0	0	0	0	0	0	0	0	0
552502	RAI-East First Street-Tustin	0	0	1	0	0	0	0	0	1	0
552506	FMC-Irwindale	0	0	1	0	0	0	0	0	1	0
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	1	0	0	0	1	0
552509	DaVita-Whittier Dialysis Center	0	4	5	5	1	1	0	0	6	10
552511	DaVita-Rosemead Springs Dialysis Center	0	0	0	0	0	0	0	0	0	0
552513	College Dialysis	0	0	2	3	14	16	0	0	16	19
552515	Carmel Mountain Dialysis	0	0	3	2	2	4	0	0	5	6
552516	FMC-Rancho	0	0	2	1	0	0	0	0	2	1
552517	Arroyo Dialysis Center	0	0	1	2	0	0	0	0	1	2
552518	Costa Mesa Dialysis	0	0	0	0	0	0	0	0	0	0
552520	Banning Dialysis	0	0	3	0	1	2	0	0	4	2
552521	White Lane Dialysis	0	0	7	6	17	17	0	0	24	23
552525	FMC-San Fernando	0	0	0	0	0	0	0	0	0	0
552526	California Kidney Care Center	0	0	8	6	11	14	0	0	19	20
552527	RAI-Harbor Blvd.-Garden Grove	0	0	4	4	1	1	0	0	5	5
552531	Escondido Home Training Dialysis	0	0	8	8	42	46	0	0	50	54
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	2	6	6	11	17	0	0	17	25
552544	DaVita-Crossroads Dialysis Center	0	1	5	8	0	2	0	0	5	11
552545	Anaheim Hills Dialysis Center	0	0	0	0	0	0	0	0	0	0
552546	Home Dialysis Therapies of San Diego-South	0	2	1	3	3	8	0	0	4	13
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
552551#	Kidney Dialysis Center of Camarillo, LLC	0	0	0	7	0	0	0	0	0	7
552552#	San Dimas Dialysis Center, Inc.	0	0	0	0	0	0	0	0	0	0
552553#	Magnolia West Dialysis	0	0	0	0	0	0	0	0	0	0
552554#	FMC-Brawley	0	0	0	0	0	0	0	0	0	0
552561#	FMC-La Jolla	0	0	0	0	0	0	0	0	0	0
Network Total		54	78	812	793	1,234	1,308	0	2	2,100	2,181

ESRD Network 18
 Table # 4

DIALYSIS MODALITY
 NUMBER OF LIVING PATIENTS BY MODALITY, BY FACILITY IN CENTER-HEMO
 AS OF DECEMBER 31, 2006

Provider No	Provider Name	HEMO		PD		TOTAL		HOME & IN CENTER	
		2005	2006	2005	2006	2005	2006	2005	2006
050069	St. Joseph Hospital Renal Center	241	248	0	0	241	248	270	279
050138	Kaiser Foundation Hospital Medical Ctr.- Sunset	159	161	0	0	159	161	204	211
050139	Kaiser Foundation Hospital Medical Ctr.- Bellflower	3	0	0	0	3	0	95	98
050140	Kaiser Foundation Hospital Medical Ctr.- Fontana	7	0	0	0	7	0	74	96
050191	St. Mary Medical Center	0	0	0	0	0	0	0	0
050245	Arrowhead Regional Medical Center	0	32	0	0	0	32	0	32
05027F	V.A. Medical Center of Long Beach	67	75	0	0	67	75	68	76
05029F	V.A. Greater LA Healthcare System	71	75	0	0	71	75	71	76
050327	Loma Linda University Medical Center	27	28	0	0	27	28	28	28
050376	LAC Harbor-UCLA Medical Center	0	0	0	0	0	0	0	0
050561	Kaiser Foundation Hospital Medical Ctr.-West Los Angeles	1	0	0	0	1	0	18	15
050609	Kaiser Foundation Hospital Medical Ctr.- Anaheim	0	0	0	0	0	0	37	46
050677	Kaiser Foundation Hospital Medical Ctr.- Woodland Hills	0	0	0	0	0	0	20	20
050686	Kaiser Foundation Hospital Medical Ctr.- Riverside	2	0	0	0	2	0	54	59
050723#	Kaiser Foundation Hospital Medical Ctr.- Baldwin Park	0	0	0	0	0	0	0	43
05114F	V.A. San Diego Healthcare System	54	51	0	0	54	51	57	53
05128F	V.A. Loma Linda Healthcare System	62	67	0	0	62	67	63	69
052500	FMC-Hillcrest Dialysis	61	64	0	0	61	64	61	64
052502	DaVita-Kidney Dialysis Care Unit	159	182	0	0	159	182	170	192
052503	DaVita-Main Place Dialysis Center	120	110	0	0	120	110	124	118
052505	Fullerton Dialysis	107	109	0	0	107	109	107	109
052513	FMC-Santa Barbara Community Dialysis Center	34	34	0	0	34	34	35	35
052515	Los Alamitos Hemodialysis Center	129	126	0	0	129	126	129	126
052521	Antelope Valley Dialysis Center	132	167	0	0	132	167	137	171
052522	Mobile Dialysis Services, Inc. (Compton)	76	76	0	0	76	76	76	76
052523	FMC-Long Beach	61	70	0	0	61	70	62	70
052525	Escondido Dialysis	99	104	0	0	99	104	101	104
052532	DaVita-Riverside Dialysis Center	235	196	0	0	235	196	279	236
052536	FMC-National City Dialysis Center	92	92	0	0	92	92	92	92
052538	Inglewood Dialysis	76	93	0	0	76	93	76	93
052539	DaVita-Lakewood Dialysis Center	165	176	0	0	165	176	165	176
052541	Palm Springs Dialysis	103	100	0	0	103	100	116	117
052544	FMC-Culver City Dialysis	86	91	0	0	86	91	86	91
052545	Kidney Dialysis Center of Northridge, LLC	135	147	0	0	135	147	135	147
052549	Burbank Dialysis Partnership	87	85	0	0	87	85	90	89
052550	Loma Linda University Kidney Center	125	122	0	0	125	122	152	154
052552	Upland Dialysis	136	133	0	0	136	133	171	173
052554	DaVita-Valley Dialysis Center	102	117	0	0	102	117	104	118
052556	Skypark Dialysis	91	92	0	0	91	92	92	92
052557	Glendale Hemodialysis Facility	179	0	0		179	0	184	0
052558	Holy Cross Renal Center	204	201	0	0	204	201	205	203

Provider No	Provider Name	HEMO		PD		TOTAL		HOME & IN CENTER	
		2005	2006	2005	2006	2005	2006	2005	2006
052561	Victor Valley Dialysis	107	108	0	0	107	108	115	119
052564	DaVita-Garfield Hemodialysis Center	148	161	0	0	148	161	169	183
052574	DaVita-Downey Dialysis Center	130	131	0	0	130	131	130	131
052575	RAI-North Waterman-San Bernardino	152	149	0	0	152	149	182	149
052576	FMC-Kearny Mesa Dialysis Center	143	154	0	0	143	154	159	171
052579	FMC-Conejo Valley Renal Center	68	74	0	0	68	74	68	74
052580	DaVita-Covina Dialysis Center	69	83	0	0	69	83	73	85
052581	Beach Cities Dialysis-Gardena	102	103	0	0	102	103	102	103
052582	St. Vincent Dialysis Center, Inc.	106	103	0	0	106	103	106	103
052585	Kidney Center of Van Nuys	103	101	1	0	104	101	109	102
052588	San Fernando West Kidney Center	93	81	0	0	93	81	111	94
052589	UCI Renal Dialysis Center	106	106	0	0	106	106	124	119
052590	RAI-Compton-Los Angeles	108	115	0	0	108	115	127	136
052591	Pomona Dialysis	136	143	0	0	136	143	137	143
052597	Mission Viejo Dialysis	83	77	0	0	83	77	93	91
052599	DaVita-Beverly Hills Dialysis Center	110	124	0	0	110	124	110	125
052606	Santa Barbara Artificial Kidney Center, LLC	91	95	0	0	91	95	121	120
052613	DaVita-Eaton Canyon Dialysis	124	129	0	0	124	129	136	141
052617	RAI-Garden Grove Blvd.-Garden	66	35	0	0	66	35	67	35
052619	Huntington Dialysis Center	158	216	0	0	158	216	165	222
052620	DaVita-Hemet	78	79	0	0	78	79	107	110
052621	DaVita-Brea Dialysis Center	101	99	0	0	101	99	104	100
052622	DaVita-East La Plaza Dialysis	134	149	0	0	134	149	134	152
052625	Los Angeles Dialysis Training Center, LLC	0	0	0	0	0	0	38	27
052627	La Palma Dialysis Center, LLC	80	82	0	0	80	82	90	88
052628	Hanford Dialysis	97	99	0	0	97	99	122	128
052631	Wilshire Dialysis Center	124	135	0	0	124	135	138	154
052632	Glendale Dialysis	109	150	0	0	109	150	113	161
052633	FMC-Mission Hills	141	134	0	0	141	134	145	138
052634	RAI-Centinel-la-Inglewood	92	80	0	0	92	80	92	80
052635	Bakersfield Dialysis	82	75	0	0	82	75	82	75
052637	DaVita-Burbank Dialysis	88	137	0	0	88	137	88	137
052638	Kidney Center of Simi Valley, Inc.	87	83	0	0	87	83	90	87
052641	Huntington Beach Dialysis	50	47	0	0	50	47	50	47
052643	Tower Dialysis	111	114	0	0	111	114	138	138
052644	Alhambra Community Dialysis Unit	79	78	0	0	79	78	79	78
052648	San Juan Capistrano South Dialysis	75	75	0	0	75	75	75	75
052652	DaVita-Paramount Dialysis Center	172	185	1	0	173	185	188	202
052653	FMC-Chula Vista Dialysis Center- South	95	95	0	0	95	95	95	95
052654	Garey Dialysis Center Partnership	126	127	0	0	126	127	126	128
052656	FMC-Ventura	155	154	0	0	155	154	163	159
052657	RAI-Corporate Way-Palm Desert	66	83	0	0	66	83	71	90
052658	Kidney Institute of the Desert	98	94	0	0	98	94	98	94
052661	DaVita-Corona Dialysis Center	104	99	0	0	104	99	119	107
052665	Santa Monica Dialysis	136	150	0	0	136	150	142	154
052666	Tulare Dialysis	76	74	0	0	76	74	76	74

Provider No	Provider Name	HEMO		PD		TOTAL		HOME & IN CENTER	
		2005	2006	2005	2006	2005	2006	2005	2006
052667	DaVita-Tri-Counties PD Home Dialysis	6	0	0	0	6	0	41	42
052668	FMC-Camarillo Dialysis Center	79	62	0	0	79	62	79	62
052670	Imperial Dialysis	113	114	0	0	113	114	132	132
052671	DaVita-United Dialysis Center	219	217	0	0	219	217	243	237
052672	FMC-Gateway Dialysis Center-West	57	54	0	0	57	54	57	54
052673	Bakersfield Dialysis Center	365	355	1	0	366	355	395	379
052674	Delano Dialysis	77	85	0	0	77	85	78	87
052678	FMC-Gateway Dialysis Center-East	87	79	0	0	87	79	87	79
052679	Coastal Dialysis Center	51	55	0	0	51	55	51	55
052681	FMC-Glendora	28	0	0		28	0	28	0
052682	Fontana Dialysis	95	102	1	0	96	102	96	102
052683	RAI-East Olympic-Los Angeles	118	99	0	0	118	99	134	115
052684	San Gabriel Regional Dialysis Training Ctr.	2	0	0	0	2	0	35	29
052686	FMC-La Mesa Dialysis Center	88	91	0	0	88	91	89	91
052687	FMC-Carson	43	60	0	0	43	60	43	60
052690	FMC-El Centro Desert Valley Dialysis Center	119	116	0	0	119	116	119	116
052695	DaVita-Los Angeles Dialysis Center	127	127	0	0	127	127	145	143
052696	Visalia Dialysis	87	102	0	0	87	102	91	106
052699	High Desert Hemodialysis	49	53	0	0	49	53	52	55
052700	DaVita-Monterey Park Dialysis Center	192	207	0	0	192	207	200	215
052701	Beach Cities Dialysis-Torrance	57	61	0	0	57	61	57	61
052708	FMC-North Coast Kidney Center	171	168	0	0	171	168	190	187
052710	La Puente Dialysis Center, Inc.	111	123	0	0	111	123	112	123
052712	Intercommunity Dialysis Center	183	188	0	0	183	188	192	193
052713	University Park Dialysis Center	127	146	0	0	127	146	127	146
052714	Desert Cities Dialysis	164	167	0	0	164	167	181	185
052715	Pacific Dialysis Services, Inc.	147	137	0	0	147	137	147	137
052716	DaVita-Santa Ana Dialysis Center	133	134	0	0	133	134	134	134
052717	DaVita-Greater El Monte Dialysis Center	100	93	0	0	100	93	100	93
052718	DaVita-Norwalk Dialysis Center	102	112	0	0	102	112	106	119
052720	Citrus Dialysis Center	91	87	0	0	91	87	97	94
052724	Santa Fe Springs Regional Dialysis Center	50	71	0	0	50	71	50	71
052725	DaVita-Doctors Dialysis Center of E.L.A.	147	141	0	0	147	141	149	143
052726	Mohan Dialysis Center of Covina	98	108	0	0	98	108	98	109
052727	RAI-Indian Court-Redlands	96	105	0	0	96	105	103	118
052730	DaVita-Murrieta	67	71	0	0	67	71	67	71
052731	Chula Vista Dialysis	137	135	0	0	137	135	161	158
052734	Anaheim Dialysis	128	138	0	0	128	138	147	153
052735	DaVita-Temecula Dialysis Center	76	94	0	0	76	94	93	115
052739	Chino Dialysis	150	125	0	0	150	125	150	125
052740	RAI-Fletcher Parkway-El Cajon	81	79	0	0	81	79	81	79
052743	DaVita-Mountain Vista Dialysis Center	133	139	0	0	133	139	159	166
052744	South Valley Regional Dialysis Center	125	117	0	0	125	117	137	136
052746	DaVita-Sunrise Dialysis Center	147	145	0	0	147	145	154	149
052747	West Coast Dialysis Center, Inc.	142	155	0	0	142	155	165	175
052749	Dialysis Center at Moreno Valley	88	96	0	0	88	96	88	96

Provider No	Provider Name	HEMO		PD		TOTAL		HOME & IN CENTER	
		2005	2006	2005	2006	2005	2006	2005	2006
052754	Airport Dialysis	122	130	0	0	122	130	123	130
052755	Greater Los Angeles Dialysis, Inc.	72	66	0	0	72	66	73	67
052756	Encinitas Dialysis	46	48	0	0	46	48	55	54
052760	FMC-San Gabriel Dialysis Center	209	192	0	0	209	192	212	194
052761	DaVita-Premier Dialysis Center	206	227	0	0	206	227	221	236
052762	FMC-Oxnard	109	109	0	0	109	109	109	109
052764	FMC-San Gabriel Valley PD Clinic	6	6	0	0	6	6	45	44
052768	DaVita-Diamond Valley Dialysis Center	80	84	0	0	80	84	80	84
052771	Gateway Home Dialysis	0	0	0	0	0	0	35	27
052772	RAI-Hospital Circle-Westminster	92	111	0	0	92	111	102	134
052773	Westminster South Dialysis	72	70	0	0	72	70	72	70
052776	HI-Desert Dialysis	58	57	0	0	58	57	63	64
052778	Santa Clarita Kidney Center	85	78	0	0	85	78	85	78
052779	RAI-Mission Gorge-San Diego	169	169	0	0	169	169	196	199
052780	FMC-East County Dialysis Center	96	97	0	0	96	97	96	97
052781	North Hollywood Dialysis	84	128	0	0	84	128	84	130
052782	Mountain View Dialysis Center, Inc.	71	69	0	0	71	69	72	70
052785	DaVita-Montebello Dialysis Center	128	113	0	0	128	113	128	113
052788	Nephron Dialysis Center Of Lakewood	61	92	0	0	61	92	62	92
052789	Indian Wells Valley Dialysis Center	41	41	0	0	41	41	41	41
052790	Kidney Care Center of the North Valley	130	127	0	0	130	127	142	135
052791	Rosemead Dialysis Center	98	96	0	0	98	96	99	98
052792	FMC-Imperial County	52	57	0	0	52	57	52	57
052794	DaVita-USC Kidney Center	229	235	0	0	229	235	277	277
052798	RAI-Newhope-Fountain Valley	122	136	0	0	122	136	130	144
052799	San Diego South Dialysis	75	70	0	0	75	70	76	71
052800	Kidney Center of Santa Paula	74	68	0	0	74	68	74	68
052801	Hollywood Dialysis Center	105	106	0	0	105	106	115	111
052802	DaVita-Harbor UCLA	163	165	0	0	163	165	198	196
052803	Carson Artificial Kidney Center, LLC	82	90	0	0	82	90	82	90
052804	DaVita-Montclair Dialysis Center	122	119	0	0	122	119	122	119
052806	Baldwin Hills Dialysis Center	98	90	0	0	98	90	98	90
052807	DaVita-Valley View Dialysis	219	227	0	0	219	227	251	249
052808	Saddleback Dialysis	125	117	0	0	126	118	132	118
052809	Kidney Dialysis Center of West Los Angeles, LLC	119	102	0	0	119	102	122	104
052811	Kidney Dialysis Center of San Luis Obispo, LLC	111	81	0	0	111	81	136	100
052812	FMC-Blythe Desert Dialysis	21	24	0	0	21	24	21	24
052816	Desert Cities Dialysis of Barstow	30	38	0	0	30	38	35	42
052817	Dialysis Center of Colton	93	88	0	0	93	88	93	88
052818	UCSD Dialysis Center	110	112	0	0	110	112	134	134
052820	RAI-Foothill Blvd.-Glendora	87	88	0	0	87	88	87	88
052821	Pacific Gateway Dialysis, LLC	119	131	0	0	119	131	142	158
052827	Kidney Center of Panorama City, Inc.	100	101	0	0	100	101	104	105
052828	DaVita-Los Angeles Downtown	105	108	0	0	105	108	111	114
052829	FMC-Santa Paula	77	72	0	0	77	72	77	72
052830	FMC-Calexico Desert Dialysis	96	100	0	0	96	100	96	100

Provider No	Provider Name	HEMO		PD		TOTAL		HOME & IN CENTER	
		2005	2006	2005	2006	2005	2006	2005	2006
052832	Kidney Institute at Eisenhower Medical Center	100	90	0	0	100	90	100	90
052834	RAI-El Camino Real-Oceanside	74	65	0	0	74	65	74	65
052835	RAI-Broadway-Chula Vista	124	147	0	0	124	147	124	147
052836	Toiyabe Dialysis Center	18	13	0	0	18	13	18	13
052837	Westside Dialysis Center, LLC	84	76	0	0	84	76	84	123
052838	Lompoc Artificial Kidney Center, LLC	60	62	0	0	60	62	69	69
052839	Northeast Bakersfield Dialysis	60	65	0	0	60	65	60	65
052840	Long Beach Dialysis Center	117	124	0	0	117	124	117	124
052842	FMC-Oceanside	46	42	0	0	46	42	46	42
052843	Montebello Dialysis Center, LLC	73	79	0	0	73	79	73	79
052844	DaVita-Imperial Care Dialysis Center	140	155	0	0	140	155	142	155
052846	FMC-Renal Services Group of Inglewood	91	74	0	0	91	74	92	74
052847	FMC-West Covina Kidney Center	52	53	0	0	52	53	52	53
052848	FMC-Riverside	116	135	0	0	116	135	117	135
052852	DaVita-Crescent Heights Dialysis Center	108	116	0	0	108	116	113	128
052854	Mohan Dialysis Center of Industry	57	63	0	0	57	63	57	63
052855	FMC-Rancho Cucamonga	124	119	0	0	124	119	126	121
052856	DaVita-Washington Plaza Dialysis Center	187	175	0	0	187	175	187	175
052858	DaVita-Kenneth Hahn Plaza Dialysis Center	104	102	0	0	104	102	104	102
052859	Glendale Kidney Center	130	138	0	0	130	138	133	152
052860	FMC-Dialysis Services Channel Islands	60	64	0	0	60	64	60	64
052861	FMC-South Orange County	114	134	0	0	114	134	114	134
052862	FMC-North Orange County	106	111	0	0	106	111	106	111
052863	RAI-North Riverside-Rialto	115	126	0	0	115	126	116	126
052864	FMC-San Ysidro Dialysis Center	96	105	0	0	96	105	96	105
052865	DaVita-UCLA Medical Ctr (Adult Dialysis)	112	103	0	0	112	103	161	150
052866	San Ysidro Dialysis	81	82	0	0	81	82	110	100
052867	East Palmdale Dialysis Center	51	48	0	0	51	48	55	49
052868	Queens Dialysis Unit, Inc.	80	80	0	0	80	80	80	80
052869	Palmdale Regional Dialysis Center	72	68	0	0	72	68	72	68
052871	Central Coast Kidney Disease Center	91	101	0	0	91	101	106	116
052872	Florence Dialysis Center	92	96	0	0	92	96	92	96
052873	Kidney Center of Thousand Oaks, Inc.	82	76	0	0	82	76	96	82
052875	Intensive Renal Care	80	94	0	0	80	94	80	94
052878	FMC-San Bernardino	107	114	0	0	107	114	107	114
052879	Hacienda Dialysis Center	53	54	0	0	53	54	53	54
052880	FMC-Bellflower	171	189	0	0	171	189	171	189
052881	Newport Beach Dialysis	116	116	0	0	116	116	116	116
052882	FMC-West Los Angeles	111	116	0	0	111	116	112	116
052883	DaVita-San Diego East	54	57	0	0	54	57	55	60
052884	Whittier Kidney Dialysis Center	118	130	0	0	118	130	129	142
052885	FMC-Dialysis Services of Paradise	86	96	0	0	86	96	86	96
052886	FMC-Dialysis Services of College	35	33	0	0	35	33	35	33
052889	FMC-North Long Beach	64	68	0	0	64	68	64	68
052890	FMC-Antelope Valley	92	108	0	0	92	108	92	108
052893	Temple City Dialysis Facility, Inc.	43	52	0	0	43	52	43	52

Provider No	Provider Name	HEMO		PD		TOTAL		HOME & IN CENTER	
		2005	2006	2005	2006	2005	2006	2005	2006
052894	RAI-Monroe-Indio	48	71	0	0	48	71	48	71
052895	DaVita-Lake Elsinore Dialysis Center	68	87	0	0	68	87	68	87
052896	Cerritos Dialysis Center, LLC	64	71	0	0	64	71	64	71
052897	DaVita-Tustin Dialysis Center	96	111	0	0	96	111	122	134
052898	RAI-Laguna Canyon-Irvine	84	71	0	0	84	71	89	76
052899	Kidney Center of Los Angeles	114	118	0	0	114	118	132	138
053302	Children's Hospital of Los Angeles	21	25	0	0	21	25	47	53
053506	Kaweah Delta Dialysis Facility	91	96	0	0	91	96	104	103
053512	Porterville Hemodialysis Facility	109	128	0	0	109	128	111	131
552501	Advanced Dialysis Center	86	78	0	0	86	78	86	78
552502	RAI-East First Street-Tustin	56	64	0	0	56	64	57	64
552506	FMC-Irwindale	179	175	0	0	179	175	180	175
552507	Kidney Center of Sherman Oaks, Inc.	54	67	0	0	54	67	54	67
552508	FMC-Woodland Hills Dialysis Center	83	86	0	0	83	86	84	86
552509	DaVita-Whittier Dialysis Center	73	80	0	0	73	80	79	90
552511	DaVita-Rosemead Springs Dialysis Center	49	58	0	0	49	58	49	58
552513	College Dialysis	48	42	0	0	48	42	64	61
552515	Carmel Mountain Dialysis	35	35	0	0	36	35	41	41
552516	FMC-Rancho	38	51	0	0	38	51	40	52
552517	Arroyo Dialysis Center	84	90	0	0	84	90	85	92
552518	Costa Mesa Dialysis	41	51	0	0	41	51	41	51
552520	Banning Dialysis	80	87	0	0	80	87	84	89
552521	White Lane Dialysis	68	62	0	0	68	62	92	85
552525	FMC-San Fernando	93	100	0	0	93	100	93	100
552526	California Kidney Care Center	118	118	0	0	118	118	137	138
552527	RAI-Harbor Blvd.-Garden Grove	65	102	0	0	65	102	70	107
552531	Escondido Home Training Dialysis	1	0	0	0	1	0	51	54
552532	FMC-South Bay	82	97	0	0	82	97	82	97
552538	Mohan Dialysis Center of Glendora	29	61	0	0	29	61	29	61
552541	DaVita-Citrus Valley Dialysis	53	97	0	0	53	97	53	97
552543	Home Dialysis Therapies of San Diego-North	0	0	0	0	0	0	17	25
552544	DaVita-Crossroads Dialysis Center	44	96	0	0	44	96	49	107
552545	Anaheim Hills Dialysis Center	8	23	0	0	8	23	8	23
552546	Home Dialysis Therapies of San Diego-South	0	0	0	0	0	0	4	13
552547	Canyon Country Dialysis Center, LLC	43	54	0	0	43	54	43	54
552548	DaVita-Ontario Dialysis	14	66	0	0	14	66	14	66
552551#	Kidney Dialysis Center of Camarillo, LLC	0	73	0	0	0	73	0	80
552552#	San Dimas Dialysis Center, Inc.	0	22	0	0	0	22	0	22
552553#	Magnolia West Dialysis	0	112	0	0	0	112	0	112
552554#	FMC-Brawley	0	46	0	0	0	46	0	46
552561#	FMC-La Jolla	0	9	0	0	0	9	0	9
	*Network Total	24,235	25,331	4	0	24,241	25,332	26,341	27,513

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: May 2007

This table includes 254 Veterans Affairs Facility patients for 2005 and 268 Veterans Affairs Facility patients for 2006.
Provider not operational in 2005
^ Provider not operational in 2006

ESRD Network 18
 Table #5

RENAL TRANSPLANTS PERFORMED IN 2006
NUMBER OF TRANSPLANTS PERFORMED BY TRANSPLANT CENTERS FOR
CALENDAR YEAR 2005 AND 2006

Provider No.	Provider Name	Total Transplants Performed		Patients Waiting for Transplants	
		2005	2006	2005	2006
050022	Riverside Community Hospital Tx Center	30	52	277	39
050025	UCSD-Medical Center (Renal Tx)	111	102	407	382
050069	St. Joseph Hospital (Renal Tx)	35	36	188	58
050100	Sharp Memorial Hospital (Renal Tx)	94	69	478	455
050129^	St. Bernardine Medical Center (Renal Tx)	10	0	74	0
050191	St. Mary Medical Center (Renal Tx)	11	14	94	102
050245	Arrowhead Regional Medical Center (Renal Tx) Acute Services	5	14	69	58
050262	UCLA Medical Ctr. (Renal Tx)	276	304	1,955	2,297
050327	Loma Linda University Tx Institute	90	104	916	996
050348	UCI Medical Center (Renal Tx)	31	47	116	115
050376	LAC Harbor-UCLA Medical Center (Renal Tx)	29	31	30	189
050424	Scripps Green Hospital (Renal Tx)	31	28	68	83
050502	St. Vincent Medical Center (Renal Tx)	175	135	1,149	914
050625	Cedars-Sinai Medical Center (Renal Tx)	106	135	442	479
050696	USC University Hospital (Renal Tx)	54	74	54	74
050746	Western Medical Center Santa Ana (Renal TX)	14	18	94	84
053302	Children's Hospital of Los Angeles (Renal Tx)	33	38	49	33
053303	Children's Hospital of San Diego (Renal Tx)	10	16	0	9
TOTAL:		1,145	1,217	6,554	6,367

Source of information: Network SIMS Database/CMS-2744

Date of Preparation: May 2007

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

Provider not operational in 2005

^Provider not operational in 2006

ESRD Network 18
 Table #6

RENAL TRANSPLANT RECIPIENTS
 RENAL TRANSPLANT RECIPIENTS BY TRANSPLANT TYPE, AGE, RACE, GENDER
 AND PRIMARYDIAGNOSIS FOR CALENDAR YEAR 2006

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	5	2	0	7
05-09	7	2	0	9
10-14	31	6	0	37
15-19	50	17	0	67
20-24	21	19	2	42
25-29	36	29	7	72
30-34	45	34	7	86
35-39	71	25	7	103
40-44	90	39	23	152
45-49	92	28	14	134
50-54	109	34	13	156
55-59	87	21	9	117
60-64	67	26	3	96
65-69	61	9	3	73
70-74	39	10	1	50
75-79	8	2	1	11
80-84	3	0	1	4
>=85	0	0	0	0
Missing	0	0	0	0
Total	822	303	91	1,216
Gender				
Female	309	120	31	460
Male	513	183	60	756
Missing	0	0	0	0
Total	822	303	91	1,216
Race				
American Indian/Alaska Native	5	0	0	5
Asian	89	18	6	113
Black or African American	129	25	10	164
More than one race selected	0	0	0	0
Native Hawaiian or Other Pacific Islander	24	5	2	31
White	575	255	73	903
Missing	0	0	0	0
Total	822	303	91	1,216
Primary Diagnosis				
Cystic Kidney	38	25	14	77
Diabetes	221	52	18	291
Glomerulonephritis	172	83	26	281
Hypertension	197	56	16	269
Other	123	60	10	193
Other Urologic	9	6	0	15
Missing	0	0	0	0
Unknown	62	21	7	90
Total	822	303	91	1,216

Source of information: Network SIMS Database
Date of Preparation: May 2007
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.
This table includes 0 patients receiving treatment at VA facilities.

ESRD Network 18
 Table #7

DIALYSIS DEATHS

DEATHS OF DIALYSIS PATIENTS BY STATE OF RESIDENCE, AGE, RACE, GENDER,
 PRIMARY DIAGNOSIS AND CAUSE OF DEATH FOR CALENDAR YEAR 2006

Age Group	CA	Total
00-04	3	3
05-09	0	0
10-14	0	0
15-19	1	1
20-24	4	4
25-29	14	14
30-34	37	40
35-39	50	52
40-44	96	102
45-49	173	178
50-54	285	295
55-59	419	433
60-64	537	551
65-69	656	671
70-74	675	699
75-79	788	809
80-84	774	802
>=85	692	715
Missing	0	0
Total	5,204	5,369

Gender	CA	Total
Female	2,369	2,440
Male	2,835	2,929
Missing	0	0
Total	5,204	5,369

Race	CA	Total
American Indian/Alaska Native	24	25
Asian	436	451
Black or African American	748	775
More than one race selected	7	7
Native Hawaiian or Other Pacific Islander	119	123
White	3870	3,988
Missing	0	0
Total	5,204	5,369

Primary Diagnosis	CA	Total
Cystic Kidney	60	61
Diabetes	2,612	2,688
Glomerulonephritis	287	299
Hypertension	1,516	1,565
Other	408	426
Other Urologic	63	65
Missing	0	0
Unknown	258	265
Total	5,204	5,369

Primary Cause of Death	CA	Total
Cardiac	2,494	2,570
Gastro Intestinal	25	26
Infection	590	610
Liver Disease	46	46
Vascular	260	268
Missing	0	0
Other	822	855
Unknown	967	994
Total	5,204	5,369

Source of information: Network SIMS Database

Date of Preparation: May 2007

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.

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 49 patients receiving treatment at VA facilities.

ESRD Network 18
 Table #8

VOCATIONAL REHABILITATION
VOCATIONAL REHABILITATION BY DIALYSIS FACILITY PATIENTS
AGE 18 – 54 AS OF DECEMBER 31, 2006

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
050022	Riverside Community Hospital Tx Center	0	0	0	0	N
050069	St. Joseph Hospital Renal Center	115	3	31	5	N
050100	Sharp Memorial Hospital (Renal Tx)	0	0	0	0	N
050138	Kaiser Foundation Hospital Medical Ctr.- Sunset	80	0	36	3	N
050139	Kaiser Foundation Hospital Medical Ctr.- Bellflower	39	3	14	4	N
050140	Kaiser Foundation Hospital Medical Ctr.- Fontana	45	0	30	1	N
050245	Arrowhead Regional Medical Center	19	0	2	0	N
05027F	V.A. Medical Center of Long Beach	15	1	0	0	N
05029F	V.A. Greater LA Healthcare System	14	0	2	1	Y
050327	Loma Linda University Medical Center	7	0	1	2	N
050348	UCI Medical Center (Renal Tx)	0	0	0	0	N
050376	LAC Harbor-UCLA Medical Center	0	0	0	0	N
050424	Scripps Green Hospital (Renal Tx)	0	0	0	0	N
050502	St. Vincent Medical Center (Renal Tx)	0	0	0	0	N
050561	Kaiser Foundation Hospital Medical Ctr.-West Los Angeles	6	2	6	2	N
050609	Kaiser Foundation Hospital Medical Ctr.- Anaheim	19	0	8	0	N
050625	Cedars-Sinai Medical Center (Renal Tx)	0	0	0	0	N
050677	Kaiser Foundation Hospital Medical Ctr.- Woodland Hills	10	0	7	1	N
050686	Kaiser Foundation Hospital Medical Ctr.- Riverside	19	0	8	0	N
050696	USC University Hospital (Renal Tx)	0	0	0	0	N
050723	Kaiser Foundation Hospital Medical Ctr.- Baldwin Park	22	1	9	1	N
050746	Western Medical Center Santa Ana (Renal TX)	0	0	0	0	N
05114F	V.A. San Diego Healthcare System	10	0	4	0	N
05128F	V.A. Loma Linda Healthcare System	13	1	1	1	N
052500	FMC-Hillcrest Dialysis	17	0	2	1	N
052502	DaVita-Kidney Dialysis Care Unit	63	0	10	1	Y
052503	DaVita-Main Place Dialysis Center	45	1	15	2	N
052505	Fullerton Dialysis	37	0	7	2	N
052513	FMC-Santa Barbara Community Dialysis Center	5	0	2	0	N
052515	Los Alamitos Hemodialysis Center	31	1	6	0	N
052521	Antelope Valley Dialysis Center	60	0	7	3	N
052522	Mobile Dialysis Services, Inc. (Compton)	30	0	3	1	N
052523	FMC-Long Beach	29	0	3	2	N
052525	Escondido Dialysis	25	0	3	0	N
052532	DaVita-Riverside Dialysis Center	85	1	14	2	Y
052536	FMC-National City Dialysis Center	28	0	3	0	Y
052538	Inglewood Dialysis	36	0	9	0	N
052539	DaVita-Lakewood Dialysis Center	62	0	27	3	Y
052541	Palm Springs Dialysis	43	0	7	0	N
052544	FMC-Culver City Dialysis	18	0	1	1	N

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
052545	Kidney Dialysis Center of Northridge, LLC	44	0	9	1	Y
052549	Burbank Dialysis Partnership	21	0	8	0	Y
052550	Loma Linda University Kidney Center	93	1	30	4	Y
052552	Upland Dialysis	56	4	12	6	N
052554	DaVita-Valley Dialysis Center	34	0	16	1	Y
052556	Skypark Dialysis	21	0	9	0	N
052557	Glendale Hemodialysis Facility	0	0	0	0	Y
052558	Holy Cross Renal Center	79	1	21	0	N
052561	Victor Valley Dialysis	39	1	4	1	N
052564	DaVita-Garfield Hemodialysis Center	48	0	9	2	Y
052574	DaVita-Downey Dialysis Center	41	1	15	2	Y
052575	RAI-North Waterman-San Bernardino	60	0	4	1	N
052576	FMC-Kearny Mesa Dialysis Center	58	2	21	1	Y
052579	FMC-Conejo Valley Renal Center	10	0	2	0	N
052580	DaVita-Covina Dialysis Center	28	0	3	0	N
052581	Beach Cities Dialysis-Gardena	45	0	12	0	N
052582	St. Vincent Dialysis Center, Inc.	43	0	10	1	Y
052585	Kidney Center of Van Nuys	34	1	3	2	N
052588	San Fernando West Kidney Center	22	2	8	1	Y
052589	UCI Renal Dialysis Center	55	8	9	4	N
052590	RAI-Compton-Los Angeles	59	0	11	2	N
052591	Pomona Dialysis	57	1	15	2	N
052597	Mission Viejo Dialysis	17	5	4	0	N
052599	DaVita-Beverly Hills Dialysis Center	34	9	12	0	Y
052606	Santa Barbara Artificial Kidney Center, LLC	39	0	17	2	N
052613	DaVita-Eaton Canyon Dialysis	39	0	11	1	N
052617	RAI-Garden Grove Blvd.-Garden	8	0	1	1	Y
052619	Huntington Dialysis Center	80	2	24	4	Y
052620	DaVita-Hemet	36	0	4	2	Y
052621	DaVita-Brea Dialysis Center	17	0	6	0	N
052622	DaVita-East La Plaza Dialysis	52	0	35	10	Y
052625	Los Angeles Dialysis Training Center, LLC	7	0	0	0	N
052627	La Palma Dialysis Center, LLC	36	0	9	2	Y
052628	Hanford Dialysis	38	0	7	0	N
052631	Wilshire Dialysis Center	65	0	5	1	Y
052632	Glendale Dialysis	36	0	8	1	Y
052633	FMC-Mission Hills	55	0	13	3	Y
052634	RAI-Centinela-Inglewood	25	0	5	1	N
052635	Bakersfield Dialysis	26	0	3	2	N
052637	DaVita-Burbank Dialysis	43	0	11	1	N
052638	Kidney Center of Simi Valley, Inc.	20	1	5	0	Y
052641	Huntington Beach Dialysis	13	0	3	0	Y
052643	Tower Dialysis	59	6	21	5	Y
052644	Alhambra Community Dialysis Unit	17	0	2	2	N
052648	San Juan Capistrano South Dialysis	16	0	5	0	N
052652	DaVita-Paramount Dialysis Center	78	0	13	1	Y

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
052653	FMC-Chula Vista Dialysis Center- South	20	0	1	1	N
052654	Garey Dialysis Center Partnership	32	1	11	0	N
052656	FMC-Ventura	48	0	13	0	Y
052657	RAI-Corporate Way-Palm Desert	24	2	1	1	N
052658	Kidney Institute of the Desert	24	0	7	0	N
052661	DaVita-Corona Dialysis Center	30	2	4	1	Y
052665	Santa Monica Dialysis	38	1	13	1	Y
052666	Tulare Dialysis	27	0	0	0	N
052667	DaVita-Tri-Counties PD Home Dialysis	16	0	3	0	N
052668	FMC-Camarillo Dialysis Center	13	0	3	0	N
052670	Imperial Dialysis	58	0	19	1	N
052671	DaVita-United Dialysis Center	99	5	30	10	Y
052672	FMC-Gateway Dialysis Center-West	15	0	3	0	N
052673	Bakersfield Dialysis Center	176	2	27	10	Y
052674	Delano Dialysis	23	0	1	1	N
052678	FMC-Gateway Dialysis Center-East	30	0	1	0	N
052679	Coastal Dialysis Center	7	0	0	0	N
052681	FMC-Glendora	0	0	0	0	N
052682	Fontana Dialysis	29	0	1	1	N
052683	RAI-East Olympic-Los Angeles	29	0	8	2	N
052684	San Gabriel Regional Dialysis Training Ctr.	13	0	2	2	N
052686	FMC-La Mesa Dialysis Center	17	0	0	1	N
052687	FMC-Carson	22	0	1	0	N
052690	FMC-El Centro Desert Valley Dialysis Center	33	0	4	2	Y
052695	DaVita-Los Angeles Dialysis Center	54	6	14	6	Y
052696	Visalia Dialysis	39	0	2	1	N
052699	High Desert Hemodialysis	20	1	2	2	Y
052700	DaVita-Monterey Park Dialysis Center	61	7	14	0	Y
052701	Beach Cities Dialysis-Torrance	13	0	3	0	N
052708	FMC-North Coast Kidney Center	55	0	23	4	Y
052710	La Puente Dialysis Center, Inc.	43	0	10	0	N
052712	Intercommunity Dialysis Center	43	0	9	1	Y
052713	University Park Dialysis Center	66	0	20	1	Y
052714	Desert Cities Dialysis	66	11	9	2	N
052715	Pacific Dialysis Services, Inc.	34	0	7	1	N
052716	DaVita-Santa Ana Dialysis Center	62	0	8	2	N
052717	DaVita-Greater El Monte Dialysis Center	32	0	7	0	N
052718	DaVita-Norwalk Dialysis Center	39	3	8	4	N
052720	Citrus Dialysis Center	39	0	6	2	N
052724	Santa Fe Springs Regional Dialysis Center	25	1	4	1	N
052725	DaVita-Doctors Dialysis Center of E.L.A.	46	2	8	1	N
052726	Mohan Dialysis Center of Covina	25	0	3	0	N
052727	RAI-Indian Court-Redlands	37	0	16	0	N
052730	DaVita-Murrieta	18	1	5	1	N
052731	Chula Vista Dialysis	47	0	6	1	N
052734	Anaheim Dialysis	60	1	11	1	N

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
052735	DaVita-Temecula Dialysis Center	38	0	8	2	N
052739	Chino Dialysis	43	0	6	2	N
052740	RAI-Fletcher Parkway-El Cajon	20	0	4	2	N
052743	DaVita-Mountain Vista Dialysis Center	68	0	11	3	N
052744	South Valley Regional Dialysis Center	41	0	22	0	N
052746	DaVita-Sunrise Dialysis Center	57	0	14	1	N
052747	West Coast Dialysis Center, Inc.	52	0	17	2	Y
052749	Dialysis Center at Moreno Valley	37	2	3	0	N
052754	Airport Dialysis	41	0	14	0	N
052755	Greater Los Angeles Dialysis, Inc.	28	0	3	1	N
052756	Encinitas Dialysis	6	0	2	1	N
052760	FMC-San Gabriel Dialysis Center	49	0	6	2	N
052761	DaVita-Premier Dialysis Center	94	2	12	2	N
052762	FMC-Oxnard	32	0	11	2	Y
052764	FMC-San Gabriel Valley PD Clinic	25	0	7	3	N
052768	DaVita-Diamond Valley Dialysis Center	29	0	6	0	Y
052771	Gateway Home Dialysis	15	0	4	2	N
052772	RAI-Hospital Circle-Westminster	46	2	22	2	Y
052773	Westminster South Dialysis	10	0	1	0	N
052776	HI-Desert Dialysis	26	0	2	0	N
052778	Santa Clarita Kidney Center	21	0	5	0	Y
052779	RAI-Mission Gorge-San Diego	79	3	28	4	N
052780	FMC-East County Dialysis Center	36	0	3	0	N
052781	North Hollywood Dialysis	43	0	4	1	Y
052782	Mountain View Dialysis Center, Inc.	17	0	3	1	N
052785	DaVita-Montebello Dialysis Center	30	0	2	2	N
052788	Nephron Dialysis Center Of Lakewood	24	0	4	1	Y
052789	Indian Wells Valley Dialysis Center	12	0	2	0	N
052790	Kidney Care Center of the North Valley	43	0	11	1	Y
052791	Rosemead Dialysis Center	25	0	0	0	N
052792	FMC-Imperial County	14	0	6	1	N
052794	DaVita-USC Kidney Center	134	7	45	17	N
052798	RAI-Newhope-Fountain Valley	46	1	13	0	Y
052799	San Diego South Dialysis	26	2	4	0	N
052800	Kidney Center of Santa Paula	24	0	3	1	N
052801	Hollywood Dialysis Center	42	1	14	2	Y
052802	DaVita-Harbor UCLA	99	3	28	5	N
052803	Carson Artificial Kidney Center, LLC	34	0	6	0	N
052804	DaVita-Montclair Dialysis Center	42	0	10	2	Y
052806	Baldwin Hills Dialysis Center	21	0	7	0	N
052807	DaVita-Valley View Dialysis	99	0	10	5	Y
052808	Saddleback Dialysis	25	0	2	11	Y
052809	Kidney Dialysis Center of West Los Angeles, LLC	39	0	2	3	N
052811	Kidney Dialysis Center of San Luis Obispo, LLC	26	0	11	1	N
052812	FMC-Blythe Desert Dialysis	9	0	2	0	N
052816	Desert Cities Dialysis of Barstow	12	0	1	1	N

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
052817	Dialysis Center of Colton	38	0	10	2	N
052818	UCSD Dialysis Center	64	6	5	6	Y
052820	RAI-Foothill Blvd.-Glendora	26	1	8	0	N
052821	Pacific Gateway Dialysis, LLC	45	1	15	1	N
052827	Kidney Center of Panorama City, Inc.	36	3	6	1	Y
052828	DaVita-Los Angeles Downtown	36	0	0	0	N
052829	FMC-Santa Paula	17	3	0	0	N
052830	FMC-Calexico Desert Dialysis	24	0	1	0	N
052832	Kidney Institute at Eisenhower Medical Center	27	0	7	1	N
052834	RAI-El Camino Real-Oceanside	25	0	5	1	Y
052835	RAI-Broadway-Chula Vista	46	0	14	3	Y
052836	Toiyabe Dialysis Center	2	0	0	0	N
052837	Westside Dialysis Center, LLC	39	0	38	3	Y
052838	Lompoc Artificial Kidney Center, LLC	15	1	2	0	N
052839	Northeast Bakersfield Dialysis	20	0	1	0	N
052840	Long Beach Dialysis Center	54	0	12	1	Y
052842	FMC-Oceanside	14	0	1	0	N
052843	Montebello Dialysis Center, LLC	17	0	1	0	N
052844	DaVita-Imperial Care Dialysis Center	62	1	8	3	Y
052846	FMC-Renal Services Group of Inglewood	21	1	8	0	N
052847	FMC-West Covina Kidney Center	24	0	6	1	N
052848	FMC-Riverside	29	0	0	0	N
052852	DaVita-Crescent Heights Dialysis Center	33	0	14	1	N
052854	Mohan Dialysis Center of Industry	13	0	2	2	N
052855	FMC-Rancho Cucamonga	34	0	5	4	N
052856	DaVita-Washington Plaza Dialysis Center	79	0	13	6	Y
052858	DaVita-Kenneth Hahn Plaza Dialysis Center	47	0	0	0	N
052859	Glendale Kidney Center	48	0	8	2	Y
052860	FMC-Dialysis Services Channel Islands	12	0	0	0	N
052861	FMC-South Orange County	42	2	15	2	Y
052862	FMC-North Orange County	34	4	16	1	Y
052863	RAI-North Riverside-Rialto	46	0	4	0	N
052864	FMC-San Ysidro Dialysis Center	28	0	3	0	N
052865	DaVita-UCLA Medical Ctr (Adult Dialysis)	56	0	19	6	Y
052866	San Ysidro Dialysis	34	0	2	1	N
052867	East Palmdale Dialysis Center	22	1	1	0	N
052868	Queens Dialysis Unit, Inc.	31	1	2	1	N
052869	Palmdale Regional Dialysis Center	24	0	6	0	N
052871	Central Coast Kidney Disease Center	53	1	7	2	N
052872	Florence Dialysis Center	43	0	6	4	N
052873	Kidney Center of Thousand Oaks, Inc.	17	3	6	2	N
052875	Intensive Renal Care	35	0	0	0	N
052878	FMC-San Bernardino	42	0	8	1	N
052879	Hacienda Dialysis Center	7	0	3	0	N
052880	FMC-Bellflower	56	0	31	2	Y
052881	Newport Beach Dialysis	22	0	14	2	Y

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
052882	FMC-West Los Angeles	13	0	11	0	N
052883	DaVita-San Diego East	17	0	1	0	N
052884	Whittier Kidney Dialysis Center	34	0	11	2	N
052885	FMC-Dialysis Services of Paradise	24	1	3	0	Y
052886	FMC-Dialysis Services of College	15	0	0	0	N
052889	FMC-North Long Beach	25	0	14	1	N
052890	FMC-Antelope Valley	40	3	7	0	N
052893	Temple City Dialysis Facility, Inc.	7	1	1	0	N
052894	RAI-Monroe-Indio	24	0	4	3	N
052895	DaVita-Lake Elsinore Dialysis Center	27	1	3	2	N
052896	Cerritos Dialysis Center, LLC	15	0	4	1	N
052897	DaVita-Tustin Dialysis Center	49	0	11	1	N
052898	RAI-Laguna Canyon-Irvine	12	0	12	0	N
052899	Kidney Center of Los Angeles	27	0	3	0	N
053302	Children’s Hospital of Los Angeles	8	0	0	0	N
053303	Children’s Hospital of San Diego (Renal Tx)	0	0	0	0	N
053506	Kaweah Delta Dialysis Facility	34	0	9	0	Y
053512	Porterville Hemodialysis Facility	44	0	0	0	Y
552501	Advanced Dialysis Center	17	0	0	0	N
552502	RAI-East First Street-Tustin	29	2	3	1	N
552506	FMC-Irwindale	46	4	24	1	N
552507	Kidney Center of Sherman Oaks, Inc.	7	0	1	0	N
552508	FMC-Woodland Hills Dialysis Center	20	0	11	0	N
552509	DaVita-Whittier Dialysis Center	37	0	10	1	N
552511	DaVita-Rosemead Springs Dialysis Center	15	0	2	2	N
552513	College Dialysis	24	0	2	1	N
552515	Carmel Mountain Dialysis	10	0	6	0	N
552516	FMC-Rancho	14	1	2	1	N
552517	Arroyo Dialysis Center	18	0	2	0	N
552518	Costa Mesa Dialysis	16	0	4	0	N
552520	Banning Dialysis	30	0	5	0	N
552521	White Lane Dialysis	38	1	8	1	N
552525	FMC-San Fernando	34	1	10	1	N
552526	California Kidney Care Center	48	2	9	1	N
552527	RAI-Harbor Blvd.-Garden Grove	26	0	4	1	N
552531	Escondido Home Training Dialysis	30	0	10	0	N
552532	FMC-South Bay	17	0	1	5	N
552538	Mohan Dialysis Center of Glendora	9	0	5	0	N
552541	DaVita-Citrus Valley Dialysis	32	1	5	1	N
552543	Home Dialysis Therapies of San Diego-North	8	0	3	1	N
552544	DaVita-Crossroads Dialysis Center	25	0	7	1	N
552545	Anaheim Hills Dialysis Center	6	4	2	0	N
552546	Home Dialysis Therapies of San Diego-South	8	0	2	1	N
552547	Canyon Country Dialysis Center, LLC	21	3	4	2	Y
552548	DaVita-Ontario Dialysis	27	0	3	0	N
552551	Kidney Dialysis Center of Camarillo, LLC	19	0	8	0	N

Provider No.	Provider Name	No. of Patients Age 18 – 54	No. of Patients receiving services from Voc Rehab	No. of Dialysis Patients Employed Full Time or Part Time	No. of Dialysis Patients Attending School Full Time	Offers Dialysis Shift Starting After 5 pm
552552	San Dimas Dialysis Center, Inc.	6	0	0	0	N
552553	Magnolia West Dialysis	33	2	7	0	N
552554	FMC-Brawley	15	0	0	0	N
552561	FMC-La Jolla	4	0	3	0	N
Total		9,019	184	2,072	354	71-Y