

2014 Annual Report



Activities performed under this contract were sponsored by the Centers for Medicare & Medicaid Services (CMS)

Contract Number HHSM-500-2013-NW006C



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EXECUTIVE SUMMARY

THROUGH THE PATIENT & FAMILY ENGAGEMENT LAN PROJECTS...

12,937

patients attested to being knowledgeable and empowered for optimal infection prevention

4,750

patients had access to a patient navigator

2,394

patients
demonstrated a
working
understanding of
their lab values

100%

of Network 6 QI Projects include

Patient & Family Engagement



Satisfied/ Very Satisfied

97%

with Network 6 CROWNWeb support

582 Facilities responding



PATIENT GRIEVANCES
RESOLVED BY
NETWORK 6 IN 2014

NETWORK 6 TECHNICAL
ASSISTANCE CALLS WITH
FACILITIES TO AVOID
GRIEVANCES AND/OR
AVERT INVOLUNTARY
DISCHARGES



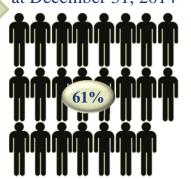
6,756

Patients dialyzing via AVF at start of Fistula First Project, 2003

30% Increase

23,046

Patients dialyzing via AVF at December 31, 2014





356 Million

2014 estimated Medicare savings from patients dialyzing via AVF

P = 1,000 Patients

Improved Facilities in Network 6 vascular access intervention project

more than facilities not in Network 6 intervention project

Network 6 has the

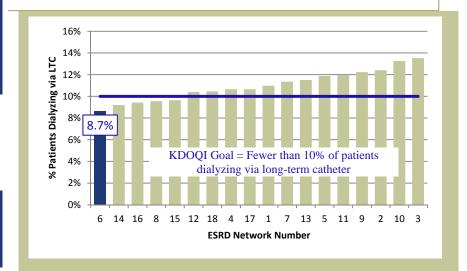
Long-Term Catheter

WEST Usage Rate of all 18 ESRD Networks

Hemodialysis patients dialyzing via a central venous

catheter have a

greater likelihood of death than patients dialyzing via AVF





After the Network 6 transplant project, black patients in participating facilities were

5.57times

more likely to be referred for transplant than they were prior to the project

Network 6 eliminated the racial disparity existing prior to the project

\$54,647

Estimated Annual per patient Medicare savings for each patient with a transplant, not on dialysis

\$41million

Medicare savings (estimated) if the 753 referred patients receive a transplant

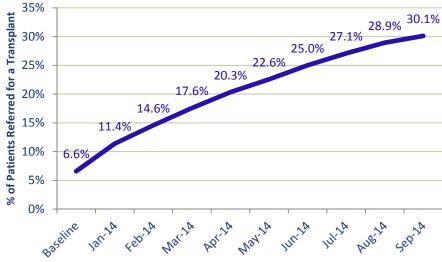
385.28

PER MILLION PEOPLE LIVING IN THE NETWORK 6 AREA DEVELOPED **ESRD IN 2014**

739.70

PER MILLION BLACK PEOPLE LIVING IN THE NETWORK 6 AREA **DEVELOPED ESRD IN 2014**

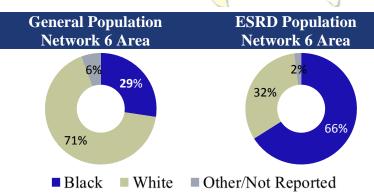
Additional Network 6 753 patients referred transplant due to patients referred for Network 6 project



169 fewer deaths per 100 patient years (estimated) for people with a transplant compared to people on dialysis

of all United States dialysis patients are served in Network 6 facilities

44,129 dialysis patients served by 655 facilities





INTRODUCTION

CMS' End Stage Renal Disease (ESRD) Network Organization Program

The End Stage Renal Disease Network Organization Program (ESRD Network Program) is a national quality improvement program funded by the Centers for Medicare & Medicaid Services (CMS). CMS is a federal agency, part of the U.S. Department of Health and Human Services.

CMS defines end stage renal disease (ESRD) as permanent kidney failure in an individual who requires dialysis or kidney transplantation to sustain life.

Under contract with CMS, 18 ESRD Network Organizations, or ESRD Networks, carry out a range of activities to improve the quality of care for individuals with ESRD. The 18 ESRD Networks serve the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

Medicare Coverage for Individuals with ESRD

Medicare coverage was extended to most ESRD patients in the U.S. under the Social Security Act Amendments of 1972 (Public Law 92-603). Individuals with irreversible kidney failure are eligible for Medicare if they need regular dialysis or have had a kidney transplant and they meet (or their spouse or parent meets) certain work history requirements under the Social Security program, the railroad retirement system, or federal employment.

History of CMS' ESRD Network Organization Program

Following passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other health care facilities were organized into networks to enhance the delivery of services to people with ESRD.

In 1978, Public Law 95-292 modified the Social Security Act to allow for the coordination of dialysis and transplant services by linking dialysis facilities, transplant centers, hospitals, patients, physicians, nurses, social workers, and dietitians into Network Coordinating Councils, one for each of 32 administrative areas.

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.



NETWORK 6'S ROLE IN IMPROVING THE QUALITY OF ESRD CARE

The Southeastern Kidney Council (SKC), based in Raleigh, NC has held the CMS contract for ESRD Network 6 since its inception in 1988. The Network 6 area, consisting of Georgia, North Carolina and South Carolina, has the largest number of dialysis facilities and one of the largest patient populations of the 18 ESRD Networks. The literature has shown that ESRD is more prevalent among black Americans than white Americans. In the Network 6 area, about 27% of the general population is black, but 66% of the ESRD population is black. The table below compares incident rates by state and race group.

Figure 1: 2014 Network 6 Incidence Rate

2014 ESRD Incidence Rate per Million by State and Race Group ESRD Network 6				
Race Georgia North Carolina South Carolina Network 6 To				Network 6 Total
Black	691.76	715.81	878.80	746.33
White	264.46	247.53	268.16	264.19
Total	392.31	343.79	434.42	387.92

Data Source: US Census Bureau State & County QuickFacts as of 03/31/2015 and
Data Table 1: ESRD Incidence – One Year Statistics

About 79% of Network 6 dialysis facilities are owned by the CMS-designated "large dialysis organizations" (LDOs). About 11% of facilities are independently owned and the remaining facilities are owned by smaller dialysis organizations. Of Network 6 facilities, 5% offer a shift starting after 5pm. Facilities opening in North Carolina must go through the certificate of need (CON) approval process. Georgia and South Carolina no longer have CON.

In keeping with the legislative mandate for the ESRD Network program, the Centers for Medicare & Medicaid Services (CMS) goal for ESRD Networks is to promote positive change relative to three aims outlined in the National Quality Strategy (NQS) and CMS priorities. CMS' ESRD Network program aims are:

- **Aim 1:** Better Care for the Individual through Patient and Family Centered Care
- Aim 2: Better Health for the ESRD Population
- **Aim 3:** Reduce Costs of ESRD Care by Improving Care.

Network 6 fulfills these aims and its mission to improve the lives of people with ESRD by working with patients, providers and community leaders to meet CMS' expectation to "be patient care navigators and lead transformation by:

- Serving as conveners, organizers, motivators, and change agents
- Leveraging technology to provide outreach and education
- Serving as partners in quality improvement with patients, practitioners, health care providers, other health care organizations, and other stakeholders
- Securing commitments to create collaborative relationships
- Achieving and measuring changes at the patient level through data collection, analysis, and monitoring for improvement



- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques, and data collection through information exchange
- Participating in the development of a CMS national framework for providing emergency preparedness services"

Network 6 as a Driver of Quality Improvement

Under direction of the Medical Review Board, Network 6 works with dialysis and transplant facilities to monitor and improve healthcare outcomes to ensure safe and effective care. Network 6 assists facilities in identifying root causes leading to sub-optimal care and provides education and technical assistance to address those opportunities to improve. The 2014 quality improvement projects detailed later in this report are:

- Increasing the use of AVFs
- Decreasing the use of hemodialysis catheters over 90 days
- Monitoring and improving infection control practices
- Monitoring and meeting all Quality Incentive Program (QIP) measures
- Increasing transplant referral and ensuring no racial disparity in people being referred

Network 6 as a Patient and Family Engagement Coach and Model

Network 6 has adopted a two-tier approach to engaging patients and families:

- 1) Engagement of patients and family members in Network operations: Since its inception in 1988, Network 6 has included patients and family members in all boards and committees recognizing the value of the patient voice in all projects. In addition, Network 6 established a Consumer Committee of patients, families, and caregivers in 1988, which transitioned to the current Patient and Family Engagement Learning and Action Network (P&FE LAN). This group of dedicated patients, serving as subject matter experts (SME) design and implement campaigns and projects specifically targeting patient and family engagement. Members of the P&FE LAN serve as advisors on each Network 6 QI activity and project, incorporating the patient experience of care into every project.
- 2) Engagement at the dialysis facility level to foster local patient and family involvement: Every 2014 Network 6 quality improvement project included a patient and family engagement component. Facilities developed patient advisory groups, identified patient mentors and conducted activities designed to interest and engage patients in their care.

In addition to incorporating the patient component in every project, Network 6, under direction of the P&FE LAN, conducted three projects specifically constructed to increase patient engagement at the facility. These projects, described later in this report, are:

- Increasing Infection Prevention Techniques and Empowerment
- Know Your Numbers helping patients truly understand their lab values and how they can impact those outcomes
- Patient Navigator connecting patients at the dialysis facility with a mentor to assist patients in navigating and adjusting to treatment

Network 6 as an Advocate and Facilitator



Network 6 works with patients and facility staff to resolve differences that arise in the course of dialysis treatment. The Network investigates the issues, facilitates communication and provides training and education as needed to develop a successful course of action. The Network may refer the grievance to another agency and then coordinates the resolution and communication with the patient.

Network 6 as Technical Experts

Network 6 has a team of experts including nurses, social workers, educators, and information management coordinators, skilled in ESRD-specific systems. These experts are available to assist in designing quality improvement projects; consult regarding difficult patient care issues; assist with emergency planning and response; and provide training and support on Consolidated Renal Operations in a Web enabled Network (CROWNWeb), National Healthcare Safety Network (NHSN), Dialysis Facility Reports (DFR) and other systems. The Network also has a strong team of volunteers including patients, nephrologists, nurses, social workers, dietitians, technicians and other health professionals. This network of expertise supports the patients and facilities as they deliver, monitor and improve care.

Network 6 as Educators

Every project, campaign and activity includes an educational component. This includes webinars specific to project topics, distribution of a monthly newsletter and maintenance of a robust website, www.myskc.org. Network 6 also serves as clearinghouse to distribute materials from CMS and community organizations.

Figure 2: Dialysis Facilities and Transplant Centers in Network 6

Dialysis Facilities and Transplant Centers in Network 6's Service Area, as of December 31, 2014		
Category		
Number of Dialysis Facilities in Network 6's Service Area* 655		
Number of Transplant Centers in Network 6's Service Area*	10	

Data Source: End Stage Renal Disease National Coordinating Center (ESRD NCC) report to ESRD Forum *Counts of dialysis facilities and transplant centers may include a small number of facilities that closed during the calendar year but did not have a closing date recorded in CROWNWeb as of December 31, 2014.

Figure 3: Dialysis Facilities in Network 6

Number of Dialysis Facilities in Network 6's Service Area and Number and Percent of Dialysis Facilities Offering Dialysis Shifts Starting after 5 PM, as of December 31, 2014			
Category Number Percent			
Number of Dialysis Facilities in Network 6's Service Area* 655			
Dialysis Facilities in Network 6's Service Area Offering Dialysis Shifts Starting after 5 PM* 31 5%			

Data Source: End Stage Renal Disease National Coordinating Center (ESRD NCC) report to ESRD Forum and NCC Gap Report
Data Source of data for dialysis facilities offering dialysis shifts starting after 5 PM: NCC Gap Report "Shifts After 5 PM."
*Counts of dialysis facilities may include a small number of facilities that closed during the calendar year but did not have a closing
date recorded in CROWNWeb as of December 31, 2014.



NETWORK GOALS

Aim 1: Better Care for the Individual through Patient and Family Centered Care

- Promote patient and family engagement through fostering patient and family engagement at the facility level, involving patients/families in CMS Meetings and convening a Patient Engagement Learning and Action Network (LAN).
- Improve patient experience of care through evaluating and resolving grievances, promoting use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) and/or any similar survey identified by CMS, and address issues identified through data analysis.
- Assist with patient-appropriate access to in-center dialysis care, decrease Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs), address patients at risk for IVD/IVT and failure to place and report to CMS on access to dialysis care monthly.
- Improve vascular access management, improve arteriovenous (AV) fistula rates for prevalent patients, reduce catheter rates for prevalent patients, support facility vascular access reporting, spread best practices, provide technical support in the area of vascular access and recommend sanctions to CMS for failure to improve.
- Improve patient safety through reduction of Healthcare-Acquired Infections (HAIs), support the National Healthcare Safety Network (NHSN), establish HAI LAN, and reduce rates of Dialysis Facility Events.
- Facilitate patient and family knowledge of transplantation and organ donation and appropriate referrals for transplantation options.
- Facilitate patient and family knowledge of home therapy and referrals for home dialysis.

Aim 2: Better Health for the ESRD Population

- Improve the quality of and access to care through a population health innovation pilot project
- Identify and address potential disparities in care

Aim 3: Reduce Costs of ESRD Care by Improving Care

- Provide support for ESRD Quality Incentive Program (QIP) and performance improvement on QIP measures, assist facilities in understanding and complying with QIP processes and requirements, assist facilities in improving their performance on QIP measures, assist CMS in monitoring the quality of and access to dialysis care and assist beneficiaries and caregivers in understanding the QIP.
- Support Facility Data Submission to CROWNWeb, NHSN, and/or Other CMS-Designated Data Collection System(s).

To achieve the above stated goals and objectives each facility must:

• Clearly explain and respect the rights and responsibilities of both the patient, family, significant others and the facility while promoting patient/family centered care and engagement.



- Continuously strive to deliver care to each patient that is patient/family centered, individualized, consistent with current professional knowledge, and that achieves desired outcomes which includes less than 10% of patients with a catheter >90 days and >68% patients with a AVF for vascular access and achieves CMS thresholds for the QIP measures.
- Assess and refer in a timely manner medically suitable patients to treatment modalities that increase independence including in-center self-care, home self-care and transplantation.
- Establish and maintain a dynamic quality assessment and performance improvement program that evaluates the care provided and identifies opportunities for and continuously works to improve care delivered.
- Submit Network-requested data and information timely and accurately. Enter data in CROWNWeb as required by law and regulation. Register for QIMS timely.
- Register in NHSN, enroll in the Network 6 group and submit dialysis event data and HAI data and information timely and accurately on a monthly basis.
- Make available to patients Network provided information on all quality improvement projects, the national QIP, the Annual Report, regional and national profiles of care, the importance of immunization, information on how to access and use Medicare's Dialysis Facility Report, information on the CROWNWeb system developed by CMS and other information as directed by specific projects.
- Establish and execute a facility plan to meet the Network goals and objectives as required by law and regulation.



PROFILE OF PATIENTS IN NETWORK 6'S SERVICE AREA

The ESRD Network Program collects data on incident (new) ESRD patients, prevalent (currently treated) dialysis patients, and renal transplant recipients.

Network 6 uses data on patients' clinical characteristics—including primary cause of ESRD, treatment modality, and vascular access type—to focus its outreach and quality improvement activities.

Figure 4: Characteristics of the ESRD Population in Network 6

Characteristics of the ESRD Population in the Network 6 Area			
Category	Number	Percent	
Incident (New) ESRD Patients			
Number of Incident ESRD Patients, Calendar Year 2014	9,549		
Primary Cause of ESRD among Incident ESRD Patients			
Diabetes	3,918	41.03%	
Glomerulonephritis	540	5.66%	
Secondary Glomerulonephritis/Vasculitis	187	1.96%	
Interstitial Nephritis/Pyelonephritis	192	2.01%	
Hypertension/Large Vessel Disease	3,302	34.58%	
Cystic/Hereditary/Congenital Diseases	236	2.47%	
Neoplasms/Tumors	185	1.94%	
Miscellaneous Conditions	656	6.87%	
Not Specified	333	3.49%	
Prevalent Dialysis Patients			
Number of Prevalent Dialysis Patients as of December 31, 2014	44,129		
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2014			
In-Center Hemodialysis or Peritoneal Dialysis	38,567	87.40%	
In-Home Hemodialysis or Peritoneal Dialysis	5,562	12.60%	
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2014*			
Arteriovenous Fistula in Use	23,046	60.66%	
Arteriovenous Graft in Use	8,776	23.10%	
Catheter in Use for 90 Days or Longer	3,289	8.66%	
Renal Transplants			
Number of Renal Transplants, Calendar Year 2014	1,236		



Characteristics of the ESRD Population in the Network 6 Area			
Category Number Percent			
Transplant from Deceased Donor	748	60.52%	
Transplant from Living Related Donor	406	32.85%	
Transplant from Living Unrelated Donor	82	6.63%	
Donor Information Not Available	0	0.00%	
Mortality			
Number of Deaths of ESRD Patients, Calendar Year 2014	6,701		

Data Source (except vascular access data): CROWNWeb Annual Report tables (prevalent data based on form 2744).

Data Source of vascular access data: End Stage Renal Disease National Coordinating Center (ESRD NCC) Fistula First Catheter

Last (FFCL) Dashboard.

^{*}Vascular access information reported in this table is based on facility-level data submitted to CMS. CMS has identified issues with data transmission and the application of vascular access data definitions and is correcting these errors by working directly with stakeholders and through the Networks.



IMPROVING CARE FOR ESRD PATIENTS

Network 6 works closely with ESRD patients, patients' family members and friends, nephrologists, dialysis facilities and other healthcare organizations, ESRD advocacy organizations, and other ESRD stakeholders to improve the care for ESRD patients in Georgia, North Carolina and South Carolina.

Under contract with CMS, Network 6 is responsible for identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in Georgia, North Carolina and South Carolina; identifying opportunities for improvement at the facility level and providing technical assistance to facilities as needed; promoting the use of best practices in clinical care for ESRD patients; encouraging use of all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes; promoting the coordination of care across treatment settings; and ensuring accurate and timely data collection, analysis, and reporting by facilities in accordance with national standards.

VASCULAR ACCESS MANAGEMENT

Arteriovenous Fistula (AVF)

- 68%: CMS' goal for hemodialysis patients dialyzing via an AVF
- 60.7% Network 6 AVF in use rate at December 31, 2014
- 16,290 more AVFs in use in Network 6 since the Fistula First program began in 2003 –
 a 96% increase
- 70% greater likelihood of death in non-diabetic patients dialyzing via catheter rather than fistula (54% in diabetics)¹
- \$345,862,845+ estimated annual savings to Medicare for Network 6 patients dialyzing via AVF rather than catheter or graft.²
- 212 dialysis facilities in 2014 vascular access intervention (AVF and long-term catheter (LTC))
 - o 4.4% Rate of improvement in intensive intervention group
 - o 0.4% Rate of improvement in facilities with no intervention

Central Venous Catheter (CVC)

- 10%: CMS' goal for hemodialysis patients dialyzing via LTC
- 8.7% Network 6 rate as of December 31, 2014 Lowest of all 18 Networks
- 44% reduction in Network 6 patients dialyzing via CVC since Fistula First program began

Glan

¹ Wasse H, Speckman RA, McClellan WM.: Arteriovenous fistula use is associated with lower cardiovascular mortality compared with catheter use among ESRD patients. Semin Dial 21: 483-489, 2008.

² 2008 United States Renal Data System 2008 Annual Data Report, Figure 11.22.



In 2003, ESRD Networks, CMS and various other stakeholders developed a partnership known as Fistula First Breakthrough Initiative (FFBI). This initiative created a paradigm shift in the approach to hemodialysis vascular access by promoting the consideration of AVF first in all patients. The AVFs are the gold standard in that they:

- Have the longest average patency and survival rate of all access types
- Have lower hospitalization rates
- Have lower risk of infection
- Provide a better dialysis treatment for they are able to tolerate higher blood flows

This initiative was later renamed Fistula First Catheter Last (FFCL) in recognition of the importance of reducing the number of people dialyzing via a central venous catheter.

CMS requires ESRD Networks to meet the following performance measures and obligations related to vascular access:

- Meet the CMS goal of 68% of hemodialysis patients dialyzing with an AVF by reducing the gap between the CMS goal and the Network rate by 20% each year.
- Meet the CMS goal of <10% of hemodialysis patients dialyzing with a long-term (≥90 days) CVC by decreasing the LTC rate by 2% each year in facilities with rates higher than 10%
- Ensure that 100% of dialysis facilities are reporting 100% of vascular access data for all eligible patients monthly in CROWNWeb

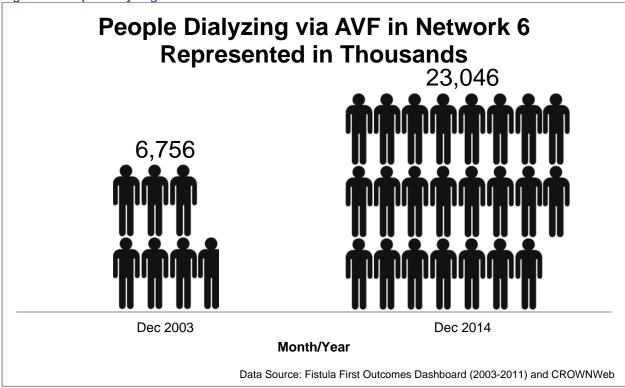
Network 6 accomplishes this requirement by:

- Conducting quality improvement activities to guide facilities in improving their vascular access outcomes as outlined in the Kidney Disease Outcomes Quality Initiative (K/DOQI) guidelines
- Providing ongoing education/assistance to dialysis facilities regarding vascular access information, policies and procedures
- Promoting the spread of best practices to improve vascular access rates, and share practices amongst facilities that are participating in the quality improvement project
- Encouraging patient and family engagement to spread vascular access education and best practices
- Reporting vascular access data monthly using the CMS dashboard input form

Through these efforts, the dialysis facilities in Network 6, under guidance from the Medical Review Board (MRB) and Network staff have significantly increased the number of people dialyzing via AVF.



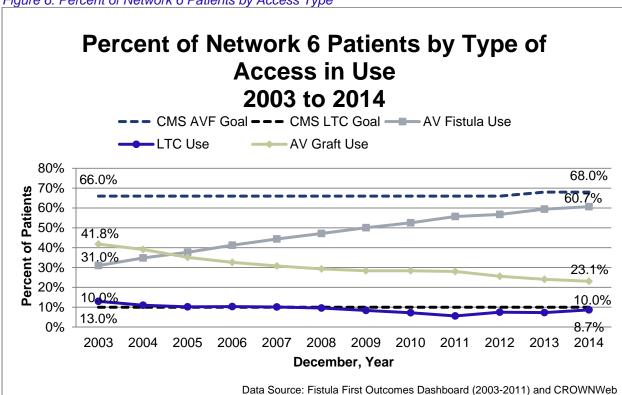




When Network 6 began the Fistula First project, the primary barrier to increasing AVF usage was that 42% of patients had a functioning arteriovenous graft (AVG). Network 6 promoted AVF as the patient's first permanent access and stressed the importance of monitoring AVGs to ensure the facility and patient have a proactive plan to place an AVF before the AVG fails. As shown in Figure 6, Network 6 has shifted the primary access type from AVG to AVF.



Figure 6: Percent of Network 6 Patients by Access Type



Year	CMS AVF Goal	Network 6 AVF Use	Network 6 AVG Use	CMS LTC Goal	Network 6 LTC Use
2003	66.0%	31.0%	41.8%	10.0%	13.0%
2004	66.0%	34.8%	39.1%	10.0%	11.0%
2005	66.0%	37.7%	35.1%	10.0%	10.2%
2006	66.0%	41.2%	32.6%	10.0%	10.3%
2007	66.0%	44.4%	30.8%	10.0%	10.1%
2008	66.0%	47.2%	29.3%	10.0%	9.6%
2009	66.0%	50.1%	28.4%	10.0%	8.4%
2010	66.0%	52.5%	28.4%	10.0%	7.2%
2011	66.0%	55.7%	28.0%	10.0%	5.6%
2012	66.0%	56.8%	25.6%	10.0%	7.5%
2013	68.0%	59.4%	24.1%	10.0%	7.3%
2014	68.0%	60.7%	23.1%	10.0%	8.7%

Patients dialyzing via central venous catheter are at higher risk for infection and death so the MRB is devoted to reducing long-term catheter use, defined as using a catheter for dialysis for 90 days or longer. Through these efforts, Network 6 has the lowest long-term catheter rate of any other Network as illustrated in Figure 7.



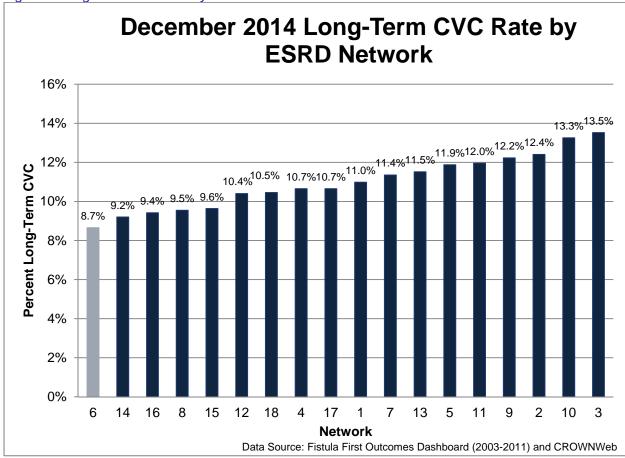


Figure 7: Long-Term CVC Rate by Network

2014 Vascular Access Goals and Activities

CMS 2014 Goals for Network 6 – Measured September 2014

- At least 61% of hemodialysis patients dialyzing via AVF
- Reduce the LTC rate by 2% in all facilities with a rate greater than 10% in September 2013 (<11.74%)
- Achieve 100% vascular access reporting in 95% of facilities

Network 6 exceeded the long-term catheter goal, reducing the rate to 11.21% in the selected facilities. CMS waived the AV fistula and reporting goals due to data reliability concerns beyond the control of CMS and Networks.



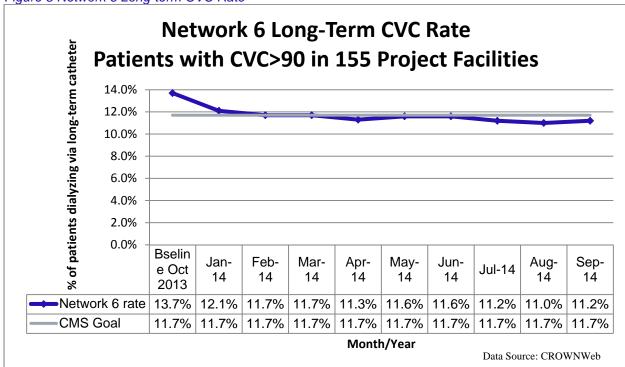


Figure 8 Network 6 Long-term CVC Rate

Network Vascular Access Improvement Activities

Network 6 continues to promote the FFCL initiative by placing facilities, which are not meeting the CMS vascular access goals in a vascular access improvement project. The 2014 project had 3 components:

- MRB correspondence to selected facilities
- Fistula First Airlines Destination: Hawaii
- Rapid Cycle Analysis/Project Change

MRB Correspondence

The MRB identified 155 dialysis facilities with long-term catheter rates greater than 10% and sent a letter and resources. The letter informed facility medical directors that the Network expected them to reduce the number of people dialyzing via catheter to conform to the K/DOQI recommendations. The MRB sent resources to assist them and offered technical assistance.

Fistula First Airlines – Destination: Hawaii

The primary intervention was themed around a trip to Hawaii, with increased AVF rates equated to miles traveled toward Hawaii. All facilities were required to show progress. To reach Hawaii, the Network required facilities to increase their AVF rate by four percentage points over baseline and reduce their LTC rate by at least 2%. The MRB used this criteria to select 61 facilities who had:

- 25 or more in-center adult hemodialysis patients
- < 65% AVF in-use rate and
- \geq 12% long-term CVC



The Network instructed each facility to incorporate the following actions/interventions to promote success:

- Develop and submit a vascular access Quality Assessment Performance (QAPI)/Action Plan, consulting the Network as needed for assistance
- Participate in a Network-facilitated medical director call. This call was led by the Network's consulting neprhologist. The call introduced the project goals, interventions and selection criteria
- Assemble a facility-level patient advisory group to assist with vascular access project activities, fistula first/catheter last concepts, and provide support for new dialysis patients and their family member(s)
- Submit monthly project updates including "Best Demonstrated Practices" utilized by the facility
- Participate in Network-facilitated educationalwebinars. Topics included:
 - o Angioplasty and cannulation techniques.
 - o The importance of patient and family engagement.
 - o Best demonstrated practices in vascular access
 - o The patient's perspective related to vascular access
 - o Creation of the AVF from the surgeon's perspective
- Create a Fistula First Airlines vascular access bulletin board with assistance from patient(s) who are on the facility patient advisory group

In September 2014, the re-measure point of the project, one third of the facilities had reached Hawaii. An additional eight reached the goal by the end of the year. Figure 9 shows the progress of the facilities.

Figure 9: Fistula First Airlines – Destination: Hawaii

Fistula First Airlines – Destination: Hawaii Arrival in Hawaii = Increased AVF Rate by 4% and Reduced LTC Rate by 2%		
Progress	Number of Facilities	
Arrived in Hawaii in September	20	
Arrived in Hawaii, flight delayed until December	8	
Made it halfway to Hawaii: Met one of the measures and showed progress in the other	12	
Got off the ground, had to stop for fuel: Showed positive progress in at least one of the measures	17	
Still at the gate: No progress on either measure, flight continues in 2015	4	

June Rapid Cycle Analysis (RCA)/Project Change

In June of 2014, the Network reviewed the quarterly vascular access data and noted that the AVF rates were not on track to meet the September 2014 goal of 61% of patients dialyzing via an AVF. Therefore, the process was reviewed utilizing Rapid Cycle Analysis (RCA) and an additional 66 facilities with >25 patients and <50% AVF were selected for vascular access intervention. These facilities were required to perform and submit a root cause analysis and attend a series of 1:1 educational conference calls with the Network staff. The goal was positive



progression of AVF rates from baseline to September 2014. Thirty-nine of the 66 (59%) made positive progression.

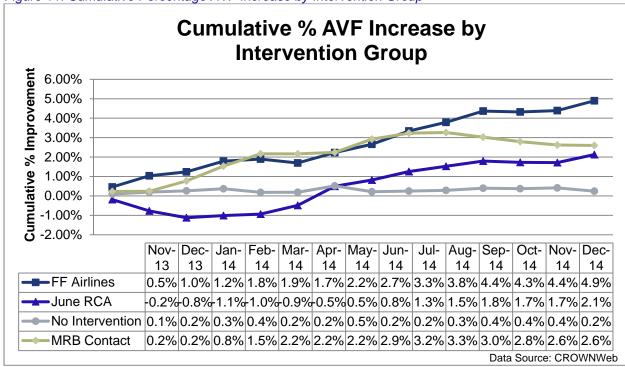
Results of Vascular Access Improvement Activities

Figure 10 and Figure 11 show the improvement in AVF use for the intervention facilities compared to those not in the intervention group.

Figure 10: AVF Increase by Intervention Group

Intervention Group	Baseline (October 2013)	Re-measure (September 2014)	% Difference
Fistula First Airlines	51.4%	55.8%	4.4%
June RCA	46.3%	48.1%	1.8%
MRB Contact	61.3%	64.3%	3.0%
No Intervention	62.7%	63.1%	0.4%





The intensive intervention group (Fistula First Airlines) demonstrated the greatest improvement and the facilities with no intervention demonstrated the least improvement. Figure 12 and Figure 13 show the reduction in catheter usage by intervention group. Two groups increased LTC usage, but were still under the recommended 10% rate.



Figure 12: CVC Reduction by Intervention Group

Intervention Group	Baseline (October 2013)	Re-measure (September 2014)	% Reduction
Fistula First Airlines	15.1%	13.5%	-1.6%
June RCA	6.4%	9.6%	3.2%
MRB Contact	13.0%	9.6%	-3.4%
No Intervention	4.9%	7.4%	2.5%

Figure 13: Cumulative Percentage CVC Reduction by Intervention Group **Cumulative % CVC Reduction by Intervention Group** Cumulative % Improvement 4.0% 2.0% 0.0% -4.0% -6.0% Nov- Dec-Feb- Mar-Apr- May- Jun-Jul-Aug- Sep- Oct- Nov- Dec-13 13 14 14 14 14 14 14 14 14 14 14 14 FF Airlines -0.2%+0.6%+0.9%+2.2%+2.1%+2.5%+1.7%+1.7%+1.5%+1.6%+1.6%+2.1%+1.9%+2.3%| June RCA 0.0% | 0.1% | 0.4% | 0.3% | 0.8% | 1.0% | 3.0% | 2.8% | 2.6% | 3.0% | 3.2% | 3.3% | 3.4% | 3.5% | No Intervention | 0.4% | 0.4% | 0.4% | 0.5% | 0.6% | 0.6% | 1.7% | 2.2% | 2.3% | 2.4% | 2.5% | 2.3% | 2.4% | 2.6% -1.4%-1.6%-2.4%-2.2%-2.4%-2.8%-2.7%-2.7%-3.4%-3.7%-3.4%-3.7%-3.5%-2.9% MRB Contact Data Source: CROWNWeb

PATIENT SAFETY

- 214 Network 6 facilities enrolled in 5-Diamond Patient Safety Program (second highest rate of all Networks
- 264 NHSN data quality errors updated
- 99.8% of facilities (594 facilities) completed 12-months of NHSN entry, avoiding payment reduction in the QIP
- 6,350 Centers for Disease Control and Prevention (CDC) infection prevention audits completed
- 40 facility interviews conducted to identify best practices and challenges

Network 6 strives to create a culture of safety in ESRD by educating facility staff and patients on the importance of a comprehensive, unit-based approach to safety and its impact on improving patient care and reducing harm. To meet the goal the Network educated through the 5-Diamond Patient Safety Program, supported the National Healthcare Safety Network, formed a Healthcare Associated Infection Learning & Action Network (HAI LAN) and decreased HAIs.



5-Diamond Patient Safety Program

To emphasize patient safety, the Network utilized and promoted the 5-Diamond Patient Safety Program. This voluntary, self-paced education program is designed to help dialysis facilities implement patient safety principles among both staff and patients. The program consists of educational modules, which include the tools and resources necessary for implementation of each patient concept. Facilities may complete any of the modules, with only one module, Patient Safety Principles, being mandatory. The program includes the following modules:

- Patient Safety Principles (Required)
- Communication
- Constant Site Cannulation
- Health Literacy
- Hand Hygiene (Infection Control)
- Influenza Vaccination
- Slips, Trips, and Falls
- Medication Reconciliation
- Emergency Preparedness
- Sharps Safety
- Decreasing Patient-Provider Conflict
- Missed Treatments
- Stenosis/Vascular Access Monitoring
- Transplantation

Network 6 incorporated topic-specific modules as part of the mandated interventions for each of the 2014 projects. As of December 31, 2014, 214 of the 608 (35.2%) Network 6 facilities were enrolled and utilizing the program (second highest Network participation rate). This affects the 14,707 patients and 3,118 facility staff members at these facilities.

Patient Safety: Support for the National Healthcare Safety Network (NHSN)

The CDC's NHSN tracks healthcare-associated infection (HAI) data to identify problem areas and monitor progress in infection prevention. CMS requires dialysis facilities to enter information into NHSN as part of the Quality Incentive Program (QIP). Other healthcare providers also enter data into NHSN, including hospitals; ambulatory surgical centers; long-term acute care facilities and in-patient rehabilitation centers. Network 6 supported 614 dialysis facilities by providing technical assistance with enrollment and reporting dialysis event data into the NHSN system. Participating facilities included Medicare facilities that offered in-center hemodialysis in the Network 6 service area. Facilities that were not Medicare-certified and/or did not offer in-center hemodialysis were not required to report dialysis event data into NHSN.

NHSN Enrollment

Network 6 assisted 19 new facilities with enrollment into the NHSN system in 2014 by providing the NHSN Facility Enrollment Checklist and following up via email and telephone until enrollment was successful. Six-hundred and thirteen of the 614 NHSN-eligible facilities in the Network 6 service area successfully enrolled in NHSN. One facility's enrollment had a delay due to staff turnover. Network 6 obtained group rights from all enrolled facilities in order to



access facility data to analyze for quality improvement purposes and to monitor for CMS mandated dialysis event reporting.

Dialysis Event Data Reporting

The NHSN clinical measure of the 2014 ESRD Quality Incentive Program (QIP) required facilities that received their Medicare certification on or before January 1, 2014 to report 12 months of data into NHSN in 2014. In support of the ESRD QIP requirements, Network 6 assisted these facilities in reporting 12 months dialysis event data into NHSN. On a monthly basis, Network 6 provided facilities that did not report data by the due date with instructions on how to verify and correct missing data in NHSN and followed up with those facilities to ensure compliance. A total of 594 of the 595 facilities that were expected to report 12 months of data into NHSN, reported 12 months.

Network 6 supported facilities enrolled in NHSN in reporting their dialysis event data into the NHSN database accurately and in a timely manner in accordance with the Dialysis Event Protocol. The Dialysis Event Protocol is the CDC dialysis facility guideline for reporting dialysis event data into NHSN. On a monthly basis, Network 6:

- distributed data entry checklists
- followed up facilities that did not submit their data into NHSN by the due date (over 700 calls)
- emailed data entry reminders
- provided help desk technical support

NHSN Data Quality Checks

From April 2014 through November 2014, Network 6 performed monthly data quality checks on dialysis facilities identified with potential data accuracy and completeness errors in their reported data. Network 6 identified and resolved 264 data entry errors in NHSN. The majority of the errors (73%) came from facilities not counting their patients correctly or categorizing their vascular access type correctly per the Dialysis Event Protocol.

Additionally, in May 2014 and November 2014, Network 6 conducted one-hour interviews with a total of 40 facilities (20 with highest bloodstream infection rates and 20 with the lowest rates) to evaluate facility NHSN dialysis event reporting practices; educate dialysis facility staff on correctly reporting dialysis event data as outlined in the Dialysis Event Protocol; and to improve the quality of dialysis event data reported into NHSN. Network 6 documented these lessons learned:

- Facilities reported that not all facility staff involved in collecting the infection data to be reported in NHSN had read the Dialysis Event Protocol or were trained properly on CDC Dialysis Event Surveillance, in part due to staff turnover.
- Generally, the large dialysis organizations collect and report NHSN data centrally via computer-generated reports and not at the facility site.
- Most of the facilities interviewed stated they use the CDC Core Interventions and perform monthly observations but do not utilize the bloodstream infection (BSI) reports



- out of NHSN to track their rates and use for quality improvement and could not provide the Network with their BSI rates.
- A best practice identified was to establish a relationship between the hospital and the dialysis facility to develop a process for the medical record to be quickly provided to the dialysis facility upon a patient's return (to use to report any positive blood cultures collected within 24 hours at the hospital).

Patient Safety: Healthcare-Acquired Infection Learning and Action Network (LAN)

A LAN is an ongoing collaboration among community partners representing a broad range of organizations and professions. Regularly scheduled LAN meetings provided an opportunity for members to share knowledge, skills, and resources to address an identified quality of care issue through collaborative problem solving. In 2014, Network 6 established a LAN focused on patient safety in dialysis facilities, with a specific focus on reducing rates of healthcare-acquired infections (HAIs). To form the HAI LAN, Network 6 consulted with Georgia Department of Community Health, South Carolina Department of Health and Environmental Control, North Carolina Division of Public Health, Fresenius Medical Care, DaVita, Alliant Georgia Medical Care Foundation, Emory University, Centers for Disease Control and Prevention, independent dialysis providers, and the Carolinas Center for Medical Excellence. LAN members formed the steering committee for the HAI project. Members formulated the HAI project outline and materials and led educational webinars. Members shared their organization's HAI efforts with the workgroup and discussed the best ways to reach dialysis facilities and identified educational topics.

Patient Safety: Reducing Rates of Healthcare-Acquired Infections

In 2014, Network 6 selected 127 facilities to participate in the HAI Quality Improvement Activity based on NHSN bloodstream infection data. Each facility was required to complete project interventions including:

- o Complete the monthly CDC Audits:
 - Hand Hygiene
 - Catheter connection/disconnection
 - AVF/Graft Cannulation
- o Participate in educational webinars:
 - "Completion of the CDC Audits" presented by Network staff
 - "Preventing Bloodstream Infections in Outpatient Hemodialysis Patients" presented by HAI LAN member Dr. Niyyar
 - "Infection Prevention in the Dialysis Setting" presented by the CDC
 - "Infection Prevention Best Practices" presented by dialysis facility staff members
 - "Sustainability and Spread Maintaining the Gains" presented by Network staff
- o Complete the CDC one-hour self-guided training course "Infection Prevention in the Dialysis Setting"
- o Design and display an infection prevention bulletin board utilizing the CDC's key areas for patient education



o Educate 100% of their patients on the importance and principles of infection prevention and document patient understanding via signed attestation/pledge

At of the end of the project, each intervention facility was reporting 100% compliance with the required CDC audits. Each facility received a feedback report in October 2014 summarizing their audit and pledge data and their compliance. Additionally, the report gave steps to increase audit success and improve infection prevention practices in the facility. Facility staff reviewed feedback reports during quality assessment performance (QAPI) meetings. The medical director and project lead signed the reports.

Network 6 consulted with the South Carolina QIO on an HAI hospital case. The case was resolved. Based on this collaboration, the Network QID presented "HAIs in the Dialysis Setting" to the South Carolina Infectious Disease personnel.

SUPPORT FOR THE ESRD QUALITY IMPROVEMENT PROGRAM (QIP)

The QIP seeks to improve patient care using a scoring methodology and payment reduction scale that relates to facility performance. The Network supports the ESRD QIP and facility improvement on QIP measures.

Dialysis Facility Report (DFR)

Annually, CMS provides Medicare-certified dialysis facilities with a facility-specific DFR summarizing their performance from the previous year. Network 6 assists providers with accessing their DFR and notifies providers of the availability of their reports and of the comment periods associated with the DFR.

Performance Scorecard Certificates (PSC)

The Network also monitors if facilities access the DFR and their PSC. As part of the QIP, facilities are required to post both the Spanish and English versions of the PSC in an area that is readily available to the patients. The Network is required to report to CMS any facility that does not post the PSC. The Network educated the Department of Social and Health Services (DSHS) surveyors on the requirements and asked to collaborate with the Network by looking for the PSC during on-site visits and reporting its absence to the Network.

QIP Education

Network 6 posts QIP resources, information and updates to its website. This section includes information on QIP calls, proposed rules, final rules, Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey (ICH-CAHPS) and other QIP resources. In an effort to increase patient and staff understanding of the QIP and its components, the Network implemented a patient liaison group of subject matter experts (SME) from the P&FE LAN. This group met throughout the year to discuss and review the QIP and the best ways to disseminate QIP resources to dialysis patients at Network facilities. The patient liaison group developed the PSC poster, and a patient educational word search. The Network instructed facility staff to post the QIP poster beside the PSC for reference and required facility management to



complete a survey attesting to word search distribution and completion. Both items received positive feedback from facility staff and patients.

PROVIDER EDUCATION

Network 6 provides valuable education that will assist facility personnel to perform their duties and to educate their patients and family members. The Network develops its education based on best-demonstrated practices, CMS recommendations, and patient/facility staff feedback.

In 2014, the Network published a monthly provider newsletter and electronically distributed it to over 1900 facility staff members. Each edition provides important information that affects the renal community such as infection prevention, immunization, QIP, upcoming educational opportunities, regulatory information and more. Network 6 sends out "Special Editions" as needed to inform facility staff of important deadlines, legislative issues or urgent information.

Network 6 maintains a 508-compliant website at www.esrdnetwork6.org. Patients and professionals access valuable education on ESRD and related topics including:

- Patient and Family Engagement Resources
 - o LAN members
 - LAN Campaigns and Projects
- Current Quality Improvement Initiatives
 - Vascular Access
 - o Healthcare Associated Infections
 - o Increasing Transplant Referrals
- QIP Resources and Updates
- Upcoming patient and provider meetings

Every Network 6 QI activity, campaign and project includes educational resources and webinars tailored to the project, equipping facilities with the necessary tools to enhance the patients' experience of care and assure superior outcomes (see each project section for more detail). The Network records the webinars and posts to the website to spread the information throughout Network 6 and beyond.

Network 6 utilizes Google Analytics to track website traffic for the QIAs and educational campaign information provided on www.esrdnetwork6.org. The list below indicates the views that each project page received during the project:

- Quality Incentive Program (January December 2014): 533 page views
- <u>Increasing Transplant Referrals</u> (January September 2014): 316 page views
- <u>Vascular Access</u> (February September 2014): 1,922 page views
- Patient and Family Engagement Campaigns (April through September 2014)
 - o <u>Infection Prevention</u>: 302 page views
 - o Know Your Numbers: 212 page views
 - o Patient Navigator: 226 page views



CONTRIBUTIONS FOR THE PROFESSIONAL LITERATURE

Network 6 collaborated with community members to prepare and submit several articles and abstracts in 2014.

Journal Articles

- R. Patzer, L. Plantinga, J. Krisher, S. Pastan: Dialysis facility and network factors associated with low kidney transplantation rates among United States dialysis facilities. Am J Transplant. 2014 Jul;14(7):1562-72. doi: 10.1111/ajt.12749. Epub 2014 May 29.
- L. Plantinga, S. Pastan, M. Kramer, A. McClellan, J. Krisher, R. Patzer: Association of U.S. Dialysis facility neighborhood characteristics with facility-level kidney transplantation. Am J Nephrol. 2014;40(2):164-73. doi: 10.1159/000365596. Epub 2014 Sep 2.
- R. Patzer, S. Pastan: Kidney transplant access in the Southeast: view from the bottom. Am J Transplant. 2014 Jul;14(7):1499-505. doi: 10.1111/ajt.12748. Epub 2014 May 29.
- T. Srinivas: Kidney transplant access in the Southeastern United States: the need for a top-down transformation. Am J Transplant. 2014 Jul;14(7):1506-11. doi: 10.1111/ajt.12747. Epub 2014 May 29.
- R. Patzer, J. Gander, L. Sauls, M. Amamoo, J. Krisher, L. Mulloy, E. Gibney, T. Browne, L. Plantinga, S. Pastan: Southeastern Kidney Transplant Coalition. The RaDIANT community study protocol: community-based participatory research for reducing disparities in access to kidney transplantation. BMC Nephrol. 2014 Oct 28;15:171. doi: 10.1186/1471-2369-15-171.

Editorial

R. Patzer, S.Pastan: Kidney Transplants Lagging. Atlanta Journal-Constitution. Friday, August 8, 2014.

Abstracts/Poster Presentations

- R. Patzer, L. Sauls, J. Gander, M. Amamoo, L. Plantinga, E. Gibney, L. Mulloy, S. Pastan: A Randomized Multicomponent Intervention to Reduce Disparities in Transplant Referral: Interim Results from the Radiant Community Study. J Am Soc Nephrol 25, 2014:1153.
- J. Gander, T. Browne, M. Amamoo, L. Sauls, J. Krisher, S. Pastan, R. Patzer: The Association of Dialysis Facilities' Protocols and Staff's Perceptions on Standardized Transplant Ratio. 2014; Concurrent Oral Sessions: Other. American Journal of Transplantation 14(Suppl 3):204.
- L. Plantinga, S. Pastan, R. Patzer: Association of Black Race with Kidney Transplant Waitlisting in the U.S. May Not Be Independent of Dialysis Facility and Neighborhood Factors. 2014; Concurrent Oral Sessions: Other. American Journal of Transplantation 14(Suppl 3):203.



- L. Plantinga, S. Pastan, M. Amamoo, L. Mulloy, E. Gibney, R. Patzer: Association of Facility Transplant Referral with Neighborhood Poverty in Georgia. 2014; Poster Sessions: Other. American Journal of Transplantation14(Suppl 3):831.
- T. Browne, M. Amamoo, G. Gander, L. Sauls, J. Krisher, R. Patzer, S. Pastan: Environmental Scan of Kidney Transplant Referral Practices in Southeastern United States. Las Vegas, NV: National Kidney Foundation; April 22–26, 2014; 2014.
- T. Browne, M. Amamoo, R. Patzer, J. Krisher, H. Well, S. Pastan: Patient Identified Barriers and Facilitators to Kidney Transplantation. Las Vegas, NV: National Kidney Foundation Clinical Meeting; 2014.
- R. Patzer, J. Gander, M. Amamoo, L. Sauls, L. Plantinga, L. Mulloy, E. Gibney, S. Pastan: Racial Disparities Exist Within Dialysis Facilities in Georgia. Presented at Minority Health and Health Disparities Conference 2014, Washington D.C.

ENSURING DATA QUALITY

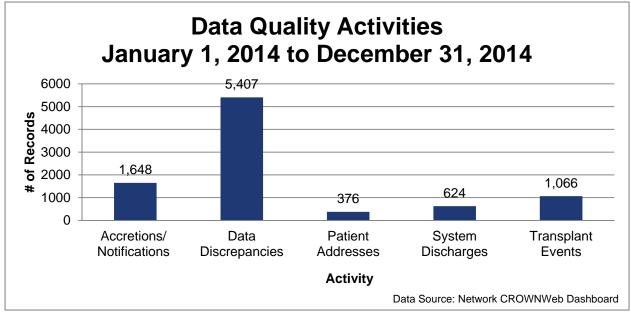
- 9,121 data quality issues resolved
- 3,614 Technical assistance calls
- 1 hour 53 minutes: average Network 6 response time for CROWNWeb support
- Less than 24 hours to resolve CROWN issues for callers
- 97% of CROWN callers are satisfied with Network 6 service

Network 6 resolved 9,121 data quality issues in 2014 to ensure data quality by monitoring and verifying data issues. The activities included accretions and notifications, data discrepancies, patient address updates, system discharges and transplant event verification. The accretions and notifications activity resolved discrepancies in six areas between CROWNWeb and the CMS billing system. The discrepancies occurred in fields that may cause issues with Medicare benefits. The areas are name, social security number, health insurance claim number, gender and date of birth.





Figure 14: Data Quality Activities



The Network monitored the CROWNWeb data for discrepancies in the areas of duplicate patients, gap patients, out-of-scope patients and other data discrepancies. The Network identified the duplicate and patient discrepancies via CROWNWeb reports. Facility staff or CMS reports identified the out-of-scope patients and other data discrepancies. The Network corrected the records in the CROWNWeb system. The prompt resolution of data discrepancies ensured appropriate Medicare benefits for Network 6 patients.

To ensure quality data the Network monitored patient addresses, system discharges and transplant events and corrected data in the CROWN system. CMS provided monthly files of incorrect patients addresses based on returned new patient packets. The Network researched the invalid addresses and corrected. The Network generated monthly reports from the CROWN system to identity incorrect patient discharge data and corrected the information. Monthly, the Network verified all transplant events for the previous month were accurate in the CROWN system. These activities ensured quality data for CMS reporting.

The Network also provided technical assistance to dialysis facilities to ensure quality data in the CROWN system. From January 1, 2014 to December 31, 2015, the Network responded to 3,614 technical assistance phone calls. The technical assistance successes are:

- Customers received an average response in 1 hour 53 minutes
- Customers received an average resolution in 21 hours and 54 minutes
- Customers indicated 97% were satisfied with assistance



Figure 15: Satisfaction Report



Figure 16: Network 6 CROWNWeb Technical Assistance Calls

Network 6 CROWNWeb Technical Assistance Calls January 1, 2014 to December 31, 2014		
Category	# of Calls Received	
CROWNWeb Access Issues	3	
CROWNWeb Action List	94	
CROWNWeb Roles and Scope	34	
CROWNWeb Clinical Module	12	
CROWNWeb CMS 2744	768	
CROWNWeb Data Discrepancy	472	
CROWNWeb Facility Module	126	
CROWNWeb Facility Module	4	
Network Monthly Feedback Report	502	
CROWNWeb General	6	
Medicare Advantage Report	51	
NHSN	3	
Out-of-Scope / Possible Duplicate Patient	300	
CROWNWeb Patient Module	1174	
CROWNWeb Personnel Module	25	
CROWNWeb Report Module	34	
CROWNWeb Training	6	
Total	3,614	

Data Source: Network 6 Support Tool



DISPARITIES IN ESRD CARE

- 753 additional people referred for transplant as part of the Network 6 project
- 7.64% disparity between black and white patient referrals at baseline eliminated through the Network 6 project.
- Black patients were 5.57 times more likely to be referred for transplant after the project than prior to the project. White patients were twice as likely at the end compared to prior.
- 169 fewer deaths per thousand patient years (estimated) for people with transplant compared to people on dialysis³
- \$54,647 estimated per patient cost savings to Medicare for people with transplant compared to those on dialysis⁴

For the majority of the more than 600,000 patients in the United States with ESRD, kidney transplantation represents the optimal treatment, providing longer survival, better quality of life, lower hospitalization rates, and substantial cost savings compared with dialysis. Even though ESRD Network 6 is the second largest Network of ESRD patients in the nation, with more than 630 dialysis facilities treating more than 42,000 ESRD patients, ESRD Network 6 has the lowest kidney transplant rate in the nation.

³ 2014 United States Renal Data System Annual Data Report, Figure 5.1

⁴ 2010 data, 2012 USRDS Annual Data Report, Figure 11.7



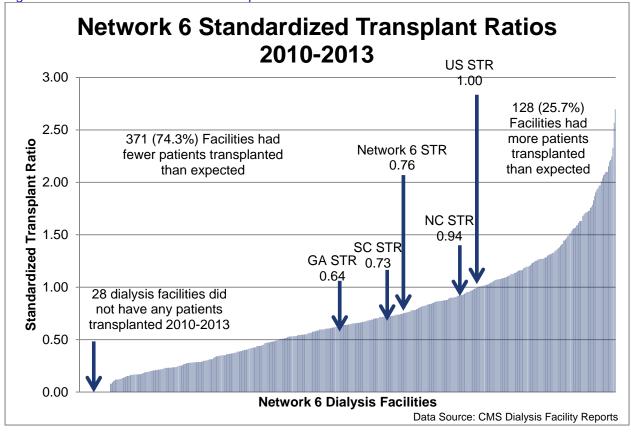


Figure 17: Network 6 Standardized Transplant Ratios

Network 6 collaborated with other members of the Southeastern Kidney Transplant Coalition (SEKT) to conduct a needs assessment of the ESRD population in the Southeast. The collaborative used the results to develop a series of multicomponent, dialysis facility level quality improvement interventions to improve kidney transplant referrals and reduce the racial disparity between referrals of black patients and referrals of white patients in Georgia; which had the lowest kidney transplant rate in the U.S.

The MRB selected 40 facilities in Georgia for intervention. To foster the engagement of patients and family members, the Network required facilities to form Patient and Family Advisory Groups consisting of transplant patients and donors to assist with project activities, select appropriate educational materials and promote transplant referral among in center patients. Facilities were also required to establish a mentor program to connect transplanted patients and donors with patients and families within the facilities that are interested in learning more about kidney transplantation. The Georgia Transplant Foundation, a partner in the SKTC, trained and provided mentors for many of the facilities in the project.

The Network provided enhanced educational opportunities to facilities and their dialysis staff via monthly webinars featuring transplant professionals to discuss relevant transplant topics. Transplant Centers and other SKTC affiliates, including Georgia Transplant Foundation and the Explore Transplant Program, invited facility staff to attend various training sessions. The Network provided each facility with DVDs and an accompanying booklet produced by Emory



Transplant Center to address racial disparity and encourage black patients to pursue Living Donor transplantation.

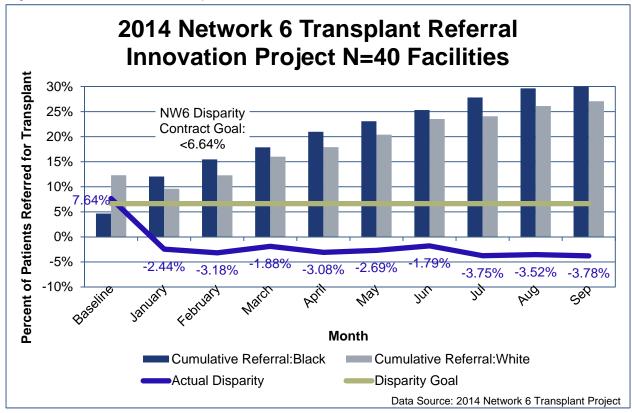
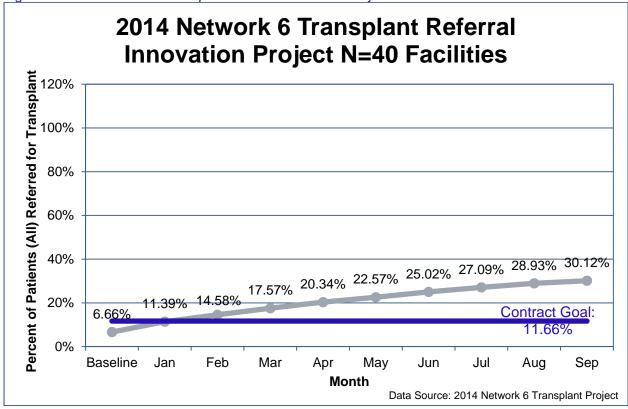


Figure 18: 2014 Network 6 Transplant Referral

The implementation of these multilevel educational engagement activities targeting dialysis facility leadership, staff, patients and family members was instrumental in the success of this project. At baseline (June-December 2012), the proportion on ESRD patients referred for kidney transplantation among the interventional facilities was 5.5% (4.7% among blacks vs. 7.6% among whites). After 9 months of intervention activities, transplant referrals had increased to 30.1% and the racial disparity had been eliminated (- 3.78).









PARTNERSHIPS AND COALITIONS

Southeastern Kidney Transplant Coalition (SKTC)

In 2010, ESRD Network 6 collaborated with community partners to form the SKTC. Members include patients, American Association of Kidney Patients (AAKP), National Kidney Foundation (NKF), Quality Improvement Organizations (QIO), transplant and dialysis facility representatives. The mission of the group is to improve the transplant referral rates and reduce racial disparity. The coalition was very active in 2014 providing guidance of the AIM 2 Innovation Pilot Project focusing on increasing transplant referrals in 40 outpatient dialysis facilities in Georgia with 1742 patients by:

- Creating baseline, mid-project and post project feedback reports
- Facilitating of educational webinars
- Partnering with intervention facilities
- Providing mentors to intervention facilities
- Creating an iPad application
- Creating an educational website

The 40 intervention facilities increased the overall transplant referrals from 6.6% to 30.1% and decreased the racial disparity from 7.6% to -3.7%. Based on this success, the coalition met face-to-face in late 2014 to discuss spreading best-demonstrated practices and sustainability of gains.

Kidney Community Emergency Coalition (KCER)

Network 6 partners with KCER to support disaster preparedness and response. In 2014, the Network participated in a national Network tabletop exercise designed to "stress-test" all Networks' ability to handle a widespread disaster affecting a large percentage of the Network geographic footprint. Most Network 6 staff members participated in this half-day event. Following the exercise, the Network performed a debriefing in order to collect "lessons learned" from participants and to solicit feedback for future disaster exercises. Lessons learned included the need for a checklist of basic steps to be completed and for better understanding of state emergency operations.

Network 6 State Survey Agencies

Network 6 has a partnership with each of the three State Survey Agencies, serves as a resource, and shares available data for survey purposes. Network 6 fulfilled 160 state survey requests for data in 2014 (101 Georgia, 24 North Carolina and 35 South Carolina). Network 6 staff fulfilled all requests within two business days. Network staff fulfilled 104 of the 160 (65%) requests on the day of the request. Additionally, Network 6 facilitates a bi-monthly state surveyor call to discuss local initiatives, best-demonstrated practices and barriers.

ESRD Networks/Network Coordinating Center

Network 6 collaborated with Networks 1, 2, 4, 8, 15, and 17 and the Network Coordinating Center as part of the AIM 2 Innovation Pilot Project to develop and publish "Your Life, Your Choice" a patient booklet of stories from kidney transplant patients in their own words.



PATIENT AND FAMILY ENGAGEMENT

- 4,750 patients in the 86 project facilities had access to a patient navigator
- 12,937 patients in the 127 project facilities attested to having been educated and empowered for optimal infection prevention in dialysis
- 2,394 more patients in the 107 project facilities were able to demonstrate an understanding of lab values



Network 6's Patient Education Plan describes the 2014 patient education activities and documents and serves as a companion document to the Marketing plan and LAN plan. The Network created the documents to serve as a blueprint for patient education and to support the Patient & Family Engagement LAN members, also known as SMEs. Network 6 has adopted a two-tiered approach to patient and family engagement:

- Engagement at the dialysis facility to foster patient and family involvement in individual care plans and Network 6 campaign and QI activities implementation
- Engagement at the Network level with a dedicated Learning and Action Network, patients serving on all Boards, committees and project advisory groups and patients involved in CMS meetings.

Since 2013, the SMEs main purpose is to provide guidance and insight for the Network's P&FE Quality Improvement Activity (QIA) and educational campaigns. The SMEs select the topics in early fall and work together to develop the facility-led interventions for the QIA and the two educational campaigns. The LAN identified Patient Navigators: a patient-to-patient peermentoring program for the 2014 QIA and Know Your Numbers and Infection Prevention for the two educational campaigns.

Facilities for each project were required to complete monthly project activities and provide project updates to the Network via SurveyMonkey. Network 6 gave them a project outline of standard activities with educational resources/toolkits and allowed the facilities to create their own activities. Network 6 asked facility staff to keep documentation of project participation and implementation in their project binders. The state surveyors reviewed the project binders when on-site at the facility in partnership with the Network and the Network reviewed a random sample of binders during the project.

The LAN developed an educational project outline of interventions for the facilities to complete for the duration of the project. The use of the interventions supplemented the selected facilities current practices to address gaps in patient staff communications.



Patient Navigators (PN): Quality Improvement Activity

This campaign focused on empowering patients to have an active role in their care and bridge the gap in communication with dialysis staff by ensuring the staff understands the patients' concerns, issues, and priorities.

The Patient Navigators QIA required facilities to identify, train, and support a Patient Navigator (PN) to work with other patients, helping them adjust and cope with dialysis. The Network selected 86 facilities to participate in this QIA.

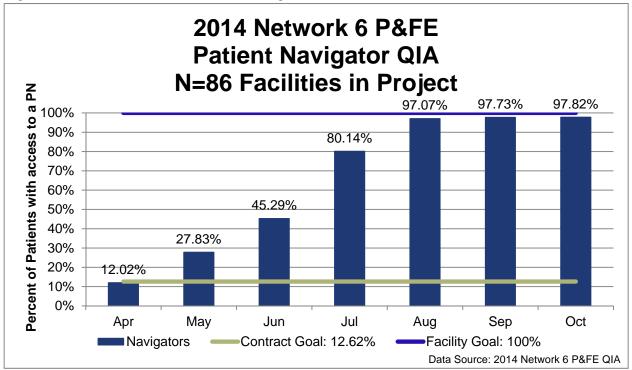
Facility Lessons Learned "The PN program has been instrumental in developing patient and family involvement within our facility. I have been able to maintain constant communication to promote desired patient outcomes. Overall patients have become comfortable with communicating needs to the staff throughout the program." - Facility Staff

Required Interventions

- Attend webinars as scheduled.
- Form a patient and family advisory group.
- Keep a project binder.
- Conduct a Patient Self-Managed Care Perception and Confidence Scale Assessment.
- Conduct a "Patient Navigator" day.
- Host a "Get to Know Your Care Team" day.
- Conduct a Patient Self-Managed Care Perception and Confidence Scale Re-Assessment.
- Complete an end of project evaluation survey.

At the inception of the PN project, only 542 (12%) patients had access to a patient navigator. Because of the PN project, 4750 (97.82%) of Network 6 patients now have access to a patient navigator in their facility.

Figure 20: 2014 Network 6 P&FE Patient Navigator QIA





Know Your Numbers (KYN): Educational Campaign

The Know Your Numbers Educational campaign aimed to empower patients and family members/caregivers at 107 project facilities to improve their health outcomes by clearly understanding and responding to monthly lab results.

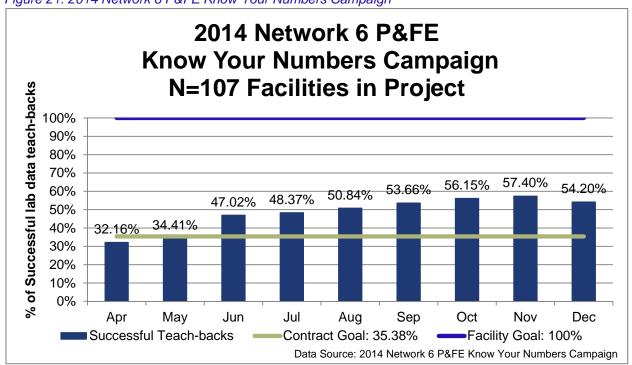
Facility Lessons Learned "It is easier to understand how to improve on certain labs when I have a better understanding of what a lab value means." — Dialysis Patient

Required Interventions

- Attend webinars as scheduled.
- Form a patient and family advisory group.
- Keep a project binder
- Complete the monthly online data reporting. Keep a monthly tally of the # of patients who can demonstrate an understanding of their lab values.
- Use the Teach Back Method to review monthly lab results with all patients/families/caregivers.
- Conduct a patient and family education session or day on a key lab value.
- Complete an end of project evaluation survey.
- Design and display an infection prevention bulletin board.
- Conduct a "Know Your Numbers Awareness" day for patients. Keep attendance sheet in binder.
- Reward great and improved lab results.

The KYN project began in March 2014 with 2964 (32.2%) of patients who could demonstrate an understanding of their lab values. By the end of the project, 5440 (57.44%) patients could demonstrate an understanding of their lab values because of using the Teach Back Method.

Figure 21: 2014 Network 6 P&FE Know Your Numbers Campaign





Infection Prevention (IP): Educational Campaign

The CDC reported a 32% decrease in overall bloodstream infections and a 54% decrease in vascular access-related bloodstream infections because of using the prevention outlines from the <u>Dialysis Bloodstream Infection Prevention Collaborative</u>. Network 6 used this model in collaboration with input from the LAN to develop the interventions for the IP Educational Campaign.

The Network 6 P&FE LAN identified the need for 127 new facilities to address infection prevention from a patient and family engagement perspective. This campaign influenced over 9,000 patients. The IP campaign focused on:

- 1. Engaging patients and families to ensure they understand the importance of and processes related to infection control.
- 2. Empowering patients through education and encouragement to follow proper infection prevention practices and to speak up at the clinic to prevention infection and ensure safe dialysis treatment.

Required Interventions

- Attend webinars as scheduled.
- Form a patient and family advisory group.
- Keep a project binder.
- Complete the monthly online data reporting: Patient Pledges and CDC audits.
- Conduct an in-service/orientation with all staff to share commitment to the IP campaign.
- Conduct a patient and family education session or day on infection prevention. Utilize the Patients Speak- Preventing Infection 2012 video.
- Design and display an infection prevention bulletin board.
- Complete the CDC Infection Prevention in the Dialysis Setting staff-training course.
- Conduct a P&FE education session: Importance of Immunizations.
- Complete an end of project evaluation survey.

The IP project started out with 3492 (34.3%) patients pledging to practice positive infection prevention methods and speak up against negative practices. At the end of the project, 8,260 (78.98%) of our patients received infection prevention education, participated in educational sessions, and pledged to speak up against negative infection prevention practices in the IP project.

Facility Lessons Learned
"Once you fully understand that
your access is truly your "Life
Line" infection prevention
becomes a priority." —
Dialysis Patient



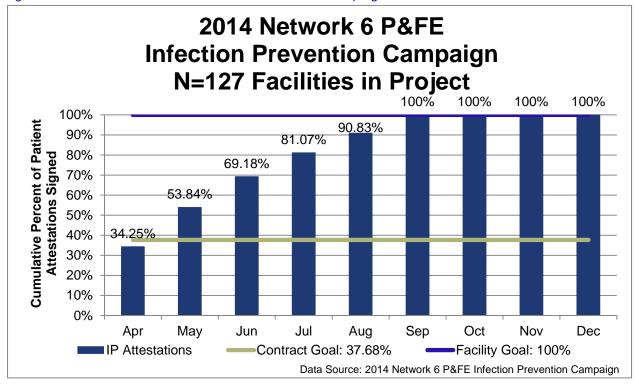


Figure 22: 2014 Network 6 P&FE Infection Prevention Campaign

In addition to the required interventions, Network 6 collected best practices, tips, and quotes from the facilities in each project via the end of project survey. Tips will assist future facilities in implementing a successful project and developing a 2015 P&FE calendar. A major use of the aggregated end of project data is to help the P&FE LAN determine potential activities for future projects.

A best practice that Network 6 continues from year to year is tracking lessons learned from the facilities and patients and incorporating those in subsequent projects. Facilities, LAN members, and Network staff shared processes that work, should be changed, or discontinued via the end of project survey, teleconference calls, webinars, and staff meetings. Listed below are the top 10 activities and/processes recommended for discontinuation, implementation, or continuation.

- Standardize the project interventions rather than each facility choosing their own. This will ensure facilities do not lose sight of the project goals and timeline while providing continuity for the patients and staff.
- The Network will include the clinic manager in addition to the project lead, alternate project lead, and medical director on all project requirement and status correspondence. This will ensure full engagement at the facility.
- Start encouraging more facility-empowered/facility-led discussions and presentations on webinars for best practices and barriers.
- Start encouraging facilities to post the project activities and progress to encourage patient and staff participation for projects that are more patient focused.



- Start providing more opportunities via SurveyMonkey throughout the year for facilities to share their patient stories, project tips, and project success stories in a more uniformed manner. The Network can use this information in developing materials for education and outreach projects.
- Continue posting the webinar recordings and slide sets on the www.myskc.org website as the webinar recording links expire.
- Continue supporting the use of Project Binders to ensure continuity, which will also provide an assessment tool for surveyors or Network staff to view.
- Continue providing facilities and regional/corporate leadership facility feedback reports to assess project progress.
- Continue collaborating with state surveyors so they can check on Network projects while they are in the facilities.
- Continue sending a letter of action from the Network Executive Director to all facilities
 who failed to submit their project requirement reports to the Network for two
 consecutive months.

PATIENT ENGAGEMENT LEARNING AND ACTION NETWORK (LAN)

Network 6 is committed to incorporating the perspective of patients, family members, and other caregivers into its quality improvement activities. In 2014, Network 6 continued the Patient Engagement Learning and Action Network (LAN). The members of the LAN continue to provide the patient perspective for Network improvement activities. They are committed individuals who are representative of the demographic characteristics of the Network area.

The 2014 P&FE LAN included 13 SMEs, one family member, and five ESRD health care professionals for 19 LAN members. Our LAN membership has representation from all three Network states:

- North Carolina eight members
- South Carolina four members
- Georgia seven members

Network staff emails an invitation to participate on the LAN via the Network newsletter at least one time per year to all Network facilities, stakeholders, committees, and boards. Network 6 also solicits the support of facility contacts who participate in the P&FE projects to identify LAN candidates. The Network provides a LAN orientation once a year for all new members via webinar.

The 2014 LAN members participated in 11 Network-sponsored meetings two of which were face-to face meetings and the remaining calls were via a teleconference line. The LAN met face-to-face in February 2014 to discuss the measures and project components of the 2014 QIA and educational campaigns, and once again in October in preparation for the 2015 campaigns.

Many of the Patient and Family Engagement LAN members are involved in Network committees and participate on various CMS calls as listed below. This gives the Network an opportunity to hear the patient perspective on:



- Quarterly COR calls
- ESRD NCC National Patient and Family Engagement Workgroup:
 - o Infection Prevention Affinity Group, and
 - o Renal Education Advocacy Communication Health (REACH) Communication Affinity Group
- Board of Directors
- Network Council
- Medical Review Board
- Forum of ESRD Networks Beneficiary Advisory Council
- Network Quality Improvement Activity Patient Liaisons:
 - o Vascular Access Project
 - o Grievance Project
 - o Transplant Project

Figure 23: 2014 Network 6 Patient & Family LAN

Patient & Family Engagement LAN as of December 31, 2014									
Name	Hometown	Membership							
Alex Berlin, Chair	Newton, NC	Subject Matter Expert							
Diane Barber	Landrum, SC	Social Worker							
Shirley Cantrell	Hahira, GA	Subject Matter Expert							
Sharon Dickson	Lancaster, SC	Nurse							
Victoria Dozier	Rock Hill, SC	Subject Matter Expert							
Cynthia Franklin	Fayetteville, NC	Subject Matter Expert							
Ronald Krokey	Woodstock, GA	Subject Matter Expert							
Ralph Mills	Raleigh, NC	State Surveyor							
Charles Monroe	Wake Forest, NC	Subject Matter Expert							
Blondell Pasley	Charleston, SC	Subject Matter Expert							
Karen Phillip	Woodstock, GA	Nurse							
Clara Rushing	Raleigh, NC	Subject Matter Expert							
Bob Santasiero	Raleigh, NC	Subject Matter Expert							
Fe Smith	Lexington, GA	State Surveyor							
Patsy Taylor	Goldsboro, NC	Family Member							
Danielle Ward	Wake Forest, NC	Subject Matter Expert							
Henri Williams	Lithonia, GA	Subject Matter Expert							
Julie Woody	LaGrange, GA	Subject Matter Expert							



SUPPORT FOR ICH CAHPS

The Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey (ICH CAHPS) annually measures the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis facilities. The National Quality Forum (NQF) endorsed the survey measures in 2007.

Network 6 encourages qualified outpatient dialysis facilities to participate in the ICH CAHPS data collection.

- Emailed notifications sent to CROWNWeb users, Master Account Holders (MAH) regarding:
 - o ICH CAHPS facility exclusion parameters.
 - o Explaining the purpose of the ICH CAHPS survey.
 - o Due dates for ICH CAHPS registration, and vendor selection.
 - o Dates to expect data results from facility chosen third party vendors.
 - o ICH CAHPS scoring methodology.
- Provided technical assistance for facilities:
 - Unsure if they were to participate by reviewing the guidelines set per CMS for participation.
 - o With the website to register and to choose a CMS approved third party vendor.
- Encouraged and explored the "why" facilities choose not to participate in the ICH CAHPS – explained that the facilities PSC would be scored accordingly. Network staff furnished facilities with the scoring methodology/points for ICH CAHPS.



GRIEVANCE AND ACCESS TO CARE

Network 6 responds to grievances filed by or on behalf of ESRD patients in Georgia, North Carolina and South Carolina.

In many instances, Network 6 works with individual facilities to identify and address difficulties in placing or maintaining patients in treatment. These access to care cases may come to the Network's attention in the form of a grievance, or may be initiated by facility staff.

Access to care cases include cases involving involuntary discharges, involuntary transfers, and failures to place. An involuntary discharge is a discharge initiated by the treating dialysis facility without the patient's agreement. An involuntary transfer occurs when the transferring facility temporarily or permanently closes due to a merger, or due to an emergency or disaster situation, or due to other circumstances, and the patient is dissatisfied with the transfer to another facility. A failure to place is defined as a situation in which no outpatient dialysis facility can be located that will accept an ESRD patient for routine dialysis treatment.

In 2014, Network 6 responded to 303 grievances, 50 (15.4%) that involved issues related to access to care. Network 6 responded to 534 additional non-grievance access to care cases brought to the Network's attention by facility staff or hospital case managers (nurses and/or social workers).

Figure 24: Grievance and Non-Grievance Access to Care Cases

Grievances and Non-Grievance Access to Care Cases, Calendar Year 2014										
Category	Number									
Number of Grievance Cases Opened by Network 6 in Calendar Year 2014*	303									
Number (Percent) of Grievance Cases Involving Access to Care	50 (15.4%)									
Number of Non-Grievance Access to Care Cases Opened by Network 6 in Calendar Year 2014	534									
Total Number of Grievance and Non-Grievance Cases Involving Access to Care in Calendar Year 2014										
Number of Cases Involving Involuntary Transfers**	0									
Number of Cases Involving Involuntary Discharges**	65 cases 56 actual IVD patients									
Number of Cases Involving Failure to Place**	35									

Data Source: Patient Contact Utility.

*Includes grievance cases involving access to care.

GRIEVANCE AND NON-GRIEVANCE ACCESS TO CARE CASES REFERRED TO STATE SURVEY AGENCIES

From January 1, 2014 through December 31, 2014, the Network referred ten cases to the State Survey Agencies in Georgia, North Carolina and South Carolina. Nine of these cases were from

^{**}Includes grievance cases involving access to care as well as non-grievance access to care cases.



patients and or family members and one of the cases was from a provider regional manager. A synopsis of each case is below:

1. March 17, 2014 Case Referral

<u>Case Summary</u>: The patient in question alleged that the facility provided substandard clinical assessment and care of its patients. Specifically:

- The facility's nurses did not always assess each patient prior to treatment initiation.
- Patients were frequently "hooked up" to the dialysis machines without having their temperatures and blood pressures checked by the facility's patient care technicians.
- Patients weighed themselves without facility staff supervision.
- Serious claims regarding substandard infection control practices, including blood on multiple surfaces, random needles lying in various spots on the treatment floor, and facility staff not wearing masks and gloves at time of cannulation and needle removal.
- The facility did not have working oxygen machines, including "portable" tanks, and frequently had no oxygen available for patients that experience shortness of breath and drops in blood pressure.

Reason for Referral: The Network had reason to believe that the dialysis facility in question was not providing appropriate and safe medical care.

Resolution: The Network staff reviewed the complaint/incident investigation report provided by the State Survey Agency. The State Survey Agency cited the facility for infection control practices and imposed a plan of correction. The grievant is still a patient of record at the facility in question. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

2. March 21, 2014 Case Referral

<u>Case Summary:</u> The patient's grievance included the following allegations:

- Substandard clinical/medical care that was causing serious harm to several of the facility's patients.
- Violation of patients' rights as the grievant received reprimands and retaliation from facility staff after patient filed grievances at the facility level.
- Facility staff treated patients in an undignified/disrespectful manner.

The substandard clinical/medical care component included loss of consciousness and/or excessive vomiting of multiple patients on multiple occasions, which had sometimes-required local emergency medical services intervention. In addition, the patient reported the treatment floor was often left "unattended" (meaning that no registered nurse was present on the treatment floor).

Reason for Referral: The Network had reason to believe that the facility was not providing safe and appropriate medical care and that violations of patients' rights had occurred.



<u>Resolution</u>: The Network staff reviewed the complaint/incident investigation report provided by the State Survey Agency. The State Survey Agency substantiated the patient's allegation concerning quality of care, however cited no deficiencies as the facility had already identified and properly addressed the deficient practice. The grievant is still a patient of record at the facility in question. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

3. March 28, 2014 Case Referral

<u>Case Summary</u>: The patient alleges that facility staff have been harassing him and violating his right to privacy and confidentiality for the past three years. Facility staff continued to make disparaging and unprofessional remarks to patient about a serious medical condition the patient experienced. The remarks were allegedly within earshot of other patients and staff while the patient was receiving dialysis treatment. The patient and/or patient's family met on two occasions with the facility owner/management. Facility owner/management allowed the mistreatment of patient to continue.

Reason for Referral: The Network had reason to believe that facility violated the patient's rights. At the time, the facility was currently under state survey and focus and the Network consulted directly with the assigned state surveyor regarding this patient's grievance. The state surveyor investigated this grievance during the state survey.

Resolution: The Network staff received a letter of findings from the State Survey Agency. The State Surveyor was unable to substantiate the patient's allegation(s). The grievant is still a patient of record at the facility in question. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

4. May 30, 2014 Case Referral

<u>Case Summary</u>: The patient reported that facility staff did not clean or flush her central venous catheter on three separate treatment dates. Network staff received the patient's treatment sheets for the dates in question, which did not reflect documentation of central venous catheter care for the patient. Central venous catheters are to be cleaned each treatment whether or not used per the facility policy.

Reason for Referral: Network believed the facility was not providing safe and appropriate medical care. The Network collaborated with the State Survey Agency in the management and investigation of the grievance. Network staff received the compliant/incident investigation report, which showed that the State Survey Agency cited the facility regarding staff education-catheters/catheter care, QAPI indicated – medical injuries/errors, continuous quality improvement, and infection control. The State Survey Agency imposed a plan of correction.

Resolution: The Network staff received the Complaint/Incident Investigation report provided by the State Survey Agency. The State Survey Agency cited the facility regarding facility staff education-catheters/catheter care, QAPI indicated-medical injuries/errors,



continuous quality improvement, and infection control. The State Survey Agency imposed a plan of correction. The facility manager conducted a facility staff in-service regarding the facility policy on central venous catheter care, audited charts for those patients with central venous catheters for catheter care, developed tools for daily use to monitor central venous catheter care, and applied personnel actions for the facility staff members not following the facility policy for catheter care. The patient voluntarily transferred to another facility. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

5. July 9, 2014 Case Referral

<u>Case Summary</u>: The patient alleged the facility has substandard infection control practices and an infestation of insects. The facility is "just dirty." Treatment chairs were not cleaned properly and frequently contained "food crumbs and dried blood." On a daily basis, one could see "roaches, water bugs, and caterpillars crawling in the lobby, on the weigh-in scale, and on the treatment floor." The patient also alleged that patient care technicians often administer medication to patients because the nurses were "too busy." For example, patient care technicians administered heparin or would often ask patients to "push their own heparin." The patient also stated that facility staff members "asked patients for food and to borrow money from them."

<u>Reason for Referral</u>: The Network had reason to believe that the dialysis facility was not providing appropriate medical care and that the physical environment posed a significant infection risk.

Resolution: The Network staff reviewed the complaint/incident investigation report. The state cited the facility for PE-Safe/functional comfortable environment, Environment of Care, Plan of Care – patient/family education and training and facility organization and administration. The grievant is still a patient of record at the facility in question. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

6. July 11, 2014 Case Referral

<u>Case Summary</u>: The patient alleged that the dialysis facility gave his long-standing appointment time to another patient because the other patient had better insurance than the patient had. The facility staff gave the patient no advance notice of the schedule change and allegedly informed the patient that the other patient's private insurance plan would pay the facility more money than Medicare would.

Reason for Referral: The Network investigated the grievance and then conferred with CMS. CMS requested that the Network refer this grievance to the State Survey Agency. CMS stated, "The Conditions for Coverage in the area of admission policy might not be met." The Network also referred the grievance to the Office of Civil Rights (OCR). The patient alleged the dialysis facility and dialysis organization gave preferential treatment ("premium" treatment shifts and appointment times) to patients with commercial health



insurance. The Network had reason to believe the facility violated the patient's right to "fair treatment" and the patient had the impression that the determination of his value as a dialysis patient and a human being was the value of his insurance reimbursement.

<u>Resolution</u>: The Network staff received notification that the State Survey Agency was unable to find a reason to investigate due to the Conditions for Coverage not covering dialysis facility admission policies. However, the State Survey Agency would start checking admission policies of all Network dialysis facilities within its jurisdiction whenever the State Survey Agency conducted regular surveys.

The Network Staff received notification from the OCR. The OCR was unable to proceed with this grievance without a signed consent form from the patient. The OCR tried to obtain the signed consent form from the patient and was unable to secure one. The OCR subsequently determined that, even with patient consent, they would not have subject matter jurisdiction over the allegation described in this grievance. The allegation did not describe a violation of one of the laws that OCR enforces.

The grievant is still a patient of record at the facility in question. The Network staff received notice from the patient had not returned to his original appointment time as of 06/26/2014. The Network collaborated with the South Carolina Survey Agency and OCR in the management and investigation of this grievance.

7. August 12, 2014 Case Referral

Case Summary: The patient alleged a facility staff member failed to follow infection control practices for vascular access cannulation procedures. The patient reported contraction of a staph infection requiring subsequent vascular access surgeries and hospitalization because of facility staff member's substandard infection control practices. In review of facility Infection Control Vascular Access Procedure audit for a specific date, the facility staff member failed to clean the stethoscope between patients to avoid cross contamination. The facility manager confirmed the finding and reported to Network staff the same facility staff member uses the stethoscope to assess patients' vascular accesses. The patient also alleged that facility staff members presented a "cavalier" attitude, with consistent joking and "playing around" which gave the patient the impression, the facility staff members are not serious about patient care. Prior to the finding of facility staff failing to clean the stethoscope, Network staff guided the facility manager to the CDC infection control education and audit tools on the Network website for facility use and instructed facility to conduct facility staff in-services related to professionalism, staff cell phone use, and infection control policies.

Reason for Referral: The Network had reason to believe that the dialysis facility was not providing appropriate medical care and facility staff infection control practices posed a significant infection risk.

Resolution: The grievant is still a patient of record at the facility in question. The Network Staff received a letter of findings from the State Survey Agency. The State Survey Agency



was unable to substantiate the allegation(s) or the evidence was inconclusive. The Network staff directed the facility manager to conduct facility staff in-services addressing professionalism and facility staff education regarding staff cell phone use in facility. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

8. August 28, 2014 Case Referral

<u>Case Summary</u>: Provider management for the facility reported an incident involving substandard and negligent medical care provided by a specific facility staff member. Reportedly, the specific facility staff member applied a gauze barrier in a patient's mouth to buffer persistent wailing. The patient was physically unable to remove barriers. The facility management reported appropriate steps to address the incident and protect the patient's safety.

<u>Reason for Referral</u>: The Network had reason to believe the facility staff member did not provide appropriate medical care, violated the patient's rights and posed a significant safety risk to patient.

Resolution: The Network Staff received notification the State Survey Agency substantiated the abuse/neglect allegation. The facility was cited for the timing of the report of incident to the facility manager and lack of documentation regarding patient need for a mask (facility staff reported they thought the patient had a cold). Since facility staff responded appropriately to address incident and patients were "not in danger", the state did not issue an Immediate Jeopardy. The State Survey Agency reviewed all actions taken to address the incident including investigation and personnel actions and facility in-service delivered to staff regarding patient rights and responsibilities. The grievant is still a patient of record at the facility in question. The Network collaborated with the North Carolina State Survey Agency in the management and investigation for this case.

9. August 28, 2014 Case Referral

<u>Case Summary</u>: The patient and the two appointed representatives (patient's adult children) alleged the patient "received substandard and negligent medical care", which resulted in the patient's multiple hospitalizations. The patient and family filed three other Network level grievances about the facility (between November 2011 and January 2014). The patient alleged that facility staff members were "mean" to the patient whenever the patient or family files a grievance. The patient felt "at the mercy of" the dialysis facility because the next closest clinic was 30+ miles away from patient's residence.

Reason for Referral: The Network had reason to believe that the dialysis facility was not providing appropriate medical care and violated the patient's rights by retaliating against the patient because the patient and family have filed multiple grievances.

Resolution: The Network Staff received the State Survey Agency's letter of findings. The state partially substantiated the allegation and cited no deficiencies due to the facility staff's



corrective actions taken prior to the investigation. The grievant is still a patient of record at the facility in question. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

10. September 12, 2014 Case Referral

<u>Case Summary</u>: In August 2014, the patient called the Network with concerns regarding staffing ratios, staff competency, and physical environment. The patient had reported these concerns to facility management and they were not responsive to the patient's concerns. The facility management did not respond to the Network's multiple phone calls and voice mail messages.

Reason for Referral: The facility management was not responsive to either the patient or the Network in addressing and resolving the patient's grievance.

Resolution: The Network Staff received the State Survey Agency's letter of findings. The State Survey Agency investigation yielded evidence that supported one or more of the grievance allegations. The grievant is still a patient of record at the facility in question. The Network collaborated with the Georgia State Survey Agency in the management and investigation of this grievance.

RECOMMENDATIONS FOR SANCTIONS

CMS published the sanction regulations in the April 15, 2008 Conditions for Coverage for ESRD. Under contract with CMS, the ESRD Networks' responsibilities for sanctions or alternative sanction recommendations and referrals include the following:

- Recommending to CMS sanctions or alternative sanctions for facilities/providers that do not comply with Network goals and/or are not providing appropriate medical care;
- Providing the necessary documentation to support the recommendation; and,
- Referring to the Quality Improvement Organization (QIO) or the State Office of the Inspector General (OIG) information collected while conducting contract activities that indicate that a physician may be failing to meet his/her obligation to provide quality care or involved in Medicare fraud.

Role of the Network

The Southeastern Kidney Council, as the Network 6 contractor, is charged by Congress and CMS to protect ESRD Medicare beneficiaries by monitoring and improving care provided and ensuring facilities meet the Network goals. The Network believes that beneficiaries are best served by prompt identification and resolution of quality issues through a collaborative, collegial approach. SKC creates measurable goals, notifies providers of the expectations/deliverables in meeting those goals, and provides on-going technical assistance and education for ESRD providers to support them in reaching the goals and providing the highest level of care possible. When facilities are identified as having opportunities to improve, the Network provides intensive technical assistance to address and resolve the issues. If quality issues continue despite this



intensive intervention and the facility fails to meet Network goals, SKC will pursue sanctions to protect the beneficiaries and/or enforce CMS requirements and standards.

The Conditions for Coverage for ESRD, excerpted below, allows for alternative sanctions for any provider that does not participate in the activities and pursue the goals of the Network. This includes providing the highest quality of care, cooperating with the Medical Review Board in quality improvement projects, cooperating with the Network in the resolution of complaints, submitting data and improvement plans as requested.

The Network is committed to rapid identification and correction of problems. The rate at which interventions proceed and sanctions are requested is based on the severity of the issue and the rate at which the facility improves. Generally, this will not exceed one year, but may be much shorter for critical issues or repeat issues.

Network 6 will refer any regulatory issues that are identified to the State Survey Agency. Network 6 will refer all issues that are specific to the physician(s) or involve Medicare fraud to the QIO, state Medical Board and/or the OIG.

42 CFR Parts 405, 410, 413 et al. Medicare and Medicaid Programs; Conditions for Coverage for End

Stage Renal Disease Facilities; Final Rule

Subpart H—Termination of Medicare Coverage and Alternative Sanctions for End-Stage Renal Disease (ESRD) Facilities

Sec.

488.604 Termination of Medicare coverage.

488.606 Alternative sanctions.

488.608 Notice of alternative sanction and appeal rights: Termination of coverage.

488.610 Notice of appeal rights: Alternative sanctions.

Subpart H—Termination of Medicare Coverage and Alternative Sanctions for End-Stage Renal Disease (ESRD) Facilities

§ 488.604 Termination of Medicare coverage.

(a) Except as otherwise provided in this subpart, failure of a supplier of ESRD services to meet one or more of the conditions for coverage set forth in part 494 of this chapter will result in termination of Medicare coverage of the services furnished by the supplier.



- (b) If termination of coverage is based solely on a supplier's failure to participate in network activities and pursue network goals, as required at § 494.180(i) of this chapter, coverage may be reinstated when CMS determines that the supplier is making reasonable and appropriate efforts to meet that condition.
- (c) If termination of coverage is based on failure to meet any of the other conditions specified in part 494 of this chapter, coverage will not be reinstated until CMS finds that the reason for termination has been removed and there is reasonable assurance that it will not recur.

§ 488.606 Alternative sanctions.

- (a) Basis for application of alternative sanctions. CMS may, as an alternative to termination of Medicare coverage, impose one of the sanctions specified in paragraph (b) of this section if CMS finds that—
 - (1) The supplier fails to participate in the activities and pursue the goals of the ESRD network that is designated to encompass the supplier's geographic area; and
 - (2) This failure does not jeopardize patient health and safety.
- (b) *Alternative sanctions*. The alternative sanctions that CMS may apply in the circumstances specified in paragraph (a) of this section include the following:
 - (1) Denial of payment for services furnished to patients first accepted for care after the effective date of the sanction as specified in the sanction notice.
 - (2) Reduction of payments, for all ESRD services furnished by the supplier, by 20 percent for each 30-day period after the effective date of the sanction.
 - (3) Withholding of all payments, without interest, for all ESRD services furnished by the supplier to Medicare beneficiaries.
- (c) *Duration of alternative sanction*. An alternative sanction remains in effect until CMS finds that the supplier is in substantial compliance with the requirement to cooperate in the network plans and goals, or terminates coverage of the supplier's services for lack of compliance.

§ 488.608 Notice of alternative sanction and appeal rights: Termination of coverage.

- (a) *Notice of alternative sanction*. CMS gives the supplier and the general public notice of the alternative sanction and of the effective date of the sanction. The effective date of the alternative sanction is at least 30 days after the date of the notice.
- (b) *Appeal rights*. Termination of Medicare coverage of a supplier's ESRD services because the supplier no longer meets the conditions for coverage of its services is an initial determination appealable under part 498 of this chapter.
- § **488.610 Notice of appeal rights: Alternative sanctions.** If CMS proposes to apply an alternative sanction specified in § 488.606(b), the following rules apply:



- (a) CMS gives the facility notice of the proposed alternative sanction and 15 days in which to request a hearing.
- (b) If the facility requests a hearing, CMS provides an informal hearing by a CMS official who was not involved in making the appealed decision.
- (c) During the informal hearing, the facility—
 - (1) May be represented by counsel;
 - (2) Has access to the information on which the allegation was based; and
 - (3) May present, orally or in writing, evidence and documentation to refute the finding of failure to participate in network activities and pursue network goals.
- (d) If the written decision of the informal hearing supports application of the alternative sanction, CMS provides the facility and the public, at least 30 days before the effective date of the alternative sanction, a written notice that specifies the effective date and the reasons for the alternative sanction.

2014 Network 6 Sanctions

Network 6 did not recommend any facility for sanction during the 2014 contract year.

RECOMMENDATIONS TO CMS FOR ADDITIONAL FACILITIES

Network 6 recommends that CMS waive the three-month Medicare waiting period for new patients to have an arteriovenous fistula (AVF) placed prior to beginning dialysis or at the start of dialysis. Currently, CMS waives the waiting period if the patient completes home training or receives a transplant. Waiving the wait period for fistula placement would remove one of the barriers to patients beginning dialysis with an AVF, the preferred access, in place.

Network 6 recommends that CMS explore mandating pre-ESRD educational *programs* throughout the country. Late detection of renal failure causes major problems in the ESRD system. Due to the gradual progress and chronic nature of this disease, patients often do not recognize the symptoms until it is too late. A patient who develops end stage renal disease and who has not yet seen a nephrologist is not likely to know his/her treatments or access options. With an emergent need for ESRD treatment, a patient will have limited vascular access options and may be too sick to consider training for peritoneal dialysis or to explore a pre-emptive transplant. A concentrated pre-ESRD education program can potentially improve patient survival, reduce costs, and promote overall good health.

Network 6 recommends CMS study ESRD Medicare medication payment policies to identify ways to reduce costs by improving care. Currently, CMS discontinues Medicare coverage three years post-transplant (unless qualified due to age or disability). Many people choose not to pursue a transplant due to the expense of these medications. Others lose the transplant because they are not able to pay for the medications. The medication cost is high, but much lower than the cost of returning to a regular course of dialysis. Similarly, some persons on dialysis are



unable to afford basic medications, including phosphate binders. If these medications were more affordable, patients would have better dialysis outcomes, including fewer hospitalizations.

Network 6 recommends that CMS consider innovative ESRD treatment options for involuntarily discharged patients and special needs patients. Most chronic dialysis facilities are ill equipped to care for these needs and do not have trained staff or the level of staffing needed to provide this type of care.

Some of the involuntarily discharged patients are mentally ill, or have an unaddressed underlying mental health issue. In some cases, physicians discharge a patient from their care and no other physician with privileges at the facility will accept the patient. Upon discharge, patients have increased difficulty finding a facility or physician willing to admit and care for them. These patients often overburden local emergency departments and are inadequately dialyzed because of the constraints and criteria for dialyzing in an inpatient hospital setting. The sub-acute dialysis patients who have special needs such as wound and tracheotomy care also need treatment options that support their needs.

Network 6 recommends that CMS coordinate comprehensive care for the ESRD patient. People with end stage renal disease are often managing multiple comorbid conditions for which dialysis facilities and their staff members are not trained, equipped or reimbursed. The system needs to be better coordinated to support and address these needs, including diabetic care, cardiac care, other coexisting issues and mental health needs.



EMERGENCY PREPAREDNESS AND RESPONSE

Patient Safety: Disaster Preparedness

Networks have two primary roles in disaster preparedness: ensuring the Network office is operational during disasters to the extent possible and helping to ensure patient access to uninterrupted, safe care. The latter includes educating patients and serving as a resource to dialysis providers.

Business Continuity and Contingency Plan (BCCP)

In an attempt to improve emergency preparedness, the Network completed a BCCP and originally delivered it to CMS in 2008. The purpose of this document is to provide guidance for physical disaster prevention and, in the event of a disaster, the restoration of critical application services to component users of the ESRD Networks. The plan discusses disaster prevention, emergency responses, and recovery measures. It assigns responsibilities and tasks to ensure personnel safety and to protect critical data, equipment, and facilities. As required by contract, the Network submitted an updated copy of the BCCP to CMS in April 2014. Updates included changes to the Network's key personnel.

5-Diamond Program

The Network's 5-Diamond Patient Safety Program offers an emergency preparedness component that includes a mandatory in-service training module for all 5-Diamond applicants. It also includes suggested activities to engage staff and patients and tools and resources to assist facilities in achieving the measures required to earn a diamond.

Network 6 Website

The Network website has emergency preparedness pages at http://esrdnetwork6.org/patients/disaster-preparation.html and http://www.esrdnetwork6.org/weatherdisaster.html with information on ways the Network can assist providers and patients, a listing of emergency contacts, and many tools and resources for providers and patients. Also included is information on the KCER coalition with a link to its website and a toll-free emergency hotline for patients and providers.

Network 6 Newsletters

The Network provided monthly newsletters to dialysis providers and various Network constituents, including the Patient and Family Engagement Learning and Action Network, Medical Review Board, Board of Directors and Network Council. The Network sent this information via email and posted it on our website at http://esrdnetwork6.org/publications/newsletters.html. Network 6 used this outlet to share various emergency preparedness resources with the dialysis facilities. In 2014, our newsletters.

various emergency preparedness resources with the dialysis facilities. In 2014, our newsletters provided articles regarding Tornado Mitigation Strategies for Dialysis Facilities, Hurricane Mitigation Strategies, and Emergency Plans.



Backup Network

The Network is prepared to assist its counterparts in other states in carrying out contract requirements during the initial and recovery phases of an emergency or disaster. Network 6 has a signed memorandum of agreement with Network 9 (based in Indiana) to provide back-up services in emergency events and can assist other Networks as needed.

Comprehensive Emergency Management Plan (CEMP)

For the first time in 2013, Network 6 developed the CEMP as the master operations document for disasters that affect the Network region. This document is the framework through which the Network handles emergencies and disasters. The CEMP defines the responsibilities of the Network, the dialysis facilities, and the many other organizations that comprise the Emergency Response Team. The document consists of a basic plan, which describes the process for mitigation, preparedness, response, and recovery activities. The CEMP ensures that all levels of the organization are able to mobilize as a unified emergency organization to safeguard the well-being of the Network's patients and facilities.

National Network Tabletop Exercise

In October 2014, Network 6 participated in a national emergency exercise designed to "stress-test" the Networks ability to handle a widespread disaster affecting a large percentage of the network geographic footprint. Most Network 6 staff members participated in this half-day event. Following the exercise, the Network performed a debriefing in order to collect "lessons learned" from participants and to solicit feedback for future disaster exercises. Lessons learned included the need for a checklist of basic steps to be completed and for better understanding of state emergency operations.



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Data Table 1: ESRD Incidence - Once Year Statistics

Data Table 1: ESRD Incidence – Once Year Statistics											
ESRD Incidence – C	ESRD Incidence – Once Year Statistics										
As of 01/01/20	14 - 12/3	1/2014									
Age Group	GA	NC	SC	Other	Total						
00-04	11	3	2	0	16						
05-09	6	3	3	0	12						
10-14	7	3	1	0	11						
15-19	15	13	4	1	33						
20-24	36	39	17	2	94						
25-29	62	43	36	4	145						
30-34	93	95	61	7	256						
35-39	147	117	85	9	358						
40-44	187	163	93	8	451						
45-49	289	258	143	9	699						
50-54	356	302	161	22	841						
55-59	438	371	211	12	1,032						
60-64	514	456	307	25	1,302						
65-69	548	476	320	23	1,367						
70-74	479	412	270	16	1,177						
75-79	365	321	191	17	894						
80-84	234	212	115	9	570						
>=85	134	99	53	5	291						
Total	3,921	3,386	2,073	169	9,549						
Gender	GA	NC	SC	Other	Total						
Female	1,748	1,464	921	66	4,199						
Male	2,173	1,922	1,152	103	5,350						
Not Specified	0	0	0	0	0						
Total	3,921	3,386	2,073	169	9,549						
Race	GA	NC	SC	Other	Total						
American Indian/Alaska Native	2	28	1	0	31						
Asian	65	41	11	2	119						
Black or African American	2,171	1,551	1,170	61	4,953						
Multiracial	8	6	11	2	27						
Native Hawaiian or Other Pacific Islander	11	7	5	0	23						
White	1,652	1,748	874	103	4,377						
Not Specified	12	5	1	1	19						
	. —										
Total	3,921	3,386	2,073	169	9,549						
•			2,073 SC	169 Other	9,549 Total						
Total	3,921	3,386			,						
Total Primary Diagnosis	3,921 GA	3,386 NC	SC	Other	Total						
Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases	3,921 GA 80	3,386 NC 99	SC 46	Other 11	Total 236						
Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes	3,921 GA 80 1,432	3,386 NC 99 1,573	SC 46 857	Other 11 56	Total 236 3,918						
Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes Glomerulonephritis	3,921 GA 80 1,432 173	3,386 NC 99 1,573 261	\$C 46 857 92	Other 11 56 14	Total 236 3,918 540						
Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes Glomerulonephritis Hypertension/Large Vessel Disease	3,921 GA 80 1,432 173 1,615	3,386 NC 99 1,573 261 888	\$C 46 857 92 746	Other 11 56 14 53	Total 236 3,918 540 3,302						
Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes Glomerulonephritis Hypertension/Large Vessel Disease Interstitial Nephritis/Pyelonephritis	3,921 GA 80 1,432 173 1,615 76	3,386 NC 99 1,573 261 888 83	\$C 46 857 92 746 28	Other 11 56 14 53 5	Total 236 3,918 540 3,302 192						



ESRD Incidence – Once Year Statistics As of 01/01/2014 - 12/31/2014									
Not Specified	175	68	85	5	333				
Total	3,921	3,386	2,073	169	9,549				

Source of Information: CROWNWeb

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

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 191 patients with transplant therapy as an initial treatment.

This table includes 65 patients receiving treatment at VA facilities.



Data Table 2: ESRD Dialysis Prevalence - One-Year Statistics

Data Table 2: ESRD Dialysis Prevalence – One-Year St	ESRD Dialysis Prevalence – One-Year Statistics										
			แรนเร								
As of 01/01/2014	- 12/31/	2014									
Age Group	GA	NC	SC	Other	Total						
00-04	11	6	0	3	20						
05-09	9	5	0	5	19						
10-14	8	6	0	4	18						
15-19	31	35	2	12	80						
20-24	132	113	11	52	308						
25-29	325	229	9	127	690						
30-34	505	428	14	228	1,175						
35-39	736	614	29	334	1,713						
40-44	1,174	933	26	539	2,672						
45-49	1,596	1,228	30	685	3,539						
50-54	1,969	1,625	61	876	4,531						
55-59	2,301	1,969	66	1,168	5,504						
60-64	2,555	2,206	78	1,363	6,202						
65-69	2,462	2,171	67	1,302	6,002						
70-74	1,912	1,757	59	1,025	4,753						
75-79	1,407	1,314	53	751	3,525						
80-84	826	877	33	456	2,192						
>=85	525	482	15	222	1,244						
Total	18,484	15,998	553	9,152	44,187						
Gender	GA	NC	SC	Other	Total						
Female	8,419	7,064	249	4,191	19,923						
Male	10,065	8,934	304	4,961	24,264						
Total	18,484	15,998	553	9,152	44,187						
Ethnicity	GA	NC	SC	Other	Total						
Hispanic or Latino	519	628	26	109	1,282						
Not Hispanic or Latino	17,955	15,361	527	9,039	42,882						
Not Specified	10	9	0	4	23						
Total	18,484	15,998	553	9,152	44,187						
Race	GA	NC	SC	Other	Total						
American Indian/Alaska Native	10	157	1	6	174						
Asian	255	145	5	33	438						
Black or African American	12,682	9,855	302	6,352	29,191						
More than one race selected	9	10	2	8	29						
Native Hawaiian or Other Pacific Islander	47	48	1	21	117						
White	5,474	5,778	242	2,728	14,222						
Not Specified	7	5	0	4	16						
Total	18,484	15,998	553	9,152	44,187						
Primary Diagnosis	GA	NC	SC	Other	Total						
					262						
Acquired obstructive uropathy	108	103		49	202						
Acquired obstructive uropathy Acute interstitial nephritis	108 13	103	0	49 7							
Acute interstitial nephritis	13	10	0	7	30						



ESRD Dialysis Prevalence – One-Year Statistics									
As of 01/01/2014	- 12/31/	2014							
Primary Diagnosis	GA	NC	SC	Other	Total				
Analgesic abuse	15	29	0	17	61				
Cholesterol emboli, renal emboli	6	15	0	13	34				
Chronic interstitial nephritis	59	66	4	25	154				
Chronic pyelonephritis, reflux nephropathy	25	28	1	16	70				
Complications of other specified transplanted organ	2	2	0	2	6				
Complications of transplanted heart	6	20	0	6	32				
Complications of transplanted kidney	238	248	8	162	656				
Complications of transplanted liver	12	16	0	7	35				
Complications of transplanted lung	3	6	0	1	10				
Complications of transplanted organ unspecified	9	8	0	2	19				
Complications of transplanted pancreas	2	0	0	1	3				
Congenital nephrotic syndrome	14	10	0	5	29				
Congenital obstruction of ureterpelvic junction	9	11	0	5	25				
Congenital obstruction of uretrovesical junction	1	3	0	2	6				
Cystinosis	2	1	0	2	5				
Dense deposit disease, MPGN type 2	8	6	0	4	18				
Diabetes with renal manifestations Type 1	567	535	22	278	1,402				
Diabetes with renal manifestations Type 2	6,229	6,339	201	3,346	16,115				
Drash syndrome, mesangial sclerosis	1	2	0	2	5				
Etiology uncertain	413	566	13	185	1,177				
Fabry's disease	4	4	0	2	10				
Focal Glomerulonephritis, focal sclerosing GN	570	654	27	254	1,505				
Glomerulonephritis (GN) (histologically not examined)	345	505	12	233	1,095				
Goodpasture's syndrome	15	15	2	4	36				
Gouty nephropathy	5	7	0	6	18				
Hemolytic uremic syndrome	13	17	0	9	39				
Henoch-Schonlein syndrome	4	1	1	2	8				
Hepatorenal syndrome	15	11	0	12	38				
Hereditary nephritis, Alport's syndrome	16	17	0	10	43				
Hypertension: Unspecified with renal failure	7,473	4,634	186	3,407	15,700				
IgA nephropathy, Berger's disease (proven by									
immunofluorescence)	113	113	4	37	267				
IgM nephropathy (proven by immunofluorescence)	7	12	0	1	20				
Lead nephropathy	2	0	0	3	5				
Lupus erythematosus, (SLE nephritis)	336	221	12	143	712				
Lymphoma of kidneys	3	2	0	1	6				
Medullary cystic disease, including nephronophthisis	5	15	0	1	21				
Membranoproliferative GN type 1, diffuse MPGN	37	39	2	23	101				
Membranous nephropathy	90	97	7	51	245				
Multiple myeloma	39	77	1	23	140				
Nephrolithiasis	17	38	0	21	76				
Nephropathy caused by other agents	39	50	0	18	107				
Nephropathy due to heroin abuse and related drugs	3	6	0	3	12				
Other (congenital malformation syndromes)	15	15	0	6	36				



ESRD Dialysis Prevalence	– One-	Year Sta	tistics		
As of 01/01/2014	- 12/31/	2014			
Primary Diagnosis	GA	NC	SC	Other	Total
Other Congenital obstructive uropathy	33	36	3	9	81
Other disorders of calcium metabolism	1	7	0	1	9
Other immuno proliferative neoplasms (including light chain nephropathy)	8	7	0	4	19
Other proliferative GN	42	50	1	13	106
Other renal disorders	188	119	5	69	381
Other Vasculitis and its derivatives	19	30	0	12	61
Polyarteritis	1	5	0	1	7
Polycystic kidneys, adult type (dominant)	341	345	15	183	884
Polycystic, infantile (recessive)	4	5	1	0	10
Post infectious GN, SBE	5	11	0	4	20
Post-partum renal failure	5	6	0	1	12
Primary oxalosis	1	2	0	0	3
Prune belly syndrome	3	2	0	3	8
Radiation nephritis	0	4	0	3	7
Renal artery occlusion	6	11	0	2	19
Renal artery stenosis	39	63	1	21	124
Renal hypoplasia, dysplasia, oligonephronia	20	21	1	12	54
Renal tumor (benign)	5	2	0	1	8
Renal tumor (malignant)	34	46	3	28	111
Renal tumor (unspecified)	9	9	0	5	23
Scleroderma	5	6	0	3	14
Secondary GN, other	13	23	0	4	40
Sickle cell disease/anemia	23	20	0	8	51
Sickle cell trait and other sickle cell (HbS/Hb other)	3	2	0	1	6
Traumatic or surgical loss of kidney(s)	8	15	0	7	30
Tuberous sclerosis	4	3	1	1	9
Tubular necrosis (no recovery)	138	159	5	71	373
Urinary tract tumor (malignant)	10	5	1	3	19
Urinary tract tumor (unspecified)	2	1	0	0	3
Urolithiasis	2	5	0	0	7
Wegener's granulomatosis	43	48	2	15	108
With lesion of rapidly progressive GN	21	28	1	7	57
Not Specified	298	147	5	164	614
Total	18,484	15,998	553	9,152	44,187

When a category count = 0, the category may not be displayed on the report.



Data Table 3: Dialysis Patients Modality and Setting - In Home

Data Table 3: Dialy					y and S		- In Ho	me			
					2013 a						
	Не	mo	CA	PD	CC	PD	Otl	her	То	Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
State: GA											
110016#	0	0	0	0	0	0	0	0	0	0	
110038	17	20	0	0	24	41	0	0	41	61	
110095	0	0	7	2	14	15	0	0	21	17	
110104	0	0	0	0	0	0	0	0	0	0	
110105	0	0	0	0	0	0	0	0	0	0	
11029F	0	0	0	0	0	0	0	0	0	0	
112501	7	9	5	2	6	12	0	0	18	23	
112504*	0	0	1	1	3	5	0	0	4	6	
112505	14	15	6	5	6	5	0	0	26	25	
112507	8	12	12	18	20	14	0	0	40	44	
112509	0	0	0	0	0	0	0	0	0	0	
112510	5	5	9	6	14	23	0	0	28	34	
112511	0	0	0	0	0	0	0	0	0	0	
112512*	0	0	0	0	0	0	0	0	0	0	
112513	0	0	0	0	0	0	0	0	0	0	
112514	5	4	1	2	21	17	0	0	27	23	
112515	0	0	0	0	0	0	0	0	0	0	
112516	1	2	0	0	6	3	0	0	7	5	
112517	0	0	0	0	29	25	0	0	29	25	
112518	0	0	1	0	0	0	0	0	1	0	
112519*	0	0	0	0	0	0	0	0	0	0	
112522	5	4	1	1	3	3	0	0	9	8	
112523	0	0	0	0	0	0	0	0	0	0	
112524*	3	5	6	5	18	23	0	0	27	33	
112526	0	0	1	1	16	21	0	0	17	22	
112527	0	0	0	0	0	0	0	0	0	0	
112528	0	0	1	2	1	1	0	0	2	3	
112530	1	0	1	3	47	51	0	0	49	54	
112531	0	0	5	1	23	30	0	0	28	31	
112532	0	0	0	0	0	0	0	0	0	0	
112533	0	0	0	0	0	0	0	0	0	0	
112534	0	0	0	0	0	0	0	0	0	0	
112535*	0	0	1	0	6	4	0	0	7	4	
112540	0	0	0	0	0	0	0	0	0	0	
112541	0	0	0	1	4	1	0	0	4	2	
112544	0	0	1	0	0	0	0	0	1	0	
112545	0	0	0	0	0	0	0	0	0	0	
112546	0	0	0	0	0	0	0	0	0	0	
112551	1	1	2	1	3	5	0	0	6	7	
112553	0	0	0	0	0	0	0	0	0	0	
112554	0	0	0	0	0	0	0	0	0	0	



	Dialysis Patients Modality and Setting – In Home									
		For	Surve	y Years	2013 a	and 201	4			
	Hemo CAPE					CCPD			Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	her 2014	2013	2014
112555	0	0	0	0	0	0	0	0	0	0
112557	0	0	1	1	15	15	0	0	16	16
112558	0	0	0	0	6	4	0	0	6	4
112559	0	0	0	0	0	0	0	0	0	0
112561	4	7	0	1	0	2	0	0	4	10
112562	0	0	0	0	0	0	0	0	0	0
112563	0	0	0	0	0	0	0	0	0	0
112566	0	0	18	18	22	20	0	0	40	38
112567	0	0	0	0	13	10	0	0	13	10
112568	0	0	5	3	6	2	0	0	11	5
112569	0	0	7	14	1	2	0	0	8	16
112571	0	0	0	0	0	0	0	0	0	0
112573	0	0	0	0	0	0	0	0	0	0
112574	0	0	0	0	0	0	0	0	0	0
112576	0	0	0	0	0	0	0	0	0	0
112578	0	0	0	0	0	0	0	0	0	0
112579	0	0	0	0	2	6	0	0	2	6
112581	0	0	0	0	0	0	0	0	0	0
112582	0	0	1	1	4	6	0	0	5	7
112583	0	0	14	9	7	10	0	0	21	19
112584	0	0	0	0	0	0	0	0	0	0
112587	0	0	0	0	0	0	0	0	0	0
112588	0	0	0	0	0	0	0	0	0	0
112590	2	4	6	3	14	12	0	0	22	19
112591	1	1	2	1	2	0	0	0	5	2
112594	0	0	0	0	0	0	0	0	0	0
112596	0	0	0	0	0	0	0	0	0	0
112598	0	0	0	0	0	0	0	0	0	0
112599 112600	0	0	0	0	0	0	0	0	0	0
	0	0	0 1	1	4	6	0	0	5	7
112601 112602	3	4	1	1	3	4	0	0	7	9
112603 112608	0	0	0	0	0	0	0	0	0	0
112608	0	0	1	2	17	20	0	0	18	22
	0	0	0	0	0	0	0	0	0	0
112610 112611	0	0	0	0	0	0	0	0	0	0
112615	0	0	0	0	0	0	0	0	0	0
112617	_	2		5	13	13	0	_	20	20
112617	0	0	0	0	1	2	0	0	1	20
112620	0	0	8	6	10	12	0	0	18	18
112622	0	3	7	11	11	8	0	0	18	22
112022	U	3	1	11	11	0	U	U	10	22



	Dialysis Patients Modality and Setting – In Home									
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	PD	CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
112624	0	0	0	0	0	0	0	0	0	0
112627	0	0	0	0	0	0	0	0	0	0
112628	0	0	0	0	0	0	0	0	0	0
112630	0	0	0	0	0	0	0	0	0	0
112631	0	0	0	0	0	0	0	0	0	0
112632	0	1	0	0	0	0	0	0	0	1
112633	0	0	0	0	0	0	0	0	0	0
112634	0	0	2	0	7	7	0	0	9	7
112636	0	0	0	0	0	0	0	0	0	0
112637	1	1	0	0	4	1	0	0	5	2
112638	3	3	0	3	13	10	0	0	20	0 16
112639 112640	0	0	0	0	0	0	0	0	0	0
112640	1	0	2	1	7	3	0	0	10	4
112643	0	0	0	0	0	0	0	0	0	0
112645	3	5	1	5	10	14	0	0	14	24
112646	0	0	3	2	21	24	0	0	24	26
112647	0	0	0	0	0	0	0	0	0	0
112648	8	8	1	0	8	3	0	0	17	11
112649	0	0	0	0	0	0	0	0	0	0
112651	0	0	0	0	0	0	0	0	0	0
112652	0	0	0	0	0	0	0	0	0	0
112655	0	0	0	0	0	0	0	0	0	0
112656	0	1	2	1	0	0	0	0	2	2
112657	0	0	2	4	14	15	0	0	16	19
112658	0	0	0	0	0	0	0	0	0	0
112659	0	0	0	2	0	3	0	0	0	5
112660	0	0	0	0	0	0	0	0	0	0
112661	0	0	0	0	0	0	0	0	0	0
112664	0	0	0	0	0	0	0	0	0	0
112667	0	0	0	0	0	0	0	0	0	0
112668	1	3	2	3	9	10	0	0	12	16
112669	0	0	0	0	0	0	0	0	0	0
112670	0	0	0	0	0	0	0	0	0	0
112671	0	0	0 2	0	0	10	0	0	10	0 11
112672 112674	0	0	0	0	0	0	0	0	0	0
112674	0	0	4	2	5	9	0	0	9	11
112676	0	0	0	1	7	4	0	0	7	5
112677	0	0	0	2	9	8	0	0	9	10
112678	0	0	1	0	0	0	0	0	1	0
112679	0	0	2	2	8	6	0	0	10	8
112013	U	U			U	U	U	U	10	U



	Dialysis Patients Modality and Setting – In Home									
		For	Surve	y Years	2013 a	and 201	4			
	Hemo CAPD CCPD Other						her	То	tal	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
112680	0	0	0	0	5	4	0	0	5	4
112681	0	0	0	0	0	0	0	0	0	0
112683	0	0	0	0	0	0	0	0	0	0
112685	0	0	0	0	0	0	0	0	0	0
112688	3	0	0	0	9	0	0	0	12	0
112689	0	1	2	1	5	5	0	0	7	7
112691	0	0	1	0	2	3	0	0	3	3
112692	0	0	0	0	0	0	0	0	0	0
112693	0	0	0	0	19	15	0	0	19	15
112694	0	0	0	1	3	4	0	0	3	5
112695	0	0	1	1	6	5	0	0	7	6
112696	0	0	0	0	0	0	0	0	0	0
112697 112698	0	0	0	0	0	0	0	0	0	0
112699	0	0	0	0	0	0	0	0	0	0
112700	2	0	0	0	6	7	0	0	8	7
112702	0	0	0	0	0	0	0	0	0	0
112703	0	0	1	0	6	0	0	0	7	0
112704	0	0	0	0	0	0	0	0	0	0
112705	0	0	0	0	0	0	0	0	0	0
112706	0	0	7	7	14	13	0	0	21	20
112707	0	0	0	1	8	10	0	0	8	11
112708	0	0	2	1	12	13	0	0	14	14
112709	0	0	0	0	0	0	0	0	0	0
112710	0	0	2	2	11	13	0	0	13	15
112711	1	0	0	0	4	7	0	0	5	7
112712	5	3	9	7	16	16	0	0	30	26
112714	0	0	0	0	0	0	0	0	0	0
112715	0	0	0	0	3	4	0	0	3	4
112716	0	0	0	0	0	0	0	0	0	0
112718	0	0	3	3	4	0	0	0	7	7
112719	0	0	0	0	0		0	0	0	0
112720 112721	0	0	0	2	11 0	14 4	0	0	0	14 6
112722	1	2	7	1	10	15	0	0	18	18
112723	0	0	0	0	0	0	0	0	0	0
112724	0	0	0	0	0	0	0	0	0	0
112725	0	0	0	0	0	0	0	0	0	0
112726	0	0	0	0	0	0	0	0	0	0
112727	0	0	0	0	0	0	0	0	0	0
112728	2	2	1	2	1	3	0	0	4	7
112729	0	0	0	0	0	0	0	0	0	0



Dialysis Patients Modality and Setting – In Home										
For Survey Years 2013 and 2014										
	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
112730	2	1	1	1	8	19	0	0	11	21
112732	0	0	0	0	0	0	0	0	0	0
112733	0	0	0	0	0	0	0	0	0	0
112734	0	0	0	0	0	0	0	0	0	0
112735	1	1	0	0	0	0	0	0	1	1
112736	0	0	0	0	0	0	0	0	0	0
112737	0	1	2	0	5	3	0	0	7	4
112738	0	0	0	0	0	0	0	0	0	0
112741	0	0	0	0	4	0	0	0	4	0
112742	1	0	1	1	12	16	0	0	14	17
112743	2	0	4	2	12	13	0	0	18	15
112744	0	0	0	0	0	0	0	0	0	0
112745	0	0	0	0	0	0	0	0	0	0
112746	6	3	3	2	19	21	0	0	28	26
112747	38	27	2	0	32	18	0	0	72	45
112748	0	0	0	0	0	0	0	0	0	0
112749	0	1	8	7	23	18	0	0	31	26
112750	4	5	2	1	11	15	0	0	17	21
112751	0	0	0	0	0	0	0	0	0	0
112752	0	0	2	2	29	21	0	0	31	23
112753	0	0	7	4	1	7	0	0	8	11
112754	3	0	12	3	12	20	0	0	27	23
112755	0	0	0	0	3	0	0	0	3	0
112757#	0	0	0	0	0	0	0	0	0	0
112758	0	0	3	1	13	13	0	0	16	14
112759	0	0	0	0	18	10	0	0	18	10
112760	3	4	0	0	5	6	0	0	8	10
112761	8	8	13	13	15	22	0	0	36	43
112762	13	13	3	1	9	16	0	0	25	30
112763	0	0	1	0	3	1	0	0	4	1
112765	0	0	3	1	11	8	0	0	14	9
112766	0	3	1	5	11	12	0	0	12	20
112767	0	0	0	0	0	0	0	0	0	0
112768	1	0	1	3	13	17	0	0	15	20
112769	0	0	0	0	0	1	0	0	0	1
112770	0	0	0	0	0	0	0	0	0	0
112771	0	0	0	0	0	0	0	0	0	0
112772	5	2	1	1	3	2	0	0	9	5
112773	2	1	0	0	7	6	0	0	9	7
112774	4	6	8	5	19	29	0	0	31	40
112775	0	0	0	0	0	0	0	0	0	0
112776	0	0	0	0	0	0	0	0	0	0



For Survey Years 2013 and 2014 Total Facility CCN 2013 2014 2013	Dialysis Patients Modality and Setting – In Home										
Facility CCN	For Survey Years 2013 and 2014										
Facility CCN		He	mo	CAPD				Other		Total	
112778	Facility CCN			2013	2014	2013	2014			2013	2014
112779	112777	0	0	0	0	0	0	0	0	0	0
112781	112778	0	0	0	0	3	6	0	0	3	6
112782	112779	4	4	5	4	11	11	0	0	20	19
112783 0 <td>112781</td> <td>0</td> <td>0</td> <td>11</td> <td>14</td> <td>11</td> <td>11</td> <td>0</td> <td>0</td> <td>22</td> <td>25</td>	112781	0	0	11	14	11	11	0	0	22	25
112784 0 <td>112782</td> <td>0</td>	112782	0	0	0	0	0	0	0	0	0	0
112785 0 1 1 0 0 <td>112783</td> <td>0</td>	112783	0	0	0	0	0	0	0	0	0	0
112786 0 0 0 0 0 0 0 0 0 0 0 112788 5 7 0 0 13 8 0 0 18 15 112789 4 5 6 1 10 11 0 0 20 17 112790 1	112784	0	0	0	0	0	0	0	0	0	0
112788 5 7 0 0 13 8 0 0 18 15 112789 4 5 6 1 10 11 0 0 20 17 112790 1 1 0 0 1 1 1 0 0 0 0 1 1 1	112785	0	0	0	0	0	0	0	0	0	0
112789 4 5 6 1 10 11 0 0 20 17 112790 0		0	_	0	0		0	0	0	0	_
112790 1 1 1 1 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td>				0				0	0		
112791 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 1 0 0 0 0 0 1 0 1 1 1 1 <td></td> <td>4</td> <td>5</td> <td>6</td> <td>1</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>20</td> <td>17</td>		4	5	6	1			0	0	20	17
112792 0 0 0 0 1 0 <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td> <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td> <td>_</td>			_	_	_			_	_	_	_
112793 0 <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td> <td>_</td>					_			_	_	_	_
112794 0 3 0 0 3 1 0 0 3 4 112795 0 <td< td=""><td></td><td>_</td><td></td><td></td><td>-</td><td></td><td>_</td><td>_</td><td></td><td></td><td>-</td></td<>		_			-		_	_			-
112795 0 <td></td> <td></td> <td>_</td> <td></td> <td>_</td> <td>_</td> <td></td> <td>_</td> <td></td> <td></td> <td></td>			_		_	_		_			
112796 0 1 1 1 1 <td></td> <td>-</td>											-
112797 0 0 3 4 23 17 0 0 26 21 112798 2 2 1 2 11 6 0 0 14 10 112799 0 1 1 1 0 1 1 1 0											_
112798 2 2 1 2 11 6 0 0 14 10 112799 0		_	_			_		_	_		
112799 0 <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td>_</td> <td></td> <td></td>		_						_	_		
112800 0 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td> <td></td> <td></td>				-			_	_	_		
112801 15 14 0 0 82 86 0 0 97 100 112802 0					_		~			_	
112802 0 0 0 0 0 0 0 0 0 112803 0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td>×</td></th<>							_				×
112803 0 0 2 4 24 26 0 0 26 30 112804 0								_	_		
112804 0 <td></td> <td>_</td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td>_</td> <td>_</td> <td></td>		_			_				_	_	
112805 3 1 2 1 9 10 0 0 14 12 112806 0 0 0 2 2 7 13 0 0 9 15 112807 0		_									
112806 0 0 2 2 7 13 0 0 9 15 112807 0 11 11 0		_	_		_		_	_			×
112807 0 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td>			-					_			
112809 0 0 2 0 0 0 0 0 2 0 112810 6 5 2 3 13 11 0 0 21 19 112811 1 0 4 3 9 10 0 0 14 13 112812 0			_					_	_		
112810 6 5 2 3 13 11 0 0 21 19 112811 1 0 4 3 9 10 0 0 14 13 112812 0											
112811 1 0 4 3 9 10 0 0 14 13 112812 0									_		_
112812 0 35 35 35 112814 0 9 13 112816 0 0 0 0 0 7 16 0 0 7 16											
112813 1 0 0 1 34 34 0 0 35 35 112814 0 9 13 112816 0 0 0 0 7 16 0 0 7 16											
112814 0 0 0 0 0 0 0 0 112815 0 0 1 1 8 12 0 0 9 13 112816 0 0 0 7 16 0 0 7 16										_	
112815 0 0 1 1 8 12 0 0 9 13 112816 0 0 0 0 7 16 0 0 7 16											
112816 0 0 0 7 16 0 0 7 16		_									
112818 0 0 0 0 0 0 0 0 0		_	_		_			_	_		
112819 0 0 0 0 0 0 0 0 0						_	_				
112813 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 26 31						_	_			_	_
112821 0 0 0 1 9 8 0 0 9 9											



Dialysis Patients Modality and Setting – In Home										
For Survey Years 2013 and 2014										
	He	mo	CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
112822	0	0	0	0	0	0	0	0	0	0
112823	0	0	0	0	0	0	0	0	0	0
112824	19	16	26	29	52	64	0	0	97	109
112825	0	0	0	0	0	0	0	0	0	0
112826	0	0	0	0	0	0	0	0	0	0
112827	0	0	0	0	0	0	0	0	0	0
112828	1	1	1	0	4	3	0	0	6	4
112829	0	0	1	0	3	6	0	0	4	6
112830	0	0	0	2	2	4	0	0	2	6
112831	3	3	0	1	19	24	0	0	22	28
112832	0	0	2	1	3	9	0	0	5	10
112833	0	0	0	0	0	0	0	0	0	0
112834	0	0	0	0	0	0	0	0	0	0
112835	0	0	0	0	0	0	0	0	0	0
112836	0	2	8	1	6	15	0	0	14	18
112837	0	0	0	0	0	0	0	0	0	0
112838	0	0	0	0	0	0	0	0	0	0
112839	1	0	2	1	8	4	0	0	11	5
112840	0	0	1	0	1	1	0	0	2	1
112841	0	0	0	0	0	0	0	0	0	0
112842 112843	19 0	18 0	0	0	0	0	0	0	19 0	18 0
112844	0	0	0	0	13	13	0	0	13	13
112845	0	0	0	0	5	3	0	0	5	3
112846	0	0	0	0	0	0	0	0	0	0
112847	0	0	0	0	0	0	0	0	0	0
112848	0	0	0	0	0	0	0	0	0	0
112849	3	2	3	2	8	8	0	0	14	12
112850	0	2	1	0	7	12	0	0	8	14
112851	0	0	9	10	35	36	0	0	44	46
112852	0	0	2	2	5	3	0	0	7	5
112853	0	0	0	0	0	0	0	0	0	0
112854	0	0	0	0	4	5	0	0	4	5
112855	0	0	0	0	0	0	0	0	0	0
112856#	0	0	0	0	0	0	0	0	0	0
112857	1	1	0	0	6	7	0	0	7	8
112858	0	0	4	5	3	5	0	0	7	10
112859	0	0	2	2	6	7	0	0	8	9
112860	14	8	1	1	4	5	0	0	19	14
112861	2	5	3	0	2	6	0	0	7	11
112862	0	0	0	0	0	0	0	0	0	0
112863	0	1	1	2	1	2	0	0	2	5



Dialysis Patients Modality and Setting – In Home											
		For	Surve	y Years	2013 a	and 201	4				
	He	mo	CA	PD	CC	PD	Other		То	tal	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
112864	3	10	0	0	4	6	0	0	7	16	
112865	1	3	1	0	3	8	0	0	5	11	
112866	0	1	0	1	1	6	0	0	1	8	
112867	1	5	0	0	0	2	0	0	1	7	
112868	0	0	0	1	14	16	0	0	14	17	
112869	9	6	3	0	12	32	0	0	24	38	
112870	0	0	0	1	1	2	0	0	1	3	
112871	4	3	1	1	4	9	0	0	9	13	
112872	0	2	0	2	0	2	0	0	0	6	
112873	0	0	0	0	0	0	0	0	0	0	
112874	0	0	0	0	0	0	0	0	0	0	
112875	0	0	0	0	1	3	0	0	1	3	
112876^	0	0	0	0	0	0	0	0	0	0	
112877	0	0	0	0	0	0	0	0	0	0	
112878^	0	0	0	0	0	0	0	0	0	0	
112879^	0	0	0	0	0	0	0	0	0	0	
112880^	0	0	0	2	0	4	0	0	0	6	
112881^	0	0	0	0	0	1	0	0	0	1	
112882^	0	3	0	1	0	13	0	0	0	17	
112883^	0	0	0	0	0	0	0	0	0	0	
112884^	0	0	0	0	0	0	0	0	0	0	
112885^	0	0	0	0	0	0	0	0	0	0	
112886^	0	0	0	5	0	4	0	0	0	9	
112887^	0	4	0	2	0	6	0	0	0	12	
112888^	0	0	0	1	0	1	0	0	0	2	
112889^	0	0	0	1	0	0	0	0	0	1	
112890^	0	0	0	0	0	0	0	0	0	0	
112891^ 112892^	0	0	0	0	0	0	0	0	0	0	
113500	0	0	0	0	0	0	0	0	0	0	
113501	0	0	0	0	0	0	0	0	0	0	
113502	0	0	0	0	0	0	0	0	0	0	
113504	0	0	0	0	0	0	0	0	0	0	
GA Totals	326	341	392	358	1,556	1,743	0	0	2,274	2,442	
State: NC					-,500	.,			_,	_,	
340047	0	0	0	0	0	0	0	0	0	0	
340053	0	0	0	0	0	0	0	0	0	0	
340064	0	0	0	0	0	0	0	0	0	0	
340113	0	0	0	0	5	4	0	0	5	4	
34012F	0	0	3	4	6	6	0	0	9	10	
34013F	0	0	0	0	0	0	0	0	0	0	
34014F	0	0	0	0	0	0	0	0	0	0	



Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	.PD	CC	PD	Otl	her	То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
342502	9	13	5	3	33	39	0	0	47	55
342503	15	25	10	7	52	48	0	0	77	80
342504	9	12	1	0	13	20	0	0	23	32
342505	12	9	9	22	96	97	0	0	117	128
342506	31	35	3	0	3	0	0	0	37	35
342507	18	21	3	5	12	21	0	0	33	47
342509	2	5	0	2	6	3	0	0	8	10
342510	8	24	30	27	21	22	0	0	59	73
342511	15	17	19	19	58	48	0	0	92	84
342512	2	0	2	1	61	60	0	0	65	61
342513	35	34	0	0	20	16	0	0	55	50
342514	0	0	4	2	42	41	0	0	46	43
342515	0	0	3	4	31	38	0	0	34	42
342516	4	11	3	0	27	0	0	0	34	11
342517	5	5	4	7	19	15	0	0	28	27
342518	0	0	0	0	3	5	0	0	3	5
342520	0	0	4	2	2	5	0	0	6	7
342521	0	0	0	0	0	0	0	0	0	0
342522	8	10	10	5	26	34	0	0	44	49
342523	0	0	0	0	0	0	0	0	0	0
342524	0	0	0	0	6	5	0	0	6	5
342525	0	0	0	0	0	0	0	0	0	0
342526	0	0	1	5	16	19	0	0	17	24
342527	0	0	2	3	30	22	0	0	32	25
342528	4	5	2	2	11	9	0	0	17	16
342529	0	0	5	3	12	11	0	0	17	14
342531	18	12	4	2	22	24	0	0	44	38
342532	7	6	7	11	19	14	0	0	33	31
342533	0	1	2	0	3	0	0	0	5	1
342534	0	0	0	0	0	0	0	0	0	0
342535	0	0	0	0	0	0	0	0	0	0
342536	0	0	0	0	12	11	0	0	12	11
342537	0	0	0	0	0	0	0	0	0	0
342538	0	0	0	0	0	0	0	0	0	0
342539	0	0	0	0	7	6	0	0	7	6
342540	0	0	1	2	5	5	0	0	6	7
342541	0	0	0	0	0	0	0	0	0	0
342542	2	1	1	1	22	19	0	0	25	21
342543	0	0	0	0	12	12	0	0	12	12
342544	0	0	0	0	0	0	0	0	0	0
342545	0	0	0	0	0	0	0	0	0	0
342546	0	0	1	0	30	31	0	0	31	31



Dialysis Patients Modality and Setting – In Home For Survey Years 2013 and 2014										
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	PD	CC	PD	Otl	her	То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
342547	0	0	0	0	0	0	0	0	0	0
342548	19	0	8	0	35	0	0	0	62	0
342549	0	0	0	0	0	0	0	0	0	0
342550	0	0	0	0	0	0	0	0	0	0
342551	0	0	0	2	14	12	0	0	14	14
342552	8	3	2	1	0	4	0	0	10	8
342553	0	2	3	1	20	20	0	0	23	23
342554	0	0	0	0	0	0	0	0	0	0
342555	8	8	1	2	30	25	0	0	39	35
342556	0	0	3	7	16	15	0	0	19	22
342557	0	2	1	1	12	10	0	0	13	13
342558	0	0	0	0	0	0	0	0	0	0
342559	0	0	0	0	0	0	0	0	0	0
342560	0	0	0	0	0	0	0	0	0	0
342561	10	8	0	0	12	13	0	0	22	21
342562	0	0	0	1	13	13	0	0	13	14
342563	0	0	2	0	13	10	0	0	15	10
342564	0	0	0	0	0	0	0	0	0	0
342565	0	0	0	0	0	0	0	0	0	0
342566	0	0	2	0	19	14	0	0	21	14
342567	0	0	0	0	0	14	0	0	0	14
342568	0	0	0	0	0	0	0	0	0	0
342569	0	0	0	0	0	0	0	0	0	0
342570	0	0	0	0	0	0	0	0	0	0
342571	0	0	0	0	6	6	0	0	6	6
342572	0	0	0	0	0	0	0	0	0	0
342573	0	0	0	0	0	0	0	0	0	0
342576	0	0	0	0	0	0	0	0	0	0
342577	0	0	1	1	8	11	0	0	9	12
342578	0	0	7	2	10	13	0	0	17	15
342579	0	0	0	0	0	0	0	0	0	0
342581	0	0	0	0	0	0	0	0	0	0
342582	0	0	5	2	10	17	0	0	15	19
342583	0	0	0	0	0	0	0	0	0	0
342584	0	0	1	2	4	8	0	0	5	10
342585	31	44	1	0	10	10	0	0	42	54
342586	0	0	0	0	0	3	0	0	0	3
342587	0	0	0	0	0	0	0	0	0	0
342588	0	0	0	0	0	0	0	0	0	0
342589	0	0	0	0	0	0	0	0	0	0
342590	5	7	6	8	11	8	0	0	22	23
342591	4	5	2	3	9	4	0	0	15	12



Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	PD	CC	PD	Other		То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
342592	10	11	1	1	20	24	0	0	31	36
342593	0	0	0	0	0	0	0	0	0	0
342594	0	0	0	0	0	0	0	0	0	0
342595	0	0	0	0	0	0	0	0	0	0
342596	2	3	6	4	23	21	0	0	31	28
342597	0	0	0	0	0	0	0	0	0	0
342598	0	0	0	0	0	0	0	0	0	0
342599	0	0	0	0	0	0	0	0	0	0
342600	0	0	0	0	0	0	0	0	0	0
342601	0	0	0	0	0	0	0	0	0	0
342602	0	0	0	0	0	0	0	0	0	0
342603	0	0	0	0	0	0	0	0	0	0
342604	0	0	0	0	0	0	0	0	0	0
342605	0	0	0	0	0	0	0	0	0	0
342606	0	6	0	0	19	14	0	0	19	20
342607	0	0	0	0	0	0	0	0	0	0
342608	0	0	0	0	0	0	0	0	0	0
342609	0	1	2	0	3	11	0	0	5	12
342610	2	2	0	0	0	0	0	0	2	2
342611 342612	0	0	0	0	0	0	0	0	0	0
342613	0	0	0	0	0	0	0	0	0	0
342614	0	0	0	0	0	0	0	0	0	0
342615	0	0	0	0	0	0	0	0	0	0
342616	14	13	0	0	11	12	0	0	25	25
342617	0	0	0	0	0	0	0	0	0	0
342618	0	0	0	0	0	0	0	0	0	0
342619	0	0	0	0	0	0	0	0	0	0
342620	0	0	2	3	15	13	0	0	17	16
342621	0	0	0	0	0	0	0	0	0	0
342622	1	2	2	1	34	31	0	0	37	34
342623	0	0	0	0	0	0	0	0	0	0
342624#	0	0	0	0	0	0	0	0	0	0
342625	0	0	0	0	0	0	0	0	0	0
342626#	0	0	0	0	0	0	0	0	0	0
342627	0	11	0	5	0	26	0	1	0	43
342628	0	0	0	0	0	0	0	0	0	0
342629	0	0	0	0	0	0	0	0	0	0
342630	1	1	0	0	0	0	0	0	1	1
342631	0	0	0	0	0	0	0	0	0	0
342632	0	0	0	0	0	0	0	0	0	0
342633	0	0	0	0	0	0	0	0	0	0



	Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	2013 a	and 201	4				
	He	mo	CA	PD	CC	PD	Ot	her	То	tal	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
342634	0	0	0	0	0	0	0	0	0	0	
342635	0	0	0	0	0	1	0	0	0	1	
342636	0	0	0	0	0	0	0	0	0	0	
342637	0	0	0	0	0	0	0	0	0	0	
342638	0	0	0	0	0	0	0	0	0	0	
342639	0	0	0	0	0	0	0	0	0	0	
342640	0	0	0	0	0	5	0	0	0	5	
342641	0	0	0	0	0	0	0	0	0	0	
342642	0	0	0	0	0	0	0	0	0	0	
342643	0	0	0	0	0	0	0	0	0	0	
342644	0	0	0	0	0	0	0	0	0	0	
342645 342646	23	0 19	0	0	0	0	0	0	0 23	0 19	
342647	0	0	0	0	0	0	0	0	0	0	
342648	0	0	0	0	0	0	0	0	0	0	
342649	0	0	0	0	0	0	0	0	0	0	
342650	0	0	0	0	0	0	0	0	0	0	
342651	0	0	0	0	0	0	0	0	0	0	
342652	0	0	0	0	0	0	0	0	0	0	
342653	0	0	0	0	0	0	0	0	0	0	
342654	0	0	0	0	5	5	0	0	5	5	
342655	0	0	1	1	15	15	0	0	16	16	
342656	0	0	0	0	7	2	0	0	7	2	
342657	0	0	0	1	11	14	0	0	11	15	
342658	0	0	0	0	0	0	0	0	0	0	
342659	0	0	0	5	0	2	0	0	0	7	
342660	0	0	0	0	0	0	0	0	0	0	
342661	0	0	0	0	0	0	0	0	0	0	
342662	0	0	0	0	0	0	0	0	0	0	
342663	0	0	0	0	0	0	0	0	0	0	
342664	0	0	0	0	0	0	0	0	0	0	
342665	0	0	1	7	20	24	0	0	21	31	
342666 342667	0	0	0	0	0	0	0	0	0	0	
342668	0	0	0	0	0	1	0	0	0	1	
342669	0	0	0	0	0	0	0	0	0	0	
342670	0	0	0	0	17	18	0	0	17	18	
342671	1	0	0	0	0	0	0	0	1	0	
342672	0	0	0	0	0	0	0	0	0	0	
342673	0	0	0	0	0	0	0	0	0	0	
342674	0	0	1	0	13	12	0	0	14	12	
342675	0	0	0	0	10	16	0	0	10	16	



Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	PD	CC	PD	Ot	her	То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
342676	0	0	0	0	0	0	0	0	0	0
342677	0	0	0	0	0	0	0	0	0	0
342678	0	0	0	0	15	17	0	0	15	17
342679	0	0	0	0	0	0	0	0	0	0
342680	0	0	0	0	0	0	0	0	0	0
342681	0	0	0	0	0	0	0	0	0	0
342682	0	0	0	0	0	0	0	0	0	0
342683	0	0	0	0	0	0	0	0	0	0
342684	0	0	0	0	0	0	0	0	0	0
342685	0	0	0	0	0	0	0	0	0	0
342686	0	0	0	0	23	9	0	0	23	9
342687	0	0	0	0	1	5	0	0	1	5
342688	0	0	0	3	1	2	0	0	1	5
342689	0	0	0	0	1	1	0	0	1	1
342690	0	0	0	0	0	0	0	0	0	0
342691	0	0	3	1	1	9	0	0	4	10
342692	0	0	0	0	0	0	0	0	0	0
342693	0	0	4	8	8	9	0	0	12	17
342694	0	0	0	0	0	0	0	0	0	0
342695	0	0	1	19	0	36	0	0	1	55
342696	0	0	4	4	10	7	0	0	14	11
342697^	0	0	0	0	0	0	0	0	0	0
342698^	0	0	0	0	0	0	0	0	0	0
342699^	0	0	0	2	0	26	0	0	0	28
342700^#	0	0	0	0	0	0	0	0	0	0
343504	0	0	0	2	30	24	0	0	30	26
NC Totals	343	394	212	239	1,308	1,352	0	1	1,863	1,986
State: SC										
42011F	0	0	0	0	0	0	0	0	0	0
42029F	0	0	0	0	0	0	0	0	0	0
422503	0	0	0	0	0	0	0	0	0	0
422504	0	0	0	0	0	0	0	0	0	0
422505	0	0	0	0	0	0	0	0	0	0
422506	3	4	2	7	11	20	0	0	16	31
422508	3	1	3	0	37	31	0	0	43	32
422509	0	0	0	0	0	0	0	0	0	0
422510	12	16	3	6	10	10	0	0	25	32
422511	0	0	0	0	0	0	0	0	0	0
422512	2	0	2	0	3	1	0	0	7	1
422513	0	0	0	0	0	0	0	0	0	0
422514	0	2	2	2	0	1	0	0	2	5
422515	0	0	5	8	22	21	0	0	27	29



Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	PD	CC	PD	Other		То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
422516	0	0	0	0	0	0	0	0	0	0
422517	0	0	0	0	0	0	0	0	0	0
422518	0	0	0	0	0	0	0	0	0	0
422519	1	1	1	2	8	8	0	0	10	11
422520	0	0	0	0	0	0	0	0	0	0
422521	0	0	0	0	0	0	0	0	0	0
422522	0	0	41	39	22	21	0	0	63	60
422524	0	0	0	0	0	0	0	0	0	0
422527	0	0	0	0	0	0	0	0	0	0
422528	0	0	2	2	15	21	0	0	17	23
422529	0	0	6	13	15	7	0	0	21	20
422530	0	0	0	0	0	0	0	0	0	0
422531	0	0	0	0	0	0	0	0	0	0
422532	0	0	0	0	0	0	0	0	0	0
422533	0	0	0	0	0	0	0	0	0	0
422534	0	0	0	0	0	0	0	0	0	0
422535	0	0	0	0	0	0	0	0	0	0
422536	0	0	0	0	1	1	0	0	1	1
422537	0	0	0	0	0	0 17	0	0	0	0
422538	6	6	5	4	16 0	0	0	0	27	27
422539 422540	8	9	3	0 4	21	26	0	0	32	0 39
422540	0	0	0	0	0	0	0	0	0	0
422542	0	0	0	0	0	0	0	0	0	0
422543	0	0	0	0	0	0	0	0	0	0
422545	0	0	0	0	0	0	0	0	0	0
422546	0	0	0	0	0	0	0	0	0	0
422547	0	0	0	0	0	0	0	0	0	0
422548	0	0	0	0	0	0	0	0	0	0
422549	0	0	3	1	13	16	0	0	16	17
422550	0	0	0	0	0	0	0	0	0	0
422552	0	0	0	0	0	0	0	0	0	0
422553	0	0	0	0	0	0	0	0	0	0
422556	0	0	0	0	0	0	0	0	0	0
422557	0	0	0	0	0	0	0	0	0	0
422560	0	0	0	0	0	0	0	0	0	0
422563	0	0	0	0	0	0	0	0	0	0
422564	0	0	0	0	0	0	0	0	0	0
422565	0	0	0	0	0	0	0	0	0	0
422566	0	0	0	0	0	0	0	0	0	0
422567	0	0	0	0	0	0	0	0	0	0
422568	0	0	0	0	0	0	0	0	0	0



Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	2013 a	and 201	4			
	He	mo	CA	PD	CC	PD	Other		То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
422569	0	0	0	0	0	0	0	0	0	0
422570	2	1	5	1	5	7	0	0	12	9
422571	0	0	0	0	0	0	0	0	0	0
422572	0	0	0	0	0	0	0	0	0	0
422573	0	0	0	0	0	0	0	0	0	0
422574	8	6	30	33	51	48	0	0	89	87
422575	26	27	2	4	29	46	0	0	57	77
422576	0	0	0	0	0	0	0	0	0	0
422577	0	0	0	0	0	0	0	0	0	0
422578	0	0	0	0	0	0	0	0	0	0
422579	0	0	0	0	0	0	0	0	0	0
422580	0	0	0	0	0	0	0	0	0	0
422581	0	0	0	0	0	0	0	0	0	0
422582	0	0	0	0	0	0	0	0	0	0
422584	0	0	0	0	0	0	0	0	0	0
422585	0	0	1	1	17	21	0	0	18	22
422586	0	0	2	3	2	4	0	0	4	7
422587	0	0	0	2	2	3	0	0	2	5
422589	0	0	0	0	0	0	0	0	0	0
422590	0	0	0	1	0	9	0	0	0	10
422591	3	4	5	4	11	19	2	0	21	27
422592	0	0	0	0	0	0	0	0	0	0
422593	0	0	0	0	0	0	0	0	0	0
422594	0	0	0	0	0	0	0	0	0	0
422596	0	0	0	0	0	0	0	0	0	0
422597	0	0	0	0	0	0	0	0	0	0
422598	0	0	0	0	0	0	0	0	0	0
422599	0	0	0	0	0	0	0	0	0	0
422600 422601	0	0	0	0	0	0	0	0	0	0
422601	0	0	0	0	0	0	0	0	0	0
422603	0	0	0	0	0	0	0	0	0	0
422604	0	0	10		29	0	0	0	39	
422604	0	0	0	0	0	0	0	0	0	0
422605	0	1	0	0	0	0	0	0	0	1
422606	2	3	1	0	3	8	0	0	6	11
422607	0	0	0	0	0	0	0	0	0	0
422608	0	0	0	0	0	0	0	0	0	0
422610	0	0	0	0	0	0	0	0	0	0
422610	0	0	0	0	0	0	0	0	0	0
422612	0	0	0	0	0	0	0	0	0	0
422613	0	0	0	0	0	0	0	0	0	0
422013	U	U	U	U	U	U	U	U	U	U



Dialysis Patients Modality and Setting – In Home										
		For	Surve	y Years	s 2013 a	and 201	4			
	He	mo	CA	PD	CC	PD	Ot	her	То	tal
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
422614	0	0	0	0	0	2	0	0	0	2
422615	0	0	0	0	0	0	0	0	0	0
422616	0	0	0	0	0	0	0	0	0	0
422617	0	0	0	0	0	0	0	0	0	0
422618	0	0	0	0	0	0	0	0	0	0
422619	0	0	0	0	0	0	0	0	0	0
422620	7	5	0	0	0	0	0	0	7	5
422621	0	0	0	0	0	0	0	0	0	0
422622	0	0	0	0	0	0	0	0	0	0
422623	2	2	6	5	21	16	0	0	29	23
422624	0	0	0	0	0	0	0	0	0	0
422625	0	0	0	0	0	0	0	0	0	0
422626	0	0	0	0	0	0	0	0	0	0
422627	6	9	4	3	123	122	0	0	133	134
422628	0	0	1	2	3	8	0	0	4	10
422629	1	0	10	8	8	12	0	0	19	20
422630	1	1	1	0	5	10	0	0	7	11
422631	1	0	24	14	42	41	0	0	67	55
422632	0	0	0	0	0	0	0	0	0	0
422633	3	6	3	1	36	50	0	0	42	57
422634	1	1	12	18	17	12	0	0	30	31
422635	1	1	0	0	6	6	0	0	7	7
422636	3	3	6	5	51	44	0	0	60	52
422637	0	0	3	2	9	12	0	0	12	14
422638	9	6	0	1	24	29	0	0	33	36
422639	0	0	0	0	0	0	0	0	0	0
422640	0	0	0	0	9	19	0	0	9	19
422641	0	0	0	0	0	0	0	0	0	0
422642	0	0	0	0	1	3	0	0	1	3
422643	0	0	0	0	0	1	0	0	0	1
422644^	0	1	0	2	0	14	0	0	0	17
422645^	0	0	0	0	0	1	0	0	0	1
422646	0	0	0	12	0	32	0	0	0	44
422647^	0	0	0	0	0	0	0	0	0	0
422648^	0	0	0	2	0	1	0	0	0	3
422649^	0	0	0	2	0	2	0	0	0	4
SC Totals	111	116	204	215	698	803	2	0	1,015	1,134
Network									.,	.,
	He	mo	CA	PD	CC	PD	Ot	her	To	tal
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Network Totals	780	851	808	812	3,562	3,898	2	1	5,152	5,562
					0,002	0,500	_		0,.02	0,002

Source of Information: Facility Survey (CMS 2744) and CROWNWeb

Date of Preparation: May 2015



This table includes 9 Veterans Affairs Facility patients for 2013 and 10 Veterans Affairs Facility patients for 2014

- ^ Facility not operational in 2013
- # Facility not operational in 2014
- * Facility does not have a generated 2744 in 2014



Data Table 4: Dialysis Patients Modality and Setting – In Center

Dialysis Patients Modality and Setting - In Center For Survey Years 2013 and 2014 PD Total In-Center & Home¹ Hemo **Total Facility CCN** 2013 2014 State: GA 110016# 11029F



Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 Hemo PD Total In-Center

	Не	Hemo PD			tal	Total In-Center & Home ¹		
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
112555	62	56	0	0	62	56	62	56
112557	71	71	0	0	71	71	87	87
112558	61	57	0	1	61	58	67	62
112559	60	57	0	0	60	57	60	57
112561	70	68	0	0	70	68	74	78
112562	61	57	0	0	61	57	61	57
112563	44	50	0	0	44	50	44	50
112566	60	60	1	1	61	61	101	99
112567	36	30	0	1	36	31	49	41
112568	81	80	0	0	81	80	92	85
112569	49	59	0	0	49	59	57	75
112571	59	61	0	0	59	61	59	61
112573	45	46	0	0	45	46	45	46
112574	53	54	0	0	53	54	53	54
112576	79	75	0	0	79	75	79	75
112578	32	36	0	0	32	36	32	36
112579	64	48	0	0	64	48	66	54
112579	57	57	0	0	57	57	57	57
112582	31	30	0	0	31	30	36	37
112583	86	90	0	0	86	90	107	109
112584	54	0	0	0	54	0	54	0
112587	96	104	0	0	96	104	96	104
112588	75	68	0	0	75	68	75	68
112590	73	71	0	0	73	71	95	90
112591	71	77	0	0	71	77	76	79
112594	31	30	0	0	31	30	31	30
112596	32	24	0	0	32	24	32	24
112598	18	22	0	0	18	22	18	22
112599	50	53	0	0	50	53	50	53
112600	146	135	0	0	146	135	146	135
112601	40	44	0	0	40	44	45	51
112602	117	106	0	0	117	106	124	115
112603	20	20	0	0	20	20	20	20
112608	57	51	0	0	57	51	57	51
112609	48	42	0	0	48	42	66	64
112610	32	37	0	0	32	37	32	37
112611	34	40	0	0	34	40	34	40
112615	35	38	0	0	35	38	35	38
112617	47	47	0	0	47	47	67	67
112619	32	38	0	0	32	38	33	40
112620	69	66	0	2	69	68	87	86
112622	60	66	0	0	60	66	78	88
112022	00	00	U	U	00	00	10	00



Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN**

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN**

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



112757#

Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN**



	Не	mo	PD PD			tal	Total In-Center & Home ¹		
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	
112777	37	49	0	0	37	49	37	49	
112778	48	48	0	0	48	48	51	54	
112779	42	49	0	0	42	49	62	68	
112773	37	46	0	0	37	46	59	71	
112782	36	46	0	0	36	46	36	46	
112783	34	25	0	0	34	25	34	25	
112784	75	64	0	0	75	64	75	64	
112785	51	65	0	0	51	65	51	65	
112786	25	20	0	0	25	20	25	20	
112788	87	80	1	0	88	80	106	95	
112789	39	42	0	0	39	42	59	59	
112790	48	55	0	0	48	55	48	55	
112791	28	33	0	0	28	33	28	33	
112791	52	53	0	0	52	53	53	53	
112792	61	60	0	0	61	60	61	60	
112793	22	20	0	0	22	20	25	24	
112795	47	48	0	0	47	48	47	48	
112795	55	50	0	0	55	50	55	50	
112790	99	101	0	0	99	101	125	122	
112798	56	58	0	0	56	58	70	68	
112799	21	26	0	0	21	26	21	26	
112800	49	55	0	0	49	55	49	55	
112801	0	0	0	0	0	0	97	100	
112802	16	19	0	0	16	19	16	19	
112803	109	104	0	0	109	104	135	134	
112804	15	16	0		15	16	15	16	
112805	19	14	0	0	19	14	33	26	
112806	48	50	0	0	48	50	57	65	
112807	31	32	0	0	31	32	31	32	
112809	22	20	0		22	20	24	20	
112810	33	33	1	0	34	34	55	53	
112811	22	23	0	0	22	23	36	36	
112812	21	19	0	0	21	19	21	19	
112813	53	60	0	0	53	60	88	95	
112814	26	23	0	0	26	23	26	23	
112815	37	40	0	0	37	40	46	53	
112816	20	24	0	0	20	24	27	40	
112817	17	14	1	1	18	15	25	21	
			0	0	24		24	24	
112818 112819	24 31	24 27	0	0	31	24 27	31	27	
112820	0		0	0			26	31	
		0			0 57	0			
112821	57	61	0	0	57	61	66	70	



112856#

Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN**

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



For Survey fears 2013 and 2014													
		mo		D		tal		ter & Home ¹					
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014					
112864	0	0	0	0	0	0	7	16					
112865	28	39	0	0	28	39	33	50					
112866	9	22	0	0	9	22	10	30					
112867	10	25	0	0	10	25	11	32					
112868	0	0	0	0	0	0	14	17					
112869	0	0	0	0	0	0	24	38					
112870	9	13	0	0	9	13	10	16					
112871	4	9	0	0	4	9	13	22					
112872	0	0	0	0	0	0	0	6					
112873	0	14	0	0	0	14	0	14					
112874	3	43	0	0	3	43	3	43					
112875	11	27	0	0	11	27	12	30					
112876^	0	20	0	0	0	20	0	20					
112877	0	16	0	0	0	16	0	16					
112878^	0	34	0	0	0	34	0	34					
112879^	0	33	0	0	0	33	0	33					
112880^	0	0	0	0	0	0	0	6					
112881^	0	40	0	0	0	40	0	41					
112882^	0	0	0	0	0	0	0	17					
112883^	0	9	0	0	0	9	0	9					
112884^	0	0	0	0	0	0	0	0					
112885^	0	29	0	0	0	29	0	29					
112886^	0	29	0	2	0	31	0	40					
112887^	0	0	0	0	0	0	0	12					
112888^	0	17	0	0	0	17	0	19					
112889^	0	20	0	0	0	20	0	21					
112890^	0	0	0	0	0	0	0	0					
112891^	0	7	0	0	0	7	0	7					
112892^	0	0	0	0	0	0	0	0					
113500	43	45	0	0	43	45	43	45					
113501	63	64	0	0	63	64	63	64					
113502	60	65	0	0	60	65	60	65					
113504	46	46	0	0	46	46	46	46					
GA Totals	15,707	16,395	15	13	15,722	16,408	17,996	18,850					
State: NC													
340047	1	1	0	0	1	1	1	1					
340053	0	1	0	0	0	1	0	1					
340064	67	61	0	0	67	61	67	61					
340113	20	14	0	0	20	14	25	18					
34012F	41	43	0	0	41	43	50	53					
34013F	40	39	0	0	40	39	40	39					
34014F	49	50	0	0	49	50	49	50					



	He	Hemo PD				tal	Total In-Center & Home ¹		
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	
342502	140	142	0	0	140	142	187	197	
342503	127	127	0	0	127	127	204	207	
342504	155	165	0	0	155	165	178	197	
342505	141	143	0	0	141	143	258	271	
342506	176	177	0	0	176	177	213	212	
342507	126	121	0	0	126	121	159	168	
342509	87	89	0	0	87	89	95	99	
342510	132	130	0	0	132	130	191	203	
342511	121	139	0	0	121	139	213	223	
342512	147	165	0	0	147	165	212	226	
342513	116	127	0	0	116	127	171	177	
342514	0	141	0	0	0	141	46	184	
342515	112	101	0	0	112	101	146	143	
342516	117	110	0	0	117	110	151	121	
342517	164	172	0	0	164	172	192	199	
342518	103	95	0	0	103	95	106	100	
342520	64	66	0	0	64	66	70	73	
342521	59	60	0	0	59	60	59	60	
342522	157	187	0	0	157	187	201	236	
342523	66	59	0	0	66	59	66	59	
342524	104	104	0	0	104	104	110	109	
342525	51	60	0	0	51	60	51	60	
342526	78	84	1	1	79	85	96	109	
342527	76	75	0	0	76	75	108	100	
342528	106	108	1	0	107	108	124	124	
342529	103	86	0	0	103	86	120	100	
342531	91	94	0	0	91	94	135	132	
342532	140	137	0	0	140	137	173	168	
342533	106	108	0	0	106	108	111	109	
342534	87	88	0	0	87	88	87	88	
342535	50	47	0	0	50	47	50	47	
342536	73	77	0	0	73	77	85	88	
342537	176	175	0	0	176	175	176	175	
342538	77	85	0	0	77	85	77	85	
342539	93	95	0	0	93	95	100	101	
342540	68	74	0	0	68	74	74	81	
342541	52	42	0	0	52	42	52	42	
342542	137	143	0	0	137	143	162	164	
342543	155	156	0	0	155	156	167	168	
342544	80	75	0	0	80	75	80	75	
342545	53	62	0	0	53	62	53	62	
342546	87	96	1	0	88	96	119	127	



	He	Hemo PD				tal	Total In-Center & Home ¹	
Facility CCN	2013	2014	2013	2014	2013 2014 2013		2014	
342547	40	39	0	0	40	39	40	39
342548	114	108	0	0	114	108	176	108
342549	110	112	0	0	110	112	110	112
342550	91	89	0	0	91	89	91	89
342551	67	71	0	0	67	71	81	85
342552	62	64	0	0	62	64	72	72
342553	100	105	0	0	100	105	123	128
342554	81	89	0	0	81	89	81	89
342555	70	70	0	0	70	70	109	105
342556	24	22	0	0	24	22	43	44
342557	95	95	1	1	96	96	109	109
342558	67	67	0	0	67	67	67	67
342559	88	90	0	0	88	90	88	90
342560	31	33	0	0	31	33	31	33
342561	83	87	0	0	83	87	105	108
342562	103	112	0	0	103	112	116	126
342563	82	94	0	0	82	94	97	104
342564	71	72	0	0	71	72	71	72
342565	75	83	0	0	75	83	75	83
342566	87	86	0	1	87	87	108	101
342567	82	91	0	0	82	91	82	105
342568	77	79	0	0	77	79	77	79
342569	134	134	0	0	134	134	134	134
342570	89	82	0	0	89	82	89	82
342571	71	71	0	0	71	71	77	77
342572	82	62	0	0	82	62	82	62
342573	40	37	0	0	40	37	40	37
342576	24	27	0	0	24	27	24	27
342577	86	83	0	0	86	83	95	95
342578	73	75	0	0	73	75	90	90
342579	109	101	0	0	109	101	109	101
342581	103	115	0	0	103	115	103	115
342582	40	41	0	0	40	41	55	60
342583	57	58	0	0	57	58	57	58
342584	64	58	0	0	64	58	69	68
342585	75	69	0	0	75	69	117	123
342586	50	55	0	0	50	55	50	58
342587	73	79	0	0	73	79	73	79
342588	61	55	0	0	61	55	61	55
342589	98	99	0	0	98	99	98	99
342590	57	58	0	0	57	58	79	81
342591	114	131	0	0	114	131	129	143



	Hemo PD				tal	Total In-Center & Home ¹		
Facility CCN	2013	2014	2013	2014	2013 2014 2013			2014
342592	64	81	0	0	64	81	95	117
342593	124	131	0	0	124	131	124	131
342594	91	112	0	0	91	112	91	112
342595	39	45	0	0	39	45	39	45
342596	154	143	0	0	154	143	185	171
342597	30	32	0	0	30	32	30	32
342598	24	24	0	0	24	24	24	24
342599	186	66	0	0	186	66	186	66
342600	98	100	0	0	98	100	98	100
342601	127	126	0	0	127	126	127	126
342602	58	47	0	0	58	47	58	47
342603	110	122	0	0	110	122	110	122
342604	40	42	0	0	40	42	40	42
342605	77	90	1	1	78	91	78	91
			0					
342606 342607	88 40	96 41	0	0	88 40	96 41	107 40	116 41
342608	64	66	0	0	64	66	64	66
			0	0			71	77
342609 342610	66 62	65	0	0	66 62	65	64	63
		61				61		
342611	47	38	0	0	47	38	47	38
342612	117	120	0	0	117	120	117	120
342613	87	86	0	0	87	86	87	86
342614	42	43	0	0	42	43	42	43
342615	78	78	0	0	78	78	78	78
342616	96	100	0	0	96	100	121	125
342617	18	24	0	0	18	24	18	24
342618	43	38	0	0	43	38	43	38
342619	48	51	0	0	48	51	48	51
342620	141	108	0	0	141	108	158	124
342621	57	59	0	0	57	59	57	59
342622	109	114	0	0	109	114	146	148
342623	71	76	0	0	71	76	71	76
342624#	0	0	0	0	0	0	0	0
342625	25	24	0	0	25	24	25	24
342626#	0	0	0	0	0	0	0	0
342627	75	95	0	0	75	95	75	138
342628	42	37	0	0	42	37	42	37
342629	54	51	0	0	54	51	54	51
342630	21	25	0	0	21	25	22	26
342631	72	69	0	0	72	69	72	69
342632	56	60	0	0	56	60	56	60
342633	45	40	0	0	45	40	45	40



	Hemo PD				tal	Total In-Center & Home ¹		
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
342634	102	102	0	0	102	102	102	102
342635	76	77	0	0	76	77	76	78
342636	51	56	0	0	51	56	51	56
342637	89	96	0	0	89	96	89	96
342638	47	47	0	0	47	47	47	47
342639	103	83	0	0	103	83	103	83
342640	67	66	0	0	67	66	67	71
342641	54	56	0	0	54	56	54	56
342642	109	106	0	0	109	106	109	106
342643	120	137	0	0	120	137	120	137
342644	40	40	0	0	40	40	40	40
342645	46	37	0	0	46	37	46	37
342646	86	104	0	0	86	104	109	123
342647	62	64	0	0	62	64	62	64
342648	40	40	0	0	40	40	40	40
342649	27	31	0	0	27	31	27	31
342650	58	51	0	0	58	51	58	51
342651	19	19	0	0	19	19	19	19
342652	43	52	0	0	43	52	43	52
342653	55	59	0	0	55	59	55	59
342654	0	0	0	0	0	0	5	5
342655	0	0	0	0	0	0	16	16
342656	0	0	0	0	0	0	7	2
342657	0	0	0	0	0	0	11	15
342658	49	49	0	0	49	49	49	49
342659	49	59	0	0	49	59	49	66
342660	13	18	0	0	13	18	13	18
342661	36	31	0	0	36	31	36	31
342662	56	55	0	0	56	55	56	55
342663	111	136	0	0	111	136	111	136
342664	36	36	0	0	36	36	36	36
342665	25	20	0	0	25	20	46	51
342666	30	32	0	0	30	32	30	32
342667	105	119	0	0	105	119	105	119
342668	0	0	0	0	0	0	0	1
342669	35	36	0	0	35	36	35	36
342670	58	59	0	0	58	59	75	77
342671	63	71	0	0	63	71	64	71
342672	52	55	0	0	52	55	52	55
342673	34	39	0	0	34	39	34	39
342674	38	33	0	0	38	33	52	45
342675	58	64	0	0	58	64	68	80



Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN** 342697^ 342698^ 342699^ 342700^# **NC Totals** 13,621 10,953 13,626 10,956 15,489 12,639 State: SC 42011F 42029F

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN**

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



Dialysis Patients Modality and Setting – In Center For Survey Years 2013 and 2014 PD Total Hemo Total In-Center & Home¹ **Facility CCN**

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



Dialysis Patients Modality and Setting – In Center								
		For S	urvey Y	ears 2	013 and	2014		
	Не	mo		PD		tal	Total In-Cen	ter & Home ¹
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
422614	90	85	0	0	90	85	90	87
422615	42	45	0	0	42	45	42	45
422616	40	32	0	0	40	32	40	32
422617	103	76	0	0	103	76	103	76
422618	36	38	0	0	36	38	36	38
422619	57	59	0	0	57	59	57	59
422620	52	63	0	0	52	63	59	68
422621	46	48	0	0	46	48	46	48
422622	24	23	0	0	24	23	24	23
422623	36	44	0	0	36	44	65	67
422624	27	30	0	0	27	30	27	30
422625	39	35	0	0	39	35	39	35
422626	26	24	0	0	26	24	26	24
422627	1	1	0	0	1	1	134	135
422628	42	49	0	0	42	49	46	59
422629	42	52	0	1	42	53	61	73
422630	34	33	0	0	34	33	41	44
422631	0	0	0	0	0	0	67	55
422632	32	40	0	0	32	40	32	40
422633	0	0	0	0	0	0	42	57
422634	43	62	0	1	43	63	73	94
422635	47	51	0	0	47	51	54	58
422636	30	35	0	0	30	35	90	87
422637	74	70	0	0	74	70	86	84
422638	0	0	0	0	0	0	33	36
422639	7	21	0	0	7	21	7	21
422640	21	29	0	1	21	30	30	49
422641	26	29	0	0	26	29	26	29
422642	2	32	0	0	2	32	3	35
422643	0	0	0	0	0	0	0	1
422644^	0	0	0	0	0	0	0	17
422645^	0	15	0	0	0	15	0	16
422646	0	22	0	0	0	22	0	66
422647^	0	9	0	0	0	9	0	9
422648^	0	0	0	0	0	0	0	3
422649^	0	13	0	0	0	13	0	17
SC Totals	7,677	8,041	3	8	7,680	8,049	8,695	9,183
Network								
	He	mo	P	D	To	tal	Total In-Cen	ter & Home ¹
	2013	2014	2013	2014	2013	2014	2013	2014
Network Totals	37,005	38,541	23	26	37,028	38,567	42,180	44,129

Source of Information: Facility Survey (CMS 2744) and CROWNWeb

Date of Preparation: May 2015



¹ The last column of the report displays the total from Table #3 plus total from Table #4
This table includes 219 Veterans Affairs Facility patients for 2013 and 217 Veterans Affairs Facility patients for 2014

[^] Facility not operational in 2013

[#] Facility not operational in 2014

^{*} Facility does not have a generated 2744 in 2014



Data Table 5: Renal Transplant by Transplant Center

Data Table 5. Renai Transplant by Transplant Center									
Renal Transplant by Transplant Center									
As of: 01/01/2014 - 12/31/2014									
	Total Transpla	nts Performed	Patients Awaiting Transplant						
Transplant Center	2013	2014	2013	2014					
110010	210	232	2,168	1,171					
110034	74	80	871	1,100					
110083	169	141	783	926					
113300	15	23	21	235					
GA Total	468	476	3,843	3,432					
340030	87	133	91	516					
340040	96	109	435	406					
340047	164	155	265	638					
340061	62	85	677	930					
340113	115	102	423	331					
NC Total	524	584	1,891	2,821					
420004	179	187	412	746					
SC Total	179	187	412	746					



Data Table 6: Renal Transpla	ant Recipients					
	Renal Tr	ansplant Rec	ipients			
	As of 01/	01/2014 - 12/3	31/2014			
		Transp	ant Type			
Age Group		Living	Living			
	Deceased	Related	Unrelated	Unknown	Total	
00-04	3	4	1	0	8	
05-09	3	4	0	0	7	
10-14	8	5	0	0	13	
15-19	20	14	3	0	37	
20-24	12	14	4	0	30	
25-29	19	20	2	0	41	
30-34	40	20	8	0	68	
35-39	58	28	5	0	91	
40-44	63	28	7	0	98	
45-49	102	44	14	0	160	
50-54	80	49	8	0	137	
55-59	94	51	8	0	153	
60-64	111	48	8	0	167	
65-69	80	43	10	0	133	
70-74	40	24	3	0	67	
75-79	13	10	1	0	24	
80-84	2	0	0	0	2	
>=85	0	0	0	0	0	
Total	748	406	82	0	1,236	
			ant Type	ı	_	
		Living	Living			
Gender	Deceased	Related	Unrelated	Unknown	Total	
Female	316	148	32	0	496	
Male	432	258	50	0	740	
Total	748	406	82	0	1,236	
			ant Type			
		Living	Living			
Race	Deceased	Related	Unrelated	Unknown	Total	
American Indian/Alaska Native	3	2	0	0	5	
Asian	24	11	2	0	37	
Black or African American	417	142	18	0	577	
Multiracial	2	3	0	0	5	
Native Hawaiian or Other Pacific Islander	3	2	0	0	5	
White	299	246	62	0	607	
Not Specified	0	0	0	0	0	
Total	748	406	82	0	1,236	



Renal Transplant Recipients As of 01/01/2014 - 12/31/2014

		Transpl	ant Type		
Primary Diagnosis	Deceased	Living Related	Living Unrelated	Unknown	Total
Acquired obstructive uropathy	3	3	0	0	6
Acute interstitial nephritis	0	1	0	0	1
AIDS nephropathy	5	5	0	0	10
Amyloidosis	1	0	0	0	1
Analgesic abuse	0	3	0	0	3
Cholesterol emboli, renal emboli	0	0	0	0	0
Chronic interstitial nephritis	5	6	0	0	11
Chronic pyelonephritis, reflux					11
nephropathy	3	3	0	0	6
Complications of other specified transplanted organ	0	0	0	0	0
Complications of		_			
transplanted bone marrow	0	0	0	0	0
Complications of	0	4	4	0	4
transplanted heart	2	1	1	0	4
Complications of	0	0	0	0	0
transplanted intestine	U	U	U	U	U
Complications of	15	14	1	0	30
transplanted kidney	10	14	'	Ů	00
Complications of	2	1	1	0	4
transplanted liver		·	·	-	-
Complications of transplanted lung	1	0	0	0	1
Complications of transplanted organ unspecified	1	0	0	0	1
Complications of transplanted pancreas	0	0	0	0	0
Congenital nephrotic syndrome	0	1	0	0	1
Congenital obstruction of ureterpelvic junction	4	0	0	0	4
Congenital obstruction of uretrovesical junction	2	0	0	0	2
Cystinosis	1	1	0	0	2
Dense deposit disease,	1				
MPGN type 2	1	0	0	0	1
Diabetes with renal manifestations Type 1	40	14	2	0	56
Diabetes with renal manifestations Type 2	154	62	8	0	224
Drash syndrome, mesangial					
sclerosis	0	0	0	0	0
Etiology uncertain	25	25	4	0	54



Renal Transplant Recipients As of 01/01/2014 - 12/31/2014

Primary Diagnosis	As of 01/01/2014 - 12/31/2014										
Primary Diagnosis Deceased Related Unrelated Unknown Total Fabry's disease Fabry's disease 0 1 0 0 1 Focal Glomerulonephritis, focal sclerosing GN (ocal sclerosing GN (histologically not examined) 57 27 5 0 89 Glomerulonephritis (GN) (histologically not examined) 36 14 5 0 55 Goodpasture's syndrome 5 1 0 0 0 6 Gouty nephropathy 0 0 0 0 0 0 0 Hemolytic uremic syndrome 1 2 0 0 0 0 0 Henoch-Schonlein syndrome 5 4 0 0 2 2 4 0 0 9 9 Hepatorenal syndrome 5 4 0 0 9 9 1 0 0 2 1 0 7 7 1 0 3 3 11 0 3 <t< th=""><th></th><th></th><th></th><th></th></t<>											
Fabry's disease											
Focal Glomerulonephritis, focal sclerosing GN 57 27 5 0 89	d Ui	Rela	Deceased	Primary Diagnosis							
Social sclerosing GN		1	0	Fabry's disease							
Total scierosing GN Glomerulonephritis (GN) (histologically not examined) 36		2-	57								
(histologically not examined) 36 14 3 0 35 Goodpasture's syndrome 5 1 0 0 6 Gouty nephropathy 0 0 0 0 0 0 Hemoth-Schonlein syndrome 1 2 0 0 0 2 Hepatorenal syndrome 5 4 0 0 9 Hereditary nephritis, Alport's syndrome 2 4 1 0 7 Hypertension: Unspecified with renal failure 205 87 19 0 311 IgA nephropathy, Berger's disease (proven by immunofluorescence) 17 21 7 0 45 IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lead nephropathy 0 0 0 0 0 0 Lead nephropathy 0 0 0 0 0 0		2	57								
Coodpasture's syndrome		14	36								
Gouty nephropathy 0 0 0 0 0 Hemolytic uremic syndrome 1 2 0 0 3 Henoch-Schonlein syndrome 2 0 0 0 2 Hepatorenal syndrome 5 4 0 0 9 Hereditary nephritis, Alport's syndrome 2 4 1 0 9 Hereditary nephritis, Alport's syndrome 2 4 1 0 7 Hypertension: Unspecified with renal failure 205 87 19 0 311 IgA nephropathy, Berger's disease (proven by immunofluorescence) 17 21 7 0 45 IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 <td< td=""><td></td><td></td><td></td><td></td></td<>											
Hemolytic uremic syndrome				·							
Henoch-Schonlein syndrome				<u> </u>							
Hepatorenal syndrome											
Hereditary nephritis, Alport's syndrome		0		Henoch-Schonlein syndrome							
Syndrome		4	5								
Hypertension: Unspecified with renal failure 205 87 19 0 311 IgA nephropathy, Berger's disease (proven by immunofluorescence) 17 21 7 0 45 IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 19 Multiple myeloma 1 1 0 0 0 2 Nephropathy caused by 5 2 0 0 7 Nephropathy caused by 5 2 0 0 7 Nephropathy caused by 5 2 0 0 7 Repair 10 0 0 0 0 0 Repair 10 0 0 0 0 Repair 10 0		1	2								
with renal failure 203 67 19 311 IgA nephropathy, Berger's disease (proven by immunofluorescence) 17 21 7 0 45 IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephropathy caused by 5 2 0 0 7		7	2								
IgA nephropathy, Berger's disease (proven by immunofluorescence) IgM nephropathy I		87	205								
disease (proven by immunofluorescence) 17 21 7 0 45 IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 0 7											
immunofluorescence) 1 0 1 0 2 IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 0 7		0.	47	IgA nephropathy, Berger's							
IgM nephropathy (proven by immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 0 7		2	17								
immunofluorescence) 1 0 1 0 2 Lead nephropathy 0 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 0 7											
Lead nephropathy 0 0 0 0 0 Lupus erythematosus, (SLE nephritis) 28 15 2 0 45 Lymphoma of kidneys 0 0 0 0 0 0 Lymphoma of kidneys 0 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 0 7		0	1								
Lupus erythematosus, (SLE nephritis)28152045Lymphoma of kidneys00000Medullary cystic disease, including nephronophthisis52007Membranoproliferative GN type 1, diffuse MPGN62008Membranous nephropathy9100019Multiple myeloma11002Nephrolithiasis13105Nephropathy caused by5207		0	0								
nephritis) 26 15 2 0 43 Lymphoma of kidneys 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 0 0 7 0 0 0 8 0 0 8 0 0 0 8 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 2 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 2 0 <t< td=""><td></td><td></td><td></td><td></td></t<>											
Lymphoma of kidneys 0 0 0 0 0 Medullary cystic disease, including nephronophthisis 5 2 0 0 7 Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 7		15	28								
Medullary cystic disease, including nephronophthisis52007Membranoproliferative GN type 1, diffuse MPGN62008Membranous nephropathy9100019Multiple myeloma11002Nephrolithiasis13105Nephropathy caused by5207		0	0								
including nephronophthisis Membranoproliferative GN type 1, diffuse MPGN Membranous nephropathy Multiple myeloma Nephrolithiasis Nephropathy caused by 10 0 8 0 10 0 10 0 19 10 0 19 10 10			-								
Membranoproliferative GN type 1, diffuse MPGN 6 2 0 0 8 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 7		2	5								
type 1, diffuse MPGN 9 10 0 0 19 Membranous nephropathy 9 10 0 0 19 Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 7		2	6	Membranoproliferative GN							
Multiple myeloma 1 1 0 0 2 Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 7											
Nephrolithiasis 1 3 1 0 5 Nephropathy caused by 5 2 0 7											
Nephropathy caused by 5 2 0 7			1	Multiple myeloma							
		3	1	Nephrolithiasis							
		2	5								
other agents 2 0 7			5	other agents							
Nephropathy due to heroin 0 1 0 1		1	0								
abuse and related drugs			Ů								
Other (congenital 4 1 0 5		1	4								
mairormation syndromes)											
Other Congenital obstructive 5 4 1 0 10		4	5								
Uropathy Other disorders of calcium											
metabolism 2 0 0 0 2		0	2								
Other immuno proliferative											
neoplasms (including light 0 0 0 0		0	0								
chain nephropathy)											
Other proliferative GN 2 2 0 0 4		2	2								
Other renal disorders 10 8 2 0 20		8	10	•							



Renal Transplant Recipients As of 01/01/2014 - 12/31/2014

	Transplant Type						
Primary Diagnosis	Deceased	Living Related	Living Unrelated	Unknown	Total		
Other Vasculitis and its							
derivatives	2	1	1	0	4		
Polyarteritis	0	0	0	0	0		
Polycystic kidneys, adult	36	26	11	0	73		
type (dominant) Polycystic, infantile (recessive)	1	0	0	0	1		
Post infectious GN, SBE	0	1	0	0	1		
Post-partum renal failure	0	0	1	0	1		
Primary oxalosis	0	0	0	0	0		
Prune belly syndrome	0	1	0	0	1		
Radiation nephritis	0	0	0	0	0		
Renal artery occlusion	0	1	0	0	1		
Renal artery stenosis	7	3	0	0	10		
Renal hypoplasia, dysplasia, oligonephronia	5	8	2	0	15		
Renal tumor (benign)	0	1	0	0	1		
Renal tumor (malignant)	0	2	0	0	2		
Renal tumor (unspecified)	0	0	0	0	0		
Scleroderma	1	0	0	0	1		
Secondary GN, other	0	0	2	0	2		
Sickle cell disease/anemia	2	0	0	0	2		
Sickle cell trait and other sickle cell (HbS/Hb other)	0	0	0	0	0		
Traumatic or surgical loss of kidney(s)	0	1	0	0	1		
Tuberous sclerosis	2	0	0	0	2		
Tubular necrosis (no recovery)	5	1	0	0	6		
Urinary tract tumor (benign)	0	0	0	0	0		
Urinary tract tumor (malignant)	0	0	0	0	0		
Urinary tract tumor (unspecified)	0	0	0	0	0		
Urolithiasis	0	0	0	0	0		
Wegener's granulomatosis	2	4	0	0	6		
With lesion of rapidly progressive GN	1	0	0	0	1		
Not Specified	10	3	4	0	17		
Total	748	405	82	0	1,235		



Data Table 7: Dialysis Deaths

Dialysis	Deaths								
As of 01/01/2014 - 12/31/2014									
Age Group	GA	NC	SC	Other	Total				
00-04	0	0	0	0	0				
05-09	1	0	0	0	1				
10-14	0	0	0	0	0				
15-19	1	3	1	0	5				
20-24	5	5	4	0	14				
25-29	13	9	8	1	31				
30-34	20	28	18	0	66				
35-39	42	37	21	1	101				
40-44	69	40	39	2	150				
45-49	109	91	56	5	261				
50-54	179	153	87	4	423				
55-59	257	214	137	4	612				
60-64	378	316	163	6	863				
65-69	394	382	212	9	997				
70-74	433	366	199	13	1,011				
75-79	371	329	183	10	893				
80-84	318	255	152	3	728				
>=85	238	194	109	4	545				
Total	2,828	2,422	1,389	62	6,701				
Gondor	GA	NC	90	Othor	Total				
Gender	GA	NC	SC 667	Other	Total				
Female	1,343	1,110	667	29	3,149				
Female Male	1,343 1,485	1,110 1,312	667 722	29 33	3,149 3,552				
Female Male Not Specified	1,343 1,485 0	1,110 1,312 0	667 722 0	29 33 0	3,149 3,552 0				
Female Male	1,343 1,485	1,110 1,312	667 722	29 33	3,149 3,552				
Female Male Not Specified	1,343 1,485 0	1,110 1,312 0	667 722 0	29 33 0	3,149 3,552 0				
Female Male Not Specified Total	1,343 1,485 0 2,828	1,110 1,312 0 2,422	667 722 0 1,389	29 33 0 62	3,149 3,552 0 6,701				
Female Male Not Specified Total Race	1,343 1,485 0 2,828	1,110 1,312 0 2,422 NC	667 722 0 1,389	29 33 0 62 Other	3,149 3,552 0 6,701				
Female Male Not Specified Total Race American Indian/Alaska Native	1,343 1,485 0 2,828 GA 0	1,110 1,312 0 2,422 NC 35	667 722 0 1,389 SC 2	29 33 0 62 Other	3,149 3,552 0 6,701 Total 37				
Female Male Not Specified Total Race American Indian/Alaska Native Asian	1,343 1,485 0 2,828 GA 0 27	1,110 1,312 0 2,422 NC 35 16	667 722 0 1,389 SC 2 6	29 33 0 62 Other 0	3,149 3,552 0 6,701 Total 37 49				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American	1,343 1,485 0 2,828 GA 0 27 1,588	1,110 1,312 0 2,422 NC 35 16 1,185	667 722 0 1,389 SC 2 6 829	29 33 0 62 Other 0 0 26	3,149 3,552 0 6,701 Total 37 49 3,628				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial	1,343 1,485 0 2,828 GA 0 27 1,588 3	1,110 1,312 0 2,422 NC 35 16 1,185	667 722 0 1,389 SC 2 6 829 2	29 33 0 62 Other 0 0 26 0	3,149 3,552 0 6,701 Total 37 49 3,628 6				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander	1,343 1,485 0 2,828 GA 0 27 1,588 3 4	1,110 1,312 0 2,422 NC 35 16 1,185 1	667 722 0 1,389 SC 2 6 829 2	29 33 0 62 Other 0 0 26 0	3,149 3,552 0 6,701 Total 37 49 3,628 6 13				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179	667 722 0 1,389 SC 2 6 829 2 3 547	29 33 0 62 Other 0 0 26 0 0 36	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White Not Specified Total	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201 5 2,828	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179 0 2,422	667 722 0 1,389 SC 2 6 829 2 3 547 0 1,389	29 33 0 62 Other 0 0 26 0 0 36 0	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963 5 6,701				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White Not Specified Total Primary Diagnosis	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201 5 2,828	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179 0 2,422	667 722 0 1,389 SC 2 6 829 2 3 547 0 1,389	29 33 0 62 Other 0 0 26 0 0 36 0 62	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963 5 6,701				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White Not Specified Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201 5 2,828	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179 0 2,422	667 722 0 1,389 SC 2 6 829 2 3 547 0 1,389 SC 16	29 33 0 62 Other 0 26 0 0 36 0 62 Other 3	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963 5,701 Total 107				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White Not Specified Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201 5 2,828 GA 47	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179 0 2,422 NC 41 1,200	667 722 0 1,389 SC 2 6 829 2 3 547 0 1,389 SC 16 634	29 33 0 62 Other 0 26 0 0 36 0 62 Other 3	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963 5 6,701 Total 107 3,049				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White Not Specified Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes Glomerulonephritis	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201 5 2,828 GA 47 1,177 101	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179 0 2,422 NC 41 1,200 173	667 722 0 1,389 SC 2 6 829 2 3 547 0 1,389 SC 16 634 57	29 33 0 62 Other 0 26 0 0 36 0 62 Other 3 38 2	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963 5 6,701 Total 107 3,049 333				
Female Male Not Specified Total Race American Indian/Alaska Native Asian Black or African American Multiracial Native Hawaiian or Other Pacific Islander White Not Specified Total Primary Diagnosis Cystic/Hereditary/Congenital Diseases Diabetes	1,343 1,485 0 2,828 GA 0 27 1,588 3 4 1,201 5 2,828 GA 47	1,110 1,312 0 2,422 NC 35 16 1,185 1 6 1,179 0 2,422 NC 41 1,200	667 722 0 1,389 SC 2 6 829 2 3 547 0 1,389 SC 16 634	29 33 0 62 Other 0 26 0 0 36 0 62 Other 3	3,149 3,552 0 6,701 Total 37 49 3,628 6 13 2,963 5 6,701 Total 107 3,049				



Dialysis Deaths As of 01/01/2014 - 12/31/2014									
Primary Diagnosis	GA	NC	SC	Other	Total				
Miscellaneous Conditions	171	170	75	5	421				
Neoplasms/Tumors	69	76	33	2	180				
Secondary GN/Vasculitis	39	37	15	2	93				
Not Specified	98	22	36	1	157				
Total	2,828	2,422	1,389	62	6,701				
Primary Cause of Death	GA	NC	SC	Other	Total				
Cardiac	1,116	902	511	15	2,544				
Endocrine	0	0	1	0	1				
Gastro-Intestinal	14	17	9	1	41				
Infection	149	224	101	6	480				
Liver Disease	19	12	8	0	39				
Metabolic	9	27	5	0	41				
Other	1,152	1,016	566	32	2,766				
Vascular	95	110	40	1	246				
Not Specified	274	114	148	7	543				
Total	2,828	2,422	1,389	62	6,701				

Source of Information: CROWNWeb

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

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

This table includes 31 Patient receiving treatment at VHA facilities.



Data Table 8: Vocational Rehabilitation

Vocational Rehabilitation Vocational Rehabilitation				
As of: 01/01/2014 - 12/31/2014				
Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full- Time or Part-Time	Patients Attending School Full-Time or Part-Time
GA				
110010	0	0	0	0
110034	0	0	0	0
110038	52	1	2	0
110083	0	0	0	0
110095	38	1	6	0
110104	26	0	2	0
110105	34	0	3	0
112501	31	0	4	0
112504	18	0	1	0
112505	40	0	4	0
112507	61	0	8	1
112509	44	0	2	0
112510	51	0	23	0
112511	32	0	4	0
112512	0	0	0	0
112513	24	0	0	0
112514	28	0	2	0
112515	10	0	0	0
112516	28	0	0	0
112517	30	0	3	0
112518	27	0	2	0
112519	14	0	0	0
112522	32	1	6	1
112523	49	0	6	0
112524	46	0	4	0
112526	25	0	1	0
112527	16	0	1	0
112528	24	0	4	0
112530	21	0	6	0
112531	43	1	3	0
112532	15	0	1	1
112533	14	0	1	0
112534	9	1	0	1
112535	34	0	0	0
112540	27	0	1	0
112541	7	0	0	2
112544	2	0	0	0
112545	14	1	1	1
112546	12	0	0	0
112551	13	0	0	0



Vocational Rehabilitation As of: 01/01/2014 - 12/31/2014 Aged 18 **Patients Receiving Patients Patients Attending Facility** School Full-Time or through **Services from Voc Employed Full-CCN** Rehab **Time or Part-Time Part-Time**



The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



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	Vocational Rehabilitation			
	As of: 01/01/2014 - 12/31/2014			
Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full- Time or Part-Time	Patients Attending School Full-Time or Part-Time
113504	12	0	0	0
11029F	7	0	1	0
GA Total	6,570	48	777	70
Facility CCN	Aged 18 throug h 54	Patients Receiving Services from Voc Rehab	Patients Employed Full- Time or Part-Time	Patients Attending School Full-Time or Part-Time
NC				
340030	0	0	0	0
340040	0	0	0	0
340047	0	0	0	0
340047	0	0	0	0
340053	1	0	0	0
340061	0	0	0	0
340064	14	0	1	0
340113	6	0	0	3
340113	0	0	0	0
342502	83	0	8	0
342503	99	0	28	1
342504	83	1	10	1
342505	103	10	21	4
342506	68	0	8	0
342507	51	0	7	0
342509	32	0	1	0
342510	85	0	10	0
342511	83	0	14	0
342512	86	1	12	0
342513	76	1	13	2
342514	51	0	5	0
342515	51	0	5	0
342516	38	0	1	0
342517	57	0	6	0
342518	26	0	2	0
342520	17	0	1	0
342521	15	0	1	0
342522	92	0	20	0
342523	16	0	2	0
342524	29	0	4	0
342525	18	0	3	0
342526	41	0	5	0
342527	27	1	11	1

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		Vocationa	I Rehabilitation	
	As of: 01/01/2014 - 12/31/2014			
Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full- Time or Part-Time	Patients Attending School Full-Time or Part-Time
342698	3	0	0	0
342699	5	0	1	0
343504	34	0	7	0
34012F	6	0	0	0
34013F	6	0	0	0
34014F	15	0	3	3
NC Total	5,224	47	622	48
Facility CCN	Aged 18 throug h 54	Patients Receiving Services from Voc Rehab	Patients Employed Full- Time or Part-Time	Patients Attending School Full-Time or Part-Time
SC				
420004	0	0	0	0
422503	44	0	2	0
422504	49	0	4	0
422505	40	0	6	0
422506	44	2	2	1
422508	44	1	9	1
422509	20	0	1	0
422510	80	0	10	0
422511	36	0	1	0
422512	19	0	0	0
422513	27	0	2	0
422514	33	0	0	0
422515	64 18	0	6 2	0
422516 422517		0	0	0
422517	24 16	0	0	0
422519	30	0	2	0
422520	24	0	2	0
422521	23	0	1	0
422522	60	0	4	0
422524	19	0	0	0
422527	9	0	0	0
422528	33	0	2	0
422529	31	0	3	0
422530	24	0	0	0
422531	16	0	1	0
422532	23	0	2	0
422533	21	0	3	1
422534	13	0	0	0

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.



Vocational Rehabilitation As of: 01/01/2014 - 12/31/2014 **Patients Attending** Aged 18 **Patients Receiving Patients Facility Services from Voc School Full-Time or** through **Employed Full-CCN** Rehab **Time or Part-Time Part-Time** 42011F 42029F

The data in this report are based upon information self-reported by dialysis facilities in Network 6 into the CMS data system, CROWNWeb.

2,877

SC Total



APPENDIX A: NETWORK STAFFING AND STRUCTURE

The management staff of Network 6 consists of:

- Executive Director: Jenna Krisher Ms. Krisher directs the organization's overall performance and initiatives to ensure adherence to all Network contract requirements as directed by CMS. She reports directly to the Board of Directors and acts as a liaison between the Board of Directors and Committees. Ms. Krisher serves as the primary CMS liaison for Network 6. Ms. Krisher has been in the Network program since 1983, initially as Office Manager then Executive Director of the former Network 21. She facilitated the successful merger of former Networks 20 and 21into Network 6 in 1988. As Executive Director of Network 6, Ms. Krisher led the development of the Standardized Information Management System (SIMS), which became the ESRD system of record for all 18 ESRD Networks from 2000 to 2012.
- Quality Improvement Director: Leighann Sauls, RN, CDN Ms. Sauls is a Registered Nurse and Certified Dialysis Nurse with over 20 years of ESRD experience. She oversees the Quality Improvement and Patient Services groups. Ms. Sauls works with the Medical Review Board (MRB) to design and implement quality improvement projects and activities as required by the Network contract, including technical assistance to facility staff in implementation of internal QI programs, and development of educational materials and workshops. Ms. Sauls joined Network 6 in March 2000.
- Information Management Director: Margo Clay, MIS Ms. Clay leads the Information Management team, supporting CROWNWeb users and performing data validation and reconciliation to ensure data is entered into the system accurately and timely. She works with the MRB, QI Director, Executive Director and other staff to help design data collection, analysis and reporting. She is a member of the NCC Data Committee workgroup. Ms. Clay previously worked as Manager of Data Services for a healthcare company. In this role, Ms. Clay provided direction for data collection and analysis to over 200 emergency rooms nationwide. She also developed and implemented improvement processes to decrease reporting turnaround time by 50%, utilizing creative and innovative solutions. Ms. Clay also worked as a Project Coordinator for the University of North Carolina at Chapel Hill. In this role, she developed project timelines, managed progress for deliverables, and assisted with the budget planning and management for a five million dollar government funded project. She also coordinated the collection and processing of research data for over 1300 project participants. Ms. Clay joined Network 6 in May 2004.

The support staff of Network 6 consists of:

 Patient Services Coordinators: Sammy Bailey, LMSW and Lisa Morrison, MSS, LSW – Ms. Bailey and Ms. Morrison handle incoming patient grievances and facilityrelated concerns, serving in the role of expert investigator, facilitator, advocate, referral agent, coordinator and/or educator, depending on the case. They are the primary liaisons to state agencies for grievance issues. They trend grievances to direct proactive activities



- to reduce them. Ms. Bailey joined Network 6 in May 2006, left to work with a dialysis facility for three and a half years and rejoined the Network in June 2012. Ms. Morrison joined Network 6 in November 2012.
- QI Nurse Specialists: Debra Evans RN, BSN and Cyndy McCallus RN Ms. Evans and Ms. McCallus work with the MRB to design, implement, and evaluate quality improvement activities. They assist facilities in developing their local QI and improvement plans and in helping them understand and comply with the CMS Quality Incentive Program. Ms. Evans joined Network 6 in October 2011 and Ms. McCallus joined the team in April 2012.
- **Health Education Project Coordinator: Erica Hall** Ms. Hall is responsible for building capacity in regional dialysis providers to more effectively engage their patients and families in their healthcare plan. She accomplishes this through campaigns, quality improvement activities, coaching, and technical assistance. Ms. Hall joined Network 6 in August 2013.
- Accounting & Operations Coordinator: Corrine Knapp Ms. Knapp is responsible
 for payroll and payment processing, human relationships responsibilities, including
 benefits administration and other administrative tasks. Ms. Knapp joined Network 6 in
 October 2011
- Administrative Assistant: Nicole Rectanus Ms. Rectanus produces and distributes the Network newsletter, maintains the website and manages SKC social media. Ms. Rectanus serves as a backup security point of contact. She supports meetings and webinars including logistics, materials, minutes and on-site assistance. Ms. Rectanus provides administrative support for the Network contract and other staff members, including management of supplies, phone and fax, distribution of educational information, and other administrative tasks necessary for efficient operations. Ms. Rectanus joined Network 6 in April 2013.
- Information Management Coordinator III: Mary Rhodes Ms. Rhodes is responsible for assisting facilities in the use of CROWNWeb and performing data evaluation and clean up to ensure the system is as accurate and complete as possible. Prior to CROWNWeb, Ms. Rhodes conducted data entry and validation in the SIMS system and helped facilities complete and accurately submit paper forms for entry. Ms. Rhodes joined Network 6 in October 2011.
- Quality Improvement Analyst: Dee Tyburski Ms. Tyburski provides support for the Quality Improvement group, including performing data validation activities to maintain the completeness, timeliness, validity, and accuracy of data. Ms. Tyburski designs and develops feedback reports for QI projects and tracks the completion of project activities. She also supports NHSN users through training and troubleshooting. Ms. Tyburski joined Network 6 in May 1996.

Overall, the Network employed 15 full-time staff and no part-time staff in 2014. In March, the Director of Operations resigned from his position at the Network. In November, the Senior Health Outcomes and Evaluation Analyst resigned from her position at the Network.



NETWORK BOARDS AND COMMITTEES

Board of Directors (BOD)

The BOD manages and governs the business of Network 6. They are responsible for hiring the Executive Director and appointing members of the MRB, Finance Committee, Patient and Family Engagement LAN, and Network Council. The BOD approves the Network 6's work plans and budgets and reviews them throughout the life of the contract. The board also reviews the MRB recommendations for sanction prior to submission to CMS.

The BOD elects its members (Figure 25). The Network Bylaws require the board to have a well-balanced composition of professionals and SMEs. The BOD met face to face and via conference call with the following accomplishments and activities:

- Successfully implemented the statement of work and met all CMS performance measures
- Evaluated potential corporate partners and completed the merger with Alliant Health Solutions, expanding the available resources and increasing community impact.
- Provided financial and programmatic oversight, including reviewing internal quality control indicators
- Elected members to the Medical Review Board and Network Council
- Submitted the 2013 Annual Report
- Supervised the Executive Director

Figure 25: 2014 Network 6 Board of Directors

Tigure 23. 2014 Network & Board of Directors		
Board of Directors as of December 31, 2014		
Barry Freedman, MD, Chair Winston-Salem, NC	Alex Berlin, Patient Representative Newton, NC	
Joetta Cox, MSW	Leland Garrett, Jr., MD, FACP, FASN	
Snow Hill, NC	Raleigh, NC	
Lequisha Harris, RN, BSN	Benjamin Hippen, MD	
North Charleston, SC	Charlotte, NC	
Ronald Krokey, Patient Representative Woodstock, GA	William McClellan, MD, MPH Atlanta, GA	
Pamela Mulvaney, LMSW	Stephen Pastan, MD	
Savannah, GA	Atlanta, GA	
Richard Paul, MD	Michelle Price, RN, BSN	
Hickory, NC	Raleigh, NC	
Diane Poole, RD Winston-Salem, NC	Bob Santasiero, Patient Representative Raleigh, NC	
Danielle Ward, Patient Representative	Sonia Wynne, LPN, CHN, CCHT	
Wake Forest, NC	Cochran, GA	



Medical Review Board (MRB)

The MRB (Figure 26) is primarily responsible for overseeing quality improvement projects and activities by reviewing performance data, selecting intervention facilities and monitoring the progress of each facility in improving the quality of care provided to patients. The MRB uses Clinical Performance Measures (CPM) and other data to evaluate the overall quality of care. This committee provides technical assistance, mentoring, educational materials and workshops. The MRB makes suggestions and provides support on difficult grievance situations. The MRB is geographically and professionally diverse, including nephrology nurses, physicians, social workers, dietitians and patients. They met face-to-face and via conference call on February 28, July 25, October 22 and December 6, 2014 and accomplished the following:

- Reviewed the Network 6 annual CMS evaluation
- Formulated and provided guidance on all quality improvement initiatives and educational campaigns including facility selection based on performance (where indicated)
- Provided guidance on the Network 6 Marketing Plan
- Reviewed IVD/IVT data and provided technical assistance where necessary
- Analyzed complaint and grievance data to identify and address trends in the Network area including involuntary discharges
- Reviewed data related to the QIP and provided guidance for facilities with possible payment reduction
- Provided oversight on the ICH CAHPS completion plan
- Provided guidance on NHSN enrollment and reporting
- Reported all activities to the BOD

Figure 26: 2014 Network 6 Medical Review Board

Medical Review Board as of December 31, 2014		
Richard Paul, MD, Chair	Randal Bast, MD	
Hickory, NC	Lenoir, NC	
Alexander Berlin, Patient Representative Newton, NC	Terri Browne, PHD, MSW Irmo, SC	
Kathryn Davis, RN	John Doran, MD	
Charleston, SC	Atlanta, GA	
Rebecca Ford, RD	Barry Freedman, MD	
Spartanburg, SC	Winston-Salem, NC	
Benjamin Hippen, MD	April Ingram Hamilton, RN, BSN	
Charlotte, SC	Ridgeland, SC	
Kimberly Keaveny, RN, BSN	Kimberly Kerns, RN, BSN, MSN/MBA/HC, CHN	
Gaston, SC	Willoughby, OH	
Tiffiny Parker, RD, LDN Raleigh, NC	Bob Santasiero, Patient Representative Raleigh, NC	
Kateri Simmons, MSW	Rachel Sturdivant, MD	
LaGrange, GA	Charleston, SC	



Network Council

The Network Council (Figure 27) consists of people with ESRD or their family members/caregivers and professional and technical personnel supplying ESRD services. The Network Council members serve as liaison between the ESRD facilities and the BOD. The Network Council members review and comment on the roster of Board members. They provide input into the goals and activities of Network 6 and serve as the liaison between Network 6 and providers.

- Reviewed the Network strategy for communicating with dialysis facilities and offered feedback and direction
- Reviewed the new statement of work and provided feedback on the quality improvement activities and other projects
- Reviewed the facility feedback reports and provided direction to Network staff
- Discussed and made recommendations to the Network's social media strategy

Figure 27: 2014 Network 6 Network Council

Figure 27. 2014 Network Official		
Network Council as of December 31, 2014		
Stephen Pastan, MD, Chair	Janet Albea, BSN	
Atlanta, GA	Augusta, GA	
Gracie Alston, BSN, MSN Ashokie, NC	Shirley Cantrell, RN, Patient Representative Hahira, GA	
Mitzi Hutchens, RN	Sandra Kaiser, RN	
Winston-Salem, NC	Columbia, SC	
Jeffrey Killian, RN, BSN	Shelly Long, RN	
Fort Mill, SC	Calhoun, GA	
Charles Monroe, Patient Representative	Betsy Parker, MSW	
Wake Forest, NC	Calhoun, GA	
Fatima Punjami, MBA	David Wells, MBA	
Riverdale, GA	Lillington, NC	
Charlotte Wood, BSN	Kay Wright, RN	
Swainsboro, GA	Shelby, NC	



APPENDIX B: GLOSSARY

	Network 6 2014 Annual Report Glossary		
AAKP	American Association of Kidney Patients		
ACTS	Aspen Complaint/Incident Tracking System		
AV	Arterio Venous		
AVF	Arterio Venous Fistula		
AVG	Arterio Venous Graft		
BCCP	Business Continuity and Contingency Plan		
BOD	Board of Directors		
BSI	Bloodstream Infection		
CDC	Centers for Disease Control and Prevention		
CEMP	Comprehensive Emergency Management Plan		
CMS	Centers for Medicare & Medicaid Services		
CON	Certificate of Need		
COR	Contracting Officer Representative		
CPM	Clinical Performance Measures		
CROWNWeb	Consolidated Renal Operations in a Web enabled Network		
CVC	Central Venous Catheter		
DSHS			
DFR	Department of Social and Health Services		
ESRD	Dialysis Facility Reports End Stage Renal Disease		
FFBI	Fistula First Breakthrough Initiative		
FFCL	Fistula First Catheter Last		
HAI	Healthcare Associated Infection		
ICH CAHPS	Health Insurance Portability and Accountability Act Consumer Assessment of Healthcare Providers and Systems In-Center		
	Hemodialysis Survey		
IP	Infection Prevention		
IVD	Involuntary Discharge		
IVT	Involuntary Transfer		
K/DOQI	Kidney Disease Outcomes Quality Initiative		
KCER	Kidney Community Emergency Coalition		
KYN	Know Your Numbers		
LAN	Learning and Action Network		
LDO	Large Dialysis Organization		
MAH	Master Account Holder		
MRB	Medical Review Board		
NHSN	National Healthcare Safety Network		
NKF	National Kidney Foundation		
NQF	National Quality Forum		



Network 6 2014 Annual Report Glossary		
OCR	Office of Civil Rights	
OIG	Office of the Inspector General	
P&FE	Patient and Family Engagement	
PCU	Patient Contact Utility	
PN	Patient Navigator	
PSC	Performance Score Certificate	
QAPI	Quality Assessment Performance	
QIA	Quality Improvement Activity	
QIO	Quality Improvement Organization	
QIP	Quality Incentive Program	
REACH	Renal Education Advocacy Communication Health	
SKTC	Southeastern Kidney Transplant Coalition	
SIMS	Standardized Information Management System	
SKC	Southeastern Kidney Council	
SME	Subject Matter Expert	
USRDS	United States Renal Data System	



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