



Southern California  
Renal Disease Council  
INCORPORATED

# ESRD Network 18 2010 Annual Report

Centers for Medicare and Medicaid Services  
Contract Number: HSSM-500-2010-NW018C

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# Preface

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## President's Statement

We are pleased to submit the 2010 Annual Report for the Southern California Renal Disease Council, Inc. ESRD Network 18.

The Southern California renal community continued to experience significant facility and patient growth and faced many ongoing and new challenges in 2010. Some of those challenges included staffing shortages for many ESRD caregiver categories, the PCT certification deadline, increasing patient census and acuity, expanding regulatory oversight, evolving Federal immigration policy, and other market/operational realities continue to represent major concerns for ESRD patients and providers.

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.

We would like to acknowledge the dedicated patients and professionals whose volunteer service on various boards and committees was invaluable in furthering Network goals and activities.



Scott A. Rasgon, MD  
President, Board of Directors



Table 1  
 SCRDC, Inc. Population by Race/Ethnicity 2000 & 2010  
<http://factfinder2.census.gov/>

Race/Ethnicity	2000		2010		Actual Change	% Change from 2000-2010	Increased
	Population	Percent	Population	Percent			
White	8,927,893	42.21%	8,457,050	36.31%	-470,843	-5.27%	
Hispanic	8,128,734	38.43%	10,160,671	43.62%	2,031,937	25.00%	Hispanic
Asian/Pac Islander	2,042,306	9.65%	2,633,067	11.30%	590,761	28.93%	Asian/Pac
Black/African American	1,426,373	6.74%	1,399,065	6.01%	-27,308	-1.91%	
American Indian	89,631	0.42%	78,303	0.34%	-11,328	-12.64%	
Multi-Race/Other	538,002	2.54%	565,561	2.43%	27,559	5.12%	
<b>Total</b>	<b>21,152,939</b>	<b>100.0%</b>	<b>23,293,717</b>	<b>100.0%</b>	<b>2,140,778</b>	<b>10.12%</b>	<b>Total Population</b>

Table 1  
 2000 Census

Race/Ethnicity	Percentage
White	42.2%
Hispanic	38.4%
Asian/Pac. Islander	9.7%
Black	6.7%
American Indian	0.4%
Multi-Race/Other	2.5%

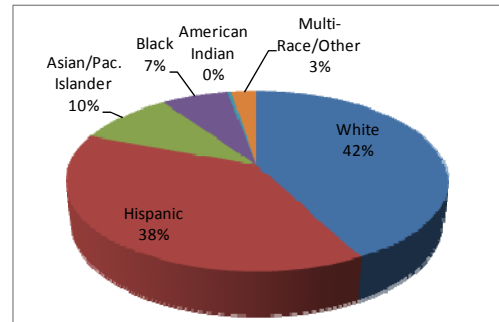


Table 1  
 2010 Census

Race/Ethnicity	Percentage
White	36.31%
Hispanic	43.62%
Asian/Pac. Islander	11.30%
Black	6.01%
American Indian	0.34%
Multi-Race/Other	2.43%

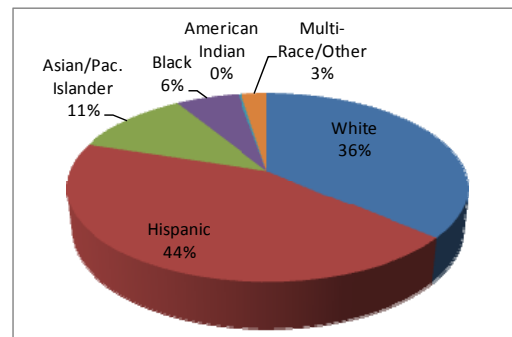
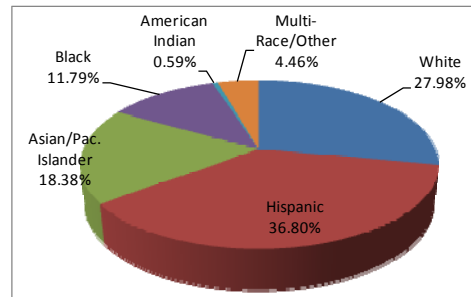


Table 2  
 SCRDC, Inc. Prevalence by Race/Ethnicity 2000& 2010  
 SIMS

Race/Ethnicity	2000		2010	
	Population	Percent	Population	Percent
White	5,698	27.98%	8,628	25.03%
Hispanic	7,493	36.80%	16,278	47.22%
Asian/Pac Islander	3,742	18.38%	4,209	12.21%
Black/African American	2,401	11.79%	5,148	14.93%
American Indian	121	0.59%	89	0.26%
Multi-Race/Other	909	4.46%	121	0.35%
<b>Total</b>	<b>20,364</b>	<b>100.0%</b>	<b>34,473</b>	<b>100.0%</b>

2000 Prevalence

Race/Ethnicity	Percentage
White	27.98%
Hispanic	36.80%
Asian/Pac. Islander	18.38%
Black	11.79%
American Indian	0.59%
Multi-Race/Other	4.46%



2010 Prevalence

Race/Ethnicity	Percentage
White	25.03%
Hispanic	47.22%
Asian/Pac. Islander	12.21%
Black	14.93%
American Indian	0.26%
Multi-Race/Other	0.35%

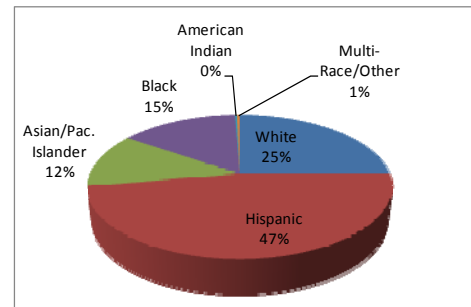
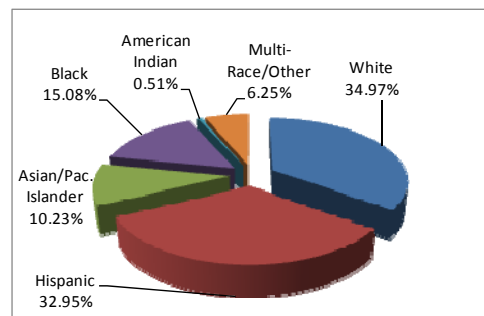


Table 3  
 SCRDC, Inc. Incident by Race/Ethnicity 2000& 2010  
 SIMS

Race/Ethnicity	2000		2010	
	Population	Percent	Population	Percent
White	2,389	34.97%	3,216	34.31%
Hispanic	2,251	32.95%	3,785	40.39%
Asian/Pac Islander	699	10.23%	1,132	12.08%
Black/African American	1,030	15.08%	1,187	12.67%
American Indian	35	0.51%	19	0.20%
Multi-Race/Other	427	6.25%	33	0.35%
<b>Total</b>	<b>6,831</b>	<b>100.0%</b>	<b>9,372</b>	<b>100.0%</b>

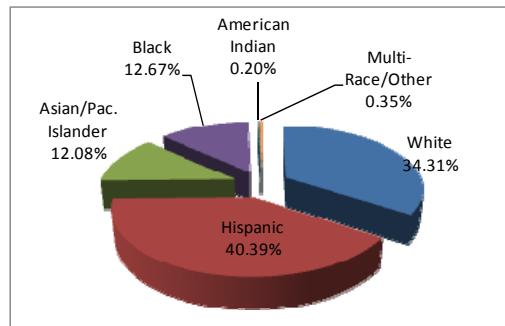
2000 Incidence

Race/Ethnicity	Percentage
White	34.97%
Hispanic	32.95%
Asian/Pac. Islander	10.23%
Black	15.08%
American Indian	0.51%
Multi-Race/Other	6.25%



2010 Incidence

Race/Ethnicity	Percentage
White	34.31%
Hispanic	40.39%
Asian/Pac. Islander	12.08%
Black	12.67%
American Indian	0.20%
Multi-Race/Other	0.35%



<b>Population</b>	<b>2000</b>	<b>2010</b>	<b>Increase</b>
United States	281,421,906	308,745,538	9.71%
California	33,871,648	37,253,956	9.99%
SCRDC, Inc. Network Coverage	21,152,939	23,293,717	10.12%

The SCRDC, Inc. Network coverage area covers 62.53% of the Total population of California in 2010.

<b>Hispanic or Latino Population</b>	<b>2000</b>	<b>2010</b>	<b>Increase</b>
United States	35,305,818	50,477,594	42.97%
California	10,966,556	14,013,719	27.79%
SCRDC, Inc. Network Coverage	8,128,734	10,160,671	25.00%

SCRDC, Inc. Network Coverage area includes 72.51% of the Total Hispanic population of California in 2010.

<b>SCRDC, Inc. Network Coverage</b>	<b>2000</b>	<b>2010</b>	<b>% Change</b>
Total Population	21,152,939	23,293,717	<b>10.12%</b>
Asian	2,015,719	2,623,177	<b>30.14%</b>
Hispanic or Latino	8,128,734	10,160,671	<b>25.00%</b>
Native Hawaiian & Other Pac. Islander	62,985	69,850	<b>10.47%</b>
White	12,175,310	13,285,496	<b>9.12%</b>
Two or more races	984,305	1,070,595	<b>8.77%</b>
Some other race	4,235,933	4,547,195	<b>7.35%</b>
American Indian and Alaska Native	195,921	207,199	<b>5.76%</b>
Black or African American	1,482,766	1,490,475	<b>0.52%</b>

The Asian and Hispanic populations are showing significantly higher growth rates than other ethnic groups between 2000 and 2010, with a 30% and 25% increase respectively.

<b>LA County Population 2010</b>	<b>Hispanic</b>	<b>Non-Hispanic</b>
Population in LA	10,160,671	13,133,046
% of Total LA Population	43.62%	56.38%

The 2010 Hispanic population is quickly approaching 50% of the total population of Los Angeles County.

<b>2000 SCRDC, Inc. Population</b>	<b>2010 SCRDC, Inc. Population</b>	<b>% Increase</b>
20,364	34,473	62.98%

The prevalence of ESRD patients in the Network continues to increase each year, with 2010 showing a 69.28% increase since 2000. In 2010 alone, there were 9,372 new patients at SCRDC, Inc. – 48.8% of which were 65 years old and older. Of all new Incidents in 2010, 58% are male patients and 42% are female.

# Introduction

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## Structure

### Staffing

SCRDC, Inc. staff of twelve (12) team members is responsible for but not limited to completing the tasks and deliverables of the CMS Scope of Work. These tasks include assuring effective and efficient administration of the benefits provided under the Social Security Act for individuals with ESRD. Network 18 is responsible for conducting activities in the areas of Quality Improvement, Community Information and resources, Administration and Information Management. Network 18 primary function is to 1). Provide an efficient organizational structure for improving ESRD quality of care; 2). To identify opportunities to improve care, develop quality improvement interventions and measure the effectiveness of the interventions; 3). Identify and address instances of substandard care including patient safety concerns; 4). Investigate and resolve patient complaints and grievances; 5). Coordinate the collection, analysis and reporting of data which is used to monitor and evaluate the quality of care and to determine beneficiary entitlement.

### Administration

**Harriet L. Edwards, MSW/MSG, Executive Director:** The Executive Director reports to the President of the Board of Directors and is responsible for day to day management and coordination of all SOW activities in fulfillment of all CMS contract requirements and deliverables. The Executive Director provides support to the Board of Director and insures that all pertinent governance matters are presented to the Board of Direction in a timely manner. The Executive Director manages SCRDC, Inc. finance, personnel and other Administration functions, oversees the Quality Improvement, Patient Services and Data/Information Systems Departments; and is the primary contact and insures effective working relationships with DHHS Regions IX and X, the California State Survey Agency, facility members and other renal-related organizations involved in the provision, monitoring and improvement of ESRD patient care.

**Rebecca B. Garcia, Office Manager:** Under the direction of the Executive Director, the Office Manager provides ongoing administrative support to the Executive Director, including organization and maintenance of personnel, financial and other confidential files. The Office Manager performs routine SCRDC, Inc. 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, interfaces with outside consultants as directed. **The Office Manager** is responsible for the preparation of the analysis/decision matrix for equipment acquisition and other product/service selection matters. The Office Manager supervises the Administrative Assistants and oversees the provision of support to the Quality Improvement and Data Departments.

**Julie Aguilar, Administrative Assistant:** Under the direction of the Office Manager, the Administrative Assistant provides administrative/clerical support to the Patient Services and Data departments (when needed). The Administrative Assistant may also provide support to the Executive Director for special projects and during peak workload periods.

**Cynthia Jones, Administrative Assistant:** Under the direction of the Office Manager provides administrative/clerical support to the Quality Improvement Department (may also provide administrative/clerical support to other departments when needed). And may also provide support to the Executive Director for special projects and during peak workloads.

## **Quality Improvement**

**Shean Strong, MBA, Quality Improvement Manager:** Under the direction of the Executive Director, the Quality Improvement Manager 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, other QI projects and related reporting requirements. The Quality Improvement Manager provides support to the Medical Review Board, including implementation of quality improvement projects and preparation of related reports as well as monitoring performance of member facilities to the Medical Review Board's adopted standards/performance criteria, and directs the organization's internal quality improvement program. The Quality Improvement Manager may also serve 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, and supports the Patient Services function as needed.

**Lisle Mukai, RN, Quality Improvement Coordinator:** Under the direction of the Quality Improvement Manager, the Quality Improvement Coordinator provides staff support for Fistula First and all other SCRDC, Inc. Quality Improvement projects and activities, and may conduct on-site visits as appropriate. The Quality Service Coordinator serves as primary liaison with facilities in conducting Clinical Performance Measures data collection and validation, and develops and maintains databases in support of various Quality Improvement activities as well as an ongoing interface with the Data/Information Systems Department. The Quality Improvement Coordinator serves as primary staff support for the MRB, Fistula First and other MRB Committees and provides support to the Patient Services function as needed.

## **Patient Services**

**Jenna Freeman, MSW, Patient Services Manager:** Under the direction of the Executive Director, the Patient Services Manager develops patient education/support activities including development of materials and presentation of training session; coordinates and administers the SCRDC's, Inc. Complaint and grievance procedures, serves as the primary interface with patients, facilities and others in handling complaints, and coordinates CMS and SCRDC, Inc. educational initiatives related to managing conflict in dialysis facilities. The Patient Services Manager is the primary interface with the Patient Advisory Committee, and serves as liaison with Department of Rehabilitation officials, Council of Nephrology Social Workers, National Kidney Foundation and other patient-focused organizations/ agencies as well as State Survey Agencies, and is also responsible for Coalition activities within Network 18.

**Eileen Boyte, MSW, Patient Services Coordinator:** Under the direction of the Patient Services Manager, the Patient Services Coordinator supports the Patient Services function by developing and maintaining relationships with renal community partners and other organizations regarding education programs and provides appropriate assistance to patients and others who request information regarding Patient Services or Kidney Community of Southern California Coalition (KCSC) matters. The Patient Services Coordinator is responsible for assisting the Patient Services Manager in supporting the Patient Advisory Committee by coordinating and scheduling calls/meetings and providing information regarding Network activities and projects on an ongoing basis, as well as assisting with the Coalition activities, and assists with the Complaints and Grievance processes as well as all other functions of the Patient Service Department.

## Data

**Kirsten Keating, BSBA-PM, Data Manager:** The Data Manager left SCRDC, Inc. in December 2010.

**Svetlana Lyulkin, MBA, Data Manager as of February 2011.**

Under the direction of the Executive Director, is responsible for managing data collection, follow-up, analysis and reporting activities. The Data Manager is also responsible for oversight and management of Network's data department, monitors timely and accurate submission of required CMS forms by facilities. The Data manager continually assesses and revises data management system output to ensure efficiency, accuracy and adherence to CMS and Network requirements, insures compliance with all Data requirements set forth in the CMS Statement of Work and Network Organizations Manual. The Data Manager oversees the implementation of SIMS/VISION/Q-Net and related hardware/software updates and facility training; and assists the Medical Review Board, Quality Improvement and Patient Services staff, by providing information as requested and provides Data reporting training/workshops for dialysis facility staff on an as needed basis, and serves as primary interface with CMS officials, Social Security offices and HMOs regarding ESRD Medicare entitlement situations.

**Tenisia Sili, BSBA, Lead Data Coordinator:** Under the direction of the Data Manager; perform ongoing data entry and necessary follow-up for all new patients, transfers, deaths, transplants and other patient events. The Lead Data Coordinator prepare notices to send 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. The Lead Data Coordinator maintains neat and well-organized hard copy files of CMS-2728 and CMS-2746 forms as well as monthly Network Patient Status forms, does research and respond to facility inquiries regarding CMS and Network forms/data reporting requirements.

**Melissa Garcia, Data Coordinator:** Perform ongoing data entry and necessary follow-up for all new patients, transfers, deaths, transplants and other patient events, and prepares notices to facilities with delinquent CMS and Network data forms. The Data Coordinator may participate in facility training and other outreach activities to support timely and accurate submission of forms as well as 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.

## Committees

ESRD Network 18 was organized as the Southern California Renal Disease Council, Inc. (SCRDC, Inc.), a non-profit California corporation that complies with the legislative requirements regarding Network council and membership. The Board of Directors serves as the oversight body and reviews ongoing activities. Membership in SCRDC, Inc. is set forth by corporate bylaws and Federal regulation and includes dialysis facilities, renal transplant centers, organ procurement agencies and histocompatibility laboratories. Three hundred three (342) Medicare-certified dialysis facilities, sixteen (16) Medicare-certified renal transplant centers and four (4) Non-Medicare certified Veterans Administration dialysis facilities were voting SCRDC, Inc. members as of December 31, 2010.

SCRDC's, Inc. Board of Directors (BOD) meet quarterly to provide overall leadership and direction to the organization. Each contract year, the BOD reviews the organizational goals and objectives and receives reports from Administration regarding progress in achieving them. The goals and objectives focus on SCRDC, Inc.'s four primary functional areas — Administration/Governance, Quality Improvement, Patient Services, and Data Reporting/Information Management. The twenty (20) Board members must include at least five (5) Non-Physicians and one (1) Patient Representative. The remaining

three (3) positions are held by the President-Elect, MRB Chair and a Patient Representative. The Board has delegated certain functions to committees, as described below:

**Executive Committee** — The Executive Committee consists of the officers of SCRDC, Inc. (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, Inc. Board President appoints this group. This Committee and the Board of Directors recommended revisions to the Bylaws. The membership has approved the Bylaws revisions and additional revisions to the Bylaws were completed in December 2008 and ratified by the Board of Directors at the December 2008 board meeting. This committee will begin a review of the Bylaws in 2011.

**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, Inc. President-Elect serves as Chair of the Nominating Committee. In 2010, 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 the primary responsibility for the coordination of Quality Improvement activities and other activities as set forth in the CMS contract. The MRB consists of fifteen (15) members, and must include at least one (1) Physician, Nurse, Social Worker and Dietitian involved in the care of ESRD patients. One (1) member, the Patient Advisory Committee Chair, is an ESRD patient. The general areas of responsibility of the MRB are defined by Federal regulation and include the following:

- Direct the Network's Quality Improvement Work Plan and other Quality Improvement activities;
- Evaluate 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 the AV Fistula First and QI Work Plan issues, and ad hoc committees to examine other specific issues that arise from time to time. The MRB committees are:

**Patient Advisory Committee** — The PAC appointees reflect the modality, geography and ethnic diversity of the Southern California ESRD patient population. In addition to advising the SCRDC, Inc. Board of Directors and Medical Review Board on patient concerns/ interests and reviewing formal patient grievances, PAC members participate in development of quality improvement and patient education projects, preparation of educational materials, assist with complaint/ grievance matters as appropriate, and participate in Kidney Community of Southern California Coalition outreach activities. The process of establishing the PAC began in 2006. And the committee continues to meet on a regular basis.

Complete Board of Directors and Medical Review Board rosters as of December 31, 2010 are provided on the following pages.

2010  
Board of Directors – Roster of Members

**President**

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

Anneli Ford, RN/CNN/MBA  
FMC-Dialysis Services of College  
San Diego

**President – Elect**

Scott A. Rasgon, MD  
Kaiser Foundation Hospital Medical Ctr. – Sunset

Richard S. Horowitz, MD  
Baldwin Hills Dialysis Center, LLC  
Los Angeles

**Secretary**

Jeffrey B. Davis, MBA  
Baxter Healthcare  
Upland

Eric Lenz  
Renal Advantage Inc.  
Los Angeles

**Treasurer**

Donna Newsome, RN/CNN  
Bakersfield Dialysis Center  
Bakersfield

Gerri Lewis, BSN, RN  
Desert Cities Dialysis  
Victorville

**Past – President**

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

Lilli Ann Macaraeg, RN  
Satellite Dialysis of Orange  
Orange

**Patient Advisory Committee Chair**

Jeffrey B. Davis, MBA  
Baxter Healthcare  
Upland

Trangdai Paulak, PHN/RN  
Kidney Center of Los Angeles  
Los Angeles

James T. Roe, MD  
University Pak Dialysis Center  
Los Angeles

**MRB Chair**

Stanley M. Rosen, MD/FACP/FRCP  
DaVita – Saddleback  
Laguna Hills

Ervin P. Ruzics, MD  
St. Joseph Hospital (Renal TX)  
Orange

**Directors**

Bonnie Akin, RN  
FMC-Blythe Desert Dialysis  
Blythe

Jerald F. Sigala  
Newport Beach Dialysis  
Newport Beach

Oscar Cairoli, RN/BSN/MA/PHN  
Kaiser Foundation Hospital Medical Ctr. – Downey  
Downey

Sandra Wilson, MSN/FNP-BC/CNN  
Kidney Center of Thousand Oaks  
Thousand Oaks

2010  
Medical Review Board – Roster of Members

**MRB Chair**

Stanley M. Rosen, MD/FACP/FRCP  
DaVita – Saddleback  
Laguna Hills

Scott A. Rasgon, MD  
Kaiser Foundation Hospital Medical Center - Sunset  
Los Angeles

**Patient Advisory Committee Chair**

Jeffrey B. Davis, MBA  
Baxter Healthcare  
Upland

Joellen Rosoff, RN/CNN  
Renal Advantage Inc.  
Orange

**Members**

Ruby Binuya, RD/CSR  
RAI-Newhope-Fountain Valley  
Fountain Valley

Sandra Wilson, MSN/FNP-BC, CNN  
Kidney Center of Thousand Oaks  
Thousand Oaks

Ibis L. Cepeda, LCSW  
DaVita-Mar Vista  
Santa Monica

Marlene S. DeVera, RN/BSN/CNN  
San Gabriel Regional Dialysis Training Center  
Monterey Park

Kevin T. Huang, MD  
Whittier Kidney Dialysis Center  
Whittier

Kamyar Kalantar-Zadeh, MD/MPH/PhD  
DaVita-Long Beach Harbor-UCLA  
Long Beach

Joseph Lee, MD  
FMC-San Gabriel Dialysis Center  
Alhambra

Lilli Ann Macaraeg, RN  
Satellite Dialysis of Orange  
Orange

Rajnish Mehrotra, MD  
DaVita – Harbor UCLA  
Torrance

# CMS National Goals and Network Activities

## Goal 1

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

The CMS Health Care Quality Improvement Program (HCQIP) and ESRD Network Statement of Work serve as the blueprint for Network 18's quality improvement activities. SCRDC, Inc. 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 contract years Statement of Work. These tasks are:

- Task 1. a. Vascular Access Quality Improvement Project (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 Performance Improvement Projects (QAPIs);
- Task 1. e. Quality Improvement Work Plan (QIWP).

Projects concluded during the 2009-2010 contract period for Task 1a, are as follows:

### *Task 1. a. Vascular Access Quality Improvement Project (Fistula First) (LTC summary) 2009-2010.*

The CMS goal for long-term catheters (LTC) is less than 10%. The January 2009 Vascular Access SIMS data shows that the overall long-term catheter rate in Network 18 is 8.3%. At the same time, there were still some facilities within Network 18 that continued to have high catheter rates. 27 facilities with the highest LTC rates (10.1% - 30% LTC rate, mean LTC = 16.6%) based on the May 2009 data from SIMS were identified. Facilities were selected based on specific inclusion criteria established by the MRB; LTC rate > 10%, AVF rate < 50.0%, patients census > 50 patients and administrative support (all intervention facilities have a stable/consistent administrative leadership – this would ensure/maintain participation in the project). The goal of the project was to reduce the LTC rate within the group of intervention facilities from 16.6% to 15.6% or less between September 2009 and June 2010. The LTC baseline for the project was 16.6% as of May 2009. The Network MRB based the goal on the results of a similar project during the last contract year. A secondary goal was also established. The secondary goal was to increase the AVF rate within the group of intervention facilities. The baseline AVF rate was 44.2% as of May 2009. It was expected that with a decrease in LTC the prevalent AVF rate would increase and in conclusion of this project the AVF rates of these facilities increased.

The project group as a whole improved their LTC rate by 4.2 percentage points and their AVF rate by 5 percentage points as of March 2010 (Data provided in the project summary). The project facilities LTC rate was 12.4% with an AVF rate of 49.2%. 21 facilities improved their LTC rate with 17 of them meeting their project goal. Six (6) facilities did not improve their LTC rate but did showed improvement in their prevalent AVF rate. 23 facilities showed improvement in their prevalent AVF rate while four (4) facilities did not although these four (4) facilities did show improvement in their LTC rates. Overall, all project facilities showed improvements in either their LTC or AVF rates and/or both. There were 14 facilities that improved their prevalent AVF rate to > 50%. A summary of "Best Practices" were provided to the facilities and the final outcome of the project was successful with the project facilities

meeting and exceeding the project goal of 15.6%. Closure of this project was approved by the Contracting Officer Technical Representative (COTR) on July 7, 2010.

*Task 1a. Vascular Access Quality Improvement Project (Fistula First) (<55% AVF rate summary) 2009-2010.*

During the 2008-2009 contract year, Network 18 met and surpassed the annual AVF goal of 55.1% by 0.8 percentage points reaching 55.9% prevalent AVF. Even though the overall Network 18 prevalent AVF rate was 55.9% at the end of the contract period, there were a number of facilities in the Network that were not able to fully embrace the FFBI initiative and increase their AVF rate; thus having plenty of room for improvement. To sustain the overall Network improvement in AVF rate, we identified a subset of facilities with AVF rates <50% as a target group (N=31). These facilities AVF rate ranged from 16% to 49.7%. The Network worked with these facilities during the 2009-2010 contract year. Facilities were selected based on specific inclusion criteria; AVF rate < 50% (May 2009 SIMS data), patients census ≥ 50 patients and administrative support (all intervention facilities have a stable/consistent administrative leadership – this would ensure/maintain participation in the project). According to these facilities, some of the obstacles to improving their AVF rate that they were not able to control were; facility being remotely located, medical insurance issues, unavailability of vascular surgeon in the area and vascular surgeon skills.

The project group as a whole has improved 5.7 percentage points as of March 2010 (data available in the project summary). 19 of the project facilities currently have an AVF rate of 50% or better. 12 facilities although not above 50% are showed improvements. The Network continued to monitor these facilities' progress. Four (4) facilities did not show improvements in AVF rates. One facility, although not having improved their AVF rate has decreased their AVG rate per their QAPI plan. Another facility focused their QAPI plan on decreasing their long-term catheter rate and has successfully achieved their goal from 7.6% LTC to 0% LTC. One other facility has maintained basically the same and the last facility declined in progress in all vascular access types. The Network conducted site visits with these four facilities.

Overall this project has been successful in improving the AVF rates of the project facilities and has contributed to the improvement of the Network's prevalent AVF rate. As of the March 2010 Fistula First Dashboard, the Network 18 prevalent AVF rate is 58.9% thus meeting and exceeding the Network's annual prevalent AVF goal and the Network's AVF stretch goal. Closure of this project was approved by the Contracting Officer Technical Representative (COTR) on June 23, 2010.

*Task 1 a. Vascular Access Quality Improvement Project (Fistula First) (<55% AVF) 2010-2011.*

The Centers for Medicare and Medicaid Services (CMS) identified increasing Arteriovenous Fistula (AVF) rates as a national breakthrough priority. Evidence-based literature indicates that an AV Fistula is the preferred vascular access for hemodialysis, based on lower complication rates, longevity and lower costs. The Fistula First Breakthrough Initiative (FFBI) began in 2003 as a national quality improvement initiative in conjunction with the Institute for Healthcare Improvement (IHI). The original goal of the initiative was to attain AVF use and placement rates compatible with the National Kidney Dialysis Outcomes Quality Initiative (NKF-KDOQI) Guidelines for vascular access placement, i.e., attain a 40% AVF use rate in the prevalent hemodialysis patient population, and a 50% AVF placement in the incident hemodialysis patient population. In the 2006-2009 Statement of Work, the bar was set higher and the goal of the project was increased to 66% of prevalent hemodialysis patients utilizing an AVF as the primary vascular access for dialysis by June 30, 2009. Every year CMS sets Network-specific goals based on every Network's prevalent AVF rate at the end of the first calendar quarter of each year. A 20% reduction in the quality deficit is required each year, with a maximum improvement expectation of four percentage points and a minimum of one percentage point. The Network 18 goal for the first 12 months of

the contract year (July 2010 – July 2011) was to reach a prevalent AVF use rate of 60.3% by March 30, 2011. In September 2010, the Network prevalent AVF rate was 60.5% (Exceeding the yearly goal). In achieving this goal, the Network monitors indicators for Task 1.a., focusing on rates, timely reporting and continuous improvement of AVF data.

FFBI is the only project with the same vascular access data collection tool used across all dialysis facilities nationwide. LDOs transmit their vascular access data electronically, and non-LDOs submit them manually to ESRD Networks. Our goal is to collect data from 100% of Fistula First eligible facilities. For the purpose of this project peritoneal, pediatric, and acute hospital-based facilities are not eligible. The percentage of eligible facilities submitting data varied from 97.2% to 99.3% over this reporting year. To ensure the maximum number of reporting facilities, during 2010, we sent reminder notices to all eligible non-LDO facilities one week before the reports were due. We also reviewed monthly Fistula First Vascular Access Exception Reports and followed up on any discrepancies noticed. The Network has altered its process to follow up on and intervene with facilities not submitting data in a timely manner (The Network tracks all vascular access forms submitted, which also accounts for all delinquent forms received, even if submission rates are not updated in the Dashboard).

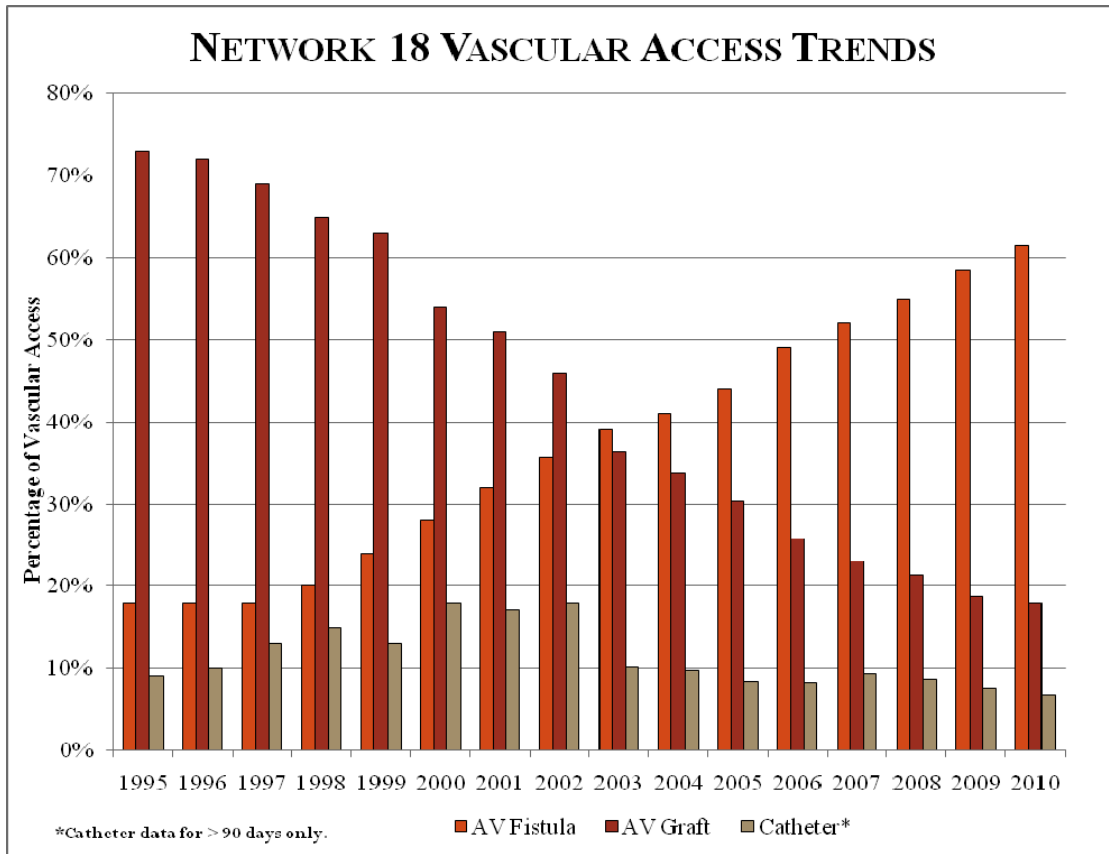
During 2010, the Network continued to provide regular feedback to all eligible facilities participating in the Fistula First project. Quarterly facility-specific vascular access feedback reports were generated from the SIMS Vascular Access Utility, and distributed to all eligible facilities in the Network. Each facility received facility specific SIMS-generated reports;

Vascular Access Used in Prevalent Patients, Fistula Use and Placement Rates in Incident Patients, Network reports produced by our statistician; Fistula First Supplemental Feedback Report and facility-specific Fistula First Feedback Report, a Network Newsletter with a vascular access section, Champion Vascular Access Facilities, one vascular access resource, and a flyer acknowledging those facilities who have achieved CMS's goal for prevalent AVF of 66% or greater.

The Network Newsletter is well-received by the provider community and has proven to be an excellent vehicle of communication with facilities to share the latest Fistula First developments and project-related successful practices on national and local levels. All present and past Network Newsletters are available on the Network 18 website.

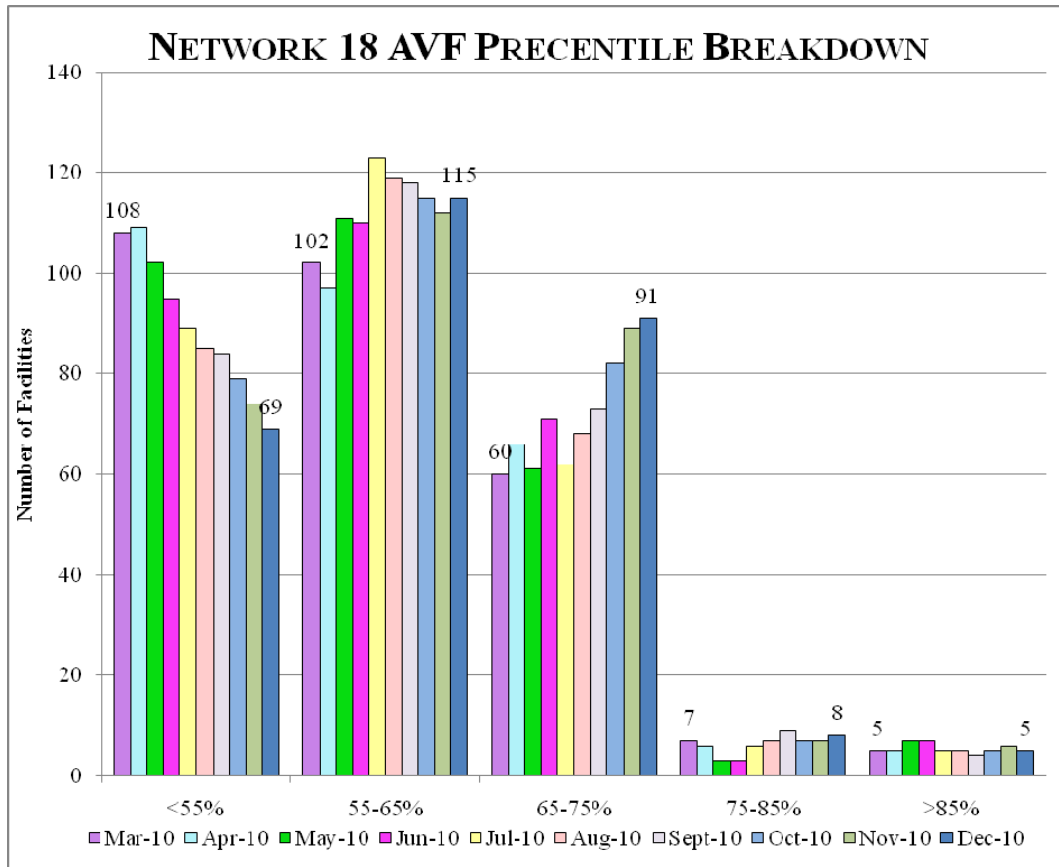
Graph 1, illustrates Network 18's continuous progress in increasing AV Fistulas, while decreasing AV Grafts, and CV Catheters from 1995 to 2010 when the Fistula First Breakthrough Initiative began in 2003, the Network AVF rate was 35.7%. Since then we have achieved a 25.8 percentage point increase. As stated previously, the Network AVF rate as of December 2010 was 61.4%. We are now only 4.5 percentage points away from the CMS goal of 66%.

Graph 1



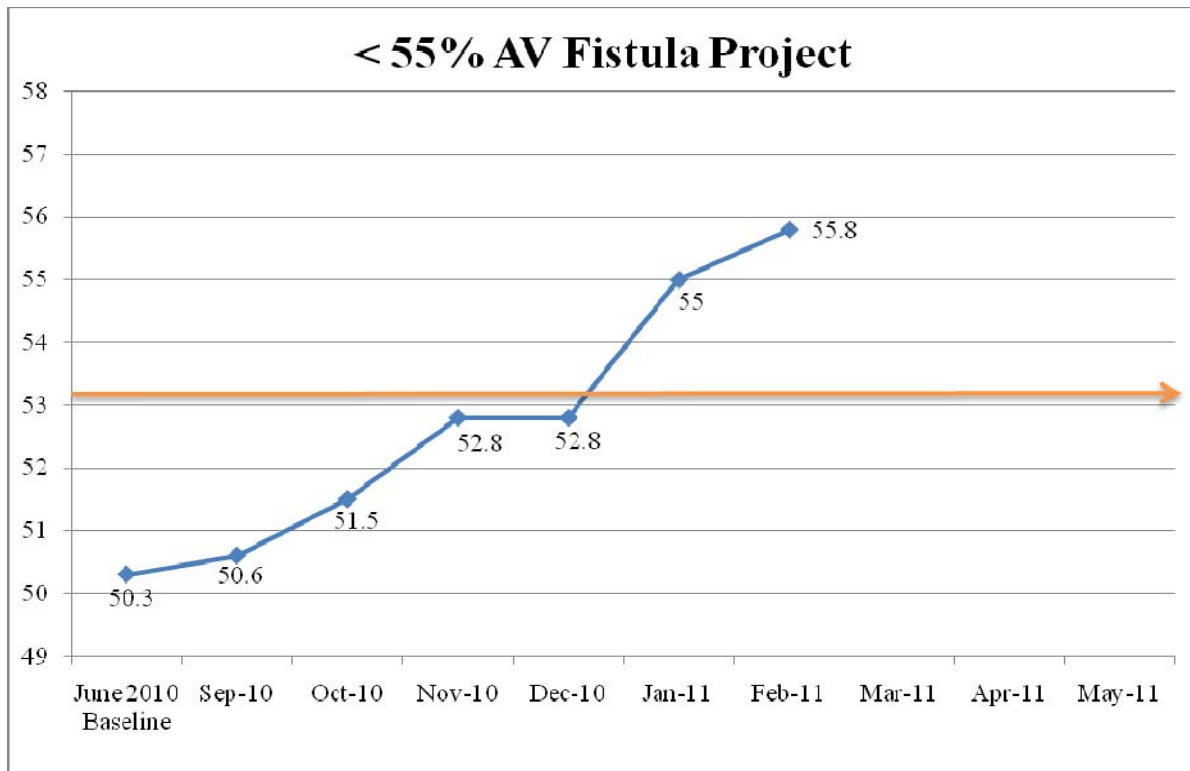
Using percentile breakdowns allows Network 18 to see the progress being made by all eligible Fistula First facilities within our Network. A percentile breakdown of vascular access distribution is shown in Graph 2 below. At the beginning of 2010, there were 108 facilities that fell below the Network AVF monitoring rate of 55%. As of December 2010, there are 69 facilities (24%) who were within this category. 219 facilities (76%) have at least a 55% AVF rate. These graphs are also available and regularly updated on the Network 18 website at [www.esrdnetwork18.org](http://www.esrdnetwork18.org). The Network continues to progress towards CMS's prevalent AVF goal of 66%.

Graph 2



During 2009-2010, the Network worked with the Medical Review Board (MRB) to conduct Quality Improvement Projects that addressed the FFBI’s emphasized strategies to support further improvements in AVF placement and use. They recommended increasing the facility monitoring rate to those facilities less than 55% and to continuing to reinforce facilities on the importance and priority of fistula placement unless it is not clinically optimal for the patient. Graph 3 depicts the increase in the AVF rate of the project facilities.

Graph 3



Projects concluded during the 2009-2010 contract period for Task 1b, are as follows:

*Task 1.b. Clinical Performance Measures (CPM) Collection (Anemia summary) 2009-2010.*

The Centers for Medicare & Medicaid Services (CMS), which oversees the Medicare program, contracts with 18 ESRD Network Organizations throughout the United States. The ESRD Networks perform oversight activities to assure appropriateness of services and protection for ESRD patients. The Network has established performance goals based on past performance, CMS thresholds and the NKF/KDOQI Clinical Practice Guidelines. The expectation is that facilities not meeting expected performance standards develop internal quality monitors and quality improvement projects to promote continuous improvement.

The Network reviewed the results of the preliminary 2008 CPM (Clinical Performance Measures) report and 2009 E-Lab Project. Most of Network 18's clinical indicators meet CMS goals and exceed the US average. The Network Medical Review Board (MRB) decided to monitor and provide technical assistance to those poor performers that did not meet Network goals.

The Network distributed Run Charts to all facilities that did not meet Network 18 goals for specific clinical indicators. Data collected were current facility rates for the months of June – August 2009. Because the majority of Network facilities met the Network goals for Adequacy and Nutrition based on June-August 2009 Run Charts, the MRB decided to revise the project to concentrate on only one indicator – Anemia sub-10 hemoglobin (< 4% of patients with Hgb < 10). The Run Charts revealed that 112 facilities did not meet this goal. The goal for the project was then updated. The goal was to decrease the aggregate percentage of patients in the intervention facilities with a Hgb < 10 by at least 2 percentage

points by April 2010. The aggregate sub-10 rate used as the baseline for this project was 9.2%. The Network monitored the facilities' progress quarterly through collection of quarterly anemia sub-10 data via run charts. The changes made to this project was submitted to the Project Officer and approved on November 9, 2009.

The Network collected QAPIs from the project facilities. The majority of facilities' QAPI plans focused on identifying the patients with < 10 hemoglobin levels and reasons why they were below 10 (co-morbid conditions, hospitalizations, etc.), closer monitoring of lab values for hemoglobin, iron and Ferritin, and closer attention to titration of medication. Run Charts for October – December 2009 were distributed and collected in February 2010. The results revealed that no improvements were made by the project facilities from the baseline. The project group's results were 0.1 percentage point higher than the baseline of 9.2%. The Network collected reasons from facilities that did not show improvements why they did not meet the Network goal. The Network prioritized these reasons and addressed those that could be impacted at the facility level. The top five reasons submitted by the project facilities were:

1. Hospitalization
2. Co-morbid conditions
3. New patient admissions
4. Infections
5. Non-compliance: missed treatments

Of the reasons listed above numbers 4 and 5 may best be impacted by the facility. Educational resources were mailed to the facilities to assist them in teaching their patients about infection and compliance with treatment. The majority of the resources provided were given in English and Spanish.

Final measurement for the project was collected in May 2010 for January – March 2010 data. The result of this monitoring revealed slight improvement from baseline. The aggregate sub-10 hemoglobin rate improved from 9.1% to 8.9%. Much discussion and debate has been conducted by the medical community and research continues regarding the appropriate hemoglobin range for patients receiving Erythropoiesis Stimulating Agents (ESAs). The MRB decided to conclude the project as written and will address this indicator again in the future when more research and standards are established. Closure of this project was approved by the Contracting Officer Technical Representative (COTR) on June 24, 2010.

#### *Task 1.b. Clinical Performance Measures (CPM) Collection (TSAT) 2010-2011.*

The Clinical Performance Measures (CPM) Project is an annual CMS-driven data collection that started in 1994. The purpose of the project is to provide comparative data to ESRD providers to assist them in assessing and improving the care provided to dialysis patients. The Networks also use this data to establish clinical performance goals based on past performance, CMS thresholds and the NKF/KDOQI clinical Practice Guidelines. Based on the National Kidney Foundation's Dialysis Outcome Quality Initiative (NKF-DOQI) Clinical Practice Guidelines, CPM is a national study that collects data from randomly selected adult hemodialysis (HD) and peritoneal dialysis (PD) patient samples throughout the United States that are statistically representative of every Network. There was no CPM data collection conducted in 2009.

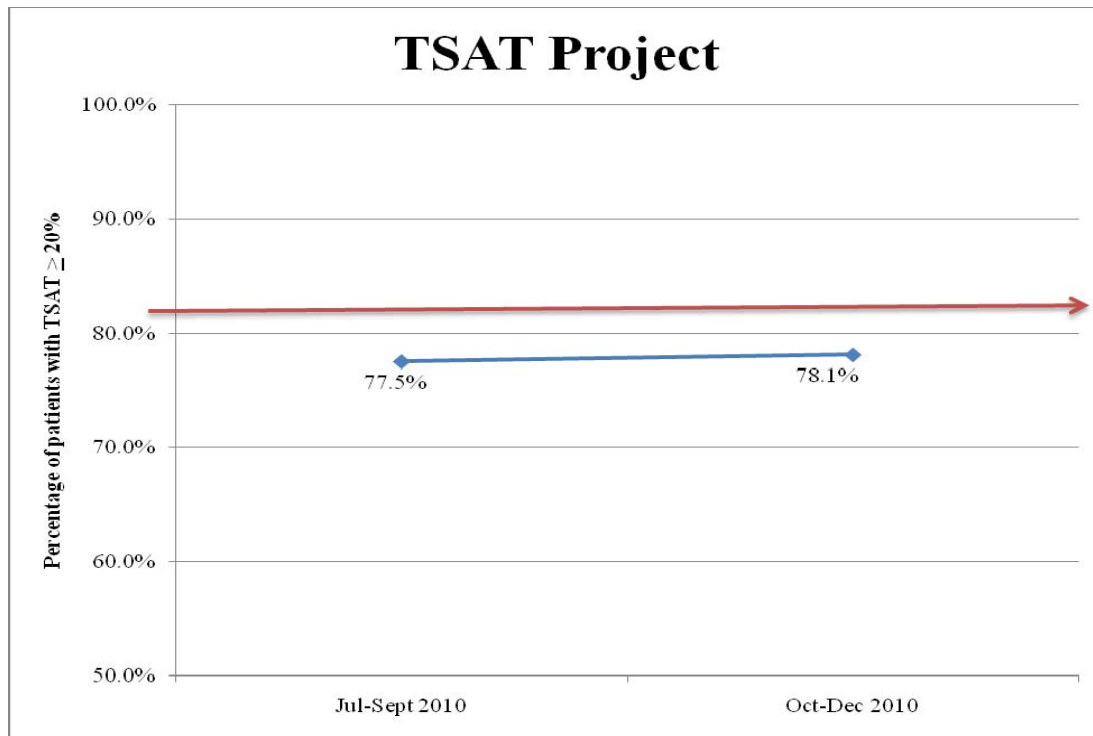
Since the CPM reports do not report facility-specific information, it is hard to design facility-specific interventions based solely on the CPM data. Therefore, the Network 18 Medical Review Board (MRB) also reviews facility-specific information from the annual E-Lab project (also known as Lab Data Collection Project) and other sources (i.e. Fistula First, Dialysis Facility Report, etc). E-lab project collects laboratory data from nearly 100% of dialysis facilities and patients, and provides facility-specific lab reports (dialysis adequacy, anemia, nutrition, and bone and mineral metabolism). This data allows

ESRD Networks to develop facility specific quality improvement activities in any identified areas of concern. As mentioned above, the Network together with the MRB develops goals for clinical indicators. The expectation is that facilities not meeting expected performance standards will be monitored by the Network and develop internal quality monitors to promote continuous improvement. Historically, the Network provided follow-up on clinical outcomes by monitoring facilities not meeting CMS goals for certain clinical indicators. The monitoring process consisted of 2 cycles of 3-month monitoring followed by a Formal Improvement Plan (FIP) if the facility did not improve. This year the Task 1.b project was designed by the Medical Review Board to provide awareness to clinicians on the use of iron therapy despite serum ferritin levels above the conservative KDOQI guidelines.

The goal was to increase the TSAT level in 33 project facilities from 80.2% to 81.4% by May 2011 while providing education on the new studies that have proven to be effective.

Initially the Network distributed Acknowledgement Letters to the Clinic Managers and Medical Directors informing them about the project and their requested participation in the project. Working closely with the MRB, the Network provided WebEx's and conference calls to educate facilities to consider continuing iron therapy with patients whose ferritin levels may be above the KDOQI guidelines. The Network collected Quality Assessment and Performance Improvement Plans from the participating facilities on how they intended to improve their TSAT rate. SDO's and LDO's have reported alterations in their Anemia Protocols which are inline with the opinions and suggestions of the Network/MRB. Though the project has made only slight improvements as depicted in Graph 4, this is significant as we did not anticipate large changes. These slight increases have intuitively provided improved patient care/outcomes and progress should continue as the awareness of these new innovations in Iron Therapy became more prevalent.

Graph 4



Projects concluded during the 2009-2010 contract period for Task 1c, are as follows:

*Task 1.c. Network-Specific Quality Improvement Projects (Immunization summary) 2009-2010 project.*

During this project, the Network assisted facilities in assessing and improving current immunization processes by identifying and overcoming the barriers that could be controlled at the facility level. In addition, the 2008 ESRD CfC requires that the Patient Assessment include an immunization history and the Quality Assessment and Performance Improvement program develop recommendations and action plans to promote immunizations. The ESRD Networks Medical Advisory Council's (MAC) Immunization Toolkit was distributed to all Network facilities in September 2009. The toolkit addressed the facility-specific barriers mentioned above and included:

1. General Information (Introduction/How to use the toolkit, PDSA Cycle, Immunization QAPI development, and sample of Vaccination CQI Project).
2. Data Tools (Immunization Data Collection Tool, Monthly Intervention Tracking Tool, Data Collection Tools for Influenza, Pneumovax and Hepatitis B, Immunization Data Collection Worksheet for Patient Record).
3. Resources and References (QAPI for ESRD Medical Directors, QAPI Team members Responsibilities and Roles, Immunization Resources available on the Internet, CDC Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease).

In addition to the MAC Immunization Toolkit, other immunization resources were distributed to the facilities during the project. These resources included:

- 2009-2010 Seasonal Influenza Vaccine Pocket Information Guide;
- 2009-2010 Pneumococcal Polysaccharide Vaccination Pocket Guide;
- California Department of Public Health Letter regarding resources available for Californians;
- CDC Press Release: The CDC & ACIP Recommendations for use of vaccine against novel influenza A (H1N1);
- MMWR: Use of Influenza A (H1N1) 2009 Monovalent Vaccine (Recommendations);
- CMS: Billing for the Administration of the Influenza A (H1N1) Virus Vaccine;
- CDC Health Advisory 2009 H1N1 Pandemic Update – Recommendation: *Pneumococcal Vaccination Recommended Helping Prevent Secondary Infections*.

Upon distribution of the toolkit, it was uploaded on the Network’s website and corporate contacts and community members at large were notified via email about the project and the resource available. The Network conducted an evaluation of the MAC Immunization Toolkit to assess its usefulness and it revealed that the most useful tool was the CDC Guidelines for *Vaccinating Kidney Disease Patients & Patients with Chronic Kidney Disease* as well as immunization resources available on the internet. The evaluation also revealed that 75-80% of facilities used their own tracking tools and worksheets for vaccinations.

A follow-up survey was conducted at the end of February 2010 to determine if improvements were made. The final results revealed an increase in the three vaccinations. Influenza vaccination increased from 65.8 percent to 76.7 percent. Pneumococcal vaccination increased from 52.9 to 62.1 percent and Hepatitis B vaccination increased from 53.4 percent to 58.5 percent. In the second survey, there was an additional question added to the portion of the survey addressing Hep B. The question stated “Number of patients with positive antibodies to Hep B”. This was not presented with the data collectors in consideration. The additional data collected had an overlap, (Patients being counted more than once for those with Positive Anti-HBs). The data collectors used lab values without regards to whether the patient was vaccinated or not as it was not specifically detailed in the survey instructions. The question on the survey should have been “Number of patients not vaccinated and immune”. Prior to the next survey a modification of this question will be requested. The survey still provided valuable comparative data as the basic measures reported above were exacting from September 2009 as compared to March 2010 with considerable improvement noted in each of the three categories.

- Results of Network 18’s Immunization Project were exchanged with Network 17 in a collaborative effort to establish Immunization results for all of California. These results are significant with greater than 80 percent of California’s facilities were in participation. The total percentage of California patients who received vaccinations in these three areas are as follows:
  - Influenza 79%.
  - Pneumonia Vaccine 62.1%.
  - Hepatitis B 60.7%.

<b>Immunization Collaboration</b>	NW 17	NW 18	CA Total
Total # of submitting facilities	116	300	416
Total # of dialysis facilities (CA)	196	306	502
Submission percentage	59.2%	98.0%	<b>82.9%</b>
Total # of patients in submitting facility	8955	32033	40988
Total # of patients that received Influenza Vaccine	7601	24862	32463
% of patients that received Influenza Vaccine	84.9%	76.50%	<b>79.2%</b>
Total # of patients that received Pneumonia Vaccine	5308	20133	25441
% of patients that received Pneumonia Vaccine	59.3%	62.0%	<b>62.1%</b>
Total # of patients that received Hep B Series	5908	18963	24871
% of patients that received Hep B Series	66.0%	58.4%	<b>60.7%</b>

*Task 1.c. Network-Specific Quality Improvement Projects (Blood Labeling Errors) 2010-2011.*

Network 18 participates and collaborates with facilities and local renal organizations within our network to support continuous improvement in patient care, outcomes, safety, and satisfaction. In April 2010, the Network Quality Improvement Manager (QIM) was asked to present at the Donation Service Area Clinical & Procurement Coordinating Meeting. Local transplant facility administrators, transplant surgeons, and transplant center staff attended this meeting. At the request of the meeting organizers, the QIM presented on the topic of blood sample labeling. It was brought to the attention of the QIM that transplant centers were experiencing multiple problems with dialysis facilities submitting incorrectly labeled blood specimens. The transplant centers verbally requested assistance from the Network to educate, provide awareness of the issues and remedy the problems within the dialysis facilities.

To address the concerns of the transplant centers and ensure patient safety, the Network worked with all 16-transplant centers and the laboratories that were utilized in monitoring and educating dialysis facilities in accurately labeling blood specimens. In identifying the extent of this problem, the Network collected blood sample labeling errors from the transplant centers.

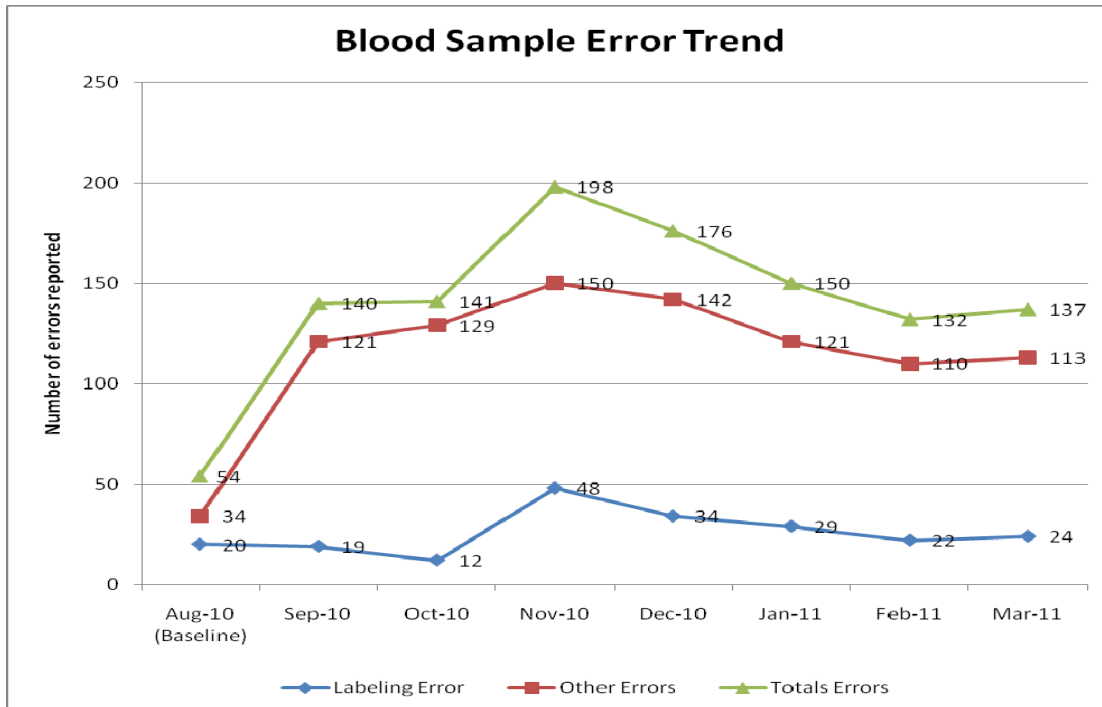
The Network provided an initial WebEx on “Blood Sample Labeling” in July 2010. Upon receipt of the initial data from the transplant centers and their labs, the Network realized that not only were there issues with labeling but a multitude of other issues. This prompted the Network to conduct a modified Failure Modes Effects Analysis (FMEA) on the blood sampling errors, without altering the integrity of the project we assisted facilities and centers in eliminating not only labeling errors but other systemic and procedural errors as well.

The Joint Commission developed *National Patient Safety Goals*, which were revised in 2010 to address specific areas of concern in regards to patient safety. The first patient safety goal for laboratories is to “Improve the accuracy of patient identification.” Although dialysis facilities are not under the jurisdiction of the Joint Commission, laboratories associated with the transplant centers are. In order for the laboratories to fulfill this requirement, the dialysis facilities should adhere to their requirements to

ensure the transplant centers are getting the samples they require in the packaging that is acceptable to the Clinical Laboratory Improvement Amendments (CLIA) and The Joint Commission (TJC).

Network is continuing to collect labeling and other errors submitted by dialysis facilities. Upon analysis, results show that there has been improvements made in decreasing the number of errors being submitted by dialysis facilities as shown in the graph below (Graph 5).

Graph 5



\*Due to delays in data collection from sources, some data was not included in the baseline analysis, 100 percent data collection was initially received Nov 2010.

The Network continues to send reminder notices to the project contacts to ensure submission of error data and reinforcement reminder that this is a zero tolerance issue that all blood samples collected are to be properly drawn, labeled, stored and delivered without error.

The QIM presented at the Transplant Administrator Committee Meeting in January 2011. He presented on the progress of the Network's Blood Sample Labeling Error Project. The Administrators were glad and appreciative of the Network's efforts in decreasing the number of errors submitted. Presentation slides are available in the QI Department.

The Network included an article in the Network Newsletter, Volume 4, regarding the findings of this project thus far. The article contained a table of all errors submitted and ways in which to resolve those errors.

Projects concluded during the 2009-2010 contract period for Task 1d, are as follows:

*Task 1.d. Facility-Specific Quality Assessment and Performance Improvement Projects (QAPIs) (Standard Mortality Rate summary) 2009-2010.*

According to the 2009 Dialysis Facility Reports (DFRs) produced by the University of Michigan Kidney Epidemiology and Cost Center (UM-KICC), 11 facilities in the Network had a SMR rated “Worse than Expected”. The Network replicated the same SMR Project from the previous year (2008-2009). As with the previous project, each facility’s interdisciplinary team developed a comprehensive Quality Assessment and Performance Improvement (QAPI) plan utilizing the Plan-Do-Study-Act (PDSA) model to improve their SMR based on the Process Review Checklist. The Process Review Checklist lists all possible aspects of dialysis care that can affect SMR. The Medical Director was required to sign the QAPI plan prior to submission of a copy to the Network. Successful completion of their plan will be based on the development of a process, Policy & Procedure, or program to address identified area(s) for improvement. Supporting documents such as tracking logs, meeting notes, etc. were collected to verify and monitor that the facility implemented their plan. The Network monitored target facilities’ SMRs for the years 2009-2010, to see if process changes have resulted in SMR improvement. The goal of this project was to have at least 90% of target facilities (N=11) conduct formal QAPI projects to address their SMR based on their identified issues(s) for high SMR.

The Network collected all 11 facilities QAPI plans thus meeting the goal of the project. Upon review of the facilities’ QAPI plans, a vast majority of the facilities did not understand the fundamentals of writing or conducting a quality improvement project. Many facilities did however, understand the clinical causation of mortality; they created interventions and monitored those indicators such as adequacy of dialysis, hemoglobin, AVF utilization, and serum albumin as a generic plan to decrease mortality. Some facilities also focused on management issues such as accuracy and compliance of the 2728 forms (Medical Evidence Form) and the 2746 forms (Death Notification Form). It did not appear that each facility looked specifically at their own issues; but instead, used broad and common indicators to complete their QAPIs. The QAPIs showed that most facilities never found the root cause specific to their facility and never developed a problem statement. This left facilities without a true and specific focus thus directing some of their efforts in areas that would have minimal affect on their SMR; they were addressing issues that were at normal levels. Focusing on the troubled areas would have been more successful and added a purpose to the project. Facilities did show improvement as many of them realize those simple things inherent to mortality, however, a systematic approach was needed and NW 18’s provided the guidance and education for facilities to complete a thorough and comprehensive Quality Improvement Plan. The QAPI forms distributed were further explained and facility-wide training was conducted via a WebEx.

The WebEx presentation was conducted on the quality improvement process and how to develop a QAPI plan. Because all facilities should be conducting QAPIs as required by the Conditions for Coverage (CfC), the Network felt that this presentation would be beneficial to all Network facilities. We decided to open the WebEx to all facilities. In order to accommodate all Network facilities the WebEx will be conducted for three (3) days, July 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> of 2010. Facilities were asked to register for one (1) of the three (3) days. Continuing Education Units (CEU) were offered to the attendees. Evaluation of the presentation and a post-test were obtained from participants in order to receive their CEU’s.

The final QAPIs were collected at the end of the project and revealed that facilities were improving in the indicators they were monitoring. Closure of this project was approved by the Contracting Officer Technical Representative (COTR) on July 7, 2010.

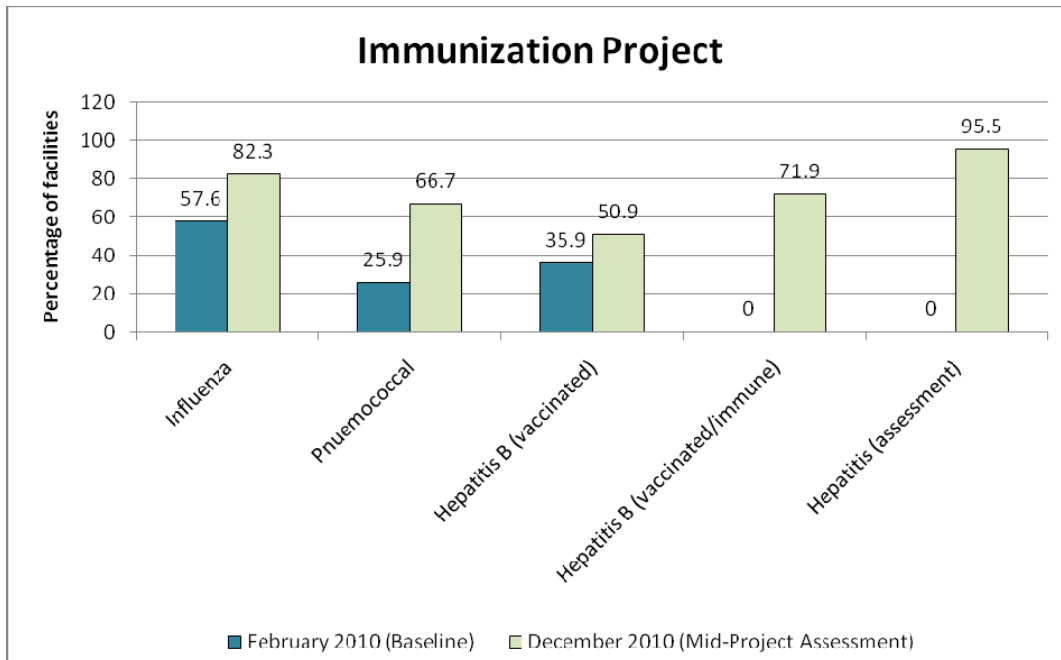
*Task 1.d. Facility-Specific Quality Assessment and Performance Improvement Projects (QAPIs) (Immunization) 2010-2011.*

Per the Conditions for Coverage, the facilities are required to offer patients the influenza, pneumococcal and Hepatitis B vaccine and have immunization histories for these vaccines tracked. Patients do have the right to refuse immunization. However, patients should only refuse after being given all vaccine information/resources and the patient has been educated about the vaccine and all patients must be assessed for Hepatitis B. During this project, we have improved vaccination rates for the identified facilities through education of patients and staff. We utilize the *Comprehensive Resource Guide of Educational Materials on Hepatitis B, Influenza, and Pneumococcal Immunizations* developed by the Safe & Timely Immunizations Coalition. The resource guide offers resource materials for providers and patients. Facilities are expected to utilize this guide as applicable to enhance their vaccination program. Facilities will be asked to submit a copy of their current vaccination process and/or develop one if none is currently in place.

One-on-one teaching has been stressed versus distribution of materials alone. For facilities that may not vaccinate patients at their location, they will be expected to educate the patient and encourage the patient to receive the vaccination where available (i.e. doctor’s office, clinic, pharmacy, etc.). Facilities are expected to track their vaccination efforts internally and submit an aggregate total quarterly to the Network as evidence of implementation. February 2010 vaccination data will be used as baseline for the project.

In collaboration with Network 17, a vaccination survey similar to the one used in the 2009-2010 immunization project will be distributed to all facilities at the end of the project to assess improvement from the 2009-2010 California results. This data will be provided to the Centers for Disease Control and Prevention (CDC), the California Department of Health and Human Services (CDPH) and the Centers for Medicaid and Medicare (CMS).

Graph 6



\*Data was not collected for Hepatitis B (vaccinated/immune/assessment) in the initial February baseline scan. The final assessment will be received in June 2011.

# CMS National Goals and Network Activities

## Goal 2

Improve the independence, quality of life and rehabilitation (to the extent possible) of individuals with ESRD through support for transplantation.

### Facility and Patient Education on Vocational Rehabilitation, Quality of Life, Modalities and Other Self-Care Issues

#### Vocational Rehabilitation

The CMS Vocational Rehabilitation Survey (VR), which is part of the yearly facility survey, is completed annually on all dialysis patients between the ages of 18 and 54 since 2004. The VR Survey includes patient level data on referrals to vocational rehabilitation services, employment and/or educational status by facility. Facility level data on shifts offered after 5 PM are also included (see 2010 Vocational Rehabilitation Table # 8 in the data tables section). This has an impact on the ability of the patients to seek and/or maintain employment. Each dialysis facility is required to report the following information:

- Number of patients between the ages of 18-54 who are receiving vocational rehabilitation service.
- Number of patients between the ages 18-54 who are employed full or part-time.
- Number of patients between the ages of 18-54 who are in school full or part-time.

<i>Network 18 Vocational Rehabilitation Data</i>					
<b>Year</b>	<b>% Between 18-54</b>	<b>% Receiving VR</b>	<b>% Employed FT or PT</b>	<b>% In School FT or PT</b>	<b>% of Facilities with after 5PM</b>
2006	32.7%	2.04%	22.9%	3.9%	25.9%
2007	33.1%	3.36%	23.6%	4.6%	27%
2008	32.6%	2.8%	26.4%	4.3%	31.7%
2009	31.7%	0.7%	77.4%	1.5%	31.6%
2010	32%	2%	26%	5%	24%

Network 18 encourages participation in vocational rehabilitation activities by continuing to support the referral and application process for ESRD patients in California.

- Annually Network 18 provides a Vocational Rehabilitation Toolkit to every facility in its Network. The toolkit contains materials and resources to assist facilities in their vocational rehabilitation efforts. The toolkit is revised on a yearly basis in response to the needs of the renal community. The toolkit consist of the following materials and are available on our website:
  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 (also posted on NW website).
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: They are independent centers contracted by DOR. These are 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.
12. Guidelines for Assessment and Referral to Vocational Rehabilitation.
13. Work Incentives Planning and Assistance (WIPA) Program.

Network 18 recognizes rehabilitation goes beyond vocational activities and must be individualized to the patient. Rehabilitation may include a broad range of activities depending upon the patient's individual situation, physical condition, resources, and personal goals. Network 18 activities in 2010 in recognition and support of the broader definition of patient rehabilitation included:

- Rehabilitation materials in its Patient Educational packet.
- Information is made available on treatment modalities, home treatments choices, transplant options and vascular access which all have rehabilitation benefits.
- An updated list of Mental Health Resource agencies for all different counties in Network 18.

### **Self-Care**

Network 18 focuses on self-care dialysis as a preferred modality and the Patient Services department makes great effort in educating the community on self-care treatment modalities. Descriptive information on self-care modalities was provided to patients in response to individual requests, as part of the New ESRD Patient Orientation Packet mailed to all new dialysis patients and in resource materials available on the Network's web site or in hard copy to patients. It is the Network's goal is to ensure all patients are receiving information about self-care dialysis and that they are aided in obtaining this modality, if it is their choice and is medically appropriate. With the Conditions for Coverage placing a larger focus on self-care treatment modalities, we hope to see a small growth in the home treatment modalities in the future.

Information related to Treatment Modalities was mailed to facilities on December 30, 2010.

### **Transplant**

Network 18 promotes transplantation as a treatment modality through distribution of the New Patient Packet, to patients in response to individual requests and educational activities through the CNSW chapters. Information can also be found on the Network website and the KCSC website on the transplant packet. The packet contains the following resources and is available in Spanish as well:

- Kidney411.org Postcard.
- Medicare Coverage of Kidney Dialysis and Kidney Transplant Services.
- Treatment Methods for Kidney Failure: Transplantation.
- What You Should Know About Medicare Prescription Drug Coverage (Part D) If you Have a Kidney Transplant.

- Issues for Today’s Transplant Recipients-A Guide.
- Taking Control-Money Matters for People with Chronic Kidney Disease.
- Nutrition & Transplantation.
- NKF-25 Facts About Organ Donation and Transplantation.
- What Every Patient Needs to Know.
- Partnering with your Transplant Team: “The Patient’s Guide to Transplant”.
- Questions and Answers for Transplant Candidates and Families about Multiple Listing and Waiting Time Transfer.
- New Horizons-Your Pre-transplant guide (kidney).
- Speaking Frankly-A Guide to Sexual Issues and Transplantation.
- Donate Life Brochure.
- Donating a Kidney: What You Should Know.
- Transplantation: An Option for Advance Kidney Disease.
- Kidney Transplant-Related Financial Resources.
- Resource List for additional materials.

This packet will be updated and mailed to all facilities and transplant centers in FY 11-12.

### **End-of-life**

Coordinating End-of-Life (EOL) needs is an essential component of quality of care for the ESRD patient. There are many questions on how best to help patients express their end-of-life and palliative care needs and how to meet the educational needs of patients, families, and healthcare professionals, and what resources are available. Increasing calls have been received in 2010 related to EOL due to the aging population being diagnosed with Dementia. Network 18 revised the EOL mailing to include updated and new information as well as maintain already used materials. It utilized resource materials from Network 5 EOL coalition, the State of California information, and other EOL organizations to create a resource toolkit: The toolkit comprises the following information and similar version is available in Spanish:

- Services for Patients Flyer;
- ESRD Additional Resources List;
- End-of-Life Attitudes in California FACTS;
- End-of-Life Care for Renal Patients-Questions and Answers;
- Advance Health Care Directive Fact Sheet for Consumers;
- Advance Directives & End of Life Care-Online resources (brochure);
- Plan Ahead: Advance Care Planning (brochure);
- The Advance Health Care Directive Act: A Guide for Chronic Dialysis Patients (booklet).
- Advance Care Planning: For the Dialysis Patient and their Family (booklet);
- Shared Decision Making in the Appropriate Initiation of and Withdrawal from Dialysis;
- When Stopping Dialysis Treatment is Your Choice;
- What should you know about Palliative Care;
- Hopeline Postcard (Renal Support Network);
- POLST: FAQ’s;
- Facing Serious Illness: Making Your Wishes Known;
- Medicare Hospice Benefits.

## **Kidney Community of Southern California (KCSC)**

It has now been 5 years since The Kidney Community of Southern California (KCSC) Coalition was initiated. It started out as a CKD and ESRD education and prevention focused coalition that strived to reach patients directly and via the provider and professional communities.

Due to the loss of our local QIO's contract (Lumetra) in late 2008, The Kidney Community of Southern California Coalition had to refocus its direction away from CKD. In light of recent emergency events (wildfires and small earthquakes) within Southern California, the members agreed that it would be more beneficial to focus its efforts in Emergency Preparedness education of patients and staff. With the permission of the CMS Project Officer, Executive Director and the Medical Review Board, the new focus of the Kidney Community of Southern California Coalition is Emergency Preparedness education.

The mission and goals of the coalition were established after the focus re-design as the following:

**Mission:** To provide greater coordination and effectiveness of educational resources to improve and support quality of care for persons with kidney disease in Southern California.

**Goals:**

1. To achieve broad & growing representation of local, regional and national renal organizations in the community.
2. To develop innovative mechanisms to facilitate coordination of education programming for patients, professionals and member organizations.
3. To serve as an effective clearing-house for existing and new renal-related information when a need is identified and no existing resource is found.
4. To prepare new additional materials as necessary and appropriate.
5. To ensure the needs of underserved population are of significant consideration in all community initiatives and activities.

The Coalition successfully held an Emergency Preparedness conference on October 21, 2010 with support of the coalition members, Board of Directors and Medical Review Board. Network 18 will be recruiting new members during the upcoming fiscal year and has solidified the date for our next Emergency Preparedness conference for October 20, 2011.

## **Other Activities**

The Patient Advisory Committee (PAC) vice-chair assisted the Network in developing the Emergency Preparedness conference and was also a speaker of the meeting. The PAC chair and vice-chair have approved and supported a shift in the PAC to re-design the goals and mission and recruit new members. The recruitment process will begin with facility notification in the April 2011 Network mailing.

During 2010, Network 18 provided numerous resources to the patients. The Network uses various mechanisms to share the information including U.S. regular mail service, direct mailing to the facility for distribution to patients, emailing facility and transplant center Social Workers, participation in local CNSW chapter meetings, and via the Network website. Below is a sample of information, which it made available:

- Information on the services the Network has available via brochure, "Services for Patients;"
- Information related to complaints and grievances, Network 18 Statement on Patient Rights & Responsibilities and contact information for State Survey Agencies and Network 18;

- Educational resources on vascular access, treatment modalities, transplant, Advance Health Care Directives, emergency preparedness, vocational rehabilitation and financial assistance programs;
- Resources provided by CKD & ESRD community organization including the NKF, AAKP, and RSN;
- Dialysis Facility Compare (DFC) purpose, instructions and postcards;
- Contact information for support groups.

# CMS National Goals and Network Activities

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## Goal 3

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

### Patient Services Activities

Network 18's Patient Services Department dedicates considerable resources to Patient Services activities, working directly with patients, and with facilities and other renal-related organizations on behalf of patients. The Patient Services Department has the responsibility for patient/facility education, processing complaints and grievances, and working closely with patient organizations and Network 18's local Council of Nephrology Social Worker (CNSW) chapters to support the goal of improving the health care services and quality of life for ESRD patients. The following is a description of the key patient services-related activities conducted in 2010:

- The Patient Services Department continued to work closely with the local CNSW chapters to disseminate information to patients and other healthcare providers as well as reinforcing the Conditions for Coverage.
- The Patient Services Department continues to provide education with the provider regarding the Conditions for Coverage. The areas that continue to require the most assistance was the Comprehensive Assessment, Patient Plan of Care, Patient Rights, Involuntary Discharge and roles of Medical Director.
- The Network Involuntary Discharge Guidelines and Process was updated in 2010 and disseminated in early 2011.
- There were several calls to the Network that required information from other agencies for problems related to Medicare and/or Medi-cal benefits. Medicare calls have increased due to the new Bundle Payment System that has required increase knowledge of benefits. The Patient Services Coordinator took part in an on-line benefits training to become better acquainted with the benefits available to those that qualify for disability.
- The Network sent a technical assistance letter with resources and the Network's Position Statement on Involuntary Discharge to all facilities on involuntary discharges and offered its assistance for challenging situations.
- Network 18's grievance packet is sent out to patients/families who wish to file a complaint or grievance; however, return of the packet is not required. The Patient Services Department has developed a confirmation system for patients to at least acknowledge the receipt of the packet. Patients simply now sign a self-addressed, stamped post card that was developed and mail it back to the Network. The packet contains several resources: 1) "How to Address Your Concern" which informs patient/family on how to direct their questions to staff at the facility level and how the Network or State Agency can assist, 2) A brochure, "Services For Patients", that informs them of services available to them from the Network, 3) Another brochure on "Complaints and Grievances: A Guide for Patient and Families" which provides information on how to obtain assistance with quality of care issues/complaints, 4) Patient Rights and Responsibilities, 5) Grievance guidelines and grievance form, and a timeline used by the Network in resolving the concerns. The packet of information is available in Spanish and both English and Spanish versions are available on the website.
- Network 18 maintains a small clearinghouse library of educational materials from other renal related organizations. These materials are available and 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. This list continues to be updated/revised and disseminated annually to all providers, and is available on the Network website. These resources have primarily been converted to electronic versions.

- The Network has a transplant packet for patients/families and facility's available upon request. The resources come from a variety of different organizations to help the pre-transplant candidate make informed decisions about this treatment option. We continue to provide this transplant resource to the ESRD community and review new transplant resources to add to the packet. The packet information is available on the website and in Spanish.

Throughout the year, Network staff provides information, counseling, guidance and/or referral to patients, families and callers on a variety of clinical issues. Callers can also request assistance regarding: Medicare covered services, Medicare Part-D program, insurance coverage for transplant recipients who lose Medicare entitlement, any type of financial assistance, any type of healthcare insurance coverage, patient rights and responsibilities, staffing ratios/standards, confidentiality issues, access to their medical records and especially calls requesting information on Skilled Nursing Facilities (SNF)s that provide dialysis services to ventilator-dependent, morbidly obese, and other special needs patients. Over the past year, the Patient Services Department has received several calls from providers in other states regarding dialyzing undocumented ESRD patients and how to manage them. These calls have slowly tapered down as individual states have created immigration laws or other healthcare services have come available. Network 18 has provided facilities with memorandums and alerts from state and federal agencies to assist facilities with these difficult immigration situations such as Permanently Residing Under Color Of Law (PRUCOL), and other suggestions to manage these issues. An increase in calls related to aging issues, specifically Dementia/Alzheimer's Disease. This has required collaborative efforts within the mental health community and referring facilities to seek expert training related to these issues.

- Annually Network 18's grievance procedure/grievance forms (English and Spanish versions) are reviewed, updated, and distributed to all facilities; along with all other complaint and grievance documents in the Patient Services Resource mailing to be distributed to patients (available on website). The Resource mailing consisted 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.
- Starting in 2010 Network 18 and Network 17 collaborated in a Decreasing Patient-Provider Conflict project. There were 5 sessions with each session covering a different section of the toolkit.

### **Resolve Patient Complaints and Grievances**

During 2010, all policies and procedures related to task 2g were updated including the investigation and resolution of complaints/grievances. ESRD Networks are required to process patient complaints/grievances regarding the quality of care at their dialysis facilities. Network 18 follows the procedures outlined in the ESRD Manual, Chapter 7, issued by CMS and 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, the following steps are taken:

- An objective investigation is conducted by gathering information from the complainant and searching for previous contacts and complaints in the Network Contact Utility (NCU);
- Reviews facility-specific data;
- Directly contacting the appropriate staff person at the facility;
- Request and review relevant documentation;
- Presents the information to the Medical Review Board quarterly and to the MRB Patient Services Sub-Committee when needed.

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 the Network involvement: referral, informal complaint process, and formal grievance process. All complainants are explained the ability the Network has and does not have to resolve complaints. The Patient Services staff also discusses the limitations of confidentiality with all complainants.

The Network analyzes grievance information and presents a quarterly report to the MRB. Network 18 also runs an internal trending report from the NCU that analyzes complaints/grievances by facility. The Network collaborates with the State Survey Agency ESRD district offices in certain grievance situations, especially when the grievance includes the Conditions for Coverage, physical environment, and/or governance issues.

Network 18 providers are encouraged to use a proactive approach for preventing and resolving complaints/grievances, including developing clear policies, use of the Decreasing Patient-Provider Conflict toolkit, and using effective communication with patients and family members.

The Patient Services Department provided technical assistance to facilities in 2010, which included guidance on the issue of involuntary discharges of patients. During these discussions, suggestions were made to the facility administrators, head nurses, social workers, and physicians, concentrating on options for dealing with challenging patients in order to prevent/delay patient discharge. Some of the options included implementing a behavioral contract; shortened treatment time immediately following inappropriate behavior; and making referrals to deal with root causes of some inappropriate behaviors, substance abuse, and mental health concerns.

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 their intention to open. They are also instructed to distribute/make available all Network complaint/grievance literature to patients and staff. The grievance packet includes the grievance form, the Services for Patients brochure, Complaints and Grievances: A Guide For Patients and Families, and the Timetable for Complaints and Grievances brochures.

Patient Services staff provided presentations/In-services on the role of the Network in handling complaints and grievances; how the Conditions for Coverage impact how facilities manage an involuntary discharge, and how to manage challenging patient situations.

### **Assessing Complaints and Grievances**

The Patient Services Department 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 staff addresses all complaints/grievances with compassion and uses active listening and mediation skills to prevent the escalation of 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 number of grievances and complaints received at Network 18 has been steadily rising since 2005. The table below shows an increase in the number of complaints/grievances received. This may reflect the Network's proactive approach and effort in educating and empowering the beneficiaries on how to and/or where to report a complaint/grievance. The increase may also reflect the provider's efforts to educate the beneficiaries on their rights to file a complaint when they feel their quality of care is affected. It may reflect the efforts the beneficiary and providers have taken to resolve their concerns on their own at the facility level. It also reflects the Networks continued efforts on educating providers on the availability of Network resources and the Decreasing Patient/Provider Conflict (DPC) program and toolkit.

### *Grievances and Complaints by Year*

<i>Category</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
Grievances	7	8	11	12	15	23
Complaints	59	48	34	44	42	93

#### **Grievances**

Network 18 processed twenty-three (23) new patient grievances in 2010. Four (4) grievances were related to Patient Transfer/Discharge; One (1) was related to Physical Environment; Two (2) were Staff Related; and the remaining sixteen (16) were related to Treatment/Quality of Care.

All of the grievances were resolved to the best of the Networks ability, and grievants' were notified by letter that they could appeal to SSA and CMS Regional Office, if they were not satisfied.

#### **Complaints**

Network 18 devoted considerable time and resources to ninety-three (93) complaints that required Network involvement and intervention. The majority of complaints were received by telephone from beneficiaries and/or concerned parties. After these initial contacts 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: Network 18's 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 for Coverage, patients were given their State Agency contact numbers, and Network staff notified the appropriate State Agency ESRD district office.

The ninety-three (93) complaints were primarily filed resulting from issues related to Treatment/Quality of Care which represented sixty-one (61) of the complaints filed with the Network. Twenty (20) complaints were filed with the area of concern as Staff Related; Two (2) cases were due to Reimbursement/Financial; Nine (9) complaints were filed due to the Physical Environment of the facility; and One (1) complaint was due to a Patient Transfer/Discharge.

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 to both providers and patients.

Network 18 continues to remain concerned about difficult/abusive patient behavior. The Patient Services Department has devoted many hours to advising facilities on how to handle such situations, assisting with draft treatment agreements, or promoting development of basic communication skills. We have also dedicated considerable resources to continuing the dissemination of Decreasing Dialysis Patient-Provider Conflict (DPC) information/toolkit. The Patient Services Department has also referred facilities to work collaboratively with the local mental health agencies due to increasing numbers of cases related to the mental health diagnoses of patients.

The following table helps to illustrate the diversity of Patient-Initiated contacts into the NCU Contact Classification categories by Area of Concern for 2010 Calendar year. Many of the contacts contain more than one area of concern. For the purpose of this table, only the primary area of concern from each contact is reported. There has been a decrease in calls over the last two years. As the Patient Services Department becomes more integrated with the facilities, it is hoped that this number will increase.

<i>Contact</i>	<i>Patient-Initiated Contact to Network</i>					
	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
Information	58	55	63	70	25	11
Professional Ethics	0	1	7	8	1	0
Reimbursement/Financial	56	54	44	28	7	4
Educational Material	21	29	33	41	12	16
Staff Related	28	39	24	27	24	2
Transient	9	4	1	0	3	1
Treatment Related/QOC	51	29	29	31	37	13
Other	18	2	5	34	3	2
Patient Transfer/Discharge	12	7	5	9	5	3
Physical Environment	5	4	3	8	4	3
Request Technical Assistance	8	13	13	45	3	9
Dialysis Compare Website	1	1	1	1	1	1
Abusive	0	0	0	1	0	0
Disruptive	1	0	0	0	0	1
Non-Compliant	1	0	0	1	0	0
Pre-ESRD Inquiry	9	11	2	3	3	1
<b>Total</b>	<b>278</b>	<b>249</b>	<b>230</b>	<b>307</b>	<b>128</b>	<b>67</b>

Between the Patient Services, Quality Improvement, and Data Departments there were nine hundred twenty-four (924) calls from facility representatives in 2010. These inquiries and concerns were categorized according to NCU Areas of Concern in the following categories:

- *Disruptive* received 127 calls.
- *Non-Compliant* received 44 calls.
- *Patient Transfer/Discharge* received 78 calls.
- *Abusive* received 42 calls.
- *Treatment Related/Quality of Care* received 42 calls.
- *Reimbursement/Financial* received 46 calls.
- *Technical Assistance* received 127 calls.
- *Information* received 49 calls.
- *Other* received 28 calls.
- *Physical Environment* received 8 calls.
- *Staff Related* each received 4 calls.
- *Educational Materials* received 19 calls.
- *QI Projects* received 303 calls.
- *Dialysis Compare Website* received 1 call.
- *Professional Ethics* received 2 calls.
- *Transient* received 6 calls.

The facility representative calls increased substantially in the past few years and may be attributed to two reasons: 1) The increased efforts of the Quality Improvement and Patient Services Departments in documenting the calls coming into each department; 2) The increased number of projects in the QI department and the need of the ESRD community to understand and implement the Conditions for Coverage.

Over the past several years, the issue of Involuntary Discharges has been a priority and a great concern for CMS but there hasn't been consistent way of tracking or trending these cases nationally. In 2010 CMS developed a trending/tracking for the IVD database that all Networks are to use.

The Network provides callers inquiring about Involuntary Discharge with the Regulations addressing the issue, Network 18's MRB statement on Involuntary Discharge reporting and Decreasing Dialysis Patient-Provider Conflict (DPC) Executive Summary on involuntary discharge. The providers are expected to thoroughly document patient behaviors and steps taken to assist patients in changing problematic behavior. The Network educates the facility staff by informing them they are required to provide the patient with a 30-day notice and that the patient provided with assistance in securing placement in another facility. The Patient Services Department expects that the facility will explore all barriers and solutions in hopes of avoiding the Involuntary Discharge. For the year 2010, there have been a total of 30 Involuntary Discharges. The reasons for these discharges are shown below:

<i>Medical Needs (CfC)</i>	<i>Disruptive/Abusive Behavior (CfC)</i>	<i>Immediate severe threat (CfC)</i>	<i>Non-Payment (CfC)</i>	<i>Termination by Physician (invalid under CfC)</i>	<i>Other</i>
1	6	13	8	1	1

# CMS National Goals and Network Activities

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## Goal 4

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

ESRD Network 18 supports dialysis and transplant providers through direct interaction and partnerships with them. The Network can also serve as a resource and conduit for information to facilities through sharing of ongoing communications with government agencies and other renal-related organizations. Patient care and safety, facility operations, and improved regulatory compliance are all support and oversight requirements provided by the Network. The Board-approved SCRDC, Inc. Mission Statement reflects this commitment:

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

To this end, there were numerous activities during 2010 that support both the mission and the goals of Network 18.

### **ESRD Provider Community**

- Network 18's staff (QIM, PSM, DM and coordinators) conducted site visits at several SCRDC, Inc. facilities for purposes of Data/QI/CROWNWeb training, patient complaint/grievance follow-up, in service request, new facility orientation, Fistula First project follow-up, or community outreach.
- Dialysis providers representing large, medium and small organizations are included in all of the projects in the Network's annual Quality Improvement Work Plan. During 2010, a total of 159 dialysis facilities were participating in one of the Network-driven QI projects. The Network, together with the MRB, created a QIWP subcommittee that is comprised of multidisciplinary MRB members as well as non-MRB members representing the community at-large. Facilities in different counties and districts in the Southern California region are selected for project participation based on many criteria, including ownership. By partnering with small and large dialysis organizations, the Network is able to share resources and disseminate improvement strategies in a more efficient manner.
- On 10-21-2010 Network 18 participated in the "Great California Great ShakeOut". In collaboration with our back-up Network, Network 16, we tested our fax communication system. Network 16 assumed the duties as Network 18 and established communications with all Network 18 facilities via fax instructing facilities to submit the "Drill" form they received to Network 18. The emergency communication was highly effective as only 6 fax number discrepancies were reported by Network 16 out of a possible 342 facilities.
- During the KCSC/Network 18 Emergency Preparedness Conference, Network 18 incorporated the "Great ShakeOut Drill" by having attendees participate in the "Drop, Cover and Hold drill." The conference included the following topics; Disaster Planning, Community based preparedness, Water and Power, Shelter systems and services available, Conditions for Coverage requirements, and Network 18's role in Emergencies. Feedback from speakers and participants were extremely positive with multiple requests for future conferences.
- Due to longstanding effective relationships with key administrative contacts at the large dialysis corporations, Network staff attended and presented information on the Fistula First Project, Disaster

Preparedness, Complaints and Grievances, IVDs and other topics at LDO regional meetings. Corporate “partners” are included on the Network mailing list and email list. Every time the Network send important message to the community, we copy this information via email to our corporate contacts.

- During 2010, the Network continued to offer education and information to the community about the ESRD Conditions for Coverage requirements. We continue to refer facilities to the Network 18 website and the Conditions for Coverage (CfC). One of the areas that generated most of the interest was a Comprehensive Multidisciplinary Patient Assessment tool (CMPAT). This information was uploaded as a document on the Network website and we refer many facilities to it when necessary.
- We continued to promote and encourage the use of the Dialysis Patient/Provider Conflict toolbox to all independent and LDO facilities. We believe that engaging regional LDO management representatives and the CNSW Chapters is important.
- In 2010, the Patient Services Department continues to send periodic fax blasts to facilities providing them with information on how to accurately report involuntary discharges and offering technical assistance.
- The Kidney Community of Southern California Coalition continues to involve provider organizations in the local renal community. Network 18 is the facilitator of this Coalition, but its growth and development reflects the efforts of all members. During 2010, the Coalition planned and held an Emergency Preparedness Conference on October 20, 2010 with 100 attendees.

### **Community Outreach/Collaborative Activities**

- The Patient Services Manager continues to be a frequent guest speaker at corporate provider meetings, CNSW meetings, and individual facilities, on a variety of topics including conflict resolution, professional boundaries, involuntary discharges, and End of Life. As well as being member/participant in local Ethic committees and POLST coalition.
- The Executive Director regularly attends the California Dialysis Council (CDC) Board of Directors meetings to present updates on CMS/Network activities and maintain an ongoing and personal interaction with key provider community representatives. The California Dialysis Council represents approximately 90% of California facilities, and their meetings continue to be a source of information on legislative, administrative, regulatory, operations and reimbursement matters that could impact the delivery of care to ESRD beneficiaries.
- The Network managers continue to be frequent guest speakers at corporate provider meetings to address any current industry standards. The Patient Services Director attends local Council of Nephrology Social Workers meetings to provide updates on Network activities and remains current on the many issues within the social service realm that can affect ESRD patients and providers.
- During 2010, the Network participated in the community outreach activities such as World Kidney Day by providing information and resource referrals. Network 18 has made numerous attempts to contact the new QIO, HSAG, and will continue attempting to build that relationship.
- During 2010, the Network started collaborating with transplant centers to streamline the transplant referral process. One possible area discussed involves generating acceptance criteria for each transplant center and making it available to ESRD facilities, and we will continue to work towards this goal in 2011.
- SCRDC, Inc. staff attended educational training sessions: some training pertained to improving skills to better be able to meet the goals and objectives of the Scope of Work, and some were pertinent to obtaining and improving management skills.
- We continue to provide information on treatment availability/options for undocumented immigrants to healthcare providers within Network 18 and to healthcare providers in other Network areas. We

also continue to assist other Networks in providing Spanish resources and translation services to their patients.

- There continues to be outreach communication with patient and renal provider community organizations such as the local chapters of the American Association of Kidney Patients (AAKP), the local Licensed Clinical Social Worker (LCSW) chapters, the Renal Support Network (RSN), local American Nephrology Nurses Association (ANNA) chapters, and the American Kidney Fund (AKF). We will continue to build on these efforts and partner with these organizations on planning more educational activities for providers and patients in Southern California.

### **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 by conference call to review ESRD licensure/certification issues and other current issues that impact ESRD facilities' operations and provisions of care. Vascular Access management/Fistula First, home hemodialysis licensure issues, State Agency surveyor training, and new facility licensure/certification are some of the issues that received priority consideration.

### **State Survey Agency, California Department of Health Services**

SCRDC, Inc. continues to strive to develop ways to increase resource and expertise sharing with the California Department of Health Services Licensure & Certification (DHS L&C) surveyors. 2010 efforts included the following:

- DHS L&C District Offices remain on the Network mailing list and during 2010 received all official communications such as Fistula First newsletters and the Annual Report. We maintained an ongoing interface with the Los Angeles County, San Diego County and San Bernardino District Offices regarding beneficiary complaints and other regulatory/quality assurance matters to ensure appropriate handling and avoiding duplication of effort. The Network staff participated in the Regional Office State Agency & Networks (ROSAN) quarterly calls.
- The Network continued working with community organizations to help with Emergency Preparedness issues in the renal community. The Network collaborated with the State Agency Fistula First contactor while developing the Annual EMS Update forms and the Document of Understanding.
- During California's natural disasters of 2010; fires, rains and snow storms, the Network maintained communication with the State Survey Agencies, CMS Region 9, Project Officer, Large Dialysis Organizations, and other partners regarding availability of dialysis services in the affected areas. The information was uploaded to the Network website and updated twice daily.
- Facilities were periodically referred to DHS Licensing & Certification for guidance/information concerning equipment, infection control, health & safety, staff certification/training/experience requirements and other regulatory issues.
- DHS L&C staff routinely contacted the Network before or during facility surveys to ascertain compliance with Network goals and other information that may merit examination during the site visit. DHS L&C offices also provided copies of survey findings for Network consideration of areas of widespread/recurring non-compliance and possible resource allocation. The Network QI staff reviewed the reports to learn about facility practices and to provide appropriate follow-up and offer technical assistance to the facilities.
- The Patient Services department worked closely with DHS L&C, with patient complaints and grievances and had increased communication with the surveyors. The department was successful in receiving the Statement of Deficiency Reports and Plans of Correction.

- The Network staff notified State Survey Agency contact every time when sending FDA Safety Alerts or Manufacturer Recalls to the facilities throughout the year.
- The Network assisted the Los Angeles State Survey Agency by providing them with the educational information and guidance on buttonhole cannulation technique while they were conducting a complaint survey in one of the local facilities.
- Another communication link was created with the California Department of Public Health to assist them when we are notified of specific issues that have the potential to impact patients within our region.

### **Other ESRD Networks**

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

- The Network established a good working relationship with other Networks and actively participates in the day-to-day activities via interactions among specialty groups.
- Network 18 is an active participant in the Fistula First Breakthrough Initiative (FFBI) coalition.
- The Network actively participated in the Kidney Community Emergency Response (KCER) Coalition lead by ESRD Network 7.
- The Network maintained a partnership with ESRD Network 16 to provide back-up assistance in the event of a massive disaster. We exchanged essential information every calendar quarter to maintain current records for each Network provider community. Network 18 assisted Network 16 during December 2010 snow storms by sending a fax blast to their provider community. The Network continues to maintain active participation and good working relationship with the San Diego and Orange County Dialysis Clubs. Network representative (ED, QIM, QIC) attend these meetings to present the latest updates and discuss potential opportunities for improvement.
- The Network staff actively participated in the Quarterly CMS/ESRD Networks calls. All managers participate in their regular calls with other ESRD Networks representing their discipline.

# CMS National Goals and Network Activities

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## Goal 5

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

Data reporting and related activities require more resources than any other activity, and SCRDC, Inc. continues to place a high priority on improving its performance and that of member facilities. The Network 18 patient population and dialysis facility inventory continues to grow annually. The SCRDC, Inc. data staff processed over 19,000 CMS and Network forms annually as part of its data gathering and reporting responsibilities. A very competitive marketplace and high facility employee turnover rates contribute to an ongoing data collection/reporting “learning curve,” and even more work for the SCRDC, Inc. data function. Against this backdrop, SCRDC, Inc. focuses its management attention on five key areas:

- Continuing evaluation/refinement of Data Department functions, workflows, space utilization and staff responsibilities. The data department was rebuilt during the course of 2010 and employee productivity has been heightened. The rebuild has had a positive effect on the timelines and accurate submission of forms to CMS. All data staff received training in SIMS, REMIS, QualityNet and CROWNWeb. The department remains committed to having all employees cross trained in all aspects of the department. The Network staff continues to capitalize on a strong team attitude, achieve greater use of electronic systems and the increasing interface between all departments in the Network.
- 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 deal with staff turnover and physician engagement issues and come to appreciate our partnership in the data collection process. The Network has offered WebEx and onsite training multiple times to current and new facilities in order to train and improve their practices with CMS forms, reporting and Accuracy and Compliance area. This is a continuing project that will help all facilities reach maintain the CMS goal of 90% on all forms Accuracy and Compliance, as well as help them to more accurately code all patient events.
- Active participation in Network 18 Internal Quality Improvement program supports raising performance standards internally. Consistent with the Networks 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 2010. Revisions to forms tracking practices, Reminder Notices to facilities, Delinquency notices to facilities, 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 programs for electronic submission of forms to the ESRD Networks. Network 18 and its facilities have extensively participated in the testing of the new CROWNWeb system that was expected to launch in the latter of 2010. The Network has prepared its staff by participating in monthly CRAFT calls about the system and has prepared all facilities for the launch of this system and routinely keeps them updated of any news or changes to the system or its processes. We continue to support CMS in their goal of 100% electronic submission of forms and reporting and are looking forward to moving ahead in the future with this system.

The 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. The Network also has a system in place to ensure that any Network staff member who becomes 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. Significant effort is continually devoted to updating the Nephrologists, Vascular Surgeons and Radiologists UPINS, as well as the national Provider Identifier (NPI) and Disaster Coordinator contacts information, by consistently adding the facility EMS information into SIMS.
- 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 continually encounter individuals who are unfamiliar with the unique aspects of ESRD care and entitlement. We continue to process HMO requests on a regular basis and inform them that their patient's facility is the key holder of CMS documents.
- As part of the CROWNWeb infrastructure, Network 18 continues performing the ongoing patient data reconciliation and database cleanup using the tools provided by CMS: Accretions and Notifications, SIMS and Access queries. REMIS alerts, etc. These procedures maintain the integrity of the Network data. The Network participated in cleanup projects during 2010 for the CROWNWeb implementation and will continue to keep the data as up to date as possible.
- The QualityNet System Security Policies Handbook was updated and all employees received a copy as well as participated in in-house training prior to the November deadline. The Network continues to have a Security Point of Contact (SPOC) to monitor that all employees are following security guidelines and to serve as lead for all security violations or emergencies.
- 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. This information is also used to notify transplant facilities when follow-up reports to UNOS are missing.

Widespread electronic transmission of data to CMS by Large Dialysis Organizations, and some limitations on Network data collection activities at the facility level impact the amount of available data at the Network level. Consequently, there is a need to carefully assess the use of data and internal Network collection/follow-up practices, and SCRDC, Inc. has begun processes for identification and use of existing internal data sources to support QI and IQI activities. These processes foster greater collaboration among Network functional areas to prepare, present and use the data to support improvement. These are positive developments to build upon to further improve the collection, timeliness, and use of data in and among all Network functions.

## Sanction Recommendations

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Network 18 did not recommend any sanctions against certified ESRD facilities in 2010. We note 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. Network 18 has been monitoring at least two facilities which may be recommended for Sanctions during the few months. The MRB and BOD will be made aware of the lack of cooperation by these facilities as well as our Project Officer, Steven Preston

The Networks Alternative Sanction process remains the same, a copy of the Networks current sanction and alternative sanction process can be viewed in the appendix.

## Recommendations for Additional Facilities

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Network 18 has no plans to recommend the opening of additional facilities. Network 18 has a continuing yearly pattern of receiving notification of two (2) to three (3) facilities receiving CMS certification each month.

# Data Tables

ESRD Network 18  
Table #1

## Newly Diagnosed Chronic ESRD Patients (ESRD Incidence)

Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2010

Age Group	CA	Other	Total
00-04	16	0	16
05-09	9	0	9
10-14	26	0	26
15-19	52	0	52
20-24	106	0	106
25-29	126	0	126
30-34	172	0	172
35-39	256	2	258
40-44	383	0	383
45-49	597	0	597
50-54	823	1	824
55-59	1,050	1	1,051
60-64	1,175	0	1,175
65-69	1,044	1	1,045
70-74	956	1	957
75-79	983	1	984
80-84	865	0	865
>=85	726	0	726
Missing	0	0	0
<b>Total</b>	<b>9,365</b>	<b>7</b>	<b>9,372</b>

Gender	CA	Other	Total
Female	3,921	3	3,924
Male	5,444	4	5,448
Missing	0	0	0
<b>Total</b>	<b>9,365</b>	<b>7</b>	<b>9,372</b>

Race	CA	Other	Total
American Indian/Alaskan	21	0	21
Asian	928	0	928
Black or African American	1,201	0	1,201
More than one race/Other	37	0	37
Native Hawaiian or Other Pac. Islander	227	1	228
White	6,951	6	6,957
Missing	0	0	0
<b>Total</b>	<b>9,365</b>	<b>7</b>	<b>9,372</b>

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<b>Primary Diagnosis</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
Cystic Kidney	148	1	149
Diabetes	4,760	2	4,762
Glomerulonephritis	477	1	478
Hypertension	2,579	1	2,580
Other	996	1	997
Other Urologic	104	0	104
Missing	0	0	0
Unknown	301	1	302
<b>Total</b>	<b>9,365</b>	<b>7</b>	<b>9,372</b>

*Source of information: Network SIMS Database.*

*Date of Preparation: April 2011.*

*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. This table includes 117 patients with transplant therapy as an initial treatment. This table includes 133 patients receiving treatment at VA facilities.*

**Living Dialysis Patients  
(ESRD Dialysis Prevalence)**

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of December 31, 2010.

<b>Age Group</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
00-04	37	0	37
05-09	16	0	16
10-14	45	0	45
15-19	120	0	120
20-24	420	0	420
25-29	687	0	687
30-34	892	0	892
35-39	1,248	0	1,248
40-44	1,724	1	1,725
45-49	2,518	0	2,518
50-54	3,335	1	3,336
55-59	4,144	1	4,145
60-64	4,550	0	4,550
65-69	3,991	4	3,995
70-74	3,608	0	3,608
75-79	3,117	0	3,117
80-84	2,297	2	2,299
>=85	1,714	1	1,715
Missing	0	0	0
<b>Total</b>	<b>34,463</b>	<b>10</b>	<b>34,473</b>

<b>Gender</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
Female	14,843	3	14,846
Male	19,620	7	19,627
Missing	0	0	0
<b>Total</b>	<b>34,463</b>	<b>10</b>	<b>34,473</b>

<b>Race</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
American Indian/Alas	101	0	101
Asian	3,521	2	3,523
Black or African Ame	5,204	1	5,205
More than one race	135	1	136
Native Hawaiian or O	755	1	756
White	24,747	5	24,752
Missing	0	0	0
<b>Total</b>	<b>34,463</b>	<b>10</b>	<b>34,473</b>

<b>Primary Diagnosis</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
Cystic Kidney	755	0	755
Diabetes	16,779	1	16,780
Glomerulonephritis	2,776	1	2,777
Hypertension	9,467	5	9,472
Other	2,804	1	2,805
Other Urologic	430	0	430
Missing	0	0	0
Unknown	1,452	2	1,454
<b>Total</b>	<b>34,463</b>	<b>10</b>	<b>34,473</b>

*Source of information: Network SIMS Database.*

*Date of Preparation: April 2011.*

*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 314 patients receiving treatment at VA facilities.*

**Dialysis Modality**  
Number of living patients by modality by dialysis facility Self-Care Settings as of December 31, 2010

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
050069	7	10	0	1	23	21	0	0	30	32
050138	20	20	15	18	34	30	0	0	69	68
050139	0	0	25	12	90	101	0	0	115	113
050140	0	0	17	18	85	85	0	0	102	103
050245	0	0	0	0	0	0	0	0	0	0
050261	0	0	0	0	0	1	0	0	0	1
050327	0	0	0	0	0	0	0	0	0	0
050376	0	0	0	0	0	0	0	0	0	0
050561	0	0	0	0	21	16	0	0	21	16
050609	0	0	7	5	31	36	0	0	38	41
050677	0	0	4	3	20	23	0	0	24	26
050686	0	0	19	1	70	88	0	0	89	89
050723	0	0	6	7	41	45	0	0	47	52
052500	0	0	0	0	0	0	0	0	0	0
052502	0	0	9	0	7	0	0	0	16	0
052503	0	2	0	1	2	1	0	0	2	4
052505	0	0	0	0	0	0	0	0	0	0
052513	0	0	0	1	1	1	0	0	1	2
052515	0	0	0	0	0	0	0	0	0	0
052521	1	1	1	0	2	1	0	0	4	2
052522	0	0	0	0	0	0	0	0	0	0
052523	0	0	0	0	0	0	0	0	0	0
052525	0	0	0	0	0	0	0	0	0	0
052532	0	0	0	0	0	0	0	0	0	0
052536	0	0	0	0	0	0	0	0	0	0
052538	0	0	0	0	0	0	0	0	0	0
052539	0	0	0	0	0	0	0	0	0	0
052541	1	0	1	6	7	7	0	0	9	13
052544	0	1	0	0	0	1	0	0	0	2
052545	0	0	0	0	0	1	0	0	0	1
052549	0	1	1	1	5	7	0	0	6	9
052550	0	0	3	3	32	28	0	0	35	31
052552	0	0	10	13	32	36	0	0	42	49
052554	0	0	0	0	0	0	0	0	0	0
052556	0	0	0	0	0	0	0	0	0	0
052558	0	0	0	0	3	2	0	0	3	2
052561	0	0	14	16	2	1	0	0	16	17
052564	0	0	18	7	29	22	0	0	47	29
052574	0	0	0	0	0	0	0	0	0	0
052575	0	0	0	0	0	0	0	0	0	0
052576	1	0	21	31	28	46	0	0	50	77

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
052579	0	0	0	0	0	0	0	0	0	0
052580	0	0	0	0	0	0	0	0	0	0
052581	0	0	0	0	0	0	0	0	0	0
052582	0	0	0	0	0	0	0	0	0	0
052585	0	0	3	3	0	0	0	0	3	3
052588	0	0	2	2	5	3	0	0	7	5
052589	1	1	3	4	13	13	0	0	17	18
052590	2	1	8	5	5	4	0	0	15	10
052591	0	0	0	0	0	0	0	0	0	0
052597	0	0	3	3	7	10	0	0	10	13
052599	0	0	0	0	0	0	0	0	0	0
052606	0	0	14	15	2	2	0	0	16	17
052613	0	0	3	4	2	3	0	0	5	7
052617	0	0	0	0	0	0	0	0	0	0
052619	0	0	14	15	1	2	0	0	15	17
052620	0	0	0	0	0	0	0	0	0	0
052621	0	0	0	0	1	0	0	0	1	0
052622	0	0	11	10	7	5	0	0	18	15
052627	0	0	4	7	0	1	0	0	4	8
052628	0	0	12	2	0	0	0	0	12	2
052631	0	0	9	9	17	14	0	0	26	23
052632	0	0	5	3	15	18	0	0	20	21
052634	0	0	0	0	0	0	0	0	0	0
052635	0	0	0	0	0	0	0	0	0	0
052637	0	0	0	0	0	0	0	0	0	0
052638	13	15	8	6	3	3	0	0	24	24
052641	0	0	0	0	0	0	0	0	0	0
052643	0	0	0	3	35	28	0	0	35	31
052644	0	0	0	0	0	0	0	0	0	0
052648	0	0	0	0	0	0	0	0	0	0
052652	0	0	6	11	0	11	0	0	6	22
052653	0	0	1	1	0	0	0	0	1	1
052654	0	0	0	0	0	0	0	0	0	0
052656	0	1	4	12	10	14	0	0	14	27
052657	11	11	3	5	1	5	0	0	15	21
052658	0	0	0	3	0	1	0	0	0	4
052661	0	0	0	0	0	0	0	0	0	0
052665	0	0	0	0	0	0	0	0	0	0
052666	0	0	0	0	0	0	0	0	0	0
052667	0	0	32	22	11	23	0	0	43	45
052668	0	0	0	0	0	0	0	0	0	0
052670	0	0	6	6	13	9	0	0	19	15
052671	0	0	16	25	9	12	0	0	25	37
052673	0	0	18	26	16	12	0	0	34	38
052674	0	0	0	0	0	0	0	0	0	0
052678	0	0	0	0	0	0	0	0	0	0

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
052679	0	0	0	0	0	0	0	0	0	0
052682	0	0	0	0	0	0	0	0	0	0
052683	1	2	0	0	0	1	0	0	1	3
052684	0	0	0	2	25	18	0	0	25	20
052686	0	0	0	0	0	0	0	0	0	0
052687	0	0	0	0	0	0	0	0	0	0
052690	0	0	0	0	0	0	0	0	0	0
052695	0	0	8	6	13	10	0	0	21	16
052696	0	0	3	2	0	0	0	0	3	2
052699	0	0	1	1	0	0	0	0	1	1
052700	0	0	10	7	3	5	0	0	13	12
052701	0	0	0	0	0	0	0	0	0	0
052708	0	0	0	0	0	0	0	0	0	0
052710	0	0	0	0	0	0	0	0	0	0
052712	0	0	6	2	6	6	0	0	12	8
052713	0	0	0	0	0	0	0	0	0	0
052714	0	0	23	27	4	2	0	0	27	29
052715	0	0	0	0	0	0	0	0	0	0
052716	0	0	0	0	0	0	0	0	0	0
052717	0	0	0	0	0	0	0	0	0	0
052718	0	0	8	7	5	3	0	0	13	10
052720	0	0	1	1	2	1	0	0	3	2
052724	0	0	0	0	0	0	0	0	0	0
052725	0	0	0	0	0	0	0	0	0	0
052726	0	0	6	0	0	0	0	0	6	0
052727	26	38	6	3	7	6	0	0	39	47
052730	0	0	0	0	0	0	0	0	0	0
052731	0	0	4	13	18	29	0	0	22	42
052734	2	2	10	15	7	6	0	0	19	23
052735	0	0	1	1	1	0	0	0	2	1
052739	0	0	0	0	0	0	0	0	0	0
052740	0	0	0	0	0	0	0	0	0	0
052743	0	0	4	7	12	9	0	0	16	16
052744	21	17	0	0	0	0	0	0	21	17
052746	0	0	0	0	0	0	0	0	0	0
052747	0	0	21	23	4	2	0	0	25	25
052749	0	0	0	0	0	0	0	0	0	0
052754	0	0	0	0	0	0	0	0	0	0
052755	0	0	1	1	0	0	0	0	1	1
052756	0	0	3	6	7	5	0	0	10	11
052760	0	0	0	0	0	0	0	0	0	0
052761	0	0	12	9	3	5	0	0	15	14
052762	0	0	0	0	0	0	0	0	0	0
052764	0	0	6	2	31	2	0	0	37	4
052768	0	0	0	0	0	0	0	0	0	0
052771	0	0	2	6	14	14	0	0	16	20

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
052772	0	0	0	0	0	0	0	0	0	0
052773	0	0	0	0	0	0	0	0	0	0
052776	0	0	4	6	1	2	0	0	5	8
052778	0	0	0	0	0	0	0	0	0	0
052779	14	20	13	16	30	29	0	0	57	65
052780	0	0	0	0	0	0	0	0	0	0
052781	0	0	3	3	1	0	0	0	4	3
052782	0	0	0	0	0	0	0	0	0	0
052785	0	0	0	0	0	0	0	0	0	0
052788	0	0	0	0	0	0	0	0	0	0
052789	0	0	0	0	0	0	0	0	0	0
052790	0	0	7	9	1	1	0	0	8	10
052791	0	0	0	0	0	0	0	0	0	0
052792	0	0	0	0	0	0	0	0	0	0
052794	0	0	14	7	17	35	0	0	31	42
052798	1	3	15	15	2	2	0	0	18	20
052799	0	0	0	0	0	0	0	0	0	0
052800	0	0	0	0	0	0	0	0	0	0
052801	0	0	2	1	0	0	0	0	2	1
052802	0	0	52	67	4	2	0	0	56	69
052803	0	0	0	0	0	0	0	0	0	0
052804	0	2	0	0	0	0	0	0	0	2
052806	0	0	0	0	0	0	0	0	0	0
052807	0	0	0	1	0	1	0	0	0	2
052808	0	0	0	0	0	0	0	0	0	0
052809	0	0	0	1	0	0	0	0	0	1
052811	0	0	38	36	0	0	0	0	38	36
052812	0	0	0	0	0	0	0	0	0	0
052816	0	0	3	3	0	0	0	0	3	3
052817	0	0	0	0	0	0	0	0	0	0
052818	0	0	4	0	4	0	0	0	8	0
052820	3	4	2	4	0	2	0	0	5	10
052821	0	0	13	2	10	24	0	0	23	26
052827	0	1	7	4	1	5	0	0	8	10
052828	0	0	0	0	0	0	0	0	0	0
052829	0	0	0	0	0	0	0	0	0	0
052830	0	0	0	0	0	0	0	0	0	0
052832	0	0	0	0	0	0	0	0	0	0
052834	8	13	1	2	12	15	0	0	21	30
052835	0	0	1	0	0	0	0	0	1	0
052836	0	0	0	0	0	0	0	0	0	0
052837	0	0	8	6	26	36	0	0	34	42
052838	0	0	1	7	3	3	0	0	4	10
052839	0	0	0	0	0	0	0	0	0	0
052840	0	0	0	0	0	0	0	0	0	0
052842	0	0	6	9	8	6	0	0	14	15

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
052843	0	0	0	0	0	0	0	0	0	0
052844	0	0	0	0	0	0	0	0	0	0
052846	0	0	2	1	0	2	0	0	2	3
052847	0	0	0	0	0	0	0	0	0	0
052848	0	0	0	0	0	0	0	0	0	0
052852	0	0	1	0	9	5	0	0	10	5
052854	0	0	0	4	0	0	0	0	0	4
052855	1	0	0	0	0	0	0	0	1	0
052856	0	0	0	0	0	0	0	0	0	0
052858	0	0	0	0	0	0	0	0	0	0
052859	15	16	0	0	0	0	0	0	15	16
052860	0	0	0	0	0	0	0	0	0	0
052861	0	0	0	0	0	0	0	0	0	0
052862	0	0	0	0	0	0	0	0	0	0
052863	0	0	0	0	0	0	0	0	0	0
052864	0	0	0	0	0	0	0	0	0	0
052865	12	13	3	5	32	28	0	0	47	46
052866	0	0	1	0	18	17	0	0	19	17
052867	0	0	4	1	0	0	0	0	4	1
052868	0	0	0	0	0	0	0	0	0	0
052869	0	0	0	0	0	0	0	0	0	0
052871	0	0	22	25	17	8	0	0	39	33
052872	0	0	0	0	0	0	0	0	0	0
052873	6	3	2	3	1	0	0	0	9	6
052875	0	0	0	0	0	0	0	0	0	0
052878	0	0	0	0	0	0	0	0	0	0
052879	0	0	2	2	0	0	0	0	2	2
052880	0	1	0	0	1	1	0	0	1	2
052881	0	0	1	0	0	0	0	0	1	0
052882	0	1	0	0	0	0	0	0	0	1
052883	0	0	2	2	6	12	0	0	8	14
052884	0	0	7	5	6	12	0	0	13	17
052885	0	0	0	0	0	0	0	0	0	0
052886	0	0	0	0	0	0	0	0	0	0
052889	0	0	0	0	0	0	0	0	0	0
052890	0	0	8	6	5	7	0	0	13	13
052893	0	0	0	0	0	0	0	0	0	0
052894	0	0	0	0	0	0	0	0	0	0
052895	0	0	0	0	0	0	0	0	0	0
052896	0	0	0	0	0	0	0	0	0	0
052897	0	0	12	10	11	8	0	0	23	18
052898	1	2	2	2	1	1	0	0	4	5
052899	0	0	8	7	4	3	0	0	12	10
053302	0	0	0	0	31	30	0	0	31	30
053303	0	0	0	0	7	7	0	0	7	7
053506	0	0	9	10	5	3	0	0	14	13

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
053512	0	0	0	1	0	0	0	0	0	1
053527	0	0	0	0	0	0	0	0	0	0
552501	0	0	0	0	0	0	0	0	0	0
552502	0	0	0	0	0	0	0	0	0	0
552506	0	0	0	0	1	1	0	0	1	1
552507	0	0	0	0	0	0	0	0	0	0
552508	0	0	0	0	0	0	0	0	0	0
552509	0	0	3	3	0	2	0	0	3	5
552511	0	0	0	0	0	0	0	0	0	0
552513	0	0	0	1	19	14	0	0	19	15
552515	0	0	5	5	2	3	0	0	7	8
552516	0	0	0	0	0	0	0	0	0	0
552517	0	0	5	6	0	1	0	0	5	7
552518	0	0	0	0	0	0	0	0	0	0
552520	0	0	3	3	3	2	1	1	7	6
552521	1	4	14	16	18	12	0	0	33	32
552525	0	0	0	0	0	0	0	0	0	0
552526	0	0	8	10	22	25	0	0	30	35
552527	6	7	6	9	5	4	0	0	17	20
552532	0	0	0	0	0	0	0	0	0	0
552538	0	0	1	0	0	0	0	0	1	0
552541	4	3	0	0	0	0	0	0	4	3
552543	5	5	6	3	31	39	0	0	42	47
552544	1	0	5	10	7	10	0	0	13	20
552545	0	0	0	0	0	0	0	0	0	0
552546	4	5	8	5	9	7	0	0	21	17
552547	0	0	0	0	0	0	0	0	0	0
552548	0	0	1	0	0	0	0	0	1	0
552551	0	0	5	7	0	0	0	1	5	8
552552	0	0	0	1	0	0	0	0	0	1
552553	0	0	0	0	0	0	0	0	0	0
552554	0	0	0	0	0	0	0	0	0	0
552556	0	0	0	0	0	0	0	0	0	0
552561	0	0	0	0	0	0	0	0	0	0
552562	0	0	5	5	47	37	0	0	52	42
552565	0	0	5	2	20	34	0	0	25	36
552567	0	0	0	4	0	10	0	0	0	14
552568	0	0	0	0	0	0	0	0	0	0
552571	0	0	0	0	0	0	0	0	0	0
552573	0	0	0	0	0	0	0	0	0	0
552574	0	0	0	0	0	0	0	0	0	0
552575	0	0	5	3	1	3	0	0	6	6
552578	0	0	0	0	0	0	0	0	0	0
552579	0	0	0	0	0	0	0	0	0	0
552580	0	0	1	1	13	10	0	0	14	11
552583	0	0	0	0	0	0	0	0	0	0

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
552584	0	0	0	0	0	0	0	0	0	0
552588	0	0	2	5	19	17	0	0	21	22
552589	0	0	1	0	4	0	0	0	5	0
552590	15	16	0	0	0	0	0	0	15	16
552593	0	0	1	3	0	0	0	0	1	3
552594	0	0	0	0	0	0	0	0	0	0
552595	0	0	0	0	0	0	0	0	0	0
552596	0	0	0	0	0	0	0	0	0	0
552597	0	0	0	0	0	0	0	0	0	0
552598	13	20	6	4	24	27	0	0	43	51
552601	0	0	1	2	8	6	0	0	9	8
552609	0	0	3	3	4	6	0	0	7	9
552613	0	0	0	0	0	0	0	0	0	0
552614	0	0	0	0	0	0	0	0	0	0
552616	0	0	0	1	1	0	0	0	1	1
552617	2	5	0	0	0	0	0	0	2	5
552618	0	0	7	20	56	52	0	0	63	72
552622	0	0	2	0	2	0	0	0	4	0
552623	0	0	4	2	1	6	0	0	5	8
552624	0	0	0	0	0	0	0	0	0	0
552626	0	0	9	15	5	5	0	0	14	20
552627	0	0	53	82	110	114	0	0	163	196
552628	4	12	0	1	0	1	0	0	4	14
552630	0	0	0	0	0	0	0	0	0	0
552631	0	0	0	0	0	0	0	0	0	0
552636	1	0	0	0	1	1	0	0	2	1
552639	0	0	0	0	0	0	0	0	0	0
552640	0	0	0	0	0	0	0	0	0	0
552641	0	0	0	1	0	1	0	0	0	2
05027F	0	0	0	0	0	0	0	0	0	0
05029F	0	0	2	2	1	0	0	0	3	2
05114F	0	0	4	7	1	0	0	0	5	7
05128F	0	0	2	6	2	6	0	0	4	12
052633^	0	0	6	0	2	0	0	0	8	0
552531^	0	0	0	0	0	0	0	0	0	0
552585^	0	0	6	0	35	0	0	0	41	0
552599#	0	0	0	0	0	0	0	0	0	0
552644#	0	7	0	17	0	7	0	0	0	31
552649#	0	0	0	0	0	0	0	0	0	0
552655#	0	0	0	9	0	7	0	0	0	16
552656#	0	0	0	0	0	0	0	0	0	0
552657#	0	0	0	8	0	33	0	0	0	41
552659#	0	0	0	0	0	0	0	0	0	0
552660#	0	0	0	0	0	0	0	0	0	0
552661#	0	0	0	0	0	0	0	0	0	0
552662#	0	1	0	0	0	0	0	0	0	1

Provider No.	Hemo		CAPD		CCPD		IPD		Total	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
552663#	0	0	0	0	0	0	0	0	0	0
552666#	0	0	0	7	0	9	0	0	0	16
CS9897^	0	0	29	0	49	0	0	0	78	0
CS9898^	0	0	0	0	0	0	0	0	0	0
CS9906^	0	0	1	0	0	0	0	0	1	0
CS9907^	0	0	0	0	0	0	0	0	0	0
CS9908^	3	0	0	0	1	0	0	0	4	0
CS9910^	0	0	1	0	0	0	0	0	1	0
CS9913^	0	0	0	0	0	0	0	0	0	0
CS9914^	0	0	0	0	0	0	0	0	0	0
CS9917^	0	0	0	0	0	0	0	0	0	0
CS9920^	0	0	0	0	0	0	0	0	0	0
CS9921^	0	0	0	0	0	0	0	0	0	0
CS9922^	0	0	0	0	0	0	0	0	0	0
CS9924^	0	0	0	0	0	0	0	0	0	0
CS9925#	0	0	0	0	0	0	0	0	0	0
CS9926^	1	0	0	0	1	0	0	0	2	0
CS9927#	0	0	0	0	0	0	0	0	0	0
CS9928#	0	0	0	1	0	0	0	0	0	1
CS9929#	0	0	0	5	0	31	0	0	0	36
CS9930#	0	1	0	0	0	0	0	0	0	1
CS9931#	0	0	0	0	0	0	0	0	0	0
CS9932#	0	0	0	3	0	0	0	0	0	3
CS9933#	0	0	0	0	0	0	0	0	0	0
CS9934#	0	0	0	0	0	0	0	0	0	0
CS9935#	0	0	0	0	0	0	0	0	0	0
CS9937#	0	0	0	0	0	0	0	0	0	0
CS9938#	0	2	0	0	0	0	0	0	0	2
CS9939#	0	0	0	7	0	9	0	0	0	16
CS9941#	0	0	0	0	0	0	0	0	0	0
CS9942#	0	0	0	0	0	0	0	0	0	0
<b>Network Total</b>	<b>228</b>	<b>290</b>	<b>998</b>	<b>1,075</b>	<b>1,699</b>	<b>1,776</b>	<b>1</b>	<b>2</b>	<b>2,926</b>	<b>3,143</b>

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

Date of Preparation: April 2011.

This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. This table includes 12 Veterans Affairs Facility patients for 2009 and 21 Veterans Affairs Facility patients for 2010.

# Provider not operational in 2009

^ Provider not operational in 2010

**Dialysis Modality**  
Number of living patients by modality by dialysis facility In-Center as of December 31, 2010

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
050069	195	164	0	0	195	164	225	196
050138	148	141	0	0	148	141	217	209
050139	0	0	0	0	0	0	115	113
050140	0	0	0	0	0	0	102	103
050245	49	54	0	0	49	54	49	54
050261	53	59	0	0	53	59	53	60
050327	28	20	0	0	28	20	28	20
050376	0	0	0	0	0	0	0	0
050561	0	0	0	0	0	0	21	16
050609	0	0	0	0	0	0	38	41
050677	0	0	0	0	0	0	24	26
050686	0	0	0	0	0	0	89	89
050723	0	0	0	0	0	0	47	52
052500	87	83	0	0	87	83	87	83
052502	179	152	0	0	179	152	195	152
052503	87	104	0	0	87	104	89	108
052505	151	154	0	0	151	154	151	154
052513	43	53	0	0	43	53	44	55
052515	141	137	0	0	141	137	141	137
052521	137	141	0	0	137	141	141	143
052522	92	91	0	0	92	91	92	91
052523	80	82	0	0	80	82	80	82
052525	105	96	0	0	105	96	105	96
052532	172	7	0	0	172	7	172	7
052536	118	120	0	0	118	120	118	120
052538	139	148	0	0	139	148	139	148
052539	162	172	0	0	162	172	162	172
052541	129	146	0	0	129	146	138	159
052544	115	122	0	0	115	122	115	124
052545	152	178	0	0	152	178	152	179
052549	88	91	0	0	88	91	94	100
052550	156	149	0	0	156	149	191	180
052552	137	138	0	0	137	138	179	187
052554	143	129	0	0	143	129	143	129
052556	97	98	0	0	97	98	97	98
052558	214	227	0	0	214	227	217	229
052561	113	127	0	0	113	127	129	144
052564	152	150	0	0	152	150	199	179
052574	124	128	0	0	124	128	124	128
052575	165	161	0	0	165	161	165	161

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
052576	155	156	0	0	155	156	205	233
052579	65	66	0	0	65	66	65	66
052580	78	84	0	0	78	84	78	84
052581	124	120	0	0	124	120	124	120
052582	126	126	0	0	126	126	126	126
052585	102	108	0	0	102	108	105	111
052588	84	84	0	0	84	84	91	89
052589	101	97	0	0	101	97	118	115
052590	119	156	0	0	119	156	134	166
052591	141	159	0	0	141	159	141	159
052597	108	106	0	0	108	106	118	119
052599	129	124	0	0	129	124	129	124
052606	111	103	0	0	111	103	127	120
052613	120	113	0	0	120	113	125	120
052617	48	64	0	0	48	64	48	64
052619	197	228	0	0	197	228	212	245
052620	89	144	0	0	89	144	89	144
052621	94	110	0	0	94	110	95	110
052622	197	203	0	0	197	203	215	218
052627	87	86	0	0	87	86	91	94
052628	129	116	0	0	129	116	141	118
052631	146	136	0	0	146	136	172	159
052632	138	133	0	0	138	133	158	154
052634	77	80	0	0	77	80	77	80
052635	83	89	0	0	83	89	83	89
052637	133	123	0	0	133	123	133	123
052638	87	98	0	0	87	98	111	122
052641	36	33	0	0	36	33	36	33
052643	103	112	0	0	103	112	138	143
052644	91	75	0	0	91	75	91	75
052648	69	80	0	0	69	80	69	80
052652	150	164	0	0	150	164	156	186
052653	128	124	0	0	128	124	129	125
052654	137	132	0	0	137	132	137	132
052656	139	128	0	0	139	128	153	155
052657	107	92	0	0	107	92	122	113
052658	137	133	0	0	137	133	137	137
052661	75	81	0	0	75	81	75	81
052665	136	137	0	0	136	137	136	137
052666	97	94	0	0	97	94	97	94
052667	0	0	0	0	0	0	43	45
052668	42	42	0	0	42	42	42	42
052670	124	135	0	0	124	135	143	150
052671	201	199	0	0	201	199	226	236
052673	365	390	0	0	365	390	399	428
052674	92	102	0	0	92	102	92	102

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
052678	127	134	0	0	127	134	127	134
052679	56	55	0	0	56	55	56	55
052682	92	96	0	0	92	96	92	96
052683	51	79	0	0	51	79	52	82
052684	0	0	0	0	0	0	25	20
052686	99	111	0	0	99	111	99	111
052687	58	56	0	0	58	56	58	56
052690	114	67	0	0	114	67	114	67
052695	126	119	0	0	126	119	147	135
052696	109	114	0	0	109	114	112	116
052699	60	57	0	0	60	57	61	58
052700	181	193	0	0	181	193	194	205
052701	62	62	0	0	62	62	62	62
052708	163	157	0	0	163	157	163	157
052710	141	142	0	0	141	142	141	142
052712	183	195	0	0	183	195	195	203
052713	157	129	0	0	157	129	157	129
052714	166	172	0	0	166	172	193	201
052715	165	171	0	0	165	171	165	171
052716	106	104	0	0	106	104	106	104
052717	89	80	0	0	89	80	89	80
052718	114	116	0	0	114	116	127	126
052720	81	80	0	0	81	80	84	82
052724	52	46	0	0	52	46	52	46
052725	146	143	0	0	146	143	146	143
052726	103	99	0	0	103	99	109	99
052727	99	92	0	0	99	92	138	139
052730	70	68	0	0	70	68	70	68
052731	155	178	0	0	155	178	177	220
052734	146	157	0	0	146	157	165	180
052735	98	102	0	0	98	102	100	103
052739	125	120	0	0	125	120	125	120
052740	83	95	0	0	83	95	83	95
052743	144	140	0	0	144	140	160	156
052744	110	120	0	0	110	120	131	137
052746	167	168	0	0	167	168	167	168
052747	162	157	0	0	162	157	187	182
052749	82	87	0	0	82	87	82	87
052754	150	143	0	0	150	143	150	143
052755	67	70	0	0	67	70	68	71
052756	42	37	0	0	42	37	52	48
052760	189	49	0	0	189	49	189	49
052761	254	272	0	0	254	272	269	286
052762	115	119	0	0	115	119	115	119
052764	0	0	0	0	0	0	37	4
052768	87	70	0	0	87	70	87	70

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
052771	0	0	0	0	0	0	16	20
052772	83	76	0	0	83	76	83	76
052773	72	94	0	0	72	94	72	94
052776	46	54	0	0	46	54	51	62
052778	83	94	0	0	83	94	83	94
052779	198	198	0	0	198	198	255	263
052780	129	125	0	0	129	125	129	125
052781	143	153	0	0	143	153	147	156
052782	78	67	0	0	78	67	78	67
052785	117	115	0	0	117	115	117	115
052788	0	79	0	0	0	79	0	79
052789	46	51	0	0	46	51	46	51
052790	162	170	0	0	162	170	170	180
052791	81	70	0	0	81	70	81	70
052792	59	123	0	0	59	123	59	123
052794	239	244	0	0	239	244	270	286
052798	147	158	0	0	147	158	165	178
052799	77	89	0	0	77	89	77	89
052800	46	45	0	0	46	45	46	45
052801	124	126	0	0	124	126	126	127
052802	150	151	0	0	150	151	206	220
052803	114	123	0	0	114	123	114	123
052804	118	121	0	0	118	121	118	123
052806	95	94	0	0	95	94	95	94
052807	0	220	0	0	0	220	0	222
052808	126	133	0	0	126	133	126	133
052809	84	85	0	0	84	85	84	86
052811	60	46	0	0	60	46	98	82
052812	25	24	0	0	25	24	25	24
052816	35	42	0	0	35	42	38	45
052817	103	96	0	0	103	96	103	96
052818	123	117	0	0	123	117	131	117
052820	85	80	0	0	85	80	90	90
052821	168	165	0	0	168	165	191	191
052827	112	116	0	0	112	116	120	126
052828	127	142	0	0	127	142	127	142
052829	40	38	0	0	40	38	40	38
052830	105	106	0	0	105	106	105	106
052832	105	98	0	0	105	98	105	98
052834	73	88	0	0	73	88	94	118
052835	167	179	0	0	167	179	168	179
052836	21	22	0	0	21	22	21	22
052837	109	144	0	0	109	144	143	186
052838	89	94	0	0	89	94	93	104
052839	70	69	0	0	70	69	70	69
052840	133	127	0	0	133	127	133	127

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
052842	56	80	0	0	56	80	70	95
052843	69	73	0	0	69	73	69	73
052844	185	192	0	0	185	192	185	192
052846	103	125	0	0	103	125	105	128
052847	55	48	0	0	55	48	55	48
052848	163	159	0	0	163	159	163	159
052852	115	117	0	0	115	117	125	122
052854	67	85	0	0	67	85	67	89
052855	115	123	0	0	115	123	116	123
052856	175	135	0	0	175	135	175	135
052858	113	117	0	0	113	117	113	117
052859	136	131	0	0	136	131	151	147
052860	106	106	0	0	106	106	106	106
052861	148	153	0	0	148	153	148	153
052862	134	135	0	0	134	135	134	135
052863	118	123	0	0	118	123	118	123
052864	115	119	0	0	115	119	115	119
052865	111	120	0	0	111	120	158	166
052866	89	104	0	0	89	104	108	121
052867	71	77	0	0	71	77	75	78
052868	83	98	0	0	83	98	83	98
052869	67	69	0	0	67	69	67	69
052871	123	119	0	0	123	119	162	152
052872	120	123	0	0	120	123	120	123
052873	81	87	0	0	81	87	90	93
052875	92	100	0	0	92	100	92	100
052878	114	115	0	0	114	115	114	115
052879	64	76	0	0	64	76	66	78
052880	171	179	0	0	171	179	172	181
052881	108	109	0	0	108	109	109	109
052882	118	120	0	0	118	120	118	121
052883	58	72	0	0	58	72	66	86
052884	158	174	0	0	158	174	171	191
052885	116	126	0	0	116	126	116	126
052886	35	41	0	0	35	41	35	41
052889	62	65	0	0	62	65	62	65
052890	130	130	0	0	130	130	143	143
052893	59	56	0	0	59	56	59	56
052894	100	110	0	0	100	110	100	110
052895	101	99	0	0	101	99	101	99
052896	120	111	0	0	120	111	120	111
052897	118	133	0	0	118	133	141	151
052898	73	65	0	0	73	65	77	70
052899	113	114	0	0	113	114	125	124
053302	26	25	0	0	26	25	57	55
053303	15	14	0	0	15	14	22	21

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
053506	141	160	0	0	141	160	155	173
053512	109	114	0	0	109	114	109	115
053527	25	70	0	0	25	70	25	70
552501	76	81	0	0	76	81	76	81
552502	71	71	0	0	71	71	71	71
552506	161	168	0	0	161	168	162	169
552507	87	106	0	0	87	106	87	106
552508	114	110	0	0	114	110	114	110
552509	107	103	0	0	107	103	110	108
552511	93	91	0	0	93	91	93	91
552513	53	54	0	0	53	54	72	69
552515	49	56	0	0	49	56	56	64
552516	64	63	0	0	64	63	64	63
552517	112	124	0	0	112	124	117	131
552518	69	79	0	0	69	79	69	79
552520	73	83	0	0	73	83	80	89
552521	114	119	0	0	114	119	147	151
552525	144	151	0	0	144	151	144	151
552526	116	119	0	0	116	119	146	154
552527	138	138	0	0	138	138	155	158
552532	109	115	0	0	109	115	109	115
552538	80	76	0	0	80	76	81	76
552541	116	114	0	0	116	114	120	117
552543	0	0	0	0	0	0	42	47
552544	126	138	0	0	126	138	139	158
552545	54	65	0	0	54	65	54	65
552546	0	0	0	0	0	0	21	17
552547	83	99	0	0	83	99	83	99
552548	127	133	0	0	127	133	128	133
552551	86	80	0	0	86	80	91	88
552552	65	76	0	0	65	76	65	77
552553	174	180	0	0	174	180	174	180
552554	106	105	0	0	106	105	106	105
552556	48	46	0	0	48	46	48	46
552561	46	50	0	0	46	50	46	50
552562	103	144	0	0	103	144	155	186
552565	0	0	0	0	0	0	25	36
552567	53	62	0	0	53	62	53	76
552568	82	81	0	0	82	81	82	81
552571	93	109	0	0	93	109	93	109
552573	59	60	0	0	59	60	59	60
552574	129	152	0	0	129	152	129	152
552575	83	91	0	0	83	91	89	97
552578	55	57	0	0	55	57	55	57
552579	55	54	0	0	55	54	55	54
552580	59	68	0	0	59	68	73	79

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
552583	88	104	0	0	88	104	88	104
552584	39	52	0	0	39	52	39	52
552588	102	115	0	0	102	115	123	137
552589	151	174	0	0	151	174	156	174
552590	0	1	0	0	0	1	15	17
552593	66	66	0	0	66	66	67	69
552594	54	63	0	0	54	63	54	63
552595	46	49	0	0	46	49	46	49
552596	70	92	0	0	70	92	70	92
552597	52	63	0	0	52	63	52	63
552598	118	133	0	0	118	133	161	184
552601	23	28	0	0	23	28	32	36
552609	96	127	0	0	96	127	103	136
552613	67	87	0	0	67	87	67	87
552614	79	88	0	0	79	88	79	88
552616	65	77	0	0	65	77	66	78
552617	0	0	0	0	0	0	2	5
552618	42	60	0	0	42	60	105	132
552622	223	243	0	0	223	243	227	243
552623	57	92	0	0	57	92	62	100
552624	68	121	0	0	68	121	68	121
552626	90	125	0	0	90	125	104	145
552627	0	0	0	0	0	0	163	196
552628	91	125	0	0	91	125	95	139
552630	8	22	0	0	8	22	8	22
552631	12	39	0	0	12	39	12	39
552636	22	43	0	0	22	43	24	44
552639	82	30	0	0	82	30	82	30
552640	15	57	0	0	15	57	15	57
552641	6	20	0	0	6	20	6	22
05027F	68	65	0	0	68	65	68	65
05029F	98	101	0	0	98	101	101	103
05114F	69	65	0	0	69	65	74	72
05128F	67	62	0	0	67	62	71	74
052633^	153	0	0	0	153	0	161	0
552531^	0	0	0	0	0	0	0	0
552585^	0	0	0	0	0	0	41	0
552599#	0	85	0	0	0	85	0	85
552644#	0	0	0	0	0	0	0	31
552649#	0	43	0	0	0	43	0	43
552655#	0	0	0	0	0	0	0	16
552656#	0	28	0	0	0	28	0	28
552657#	0	157	0	0	0	157	0	198
552659#	0	21	0	0	0	21	0	21
552660#	0	29	0	0	0	29	0	29
552661#	0	10	0	0	0	10	0	10

Provider	Hemo		PD		Total		Total of Home & In-Center*	
	2009	2010	2009	2010	2009	2010	2009	2010
552662#	0	11	0	0	0	11	0	12
552663#	0	30	0	0	0	30	0	30
552666#	0	0	0	0	0	0	0	16
CS9897^	0	0		0	0	0	78	0
CS9898^	0	0		0	0	0	0	0
CS9906^	28	0		0	28	0	29	0
CS9907^	30	0		0	30	0	30	0
CS9908^	0	0		0	0	0	4	0
CS9910^	4	0		0	4	0	5	0
CS9913^	5	0		0	5	0	5	0
CS9914^	8	0		0	8	0	8	0
CS9917^	5	0		0	5	0	5	0
CS9920^	25	0		0	25	0	25	0
CS9921^	22	0		0	22	0	22	0
CS9922^	51	0		0	51	0	51	0
CS9924^	0	0		0	0	0	0	0
CS9925#	0	4	0		0	4	0	4
CS9926^	0	0		0	0	0	2	0
CS9927#	0	10	0		0	10	0	10
CS9928#	0	5	0		0	5	0	6
CS9929#	0	155	0		0	155	0	191
CS9930#	0	0	0		0	0	0	1
CS9931#	0	30	0		0	30	0	30
CS9932#	0	1	0		0	1	0	4
CS9933#	0	4	0		0	4	0	4
CS9934#	0	28	0		0	28	0	28
CS9935#	0	4	0		0	4	0	4
CS9937#	0	4	0		0	4	0	4
CS9938#	0	0	0		0	0	0	2
CS9939#	0	0	0		0	0	0	16
CS9941#	0	2	0		0	2	0	2
CS9942#	0	0	0		0	0	0	0
<b>Network Total</b>	<b>29,802</b>	<b>31,476</b>	<b>0</b>	<b>0</b>	<b>29,802</b>	<b>31,476</b>	<b>32,728</b>	<b>34,619</b>

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

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

Date of Preparation: April 2011

This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to only Medicare approved facilities. This table includes 302 Veterans Affairs Facility patients for 2009 and 293 Veterans Affairs Facility patients for 2010.

# Provider not operational in 2009

^ Provider not operational in 2010

**Renal Transplant by Transplant Center**  
Number of transplants performed by transplant center calendar year 2009 and calendar year 2010.

Transplant Center	Total Transplants Performed		Patients Waiting For Transplant*	
	2009	2010	2009	2010
050022	16	29	226	236
050025	113	90	468	538
050069	35	24	114	158
050100	89	88	397	447
050245	2	0	0	0
050262	283	308	1,981	70
050327	87	125	1,128	1,143
050348	40	46	293	361
050376	22	26	247	237
050424	49	34	209	34
050502	84	45	715	440
050625	143	135	582	326
050696	83	104	482	500
050746	15	8	63	60
053302	30	25	16	16
053303	10	11	19	24
<b>CA Total</b>	<b>1,101</b>	<b>1,098</b>		
<b>Network Total:</b>	<b>1,101</b>	<b>1,098</b>		

Source of information: Network SIMS Database/HCFCA-2744

Date of Preparation: April 2011

\*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 2009

^ Provider not operational in 2010

### Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender, and primary diagnosis for calendar year 2010.

Age Group	Cadaveric	Living Related	Living Unrelated	Total
00-04	10	3	0	13
05-09	10	2	0	12
10-14	9	5	0	14
15-19	32	9	1	42
20-24	8	15	4	27
25-29	23	19	12	54
30-34	33	19	16	68
35-39	43	21	14	78
40-44	63	19	23	105
45-49	79	27	19	125
50-54	89	19	38	146
55-59	103	13	15	131
60-64	96	22	16	134
65-69	66	10	10	86
70-74	41	8	6	55
75-79	5	1	2	8
80-84	0	0	0	0
>=85	0	0	0	0
Missing	0	0	0	0
<b>Total</b>	<b>710</b>	<b>212</b>	<b>176</b>	<b>1,098</b>

Gender	Cadaveric	Living Related	Living Unrelated	Total
Female	286	91	70	447
Male	424	121	106	651
Missing	0	0	0	0
<b>Total</b>	<b>710</b>	<b>212</b>	<b>176</b>	<b>1,098</b>

Race	Cadaveric	Living Related	Living Unrelated	Total
American Indian/Alas	0	1	1	2
Asian	82	18	15	115
Black or African Ame	112	22	17	151
More than one race	1	1	1	3
Native Hawaiian or O	10	0	2	12
White	505	170	140	815
Missing	0	0	0	0
<b>Total</b>	<b>710</b>	<b>212</b>	<b>176</b>	<b>1,098</b>

<b>Primary Diagnostic</b>	<b>Cadaveric</b>	<b>Living Related</b>	<b>Living Unrelated</b>	<b>Total</b>
Cystic Kidney	33	13	25	71
Diabetes	215	41	36	292
Glomerulonephritis	130	46	39	215
Hypertension	153	42	40	235
Other	118	52	27	197
Other Urologic	15	3	1	19
Missing	0	0	0	0
Unknown	46	15	8	69
<b>Total</b>	<b>710</b>	<b>212</b>	<b>176</b>	<b>1,098</b>

*Source of information: Network SIMS Database*

*Date of Preparation: April 2011*

*Race: The categories are from the HCFA-2728 Form.*

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

*This table includes 0 patients receiving treatment at VA facilities.*

### Dialysis Deaths

Deaths of dialysis patients by state of residence, age, gender, primary diagnosis and cause of death for calendar year 2010.

Age Group	CA	Other	Total
00-04	1	0	1
05-09	1	0	1
10-14	2	0	2
15-19	0	1	1
20-24	8	0	8
25-29	17	0	17
30-34	25	0	25
35-39	39	0	39
40-44	79	0	79
45-49	161	0	161
50-54	276	0	276
55-59	412	0	412
60-64	579	1	580
65-69	625	0	625
70-74	785	0	785
75-79	764	1	765
80-84	760	0	760
>=85	816	1	817
Missing	0	0	0
<b>Total</b>	<b>5,350</b>	<b>4</b>	<b>5,354</b>

Gender	CA	Other	Total
Female	2,335	2	2,337
Male	3,015	2	3,017
Missing	0	0	0
<b>Total</b>	<b>5,350</b>	<b>4</b>	<b>5,354</b>

Race	CA	Other	Total
American Indian/Alas	16	0	16
Asian	508	0	508
Black or African Ame	758	1	759
More than one race s	20	0	20
Native Hawaiian or O	119	2	121
White	3,929	1	3,930
Missing	0	0	0
<b>Total</b>	<b>5,350</b>	<b>4</b>	<b>5,354</b>

<b>Primary Diagnosis</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
Cystic Kidney	65	0	65
Diabetes	2,713	3	2,716
Glomerulonephritis	203	0	203
Hypertension	1,602	0	1,602
Other	493	1	494
Other Urologic	64	0	64
Missing	0	0	0
Unknown	210	0	210
<b>Total</b>	<b>5,350</b>	<b>4</b>	<b>5,354</b>

<b>Primary Cause of Death</b>	<b>CA</b>	<b>Other</b>	<b>Total</b>
Cardiac	2,665	2	2,667
Gastro Intestinal	23	0	23
Infection	525	0	525
Liver Disease	81	0	81
Vascular	223	2	225
Missing	6	0	6
Other	947	0	947
Unknown	880	0	880
<b>Total</b>	<b>5,350</b>	<b>4</b>	<b>5,354</b>

Source of information: Network SIMS Database

Date of Preparation: April 2011

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

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

This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to those deaths reported by only Medicare-approved facilities. This table includes 50 patients receiving treatment at VA facilities.

**"VA facilities are not required to report Patient information to the Network. This accounts for why there are 6 Missing Primary Causes of Death."**

**Vocational Rehabilitation**  
Vocational Rehabilitation by dialysis facility patients age 18-54 as of December 31, 2010

Provider No.	Aged 18 through 54 (as of Dec. 31)	No. of Patients receiving services from Voc. Rehab	No. of Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Shift After 5pm
050022	0	0	0	0	N
050069	63	0	28	1	N
050100	0	0	0	0	N
050138	68	0	32	4	Y
050139	44	2	22	3	N
050140	49	0	23	3	N
050245	31	0	8	3	N
050261	19	0	1	0	N
05027F	18	0	0	0	N
05029F	13	2	8	2	Y
050348	0	0	0	0	N
050376	0	0	0	0	N
050424	0	0	0	0	N
050502	0	0	0	0	N
050561	2	0	0	1	N
050609	18	0	16	1	N
050625	0	0	0	0	N
050677	8	0	4	1	N
050686	47	1	28	1	N
050696	0	0	0	0	N
050723	26	0	0	0	N
050746	0	0	0	0	N
05114F	10	0	0	0	N
05128F	15	0	4	1	Y
052500	19	1	3	2	N
052502	42	0	0	0	N
052503	41	1	9	1	N
052505	45	0	14	0	Y
052513	12	0	5	2	N
052515	32	3	14	3	N
052521	56	0	7	1	N
052522	34	0	3	2	N
052523	27	2	8	3	N
052525	25	0	1	0	N
052532	0	0	0	0	N
052536	32	2	5	2	Y
052538	48	0	22	0	N
052539	69	0	28	3	Y

<b>Provider No.</b>	<b>Aged 18 through 54 (as of Dec. 31)</b>	<b>No. of Patients receiving services from Voc. Rehab</b>	<b>No. of Patients Employed Full-Time or Part-Time</b>	<b>No. of Dialysis Patients Attending School Full-Time or Part-Time</b>	<b>Shift After 5pm</b>
052541	55	0	15	3	Y
052544	28	0	1	1	N
052545	59	0	7	10	Y
052549	25	0	6	1	Y
052550	94	4	19	12	Y
052552	60	0	20	5	N
052554	42	3	15	1	N
052556	19	0	15	1	N
052558	89	0	20	0	N
052561	50	2	7	2	N
052564	41	0	21	0	Y
052574	31	2	16	2	Y
052575	52	0	3	1	N
052576	81	2	19	7	Y
052579	12	0	3	0	N
052580	28	2	1	2	N
052581	32	0	14	1	N
052582	35	0	8	0	Y
052585	37	0	11	0	N
052588	23	0	17	2	Y
052589	59	11	16	4	N
052590	74	0	19	4	N
052591	49	0	10	0	N
052597	31	1	22	1	N
052599	31	0	18	1	Y
052606	28	1	13	2	Y
052613	25	0	12	3	N
052617	22	0	2	0	N
052619	66	2	33	2	Y
052620	38	0	4	0	N
052621	19	0	6	0	N
052622	77	2	20	15	Y
052627	31	1	12	2	Y
052628	29	0	1	1	N
052631	49	0	17	0	Y
052632	39	0	16	0	Y
052634	27	0	5	1	N
052635	27	0	5	2	N
052637	37	0	10	0	N
052638	32	0	15	0	Y
052641	8	0	4	1	Y
052643	61	4	14	18	N
052644	24	3	6	1	N

<b>Provider No.</b>	<b>Aged 18 through 54 (as of Dec. 31)</b>	<b>No. of Patients receiving services from Voc. Rehab</b>	<b>No. of Patients Employed Full-Time or Part-Time</b>	<b>No. of Dialysis Patients Attending School Full-Time or Part-Time</b>	<b>Shift After 5pm</b>
052648	25	0	7	0	Y
052652	74	1	11	2	Y
052653	34	5	3	0	N
052654	38	0	19	0	N
052656	45	1	20	4	Y
052657	35	3	15	1	N
052658	38	0	7	0	Y
052661	23	0	4	0	Y
052665	31	0	11	1	Y
052666	32	0	1	1	Y
052667	24	0	0	2	N
052668	10	0	10	0	N
052670	51	1	18	2	N
052671	107	0	13	16	Y
052673	182	0	29	11	Y
052674	30	0	1	1	N
052678	43	0	6	2	N
052679	9	0	9	0	N
052682	32	0	6	1	N
052683	25	0	1	0	N
052684	14	0	7	0	N
052686	26	2	5	2	N
052687	19	0	0	1	N
052690	15	1	5	3	N
052695	54	0	12	1	Y
052696	44	1	6	3	Y
052699	24	2	4	0	N
052700	65	0	27	4	N
052701	6	0	3	0	N
052708	46	4	18	3	Y
052710	55	0	31	9	Y
052712	49	1	8	2	Y
052713	57	0	0	0	N
052714	68	16	9	4	N
052715	28	0	6	0	N
052716	36	0	9	1	N
052717	22	0	5	1	N
052718	47	2	10	2	N
052720	26	0	6	0	N
052724	19	0	2	0	N
052725	51	0	10	3	Y
052726	17	0	9	4	N
052727	46	4	23	4	N

Provider No.	Aged 18 through 54 (as of Dec. 31)	No. of Patients receiving services from Voc. Rehab	No. of Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Shift After 5pm
052730	13	0	0	0	N
052731	49	0	6	1	Y
052734	55	0	0	0	N
052735	30	1	13	2	N
052739	23	1	10	2	N
052740	18	1	6	0	N
052743	64	3	8	3	N
052744	36	2	16	1	N
052746	63	0	10	12	N
052747	68	1	16	5	Y
052754	49	0	9	1	N
052755	25	0	8	0	N
052756	16	0	4	3	N
052760	17	1	3	3	N
052761	95	1	21	3	N
052762	41	0	15	1	Y
052764	1	0	0	0	N
052768	22	0	5	0	N
052771	14	0	4	0	N
052772	25	0	2	1	N
052773	15	0	1	0	N
052776	22	1	11	1	N
052778	32	0	20	2	Y
052779	91	1	47	1	Y
052780	38	1	6	1	N
052781	59	0	0	0	N
052782	12	0	2	2	N
052785	32	3	6	1	N
052788	21	0	3	2	N
052789	15	0	1	0	N
052790	57	0	17	5	Y
052791	20	0	0	0	N
052792	31	5	2	0	N
052794	136	2	23	2	N
052798	49	0	6	0	Y
052799	33	2	1	2	N
052800	17	0	0	0	N
052801	34	0	11	4	Y
052802	125	0	20	4	N
052803	30	2	3	0	Y
052804	50	0	20	4	Y
052806	33	0	6	0	Y
052807	89	8	18	2	N

<b>Provider No.</b>	<b>Aged 18 through 54 (as of Dec. 31)</b>	<b>No. of Patients receiving services from Voc. Rehab</b>	<b>No. of Patients Employed Full-Time or Part-Time</b>	<b>No. of Dialysis Patients Attending School Full-Time or Part-Time</b>	<b>Shift After 5pm</b>
052808	27	1	10	0	N
052809	30	3	5	2	N
052811	26	0	16	2	N
052812	4	0	0	1	N
052816	13	5	9	0	N
052817	33	0	2	0	N
052818	48	3	13	2	Y
052820	23	0	5	0	N
052821	41	0	25	0	N
052827	40	1	7	0	Y
052828	48	0	0	0	N
052829	7	0	0	0	N
052830	26	0	0	2	N
052832	25	0	5	0	N
052834	46	2	22	1	N
052835	50	0	15	0	Y
052836	9	0	0	0	N
052837	59	1	13	3	Y
052838	30	3	9	3	N
052839	22	0	4	0	N
052840	48	0	5	2	Y
052842	22	0	10	1	N
052843	20	0	3	0	N
052844	69	0	13	6	Y
052846	43	0	3	1	N
052847	18	1	5	1	N
052848	36	0	16	0	N
052852	37	3	22	2	N
052854	21	0	3	0	Y
052855	30	0	9	2	N
052856	51	0	10	2	N
052858	53	1	11	3	N
052859	40	0	6	0	Y
052860	21	1	7	0	N
052861	50	0	36	1	Y
052862	28	1	24	2	Y
052863	43	1	5	1	N
052864	30	0	9	4	Y
052865	55	4	26	4	N
052866	33	0	1	0	N
052867	33	4	10	1	N
052868	35	3	4	3	N
052869	25	0	1	0	N

Provider No.	Aged 18 through 54 (as of Dec. 31)	No. of Patients receiving services from Voc. Rehab	No. of Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Shift After 5pm
052871	57	3	10	4	Y
052872	55	2	12	1	N
052873	19	3	14	2	N
052875	28	0	5	0	N
052878	33	0	16	0	N
052879	14	0	1	1	N
052880	56	0	33	3	Y
052881	22	3	13	2	Y
052882	19	0	4	1	Y
052883	26	2	8	0	N
052884	47	0	0	0	Y
052885	23	0	10	2	Y
052886	8	0	1	2	N
052889	11	0	0	0	N
052890	36	2	9	3	Y
052893	14	0	6	1	N
052894	34	0	2	2	N
052895	37	0	5	1	N
052896	30	0	6	2	N
052897	47	0	16	0	N
052898	18	0	2	2	N
052899	22	0	11	0	N
053302	12	0	0	12	N
053303	2	0	0	2	N
053506	57	1	5	1	N
053512	36	1	14	2	N
053527	23	0	10	2	N
552501	17	0	0	0	N
552502	28	0	4	0	N
552506	39	1	14	1	N
552507	27	0	2	0	N
552508	16	0	8	0	N
552509	42	0	12	1	Y
552511	28	0	5	0	Y
552513	24	0	8	1	N
552515	21	1	5	0	Y
552516	20	0	5	1	N
552517	31	0	8	2	N
552518	19	0	15	3	N
552520	29	0	1	0	N
552521	47	0	14	1	N
552525	43	1	27	2	Y
552526	57	0	8	1	N

Provider No.	Aged 18 through 54 (as of Dec. 31)	No. of Patients receiving services from Voc. Rehab	No. of Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Shift After 5pm
552527	50	0	3	2	N
552532	21	0	11	2	N
552538	16	0	0	0	N
552541	32	0	7	0	N
552543	19	3	10	3	N
552544	46	1	16	1	N
552545	14	4	2	0	N
552546	9	1	4	3	N
552547	30	0	7	1	N
552548	44	0	16	0	Y
552551	20	0	6	1	N
552552	30	0	2	2	N
552553	53	0	12	0	Y
552554	27	0	1	2	N
552556	9	0	3	0	Y
552561	15	0	6	1	Y
552562	63	2	27	2	Y
552565	20	0	6	3	N
552567	23	0	5	1	N
552568	15	0	6	0	N
552571	26	0	10	2	N
552573	23	0	4	0	N
552574	37	2	2	2	N
552575	47	2	7	2	N
552578	13	0	4	0	N
552579	27	0	6	3	N
552580	19	0	7	0	N
552583	14	0	2	0	N
552584	16	1	5	1	N
552588	47	0	0	0	Y
552589	36	0	0	1	Y
552590	9	0	7	1	N
552593	21	2	9	0	N
552594	19	0	3	1	N
552595	11	1	9	1	N
552596	39	1	3	0	N
552597	18	0	2	1	N
552598	63	2	23	2	N
552599	34	1	3	1	N
552601	10	0	2	0	N
552609	56	0	15	3	Y
552613	34	3	1	3	N
552614	32	1	6	2	Y

Provider No.	Aged 18 through 54 (as of Dec. 31)	No. of Patients receiving services from Voc. Rehab	No. of Patients Employed Full-Time or Part-Time	No. of Dialysis Patients Attending School Full-Time or Part-Time	Shift After 5pm
552616	36	2	3	5	N
552617	2	0	1	0	N
552618	61	1	36	1	Y
552622	89	0	0	0	N
552623	37	0	2	0	N
552624	26	0	26	2	N
552626	61	3	16	2	N
552627	91	1	24	3	N
552628	53	0	9	5	N
552630	11	1	0	1	N
552631	11	2	1	0	N
552636	19	0	7	2	N
552639	5	0	2	1	N
552640	24	0	1	1	N
552641	8	2	0	0	N
552644	12	0	7	1	N
552649	16	1	1	1	N
552655	8	1	1	0	N
552656	12	0	1	1	N
552657	63	0	9	4	N
552659	15	0	0	0	N
552660	6	0	0	0	N
552661	5	0	0	0	N
552662	3	0	0	0	N
552663	8	0	1	0	N
552666	7	0	2	0	N
CS9925	4	0	0	0	N
CS9927	5	0	0	0	N
CS9928	3	0	0	0	N
CS9929	55	0	0	0	N
CS9930	1	0	0	0	N
CS9931	8	0	0	0	N
CS9932	2	0	0	0	N
CS9933	1	0	0	0	N
CS9934	6	0	0	0	N
CS9935	1	0	0	0	N
CS9937	0	0	0	0	N
CS9938	1	0	0	0	N
CS9939	7	0	0	0	N
CS9941	0	0	0	0	N
CS9942	0	0	0	0	N
<b>Network Total</b>	<b>10,888</b>	<b>233</b>	<b>2,775</b>	<b>504</b>	