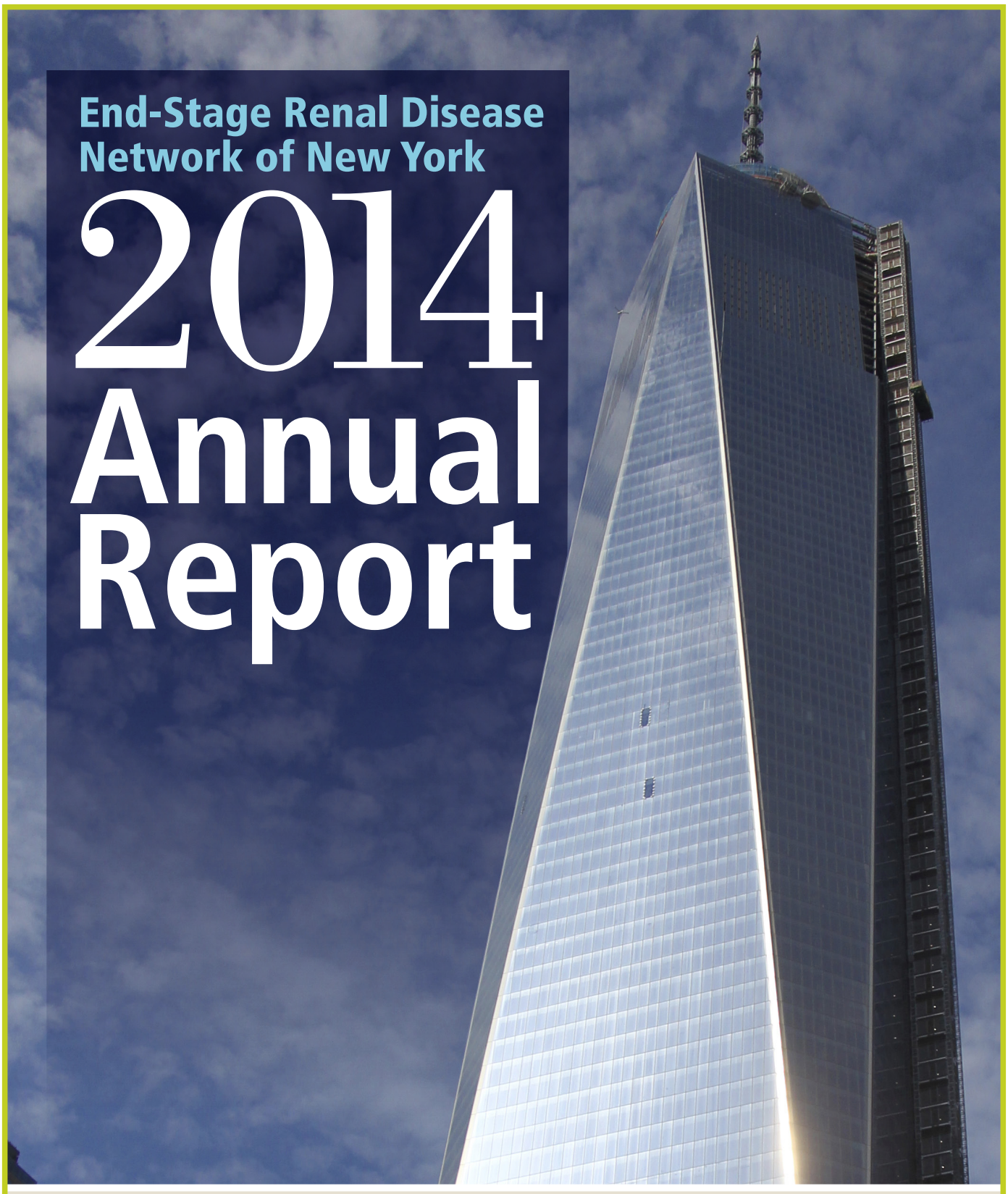
End-Stage Renal Disease Network of New York

2014 Annual Report



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EXECUTIVE SUMMARY

IPRO's End Stage Renal Disease (ESRD) Network of New York serves as the federally-funded contractor for New York State, with a mission to promote quality healthcare for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable. To achieve this goal, Network staff works with providers, stakeholders, and patients toward improving care, engaging and empowering patients as consumers, and aligning with the three AIMs outlined in the National Quality Strategy and Centers for Medicare & Medicaid Services (CMS) priorities:

- AIM 1: Better Health for the Individual;
- AIM 2: Better Health of the ESRD Population; and
- AIM 3: Reducing Costs by Improving Care.

Patient and Family Engagement

The Network strives to improve the health of the ESRD population through multiple projects aimed at engaging and empowering patients, family members, and care partners. 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 or, in some cases, as a project lead.

In 2014, the Network recruited and engaged a record number of Patient Advisory Committee (PAC) Representatives—555 patient volunteers in total at 184 unique facilities—resulting in active patient representation of 73% of the providers in the Network service area.

These patient volunteers participated in Network projects at the facility level by engaging their peers and sharing network newsletters and educational materials. Due to their involvement, the Network exceeded goals in all of the following programs:

- The *Transplant Talks* project resulted in a 30.97% (1,655/6,247) relative improvement in patient transplant literacy and transplant referrals within the targeted area.
- The *Hand Hygiene All-Stars* project resulted in a 48.24% (3,897/6,247) relative improvement in patients within targeted facilities following recommended hand hygiene guidelines.
- *The Annual Plan of Care (APOC) Meeting* project resulted in a 10.28% relative improvement, with 716 patients out of 6,426 attending a private annual plan of care meeting.
- The *Certified Communicators* program was conducted in five targeted facilities, with a total of 229 patients or 23.9% of the aggregate patient population successfully completing this innovative program.

Quality Improvement

Over the past nine years, the Network has worked with New York providers to achieve CMS' goals for arteriovenous fistula (AVF) placement in prevalent patients, increasing AVF in use rates by 17.39%. In 2014, the Network again exceeded its goal by achieving a 2.59% increase as of September 2014. We achieved this

result using a multi-faceted approach, applying tactics such as implementing quality improvement projects aimed at educating patients and providers, distributing feedback reports and tools to providers, and working directly with low performing facilities.

A second goal set by the Network was to identify facilities with a long-term catheter (LTC) rate (catheters in place > 90 days) greater than 10% and to decrease the average LTC rate of these facilities by two percent. The Network was unable to achieve the two percent goal, but was able to achieve a one percent reduction in LTC use.

The Network's Population Health Innovation Project focused on increasing transplant referral rates in our eligible population by five percentage points, while demonstrating a one percent reduction in the identified disparity gap of age. The Network met the referral goal of 5%, with an overall improvement of 13%, but did not meet the disparity reduction goal of one percent. As a result, staff members conducted a root cause analysis to identify strategies that will lead to successful outcomes in future projects.

Emergency Preparedness

The Network maintains a strong commitment to emergency preparedness and patient safety in disaster situations. In 2014, we continued to develop and enhance our role as an emergency preparedness resource for patients and providers. During 2014, the Network managed 15 emergency events that required intervention, response, and tracking. These events accounted for 201 total days of facility closures and/or schedule alterations.

Our Ongoing Commitment

IPRO remains intensely committed to supporting the ESRD Network Program in New York State toward improving the lives of ESRD patients. We are proud of our progress to date, fully cognizant of and ready to meet the challenges ahead. On behalf of our organization, we express our gratitude for the commitment of the many volunteers—patients, nurses, social workers, physicians, dietitians, and administrators—who partner with us to achieve our common goals.

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.

IPRO ESRD Network of New York's Role in Improving the Quality of ESRD Care

The role of the IPRO ESRD Network of New York is to improve the quality of care for people who require dialysis, transplantation, and/or related life sustaining treatment for ESRD, in support of the three AIMS outlined in the Executive Summary. Our goals, our methodology for attaining them, and our achievements are described throughout this report.

The Network's Relationship with a Larger Corporate Structure

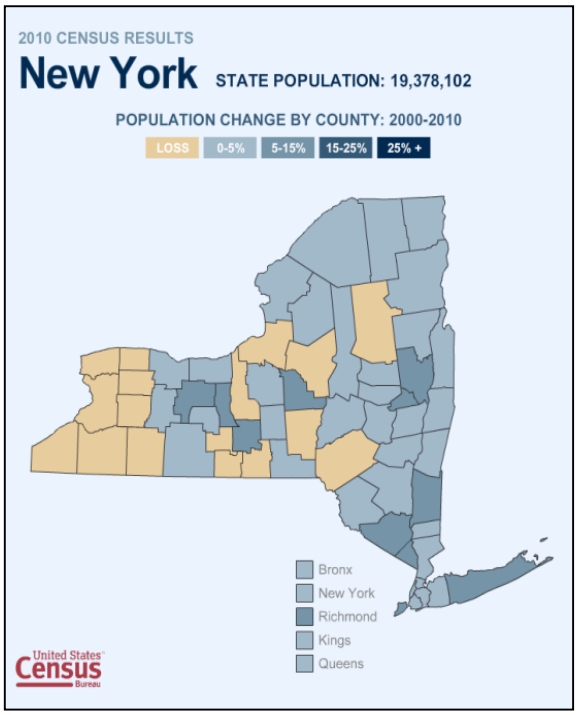
The ESRD Network of New York (the Network) is one of 18 ESRD Network Organizations under contract to CMS and is operated by IPRO, an independent, not-for-profit corporation that also serves as the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for New York State.

IPRO has served as the ESRD Network of New York—dedicated to establishing and maintaining high standards of care for ESRD patients and assisting dialysis and renal transplantation centers—since July 2006. IPRO is fully committed to promoting and achieving the goals and vision of the ESRD Network Program, as well as providing support to the patients and providers within the Network service area.

Geographic Area Served by the IPRO ESRD Network of New York

The boundaries of the Network service area (see Figure 1) mirror those of New York State, comprising 62 counties and 12 standard metropolitan statistical areas. The State is topographically diverse, encompassing 54,556 square miles, with 47,126 square miles of land, 7,429 square miles of inland water, and the nation's largest state forest preserve, in the Adirondack Mountains. The State is anchored by the most populous city in the nation, New York City. New York is the third most populous state in the country, with almost 20 million residents and a population density of almost 420 persons per square mile. Almost 43% of the population resides in New York City, with over 70% of the total population concentrated within the city and surrounding counties on Long Island and in the Hudson Valley.

Figure 1. U.S. Census Bureau Population Change per County 2000-2010



The ESRD population within the Network service area is the fifth largest in the country. 17% of ESRD patients dialyze in downstate communities on Long Island or in Westchester County. 31% dialyze in rural or urban/suburban settings throughout the State. Almost 52% of ESRD patients in New York State dialyze within the five boroughs of New York City. This high concentration of patients in the metropolitan area represents a one percentage point shift in population from rural to urban communities (2012–present), creating new challenges relative to ESRD education, preparedness, and treatment modalities.

Based on the latest available data from 2010, most of the upstate counties of New York State saw an increase in population over the past decade, as did New York City, which grew by 2.1% to 8.2 million people over that time period. The top growth counties are Dutchess, Ontario, Orange, Rockland, and Saratoga, which had the most growth. The five boroughs of New York City, which include Bronx, New York, Richmond, Kings, and Queens Counties, grew by 0.45% in 2012, according to U.S. Census Bureau estimates.

Demographic and health changes in New York parallel changes taking place nationwide. For example, New York's large baby boomer population is aging; the elderly are also at greater risk of developing serious illnesses that can lead to chronic kidney disease (CKD) and a rising incidence of this disease.

New York's population size, distribution, and composition have been shaped by other forces such as foreign immigration, high levels of domestic migration, and the State's large and expanding ethnic populations. New York State's population of almost 20 million is rich in ethnic, racial, religious/spiritual, cultural, and lifestyle diversity. According to the U.S. Census' 2013 estimates, New York's population is 17.5% African American, 18% Latino, and 8.2% Asian. Over 51% of the population is female, and more than 14% is age 65 or older.

The Network's activities support more than 28,000 dialysis patients reported as receiving treatment for ESRD as of December 2014 and more than 9,000 transplant patients. These patients are served by 258 Medicare certified dialysis facilities,13 transplant centers and six Veterans Affairs (VA) hospitals. The number of operating Medicare certified dialysis facilities in New York State increased from 253 (December 2013) to 264 (December 2014), to accommodate the growing patient population.

Note that Tables A and B show the count of facilities as 268, as reported in CROWNWeb; this number includes four Medicare certified dialysis facilities that were closed by December 31, 2014. The closures had not been reflected in CROWNWeb as of June 2015.

Table A. Dialysis Facilities and Transplant Centers in IPRO ESRD Network of New York's Service Area, as of December 31, 2014

Category	Number*
Number of Dialysis Facilities in IPRO ESRD Network of New York's Service Area	268*
Number of Transplant Centers in IPRO ESRD Network of New York's Service Area	13

Source of data: 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.*

As indicated in Table B, 41.4% of dialysis facilities within the Network service area are providing services after normal business hours, to ensure access by working patients and their care partners.

Table B. Number of Dialysis Facilities in IPRO ESRD Network of New York'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 IPRO ESRD Network of New York's Service Area	268*	100%
Dialysis Facilities in IPRO ESRD Network of New York's Service Area Offering Dialysis Shifts Starting after 5 PM	111	41.4%

Source of data for number of dialysis facilities: End Stage Renal Disease National Coordinating Center (ESRD NCC) report to ESRD Forum.

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

The goals of the Network and the activities conducted to achieve them were established to fulfill the requirements set forth in the Social Security Act, Sections 1881(c)(2)(B) and 1881(c)(2)(H). In accordance with the legislative mandate for the ESRD Network Program—to assist CMS in meeting its goal of ensuring the right care for every person every time—and in keeping with sound medical practice, the strategic goals of the ESRD Network Program and the Network are to:

- Improve the quality and safety of dialysis-related services provided to individuals with ESRD;
- Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through support for transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis) and in-center self-care, as medically appropriate, through the end of life;
- Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes, to maintain a patient registry, and to support the goals of the ESRD Network Program;
- Improve collaboration with providers and facilities to ensure achievement of the three goals listed immediately above, using the most efficient and effective means possible, with recognition of the differences among providers (independent, hospital-based, affiliate of an organization, etc.) and associated possibilities/capabilities; and
- Improve patient perception and experience of care and resolve patients' complaints and grievances.

To support these goals, each year the Network, in collaboration with our Medical Review Board (MRB), develops quality improvement projects with AIM-specific goals based on the ESRD Network's statement of work (SOW). In 2014, the Network deployed interventions that targeted patients, dialysis and transplant providers, and other stakeholders. These interventions focused on engaging patients, reducing disparities, and improving quality of care and are detailed throughout this report. Figure 2 provides a list of the AIM-specific projects and project goals.

Figure 2. Network Project Goals

AIM	Domain	Network Project	Goals
AIM 1: Better Care for the ESRD Individual	Patient and Family Engagement	Hand Hygiene All Stars Project	10% Relative Improvement
		Transplant Talks Project	5% Relative Improvement
		Annual Plan of Care Project	10% Relative Improvement
	Patient Experience of Care and Appropriate Access to Care	Certified Communicators Project	10% of Targeted Population
	Vascular Access Management	Improve Network AVF	64.9% AVF In Use Rate
		Improve LTC in facilities with LTC rates >10%	17% LTC In Use Rate
	Patient Safety	HAI QIA - 20% of Network facilities to complete required number of observation audits	100% Compliance
AIM 2: Better Health for the ESRD Population	Population Health Innovation Project	Increase Transplant Referrals by 5%	8.9% Referral Rate
	Transplant Coordination with Focus on Disparities	Reduce Disparity by 1%	4% Disparity Reduction
AIM 3: Lower Costs of ESRD Care	Facility Compliance with QIP Procedures	Monthly education: staff, state agency	100%
		Quarterly education: patients, facility staff	100%

PROFILE OF PATIENTS IN THE IPRO ESRD NETWORK OF NEW YORK'S SERVICE AREA

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

The number of individuals new to ESRD treatment in calendar year (CY) 2014 (incident population) increased by 4.2%, to 7,312 patients from CY 2013. The individuals receiving ESRD treatment at year end (prevalent population) increased by 2.0% to 28,171 individuals. (See Table C and Data Tables 1 and 2). For a complete analysis of patients, treatment types, and location of treatment, refer to the Data Tables starting on page 35.

The demographics of New York State's ESRD patients reflect significantly different proportions compared with the overall population of the State (based on U.S. Census estimates for 2013). For example, while 17.5% of New York State's 2013 population was Black/African American, this group represented 53.5% of the 2014 year-end prevalent population.

In 2014, the number of patients age 65 and over, while only 14% of New York's census, comprised 47.6% of the New York ESRD population, an increase of almost five percent from the prior year end. Conversely, while 51% of the 2013 New York State population was female, only 42% of the 2014 ESRD population was female. (See Data Table 2).

Diabetes continues to be the number one primary diagnosis of incident patients in 2014, followed by hypertension/large vessel disease (see Data Table 1).

In 2014, 1,221 renal transplants were performed at 13 transplant centers in New York State. This represents an 8.7% increase in renal transplants compared to the previous calendar year (see Data Table 5).

Table C. Clinical Characteristics of the ESRD Population in the Network Area, Calendar Year 2014

Category	Number	Percent
Incident (New) ESRD Patients		
Number of Incident ESRD Patients, Calendar Year 2014	7,312	
Primary Cause of ESRD among Incident ESRD Patients		
Diabetes	3,024	41.4%
Glomerulonephritis	497	6.8%
Secondary Glomerulonephritis/Vasculitis	157	2.1%
Interstitial Nephritis/Pyelonephritis	224	3.1%
Hypertension/Large Vessel Disease	1,942	26.6%
Cystic/Hereditary/Congenital Diseases	260	3.5%

Category	Number	Percent
Incident (New) ESRD Patients		
Neoplasms/Tumors	187	2.6%
Miscellaneous Conditions	807	11.0%
Not Specified	214	2.9%
Prevalent Dialysis Patients		
Number of Prevalent Dialysis Patients as of December 31, 2014	28,171	
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2014*		
In-Center Hemodialysis or Peritoneal Dialysis	26,405	93.7%
In-Home Hemodialysis or Peritoneal Dialysis	1,766	6.3%
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2014	25,333	
Arteriovenous Fistula in Use	16,615	65.59%
Arteriovenous Graft in Use	3,678	14.52%
Catheter in Use for 90 Days or Longer	3,143	12.41%
Renal Transplants		
Number of Renal Transplants, Calendar Year 2014	1,220	
Transplant from Deceased Donor	710	58.2%
Transplant from Living Related Donor	272	22.3%
Transplant from Living Unrelated Donor	238	19.5%
Donor Information Not Available	0	0.0%
Mortality		
Number of Deaths of ESRD Patients, Calendar Year 2014	4,634	

Source of data (except vascular access data): CROWNWeb Annual Report tables.

** The numbers may not reflect the true point prevalence due to different definitions for transient patients.*

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

IMPROVING CARE FOR ESRD PATIENTS

IPRO ESRD Network of New York works closely with ESRD patients, patients' family members and care partners, nephrologists, dialysis facilities, other healthcare organizations, ESRD advocacy organizations, and other ESRD stakeholders to improve care for ESRD patients in New York State.

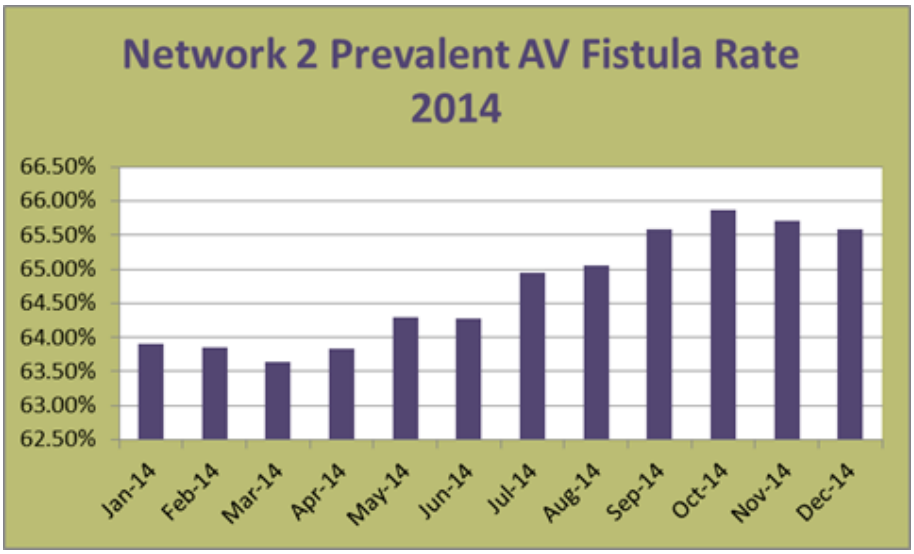
Under contract with CMS, IPRO ESRD Network of New York is responsible for identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in New York State; identifying opportunities for improvement at the facility level and providing technical assistance 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.

Vascular Access

Improving AVF In Use Rates for Prevalent Patients

In 2014, the Network's goal was to achieve an overall 64.9% AVF in use rate among all prevalent in-center hemodialysis patients. The Network exceeded its goal by achieving a 2.59% increase, resulting in a 65.59% AVF in use rate in the Network service area as of September 2014 (see Figure 3).

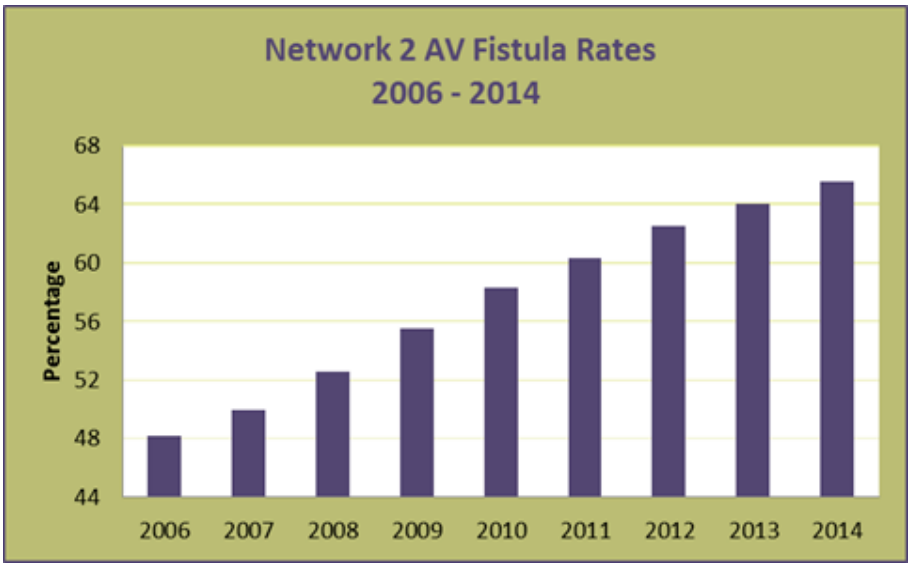
Figure 3. AVF In Use Rates in the Network's Service Area (Percentage) in CY 2014



**Source: Fistula First Outcome Dashboard CY 2014*

Since 2006, the Network has been collaborating with providers across New York State to improve AVF in use rates. From July 1, 2006 to December 31, 2014, the Network was successful in improving the rate of AVFs in use among eligible adult hemodialysis patients in its service area by 17.39% (see Figure 4).

Figure 4. AVF In Use Rates (Percentage) in the Network's Service Area 2006-2014*



**Source: Fistula First Outcomes Dashboard CY 2006–2014*

Reducing Catheter Rates for Prevalent Patients

As part of its work to improve vascular access rates among prevalent patients in its service area, in 2014, the Network targeted facilities with a long-term catheter (LTC) rate (catheters in place ≥ 90 days) greater than 10% for interventions aimed at decreasing the average LTC rate of these facilities by two percent. The Network did not achieve this goal but was able to decrease the LTC in use rates by one percent in the targeted facilities.

Vascular Access Quality Improvement Activities

To accomplish the goal to improve vascular access in its service area, in 2014, the Network targeted 48 facilities that had AVF rates less than 55% and 130 facilities that had LTC rates greater than 10%. Each targeted facility had a census of at least 25 patients. Pediatric-only units and peritoneal dialysis units were excluded from this project, since these facilities are part of the CMS exclusion criteria for reporting vascular accesses. The targeted facilities with low AVF in use rates were given a goal to improve their rates by four percent; the facilities with high LTC in use rates were given a goal to decrease their rates by two percent. The Network's success in improving AVF rates was due to the implementation of a series of interventions.

In order to increase staff and patient knowledge and to assist staff in identifying strategies to improve access rates within its service area, the Network implemented the following educational programs targeting professionals:

- **Regional Seminar--Dilemma in Dialysis: Who's at Risk for Infection and Vascular Complication**. This continuing education seminar was presented at six locations throughout the Network service area, with the goal of helping facilities increase or maintain their AVF rates, decrease catheter in use rates, and better understand the ESRD QIP and the benefits of empowering patients.

  The program, which targeted nurses and patient care technicians, focused on promoting cannulation techniques and infection control practices that help prevent the loss of AVFs and/or AV grafts. The curriculum also included information on National Healthcare Safety Network (NHSN) audits, hand hygiene/cannulation effects to the skin, and peripheral arterial disease.

  The seminar was attended by 215 professionals. A post event survey revealed a 96% overall satisfaction with the information provided.

- **Quarterly Facility-Specific Vascular Access Reports.** The Network collaborated with Network 18 to develop a one-page, concise, and easy to read report containing CROWNWeb data. This report was distributed quarterly to all facilities in the Network service area to help facility staff monitor progress toward achievement of the Network's vascular access goals. Information contained in the report includes facility-specific vascular access in use rates and AVF goals, as well as Network and national benchmarks. Facility goals are based on the quality deficit formula. These reports have been successful in engaging facilities in conversation with the Network regarding implementation of strategies to improve vascular access rates.

- **Site Visits.** Network staff provided one-on-one, in-person analysis and education to staff at targeted facilities that did not demonstrate improvements in their vascular access rates. In 2014, nine facilities were targeted for vascular access related site visits: three were selected because they had no improvement on low AVF rates, and six were selected because they had no improvement on LTC rates. The site visits were designed to address AVF/LTC clinical issues and patient engagement. Network quality improvement and patient services staff presented strategies to increase AVF rates and decrease LTC rates. These meetings provided an opportunity for Network staff to speak directly to dialysis facility administrative and clinical staff, as well as patient representatives where available, and engage them in quality improvement practices.

Best Practice: Physician Referral

One facility located in a rural area developed a best practice related to selecting vascular surgeons. The facility's AVF rates had declined since the loss of a local vascular surgeon, who was replaced with a surgeon whose outcomes in placing permanent accesses were poor. The facility's Medical Director identified competent surgeons in the surrounding areas and sent his patients out of the area based on where they lived. The facility's AVF rates increased from baseline in October 2013 to re-measure in September 2014 by greater than 14%, and its LTC in use rates decreased by 11% during the same time period.

Project Outcomes and Sustainment

Facilities participating in the project were required to submit a monthly report to the Network identifying patients with AVFs in use and those with LTCs in use. Based on these reports, of the 48 facilities that were selected for improvement of AVF in use rates, 37 (77%) had an improvement, with 24 (50%) facilities meeting the goal to attain a 4% percent increase. Of the 130 facilities that were selected for improvement of LTC in use rates, 87 (66.9%) had an improvement, with 71 (54.6%) facilities meeting the goal to attain a 2% percent decrease.

To sustain these improvements, the Network incorporated National Institutes of Health-identified strategies for sustaining quality improvement. Elements of these strategies include:

- **Leadership Engagement.** Medical directors, facility administrators and nurse managers were included in all facility communications and were invited to participate in all levels of the project.
- **Project Benefits Promotion.** Staff and patients were educated throughout the project about the benefits of patients having AVFs in use, rather than catheters.
- **Project Progress Monitoring.** On a monthly basis, facility staff members were required to complete and submit to the Network a tool that tracked their facility's AVF and LTC rates. Additionally, the quarterly Network-developed facility-specific vascular access reports discussed on page 12 allowed both facility and Network staff to monitor progress toward project goals.
- **Facility Staff Involvement and Training.** Staff training included webinars, on-site visits, distribution of resources, and conference calls. The Network encouraged facilities to invite all staff (social workers, dietitians, nurses, and technicians) to participate in training sessions.

Patient Safety

Support for the National Healthcare Safety Network (NHSN)

The Network assists facilities in its service area with enrollment and reporting of dialysis events into NHSN. The Network also works to ensure that all facilities in New York State join the Network NHSN group and confer rights in order for Network staff to view their data.

Each year, a number of facilities in the Network service area close and new facilities open. In 2014, Network staff identified 18 facilities that were not enrolled in NHSN or had not conferred rights. The Network contacted each facility, provided instructions, and offered assistance to help them comply with requirements for joining the Network NHSN group, conferring rights, and reporting dialysis events.

It was found that many of these facilities had joined NHSN and had been reporting dialysis events but had not joined the Network group. By December 31, 2014, 255 (99.2%) of the 257 eligible facilities in the Network service area were enrolled in NHSN and 250 (98%) of the enrolled facilities had conferred rights to the Network NHSN group.

The Network supports facilities' data reporting by reviewing, on a monthly basis, three months of data for accuracy and completeness. Based on this data review, the Network identifies facilities that have incomplete data and those that have potentially entered data incorrectly.

Facilities with identified problems are contacted by the Network, given the areas of potential errors, and asked to review their data for accuracy and make appropriate corrections. In collaboration with Network 18, the Network developed a computer generated report to identify potential errors in a more consistent and efficient manner. From the time we instituted the automated report in June 2014 to the end of November 2014, there was a 25.7% decrease in identified errors.

In order to meet the Quality Incentive Program (QIP) requirements for NHSN reporting, facility staff must complete and submit a monthly reporting plan, a denominator data report, and dialysis events data. The Network runs a NHSN QIP report to identify and notify facilities that are not meeting the reporting requirements. For the last quarter of 2014 (from October through December), of the 255 enrolled facilities in the Network's service area, 251 (98.4%) met the QIP requirements.

In May and October of 2014, the Network interviewed staff members at 20 facilities in its service area to determine whether NHSN dialysis event surveillance practices were being performed correctly. Ten of the facilities had high bloodstream infection (BSI) rates and ten facilities had low BSI rates. The most significant finding revealed through these interviews is that facility staff members often confuse the vascular access reporting required for NHSN with the requirement to report in CROWNWeb. Of the facility staff interviewed by the Network, only one staff member answered correctly all questions related to vascular access reporting into NHSN. To clarify and help staff understand the differences in reporting requirements between NHSN and CROWNWeb, the Network developed the *Vascular Access Tip Sheet*, which has been distributed to all facilities in the Network service area.

Healthcare-Associated Infection (HAI) 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 provide an opportunity for members to share knowledge, skills, and resources to address an identified quality of care issue through collaborative problem solving. In 2013, IPRO ESRD Network of New York established a LAN focusing on patient safety in dialysis facilities, with specific attention to reducing rates of healthcare-associated infections (HAIs). The membership of the HAI LAN includes patients and representatives of dialysis facilities and stakeholders. Member organizations include:

- DaVita
- Fresenius Medical Care
- Kingsbrook Jewish Medical Center
- Marjorie Basser Dialysis Center
- IPRO - New York State Quality Innovation Network-Quality Improvement Network
- New York Presbyterian Hospital - Columbia
- New York State Department of Health
- New York State Survey Agency
- Patient Subject Matter Experts (SMEs)
- Trude Weishaupt Memorial Dialysis Center

In 2014, the members of the Network's HAI LAN developed the campaign *Spread Change, Instead of Germs* to rally patients, family members, care partners, stakeholders, healthcare workers, and facilities to work together toward improving care quality by reducing HAI incidences. The LAN members focused their efforts on identifying best practices and barriers to and opportunities for improving quality measures.

Through monthly workgroup calls, LAN members provided insight for strategies to improve HAI rates within New York State. To facilitate rapid cycle improvement, during each meeting, LAN members reviewed the outcomes of the previously conducted quality improvement audits (hand washing, catheter initiation/ termination and cannulation/decannulation), as well as outcomes of the PFeLAN campaign *Hand Hygiene All Stars* for rapid cycle improvement.

During 2014, the LAN members developed and presented a statewide webinar, *Is This Normal? Signs and Symptoms of Infection in Dialysis Patients*. The agenda for the program, which targeted both patients and professionals, included hand hygiene guidelines for patients and staff, types of infections common in dialysis patients, assessment for vascular access infections, and LAN-developed materials for patients. The American Nephrology Nurses Association (ANNA) approved the program for 1.5 CNEs. There were 55 unique call-in sites, many of which had multiple attendees, and 35 attendees received CNEs.

Reducing Rates of Healthcare-Associated Infections

As part of the Network's overall effort to work with facilities to reduce infection rates, the Network targeted 52 facilities (more than 20%) in the Network service area to facilitate performance of a minimum number of monthly observations. Targeted providers included 44 free standing facilities, six hospital satellite facilities, and two hospital based facilities. Of these facilities, 38 were LDOs and 14 were independent.

Every month, each facility is required to conduct the Centers for Disease Control and Prevention (CDC) Prevention Process audits and to report both the number of audits completed and the number of successful audits. The observation audits include a minimum of 30 hand hygiene observations, 10 catheter connection/disconnection observations, and 10 fistula/graft cannulation observations.

Of the 52 targeted facilities, 100% completed the required number of observations from April through November 2014. The number of successful observations are shown in Figure 5.

Figure 5. Percent of Successful Observations

	Hand Hygiene	Catheter Connection/ Disconnection	Fistula/Graft Cannulation
Monthly Range	83.2% - 92.6%	88.7% - 94.5%	81.8% - 96.4%
Overall Average	89.2%	92.2%	88.5%

The Network's success with this project was the result of a series of interventions that included:

- Provision of CDC bloodstream infection (BSI) prevention tools and training on using these tools to perform audits.

- Network review with facility staff of monthly audit results in order to promote desired practices, help identify areas for improvement, and engage staff with feedback.

Support for the ESRD Quality Incentive Program (ESRD QIP)

The Network has taken a multi-tiered approach to assisting facilities in understanding and complying with ESRD QIP processes and requirements. In 2014, the Network continued its QIP Educational Initiative, focusing on educating patients, family members, and provider staff on the QIP and its required reporting and performance measures. This initiative and its resources provided an opportunity for patients and provider staff to understand the implications of and influences on QIP measures.

2014 Network ESRD QIP education strategies featured:

- Integration of QIP education into all relevant education programs. This included:
    - A presentation on the QIP by the former Program Lead and Policy Lead for the CMS ESRD Quality Incentive Program, to an audience of over 300 professionals and patients at the Network's Annual Meeting;
    - The addition of information on the ESRD QIP and "the patient as consumer" to 15 presentations, delivered in person, to a combined audience of more than 1,000 patients, stakeholders, and providers;
    - Inclusion of QIP information in the quarterly webinar series on the *5 Diamond Program for Patient Safety* which highlighted the modules that could assist facility staff in increasing their QIP score;
    - Patient and Family Engagement Learning and Action quarterly review meetings;
    - The HAI LAN continuing education program;
    - Patient Advisory Committee (PAC) orientation meetings;
    - Network meetings, including: monthly staff meetings, monthly State Survey meetings, vascular access continuing education seminars, and provider site visits;
    - Stakeholder meetings, including meetings with patient support groups, ANNA regional meetings, LDO/SDO regional meetings;
    - Presentations at all onsite meetings with providers; which incorporate review of a patient engagement checklist that features the QIP, a review of measures, educational resources, the requirement to post the QIP Performance Score Certificate (PSC); and
    - The PSC and QIP measures are also discussed during monthly conference calls with the State Survey Agency.
- Distribution to more than 2,400 professionals and patients of periodic e-mails containing QIP updates and resources. E-mails have focused on topics that include proposed rules and comment periods, final rules, existing educational resources, DialysisReports.org, DialysisData.org, and strategies to educate patients on being informed healthcare consumers.

- A featured page (http://esrdny.ipro.org/esrd-qip/) on the Network's website, dedicated to providing updates and information on the QIP for both patients and professionals. This page is routinely updated to ensure that the most current information is always available. A link to the QIP resource page is a part of the resources footer in all Network announcement e-mails to the community.
- Articles featured in the Network's publication for professionals, *Network Notes*, and in its monthly patient-focused newsletter, *Kidney Chronicles* (available in English and Spanish).

Provider Education

In 2014, the Network provided ESRD professionals in its service area daily technical assistance and a robust provider education program. Additionally, we convened three Learning and Action Networks (LANs):

- Patient and Family Engagement Learning and Action Network (PFeLAN),
- Healthcare Associated Infections Learning and Action Network (HAI LAN), and
- Transplant Learning and Action Network (Transplant LAN).

These three LANs brought together on a regular basis more than 200 provider staff members, patients, family members, care partners, and ESRD stakeholders, culminating in educational events that benefitted the whole community. This model was used to educate provider staff and patients in all LAN projects and activities.

Highlights of Network provider educational activities are described below.

Annual Meeting

The Network's Annual Meeting, *Promoting Partnerships in ESRD Care,* was a cornerstone of our education program and featured a full day continuing education program for 332 healthcare professionals including nurses, dieticians, social workers, and technicians, as well as 12 patients. PAC members and SMEs helped to develop awards and programming for the meeting and were among the presenters and attendees.

Facility Site Visits and In-Service Education

Network staff conducted 22 sites visits in 2014, and presented information and training on topics that included patient engagement, transplant, healthcare-associated infections, communication, the ESRD QIP, and vascular access.

Stakeholder Meetings

Network staff presented at the Ninth Annual CKD/ESRD Education and Awards Luncheon to an audience of more than 110 facility staff members, patients, and ESRD stakeholders. Network staff presented at the semi-annual Education Day of the Long Island ANNA Chapter to an audience of more than 125 dialysis nurses and administrators.

Continuing Education Seminar

Dialysis: Who's at Risk for Infection and Vascular Complications was presented at six locations throughout the State to more than 215 dialysis nurses and technicians. This activity is described in more detail on page 12.

Webinars

- 5-Diamond Train the Trainer Program series of five webinars presented to an audience totaling more than 125 professionals.
- PFeLAN Community Webinars presented a variety of topics including patient engagement, transplant and the annual plan of care meeting to audience of more than 130 professionals.
- Patient Services QIA Webinars, presented to more than 17 professional staff members representing at all five facilities participating in the project, provided training for the *Certified Communicators* program. This program is described in detail on page 29.
- HAI LAN Continuing Education Webinar, *Is this Normal? Signs & Symptoms of Infection in Dialysis Patients*, presented to an audience of more than 55 provider staff. This program was described on page 15.

Newsletter: Network Notes

In 2014, the Network published and distributed the provider specific newsletter *Network Notes* to over 2,400 provider staff, stakeholders, and community members.

Our Spring/Summer 2014 issue featured articles on ESRD facility emergency preparedness rules; CROWNWeb resources; NHSN event module updates; In-Center Hemodialysis (ICH) CAHPS-ESRD Survey; vascular access; preventing HAIs; traveling on dialysis/vacation planning; 5-Diamond Patient Safety Program; PFeLAN 2014 (Transplant Talks, Annual Plan of Care, Hand Hygiene).

Our Fall/Winter 2014 issue featured articles on vascular access; a patient poem: Ode to the Renal Angels; transplant referrals; effective patient:staff communication; QIP performance score, certificate; insurance resources; winter weather preparedness; CMS Five Star Rating Program; NHSN; Patient Art Show; CROWNWeb updates; 5-Diamond Patient Safety Program update; PFeLAN 2014 (Transplant Talks, Annual Plan of Care, Hand Hygiene).

Patient and Family Engagement Learning and Action Network (PFeLAN)

Quality Improvement Activity—Transplant Talks: Increase Patient Transplant Literacy through Discussion with Patients, Family and Healthcare Team

The activities of the Network's PFeLAN led to a quality improvement activity in which 38 facilities hosted *Transplant Talks* events. As part of these events, facility staff members were given guidance in how to start the conversation with patients about transplant. The overarching goal of this activity to educate patients and increase the transplant referral rate in New York State. This program was a resounding success, with 887 patients in Suffolk and Nassau Counties having received information and resources on transplant as a treatment option.

Annual Plan of Care (APOC) Meetings

In order to achieve our PFeLAN goal for patient participation in the APOC meeting, the Network educated provider staff via direct mail, individual site visits to targeted facilities, a webinar featuring the CMS Conditions for Coverage and Interpretive Guidelines, Annual Plan of Care requirements, and an article in *Network Notes*. A total of 67 facilities in the Buffalo, Rochester, and Syracuse areas participated in the Network's *Annual Plan*

of Care Campaign. Overcoming numerous barriers related to scheduling, transportation, and patient apathy, interdisciplinary teams were able to come together and facilitate individual team Annual Plan of Care meetings/conference calls for 716 patients.

Transplant Learning and Action Network

Let's Talk Transplant Educational Program

The Network introduced the *Let's Talk Transplant* educational program for dialysis facility staff, as a sister program to *Transplant Talks* for patients. These presentations target facility staff (nurses, patient care technician, social workers, dietitians, nephrologists, and administrators) and are held in conjunction with *Transplant Talks,* creating an opportunity for communicating with patients, staff members, and family members in an all-inclusive education day.

Psycho-Social Care Focused Education

Dialysis providers often look to the ESRD Network of New York for guidance when encountering unique or challenging circumstances in the course of patient care. During 2014, the Network Patient Services department was available to educate facilities on a wide range of topics including: patient non-adherence, access to care, mental health concerns, specialized patient placement, behavioral concerns, cultural considerations, and mediation techniques. The Network has access to a wide range of stakeholder agencies and community based resources as well as Medical Review Board members and Network Committee members. These outside resources are called upon as needed to ensure that all efforts are made to provide education and to link facility staff to helpful resources. As appropriate, the Network also provides education to facilities on the CMS Conditions for Coverage as they relate to a given circumstance.

Additionally, Network staff implemented projects including the *Certified Communicators* quality improvement activity, in which webinars, site visits, and phone conferences were conducted with providers to support enhanced patient care. Additional information about this activity is available in the *Grievances and Access to Care* section of this report.

Contributions to the Professional Literature

In calendar year 2014, the Network did not submit any articles or book chapters for publication.

Ensuring Data Quality

During calendar year 2014, the Network supported dialysis facilities and transplant centers in the improvement of data timeliness, accuracy, and completion using a number of innovative approaches to encourage facility participation in the input and verification of their patients' data. Early in the year, as the Network kicked off the Annual Survey of Dialysis Facilities and Transplant Centers, Network staff presented a training session for facility data contacts, social workers, and regional management.

The training allows participants to view the official training course for the survey and to interact and discuss implications, tips, and methodologies.

At the Network Annual meeting in June, we presented Certificates of Recognition for Data Excellence to 40 facilities that led the State in timely and accurate reporting in CROWNWeb. We also identified 19 CROWNWeb champions, including Star Players, Coaches, Rookies of the Year, All Stars, Top Coach, and MVP. These were key facility staff members who not only met their data reporting requirements, but encouraged and assisted others in their own facilities and other organizations to achieve outstanding results in CROWNWeb related responsibilities.

In 2014, the Network provided reports to every facility missing clinical or vascular access data, with instructions and links to training modules, demonstrating how to complete data in CROWNWeb before the close of each clinical month.

New in 2014 were frequent communication of tips, training, and guidelines for each area of reporting responsibility within CROWNWeb. These tips helped facility staff to meet their reporting responsibilities and provided a new focus on a project that has been in existence for many years. By engaging the audience with frequent communications (tips, training, and guidelines), a new level of achievement was reached, resulting in statewide, all-time high performance on several measures including:

- The Annual Survey, which was completed ahead of schedule with 100% dialysis facility participation.
- Completion of Patient Attributes and Related Treatment (PART) Verifications, which reached a record high of 98.9% in 2014. PART Verifications are completed by facilities to confirm, on a monthly basis, patients demographic, admit/discharge, and treatment data in CROWNWeb.
- Clinical and vascular access data submissions continued to improve in 2014. The percentage of patients with submitted clinical and vascular access data exceeded 94% for the fourth quarter of 2014.

DISPARITIES IN ESRD CARE

The Network's Population Health Innovation Project focused on increasing transplant referral rates in our eligible population by five percentage points, while demonstrating a one percent reduction in the identified disparity gap between patients 65 years and older and patients younger than 65 years old. A disparity assessment in the targeted facilities' transplant population found age to be the highest ordered disparity. The Network worked with 22 facilities with a total population of 2,199 patients who volunteered to participate in the project. The baseline data was collected from July 1, 2012 through December 31, 2012, and the final re-measure was based on September 2014 data. The Network surpassed the referral goal of 5% and had an overall improvement of 13%.

The Network was not successful in meeting the goal to decrease the disparity gap by one percent. Our analysis of this shortfall enabled us to identify critical factors impacting referrals for patients 65 years and older that we had not previously identified, as well as a better approach to our next innovation project: identifying facilities with the most significant disparities for the project. Interventions will include a more circumspect review of the facilities' data, including the disparity.

Interventions to Promote Transplant Referral

The Network introduced the *Let's Talk Transplant* educational program for dialysis facility staff, as a sister program to *Transplant Talks* for patients. These presentations target facility staff (nurses, patient care technician, social workers, dietitians, nephrologists, and administrators) and are held in conjunction with *Transplant Talks,* creating an opportunity for communicating with patients, staff members, and family members in an all-inclusive education day. Having the Network present projects that are designed by patients, for patients and family members, with a simultaneous staff education program, closes the education gap in the transplant referral process, and highlights the Network as a working partner in ESRD care. Both learning activities lay the groundwork for improving transplant referral rates. The Network conducted these programs at eight facilities that requested staff in-service training. In 2014, this program reached more than 80 staff members.

In 2014, the Network's Transplant Learning and Action Network developed several documents to pique the interest of patients to seek out further information about transplants and to consider a transplant referral. The LAN membership included more than 30 active members such as patient SMEs, care partners, clinical staff, support staff, and stakeholders. We strive to have all perspectives represented in this collaboration, resulting in more coordinated care and greater value for ESRD patients. The Transplant LAN was instrumental in developing and adapting educational pieces for use in the *Let's Talk Transplant* toolkit. Materials included a trifold brochure: *A Kidney Transplant at Any Age;* a poster: *Transplant is an Option Regardless of Your Age;* and a multi-Network collaborative patient and donor stories booklet: *Your Life, Your Choice.* With over 6,000 provider requests from the Network community for these materials, they were by far the most popular education pieces offered in 2014.

The Network conducted a review of transplant exclusion criteria for each transplant center in New York State and developed the *New York State Transplant Center Referral Guide*, which is distributed to all dialysis units,

nephrologists, and primary care physicians, to be shared with patients in the Network service area. By distributing this resource, patients were empower to address modifiable exclusions and to make informed choices when considering transplant centers. The *New York State Transplant Center Referral Guide* was our most requested publication. In 2014, facilities requested more than 5,000 copies in English and Spanish.

Research[1] indicates that patients relate well to other patients when discussing their experiences with end stage renal disease. In a collaborative approach, the Network worked with other Networks and the ESRD National Coordinating Center to create a book of patient and donor stories centered on the transplant experience, titled *Transplant Stories: Your Life, Your Choice*. Introduced in fall, 2014 the book identifies each participating Network's noted patient disparities, serves as an inspiring educational piece to address disparities and increase transplant referral rates.

[1] Ghahramani N. Potential Impact of Peer Mentoring on Treatment Choice in Patients with Chronic Kidney Disease: A Review. *Arch Iran Med.* 2015; 18(4): 239 – 243.

PARTNERSHIPS AND COALITIONS

National Patient and Family Engagement LAN

In 2014, the Network nominated three patient SMEs to be members of the NCC Patient and Family Engagement LAN (PFeLAN). To celebrate and strengthen patient engagement, the Network sponsored one NCC SME to represent the Network and join the NCC to promote the work of the Networks at the annual meeting of the American Association of Kidney Patients (AAKP) in Las Vegas, Nevada. The SME returned from the conference and shared his experience and contacts with the PFeLAN and PAC members. The success of this trip led to the establishment of a Network Annual Patient Engagement Award that will include a Network sponsored trip to the AAKP Annual Meeting for the honoree.

Fistula First Catheter Last Workgroup Coalition

This Fistula First Catheter Last Workgroup Coalition, an NCC group, comprises individuals from ESRD Networks and representatives of the renal community. The Coalition is charged with providing guidance on identifying and developing tools and resources, as well as implementing strategies for successful interventions aimed at achieving measureable outcomes through the collection of complete and accurate data. The Network's quality improvement director participated in the Coalition's Access Coordination subgroup. In 2014, this group developed an access planning guide for patients and supporting documents for the seven steps required to get a permanent access (AVF or AV Graft) in place and used. Although this guide is for patients, it can be used by staff members when discussing permanent access placement with the patients.

New York State Survey Agency

The Network's close partnership with the New York State Survey Agency (SA) is demonstrated by the agency's participation with the Network on monthly conference calls, the Network's Learning and Action Networks (LANs), and on Network emergency preparedness and response initiatives. Monthly conference call meetings include discussions related to issues such as facility operating status, outcomes of surveys, grievances, involuntary discharges (IVDs), and facility survey concerns. Attendees also include the CMS Contracting Officer Representative (COR), CMS Region II Office, NYSDOH State Surveyors from each region and Network staff.

Phi Beta Sigma, Inc. National Fraternity

The Network, PAC, and patient SMEs are working within the greater community to bring focus to resources available for ESRD patients, family members and care partners. Phi Beta Sigma Inc. founded at Howard University in 1914 has a mission of Culture for Service and Service for Humanity, and its members work with multiple agencies and communities to improve the quality of life. The Network partnered with the local chapter of the Phi Beta Sigma Fraternity to provide information to the community at the Annual Bedford Stuyvesant Health Fair. On the day of the fair, the Network table was manned by one staff member and a rotating group of five PAC Representatives and one SME who had the chance to speak with more than 62 community members who had questions about kidney disease, dialysis, and transplant.

Northeast Kidney Foundation

The Network partners with the Northeast Kidney Foundation (NeK) in providing educational materials and sharing educational resources to patients. Through the Network's promotion of the NeK's monthly, face-to-face "Kidney Clubs," we are able to promote the work of the Network and provide resources and education to patients who may not be otherwise be aware of the Network. In 2014, Network staff and patient SMEs attended two in-person meetings with the NeK, resulting in collaboration, PAC recruitment and spreading information about Network resources to over 150 people in the greater Albany area.

Medical Education Institute's "Kidney School™"

In response to feedback from PAC members, the Network collaborated with PAC Members and LAN SMEs, as well as the Medical Education Institute (MEI) to offer to Kidney School™ to ESRD patients, family members, and care partners. For additional information about this project, see page 25.

PATIENT AND FAMILY ENGAGEMENT

Education for ESRD Patients and Caregivers

In 2014, the Network's PAC developed a patient education program based on the Medical Education Institute's Kidney School™. The MEI developed Kidney School.org is a comprehensive online education program for people who want to learn how to manage and live with chronic kidney disease (stages 3–5).

The PAC launched the project as a pilot program in fall 2014 with a series of 15 one-hour educational phone calls/webinars to boost patient engagement in their care, educate on topics that are important to people living with ESRD, and provide a platform for peer networking. The program was offered to PAC members in the Metro NYC and Long Island area. In order to receive a diploma, participants were required to attend a minimum of 12 of the 15 conference calls/webinars.

In 2014, 16 "diploma" students (15 patients and one care partner) participated in at least 13 of the 15 calls offered, with an average of 22 people attending each call.

Patient and Family Engagement Learning and Action Network (PFeLAN)

IPRO ESRD Network of New York is committed to incorporating the perspective of patients, family members, and other caregivers into its quality improvement activities. In 2013, the Network established a Patient and Family Engagement Learning and Action Network (PFeLAN), which we continue to actively support through a variety of activities, as discussed below.

Quality Improvement Activity (QIA)

The QIA *Transplant Talks* was designed by the PFeLAN and implemented in April 2014 to increase patient transplant literacy and achieve an overall increase in transplant referrals. This activity promotes 1.) Transplant as a treatment modality; 2.) The patient being proactive in his/her care, and 3.) Increased patient communication with his/her healthcare team. *Transplant Talks* targeted 3,632 patients in Nassau and Suffolk counties, where more than 1,600 patients attended a *Transplant Talks* event, and facility evaluations indicated a 100% of all responders found the activity to be above average or excellent.

Campaign I: Hand Hygiene All-Star (HHAS)

The Network targeted patients at facilities in the areas of Syracuse, Albany, and Utica, as well as the Northern Adirondacks and Hudson Valley areas for participation in the *Hand Hygiene All-Star* (HHAS) campaign. The campaign was designed to educate and encourage dialysis patients to follow World Health Organization (WHO) "Guidelines for Hand Hygiene" prior to treatment, and to involve facility staff in encouraging and celebrating positive achievements in hand hygiene.

For this campaign, 3,894 of the 6,247 patients targeted took a pledge to be Hand Hygiene All-Stars. By working together with the State Department of Health and the Network's HAI LAN, we were able to change practices in a number of facilities; ten of the participating facilities had a 100% patient participation rate.

Campaign II: Annual Plan of Care (APOC) Patient and Family Involvement Campaign

This campaign was designed by patient SMEs to encourage patient/family member/care partner involvement in the APOC meeting, as required by the Conditions for Coverage. Patient tools were designed by SMEs to provide a composite ESRD-specific overview of general wellness, with built-in measures and goals for the patient to discuss with his/her healthcare team during the APOC meeting. The goal for this campaign was to involve patients/family members and care partners in the APOC meeting with the interdisciplinary team. By December 2014, 716 of the 6,426 patients in the targeted areas attended their annual plan of care meetings, which were conducted as a face-to-face, private meeting or conference call.

Fulfillment of Requests for Printed Patient Educational Materials

The Network maintains a catalogue of educational materials, developed or resourced by the Network to address specific ESRD patient/family member/care partner needs.

In 2014, materials on the following topics were requested for patients by more than 200 provider facilities within the Network's service area:

- Vascular Access (Pamphlets/Flyers/Posters): 11,834
- Patient Engagement (Newsletters/Patient stories/Vocational Rehabilitation): 2,639
- QIP (Posters, Postcard, Pamphlet): 1,573
- Immunizations (Poster/Flyer/Packet Guides): 1,535
- Transplant (Referral Guide): 4,317 (English 3,296; Spanish 1,021)
- Patient Newsletters *Kidney Chronicles* (monthly, English and Spanish) and *PAC Speaks (*semi-annual, single-topic, patient-written flyer): 5,400+ monthly

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 survey measures were endorsed by the National Quality Forum (NQF) in 2007.

The ESRD Network of New York encourages qualified outpatient dialysis facilities to participate in the ICH CAHPS data collection. During 2014, 100% of the facilities within the Network's service area indicated eligibility for ICH CAHPS and confirmed their participation in the survey or indicated that they were excluded as a non-eligible facility due to patient census. Network staff remained available throughout the year to provide technical assistance to facility staff.

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.

In many instances, the ESRD Network of New York 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 ones involving involuntary discharge, involuntary transfer, or failure to place. An involuntary discharge is 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, emergency, disaster situation, or other circumstance, 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.

As shown in Table D, in 2014, the Network responded to 113 grievances, 17 (or 15%) of which involved issues related to access to care. The Network responded to 105 additional non-grievance access to care cases brought to its attention by facility staff, hospitals, or other healthcare providers.

Table D. Grievance and Non-Grievance Access to Care Cases, Calendar Year 2014

Category	Number
Number of Grievance Cases Opened by the ESRD Network of New York in Calendar Year 2014*	113
Percent of Grievance Cases Involving Access to Care	15%
Number of Non-Grievance Access to Care Cases Opened by the ESRD Network of New York in Calendar Year 2014	105
Total Number of Grievance and Non-Grievance Cases Involving Access to Care in Calendar Year 2014	218
Number of Cases Involving Involuntary Transfers**	3
Number of Cases Involving Involuntary Discharges**	22
Number of Cases Involving Failure to Place**	24
Number of Cases Referred to SA	13

Source of data: Patient Contact Utility.
**Includes grievance cases involving access to care.*
***Includes grievance cases involving access to care as well as non-grievance access to care cases.*

To determine whether discrimination played a role in any case, all grievance and access to care cases are reviewed and investigated for patient characteristics including, but not limited to, race, ethnicity, gender, and length of time on dialysis. In addition, all involuntary discharge/involuntary transfer (IVD/IVT) and failure to place (F2P) cases were reviewed to determine if these events were unintended results of the ESRD Quality Incentive Program (QIP) or the Prospective Payment System (PPS).

During 2014, one grievance case was determined to contain allegations of discrimination; this case was investigated by Network staff, who referred the case to the United States Office of Civil Rights for further investigation.

Grievance Quality Improvement Activity (QIA)

During the first quarter of 2014, the Network conducted a targeted grievance audit that identified staff-related issues as the most common cause for grievances (61% of the cases reviewed). A root cause analysis conducted by Network staff and the Grievance Committee Chairperson revealed that barriers in patient-staff communication were behind many of these staff related grievance cases. In response to this finding, the Network developed and implemented the *Certified Communicators* quality improvement activity. In developing the program, the Network reviewed empirical data resulting from a study commissioned by Rand Health titled *Improving Interactions with Patients in a Dialysis Facility* (Farley, Wiseman, & Quigley, 2012), and incorporated input from the Network's Medical Review Board, the Network Grievance Committee, and patient subject matter experts. This project featured two key modules:

- *An educational module* introducing the program to facility staff members and patient participants. This module stresses the importance of communication as a foundation to quality healthcare and focuses on identifying and promoting best practices for positive communication specific to the dialysis unit.
- *An activity-based module* in which patients are encouraged to complete several communication exercises that reinforce positive verbal interaction with members of the dialysis facility interdisciplinary team. These interactions are intended to foster positive rapport between patients and staff members, thereby creating or strengthening a bond between the two parties.

The *Certified Communicators* program was conducted in five targeted facilities, and a total of 229 patients or 23.9% of the aggregate patient population successfully completed the program. This outcome significantly exceeded the 10% goal originally set for the project. Additionally, the goal to reduce topic area grievances was achieved; throughout the duration of the project, no topic area grievances were received by any of the participating facilities.

Grievances and Non-Grievance Access to Care Cases Referred to State Survey Agencies

In 2014, the Network formally referred 13 grievance cases to the State Survey Agency (SA). These cases were referred through identification by Network staff of patient safety related concerns or by direct patient requests for SA intervention. Grievance cases referred to the SA covered topics that include: infection control, physical environment, and policy and procedure concerns. As a result of these efforts, Network staff confirmed that eight of the SA referrals resulted in site visits for further investigation and when appropriate, recommendations for corrective action were made. Additionally, the Network referred six Non-Grievance Access to Care Related Cases to the SA; all of these were related to concerns dealing with involuntary discharge.

Recommendations for Sanctions

During 2014, the Network did not recommend any sanctions for any ESRD provider in its service area.

Recommendations to CMS for Additional Facilities

In 2014, the Network made no recommendations for additional facilities to CMS.

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. During 2014, the Network coordinated statewide emergency preparedness and response for the dialysis community in New York State.

Key Network accomplishments throughout 2014 included:

- Conducting facility and patient education regarding preparedness, via articles in Network newsletters, presentations, and other correspondence,
- Performing environmental scans of facility resources using the Network developed Critical Asset Survey (CAS),
- Developing and maintaining partnerships with emergency preparedness stakeholders and community organizations,
- Assisting patients and dialysis facilities in responding to emergencies, and
- Participating in a nationwide emergency preparedness exercise, the KCER National Tabletop Exercise-NExUS (see page 32).

Network Partnerships and Collaborations

The Network collaborates with local, state, and national emergency preparedness groups to:

- Ensure that we have relationships established to support our patients and providers should an emergency occur, and
- Serve as a recognized resource to other organizations that need our support.

The Network's collaboration with the New York City Office of Emergency Management (NYC OEM) includes participation in conference calls and meetings of the Special Needs Task Force, which incorporates other special needs agencies in NYC. In addition, the Network participates in the Emergency Support Function -8 (ESF-8) and other emergency preparedness coalitions, as appropriate. The Network receives information from the NYC OEM's Advance Warning System (AWS), which is designed to alert providers serving individuals with special needs about various types of hazards and emergencies in New York City.

Because of the relationships etablished between the Network and these agencies, the Network received priority messaging services from several partnership agencies which has led to immediate notification of events that are specific to the ESRD population.

Additionally, the Network participated in events and meetings with the stakeholders, including:

- Greater New York Hospital Association (GNYHA) Emergency Preparedness Coordinating Council (EPCC),
- Metropolitan Area Regional Office (MARO) Health Emergency Preparedness Coalition,

- Northern Manhattan Healthcare Emergency Liaison Partnership (North HELP), and
- Nassau and Suffolk Counties' Offices of Emergency Management.

By attending these meetings and strengthening our partnerships, we are able to more quickly and efficiently address patient and facility needs during an emergency or disaster.

KCER National Tabletop Exercise: NExUS

On October 8, 2014, the Network participated in the National Tabletop Exercise coordinated by Kidney Community Emergency Response (KCER). The exercise was designed to establish a learning environment for participating ESRD Networks across the country. The goal of this exercise was to test Network-level emergency response plans, policies, and procedures as they pertain to an affected Network's geographic area of responsibility. To ensure an effective exercise, Network staff along with SMEs and local representatives from numerous agencies participated in the planning process and assisted with conducting and evaluating the exercise.

Participants included representatives from the New York State Survey Agency, local Offices of Emergency Management, New York State hospital associations, and a regional emergency preparedness healthcare coalition. These representatives were experienced in the field of emergency management and served as evaluators. In addition, the Network included several dialysis patients and representatives from small and large dialysis organizations.

At the conclusion of the exercise, an After Action meeting was conducted and an After Action Report/Improvement Plan was written to assess the Network's strengths and challenges in executing the emergency plan.

The Network has incorporated into its processes much of the feedback submitted by evaluators and observers after the event, including:

- Additional stakeholder recruitment,
- A higher reliance on the Incident Command System,
- A heightened focus on staff cross training, and
- Clearer delineation of staff responsibilities.

Emergency Events During 2014

The Network successfully managed 15 emergency events that required intervention, response, and tracking during 2014. These events accounted for 201 total days of facility closures and/or schedule alterations. When an emergency requiring Network intervention was reported, 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,
- Participate in emergency meetings with local Offices of Emergency Management and the Department of Health, and
- Connect facilities and individual patients, families, and care partners with appropriate local resources.

Figure 6. provides a breakout of the types of event, occurrence rates, and impact.

Figure 6. 2014 Emergency Events Requiring Network Intervention

Type of Event	Total Number of Occurrences	Total Closure Days (Aggregate)	Total Schedule Alterations* (Aggregate)
Snow Events	9	41	154
Rain/Wind Event	1	2	0
Flooding	1	0	0
Facility Physical Damage	3	0	3
Electrical Outages	1	0	1

**Delayed opening or early closures at facilities resulting in treatment schedule alterations*

LIST OF TABLES

DATA TABLES

The data presented in the tables following this page were extracted from a snapshot of CROWNWeb as of 5/19/2015.

Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting, and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities.

Table 1. ESRD Incidence
January 1, 2014 to December 31, 2014

Age Group	NY	Other	Total
00-04	9	0	9
05-09	11	0	11
10-14	13	0	13
15-19	35	1	36
20-24	54	2	56
25-29	100	1	101
30-34	161	4	165
35-39	172	4	176
40-44	237	8	245
45-49	394	8	402
50-54	570	15	585
55-59	747	19	766
60-64	871	17	888
65-69	896	21	917
70-74	903	27	930
75-79	741	20	761
80-84	634	16	650
>=85	592	9	601
Total	**7,140**	**172**	**7,312**
Gender	**NY**	**Other**	**Total**
Female	2,863	60	2,923
Male	4,277	112	4,389
Not Specified	0	0	0
Total	**7,140**	**172**	**7,312**
Race	**NY**	**Other**	**Total**
American Indian/Alaska Native	19	0	19
Asian	477	8	485
Black or African American	2,037	42	2,079
Multiracial	64	2	66
Native Hawaiian or Other Pacific Islander	37	2	39
White	4,495	118	4,613
Not Specified	11	0	11
Total	**7,140**	**172**	**7,312**
Primary Diagnosis	**NY**	**Other**	**Total**
Cystic/Hereditary/Congenital Diseases	250	10	260
Diabetes	2,952	72	3,024
Glomerulonephritis	481	16	497
Hypertension/Large Vessel Disease	1,904	38	1,942
Interstitial Nephritis/Pyelonephritis	215	9	224
Miscellaneous Conditions	795	12	807
Neoplasms/Tumors	179	8	187

Table 1. ESRD Incidence
January 1, 2014 to December 31, 2014

Secondary GN/Vasculitis	155	2	157
Not Specified	209	5	214
Total	**7,140**	**172**	**7,312**

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 259 patients with transplant therapy as an initial treatment.

This table includes 68 patients receiving treatment at VA facilities.

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Table 2. ESRD Dialysis Prevalence
As of December 31, 2014

Age Group	NY	Other	Total
00-04	13	1	14
05-09	8	0	8
10-14	21	0	21
15-19	45	1	46
20-24	180	2	182
25-29	417	2	419
30-34	633	11	644
35-39	816	11	827
40-44	1,171	18	1,189
45-49	1,854	15	1,869
50-54	2,608	29	2,637
55-59	3,190	35	3,225
60-64	3,523	41	3,564
65-69	3,569	57	3,626
70-74	3,091	31	3,122
75-79	2,592	27	2,619
80-84	2,067	17	2,084
>=85	1,843	16	1,859
Total	**27,641**	**314**	**27,955**
Gender	**NY**	**Other**	**Total**
Female	11,571	113	11,684
Male	16,070	201	16,271
Total	**27,641**	**314**	**27,955**
Ethnicity	**NY**	**Other**	**Total**
Hispanic or Latino	4,362	37	4,399
Not Hispanic or Latino	23,223	274	23,497
Not Specified	56	3	59
Total	**27,641**	**314**	**27,955**
Race	**NY**	**Other**	**Total**
American Indian/Alaska Native	97	0	97
Asian	1,728	17	1,745
Black or African American	10,642	118	10,760
More than one race selected	164	0	164
Native Hawaiian or Other Pacific Islander	170	6	176
White	14,806	172	14,978
Not Specified	34	1	35
Total	**27,641**	**314**	**27,955**
Primary Diagnosis	**NY**	**Other**	**Total**
Acquired obstructive uropathy	284	4	288
Acute interstitial nephritis	35	0	35
AIDS nephropathy	422	6	428
Amyloidosis	53	1	54
Analgesic abuse	35	1	36
Cholesterol emboli, renal emboli	42	0	42

Table 2. ESRD Dialysis Prevalence As of December 31, 2014			
Chronic interstitial nephritis	149	2	151
Chronic pyelonephritis, reflux nephropathy	96	1	97
Complications of other specified transplanted organ	4	0	4
Complications of transplanted bone marrow	7	0	7
Complications of transplanted heart	20	0	20
Complications of transplanted intestine	1	0	1
Complications of transplanted kidney	508	5	513
Complications of transplanted liver	36	0	36
Complications of transplanted lung	4	1	5
Complications of transplanted organ unspecified	13	0	13
Congenital nephrotic syndrome	21	0	21
Congenital obstruction of ureterpelvic junction	20	1	21
Congenital obstruction of uretrovesical junction	9	0	9
Cystinosis	4	0	4
Dense deposit disease, MPGN type 2	12	0	12
Diabetes with renal manifestations Type 1	1,062	12	1,074
Diabetes with renal manifestations Type 2	10,406	111	10,517
Drash syndrome, mesangial sclerosis	4	0	4
Etiology uncertain	1,563	12	1,575
Fabry's disease	8	0	8
Focal Glomerulonephritis, focal sclerosing GN	832	17	849
Glomerulonephritis (GN) (histologically not examined)	935	14	949
Goodpasture's syndrome	32	0	32
Gouty nephropathy	13	0	13
Hemolytic uremic syndrome	35	1	36
Henoch-Schonlein syndrome	7	0	7
Hepatorenal syndrome	30	0	30
Hereditary nephritis, Alport's syndrome	64	0	64
Hypertension: Unspecified with renal failure	7,016	77	7,093
IgA nephropathy, Berger's disease (proven by immunofluorescence)	277	6	283
IgM nephropathy (proven by immunofluorescence)	22	1	23
Lead nephropathy	2	0	2
Lupus erythematosus, (SLE nephritis)	392	4	396
Lymphoma of kidneys	4	0	4
Medullary cystic disease, including nephronophthisis	11	0	11
Membranoproliferative GN type 1, diffuse MPGN	89	1	90
Membranous nephropathy	170	3	173
Multiple myeloma	127	1	128
Nephrolithiasis	67	2	69
Nephropathy caused by other agents	115	0	115
Nephropathy due to heroin abuse and related drugs	7	1	8
Other (congenital malformation syndromes)	31	0	31
Other Congenital obstructive uropathy	43	1	44
Other disorders of calcium metabolism	9	1	10
Other immuno proliferative neoplasms (including light chain	23	0	23
Other proliferative GN	105	0	105
Other renal disorders	221	4	225

Table 2. ESRD Dialysis Prevalence
As of December 31, 2014

Other Vasculitis and its derivatives	55	0	55
Polyarteritis	14	0	14
Polycystic kidneys, adult type (dominant)	711	10	721
Polycystic, infantile (recessive)	4	0	4
Post infectious GN, SBE	23	0	23
Post partum renal failure	6	0	6
Primary oxalosis	1	0	1
Prune belly syndrome	3	0	3
Radiation nephritis	6	0	6
Renal artery occlusion	36	1	37
Renal artery stenosis	135	2	137
Renal hypoplasia, dysplasia, oligonephronia	43	1	44
Renal tumor (benign)	5	0	5
Renal tumor (malignant)	81	0	81
Renal tumor (unspecified)	10	0	10
Scleroderma	24	0	24
Secondary GN, other	42	1	43
Sickle cell disease/anemia	35	0	35
Sickle cell trait and other sickle cell (HbS/Hb other)	2	0	2
Traumatic or surgical loss of kidney(s)	20	1	21
Tuberous sclerosis	10	0	10
Tubular necrosis (no recovery)	376	2	378
Urinary tract tumor (benign)	3	0	3
Urinary tract tumor (malignant)	20	0	20
Urinary tract tumor (unspecified)	9	0	9
Urolithiasis	20	0	20
Wegener's granulomatosis	67	0	67
With lesion of rapidly progressive GN	54	2	56
Not Specified	329	3	332
Total*	**27,641**	**314**	**27,955**

The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/19/2015. Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting, and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities.

*The numbers may not reflect the true point prevalence due to different definitions for transient patients.

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

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
330006	0	0	0	0	0	0	0	0	0	0
330013	0	0	0	0	2	1	0	0	2	1
330024	0	0	27	24	29	44	0	0	56	68
330044	11	9	8	5	13	12	0	0	32	26
330045	0	0	0	0	0	0	0	0	0	0
330053	0	0	0	0	0	0	0	0	0	0
330055	0	0	0	0	0	0	0	0	0	0
330056	0	0	3	3	8	8	0	0	11	11
330058	0	0	1	1	0	0	0	0	1	1
330059	0	0	0	0	1	1	0	0	1	1
330079	0	0	0	0	0	0	0	0	0	0
330080	0	0	0	0	0	0	0	0	0	0
330090	0	0	0	0	0	0	0	0	0	0
33009F	0	0	0	0	0	0	0	0	0	0
330101	0	0	0	0	0	0	0	0	0	0
33012F	0	0	0	0	3	2	0	0	3	2
330136	0	0	3	1	23	18	0	0	26	19
330141	0	0	0	0	0	0	0	0	0	0
330151	0	0	0	0	3	5	0	0	3	5
330158	0	0	2	3	1	4	0	0	3	7
330163	0	0	0	0	0	0	0	0	0	0
330167	1	0	10	13	11	11	0	0	22	24
33016F	0	0	4	2	1	0	0	0	5	2
33017F	0	0	2	2	3	1	0	0	5	3
330191	18	18	8	10	10	9	0	0	36	37
330195	0	0	0	0	0	0	0	0	0	0
330198	0	0	0	0	0	0	0	0	0	0
330199	0	0	0	0	0	0	0	0	0	0
33019F	0	0	0	0	0	0	0	0	0	0
330201	0	0	0	0	0	0	0	0	0	0
330202	0	0	0	0	0	0	0	0	0	0
33020F	0	0	1	1	0	0	0	0	1	1
330219	0	0	12	12	0	0	0	0	12	12
330225^#	0	0	0	0	0	0	0	0	0	0
330226	0	0	3	3	26	24	0	0	29	27
330229	0	0	0	0	0	0	0	0	0	0
330233	5	0	0	0	0	0	0	0	5	0
330240	0	0	0	0	0	0	0	0	0	0
330250	0	0	0	0	0	0	0	0	0	0
330286	0	0	0	0	0	0	0	0	0	0
330395	0	0	0	0	0	0	0	0	0	0
330399	0	0	0	0	0	0	0	0	0	0

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
330401	0	0	3	2	3	2	0	0	6	4
332504	0	0	0	0	0	0	0	0	0	0
332506	0	0	0	0	0	0	0	0	0	0
332511	0	0	2	1	3	4	0	0	5	5
332513	14	19	4	4	14	14	1	1	33	38
332514	0	0	0	0	0	0	0	0	0	0
332516	0	0	1	2	0	0	0	0	1	2
332517	0	0	0	0	0	0	0	0	0	0
332518	0	0	1	1	6	6	0	0	7	7
332519	0	0	5	10	2	4	0	0	7	14
332520	33	33	30	29	14	17	0	0	77	79
332521	0	0	0	0	0	0	0	0	0	0
332522	0	0	1	0	5	3	0	0	6	3
332523	5	1	5	0	19	0	0	0	29	1
332524	1	1	0	0	2	2	0	0	3	3
332525	10	9	0	0	3	2	0	0	13	11
332528	0	0	6	3	3	6	0	0	9	9
332529	0	0	0	0	0	0	0	0	0	0
332530	0	0	0	0	0	0	0	0	0	0
332531	0	1	0	0	0	0	0	0	0	1
332532	0	0	0	0	5	5	0	0	5	5
332534	0	0	0	0	0	0	0	0	0	0
332535	0	0	0	0	0	0	0	0	0	0
332536	0	0	3	4	16	15	0	0	19	19
332538	2	6	3	2	9	9	0	0	14	17
332539	0	0	0	0	0	0	0	0	0	0
332541	0	0	0	0	0	0	0	0	0	0
332543	0	0	0	0	0	0	0	0	0	0
332544	1	1	2	4	7	3	0	0	10	8
332545	9	6	3	6	25	17	0	0	37	29
332546	1	1	0	0	9	11	0	0	10	12
332547	0	0	1	4	9	9	0	0	10	13
332548	0	0	0	0	0	0	0	0	0	0
332549	0	1	0	1	0	2	0	0	0	4
332550	0	0	0	0	0	0	0	0	0	0
332551	8	4	18	18	4	3	0	0	30	25
332552	0	0	0	0	0	0	0	0	0	0
332554	0	0	0	0	0	0	0	0	0	0
332555	0	0	0	0	0	0	0	0	0	0
332556	0	1	0	2	0	1	0	0	0	4
332557	25	28	1	0	4	1	0	0	30	29
332558	0	0	0	0	0	0	0	0	0	0

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
332559	0	0	0	0	0	0	0	0	0	0
332560	0	0	2	3	1	0	0	0	3	3
332562	0	0	0	1	5	3	0	0	5	4
332563	10	9	0	0	0	0	0	0	10	9
332564	0	0	1	1	1	5	0	0	2	6
332565	0	0	0	0	0	0	0	0	0	0
332566	0	0	0	0	0	0	0	0	0	0
332567	0	0	0	0	0	0	0	0	0	0
332568	0	0	0	0	0	0	0	0	0	0
332569	9	6	4	4	27	28	0	0	40	38
332570	0	2	0	1	26	27	0	0	26	30
332571	0	0	0	0	0	0	0	0	0	0
332572	2	0	0	0	0	0	0	0	2	0
332574	0	0	0	0	0	0	0	0	0	0
332576	0	0	0	0	0	0	0	0	0	0
332577	0	0	0	0	0	0	0	0	0	0
332578	0	0	0	0	0	0	0	0	0	0
332579	0	0	10	11	4	6	0	0	14	17
332580	0	0	0	0	0	0	0	0	0	0
332581	0	0	0	0	0	0	0	0	0	0
332582	0	0	0	0	0	0	0	0	0	0
332583	0	0	0	0	0	0	0	0	0	0
332584	0	0	0	0	0	0	0	0	0	0
332585	0	0	0	0	0	0	0	0	0	0
332586	1	2	0	1	15	13	0	0	16	16
332587	0	0	0	0	0	0	0	0	0	0
332588	0	0	9	11	2	4	0	0	11	15
332589	0	0	1	3	0	0	0	0	1	3
332590	0	0	0	0	0	0	0	0	0	0
332591	0	0	0	0	0	0	0	0	0	0
332592	0	0	0	0	0	0	0	0	0	0
332593	0	0	2	2	2	1	0	0	4	3
332594	0	0	0	0	0	0	0	0	0	0
332595	0	0	0	0	0	0	0	0	0	0
332596	0	0	0	0	0	0	0	0	0	0
332597	3	3	7	3	6	8	0	0	16	14
332598	0	0	0	0	0	0	0	0	0	0
332599	3	4	0	0	0	0	0	0	3	4
332600	0	0	10	7	10	9	0	0	20	16
332602	0	0	0	0	0	0	0	0	0	0
332603	11	11	0	2	0	4	0	0	11	17
332604	0	0	0	0	0	0	0	0	0	0

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
332605	0	0	0	0	0	0	0	0	0	0
332606	0	0	0	0	0	0	0	0	0	0
332607	0	0	0	0	0	0	0	0	0	0
332608	0	0	3	6	3	4	0	0	6	10
332610	0	0	0	0	0	0	0	0	0	0
332612	0	0	3	4	9	9	0	0	12	13
332613	0	0	0	0	0	0	0	0	0	0
332614	0	0	0	0	0	0	0	0	0	0
332615	3	4	3	1	47	40	0	0	53	45
332616	0	0	0	0	0	0	0	0	0	0
332617	4	3	1	1	15	14	0	0	20	18
332619	2	1	2	1	8	10	0	0	12	12
332620	10	12	1	0	7	10	0	0	18	22
332621	3	4	8	13	8	3	0	0	19	20
332622	0	0	0	0	0	0	0	0	0	0
332625	0	0	0	0	0	0	0	0	0	0
332626	6	15	5	4	41	35	0	0	52	54
332629	0	0	0	0	0	0	0	0	0	0
332630	0	0	0	0	0	0	0	0	0	0
332631	0	0	0	0	0	0	0	0	0	0
332632	59	46	3	3	13	9	0	0	75	58
332633	3	4	4	5	25	22	0	0	32	31
332634	0	0	0	0	0	0	0	0	0	0
332635	0	0	0	0	0	0	0	0	0	0
332636	0	0	0	0	0	0	0	0	0	0
332637	0	0	2	3	4	7	0	0	6	10
332638	0	0	0	0	0	0	0	0	0	0
332639	5	5	0	0	0	0	0	0	5	5
332640	0	0	0	0	0	0	0	0	0	0
332641	0	0	4	4	3	5	0	0	7	9
332642	0	0	0	0	0	0	0	0	0	0
332644	4	5	0	0	0	0	0	0	4	5
332645	0	0	0	0	0	0	0	0	0	0
332646	0	0	0	0	0	0	0	0	0	0
332647	0	0	3	4	11	12	0	0	14	16
332648	0	0	0	0	0	0	0	0	0	0
332649	9	10	10	10	16	15	0	0	35	35
332650	0	0	0	0	0	0	0	0	0	0
332651	0	0	0	0	0	0	0	0	0	0
332652	0	0	0	0	0	0	0	0	0	0
332653	0	0	4	1	19	20	0	0	23	21
332654	0	0	0	0	0	0	0	0	0	0

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
332655	0	0	0	0	0	0	0	0	0	0
332656	0	0	6	7	11	12	0	0	17	19
332657	0	0	0	0	0	0	0	0	0	0
332658	0	0	0	0	0	0	0	0	0	0
332659	0	0	0	0	0	0	0	0	0	0
332660	0	0	0	0	0	0	0	0	0	0
332661	0	0	0	0	0	0	0	0	0	0
332662	0	0	3	2	11	8	0	0	14	10
332663	0	0	0	0	0	0	0	0	0	0
332664	3	1	7	7	36	18	0	0	46	26
332665	0	0	0	0	0	0	0	0	0	0
332666	0	0	0	0	0	0	0	0	0	0
332667	0	0	0	0	0	0	0	0	0	0
332668	0	0	0	0	0	0	0	0	0	0
332669	0	0	0	1	6	6	0	0	6	7
332670	0	0	0	0	1	8	0	0	1	8
332671	0	0	0	0	0	0	0	0	0	0
332672	0	1	0	0	0	0	0	0	0	1
332673	0	0	0	0	0	0	0	0	0	0
332674	0	0	12	14	14	9	0	0	26	23
332675	0	0	0	0	0	0	0	0	0	0
332676	2	2	13	31	53	40	0	0	68	73
332677	0	0	0	0	0	0	0	0	0	0
332678	0	0	0	0	0	0	0	0	0	0
332679	4	9	1	4	4	0	0	0	9	13
332680	1	3	0	0	0	0	0	0	1	3
332681	0	0	0	0	0	0	0	0	0	0
332682	0	0	0	0	0	0	0	0	0	0
332683	0	0	1	1	2	2	0	0	3	3
332684	0	0	1	1	6	3	0	0	7	4
332685	0	0	0	0	0	0	0	0	0	0
332686	0	0	4	10	15	13	0	0	19	23
332687	0	0	0	0	0	0	0	0	0	0
332688	0	0	1	0	7	11	0	0	8	11
332690	0	0	0	0	0	0	0	0	0	0
332691	0	0	0	0	0	0	0	0	0	0
332692	0	0	0	0	0	0	0	0	0	0
332693	0	0	4	6	8	7	0	0	12	13
332694	0	0	0	0	0	0	0	0	0	0
332695	0	0	0	0	0	0	0	0	0	0
332696	0	0	0	0	0	0	0	0	0	0
332697	0	3	0	0	0	1	0	0	0	4

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
332698	0	0	0	0	0	0	0	0	0	0
332699	0	0	1	0	4	0	0	0	5	0
332700^	0	4	0	2	0	16	0	0	0	22
332701	0	0	0	1	0	1	0	0	0	2
332702	9	8	2	1	7	6	0	0	18	15
332703	0	0	0	0	15	13	0	0	15	13
332704	0	0	1	0	6	0	0	0	7	0
332705	0	3	0	3	0	9	0	0	0	15
332706^	0	0	0	0	0	0	0	0	0	0
332707^	0	0	0	0	0	3	0	0	0	3
332708^	0	0	0	0	0	0	0	0	0	0
332709^	0	0	0	0	0	0	0	0	0	0
332710	0	0	0	0	0	0	0	0	0	0
332711^	0	1	0	0	0	0	0	0	0	1
332712^	0	0	0	0	0	0	0	0	0	0
332713^	0	0	0	1	0	6	0	0	0	7
332714^	0	0	0	0	0	0	0	0	0	0
332715	0	0	0	0	0	0	0	0	0	0
332716^	0	0	0	0	0	0	0	0	0	0
332717	0	0	2	0	0	2	0	0	2	2
332721	7	5	0	0	3	4	0	0	10	9
332722	0	0	0	0	0	0	0	0	0	0
333503	2	2	0	0	0	0	0	0	2	2
333511	0	0	0	0	0	0	0	0	0	0
333515	0	0	0	0	0	0	0	0	0	0
333519	0	0	0	0	0	0	0	0	0	0
333520	0	0	0	0	0	0	0	0	0	0
333522	0	0	0	0	0	0	0	0	0	0
333526	0	0	0	0	0	0	0	0	0	0
333527	0	0	5	2	2	1	0	0	7	3
333529	0	0	0	0	0	0	0	0	0	0
333531	4	4	0	0	0	0	0	0	4	4
333532	0	0	0	0	0	0	0	0	0	0
333533	0	0	0	0	0	0	0	0	0	0
333534	0	0	0	0	0	0	0	0	0	0
333535	0	0	0	0	0	0	0	0	0	0
333536	2	2	6	6	5	2	0	0	13	10
333538	0	0	0	0	0	0	0	0	0	0
333542	0	0	0	0	0	0	0	0	0	0
333543	0	0	0	0	0	0	0	0	0	0
333544	1	0	6	7	6	6	0	0	13	13
333547	4	4	30	25	11	8	0	0	45	37

Table 3. Dialysis Patients Modality and Setting - In Home for Survey Years 2013 and 2014

NY State

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
333548	0	0	0	2	7	6	0	0	7	8
333550	0	0	4	4	44	48	0	0	48	52
333552	0	0	0	0	0	0	0	0	0	0
333553	0	0	0	0	0	0	0	0	0	0
333554	5	10	8	5	93	90	0	0	106	105
333555	0	0	2	3	8	12	0	0	10	15
333556	0	0	0	0	0	0	0	0	0	0
333557	0	0	0	0	0	0	0	0	0	0
333558	0	0	0	0	4	2	0	0	4	2
333559	0	0	0	0	18	15	0	0	18	15
333560	0	0	0	0	0	0	0	0	0	0
333561	0	0	0	0	0	0	0	0	0	0
333562	0	0	0	0	3	2	0	0	3	2
333563	1	0	0	0	1	0	0	0	2	0
333564	0	0	0	0	0	0	0	0	0	0
333565	0	0	0	0	0	0	0	0	0	0
333566	0	0	0	0	0	0	0	0	0	0
333567	0	0	0	0	0	0	0	0	0	0
333568	0	0	0	0	0	0	0	0	0	0
333569	0	0	0	0	0	0	0	0	0	0
NY Totals	336	347	395	429	1,035	989	1	1	1,767	1,766

Network

	Hemo		CAPD		CCPD		Other		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Network Totals**	**336**	**347**	**395**	**429**	**1,035**	**989**	**1**	**1**	**1,767**	**1,766**

The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/19/2015. Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities.

**The numbers may not reflect the true point prevalence due to different definitions for transient patients.

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

Date of Preparation: May 2015

This table includes 14 Veterans Affairs Facility patients for 2013 and 8 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

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
330006	24	20	0	0	24	20	24	20
330013	2	4	0	0	2	4	4	5
330024	13	11	0	1	13	12	69	80
330044	191	152	0	0	191	152	223	178
330045	15	11	0	0	15	11	15	11
330053	33	35	0	0	33	35	33	35
330055	11	12	0	0	11	12	11	12
330056	37	43	0	0	37	43	48	54
330058	54	49	0	0	54	49	55	50
330059	10	12	0	0	10	12	11	13
330079	15	15	0	0	15	15	15	15
330080	67	63	0	0	67	63	67	63
330090	5	0	0	0	5	0	5	0
33009F	41	42	0	0	41	42	41	42
330101	8	6	0	0	8	6	8	6
33012F	67	69	0	0	67	69	70	71
330136	41	42	0	0	41	42	67	61
330141	15	20	0	0	15	20	15	20
330151	37	37	0	0	37	37	40	42
330158	133	131	0	0	133	131	136	138
330163	33	31	0	0	33	31	33	31
330167	208	205	0	0	208	205	230	229
33016F	98	89	0	0	98	89	103	91
33017F	34	36	0	0	34	36	39	39
330191	130	136	0	0	130	136	166	173
330195	2	2	0	0	2	2	2	2
330198	3	3	0	0	3	3	3	3
330199	58	62	0	0	58	62	58	62
33019F	35	31	0	0	35	31	35	31
330201	98	104	0	0	98	104	98	104
330202	105	114	0	0	105	114	105	114
33020F	69	72	0	0	69	72	70	73
330219	141	142	0	0	141	142	153	154
330225^#	0	0	0	0	0	0	0	0
330226	131	126	0	0	131	126	160	153
330229	69	60	0	0	69	60	69	60

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
330233	29	33	0	0	29	33	34	33
330240	88	87	0	0	88	87	88	87
330250	2	0	0	0	2	0	2	0
330286	25	6	0	0	25	6	25	6
330395	111	111	0	0	111	111	111	111
330399	235	216	0	0	235	216	235	216
330401	112	124	0	0	112	124	118	128
332504	82	82	0	0	82	82	82	82
332506	138	147	0	0	138	147	138	147
332511	168	175	0	0	168	175	173	180
332513	87	94	0	0	87	94	120	132
332514	156	158	0	0	156	158	156	158
332516	175	178	0	0	175	178	176	180
332517	369	371	0	0	369	371	369	371
332518	124	124	0	0	124	124	131	131
332519	106	111	0	0	106	111	113	125
332520	240	236	0	0	240	236	317	315
332521	119	123	0	0	119	123	119	123
332522	168	175	0	0	168	175	174	178
332523	133	134	0	0	133	134	162	135
332524	108	122	0	0	108	122	111	125
332525	153	140	0	0	153	140	166	151
332528	180	183	0	0	180	183	189	192
332529	62	76	0	0	62	76	62	76
332530	172	168	0	0	172	168	172	168
332531	233	236	0	0	233	236	233	237
332532	87	89	0	0	87	89	92	94
332534	130	164	0	0	130	164	130	164
332535	169	166	0	0	169	166	169	166
332536	50	39	0	0	50	39	69	58
332538	144	126	0	0	144	126	158	143
332539	162	175	0	0	162	175	162	175
332541	342	324	0	0	342	324	342	324
332543	78	86	0	0	78	86	78	86
332544	125	136	0	0	125	136	135	144
332545	136	134	0	0	136	134	173	163
332546	62	57	2	0	64	57	74	69
332547	208	197	0	0	208	197	218	210
332548	121	118	0	0	121	118	121	118
332549	52	56	0	0	52	56	52	60

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
332550	118	143	0	0	118	143	118	143
332551	141	136	0	0	141	136	171	161
332552	62	74	0	0	62	74	62	74
332554	77	72	0	0	77	72	77	72
332555	67	75	0	0	67	75	67	75
332556	190	198	0	0	190	198	190	202
332557	80	91	0	0	80	91	110	120
332558	116	111	0	0	116	111	116	111
332559	46	44	0	0	46	44	46	44
332560	151	158	0	0	151	158	154	161
332562	61	57	0	0	61	57	66	61
332563	139	139	0	0	139	139	149	148
332564	138	105	0	0	138	105	140	111
332565	141	156	0	0	141	156	141	156
332566	169	166	0	0	169	166	169	166
332567	137	157	0	0	137	157	137	157
332568	122	121	0	0	122	121	122	121
332569	179	181	0	0	179	181	219	219
332570	132	134	0	0	132	134	158	164
332571	88	96	0	0	88	96	88	96
332572	106	101	0	0	106	101	108	101
332574	67	68	0	0	67	68	67	68
332576	138	146	0	0	138	146	138	146
332577	173	1	0	0	173	1	173	1
332578	120	165	0	0	120	165	120	165
332579	0	0	0	0	0	0	14	17
332580	57	52	0	0	57	52	57	52
332581	155	150	0	0	155	150	155	150
332582	216	206	0	0	216	206	216	206
332583	163	166	0	0	163	166	163	166
332584	44	44	0	0	44	44	44	44
332585	50	54	0	0	50	54	50	54
332586	50	47	0	0	50	47	66	63
332587	147	155	0	0	147	155	147	155
332588	121	124	0	0	121	124	132	139
332589	236	242	0	0	236	242	237	245
332590	140	129	0	0	140	129	140	129
332591	46	62	0	0	46	62	46	62
332592	100	86	0	0	100	86	100	86
332593	173	184	0	0	173	184	177	187
332594	0	0	0	0	0	0	0	0

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
332595	135	155	0	0	135	155	135	155
332596	132	138	0	0	132	138	132	138
332597	69	85	0	0	69	85	85	99
332598	115	172	0	0	115	172	115	172
332599	90	83	0	0	90	83	93	87
332600	66	75	0	0	66	75	86	91
332602	127	121	0	0	127	121	127	121
332603	137	154	0	0	137	154	148	171
332604	69	85	0	0	69	85	69	85
332605	111	111	0	0	111	111	111	111
332606	139	144	0	0	139	144	139	144
332607	258	249	0	0	258	249	258	249
332608	74	75	0	0	74	75	80	85
332610	146	144	0	0	146	144	146	144
332612	175	161	0	0	175	161	187	174
332613	196	202	0	0	196	202	196	202
332614	78	74	0	0	78	74	78	74
332615	147	159	0	0	147	159	200	204
332616	0	0	0	0	0	0	0	0
332617	88	87	0	0	88	87	108	105
332619	159	146	0	0	159	146	171	158
332620	146	149	0	0	146	149	164	171
332621	154	149	0	0	154	149	173	169
332622	176	183	0	0	176	183	176	183
332625	90	82	0	0	90	82	90	82
332626	202	180	0	0	202	180	254	234
332629	164	167	0	0	164	167	164	167
332630	15	12	0	0	15	12	15	12
332631	42	40	0	0	42	40	42	40
332632	85	90	0	0	85	90	160	148
332633	178	180	0	0	178	180	210	211
332634	60	58	0	0	60	58	60	58
332635	104	124	0	0	104	124	104	124
332636	39	36	0	0	39	36	39	36
332637	128	118	0	0	128	118	134	128
332638	31	26	0	0	31	26	31	26
332639	154	166	0	0	154	166	159	171
332640	82	97	0	0	82	97	82	97
332641	56	52	0	0	56	52	63	61
332642	180	184	0	0	180	184	180	184
332644	155	159	0	0	155	159	159	164

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
332645	65	66	0	0	65	66	65	66
332646	224	232	0	0	224	232	224	232
332647	159	176	1	2	160	178	174	194
332648	88	91	0	0	88	91	88	91
332649	139	139	1	0	140	139	175	174
332650	53	59	0	0	53	59	53	59
332651	79	83	0	0	79	83	79	83
332652	95	104	0	0	95	104	95	104
332653	136	109	0	0	136	109	159	130
332654	40	85	0	0	40	85	40	85
332655	73	74	0	0	73	74	73	74
332656	72	71	0	0	72	71	89	90
332657	40	41	0	0	40	41	40	41
332658	98	104	0	0	98	104	98	104
332659	43	38	0	0	43	38	43	38
332660	64	64	0	0	64	64	64	64
332661	130	129	0	0	130	129	130	129
332662	128	128	0	0	128	128	142	138
332663	73	81	0	0	73	81	73	81
332664	120	115	2	0	122	115	168	141
332665	52	61	0	0	52	61	52	61
332666	43	44	0	0	43	44	43	44
332667	47	51	0	0	47	51	47	51
332668	40	43	0	0	40	43	40	43
332669	117	127	0	0	117	127	123	134
332670	112	141	0	0	112	141	113	149
332671	184	195	0	0	184	195	184	195
332672	58	61	0	0	58	61	58	62
332673	98	117	0	0	98	117	98	117
332674	130	132	0	0	130	132	156	155
332675	67	24	0	0	67	24	67	24
332676	77	79	0	0	77	79	145	152
332677	120	123	0	0	120	123	120	123
332678	138	157	0	0	138	157	138	157
332679	116	109	0	0	116	109	125	122
332680	144	153	0	0	144	153	145	156
332681	28	31	0	0	28	31	28	31
332682	105	107	0	0	105	107	105	107
332683	62	74	0	0	62	74	65	77
332684	63	80	0	0	63	80	70	84
332685	38	47	0	0	38	47	38	47

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
332686	46	57	0	0	46	57	65	80
332687	29	29	0	0	29	29	29	29
332688	81	104	0	0	81	104	89	115
332690	14	32	0	0	14	32	14	32
332691	38	39	0	0	38	39	38	39
332692	163	167	0	0	163	167	163	167
332693	49	55	0	0	49	55	61	68
332694	38	59	0	0	38	59	38	59
332695	42	78	0	0	42	78	42	78
332696	25	49	0	0	25	49	25	49
332697	62	61	0	0	62	61	62	65
332698	7	17	0	0	7	17	7	17
332699	179	0	0	0	179	0	184	0
332700^	0	46	0	0	0	46	0	68
332701	19	29	0	0	19	29	19	31
332702	87	95	0	0	87	95	105	110
332703	73	63	0	0	73	63	88	76
332704	182	171	0	0	182	171	189	171
332705	109	89	0	1	109	90	109	105
332706^	0	220	0	0	0	220	0	220
332707^	0	26	0	0	0	26	0	29
332708^	0	55	0	0	0	55	0	55
332709^	0	21	0	0	0	21	0	21
332710	19	19	0	0	19	19	19	19
332711^	0	30	0	0	0	30	0	31
332712^	0	67	0	0	0	67	0	67
332713^	0	0	0	0	0	0	0	7
332714^	0	27	0	0	0	27	0	27
332715	32	39	0	0	32	39	32	39
332716^	0	13	0	0	0	13	0	13
332717	46	47	0	0	46	47	48	49
332721	186	198	0	0	186	198	196	207
332722	135	138	0	0	135	138	135	138
333503	173	174	0	0	173	174	175	176
333511	173	167	0	0	173	167	173	167
333515	194	189	0	0	194	189	194	189
333519	66	72	0	0	66	72	66	72
333520	32	31	0	0	32	31	32	31
333522	90	92	0	0	90	92	90	92
333526	69	69	0	0	69	69	69	69
333527	164	183	0	0	164	183	171	186

Table 4. Dialysis Patients Modality and Setting - In Center for Survey Years 2013 and 2014

NY State

	Hemo		PD		Total		Total In-Center and Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
333529	62	80	0	0	62	80	62	80
333531	52	58	0	0	52	58	56	62
333532	38	40	0	0	38	40	38	40
333533	66	77	0	0	66	77	66	77
333534	78	71	0	0	78	71	78	71
333535	124	137	0	0	124	137	124	137
333536	62	56	0	0	62	56	75	66
333538	19	0	0	0	19	0	19	0
333542	31	0	0	0	31	0	31	0
333543	17	17	0	0	17	17	17	17
333544	146	159	0	0	146	159	159	172
333547	215	225	0	0	215	225	260	262
333548	123	125	0	0	123	125	130	133
333550	191	183	0	0	191	183	239	235
333552	63	63	0	0	63	63	63	63
333553	61	61	0	0	61	61	61	61
333554	277	286	0	0	277	286	383	391
333555	142	138	0	0	142	138	152	153
333556	59	61	0	0	59	61	59	61
333557	14	15	0	0	14	15	14	15
333558	59	63	0	0	59	63	63	65
333559	89	88	0	0	89	88	107	103
333560	33	36	0	0	33	36	33	36
333561	99	99	0	0	99	99	99	99
333562	6	8	0	0	6	8	9	10
333563	22	28	0	0	22	28	24	28
333564	8	7	0	0	8	7	8	7
333565	28	25	0	0	28	25	28	25
333566	24	24	0	0	24	24	24	24
333567	19	28	0	0	19	28	19	28
333568	16	42	0	0	16	42	16	42
333569	83	107	0	0	83	107	83	107
NY Totals	**25,588**	**26,401**	**6**	**4**	**25,594**	**26,405**	**27,361**	**28,171**

Network

	Hemo		PD		Total		Total In-Center and Home	
	2013	2014	2013	2014	2013	2014	2013	2014
Network Totals**	**25,588**	**26,401**	**6**	**4**	**25,594**	**26,405**	**27,361**	**28,171**

The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/19/2015. Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities.

**The numbers may not reflect the true point prevalence due to different definitions for transient patients.

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 344 Veterans Affairs Facility patients for 2013 and 339 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

Table 5. Renal Transplants by Transplant Center
January 1, 2014 to December 31, 2014

	Total Transplants Performed		Patients Awaiting Transplant	
Transplant Center	2013	2014	2013	2014
330013	37	56	118	271
330101	206	215	754	756
330219	67	77	203	188
330350	27	25	568	522
339800	32	63	235	190
339801	20	30	384	401
339803	223	232	1,248	1,281
339804	26	25	264	296
339805	8	0	202	0
339806	39	31	373	453
339807	125	163	987	971
339808	68	64	337	320
339809	65	64	277	250
339813	180	176	359	1,516
NY Total	**1,123**	**1,221**	**6,309**	**7,415**

The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/19/2015. Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities

Table 6. Renal Transplant Recipients
January 1, 2014 – December 31, 2014

Age Group	Transplant Type				
	Deceased	Living Related	Living Unrelated	Unknown	Total
00-04	2	2	1	0	5
05-09	2	3	2	0	7
10-14	5	6	1	0	12
15-19	21	12	3	0	36
20-24	10	12	3	0	25
25-29	17	15	7	0	39
30-34	30	25	21	0	76
35-39	32	24	17	0	73
40-44	44	30	27	0	101
45-49	65	26	30	0	121
50-54	90	28	29	0	147
55-59	113	35	36	0	184
60-64	119	23	27	0	169
65-69	82	17	20	0	119
70-74	54	9	8	0	71
75-79	19	5	4	0	28
80-84	5	0	2	0	7
>=85	0	0	0	0	0
Total	**710**	**272**	**238**	**0**	**1,220**

Gender	Transplant Type				
	Deceased	Living Related	Living Unrelated	Unknown	Total
Female	266	119	89	0	474
Male	444	153	149	0	746
Total	**710**	**272**	**238**	**0**	**1,220**

Race	Transplant Type				
	Deceased	Living Related	Living Unrelated	Unknown	Total
American Indian/Alaska Native	0	0	0	0	0
Asian	58	18	14	0	90
Black or African American	240	54	29	0	323
Multiracial	10	3	2	0	15
Native Hawaiian or Other Pacific Islander	4	2	0	0	6
White	398	195	193	0	786
Not Specified	0	0	0	0	0
Total	**710**	**272**	**238**	**0**	**1,220**

Table 6. Renal Transplant Recipients
January 1, 2014 – December 31, 2014

Primary Diagnosis	Transplant Type				
	Deceased	Living Related	Living Unrelated	Unknown	Total
Acquired obstructive uropathy	4	2	2	0	8
Acute interstitial nephritis	1	0	0	0	1
AIDS nephropathy	11	0	2	0	13
Amyloidosis	0	0	1	0	1
Analgesic abuse	1	0	2	0	3
Cholesterol emboli, renal emboli	0	0	0	0	0
Chronic interstitial nephritis	7	3	5	0	15
Chronic pyelonephritis, reflux nephropathy	3	3	3	0	9
Complications of other specified transplanted organ	0	0	0	0	0
Complications of transplanted bone marrow	0	1	0	0	1
Complications of transplanted heart	2	1	0	0	3
Complications of transplanted intestine	0	0	0	0	0
Complications of transplanted kidney	27	12	12	0	51
Complications of transplanted liver	1	0	0	0	1
Complications of transplanted lung	0	0	0	0	0
Complications of transplanted organ unspecified	1	1	0	0	2
Complications of transplanted pancreas	0	0	0	0	0
Congenital nephrotic syndrome	0	0	0	0	0
Congenital obstruction of ureterpelvic junction	1	2	1	0	4
Congenital obstruction of uretrovesical junction	0	1	2	0	3
Cystinosis	0	1	0	0	1
Dense deposit disease, MPGN type 2	0	0	0	0	0
Diabetes with renal manifestations Type 1	37	16	8	0	61
Diabetes with renal manifestations Type 2	166	29	30	0	225
Drash syndrome, mesangial sclerosis	0	0	0	0	0
Etiology uncertain	40	9	17	0	66
Fabry's disease	0	0	0	0	0
Focal Glomerulonephritis, focal sclerosing GN	46	25	15	0	86
Glomerulonephritis (GN) (histologically not examined)	27	15	5	0	47
Goodpasture's syndrome	1	2	0	0	3
Gouty nephropathy	1	0	1	0	2
Hemolytic uremic syndrome	2	2	1	0	5
Henoch-Schonlein syndrome	0	1	0	0	1

Table 6. Renal Transplant Recipients January 1, 2014 – December 31, 2014					
Hepatorenal syndrome	7	0	0	0	7
Hereditary nephritis, Alport's syndrome	8	1	2	0	11
Hypertension: Unspecified with renal failure	137	40	31	0	208
IgA nephropathy, Berger's disease (proven by immunofluorescence)	20	22	11	0	53
IgM nephropathy (proven by immunofluorescence)	2	2	0	0	4
Lead nephropathy	0	0	0	0	0
Lupus erythematosus, (SLE nephritis)	15	10	6	0	31
Lymphoma of kidneys	0	1	0	0	1
Medullary cystic disease, including nephronophthisis	2	1	0	0	3
Membranoproliferative GN type 1, diffuse MPGN	7	2	1	0	10
Membranous nephropathy	7	2	4	0	13
Multiple myeloma	0	0	2	0	2
Nephrolithiasis	1	0	0	0	1
Nephropathy caused by other agents	8	8	5	0	21
Nephropathy due to heroin abuse and related drugs	0	0	0	0	0
Other (congenital malformation syndromes)	3	2	0	0	5
Other Congenital obstructive uropathy	5	2	1	0	8
Other disorders of calcium metabolism	1	1	1	0	3
Other immuno proliferative neoplasms (including light chain nephropathy)	0	0	0	0	0
Other proliferative GN	4	2	4	0	10
Other renal disorders	11	0	5	0	16
Other Vasculitis and its derivatives	0	3	0	0	3
Polyarteritis	0	0	0	0	0
Polycystic kidneys, adult type (dominant)	47	14	38	0	99
Polycystic, infantile (recessive)	0	0	1	0	1
Post infectious GN, SBE	1	0	2	0	3
Post partum renal failure	0	0	0	0	0
Primary oxalosis	0	0	0	0	0
Prune belly syndrome	0	0	0	0	0
Radiation nephritis	0	1	0	0	1
Renal artery occlusion	0	0	0	0	0
Renal artery stenosis	1	0	0	0	1
Renal hypoplasia, dysplasia, oligonephronia	7	6	2	0	15
Renal tumor (benign)	1	0	0	0	1
Renal tumor (malignant)	2	2	1	0	5
Renal tumor (unspecified)	0	0	0	0	0
Scleroderma	0	0	0	0	0
Secondary GN, other	0	1	2	0	3

Table 6. Renal Transplant Recipients
January 1, 2014 – December 31, 2014

Sickle cell disease/anemia	0	2	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	0	0	0	0
Tuberous sclerosis	0	0	1	0	1
Tubular necrosis (no recovery)	4	0	3	0	7
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	3	1	0	6
With lesion of rapidly progressive GN	3	0	0	0	3
Not Specified	25	18	7	0	50
Total	**710**	**272**	**238**	**0**	**1,220**

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Table 7. Dialysis Deaths
January 1, 2014 to December 31, 2014

Age Group	NY	Other	Total
00-04	2	0	2
05-09	1	0	1
10-14	0	0	0
15-19	0	0	0
20-24	3	0	3
25-29	11	2	13
30-34	26	0	26
35-39	28	1	29
40-44	61	1	62
45-49	121	0	121
50-54	190	1	191
55-59	324	3	327
60-64	470	3	473
65-69	532	4	536
70-74	616	4	620
75-79	696	7	703
80-84	678	12	690
>=85	826	11	837
Total	**4,585**	**49**	**4,634**
Gender	**NY**	**Other**	**Total**
Female	2,028	20	2,048
Male	2,557	29	2,586
Not Specified	0	0	0
Total	**4,585**	**49**	**4,634**
Race	**NY**	**Other**	**Total**
American Indian/Alaska Native	17	0	17
Asian	202	1	203
Black or African American	1,336	10	1,346
More than one race selected	22	0	22
Native Hawaiian or Other Pacific Islander	18	1	19
White	2,985	37	3,022
Not Specified	5	0	5
Total	**4,585**	**49**	**4,634**
Primary Diagnosis	**NY**	**Other**	**Total**
Cystic/Hereditary/Congenital Diseases	79	1	80
Diabetes	2,051	22	2,073
Glomerulonephritis	221	4	225
Hypertension/Large Vessel Disease	1,200	12	1,212
Interstitial Nephritis/Pyelonephritis	149	4	153
Miscellaneous Conditions	575	3	578
Neoplasms/Tumors	189	2	191
Secondary GN/Vasculitis	59	0	59
Not Specified	62	1	63
Total	**4,585**	**49**	**4,634**

Table 7. Dialysis Deaths
January 1, 2014 to December 31, 2014

Primary Cause of Death	NY	Other	Total
Cardiac	2,042	18	2,060
Endocrine	1	0	1
Gastro-Intestinal	35	1	36
Infection	579	5	584
Liver Disease	33	0	33
Metabolic	15	0	15
Not Specified	154	5	159
Other	1,543	19	1,562
Vascular	183	1	184
Total	**4,585**	**49**	**4,634**

Source of Information: CROWNWeb

The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/19/2015. Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities.

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 71 Patient receiving treatment at VA facilities

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
330006	1	0	0	0
330024	38	0	9	1
330044	52	2	13	2
330045	2	0	0	0
330056	22	0	6	0
330059	4	0	1	0
330090	0	0	0	0
330101	3	1	0	1
330136	20	0	5	0
330141	4	0	1	0
330151	10	1	5	0
330158	45	1	10	1
330167	61	1	19	1
330191	40	0	10	0
330195	0	0	0	0
330198	1	0	0	0
330199	37	0	6	0
330201	23	0	6	0
330202	48	0	5	0
330219	70	0	11	2
330233	6	0	0	0
332703	19	0	2	0
330240	39	1	0	0
330286	1	0	0	0
332504	18	0	8	0
332511	54	0	16	4
332513	37	0	7	0
332514	33	0	4	0
332516	42	0	14	0
332517	124	0	42	0
332519	37	1	4	0
332520	108	1	28	1
332521	25	0	5	1
332523	36	1	6	1
332524	41	0	4	0
332525	38	2	11	2
332528	63	1	24	2
332529	15	0	3	0
332530	72	1	18	1
332531	83	0	8	0
332532	24	2	8	1
332534	61	0	6	0

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
332535	63	0	11	0
332536	24	0	9	2
332721	51	0	17	0
332538	57	0	5	0
33020F	9	0	1	0
33009F	2	0	1	0
33016F	5	0	0	0
332539	61	0	10	0
330226	32	0	9	0
330013	0	0	0	0
330350	0	0	0	0
339813	0	0	0	0
330101	0	0	0	0
339804	0	0	0	0
332705	34	0	4	0
330058	12	0	1	0
330219	0	0	0	0
332541	116	0	10	0
330080	34	0	2	0
330395	29	0	1	1
332543	22	0	5	3
332518	24	0	8	0
332544	45	0	8	0
332545	69	1	6	1
332548	33	0	9	0
332547	54	6	13	5
330055	3	0	0	0
332549	10	0	1	0
330059	0	0	0	0
332550	43	0	8	0
332551	47	5	13	2
332552	10	1	1	0
332554	21	0	2	0
333511	78	0	5	0
332555	16	0	2	0
332557	21	1	3	0
332558	19	1	9	0
332559	12	0	2	0
332562	13	0	0	0
330229	12	0	3	0
330053	9	1	0	0
332563	37	1	8	1
332564	38	4	8	0

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
333515	45	0	10	0
332566	34	2	8	2
332567	36	0	5	2
332556	59	1	9	1
332569	75	0	12	0
330013	2	0	0	0
332570	55	1	18	1
332571	20	0	9	0
332572	25	0	3	0
330079	3	0	0	0
332574	12	0	2	0
332576	31	0	2	0
332577	1	0	0	0
332579	9	0	4	0
333522	12	1	7	1
332580	14	0	2	0
333520	5	0	0	0
332715	8	0	1	0
332565	39	0	8	0
332506	70	0	6	0
332568	32	0	11	0
332581	51	2	9	2
332582	69	0	1	0
332704	68	0	7	0
332710	3	0	0	0
332702	28	0	8	0
332578	63	0	17	0
332583	61	1	19	0
332584	12	0	4	0
333526	15	0	2	0
333527	36	0	4	0
332546	19	0	0	0
332585	8	0	1	0
333529	16	0	0	0
33012F	12	0	0	0
333503	56	0	14	2
332586	16	0	4	0
332587	48	0	9	0
332588	34	0	12	0
332589	64	1	10	0
332590	36	0	2	0
332591	8	0	2	0
332593	36	0	12	0

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
332592	15	0	3	0
332594	0	0	0	0
332595	40	0	6	0
332522	44	0	9	0
332596	13	0	3	0
332597	22	0	0	0
332560	56	0	3	0
332598	41	0	10	0
333531	17	1	4	1
33017F	6	0	0	0
333532	8	0	2	0
332599	15	0	6	0
332600	15	0	5	0
330401	17	0	4	0
332602	32	0	14	1
332603	54	1	12	1
333533	18	0	4	0
333534	19	0	6	0
332604	21	0	3	0
332605	29	0	13	0
332606	40	0	6	0
332607	52	0	9	1
333535	37	0	9	1
332608	22	1	3	0
332612	80	0	11	0
332613	80	0	12	0
332610	33	0	7	0
332614	11	0	6	0
333538	0	0	0	0
332615	65	0	4	0
332616	0	0	0	0
332699	0	0	0	0
332617	37	0	7	0
332722	37	0	10	0
333536	16	0	2	0
332619	60	2	7	1
332620	32	0	12	0
332621	61	3	18	3
333542	0	0	0	0
33019F	3	0	0	0
332622	44	0	2	0
332625	25	0	6	1
333543	1	0	0	0

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
332626	100	3	18	3
332629	73	0	10	3
332630	3	0	0	0
332631	12	0	2	0
333544	71	0	7	2
332632	30	1	10	1
332633	60	0	11	0
332635	26	0	0	1
332634	10	0	0	0
332636	4	0	0	0
332637	27	0	5	0
332638	2	0	0	0
332639	42	0	12	0
332642	69	2	9	1
332640	11	0	1	0
332641	22	0	2	0
332644	34	0	6	0
332645	2	0	0	0
332717	8	0	1	0
332646	74	1	16	1
332647	109	0	7	0
332648	32	0	1	0
333548	28	0	11	0
332651	18	0	7	0
332650	4	0	0	0
333547	66	1	25	1
332652	23	1	12	0
330250	0	0	0	0
332649	68	0	10	0
333550	91	1	29	5
332653	37	0	7	0
332654	20	0	3	0
330399	80	0	7	0
332655	11	0	3	0
332656	39	0	16	0
333552	11	0	0	0
332657	0	0	0	0
332658	16	0	1	0
339801	0	0	0	0
333553	13	0	2	0
332659	2	0	1	0
333519	22	0	0	0
332660	10	0	3	0

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
332661	29	0	2	0
332662	46	0	8	0
333554	94	1	19	1
332663	7	0	1	0
332665	9	0	4	0
332666	5	0	0	0
332667	8	0	3	0
332668	9	0	1	0
332664	35	2	7	0
332669	28	3	9	2
332670	35	0	7	0
332671	55	0	7	0
332672	23	0	4	0
333555	61	0	2	0
339805	0	0	0	0
339800	0	0	0	0
339809	0	0	0	0
339808	0	0	0	0
339807	0	0	0	0
339806	0	0	0	0
339803	0	0	0	0
333556	25	0	2	0
333557	3	0	1	0
332673	12	0	4	0
333558	13	1	5	1
333561	29	0	4	0
330163	5	0	1	0
333563	4	0	0	0
333559	27	1	6	1
332674	49	0	6	0
332675	7	0	0	0
332676	44	0	4	0
332677	25	0	2	0
333560	13	0	4	0
332679	35	0	7	0
332678	40	0	3	0
333564	1	0	0	0
333562	2	0	0	1
332680	31	0	8	0
333565	0	0	0	0
332681	8	0	0	0
332682	27	0	3	0
332683	34	0	9	0

Table 8. Vocational Rehabilitation
As of December 31, 2014
NY State

Facility	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
332684	12	1	3	1
332685	13	0	4	0
332686	14	0	5	0
332688	26	0	6	0
333567	9	0	1	0
332687	2	0	0	0
332690	5	0	0	0
332691	3	0	1	0
332693	10	0	3	0
332692	68	1	3	1
333566	5	0	0	0
332694	17	0	0	0
332695	5	0	0	0
332696	4	0	0	0
332697	12	1	4	0
333569	21	1	5	1
333568	5	0	0	0
332698	4	0	0	0
332700	17	0	3	0
332701	5	0	0	0
332706	69	0	11	0
332709	8	0	1	0
332708	19	0	0	0
332707	6	0	0	0
332711	9	0	4	0
332712	16	0	0	0
332713	2	0	0	0
332714	4	0	1	0
332716	4	0	0	0
NY Total	**7,838**	**76**	**1,465**	**84**

The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/19/2015. Because data in CROWNWeb can be updated by facilities through the Single User Interface (SUI) or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsibility for verifying, correcting and updating patient data in CROWNWeb changed in 2012 from ESRD Networks to Medicare certified dialysis facilities.

APPENDIX: NETWORK STAFFING AND STRUCTURE

Network Management Staff

The management staff of the IPRO ESRD Network of New York consists of:

- **Executive Director: Susan Caponi, MBA, RN, BSN, CPHQ**

  Susan Caponi is a registered nurse and healthcare program executive with more than 30 years' relevant healthcare experience, the last nine of which focused on the End Stage Renal Disease (ESRD) community. She is dedicated to ensuring that patients receive appropriate, timely, and equitable care. Ms. Caponi is the CEO of IPRO's ESRD Network Program and leads the ESRD Networks of New York and New England, which provide quality improvement, data management, grievance investigation, technical assistance, and patient and professional education services for more than 430 dialysis providers and over 41,000 dialysis patients in the states of New York, Connecticut, Maine, Rhode Island, Vermont, New Hampshire, and Massachusetts.

  Before joining the Network, Ms. Caponi directed the emergency and critical care services of a large Long Island hospital for five years, following serving in a series of nursing leadership roles. She holds a Bachelor of Science degree in Nursing and a Master of Business Administration and is a Certified Professional in Healthcare Quality (CPHQ).

- **Patient Services Director: Evan Smith, LMSW, MBA**

  Evan Smith is a licensed social worker with extensive experience working with diverse and vulnerable populations, including those with complex medical and mental health needs. In his current position as the Network's Patient Services Director, Mr. Smith oversees patient services, including evaluation and investigation of patient grievances, resolution of access to care related issues, patient and family engagement, and emergency preparedness activities. Mr. Smith has undergone extensive training in crisis intervention and conflict management, as well as mediation and patient advocacy. He currently participates as a member of a nationwide technical expertise panel on social media within the dialysis community. Additionally, he has presented to patients and healthcare professionals on topics including dialysis patient grievances, building effective communication skills, and patient appropriate access to dialysis care. Mr. Smith holds a Master of Social Work degree from Stony Brook University as well as a Master of Business Administration degree from Dowling College.

- **Quality Improvement Director: Carol Lyden, RN, BSN, MS, CNN**

  Carol Lyden is a registered nurse with over 30 years of experience in both acute and chronic hemodialysis. She has experience as a staff nurse, a peritoneal dialysis nurse, and nurse manager. Ms. Lyden also completed a clinical rotation in transplantation for her nursing degree. She joined the ESRD Network of New York in 2005 as quality improvement coordinator, and became quality improvement director in 2006. Ms. Lyden collaborates with QI staff to develop and implement all quality improvement projects, conducts quality improvement projects and trend analysis, serves as a resource for providers and facility staff on quality improvement development, supports NHSN and CROWNWeb reporting as well as organized, and attends Committee Meetings. She received her Bachelor of Science in Nursing degree from Queens

General Nursing School and her Master of Science degree in healthcare policy and management from Stony Brook University.

- **Data Manager and Security Point of Contact: Bernadette Cobb, MBA**

  Ms. Cobb, IPRO Assistant Director of Information Management, joined the Network in 2010, bringing over 30 years of experience in data, finance, operations, and strategic analysis and planning. Her background has equipped her with a wide range of skills that are critical to managing the complex data requirements of the ESRD contract and working with the infrastructure contractor in supporting Network's users, equipment, and security needs. Ms. Cobb has additional training in SQL Server Database Programming and Visual Studio. She received her Bachelor of Arts in Psychology degree from Barnard College of Columbia University and her Master of Business Administration degree from New York University Stern School of Business.

Overall, the Network employed eight full-time staff and two part-time staff in 2014.

The ESRD Network of New York has an efficient and effective organizational structure that meets the requirements of the ESRD Network contract and the New York renal community. The Network staff includes qualified employees and volunteers from the renal community who sit on IPRO's Board of Directors and Network advisory committees.

The activities of the Network are overseen by an executive director, who ensures that the Network is adequately staffed to perform the requirements of the SOW. All staff positions have been filled.

Network Boards and Committees

The IPRO Board of Directors, ESRD Divisional Board, Network Council, Medical Review Board, and several committees support and facilitate the operations of the Network. The roles and purpose of these committees are periodically reassessed to ensure that they continue to meet current needs. Board and committee members include representatives from dialysis and transplant facilities, as well as other strategic organizations in the Network's service area. Each committee has at least one consumer representative, with some having two. The involvement of consumer representatives is vital to the success of the Network's activities and to improving the quality of care and life for ESRD patients.

IPRO Board of Directors

IPRO's Board of Directors, which comprises physicians and community stakeholder representatives, sets corporate policies and assures the orderly and efficient operation of IPRO and the Network. The Board has fiduciary oversight responsibility for the Network, and reviews its activities as reported by ESRD Executive Director, Susan Caponi, and the ESRD Divisional Board Co-Chairpersons, Paul Pronovost, MD, FACP, FASN and Dawn Edwards, ESRD beneficiary. The Board considers and acts on recommendations from the ESRD Divisional Board.

ESRD Divisional Board

The ESRD Divisional Board is responsible for oversight and management of the IPRO ESRD Network of New York (Network 2), the IPRO ESRD Network of New England (Network 1), and any other ESRD Networks

contracts that may be operated by IPRO. The ESRD Divisional Board is elected by the IPRO Board pursuant to IPRO's bylaws and includes the following representatives from each Network:

- At least one individual representative of ESRD providers, and
- At least two representatives of ESRD patients.

The Network Council provides recommendations for the ESRD Divisional Board representatives.

The ESRD Divisional Board oversees the Network Executive Director and is responsible for ensuring that the Network complies with all applicable statutes, regulations, and CMS policies and procedures. The responsibilities of this Board are to report to the IPRO Board of Directors the Network's activities in meeting deliverables and financial operations.

In 2014, the ESRD Divisional Board enhanced reporting to the IPRO Board based on CMS feedback by adding an Executive Director report in addition to the ESRD Divisional Board co-chair report.

Network Council

The Network Council (NC) is a subcommittee of the ESRD Divisional Board. The Council serves as an expert panel that advises the ESRD Divisional Board on educational campaigns, quality improvement activities, and policies and procedures for the ESRD Network Program.

Council members represent the diverse geographic areas and the multiple professional disciplines of the New York renal community. This includes nephrologists, nurses, social workers, dietitians, technicians, and ESRD beneficiaries.

In 2014, the Network Council provided feedback to the ESRD Divisional Board on governance structure and thoroughly reviewed the Network CMS Annual Evaluation Report, providing feedback to the Network.

Medical Review Board

The Network Medical Review Board (MRB) serves as an advisory panel to the Network Council and Grievance Committee on matters that involve the quality and appropriateness of care delivered to ESRD patients. The MRB also advises on quality improvement activities, including analysis of local data, and develops, implements, and evaluates Network quality improvement projects. The MRB comprises prominent, dedicated members of the renal community who volunteer their time. Membership includes several physicians (nephrologists, pediatric nephrologists, and a transplant/vascular surgeon), nurses, an administrator, a social worker, and two patients. The MRB meets a minimum of four times a year via two in-person meetings and two conference calls, with impromptu meetings as necessary. In 2014, the MRB reviewed and offered strategies to enhance all quality improvement activities and campaigns prior to final submission to the CMS Contracting Officer's Representative and Government Task Leader and quarterly for rapid cycle improvement. In addition, the Network's MRB chair represented the Network on the Forum of ESRD Networks Medical Advisory Committee (MAC). On a monthly basis, MRB physician members rotated coverage to ensure availability for any quality of care issues needed to be reviewed. Two cases were reviewed in 2014.

Network Grievance Committee

The Network Grievance Committee comprises patient subject matter experts, nephrologists, social workers, nurses, and facility administrators. The committee meets quarterly to review grievance-related projects, discuss case examples of grievances and access to care related concerns, and discuss statistics and prevalent trends. During 2014, the Grievance Committee took an active role in planning and development of the Network's *Certified Communicators* quality improvement activity related to grievances. This program promoted positive patient:staff communication and achieved a decrease in staff related grievances in the participating dialysis facilities. Additionally, the Grievance Committee was instrumental in development of a poster providing patients with tips and resources to enhance their dialysis experience and resolve conflicts, as well as instructions on how to file a grievance. The Committee also developed a unique system for its members to review challenging cases and provide feedback, while keeping the identity of the grievant and dialysis facility/ healthcare providers confidential. This system provides an additional level of input for unique or challenging cases reviewed by the Network.

Patient Advisory Committee

The Patient Advisory Committee (PAC) meets quarterly and on an ad-hoc basis to assist in identifying and addressing barriers to and best practices for obtaining quality healthcare, from the perspective of Medicare beneficiaries with ESRD. PAC members collaborate with their peers, facility staff, and the Network. The PAC supports the Network's activities by assisting in developing educational materials and programs for patients, including newsletters and teleconferences.

The Network PAC is organized by region; PAC chairpersons oversee geographic regions, as well as the facility PAC representatives within those regions. PAC chairpersons author a quarterly newsletter, *PAC Speaks*, which addresses current topics; interact with the Network via quarterly conference calls; and meet annually face-to-face at a full-day meeting at the Network's offices. PAC representatives work closely with facility staff and peers and interact with the Network and their regional chairpersons on an as-needed basis. Both PAC chairpersons and PAC representatives participate in quarterly conference calls and in annual educational meetings for PAC representatives, patients, caregiver/family members and facility staff in their PAC region. In 2014, 15 PAC chairpersons oversaw more than 550 PAC representatives in over 71% of the dialysis facilities in New York State.

The PAC had an active year in 2014. By focusing on engaging patients at the facility level, the 15 PAC chairpersons developed and participated in PAC *Kidney School*™. This initiative is a collaboration with the Medical Education Institute's online Kidney School patient and staff education modules. In September, the PAC launched the first series of calls/webinars, which culminated in 16 PAC representatives earning their PAC Kidney School diplomas by completing at least 12 of the 15 educational modules.