



End-Stage Renal Disease
Network of New York

2016 Annual Report



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Prepared by:
IPRO ESRD Network of New York
esrd.ipro.org

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Report Highlights

The IPRO End-Stage Renal Disease (ESRD) Network of New York is funded by the federal government to promote the provision of quality healthcare that is safe, effective, efficient, patient-centered, timely, and equitable for all ESRD patients in New York State. Network staff members work with patients, providers, and other stakeholders to achieve this by conducting activities consistent with the National Quality Strategy's three broad aims and the Centers for Medicare & Medicaid Services' (CMS') priorities for the ESRD Network Program:

- Better care for the individual through beneficiary and family centered care;
- Better health for the ESRD population; and
- Reduced costs of ESRD care by improving care.

Throughout 2016, the Network effectively promoted integration of these priorities in supporting improvements in care for patients living with ESRD. All Network programs and activities integrate the patient voice and the concept of patient-centered care through the inclusion of a patient representative as a team member and, in some cases, as a project lead.

In 2016, the Network recruited and engaged a record number of Patient Advisory Committee (PAC) representatives—700 patient volunteers at 206 unique facilities—resulting in active patient representation in 75% of the dialysis facilities in the Network's service area. Many patients within the Network's service area were also involved in ESRD Network program local and national activities. These patient volunteers participated in Network projects at the facility level by engaging their peers and sharing Network newsletters and educational materials.

Transplant coordination was selected as the focus of the Network's Population Health Focused Pilot Project (PHFPP), with goals to increase the rate of referrals to transplantation for qualified patients and to decrease the identified racial disparity for referral. The Network implemented innovative interventions that included establishing and supporting "education stations" at facilities; introduction and training of patient Transplant Navigators to serve as mentors in helping patients initiate conversations about transplantation; and establishing a Transplant Advisory Committee as a mechanism to solicit ongoing input from key community stakeholders. At the conclusion of the PHFPP, the Network demonstrated a 1.8% reduction in the disparity gap and a 7.70% increase in overall transplant referral rates, meeting both goals of the project.

For more than 10 years, the Network has been successful in reducing central venous catheter use and increasing arteriovenous fistula (AVF) placement in suitable hemodialysis patients in its service area. In 2016, the Network continued its work to improve the survival rate and quality of life for hemodialysis patients through efforts to increase the AVF in-use rates among prevalent patients. Implementing interventions that included facility-specific data feedback reports, educational webinars, and staff and patient educational resources led to an additional 800 patients in the Network's service area having an AVF in place in September 2016, as compared with AVF rates reported for September 2015. This represents a 1.41% increase.

With the implementation of a new ticket management platform, Freshdesk, the Network processed and resolved more than 700 data support requests from dialysis facility personnel and other stakeholders, related to CROWNWeb, the ESRD Quality Incentive Program (QIP), and the National Healthcare Safety Network (NHSN). Adopting a Web-based ticket management system and knowledge base portal has allowed us to increase our responsiveness and support to dialysis facilities, New York State Survey Agency (SA) surveyors, and other stakeholders in the Network's service area for whom data support is needed on an ongoing basis. Ninety-seven percent of the data support requests submitted were resolved in a timely manner.

Introduction

CMS' End Stage Renal Disease 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.

IPRO ESRD Network of New York (Network 2)

IPRO ESRD Network of New York (Network 2) is one of four ESRD Networks managed by IPRO, a non-profit organization that works with government agencies, providers, and consumers to implement innovative programs that improve the healthcare system. IPRO supports nearly 100 state and federal programs, including serving as a CMS Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for New York State, South Carolina, and the District of Columbia. In this role, IPRO works to bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.

IPRO also manages the ESRD Network of New England, ESRD Network of the Ohio River Valley, and ESRD Network of the South Atlantic. IPRO is fully committed to the goals and vision of the ESRD Network Program and supports the renal community in ensuring safe, effective, patient-centered care for more than 117,000 renal patients in 13 states.

Network 2 serves ESRD patients, dialysis providers, and transplant centers throughout New York State. The role of the Network is to improve the quality of care for people who require dialysis, transplantation, and/or other life-sustaining treatment for ESRD. The Network aligns its mission and activities with the National Quality Strategy's three broad aims and CMS' priorities. Our goals, our methodology for attaining them, and our achievements are described throughout this report.

New York State comprises 62 counties and is anchored by the most populous city in the nation, New York City (NYC).¹ The state is topographically diverse, encompassing 54,555 square miles, with 47,126 square miles of land, 7,429 square miles of water,² and the nation's largest state forest preserve in the Adirondack Mountains.³

New York is the fourth most populous state in the country,⁴ with almost 20 million residents in 2015⁵ and an average population density of 419 persons per square mile in 2014.⁶ An estimated 43% of the population resides in NYC, with over 70% of the State's population concentrated within the city and its surrounding counties on Long Island and in the Hudson Valley.⁷ The dramatic variance in population density between upstate and downstate New York impacts the availability of and patient access to healthcare services. In the downstate region (Hudson Valley, New York City, and Long Island), healthcare services are plentiful and relatively easily accessible by public and private transportation. In upstate New York, where the population density is much lower, transportation options are limited and there are fewer treatment facilities. This means that ESRD patients in rural areas typically travel farther and longer to reach dialysis clinics, vascular surgeons, hospitals, and other healthcare providers and clinicians; factors that may affect treatment options, patient

¹ <https://www1.nyc.gov/site/planning/data-maps/nyc-population/population-facts.page>

² <https://www.census.gov/geo/reference/state-area.html>

³ <http://www.dec.ny.gov/lands/4960.html>

⁴ <https://census.gov/newsroom/press-releases/2015/cb15-215.html>

⁵ Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2016 (NST-EST2016-01). Source: U.S. Census Bureau, Population Division. Release Date: December 2016.

⁶ https://www.health.ny.gov/statistics/vital_statistics/2014/table02.htm

⁷ https://www.health.ny.gov/statistics/vital_statistics/2014/table01.htm

experience of and satisfaction with care, and quality of care. The ESRD population in New York State was the sixth largest in the country as of December 31, 2016, according to ESRD National Coordinating Center (NCC) end-of-year data.

The population of the five boroughs of NYC—Bronx, New York, Richmond, Kings, and Queens Counties—grew by 4.4% to 8.5 million from 2010 to 2016, according to U.S. Census Bureau estimates.⁸

Demographic and health-related changes in New York State’s population parallel changes taking place nationwide. For example, New York’s large baby boomer population is aging and, according to the CDC, the risk for developing chronic kidney disease increases after age 50 and the disease is most common among adults older than 70 years.⁹

The state’s population of almost 20 million is rich in ethnic, racial, religious/spiritual, cultural, and lifestyle diversity. According to US Census Bureau estimates for 2016¹⁰ New York State’s population was 70.1% white, 17.6% African American, 8.8% Asian, 1.0% American Indian and Alaska Native, and 0.1% Native Hawaiian; 2.4% of the population identified with two or more races. The Latino population of the state was approximately 18.8% in 2016 according to the same source.

The Network’s activities supported the more than 29,000 patients reported as receiving dialysis treatment for ESRD in the Network area as of December 2016. More than 1,400 patients in the Network’s service area received kidney transplants in 2016. As shown in Table A, renal patients in New York State were served by 286 Medicare certified dialysis facilities, 13 transplant centers, and six Veterans Affairs (VA) hospitals. The number of Medicare-certified dialysis facilities operating in the state increased from 279 (December 2015) to 286 (December 2016), to accommodate the growing patient population.

Table A. Dialysis Facilities and Transplant Centers in the Network’s Service Area, as of December 31, 2016

Category	Number*
Number of Dialysis Facilities in the Network’s Service Area	286
Number of Transplant Centers in the Network’s Service Area	13

Source of data: CROWNWeb.¹¹

*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, 2016.

⁸ <http://www1.nyc.gov/site/planning/data-maps/nyc-population/current-future-populations.page>

⁹ Centers for Disease Control and Prevention (CDC). National Chronic Kidney Disease Fact Sheet: General Information and National Estimates on Chronic Kidney Disease in the United States, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

¹⁰ <https://www.census.gov/quickfacts/table/PST045216/36>

¹¹ CROWNWeb is a Web-based data-collection system that is mandated by CMS to enable dialysis facilities to meet Section 494.180(h) of the 2008 updated Conditions for Coverage for ESRD Dialysis Facilities, which calls for the electronic submission of administrative and clinical data by all Medicare-certified dialysis facilities in the United States.

Table B shows that 113 or 40.5% of dialysis facilities in the Network area provided evening dialysis shifts in 2016. Having access to evening hours makes it possible for some patients to schedule their treatments around their work schedules.

Table B. Number of Medicare-Certified Dialysis Facilities in the Network’s Service Area and Number and Percent of Dialysis Facilities Offering Dialysis Shifts Starting after 5 PM, as of December 31, 2016

Category	Number*	Percent
Number of Dialysis Facilities in the Network’s Service Area	279**	
Dialysis Facilities in the Network’s Service Area Offering Dialysis Shifts Starting after 5 PM	113	40.50%

Source of data: CROWNWeb.

*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, 2016.

**Count does not include VA.

Network Goals

CMS establishes priorities for the ESRD Network contractors annually in the Statement of Work section of each Network’s contract with the agency. These priorities support CMS and Department of Health and Human Services (HHS) national quality improvement goals and priorities.

In 2016, the ESRD Network contractors were tasked with meeting the following goals:

- Improving care for ESRD patients in the Network’s service area by:
 - Promoting patient- and family-centered care;
 - Responding to grievances about ESRD-related services filed by, or on behalf of, ESRD patients;
 - Supporting improvement in patients’ experience of care;
 - Working with dialysis facilities to ensure that all dialysis patients have access to appropriate care;
 - Promoting best practices in vascular access management; and
 - Helping dialysis facilities reduce the incidence of healthcare-associated infections.
- Improving the health of the ESRD patient population in the Network’s service area through activities designed to reduce disparities in ESRD care; and
- Reducing the costs of ESRD care in the Network’s service area by supporting performance improvement at the dialysis facility level and supporting facilities’ submission of data to CMS-designated data collection systems.

In 2016, the Network worked in collaboration with its Network Council, Medical Review Board, Patient Advisory Committee, Grievance Committee, and Network activity-specific committees to develop quality improvement projects aligned with the goals identified by CMS for the ESRD Network program. The Network deployed interventions that targeted patients, dialysis and transplant providers, and other stakeholders. These interventions, which focused on engaging patients, reducing disparities, and improving quality of care for ESRD patients are detailed in this report.

Profile of Patients in the Network's Service Area

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

The Network 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.

Table C. Clinical Characteristics of the ESRD Population in the Network's Service Area, Calendar Year 2016

Category	Number	Percent
Incident (New) ESRD Patients		
Number of Incident ESRD Patients, Calendar Year 2016	7,743	
Prevalent Dialysis Patients		
Number of Prevalent Dialysis Patients as of December 31, 2016	29,607	
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2016		
In-Center Hemodialysis or Peritoneal Dialysis	27,667	93.45
In-Home Hemodialysis or Peritoneal Dialysis	1,940	6.55
Total		100%
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2016		
Arteriovenous Fistula in Use	18,510	67.50
Arteriovenous Graft in Use	3,675	13.40
Catheter in Use for 90 Days or Longer	3,193	11.64
Other	2,045	7.46
Total		100.00
Renal Transplants		
Number of Renal Transplant Recipients,* Calendar Year 2016	1,456	
Total	1,405	100.00

Source of data: CROWNWeb. Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2016 taken from the final December 2016 ESRD NCC-produced FFCL Database.

*Count of unduplicated individuals receiving renal transplantation during the calendar year.

Improving Care for ESRD Patients

The Network 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 New York State.

Under its contract with CMS, the Network is responsible for:

- Identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in New York State. 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.

Population Health Focused Pilot Project – Improve Transplant Coordination

Transplant coordination was selected as the Network's Population Health Focused Pilot Project (PHFPP), with a goal to increase the rate of referrals to transplant for qualified patients, improve transplant coordination, and address barriers in the referral process across systems of care. Targeted facilities were those with transplantation referral rates less than 25% of the eligible in-center patient population and a disparity between referral rates for African American and white patients greater than 5% % of the patient population in the Network's service area.

The eligibility criteria for kidney transplantation vary among transplant centers, and not all patients may be candidates for transplant. Using the *2016 Dialysis Facility Report* transplant waiting list data (2014 data) as a proxy for referral, the Network identified within its service area 110 facilities with a transplant referral rate of less than 25% of eligible patients. The Network then conducted a disparity assessment by reviewing patient referral rates categorized by race, ethnicity, location, gender, and age using the ESRD Dialysis Prevalence Report from CROWNWeb for the period April 1 through September 30, 2015.

The assessment of the data revealed that the project would include 12 dialysis facilities with an identified racial disparity and a total patient population of more than 1,600, or nearly six percent of the patient population in the Network's service area. The project included a six-month baseline period (April 1 through September 30, 2015) and a six-month intervention period (April 1 through September 30, 2016). Specific project goals were to achieve, by September 30, 2016, a 5% increase in the rate of transplant referrals for eligible patients and a one percent reduction in the identified disparity gap.

Table D. Comparison of African-American vs. White Eligible In-Center Hemodialysis Patients Referred for Transplantation —April 1 through September 30, 2015

Category	Total Patients	Total Number of Patients within Targeted Facility Population	Percent of Eligible In-Center Hemodialysis Patients Referred for Transplantation	Disparity
White	778	96	12.34 %	5.09 percentage points
African American	772	56	7.25 %	

Source of data: CROWNWeb.¹²

This project was designed to support facility staff in effectively discussing transplant options with patients, as well as to provide standardized ways to track transplant referrals, for both the facility and the patient.

The Network developed a multi-pronged communication plan to provide educational resources and tools to support facilities in educating patients on transplant as a treatment option and the necessary steps in the referral process. To support these efforts, the Network conducted a root cause analysis (RCA) to identify barriers to patients considering transplant as a treatment option. Network staff interviewed facility staff during Network site visits at the twelve participating focus facilities, then developed strategies and interventions to address the identified barriers.

Education Stations

Each participating facility was asked to set up an area with a variety of printed materials and information resources that were provided by the Network. The Network distributed toolkits that contained resources for both patients and facility staff such as transplant referral definitions, transplant center criteria, an overview of important facts about the kidney allocation system, the process for patient self-referral, and the kidney transplant process, for placement in these areas, called *education stations*.

The toolkits included materials created by the Network, as well as materials from renal organizations such as the ESRD NCC, the National Kidney Foundation (NKF), and the United Network for Organ Sharing (UNOS). Education stations featured colorful and engaging bulletin boards, posters, and tabletop displays; peer mentor booths; patient experience stories; and mobile information carts. At each participating facility, the Network conducted monthly one-on-one coaching with facility project leads, PAC representatives, and Transplant Navigators (see below), to overcome barriers to meeting project goals.

To increase engagement, instill excitement about the project, and identify best practices, the Network requested that facilities submit photographs of their education stations along

¹² CROWNWeb is a Web-based data-collection system that is mandated by CMS to enable dialysis facilities to meet Section 494.180(h) of the 2008 updated Conditions for Coverage for ESRD Dialysis Facilities, which calls for the electronic submission of administrative and clinical data by all Medicare-certified dialysis facilities in the United States.

with descriptions of the strategies they used to build transplant awareness. The Network's PAC chairs and patient subject matter experts (SMEs) selected four education station models as best practices. The Network is showcasing these in its publications and will recognize the facilities' efforts at the next Network Annual Meeting. The best practice models will also be shared with the other participating facilities and leveraged for use in the full rollout of the QIA in 2017.

Transplant Navigators

The Network selected ten PAC Chairpersons to form the Peer Mentor Coach Council, which is now a standing subcommittee of the PAC. Representing 90% of the PAC regions in the State, these individuals were trained to serve as Transplant Navigators, using the ESRD NCC's Peer Mentorship Training Program. Their role was to talk with fellow patients about the transplant referral process and answer patient questions regarding information contained within the educational materials.

The Transplant Navigator training program featured educational modules on mentorship, communication skills, patient confidentiality, ways to implement patient education activities at the facility level, and role play coaching. The training program culminated at the Network PAC Summit in October 2016, with a face-to-face graduation ceremony, during which completion certificates and badges were distributed, identifying each Transplant Navigator as an IPRO Peer Mentor.

Transplant Advisory Committee

The Network also established the Transplant Advisory Committee to ensure that all key stakeholders in the Network's service area had an opportunity to provide input and feedback regarding QIA activities and interventions. This group included members of ESRD Network Boards; participating facility transplant project leads; representatives from large dialysis organization (LDO) leadership, transplant center programs, stakeholder organizations including the National Kidney Foundation (NKF), DonateLife America, Organ Procurement and Transplant Network, UNOS, the American Association of Kidney Patients (AAKP), and the New York State and New York City health departments; and patient SMEs.

Throughout the project, committee members monitored progress, reviewed materials, and assisted in making adjustments as necessary. Bi-monthly Transplant Advisory Committee meetings focused on sharing best practices related to the transplant referral process, ways to work through identified barriers to referral or follow-through of referral, and identification of new ideas and innovative approaches to be used in the future.

As a result of establishing community partnerships and collaborations, the Network was invited to host and facilitate a transplant patient panel at the Long Island Chapter of the American Nephrology Nurses Association (ANNA) Conference. Three PAC Chairpersons from the Network's PAC Speaker Bureau, who were also transplant recipients, shared their perspectives and experiences with transplant as a treatment option.

Outcomes and Sustainability

At the conclusion of the PHFPP, the Network demonstrated a 1.8% reduction in the disparity gap and a 7.70% increase in the overall transplant referral rate, meeting both goals of the project.

The education stations, which were designed to minimize facility burden and provide a sustainable way to educate patients and staff, have been successfully integrated into facility processes. Also, a Transplant Coordinator has been designated at each facility to serve as a communication liaison to the Network and ensure interventions are implemented. The Network continues to support facilities by replenishing materials upon request.

Promoting the use of the toolkit materials throughout the facilities helped foster conversations between staff and patients about transplant as a treatment option. 100% of participating facilities indicated via feedback that the education stations increased their patients' interest in being referred to a transplant center. Also, 73% of the facilities indicated that because of the availability of resources in the Network toolkit, patients asked to learn more about transplant as a treatment option.

The Network's Peer Mentorship program encouraged Transplant Navigators to continue to promote the goals and focus of the project beyond its completion and to provide patient education for additional facilities not enrolled in the Network's QIA.

Incorporating the Patient's Voice

The ESRD Network of New York's PAC is a group of active dialysis patients, transplant recipients, care partners/family members who are committed to improving the quality of life for ESRD patients across New York State.

PAC Membership

The Network's PAC membership includes PAC Representatives and PAC Chairpersons. PAC Representatives are volunteers who have been selected by their facility social workers to promote communication among patients and staff; inform patients about the ESRD Network and its programs and resources; and serve as a link between patients and the ESRD Network. PAC members' efforts focus on engaging their peers and sharing educational materials. PAC Chairpersons are PAC Representatives who have been selected by the Network to serve as regional patient leaders. They coordinate activities, perform outreach to dialysis facilities, support educational efforts at the facility level, and participate in ESRD stakeholder organization activities.

The Network is continuously working to expand membership (Chairpersons and Representatives) in the PAC, and in 2016 membership grew from 645 to more than 700 patients who represent 75% of the facilities (206) in the Network's service area.

Patient Subject Matter Experts (SMEs)

In addition to PAC members, in 2016 the Network recruited 37 new patient SMEs who provide the patient voice in all Network quality improvement activities, serve as Network representatives on national initiatives with the Forum of ESRD Networks and the ESRD NCC and Kidney Community Emergency Response (KCER) program. In 2016, several SMEs participated in Network presentations on infection and transplantation; eight SMEs participated in national activities; and one attended and presented at the 2016 CMS Annual Quality Conference.

2016 Patient Activities

PAC members and SMEs participated in more than six local and regional stakeholder events, including wellness fairs, meetings and conferences of ANNA, and a webinar series sponsored by the National Forum of ESRD Networks.

As of December 2016, 17 PAC Chairpersons represented 11 geographic regions of New York State. In November 2016, the Manhattan, Queens, and Brooklyn PAC Chairpersons hosted the 11th Annual CKD/ESRD Patient Education & Awards Luncheon Harlem Meeting, with 150 people in attendance. After making presentations on the role of PAC representatives, Network staff members were successful in recruiting two more PAC Representatives at the meeting. One PAC Chairperson presented on the different treatment modalities for dialysis patients.

Also in November, the Network hosted the annual meeting of the PAC Chairpersons and patient SMEs. This face-to-face meeting was held to discuss strategies for strengthening and expanding the PAC through recruitment of representatives and PAC Chairpersons in regions of the state that were then without representation. Network staff members presented information on all planned 2017 quality improvement activities and were successful in recruiting patient SMEs to participate.

At the request of CMS, the Network arranged a site visit to a dialysis facility in its service area. Accompanying Dennis Wagner, Director of the Quality Improvement Group, Center for Clinical Standards and Quality, CMS, one of the Network's PAC Chairpersons provided the unique perspective of an ESRD patient's goals, needs, and expectations for care during the visit.

In 2016, ten Network PAC Chairpersons completed the Transplant Navigator and/or Vascular Access Peer Mentor Training program featuring educational modules on mentorship, communication skills, patient confidentiality, ways to implement patient education activities at the facility level, and role play coaching. These individuals received certificates at the graduation ceremony held at IPRO.

Improving Vascular Access

In addition to its responsibilities to decrease long-term use (≥ 90 days) of central venous catheters under its contract with CMS, in 2016 the Network continued to work to improve the survival rate and quality of life for hemodialysis patients through increasing the AVF in-use rates among prevalent patients and sustaining improvements in AVF in-use rates that were achieved during the previous 10 years.

In support of this goal, the Network implemented the following interventions to reduce the rate of long-term catheter (LTC) use and increase AVF in-use rates for suitable prevalent dialysis patients across New York State. These interventions were selected because of their potential impact on sustaining the improvements achieved through the project:

- The Network distributed feedback reports to facilities that included an AVF goal and the facility's progress toward that goal. The feedback reports allowed the facility to monitor outcome trends and to identify whether an RCA was required to implement additional action steps.

- The Network held quarterly webinars featuring information and updates on current knowledge regarding vascular access. All of the facilities in the Network's service area were invited to participate.
- A library of publications related to vascular access was posted to the Network's website for use by facilities. Resources included educational information for both staff members and patients. The Network sent each facility a Publications Resource form on a quarterly basis, through which they could order printed materials. The resources and list were displayed at the Network's Annual Meeting and promoted throughout the year on webinars and during Network staff site visits to facilities.

The Network's efforts led to a 1.41% increase in the AVF in-use rate in prevalent patients from baseline (September 2015) to re-measurement (September 2016). This translates to AVFs in use for nearly 800 additional suitable prevalent patients. In total, 18,604 patients in the Network's service area had an AVF in use as of September 2016.

A barrier to increasing AVF rates identified by some facilities was limited access to skilled vascular surgeons who are able to schedule appointments in a timely manner. The Network was made aware of this issue by a facility that had lost its vascular surgeon, and had to reach out to other dialysis facilities in the surrounding area to identify surgeons who had a demonstrated history of success in placing AVFs that matured and were able to be used. By doing so, the facility was able to maintain its high fistula rate. Based on this understanding, the Network initiated plans to develop a Network-wide vascular surgeon guide.

Network staff grew to recognize that all members of the facility staff have the potential to influence or motivate a patient to get an AVF or a graft placed. Since no one can ever be certain when a patient is ready to consider an AVF, all facility staff should be prepared to talk with patients about the benefits of AVFs. To this end, the Network initiated plans to educate technicians and other facility team members to build their active listening skills, to talk effectively with patients, and to direct patients to appropriate information on the different types of vascular access.

Enhanced Data Support

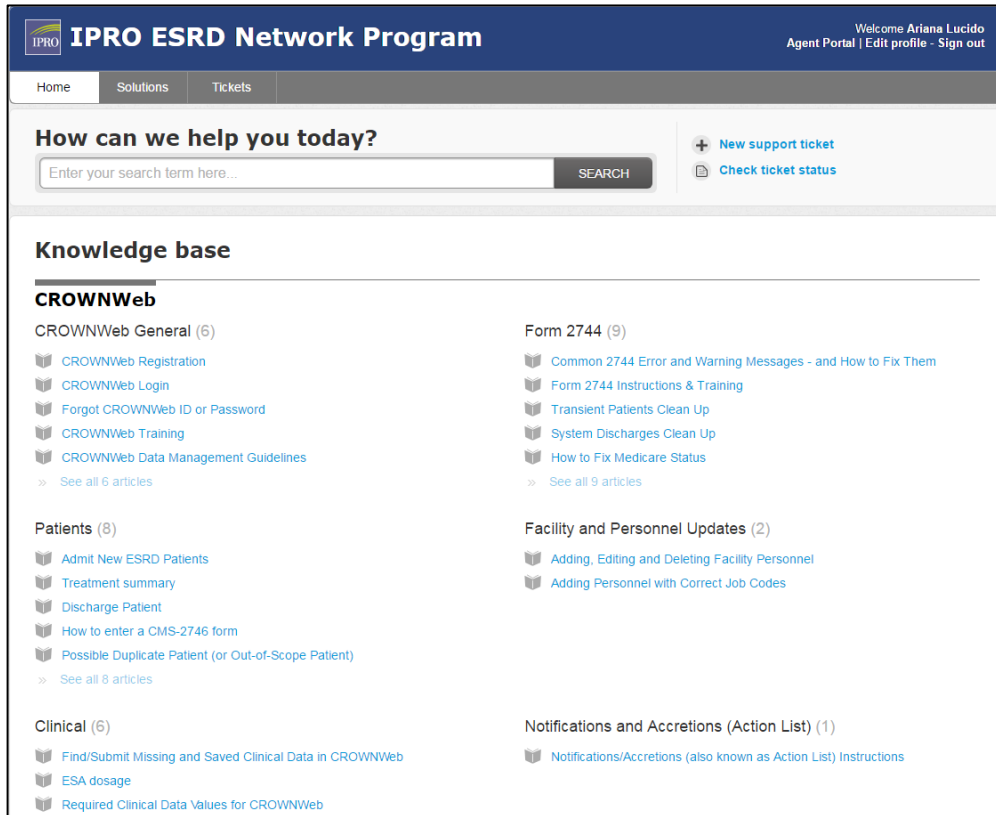
In addition to its responsibilities under contract with CMS, the Network strove to improve end-to-end user support with an overall goal of improving data quality. To help meet this objective, the Network adopted an innovative ticket management platform known as Freshdesk, which assisted end users with technical support. Historically, our Network has received a high volume of calls and emails from dialysis facility personnel and stakeholders related to CROWNWeb and other ESRD-related applications, as well as the ESRD QIP and NHSN programs. Adopting a Web-based ticket management and knowledge base portal has allowed us to increase our responsiveness and support to dialysis facilities, New York SA surveyors, and other stakeholders in the Network's service area who require data support. The program was available to any user at all times of the day, provided educational resources, and allowed for the creation of a call ticket to facilitate timely response to and resolution of all user inquiries.

Freshdesk provided metrics on our effectiveness in meeting acceptable response times for call resolution and customer satisfaction, giving the Network the ability to monitor and improve customer support. From June 1 to December 31, 2016, the Network took in and

subsequently resolved 705 unique Freshdesk tickets requesting data support, responding on a timely basis to 91% of the calls. The Network also resolved 97% of the calls within the target timeline of 2 business days. 96% of customers reported positive interactions with the Network 2 Data Support Team.

The knowledge base portal is an educational resource for our facilities in addressing deadline and standard practice questions related to CMS-2728 ESRD Medical Evidence, CMS-2746 Death Notification and CMS-2744 Annual Survey forms. Implementation of Freshdesk created efficiencies that resulted in reduced call volume, documentation of responses to all inquiries, and tracking and trending of issues reported to better respond to the data needs of the community.

Figure 1. IPRO ESRD Network Program Freshdesk Knowledge Base



Engaging the Community

The Network has a longstanding commitment to building and sustaining robust relationships with the members of the New York State renal community. The success of these efforts is evidenced by the strong attendance of and participation by community partners at the 2016 IPRO ESRD Network of New York’s Annual Meeting.

This event is held each year to reinforce the Network’s role as a resource to the community and to bring New York State ESRD stakeholders together to:

- Receive updates about Network activities;
- Network with colleagues;

- Hear dynamic speakers on educational topics and receive continuing education credits; and
- Celebrate the achievements of the Network's PAC membership, patient SMEs, and facility staff (Quality Awards).

Network staff worked with its multi-disciplinary Education Committee to create the theme and agenda for the 2016 meeting, *Stronger Together: Partners in Improving Patient Care*. Held on April 20, 2016, the daylong meeting drew 387 attendees (11 patients, 1 family member, 168 nurses, 30 technicians, 86 social workers, 28 dietitians, 15 physicians, 41 individuals representing other disciplines, and seven Network staff members).

Presentations included a review of activities conducted in 2015, highlights of best practices identified through Network quality improvement activities, and the following educational topics:

- ESRD Care: Gender Differences,
- When to Initiate Dialysis,
- Working with the Challenging Patient, and
- Treatment Options: A Patient's Perspective.

Facilities that Consistently Failed to Cooperate with Network Goals

The Network did not identify any facilities in its service area that failed to cooperate with Network goals in 2016.

Recommendations to CMS for Additional Services or Facilities

In 2016, the Network made no recommendations to CMS for additional facilities.

Contributions to the Professional Literature

Xu, Kathrine, Paul Rosenstiel, Neal Paragas, Christian Hinze, Xiaobo Gao, Tian Huai Shen, Max Werth, Catherine Forster, Rong Deng, Efrat Bruck, Roger W. Boles, Alexandra Tornato, Tejashree Gopal, Madison Jones, Justin Konig, Jacob Stauber, Vivette D'Agati, Hediye Erdjument-Bromage, Subodh Saggi, Gebhard Wagener, Kai M. Schmidt-Ott, Nicholas Tatonetti, Paul Tempst, Juan A. Oliver, Paolo Guarnieri, and Jonathan Barasch. "Unique Transcriptional Programs Identify Subtypes of AKI." *Journal of the American Society of Nephrology* (2016). Print.

Arora, Swaty, Daniel Levitan, Narottam Regmi, Gurinder Sidhu, Raavi Gupta, Anthony D. Nicastrì, Subodh J. Saggi, and Albert Braverman. "Cryoglobulinemia in a Patient with Chronic Lymphocytic Leukemia A Case Report and Review of Literature of Renal Involvement in CLL." *Blood Cells, Molecules, and Diseases* 60 (2016): 7-11. Print

Maung, Stephanie, Ammar El Sara, Danielle Cohen, Cherylle Chapman, Subodh Saggi, and Daniel Cukor. "Sleep Disturbance and Depressive Affect in Patients Treated with Haemodialysis." *Journal of Renal Care* 43.1 (2016): 60-66. Print.

Smith, Evan. "An Innovative Approach in Addressing Dialysis Patient Placement Challenges." *Nephrology News & Issues*. Web.6 April, 2016.

Grievances and Access to Care

The ESRD Network of New York responds to grievances filed by or on behalf of ESRD patients throughout New York State. This often involves working 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, in which case they are referred to as "non-grievance" cases.

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

In these cases, the Network assists facility staff and patients through advocacy and education and by promoting patient-centered care.

In 2016, the Network responded to 73 grievance cases, which included 10 clinical quality of care, 18 general grievances, 43 immediate advocacy, 2 grievance access to care, and 43 non-grievance access to care cases which included two involuntary transfers, 32 involuntary discharge and nine failure to place; In addition the Network responded to 38 cases, of which 19 were at risk access to care and 19 were facility concerns.

One grievance case involved alleged racial discrimination. This case was reviewed by Network staff members and referred to the federal Office for Civil Rights for further investigation.

Table E. Grievance Data for Calendar Year 2016

Category	Number
Number of Grievance Cases Opened by the Network in Calendar Year 2016	73
Number of Grievance Cases Involving Access to Care	2
Number of Grievance Cases Involving Involuntary Transfer	0
Number of Grievance Cases Involving Involuntary Discharge	1
Number of Grievance Cases Involving Failure to Place	1
Number of Non-Grievance Cases Involving Access to Care	43
Number of Non-Grievance Cases Involving Involuntary Transfer	2
Number of Non-Grievance Cases Involving Involuntary Discharge	32
Number of Non-Grievance Cases Involving Failure to Place	9
Total Number of Grievance and Non-Grievance Cases Involving Access to Care	45
Number of Grievance Cases Closed by the Network in Calendar Year 2016	75
Number of Non-Grievance Access to Care Cases Closed by the Network in Calendar Year 2016	43

Source of data: Patient Contact Utility

Cases Referred to State Survey Agencies

In 2016, the Network notified the SA of 25 involuntary discharges from facilities within its service area.

The Network also referred two formal grievances to the SA. One grievance identified a patient safety concern; the other involved a potential Health Insurance Portability and Accountability Act (HIPAA) violation.

The first case involved an immediate involuntary discharge, in which a patient being treated by a facility owned by an LDO was discharged by his doctor (the facility medical director), due to noncompliance. The patient was counseled to go to the nearest hospital for treatment. The facility's medical director advised the Network that his nephrology practice would no longer treat the patient. After being notified by the Network, a representative of the SA intervened, and the patient was reinstated. The Network was notified that after being reinstated, the patient managed well with support of the facility's interdisciplinary care team. An open dialogue was established between the patient and the care team, the members of which reported that the patient now contacts them with his concerns.

The second case referred involved a legally blind patient who was referred by facility staff to a vascular surgeon, who advised the patient that he could not return to his dialysis facility for treatment until his dialysis access was fixed. The patient felt that his privacy was violated because the surgeon spoke to him in the waiting room of his office, with other patients present. After being notified, an SA representative advised the Network to have the patient file a complaint against the surgeon with the Office for Civil Rights and the New York State Office of Professional Misconduct. Based on that recommendation, the patient filed a HIPAA violation complaint with both agencies.

Emergency Preparedness and Response

For individuals who have been diagnosed with ESRD, missed dialysis treatments can have serious adverse health effects. This makes the ESRD patient population especially vulnerable during emergencies and disasters. The Network relies on longstanding partnerships with state and city health departments, offices of emergency management, and emergency preparedness coalitions to ensure safety and continuity of care for ESRD patients throughout New York State.

For all emergencies reported in 2016, Network staff offered comprehensive support to patients and linked healthcare practitioners to appropriate resources, including the KCER program, local and New York State Offices of Emergency Management, and other stakeholders, as appropriate.

The Network works with facilities to ensure that all information about “closed” or “altered” status is reported to the Network. The Network also ensures that facilities report to the New York State Department of Health (via the New York Patient Occurrence and Tracking System [NYPORTS], the state's adverse event reporting system) any event that causes delayed or cancelled treatments.

The Network successfully managed 16 emergency events that required intervention, response, and/or tracking during 2016. The following table summarizes these emergency incidents by type of event. These events accounted for 15 total calendar days of facility closures and 111 schedule alterations.

Table F. Emergency Events by Type Reported by the Network in 2016

Type of Event	Total Number of Occurrences	Total Closed Days (Aggregate)	Total Altered Schedule (Aggregate)
Snow Event	1	10	101
Fire	1	0	1
Electric/Water Issues	10	4	6
Gas Leak	1	0	1
Other	3	1	2
Total Cases	16	15	111

When an emergency requiring intervention was reported, Network staff members:

- Assessed the area of impact;
- Communicated with dialysis facilities in the affected area;
- Conducted environmental scans to identify the impact of the event on scheduling and patient access to care;
- Participated in emergency meetings with local offices of emergency management and the Department of Health; and
- Connected facilities and individual patients with appropriate local resources.

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Appendix. Data Tables

**Table 1. Incident (New) ESRD Patients in Network 2's Service Area, by Patient Characteristics
January 1, 2016 - December 31, 2016**

Network 2's Service Area	Number	Percent
Age Group		
<= 4 Years	8	0.1%
5-9 Years	8	0.1%
10-14 Years	19	0.2%
15-19 Years	28	0.4%
20-24 Years	58	0.7%
25-29 Years	137	1.8%
30-34 Years	160	2.1%
35-39 Years	185	2.4%
40-44 Years	315	4.1%
45-49 Years	429	5.5%
50-54 Years	602	7.8%
55-59 Years	781	10.1%
60-64 Years	948	12.2%
65-69 Years	1,099	14.2%
70-74 Years	944	12.2%
75-79 Years	798	10.3%
80-84 Years	680	8.8%
>= 85 Years	544	7.0%
Network-Level Total	7,743	100.0%
Median Age	65	
Gender		
Female	3,187	41.2%
Male	4,556	58.8%
Network-Level Total	7,743	100.0%
Ethnicity*		
Hispanic or Latino	1,165	15.0%
Not Hispanic or Latino	6,567	84.8%
Not Specified	11	0.1%
Network-Level Total	7,743	100.0%
Race*		
American Indian/Alaska Native	14	0.2%
Asian	544	7.0%
Black or African American	2,224	28.7%
Native Hawaiian or Other Pacific Islander	95	1.2%
White	4,794	61.9%
More Than One Race Reported	61	0.8%
Not Specified	11	0.1%
Network-Level Total	7,743	100.0%
Primary Cause of ESRD*		
Diabetes	3,331	43.0%
Glomerulonephritis	512	6.6%

Secondary Glomerulonephritis/Vasculitis	153	2.0%
Interstitial Nephritis/Pyelonephritis	175	2.3%
Transplant Complications	40	0.5%
Hypertension/Large Vessel Disease	1,904	24.6%
Cystic/Hereditary/Congenital/Other Diseases	219	2.8%
Neoplasms/Tumors	165	2.1%
Disorders of Mineral Metabolism	7	0.1%
Genitourinary System	41	0.5%
Acute Kidney Failure	349	4.5%
Miscellaneous Conditions	463	6.0%
Not Specified	384	5.0%
Network-Level Total	7,743	100.0%

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

1. This table includes data on dialysis and transplant patients whose initial "Admit Date" in CROWNWeb was within the calendar year. Excludes patients with a "Discharge Reason" of acute kidney failure.
2. This table may include data on some patients receiving dialysis services from U.S. Department of Veterans Affairs (VA) facilities.
3. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

**Table 2. Prevalent Dialysis Patients in Network 2's Service Area, by Patient Characteristics
As of December 31, 2016**

Network 2's Service Area	Number	Percent
Age Group		
<= 4 Years	12	0.0%
5-9 Years	5	0.0%
10-14 Years	19	0.1%
15-19 Years	42	0.1%
20-24 Years	159	0.5%
25-29 Years	409	1.4%
30-34 Years	643	2.2%
35-39 Years	901	3.0%
40-44 Years	1,196	4.0%
45-49 Years	1,890	6.4%
50-54 Years	2,638	8.9%
55-59 Years	3,430	11.6%
60-64 Years	3,755	12.7%
65-69 Years	4,086	13.8%
70-74 Years	3,480	11.8%
75-79 Years	2,813	9.5%
80-84 Years	2,206	7.5%
>= 85 Years	1,888	6.4%
Network-Level Total	29,572	100.0%
Median Age	64	
Gender		
Female	12,301	41.6%
Male	17,271	58.4%
Network-Level Total	29,572	100.0%
Ethnicity*		
Hispanic or Latino	4,917	16.6%
Not Hispanic or Latino	24,626	83.3%
Not Specified	29	0.1%
Network-Level Total	29,572	100.0%
Race*		
American Indian/Alaska Native	80	0.3%
Asian	2,059	7.0%
Black or African American	11,154	37.7%
Native Hawaiian or Other Pacific Islander	244	0.8%
White	15,824	53.5%
More Than One Race Reported	192	0.6%
Not Specified	19	0.1%
Network-Level Total	29,572	100.0%
Primary Cause of ESRD*		
Diabetes	12,420	42.0%
Glomerulonephritis	2,691	9.1%
Secondary Glomerulonephritis/Vasculitis	704	2.4%
Interstitial Nephritis/Pyelonephritis	789	2.7%

Transplant Complications	46	0.2%
Hypertension/Large Vessel Disease	7,888	26.7%
Cystic/Hereditary/Congenital/Other Diseases	1,052	3.6%
Neoplasms/Tumors	859	2.9%
Disorders of Mineral Metabolism	6	0.0%
Genitourinary System	41	0.1%
Acute Kidney Failure	227	0.8%
Miscellaneous Conditions	2,527	8.5%
Not Specified	322	1.1%
Network-Level Total	29,572	100.0%

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

1. This table includes data on all patients identified in CROWNWeb as alive and receiving dialysis services as of December 31 of the calendar year.
2. This table may include data on some patients receiving dialysis services from U.S. Department of Veterans Affairs (VA) facilities.
3. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

Table 3. In-Home Dialysis Patients In Network 2's Service Area, by Dialysis Facility and Modality as of December 31, 2016

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
330006	0	0	0	0	0	27
330013	0	0	0	0	0	0
330013	0	0	2	0	2	2
330024	11	35	40	0	86	93
330044	7	7	18	0	32	195
330045	0	0	0	0	0	13
330053	0	0	0	0	0	27
330055	0	0	0	0	0	9
330056	0	5	4	0	9	33
330058	0	0	0	0	0	53
330059	0	0	0	0	0	0
330059	0	0	2	0	2	10
330079	0	0	0	0	0	15
330080	0	0	0	0	0	65
33009F	0	0	0	0	0	40
330101	0	0	0	0	0	6
330101	0	0	0	0	0	0
33012F	0	2	0	0	2	69
330136	0	1	18	0	19	65
330141	0	0	0	0	0	24
330151	0	0	1	0	1	51
330158	0	0	0	0	0	103
330163	0	0	0	0	0	35
330167	1	11	19	0	31	248
33016F	0	4	0	0	4	95
33016F	0	0	0	0	0	0
33017F	0	0	3	0	3	47
330191	21	8	18	0	47	191
330195	0	0	0	0	0	1
330198	0	0	0	0	0	3
330199	0	0	0	0	0	56
33019F	0	0	0	0	0	32
330201	0	0	0	0	0	94
330202	0	0	0	0	0	126
33020F	0	2	0	0	2	56
330219	0	0	0	0	0	0
330219	1	3	4	0	8	172
330226	0	2	20	0	22	156
330229	0	0	0	0	0	41
330233	0	0	0	0	0	27
330240	0	0	0	0	0	85
330350	0	0	0	0	0	0
330395	0	0	0	0	0	112

330399	0	0	0	0	0	220
330401	0	1	2	0	3	119
332504	0	0	0	0	0	74
332506	0	0	0	0	0	138
332511	0	3	8	0	11	186
332513	24	6	9	0	39	142
332514	0	0	0	0	0	146
332516	0	2	0	0	2	178
332517	0	0	0	0	0	366
332518	0	2	6	0	8	131
332519	0	7	7	0	14	135
332520	28	19	27	0	74	285
332521	0	0	0	0	0	120
332522	0	0	2	0	2	192
332523	0	0	0	0	0	117
332524	0	2	5	0	7	143
332525	2	3	1	0	6	144
332528	0	3	5	0	8	192
332529	0	0	0	0	0	140
332530	0	0	0	0	0	159
332531	0	0	0	0	0	240
332532	1	0	1	0	2	102
332534	0	0	0	0	0	190
332535	0	0	0	0	0	179
332536	3	4	15	0	22	61
332538	4	5	7	0	16	153
332539	0	0	0	0	0	167
332541	0	0	0	0	0	306
332543	0	0	0	0	0	78
332544	3	2	13	0	18	156
332545	2	5	15	0	22	152
332546	3	1	8	0	12	74
332547	0	5	6	0	11	196
332548	0	0	0	0	0	108
332549	2	0	0	0	2	46
332550	0	0	0	0	0	147
332551	1	12	3	0	16	131
332552	0	0	0	0	0	100
332554	0	0	0	0	0	77
332555	0	1	0	0	1	77
332556	4	2	1	0	7	202
332557	26	0	7	0	33	105
332558	0	0	0	0	0	128
332559	0	0	0	0	0	53
332560	0	3	0	0	3	185
332562	0	0	3	0	3	61
332563	0	0	0	0	0	132
332564	0	0	0	0	0	0
332565	0	0	0	0	0	173
332566	0	0	0	0	0	166

332567	0	0	4	0	4	140
332568	0	0	0	0	0	131
332569	9	4	28	0	41	202
332570	3	1	23	0	27	161
332571	0	0	0	0	0	91
332572	0	3	5	0	8	133
332574	0	0	0	0	0	71
332576	0	0	0	0	0	120
332579	0	8	4	0	12	12
332580	0	0	0	0	0	55
332581	1	0	0	0	1	149
332582	0	0	0	0	0	184
332583	0	0	0	0	0	192
332584	0	0	0	0	0	45
332585	0	0	0	0	0	54
332586	3	3	15	0	21	71
332587	0	0	0	0	0	160
332588	0	7	2	0	9	135
332589	21	5	0	0	26	269
332590	0	0	0	0	0	133
332591	0	0	0	0	0	83
332592	0	0	0	0	0	0
332593	0	2	2	0	4	174
332595	0	0	0	0	0	164
332596	0	0	0	0	0	150
332597	4	1	5	0	10	103
332598	0	0	0	0	0	164
332599	2	0	0	0	2	91
332600	0	12	7	0	19	122
332602	0	0	0	0	0	117
332603	12	7	24	0	43	215
332604	0	0	0	0	0	107
332605	0	0	0	0	0	139
332606	0	0	0	0	0	148
332607	0	3	0	0	3	251
332608	0	7	4	0	11	85
332610	0	0	0	0	0	145
332612	0	7	13	0	20	182
332613	0	0	0	0	0	185
332614	0	0	0	0	0	85
332615	4	1	29	0	34	139
332617	4	0	17	0	21	100
332619	0	4	4	0	8	146
332620	7	6	13	0	26	173
332621	4	14	5	0	23	179
332622	0	0	0	0	0	191
332625	4	0	0	0	4	91
332626	0	0	0	0	0	164
332629	0	0	0	0	0	159
332630	0	0	0	0	0	2

332631	0	0	0	0	0	30
332632	32	4	9	0	45	133
332633	6	8	22	0	36	235
332634	0	0	0	0	0	60
332635	0	0	0	0	0	134
332636	1	0	0	0	1	37
332637	0	0	8	0	8	128
332638	0	0	0	0	0	34
332639	7	0	0	0	7	184
332640	0	0	0	0	0	91
332641	0	0	10	0	10	70
332642	0	0	0	0	0	178
332644	7	0	0	0	7	164
332645	0	0	0	0	0	65
332646	0	0	0	0	0	218
332647	0	11	18	0	29	213
332648	0	0	0	0	0	85
332649	5	3	13	0	21	160
332650	0	0	0	0	0	58
332651	0	0	0	0	0	91
332652	0	0	0	0	0	125
332653	0	2	20	0	22	131
332654	0	0	0	0	0	90
332655	0	0	0	0	0	90
332656	8	21	5	0	34	108
332657	0	0	0	0	0	41
332658	0	0	0	0	0	99
332659	0	0	0	0	0	77
332660	0	0	0	0	0	71
332661	0	0	0	0	0	102
332662	0	0	0	0	0	133
332663	0	0	0	0	0	86
332664	0	4	46	0	50	168
332665	0	0	0	0	0	72
332666	0	0	0	0	0	61
332667	0	0	0	0	0	46
332668	0	0	0	0	0	46
332669	0	1	12	0	13	119
332670	0	0	2	0	2	182
332671	0	0	0	0	0	188
332672	0	0	0	0	0	68
332673	0	0	0	0	0	114
332674	0	7	9	0	16	146
332675	0	0	0	0	0	35
332676	2	20	33	0	55	135
332677	0	0	0	0	0	120
332678	0	0	0	0	0	169
332679	10	3	4	0	17	132
332680	7	0	0	0	7	164
332681	0	0	0	0	0	32

332682	0	0	0	0	0	74
332683	0	1	2	0	3	78
332684	6	1	2	0	9	102
332685	0	2	6	0	8	74
332686	0	7	13	0	20	90
332687	0	0	0	0	0	35
332688	0	0	14	0	14	142
332690	0	0	0	0	0	42
332691	0	0	0	0	0	67
332692	0	0	0	0	0	166
332693	0	3	6	0	9	81
332694	3	0	0	0	3	65
332695	0	0	0	0	0	93
332696	0	0	0	0	0	68
332697	7	1	0	0	8	90
332698	0	0	0	0	0	32
332699	0	3	6	0	9	166
332700	3	5	18	0	26	77
332701	0	0	2	0	2	30
332702	6	1	3	0	10	95
332703	0	0	21	0	21	97
332704	0	0	0	0	0	174
332705	1	3	11	0	15	95
332706	0	0	0	0	0	178
332707	3	0	6	0	9	77
332708	4	4	1	0	9	134
332709	0	0	0	0	0	24
332710	0	0	0	0	0	17
332711	1	1	1	0	3	81
332712	0	0	0	0	0	150
332713	0	0	11	0	11	11
332714	0	2	0	0	2	70
332715	0	0	0	0	0	37
332716	0	0	0	0	0	184
332717	0	0	1	0	1	40
332718	0	0	0	0	0	57
332719	0	1	3	0	4	29
332720	1	2	2	0	5	49
332721	11	1	6	0	18	201
332723	21	1	27	0	49	49
332724	0	0	0	0	0	73
332725	1	0	0	0	1	44
332726	0	0	0	0	0	42
332727	0	0	0	0	0	76
332728	0	0	0	0	0	75
332729	0	5	7	0	12	12
332730	0	0	0	0	0	19
332731	0	0	0	0	0	56
332732	0	0	0	0	0	37
332733	0	0	0	0	0	15

332734	0	0	0	0	0	73
332735	0	0	12	0	12	92
332736	0	0	1	0	1	45
332737	0	0	0	0	0	71
332738	0	0	2	0	2	47
332739	0	0	0	0	0	30
332740	0	6	1	0	7	53
332741	0	0	0	0	0	8
332742	0	0	0	0	0	5
332743	1	0	1	0	2	2
332744	0	0	0	0	0	0
332745	0	0	0	0	0	0
332747	0	0	0	0	0	20
333503	1	0	0	0	1	185
333511	0	0	0	0	0	204
333515	0	0	0	0	0	190
333519	0	0	0	0	0	69
333520	0	0	0	0	0	30
333522	0	0	0	0	0	93
333526	0	0	0	0	0	66
333527	0	5	0	0	5	182
333529	0	0	0	0	0	62
333531	4	1	4	0	9	81
333533	0	0	0	0	0	63
333535	0	0	0	0	0	132
333536	8	5	4	0	17	74
333543	0	0	0	0	0	23
333544	1	6	6	0	13	164
333547	4	20	10	0	34	256
333548	0	1	4	0	5	138
333550	0	4	56	0	60	247
333552	0	0	0	0	0	68
333553	0	0	2	0	2	72
333554	11	7	84	0	102	360
333555	0	3	10	0	13	171
333556	0	0	0	0	0	61
333558	0	0	2	0	2	69
333560	0	0	0	0	0	29
333561	0	0	0	0	0	95
333562	0	0	1	0	1	5
333563	0	0	2	0	2	30
333564	0	0	0	0	0	9
333565	0	0	0	0	0	26
333566	0	0	0	0	0	24
333567	0	0	0	0	0	28
333568	0	0	0	0	0	43
333569	0	0	0	0	0	113
339800	0	0	0	0	0	0
339801	0	0	0	0	0	0
339803	0	0	0	0	0	0

339804	0	0	0	0	0	0
339806	0	0	0	0	0	0
339807	0	0	0	0	0	0
339808	0	0	0	0	0	0
339809	0	0	0	0	0	0
339813	0	0	0	0	0	0
NY Total	405	449	1,086	0	1,940	29,607

Source of data: ESRD Facility Survey (CMS-2744A) as recorded in CROWNWeb.

HD = Hemodialysis

CAPD = Continuous Ambulatory Peritoneal Dialysis

CCPD = Continuous Cycling Peritoneal Dialysis

NOTE: This table may include data for some U.S. Department of Veterans Affairs (VA) facilities.

Table 4. In-Center Dialysis Patients in Network 2's Service Area, by Dialysis Facility and Modality As of December 31, 2016

Facility CCN	HD	PD	Total In-Center Patients	Total In-Center and In-Home Patients
330006	27	0	27	27
330013	0	0	0	0
330013	0	0	0	2
330024	7	0	7	93
330044	163	0	163	195
330045	13	0	13	13
330053	27	0	27	27
330055	9	0	9	9
330056	24	0	24	33
330058	53	0	53	53
330059	0	0	0	0
330059	8	0	8	10
330079	15	0	15	15
330080	65	0	65	65
33009F	40	0	40	40
330101	6	0	6	6
330101	0	0	0	0
33012F	67	0	67	69
330136	46	0	46	65
330141	24	0	24	24
330151	50	0	50	51
330158	103	0	103	103
330163	35	0	35	35
330167	217	0	217	248
33016F	91	0	91	95
33016F	0	0	0	0
33017F	44	0	44	47
330191	144	0	144	191
330195	1	0	1	1
330198	3	0	3	3
330199	56	0	56	56
33019F	32	0	32	32
330201	94	0	94	94
330202	126	0	126	126
33020F	54	0	54	56
330219	0	0	0	0
330219	164	0	164	172
330226	134	0	134	156
330229	41	0	41	41
330233	27	0	27	27
330240	85	0	85	85
330350	0	0	0	0
330395	112	0	112	112
330399	220	0	220	220

330401	116	0	116	119
332504	74	0	74	74
332506	138	0	138	138
332511	175	0	175	186
332513	103	0	103	142
332514	146	0	146	146
332516	176	0	176	178
332517	366	0	366	366
332518	123	0	123	131
332519	121	0	121	135
332520	211	0	211	285
332521	120	0	120	120
332522	190	0	190	192
332523	117	0	117	117
332524	136	0	136	143
332525	138	0	138	144
332528	184	0	184	192
332529	140	0	140	140
332530	159	0	159	159
332531	240	0	240	240
332532	100	0	100	102
332534	190	0	190	190
332535	179	0	179	179
332536	39	0	39	61
332538	137	0	137	153
332539	167	0	167	167
332541	306	0	306	306
332543	78	0	78	78
332544	138	0	138	156
332545	130	0	130	152
332546	62	0	62	74
332547	185	0	185	196
332548	108	0	108	108
332549	44	0	44	46
332550	147	0	147	147
332551	115	0	115	131
332552	100	0	100	100
332554	77	0	77	77
332555	76	0	76	77
332556	195	0	195	202
332557	72	0	72	105
332558	128	0	128	128
332559	53	0	53	53
332560	182	0	182	185
332562	58	0	58	61
332563	132	0	132	132
332564	0	0	0	0
332565	173	0	173	173
332566	166	0	166	166
332567	136	0	136	140

332568	131	0	131	131
332569	161	0	161	202
332570	134	0	134	161
332571	91	0	91	91
332572	125	0	125	133
332574	71	0	71	71
332576	120	0	120	120
332579	0	0	0	12
332580	55	0	55	55
332581	148	0	148	149
332582	184	0	184	184
332583	192	0	192	192
332584	45	0	45	45
332585	54	0	54	54
332586	50	0	50	71
332587	160	0	160	160
332588	126	0	126	135
332589	243	0	243	269
332590	133	0	133	133
332591	83	0	83	83
332592	0	0	0	0
332593	170	0	170	174
332595	164	0	164	164
332596	150	0	150	150
332597	93	0	93	103
332598	164	0	164	164
332599	89	0	89	91
332600	103	0	103	122
332602	117	0	117	117
332603	172	0	172	215
332604	107	0	107	107
332605	139	0	139	139
332606	148	0	148	148
332607	248	0	248	251
332608	74	0	74	85
332610	145	0	145	145
332612	162	0	162	182
332613	185	0	185	185
332614	85	0	85	85
332615	105	0	105	139
332617	79	0	79	100
332619	138	0	138	146
332620	147	0	147	173
332621	156	0	156	179
332622	191	0	191	191
332625	87	0	87	91
332626	164	0	164	164
332629	159	0	159	159
332630	2	0	2	2
332631	30	0	30	30

332632	88	0	88	133
332633	199	0	199	235
332634	60	0	60	60
332635	134	0	134	134
332636	36	0	36	37
332637	120	0	120	128
332638	34	0	34	34
332639	177	0	177	184
332640	91	0	91	91
332641	60	0	60	70
332642	178	0	178	178
332644	157	0	157	164
332645	65	0	65	65
332646	218	0	218	218
332647	184	0	184	213
332648	85	0	85	85
332649	139	0	139	160
332650	58	0	58	58
332651	91	0	91	91
332652	125	0	125	125
332653	109	0	109	131
332654	90	0	90	90
332655	90	0	90	90
332656	74	0	74	108
332657	41	0	41	41
332658	99	0	99	99
332659	77	0	77	77
332660	71	0	71	71
332661	102	0	102	102
332662	133	0	133	133
332663	86	0	86	86
332664	118	0	118	168
332665	72	0	72	72
332666	61	0	61	61
332667	46	0	46	46
332668	46	0	46	46
332669	106	0	106	119
332670	180	0	180	182
332671	188	0	188	188
332672	68	0	68	68
332673	114	0	114	114
332674	130	0	130	146
332675	35	0	35	35
332676	80	0	80	135
332677	120	0	120	120
332678	169	0	169	169
332679	115	0	115	132
332680	157	0	157	164
332681	32	0	32	32
332682	74	0	74	74

332683	75	0	75	78
332684	93	0	93	102
332685	66	0	66	74
332686	70	0	70	90
332687	35	0	35	35
332688	128	0	128	142
332690	42	0	42	42
332691	67	0	67	67
332692	166	0	166	166
332693	72	0	72	81
332694	62	0	62	65
332695	93	0	93	93
332696	68	0	68	68
332697	82	0	82	90
332698	32	0	32	32
332699	157	0	157	166
332700	51	0	51	77
332701	28	0	28	30
332702	85	0	85	95
332703	76	0	76	97
332704	174	0	174	174
332705	80	0	80	95
332706	178	0	178	178
332707	68	0	68	77
332708	125	0	125	134
332709	24	0	24	24
332710	17	0	17	17
332711	78	0	78	81
332712	150	0	150	150
332713	0	0	0	11
332714	68	0	68	70
332715	37	0	37	37
332716	184	0	184	184
332717	39	0	39	40
332718	57	0	57	57
332719	25	0	25	29
332720	44	0	44	49
332721	183	0	183	201
332723	0	0	0	49
332724	73	0	73	73
332725	43	0	43	44
332726	42	0	42	42
332727	76	0	76	76
332728	75	0	75	75
332729	0	0	0	12
332730	19	0	19	19
332731	56	0	56	56
332732	37	0	37	37
332733	15	0	15	15
332734	73	0	73	73

332735	80	0	80	92
332736	44	0	44	45
332737	71	0	71	71
332738	45	0	45	47
332739	30	0	30	30
332740	46	0	46	53
332741	8	0	8	8
332742	5	0	5	5
332743	0	0	0	2
332744	0	0	0	0
332745	0	0	0	0
332747	20	0	20	20
333503	184	0	184	185
333511	204	0	204	204
333515	190	0	190	190
333519	69	0	69	69
333520	30	0	30	30
333522	93	0	93	93
333526	66	0	66	66
333527	177	0	177	182
333529	62	0	62	62
333531	72	0	72	81
333533	63	0	63	63
333535	132	0	132	132
333536	57	0	57	74
333543	23	0	23	23
333544	151	0	151	164
333547	222	0	222	256
333548	133	0	133	138
333550	187	0	187	247
333552	68	0	68	68
333553	69	1	70	72
333554	258	0	258	360
333555	158	0	158	171
333556	61	0	61	61
333558	67	0	67	69
333560	29	0	29	29
333561	95	0	95	95
333562	3	1	4	5
333563	28	0	28	30
333564	9	0	9	9
333565	26	0	26	26
333566	24	0	24	24
333567	28	0	28	28
333568	43	0	43	43
333569	113	0	113	113
339800	0	0	0	0
339801	0	0	0	0
339803	0	0	0	0
339804	0	0	0	0

339806	0	0	0	0
339807	0	0	0	0
339808	0	0	0	0
339809	0	0	0	0
339813	0	0	0	0
NY Total	27,665	2	27,667	29,607

Source of data: ESRD Facility Survey (CMS-2744A) as recorded in CROWNWeb.

HD = Hemodialysis

PD = Peritoneal Dialysis

NOTE: This table may include data for some U.S. Department of Veterans Affairs (VA) facilities.

Table 5. Number of Transplants Performed in Network 2's Service Area, by Transplant Center and Donor Type and Number of Patients on Transplant Waiting List* in Network 2's Service Area, by Transplant Center (January 1, 2016 - December 31, 2016)

Transplant Center CCN	Deceased Donor	Living Related Donor	Living Unrelated Donor	Unknown Donor Type	Total Transplants Performed	Patients on Transplant Waiting List
330013	42	6	5	0	53	217
330101	65	70	95	0	230	877
33016F	1	0	0	0	1	7
330219	114	4	7	0	125	79
330350	33	4	2	0	39	483
339800	90	6	10	0	106	208
339801	23	4	7	0	34	463
339803	92	58	31	0	181	466
339804	85	11	6	0	102	276
339806	36	5	4	0	45	468
339807	153	20	1	0	174	815
339808	47	9	18	0	74	74
339809	71	6	4	0	81	194
339813	110	45	57	0	212	210
NY Total	962	248	247	0	1,457	4,837

Source of data: CROWNWeb. Information on patients awaiting transplant comes from the ESRD Facility Survey completed by transplant centers (Form CMS-2744B).

*As of December 31, 2016.

NOTE: Cumulative total for January 1, 2016 – December 31, 2016. A patient who had more than one transplant during the calendar year is represented more than once in the table.

**Table 6. Renal Transplant* Recipients in Network 2's Service Area, by Patient Characteristics
January 1, 2016 - December 31, 2016**

Network 2's Service Area	Transplant Recipients	Percent
Age Group		
<= 4 Years	4	0.3%
5-9 Years	5	0.3%
10-14 Years	17	1.2%
15-19 Years	23	1.6%
20-24 Years	35	2.4%
25-29 Years	60	4.1%
30-34 Years	75	5.2%
35-39 Years	77	5.3%
40-44 Years	118	8.1%
45-49 Years	157	10.8%
50-54 Years	200	13.7%
55-59 Years	200	13.7%
60-64 Years	198	13.6%
65-69 Years	191	13.1%
70-74 Years	68	4.7%
75-79 Years	24	1.6%
80-84 Years	4	0.3%
>= 85 Years	0	0.0%
Network-Level Total	1,456	100.0%
Median Age	53	
Gender		
Female	567	38.9%
Male	889	61.1%
Network-Level Total	1,456	100.0%
Ethnicity*		
Hispanic or Latino	250	17.2%
Not Hispanic or Latino	1,199	82.3%
Not Specified	7	0.5%
Network-Level Total	1,456	100.0%
Race*		
American Indian/Alaska Native	1	0.1%
Asian	106	7.3%
Black or African American	450	30.9%
Native Hawaiian or Other Pacific Islander	5	0.3%
White	873	60.0%
More Than One Race Reported	15	1.0%
Not Specified	6	0.4%
Network-Level Total	1,456	100.0%
Primary Cause of ESRD**		
Diabetes	354	24.3%
Glomerulonephritis	224	15.4%
Secondary Glomerulonephritis/Vasculitis	71	4.9%
Interstitial Nephritis/Pyelonephritis	46	3.2%

Transplant Complications	7	0.5%
Hypertension/Large Vessel Disease	239	16.4%
Cystic/Hereditary/Congenital/Other Diseases	153	10.5%
Neoplasms/Tumors	61	4.2%
Disorders of Mineral Metabolism	0	0.0%
Genitourinary System	1	0.1%
Acute Kidney Failure	1	0.1%
Miscellaneous Conditions	127	8.7%
Not Specified	172	11.8%
Network-Level Total	1,456	100.0%

Source of data: CROWNWeb.

*Data are shown for unduplicated patients. A patient who had more than one transplant during the calendar year is counted only once in the table.

**Categories are from the CMS-2728 form.

NOTES:

1. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

**Table 7. Deaths among Dialysis Patients in Network 2's Service Area, by Patient Characteristics
January 1, 2016 - December 31, 2016**

Network 2's Service Area	Number	Percent
Age Group		
<= 4 Years	1	0.0%
5-9 Years	1	0.0%
10-14 Years	0	0.0%
15-19 Years	2	0.0%
20-24 Years	7	0.1%
25-29 Years	13	0.2%
30-34 Years	35	0.7%
35-39 Years	45	0.9%
40-44 Years	58	1.1%
45-49 Years	142	2.7%
50-54 Years	241	4.6%
55-59 Years	430	8.2%
60-64 Years	549	10.5%
65-69 Years	728	13.9%
70-74 Years	750	14.3%
75-79 Years	746	14.3%
80-84 Years	675	12.9%
>= 85 Years	812	15.5%
Network-Level Total	5,235	100.0%
Median Age	72	
Gender		
Female	2,172	41.5%
Male	3,063	58.5%
Network-Level Total	5,235	100.0%
Ethnicity*		
Hispanic or Latino	598	11.4%
Not Hispanic or Latino	4,631	88.5%
Not Specified	6	0.1%
Network-Level Total	5,235	100.0%
Race*		
American Indian/Alaska Native	26	0.5%
Asian	231	4.4%
Black or African American	1,598	30.5%
Native Hawaiian or Other Pacific Islander	27	0.5%
White	3,323	63.5%
More Than One Race Reported	25	0.5%
Not Specified	5	0.1%
Network-Level Total	5,235	100.0%
Primary Cause of ESRD*		
Diabetes	2481	47.4%
Glomerulonephritis	249	4.8%
Secondary Glomerulonephritis/Vasculitis	74	1.4%
Interstitial Nephritis/Pyelonephritis	142	2.7%

Transplant Complications	2	0.0%
Hypertension/Large Vessel Disease	1,372	26.2%
Cystic/Hereditary/Congenital/Other Diseases	93	1.8%
Neoplasms/Tumors	192	3.7%
Disorders of Mineral Metabolism	0	0.0%
Genitourinary System	7	0.1%
Acute Kidney Failure	77	1.5%
Miscellaneous Conditions	477	9.1%
Not Specified	69	1.3%
Network-Level Total	5,235	100.0%
Primary Cause of Death**		
Cardiac	2,344	44.8%
Endocrine	0	0.0%
Gastrointestinal	50	1.0%
Infection	541	10.3%
Liver Disease	43	0.8%
Metabolic	14	0.3%
Vascular	188	3.6%
Other	920	17.6%
Unknown	789	15.1%
Not Specified	346	6.6%
Network-Level Total	5,235	100.0%

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

**Categories are from the CMS-2746 form.

NOTES:

1. This table may include data on some patients who received dialysis services from U.S. Department of Veterans Affairs (VA) facilities.
2. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

Table 8A. Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 2’s Service Area as of December 31, 2016

Facility CCN	Aged 18 through 54	Referred to Voc Rehab Services	Receiving Voc Rehab Services	Employed Full-Time or Part-Time	Attending School Full-Time or Part-Time
330006	3	0	1	1	0
330024	45	0	0	9	0
330044	58	0	1	12	1
330045	4	0	0	2	0
330053	7	0	0	0	0
330055	4	0	0	0	0
330056	13	3	0	3	0
330058	11	0	0	2	0
330059	2	0	0	0	0
330079	3	0	0	0	0
330080	33	0	0	2	0
33009F	1	0	0	0	0
330101	3	0	1	0	1
33012F	7	0	0	1	1
330136	18	0	0	2	0
330141	1	0	0	0	0
330151	11	0	1	5	0
330158	31	1	0	8	0
330163	3	0	0	0	0
330167	67	0	0	22	2
33016F	6	0	0	0	0
33017F	7	0	0	3	1
330191	29	0	0	6	0
330198	1	0	0	0	0
330199	28	0	0	9	0
33019F	1	0	0	0	0
330201	22	0	0	4	0
330202	52	0	0	6	0
33020F	5	1	0	0	0
330219	73	1	3	13	8
330226	31	0	1	12	0
330229	9	0	0	1	0
330233	3	0	0	0	0
330240	29	0	1	0	0
330395	34	0	0	4	1
330399	65	0	0	7	0
330401	24	0	0	3	0
332504	15	0	0	4	0
332506	61	0	0	6	1
332511	53	7	0	15	2
332513	55	1	0	16	0
332514	28	2	0	6	0
332516	34	0	0	13	0

332517	101	0	0	37	0
332518	22	0	0	3	0
332519	27	0	0	3	0
332520	87	0	0	20	0
332521	23	0	0	5	0
332522	40	0	0	11	0
332523	31	1	0	5	2
332524	41	0	0	8	1
332525	37	0	1	10	2
332528	72	3	0	32	1
332529	26	0	0	1	1
332530	65	0	1	17	1
332531	78	0	0	10	0
332532	21	2	0	3	0
332534	65	0	0	20	0
332535	72	0	0	15	2
332536	25	0	0	7	1
332538	54	1	0	8	0
332539	50	0	0	12	0
332541	99	1	0	15	0
332543	23	2	0	6	2
332544	45	0	0	13	0
332545	66	0	0	10	0
332546	18	0	0	1	0
332547	55	0	5	13	5
332548	30	0	0	8	0
332549	9	0	0	1	0
332550	48	0	0	17	0
332551	35	0	6	10	1
332552	16	0	1	1	0
332554	19	1	0	0	0
332555	13	0	0	4	0
332556	66	1	1	9	0
332557	21	0	0	8	0
332558	19	0	0	7	0
332559	17	0	0	4	0
332560	69	0	0	4	0
332562	11	0	0	2	0
332563	21	1	0	4	1
332565	51	0	1	11	2
332566	35	0	1	11	1
332567	30	1	0	7	2
332568	28	0	0	10	0
332569	66	0	0	12	0
332570	55	0	0	20	0
332571	18	0	0	10	0
332572	31	0	0	11	0
332574	16	0	0	4	0
332576	28	0	0	3	0
332579	6	0	0	1	0

332580	18	0	0	1	0
332581	42	1	0	9	2
332582	66	0	1	2	1
332583	71	1	0	23	0
332584	13	0	0	1	0
332585	9	0	0	1	1
332586	22	0	0	5	0
332587	42	0	0	8	1
332588	36	0	0	15	0
332589	66	2	0	11	0
332590	52	0	0	9	0
332591	13	0	0	2	0
332593	35	0	0	12	1
332595	37	0	0	10	0
332596	19	0	0	2	0
332597	27	0	0	5	0
332598	44	0	0	7	0
332599	16	0	0	7	0
332600	24	0	0	9	0
332602	30	2	0	15	1
332603	71	2	1	16	2
332604	26	0	0	6	0
332605	42	0	0	16	0
332606	37	0	0	7	0
332607	49	1	0	10	0
332608	17	1	0	2	0
332610	25	0	0	10	0
332612	65	0	0	10	0
332613	67	0	1	10	0
332614	12	0	0	4	0
332615	39	3	0	9	1
332617	25	0	0	6	1
332619	61	0	0	11	0
332620	32	1	0	15	0
332621	63	0	2	25	3
332622	44	0	0	4	0
332625	28	0	0	7	1
332626	64	2	3	6	2
332629	70	1	0	7	0
332631	10	0	0	3	0
332632	28	0	1	7	1
332633	67	0	0	19	0
332634	8	0	0	0	0
332635	28	0	1	2	1
332636	3	0	0	0	0
332637	26	1	0	3	1
332638	3	0	0	0	0
332639	48	1	0	12	0
332640	6	1	0	0	0
332641	14	0	0	3	0

332642	73	7	0	7	0
332644	36	0	0	6	0
332645	3	0	0	1	0
332646	51	1	0	11	4
332647	109	1	0	10	0
332648	23	0	0	1	0
332649	50	1	0	7	0
332650	8	0	0	0	0
332651	21	0	0	9	1
332652	31	3	0	14	0
332653	26	0	0	6	0
332654	22	0	0	4	0
332655	15	0	0	4	0
332656	39	0	0	14	0
332658	16	0	0	1	0
332659	9	0	0	1	0
332660	9	0	0	2	0
332661	26	1	0	5	1
332662	43	0	0	11	0
332663	11	0	0	6	1
332664	52	0	0	6	0
332665	10	0	0	3	0
332666	6	0	0	1	0
332667	6	0	0	0	0
332668	9	0	0	3	0
332669	25	2	1	12	1
332670	50	0	0	14	1
332671	40	0	0	4	0
332672	26	1	0	7	0
332673	6	0	0	2	0
332674	43	0	0	6	0
332675	8	0	0	1	0
332676	42	0	0	7	0
332677	19	0	0	2	0
332678	51	0	0	2	0
332679	34	1	0	10	0
332680	28	0	0	9	0
332681	8	1	0	0	1
332682	20	0	0	2	0
332683	32	2	0	7	1
332684	20	0	0	3	0
332685	17	0	0	6	0
332686	16	0	0	6	1
332687	2	0	0	0	0
332688	30	0	0	6	0
332690	5	0	0	0	0
332691	14	0	0	5	0
332692	60	0	1	2	1
332693	11	0	0	4	0
332694	19	0	0	1	0

332695	4	0	0	0	0
332696	11	0	1	4	1
332697	16	0	0	2	0
332698	11	1	0	4	0
332699	41	0	0	8	0
332700	17	1	0	5	1
332701	2	0	0	1	0
332702	29	0	0	10	0
332703	20	1	0	7	0
332704	56	1	0	10	1
332705	30	1	0	6	1
332706	53	0	1	9	0
332707	18	0	0	4	0
332708	52	0	0	7	0
332709	4	0	0	0	0
332710	5	0	0	0	0
332711	18	0	0	4	0
332712	45	1	0	3	0
332713	3	0	0	0	0
332714	21	0	0	5	0
332715	10	0	0	2	0
332716	56	0	0	10	0
332717	9	0	0	1	0
332718	2	0	0	1	0
332719	7	0	0	2	0
332720	5	0	0	1	0
332721	55	0	0	15	1
332723	23	1	0	7	1
332724	17	0	0	4	0
332725	10	0	0	2	0
332726	12	0	0	2	0
332727	19	0	0	3	0
332728	30	0	0	4	1
332729	5	0	0	2	0
332730	7	0	0	0	0
332731	1	0	0	1	0
332732	4	0	0	1	0
332733	4	1	0	0	0
332734	21	1	0	6	0
332735	22	1	0	6	0
332736	8	0	0	3	0
332737	14	0	0	7	0
332738	6	0	0	0	0
332739	2	0	0	1	0
332740	13	0	0	2	0
332741	2	0	0	0	0
332743	1	0	0	0	0
332744	1	0	0	0	0
332747	3	0	0	0	0
333503	68	0	0	14	0

333511	97	0	1	5	1
333515	60	2	0	15	0
333519	13	0	0	0	0
333520	8	0	0	1	0
333522	17	0	0	12	1
333526	14	0	0	1	0
333527	43	0	0	7	0
333529	10	0	0	0	0
333531	25	0	0	7	0
333533	21	0	0	6	0
333535	36	0	0	7	1
333536	16	0	0	5	0
333543	1	0	0	0	0
333544	63	0	0	11	1
333547	62	0	0	26	2
333548	31	0	1	12	1
333550	84	0	0	31	2
333552	7	0	0	0	0
333553	20	0	0	5	0
333554	84	1	1	21	3
333555	63	0	0	6	0
333556	26	1	0	2	0
333558	13	0	1	5	1
333560	10	0	0	2	1
333561	23	0	0	3	0
333563	7	0	0	1	0
333565	2	0	0	0	0
333566	4	1	0	0	0
333567	7	0	0	1	0
333568	4	0	0	1	0
333569	19	0	0	4	0
NY Total	7,864	86	44	1,679	97

Source of data: CROWNWeb.

Voc Rehab = Vocational Rehabilitation

Table 8B. Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 2’s Service Area As of December 31, 2016

Category	Referred to Voc Rehab Services	Receiving Voc Rehab Services	Completed Voc Rehab Services	Not Eligible for Voc Rehab Services	Declined Voc Rehab Services	No Voc Rehab Status
Employed Full-Time						
Attending School Full-Time	0	0	0	1	2	1
Attending School Part-Time	0	2	0	1	1	0
Not Attending School	2	0	0	48	133	45
School Status Not Specified	2	0	0	6	30	956
Employed Part-Time						
Attending School Full-Time	0	1	1	0	1	4
Attending School Part-Time	1	2	0	1	3	3
Not Attending School	6	1	1	29	65	20
School Status Not Specified	3	1	2	4	21	279
Employment Status Not Specified						
Attending School Full-Time	0	2	0	0	2	2
Attending School Part-Time	0	2	0	0	0	3
Not Attending School	1	0	2	0	3	4
School Status Not Specified	1	1	2	0	37	1,323
Homemaker						
Attending School Full-Time	0	0	0	0	0	0
Attending School Part-Time	0	0	0	0	0	0
Not Attending School	3	0	0	2	29	3
School Status Not Specified	0	0	0	1	4	71
Retired*						
Attending School Full-Time	0	1	0	0	0	0
Attending School Part-Time	0	0	0	1	1	2
Not Attending School	16	6	5	78	347	44
School Status Not Specified	7	2	1	13	93	981
Medical Leave of Absence						
Attending School Full-Time	0	0	0	0	0	0
Attending School Part-Time	0	0	0	0	0	0
Not Attending School	1	0	0	7	29	7
School Status Not Specified	0	0	0	0	6	242
Other**						
Attending School Full-Time	1	6	1	3	11	11
Attending School Part-Time	2	8	1	0	5	7
Not Attending School	30	8	2	92	364	138
School Status Not Specified	10	1	0	5	75	2,016

Source of data: CROWNWeb

*Retired due to preference or disability.

**Other = Employment Status of Student or Unemployed

Voc Rehab = Vocational Rehabilitation

**Table 9A. Incident ESRD Patients in Network 2's Service Area, by Ethnicity and Race
January 1, 2016 - December 31, 2016**

ç	Race* Category	Number	Percent
Hispanic or Latino	American Indian/Alaska Native	0	0.0%
	Asian	7	0.6%
	Black or African American	105	9.0%
	Native Hawaiian or Other Pacific Islander	8	0.7%
	White	1,027	88.2%
	More Than One Race Reported	18	1.5%
	Total	1,165	100.0%
Not Hispanic or Latino	American Indian/Alaska Native	14	0.2%
	Asian	537	8.2%
	Black or African American	2,119	32.3%
	Native Hawaiian or Other Pacific Islander	87	1.3%
	White	3,767	57.4%
	More Than One Race Reported	43	0.7%
	Total	6,567	100.0%
Ethnicity Not Specified	American Indian/Alaska Native	0	0.0%
	Asian	0	0.0%
	Black or African American	0	0.0%
	Native Hawaiian or Other Pacific Islander	0	0.0%
	White	0	0.0%
	More Than One Race Reported	0	0.0%
	Not Specified	11	100.0%
	Total	11	100.0%
Total: Incident ESRD Patients		7,743	

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

1. This table includes data on dialysis and transplant patients whose initial "Admit Date" in CROWNWeb was within the calendar year. Excludes patients with a "Discharge Reason" of acute kidney failure.
2. This table may include data on some patients receiving dialysis services from U.S. Department of Veterans Affairs (VA) facilities.
3. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

**Table 9B. Prevalent Dialysis Patients in Network 2's Service Area, by Ethnicity and Race
January 1, 2016 - December 31, 2016**

Ethnicity* Category	Race* Category	Number	Percent
Hispanic or Latino	American Indian/Alaska Native	9	0.2%
	Asian	20	0.4%
	Black or African American	488	9.9%
	Native Hawaiian or Other Pacific Islander	61	1.2%
	White	4,269	86.8%
	More Than One Race Reported	70	1.4%
	Total	4,917	100.0%
Not Hispanic or Latino	American Indian/Alaska Native	71	0.3%
	Asian	2,038	8.3%
	Black or African American	10,658	43.3%
	Native Hawaiian or Other Pacific Islander	183	0.7%
	White	11,554	46.9%
	More Than One Race Reported	122	0.5%
	Total	24,626	100.0%
Ethnicity Not Specified	American Indian/Alaska Native	0	0.0%
	Asian	1	3.4%
	Black or African American	8	27.6%
	Native Hawaiian or Other Pacific Islander	0	0.0%
	White	1	3.4%
	More Than One Race Reported	0	0.0%
	Not Specified	19	65.5%
	Total	29	100.0%
Total: Prevalent ESRD Patients		29,572	

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

1. This table includes data on all patients identified in CROWNWeb as alive and receiving dialysis services as of December 31 of the calendar year.
2. This table may include data on some patients receiving dialysis services from U.S. Department of Veterans Affairs (VA) facilities.
3. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

**Table 9C. Renal Transplant Recipients* in Network 2's Service Area, by Ethnicity and Race
January 1, 2016 - December 31, 2016**

Ethnicity** Category	Race** Category	Number	Percent
Hispanic or Latino	American Indian/Alaska Native	0	0.0%
	Asian	1	0.4%
	Black or African American	27	10.8%
	Native Hawaiian or Other Pacific Islander	1	0.4%
	White	210	84.0%
	More Than One Race Reported	10	4.0%
	Not Specified	1	0.4%
	Total	250	100.0%
Not Hispanic or Latino	American Indian/Alaska Native	1	0.1%
	Asian	105	8.8%
	Black or African American	422	35.2%
	Native Hawaiian or Other Pacific Islander	4	0.3%
	White	662	55.2%
	More Than One Race Reported	5	0.4%
	Total	1,199	100.0%
Ethnicity Not Specified	American Indian/Alaska Native	0	0.0%
	Asian	0	0.0%
	Black or African American	1	14.3%
	Native Hawaiian or Other Pacific Islander	0	0.0%
	White	1	14.3%
	More Than One Race Reported	0	0.0%
	Not Specified	5	71.4%
	Total	7	100.0%
Total: Transplant ESRD Patients		1,456	

Source of data: CROWNWeb.

*Data are shown for unduplicated patients. A patient who had more than one transplant during the calendar year is counted only once in the table.

**Categories are from the CMS-2728 form.

NOTES:

1. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.