



ESRD Network 3
2016 ANNUAL REPORT

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REPORT HIGHLIGHTS

Quality Insights Renal Network 3 is pleased to present its 2016 Annual Report.

Network 3 serves dialysis and transplant providers and patients in New Jersey, Puerto Rico, and the U.S. Virgin Islands. In 2009, Quality Insights Renal Network 3 merged with the West Virginia Medical Institute & Quality Insights (now just Quality Insights). Quality Insights holds the Medicare Quality Improvement Network-Quality Improvement Organization (QIN-QIO) contracts for Delaware, Louisiana, New Jersey, Pennsylvania, and West Virginia. QIN-QIOs are organizations that contract with the Centers for Medicare & Medicaid Services (CMS) to improve the quality of care for patients in various settings, including hospitals and nursing homes.

This relationship has given us immediate access to experts in the areas of quality improvement, human resources, finance, data analytics, and information technology. More important, it has provided us with access to entities such as primary care hospitals, infection control specialists, and other non-ESRD partners to address transitions of care and coordinate to improve the lives of patients in our geographic area.

In 2016, we began work on the first year of a five-year End-Stage Renal Disease (ESRD) Network contract based on the Centers for Medicare & Medicaid Services' (CMS') three Aims for the ESRD Network Program: Better Care for the Individual through Beneficiary and Family Centered Care (Aim 1), Better Health for the ESRD Population (Aim 2), and Reduced Costs of ESRD Care by Improving Care (Aim 3).

Notable achievements in 2016:

- We conducted a project to increase the percent of in-center dialysis patients who are referred for home dialysis. This project was also designed to reduce a disparity in the percent of African American patients who are referred as compared to White patients. At the conclusion of the project, referral rates had increased from 9.3% to 17.2% of patients in 12 targeted facilities. The disparity in referral rates had been reduced from a 5.6 point difference to a 3.4 point difference.
- Continuing our efforts to reduce bloodstream infections (BSIs) in our dialysis facilities, we conducted a project focused on 40 facilities. This project promoted the CDC's prevention process measures. This project resulted in the aggregate BSI rate in targeted facilities being reduced by 25.7%.

We hope you find this year's Annual Report useful and look forward to hearing about any potential improvements or partnership opportunities. We are also looking forward to working with you, our valued partners, in the coming year to improve the health of the people we serve.

INTRODUCTION

CMS' End-Stage Renal Disease Network Organization Program

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

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

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

Medicare Coverage for Individuals with ESRD

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

History of CMS' ESRD Network Organization Program

Following passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other healthcare 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.

ESRD Network 3

According to the Census Bureau (<http://factfinder2.census.gov>), the three geographic areas served by Network 3 had a combined population of 12.44 million people as of July 1, 2016. While these three areas are geographically small in size, New Jersey (NJ) is the most densely populated state (1,195.5/sq. mi) in the country and, if Puerto Rico (PR) were a state, it would be the second most densely populated (1,162/sq. mi).¹ US territories are often assumed to have small populations, but it is important to note that Puerto Rico had a sizable population (3.4 million) and had 5,924 patients receiving dialysis as of December 31, 2016. This number of patients was more than the dialysis patient population of 27 states, including large states such as Kentucky, Oklahoma, Colorado and Arizona.

These dense populations create challenges for providing dialysis to patients, as there is a greater than average number of patients per dialysis unit in these areas. New Jersey treated an average of 75.9 patients in each dialysis unit in 2016, and Puerto Rico treated an average of 114 patients in each unit, compared to an average of 66.9 nationwide. The U.S. Virgin Islands (USVI) treated an average of 45 patients in each of its five dialysis units in 2016.²

The epidemic of diabetes in Puerto Rico continues to be the leading cause of end-stage renal disease (ESRD) in this area. Among incident (new) ESRD patients in Puerto Rico in 2016, the primary cause of ESRD was listed as diabetes for 66.1%, and diabetes was reported as the primary cause in 63% of prevalent patients as of December 31, 2016. By comparison, in New Jersey, diabetes was reported as the primary cause of ESRD in 40.7% of incident patients and 41.1% of prevalent patients.

See Table 1 in the Data Tables section of this report for a complete analysis of the incident ESRD population by age, gender, race, and primary diagnosis. Table 2 in the Data Tables section provides a complete analysis of the prevalent ESRD population for 2016.

Mortality

The primary cause of death reported in 2016 in Network 3's service area continued to be cardiac-related (44.4% of deaths). While infection was the second most common cause, reported in 12.7% of the 3,869 deaths reported, our Healthcare Associated Infection (HAI) reduction projects contributed to a decline in the proportion of deaths attributed to infections. In 2011, before our interventions began, infection was cited as the primary cause of death in 18.9% of deaths reported.

See Table 7 in the Data Tables section for a complete analysis of the mortality data for ESRD patients, stratified by age, gender, race, primary cause of ESRD, and cause of death.

¹ State Population - Rank, Percent Change, and Population Density: 1980-2010. (n.d.). In *Statistical Abstract of the United States:2012* (Tables 14 and 1332). U.S. Census Bureau.

² Patient and Staff Counts from the Annual Facility Survey, 2017 Dialysis Facility Report, Table 1, University of Michigan Epidemiology and Cost Center

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

Category	Number
Number of Dialysis Facilities in the Network's Service Area	222
Number of Transplant Centers in the Network's Service Area	6

Source of data: CROWNWeb.

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

Category	Number	Percent
Number of Dialysis Facilities in the Network's Service Area	222	
Dialysis Facilities in the Network's Service Area Offering Dialysis Shifts Starting after 5 PM	70	31.5

Source of data: CROWNWeb.

Network Goals

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

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

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

PROFILE OF PATIENTS IN THE NETWORK'S SERVICE AREA

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

Quality Insights Renal Network 3 uses data on patients' clinical characteristics including primary cause of ESRD, treatment modality, and vascular access type to focus its outreach and quality improvement activities.

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

Category	Number	Percent
Incident (New) ESRD Patients		
Number of Incident ESRD Patients, Calendar Year 2016	5,211	
Prevalent Dialysis Patients		
Number of Prevalent Dialysis Patients as of December 31, 2016	20,190	
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2015		
In-Center Hemodialysis or Peritoneal Dialysis	18,672	92.5%
In-Home Hemodialysis or Peritoneal Dialysis	1,518	7.5%
Total	20,190	100%
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2016		
Arteriovenous Fistula in Use	11,081	60.3%
Arteriovenous Graft in Use	3,303	18.0%
Catheter in Use for 90 Days or Longer	2,421	13.2%
Other	1,565	8.5%
Total	18,370	100.0%
Renal Transplants		
Number of Renal Transplant Recipients,* Calendar Year 2016	553	
Total	553	100%

Source of data: CROWNWeb.

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

IMPROVING CARE FOR ESRD PATIENTS

The Network works closely with ESRD patients, patients' family members and friends, nephrologists, dialysis facilities and other healthcare organizations, ESRD advocacy organizations, and other ESRD stakeholders to improve the care for ESRD patients in New Jersey, Puerto Rico, and the U.S. Virgin Islands.

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

- Identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in the Network service area
- Identifying opportunities for improvement at the facility level and providing technical assistance to facilities as needed
- Promoting the use of best practices in clinical care for ESRD patients
- Encouraging use of all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes
- Promoting the coordination of care across treatment settings; and
- Ensuring accurate and timely data collection, analysis, and reporting by facilities in accordance with national standards

Population Health Innovation Project: Increasing Home Dialysis Referrals

In 2016, Network 3 conducted a population health innovation project to increase referrals to home dialysis. The Network chose this option after exploring whether facilities with lower scores on the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) question #39 would refer patients less often for home dialysis modalities than facilities with higher scores. Question #39 asked patients if the dialysis staff had discussed peritoneal dialysis with them in the previous six months.

Theorizing that a lower score on that particular question would reflect lower rates of home referrals in those facilities, we performed an environmental scan to collect baseline referral rates from the facilities with the lowest scores on the question. Census lists were distributed to each dialysis center, and a facility home dialysis staff member was asked to indicate which patients had been referred for a home modality. Results identified 12 facilities in which fewer than 25% of eligible patients had been referred for home dialysis. Rates ranged from 2% to 21%. Further analysis of data showed that African American patients were less likely to be referred for home dialysis than white patients in the 12 facilities. In the 12 target facilities, 13.2% of White patients had been referred for home dialysis, while only 5.7% of African American patients had been referred.

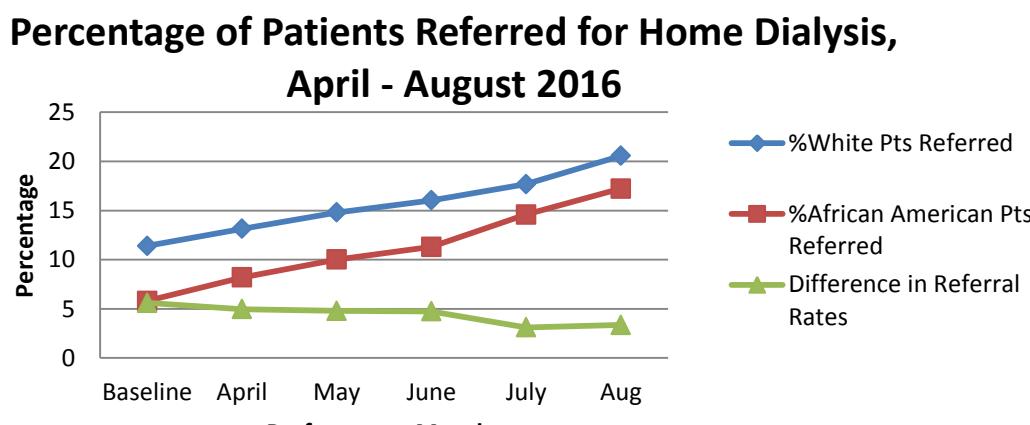
We also discovered that referral rates varied widely among facilities. The availability of a home dialysis support program onsite seemed to increase the likelihood that an interested patient would be evaluated for home dialysis.

Recognizing these challenges, we employed the following interventions to increase home referral rates and reduce the identified disparity:

- Interdisciplinary Team Review of patient census by each facility to assess patient eligibility for home dialysis and identify candidates to approach and refer
- Identification of qualified home dialysis training staff who would meet with patients for the initial home dialysis session
- Use of an individualized approach by facility staff to engage each eligible prevalent and new patient in a discussion about their perceived barriers to home dialysis followed by encouragement of patients to attend a session with qualified home dialysis staff
- Education of project facilities about home dialysis and disparities in healthcare and reinforcement during facility contact on providing opportunities for all patients to explore home options equally
- Two educational webinars for facility staff about home dialysis
- Monthly reporting of referrals
- Analysis of referral data for improvement in rate and decrease in disparity.
- Prompt intervention with facilities failing to improve in order to analyze the situation and to identify opportunities and resources for referrals
- Facility visits and coaching calls as needed

Outcomes of the project are depicted in the following chart:

Figure 1: Home Dialysis Referral Rates by Race



Source: National Coordinating Center (NCC) Working Databases for patient races; facility self-reported data for number of referrals. Baseline was the second and third quarter of 2015.

In addition to meeting the project goals for increasing home referrals and decreasing the African American/White disparity we incorporated six attributes into the project and achieved positive outcomes.

Rapid Cycle Improvement

We analyzed data reported by facilities monthly both for improvement in referral rate and decrease in disparity. We promptly intervened with facilities reporting no referrals, or fewer referrals of African American patients as compared to White patients by notifying home program leadership, by conducting coaching calls to review the census, and/or by making facility visits. We involved home program leadership, who provided more resources to those facilities. This resulted in a total of 26 patients being referred from two facilities that had demonstrated little or no referral activity in the first two months.

Customer Focus and Value

We consulted home program managers and staff, facility staff, and patient Subject Matter Experts (SMEs) in the planning phase of the project to analyze root causes, suggest interventions, and provide feedback during the project. The project's innovation, an educational module for facility staff about home dialysis, was distributed to project facilities, SMEs, and home staff for feedback.

Sustainability

We partnered with home dialysis staff members, home dialysis program leadership, and other stakeholders to create the home dialysis educational module to provide an enduring web-based source of education and resources to educate facility staff about home dialysis modalities. We also developed a tracking tool that was trialed during the project and included in the module. The goal was to simplify tracking of patient education and referrals. During the final conference call eight facilities said they planned to continue the changes made in their facility referral process and to use the tracking tools after the project ended. Five facilities reported they incorporated discussion of home dialysis referrals into their monthly Quality Improvement (QI) meetings.

Innovation

We collaborated with Network 4, Network 14, and stakeholders to create a home dialysis educational module for use by patient care personnel. The module was accepted for the 2017 project year by the 5 Diamond Patient Safety Program, which is Web-based and endorsed by ANNA, RPA, NRAA, DCI, AAKP, Fresenius Medical Care, and US Renal Care. DCI and

Fresenius mandate their facilities to participate in the 5 Diamond program annually.

Boundarilessness

We partnered with a patient advocate and educational partner, Dori Schatell of Medical Education Institute (MEI). MEI promotes home modalities, supports education for patients and staff, and has developed many Web-based educational tools. This partnership provided a webinar for facilities with contact hour credit and utilized Ms. Schatell's expertise in the creation of the 5 Diamond module.

Ultimate Teamwork

We met this attribute by seeking out opportunities to partner and share ideas with other Networks, Patient SMEs, facilities, home dialysis training staff, and home dialysis program managers. We met with SMEs and home program personnel during project development and periodically during the project. The idea for the individual approach/re-approach referral intervention came out of a discussion with Network 3 Patient SMEs about their experience with new information when they began dialysis. The SMEs identified that patients either need to hear new information a few times to absorb it or receive it from their doctor (or other "expert" source) to have an impact.

BSI Reduction

According to the United States Renal Data System USRDS 2014 annual report (<https://www.usrds.org/2014/view/Default.aspx>), infections are the second most common cause of death in ESRD patients, and they account for nearly 14% of deaths. Dialysis facilities, hospitals, and other healthcare facilities report healthcare-associated infection data (HAI) in CDC's National Healthcare Safety Network (NHSN). Data is used to track HAIs, identify problem areas, measure progress of prevention efforts and work toward eventual HAI elimination. Facilities use NHSN and its tools to survey, measure and quantify facility staff adherence to CDC recommended infection prevention practices in practice settings. Surveillance and tracking provide data to support interventions to improve clinical practice and decrease infections.

The Bloodstream Infection (BSI) Reduction Quality Improvement Activity (QIA) aimed to demonstrate at least a 5% reduction in BSIs in facilities selected for participation in this project.

Forty facilities were selected for participation based on NHSN infection data reported for January-June 2015. The group was broadly representative of facilities in our Network area and comprised 19 facilities in New Jersey; 18 facilities in Puerto Rico; and three facilities in the U.S.

Virgin Islands. The total aggregate baseline BSI rate for the 40 focus facilities was 1.262 BSIs per 100 patient-months.

We promoted an Assessment and Response Approach by which the facility continuously assessed adherence to infection prevention practices. The facility then intervened based on the observed findings. The prevention process measures (PPM) monitored were Hand Hygiene, Hemodialysis (HD) Catheter Connection/Disconnection, HD Catheter Exit Site Care, Arteriovenous Fistula/Graft (AVF/AVG) Cannulation/Decannulation, Dialysis Station Routine Disinfection, Hemodialysis Injectable Medication Preparation, and Hemodialysis Injectable Medication Administration. Facilities were encouraged to recruit patients to participate in facility HAI prevention activities.

We monitored facilities' prevention process measure adherence rates and provided facilities education and instruction on the CDC Core Interventions for Hemodialysis, NHSN Dialysis Surveillance and Reporting, completing PPM audits, and running and interpreting NHSN Reports. We promoted CDC patient education resources via Patient Advisory Committee (PAC) calls and project calls.

Outcomes

At re-measure (January–June 2016), BSIs decreased to 0.938 BSI per 100 patient-months, a 25.7% reduction in the focus group. This outcome far exceeded our 5% improvement goal established by CMS at the initiation of this project.

In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) QIA

The ICH CAHPS project we conducted in 2016 directly addressed patients' reporting on the survey their recollection of being educated about peritoneal dialysis (PD) by facility staff or their nephrologist in the prior 12 months. This question (Q39) scored the poorest among our facilities in the spring 2015 administration of the survey. This QIA was developed to help the 20 poorest scoring facilities develop interventions to help educate patients about PD and ultimately improve the facilities' ICH CAHPS scores.

Facility Selection

The 20 participating facilities included representation from New Jersey and Puerto Rico. We had 17 facilities from NJ and three from Puerto Rico. Selected facilities had to have a higher rate of question completion than the Network 3 aggregate response rate (25.7% of respondents) and a lower rate for answering "yes" to Q39 than the Network 3 rate (60.17% of respondents). The participating facilities' mean rate of question completion was 31.1%, and the positive response rate was 50.2%.

Interventions

Each of the facilities was provided with an educational handout for patients that showed what the Tenckhoff catheter for peritoneal dialysis (PD) looks like in the abdomen. This handout was reviewed by our PAC SMEs for content and clarity. The facilities were encouraged to distribute the handout to all patients as they provided verbal education on this treatment option. This one-on-one education was designed to help patients understand the PD option.

In addition, project facilities were asked to host “lobby days” during which educational material and staff were available in the waiting area or lobby to educate patients and families about PD. These facilities were also provided with information from the Medical Education Institute website to use in conjunction with their corporate education materials.

Tracking

We divided patients into six groups at each facility for purposes of monthly education and surveying. We provided patients with individual attention throughout the month to ensure they received reinforcing education and information. Patients were then asked to complete the ICH CAHPS question regarding peritoneal dialysis on a card provided by the Network. Patients then placed the card in an envelope and provided it to facility staff who then mailed the collected cards back to us each month for tabulation.

Here is the educational handout provided to participating facilities:

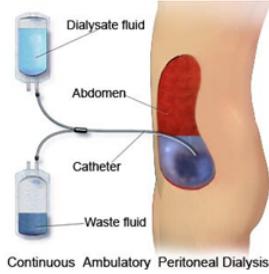
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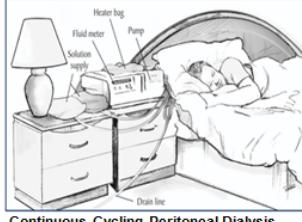
Peritoneal Dialysis (PD)

April 2016 – Peritoneal Dialysis: Another Dialysis Treatment Option

What is Peritoneal Dialysis?

- A treatment option for kidney failure
- A process of fluid exchanges through the belly
- A treatment that removes waste products and extra fluid from the blood through the fluid exchanges
- A treatment that requires a small plastic tube, called a catheter, to be placed in the belly to allow the fluid to move in and out
- A process that can be done manually called Continuous Ambulatory Peritoneal Dialysis (CAPD) or with a machine while you are sleeping, Continuous Cycling Peritoneal Dialysis (CCPD)
- A process that requires a clean area to make sure infection does not occur
- A treatment that can be done by the patient and does not require a partner
- A form of dialysis that is done by the patient in their home after they are trained by a home training program
- A treatment option that allows patients the freedom to determine what hours they want to dialyze
- A form of dialysis that can be done when traveling
- An option that you should discuss with your nephrologist!


Continuous Ambulatory Peritoneal Dialysis


Continuous Cycling Peritoneal Dialysis

This analysis upon which this publication is based was performed under Contract Number HHS-2016-000003 C, entitled "End Stage Renal Disease Networks Organization Number 3", sponsored by the Centers for Medicare and Medicaid Services, Division of Renal Care, Office of Clinical Policy and Quality. The analysis is the sole responsibility of the author and does not necessarily reflect CMS policy. The author assumes full responsibility for the accuracy and completeness of the data presented. This article is a direct result of the Health Care Quality Improvement Program initiated by CMS, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this committee. Ideas and contributions to the author concerning experience in engaging with issues presented are welcomed.

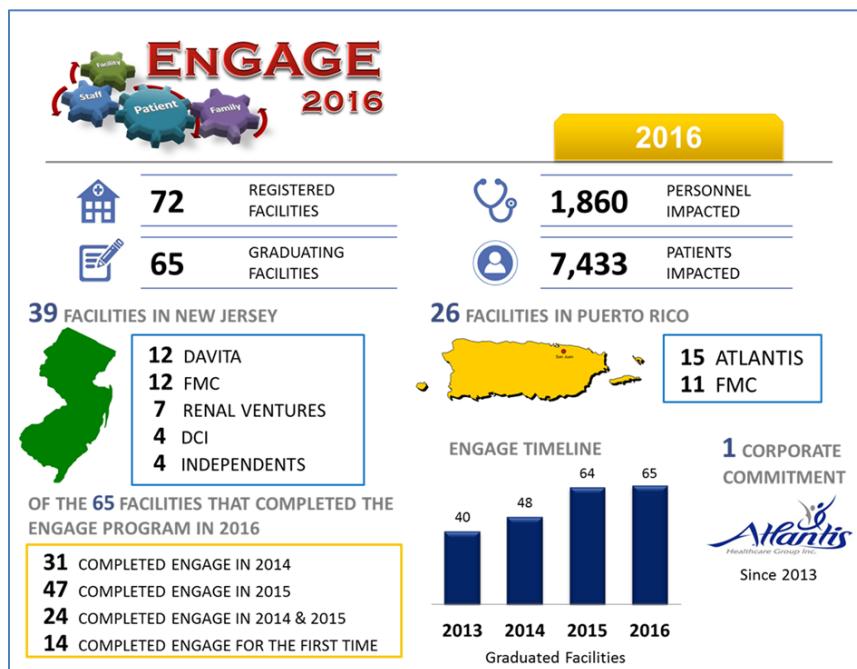
Outcomes

Our goal was a 5 percentage point increase in the number of “yes” responses by the end of the project period (September 2016). Our final outcome was 91.9%, far exceeding our goal for the project facilities. This project was received positively by both patients and staff. Although many patients are content with in-center HD, the education provided has helped make them more informed about their treatment options.

Patient, Family, and Staff Engagement

We recognize that the success of dialysis providers’ efforts to empower patients, their families, and/or their caregivers is dependent on a strong collaboration among all members of the dialysis healthcare team. To support the development of a patient-centered care culture, and to address the unique needs of each dialysis provider, we introduced “EnGAGE” in 2013. This voluntary program has been designed and adapted year to year to empower the entire healthcare team and assist them with their patient, family, and staff engagement initiatives.

From 2013 to 2015, EnGAGE focused on promoting education and dissemination of best practices to build on the foundational model of patient-centered care. A proposed outcome from these three years was for dialysis providers to recognize the pivotal role of patients and family members in helping them achieve the facility's clinical outcomes. In 2016, EnGAGE shifted its focus to an action-based agenda by providing facilities guidance and tools to develop their own Patient/Family Member Representative Guide. Each EnGAGE facility was tasked with identifying two patient/family member representatives to participate with the interdisciplinary team in their Quality Assessment Performance Improvement (QAPI) meetings and focus on the development of their guide. Not only did the selected patients and family member representatives act as a liaison between the Network and the facility's patients, but with direction from the interdisciplinary team they offered assistance to build and sustain patient-centered care initiatives in a meaningful way.



Facilities that Consistently Failed to Cooperate with Network Goals

In 2016, Network 3 worked with dialysis facilities to improve the quality of care they provided to their patients. All facilities fully cooperated with these interventions.

Recommendations for Sanctions

In 2016, Network 3 did not recommend sanctions for any dialysis facility.

Recommendations to CMS for Additional Services or Facilities

In working with patients, families, and dialysis unit staff, Network 3 has recognized the need for special-use facilities to be created to treat patients with mental illness. Mental health professionals could be on staff at these facilities to better serve the needs of this population.

GRIEVANCES AND ACCESS TO CARE

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. In 2016, we responded to 60 grievances. Of these, 2 or 3.3% involved issues related to access to care.

Table D. Grievance Data for Calendar Year 2016

Category	Number
Number of Grievance Cases Opened in Calendar Year 2016	60
Number of Grievance Cases Involving Access to Care	2
Number of Grievance Cases Involving Involuntary Transfer	0
Number of Grievance Cases Involving Involuntary Discharge	2
Number of Grievance Cases Involving Failure to Place	0
Number of Non-Grievance Cases Involving Access to Care	30
Number of Non-Grievance Access to Care Cases Involving Involuntary Transfer	2
Number of Non-Grievance Access to Care Cases Involving Involuntary Discharge	27
Number of Non-Grievance Access to Care Cases Involving Failure to Place	1
Total Number of Grievance and Non-Grievance Cases Involving Access to Care	32
Number of Grievance Cases Closed by the Network in Calendar Year 2016	61
Number of Non-Grievance Access to Care Cases Closed by the Network in Calendar Year 2016	28

Source of data: Patient Contact Utility.

Cases Referred to State Survey Agencies

Network 3 referred one case to the Puerto Rico State Survey Agency (Puerto Rico Department of Health) in 2016. No cases were referred to either the New Jersey State Survey Agency (New Jersey Department of Health) or CMS, which provides the surveyors for the Virgin Islands.

Emergency Preparedness and Response

January

Winter Storm Jonas impacted New Jersey January 22- 24, 2016. The Network was in communication with New Jersey dialysis facilities to track activation of their contingency plans and adjustments to schedules and transportation for patients. This storm hit the state on a Friday evening and lingered through Sunday. High snowfall totals, up to 35 inches in some northern counties, were reported in New Jersey. Many facilities reported they adjusted their schedules to accommodate Saturday patients on Friday and closed on Saturday. Other facilities reported they closed Saturday at the height of the storm and opened on Sunday. Communication with patients began before the storm to ensure plans were in place and patients had emergency diet information in case they were homebound and missed treatments.

Dialysis facility operations were back to normal on Monday, January 25, 2016. The overall response by the facilities in New Jersey with regard to preparation and response was appropriate for the event.

September

On Wednesday September 21, 2016, a fire at a power plant in Puerto Rico left an estimated 1.5 million people without electricity. According to media outlets, the fire began at the Central Aguirre Power Authority in Salinas at 2:30 p.m. EST; no injuries were reported. Once the Network became aware of the incident, staff proceeded to activate members of the Puerto Rico Emergency Preparedness and Response Activities Renal (PREPARAR) Coalition to assess the level of impact. The fire and power outage affected towns throughout the island and impacted all 45 dialysis facilities: 27 owned by Fresenius Kidney Care, 15 owned by Atlantis Healthcare Group; 3 independent centers: 1 in Naranjito, 1 university renal center (in San Juan), and 1 pediatric renal center (San Juan). Network 3 confirmed that all dialysis facilities were operational using generators.

Through Thursday and Friday (September 22–23) we monitored the situation through various media and social media outlets. We relied primarily on <https://twitter.com/fortalezapr> as a reliable source of information. The latest updates were tweeted through this account directly from Puerto Rico's Executive Emergency Operations Center (EOC) and other branches of government. We hosted teleconferences twice a day with members of the PREPARAR Coalition, Kidney Community Emergency Response KCER, CMS, Puerto Rico Department of Health DOH, and other community/government stakeholders to support and sustain continued collaboration. By Saturday September 24, 2016, the situation had become stable and all dialysis facilities reported being able to dialyze their patients without any problems. On Monday September 26, 2016, all dialysis facilities had power restored.

October

The 2016 National Exercise United States (NExUS) Tabletop was held by the national KCER coalition on October 31, 2016. All 18 ESRD Networks participated in the exercise. The exercise focused on a New Madrid Seismic Zone (NMSZ) earthquake with direct impact in the South and Midwest. The hypothetical earthquake did not directly impact the Network 3 geographic areas of New Jersey, Puerto Rico, and the U.S. Virgin Islands. We are the backup Network for Network 12 (Iowa, Kansas, Missouri, and Nebraska), and as such we provided back-up support to them during this exercise.

This tabletop exercise provided us the opportunity to evaluate our Comprehensive Emergency Management Plan (CEMP), our Communications Annex, and the capability of managing support to our backup Network 12 during an incident of such magnitude. During this exercise, we demonstrated optimal performance in various areas of our operational functions and identified areas for improvement to prepare for future events.

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- Data Table 2: Prevalent Dialysis Patients in Network 3's Service Area, by Patient Characteristics
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- Data Table 8b: Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 3's Service Area
- Data Table 9a: Incident ESRD Patients in Network 3's Service Area, by Ethnicity and Race
- Data Table 9b: Prevalent Dialysis Patients in Network 3's Service Area, by Ethnicity and Race
- Data Table 9c: Renal Transplant Recipients in Network 3's Service Area, by Ethnicity and Race

Network 3							Created: May 19, 2017
Table 1. Incident (New) ESRD Patients in Network 3's Service Area, by Patient Characteristics							
January 1, 2016 - December 31, 2016							
Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network	Percent	
Age Group							
<= 4 Years	2	2	0	0	4	0.1%	
5-9 Years	0	0	0	0	0	0.0%	
10-14 Years	6	1	0	0	7	0.1%	
15-19 Years	5	1	0	0	6	0.1%	
20-24 Years	27	7	1	1	36	0.7%	
25-29 Years	32	12	0	1	45	0.9%	
30-34 Years	71	20	0	2	93	1.8%	
35-39 Years	71	29	0	7	107	2.1%	
40-44 Years	101	52	0	1	154	3.0%	
45-49 Years	198	102	1	12	313	6.0%	
50-54 Years	286	129	1	14	430	8.3%	
55-59 Years	352	160	4	22	538	10.3%	
60-64 Years	404	169	4	20	597	11.5%	
65-69 Years	493	234	6	13	746	14.3%	
70-74 Years	499	189	6	12	706	13.5%	
75-79 Years	434	158	1	13	606	11.6%	
80-84 Years	355	110	4	8	477	9.2%	
>= 85 Years	283	53	1	9	346	6.6%	
Network-Level Total	3619	1428	29	135	5211	100.0%	
Median Age	67	65	68	61	67		
Gender							
Female	1455	580	14	56	2105	40.4%	
Male	2164	848	15	79	3106	59.6%	
Total	3619	1428	29	135	5211	100.0%	
Ethnicity*							
Hispanic or Latino	450	1414	1	39	1904	36.5%	
Not Hispanic or Latino	3163	14	28	96	3301	63.3%	
Not Specified	6	0	0	0	6	0.1%	
Total	3619	1428	29	135	5211	100.0%	
Race*							
American Indian/Alaska Native	1	0	0	0	1	0.0%	
Asian	162	0	0	2	164	3.1%	
Black or African American	950	51	25	38	1064	20.4%	
Native Hawaiian or Other Pacific Islander	28	0	3	2	33	0.6%	

Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network	Percent
White	2463	1375	1	93	3932	75.5%
More Than One Race Reported	9	2	0	0	11	0.2%
Not Specified	6				6	0.1%
Total	3619	1428	29	135	5211	100.0%
Primary Cause of ESRD*						
Diabetes	1475	943	15	63	2496	47.9%
Glomerulonephritis	205	64	0	6	275	5.3%
Secondary Glomerulonephritis/Vasculitis	59	14	2	2	77	1.5%
Interstitial Nephritis/Pyelonephritis	82	32	0	3	117	2.2%
Transplant Complications	10	0	0	0	10	0.2%
Hypertension/Large Vessel Disease	1339	273	11	44	1667	32.0%
Cystic/Hereditary/Congenital/ Other Diseases	87	24	0	2	113	2.2%
Neoplasms/Tumors	72	18	0	4	94	1.8%
Disorders of Mineral Metabolism	1	0	0	0	1	0.0%
Genitourinary System	7	2	0	0	9	0.2%
Acute Kidney Failure	81	23	0	3	107	2.1%
Miscellaneous Conditions	185	34	1	8	228	4.4%
Not Specified	16	1			17	0.3%
Total	3619	1428	29	135	5211	100.0%

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

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

Network 3							Created: May 23, 2017
Table 2: Prevalent Dialysis Patients in Network 3's Service Area, by Patient Characteristics							
As of December 31, 2016							
Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network	Percent	
Age Group							
<= 4 Years	1	3	0	0	4	0.0%	
5-9 Years	1	3	0	0	4	0.0%	
10-14 Years	2	2	0	0	4	0.0%	
15-19 Years	8	12	1	0	21	0.1%	
20-24 Years	73	28	0	2	103	0.5%	
25-29 Years	143	55	3	4	205	1.0%	
30-34 Years	263	85	5	8	361	1.8%	
35-39 Years	383	154	4	9	550	2.7%	
40-44 Years	484	227	11	11	733	3.6%	
45-49 Years	855	389	15	10	1269	6.3%	
50-54 Years	1178	525	21	27	1751	8.7%	
55-59 Years	1525	638	24	35	2222	11.0%	
60-64 Years	1717	784	16	32	2549	12.7%	
65-69 Years	1868	926	27	26	2847	14.1%	
70-74 Years	1771	818	42	35	2666	13.2%	
75-79 Years	1416	619	20	26	2081	10.3%	
80-84 Years	1155	389	14	14	1572	7.8%	
>= 85 Years	995	184	7	17	1203	6.0%	
Total	13838	5841	210	256	20145	100.0%	
Median Age	65	65	66	63	65		
Gender							
Female	5664	2192	87	95	8038	39.9%	
Male	8174	3649	123	161	12107	60.1%	
Total	13838	5841	210	256	20145	100.0%	
Ethnicity*							
Hispanic or Latino	1776	5771	20	82	7649	38.0%	
Not Hispanic or Latino	12059	68	190	174	12491	62.0%	
Not Specified	3	2			5	0.0%	
Total	13838	5841	210	256	20145	100.0%	
Race*							
American Indian/Alaska Native	6	1	0	0	7	0.0%	
Asian	621	0	1	13	635	3.2%	
Black or African American	5219	427	173	83	5902	29.3%	
Native Hawaiian or Other Pacific Islander	113	3	14	5	135	0.7%	

Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network	Percent
White	7826	5315	14	150	13305	66.0%
More Than One Race Reported	51	93	8	5	157	0.8%
Not Specified	2	2			4	0.0%
Total	13838	5841	210	256	20145	100.0%
Primary Cause of ESRD*						
Diabetes	5693	3680	115	120	9608	47.7%
Glomerulonephritis	1159	471	9	25	1664	8.3%
Secondary Glomerulonephritis/ Vasculitis	282	71	2	5	360	1.8%
Interstitial Nephritis/Pyelonephritis	365	154	2	3	524	2.6%
Transplant Complications	13	1	0	0	14	0.1%
Hypertension/Large Vessel Disease	4767	986	68	68	5889	29.2%
Cystic/Hereditary/Congenital/ Other Diseases	408	205	3	7	623	3.1%
Neoplasms/Tumors	395	92	6	5	498	2.5%
Disorders of Mineral Metabolism	2	0	0	0	2	0.0%
Genitourinary System	7	3	0	0	10	0.0%
Acute Kidney Failure	59	18	0	2	79	0.4%
Miscellaneous Conditions	665	151	5	19	840	4.2%
Not Specified	23	9		2	34	0.2%
Total	13838	5841	210	256	20145	100.0%

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

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

Table 3: In-Home Dialysis Patients In Network 3's Service Area, by Dialysis Facility and Modality

As of December 31, 2016

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
31001F	0	0	0	0	0	44
310025	0	0	0	0	0	54
310027	0	1	3	0	4	71
310032	0	0	0	0	0	101
310054	0	0	7	0	7	202
310064	0	0	0	0	0	63
310083	0	0	0	0	0	134
310092	0	0	10	0	10	136
312501	0	0	0	0	0	186
312502	0	0	0	0	0	228
312503	2	2	10	0	14	114
312504	0	0	0	0	0	115
312505	0	2	11	0	13	112
312506	0	0	0	0	0	77
312508	0	10	36	0	46	133
312509	4	3	20	0	27	221
312510	0	0	0	0	0	97
312513	0	9	17	0	26	129
312514	0	0	5	0	5	92
312515	0	0	0	0	0	67
312516	0	0	0	0	0	42
312517	0	0	2	0	2	86
312518	0	0	0	0	0	100
312520	0	1	12	0	13	92
312521	0	0	0	0	0	62
312522	0	0	4	0	4	103
312523	1	0	5	0	6	63
312524	0	9	13	0	22	22
312525	6	0	50	0	56	170
312527	0	0	0	0	0	72
312528	0	0	9	0	9	93
312529	0	0	0	0	0	96
312530	0	0	0	0	0	85
312531	0	0	0	0	0	73
312532	0	0	0	0	0	97
312533	0	0	0	0	0	114

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
312534	0	0	0	0	0	67
312535	2	4	5	0	11	99
312536	0	10	12	0	22	149
312537	2	8	11	0	21	112
312538	0	0	0	0	0	112
312540	0	0	0	0	0	104
312541	0	0	0	0	0	66
312542	0	0	0	0	0	130
312543	5	0	0	0	5	97
312544	0	1	7	0	8	69
312545	0	2	5	0	7	93
312546	0	0	0	0	0	121
312547	0	0	0	0	0	45
312548	0	0	0	0	0	48
312550	0	0	12	0	12	61
312551	0	17	9	0	26	112
312552	0	2	5	0	7	100
312553	0	0	2	0	2	115
312554	0	4	13	0	17	135
312555	0	0	0	0	0	32
312557	0	0	8	0	8	111
312558	7	0	0	0	7	116
312559	0	0	18	0	18	127
312560	2	0	0	0	2	109
312561	0	1	10	0	11	63
312562	0	0	0	0	0	85
312563	0	2	13	0	15	94
312564	0	0	0	0	0	98
312565	0	0	0	0	0	40
312566	4	1	5	0	10	110
312567	0	0	0	0	0	83
312568	0	0	0	0	0	105
312569	0	0	0	0	0	55
312570	0	0	10	0	10	109
312571	0	0	2	0	2	76
312572	1	2	12	0	15	85
312573	0	0	0	0	0	151
312574	0	0	37	0	37	122
312575	0	0	0	0	0	61

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
312576	2	1	4	0	7	99
312578	0	0	0	0	0	98
312579	0	0	0	0	0	66
312580	0	0	0	0	0	131
312581	0	0	0	0	0	108
312582	0	0	0	0	0	91
312583	0	2	12	0	14	79
312584	5	0	0	0	5	87
312585	0	0	7	0	7	102
312586	0	0	0	0	0	81
312587	0	2	2	0	4	89
312588	0	0	0	0	0	76
312589	0	0	0	0	0	45
312590	6	2	9	0	17	89
312591	7	1	15	0	23	23
312592	4	0	14	0	18	71
312593	8	0	0	0	8	131
312594	0	0	0	0	0	77
312595	0	0	0	0	0	47
312596	0	0	0	0	0	62
312597	0	0	0	0	0	63
312598	0	0	0	0	0	105
312599	0	0	0	0	0	53
312600	0	0	3	0	3	61
312602	0	0	11	0	11	60
312603	0	0	1	0	1	49
312604	0	0	0	0	0	64
312605	0	0	0	0	0	17
312606	1	1	3	0	5	94
312607	0	0	3	0	3	77
312608	0	3	4	0	7	56
312609	5	0	5	0	10	54
312610	0	12	16	0	28	77
312611	3	2	7	0	12	84
312612	2	1	3	0	6	105
312613	0	0	0	0	0	35
312614	3	0	29	0	32	363
312615	3	2	16	0	21	219
312616	0	0	0	0	0	98

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
312617	0	0	0	0	0	51
312618	0	0	0	0	0	120
312619	2	1	8	0	11	110
312620	0	0	0	0	0	72
312621	0	0	4	0	4	102
312622	0	0	11	0	11	167
312623	0	0	0	0	0	52
312624	0	3	7	0	10	72
312625	0	1	2	0	3	46
312626	3	0	0	0	3	95
312627	0	0	0	0	0	87
312628	0	1	7	0	8	108
312629	0	0	7	0	7	82
312630	0	1	11	0	12	86
312631	0	0	5	0	5	5
312632	0	0	0	0	0	37
312633	0	0	7	0	7	47
312634	3	2	1	0	6	59
312635	0	2	7	0	9	58
312636	1	0	5	0	6	39
312637	3	1	11	0	15	82
312638	3	0	9	0	12	90
312639	0	0	2	0	2	52
312640	0	0	0	0	0	34
312641	4	1	9	0	14	64
312642	1	0	3	0	4	68
312643	0	0	0	0	0	52
312644	0	0	0	0	0	24
312645	4	1	6	0	11	72
312646	3	6	27	0	36	36
312647	0	1	2	0	3	30
312648	0	1	3	0	4	44
312649	0	2	3	0	5	37
312650	1	1	3	0	5	5
312651	0	1	5	0	6	40
312652	0	1	1	0	2	34
312653	3	4	18	0	25	25
312654	2	0	2	0	4	28
312655	0	1	0	0	1	18

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
312656	0	0	0	0	0	23
312657	0	0	2	0	2	20
312658	0	3	6	0	9	122
312659	7	0	5	0	12	105
312660	0	0	0	0	0	56
312661	0	0	0	0	0	6
312662	0	0	0	0	0	5
312663	0	0	0	0	0	12
312664	0	0	1	0	1	6
313501	0	3	15	0	18	202
313503	0	0	0	0	0	89
313517	0	0	0	0	0	189
313519	0	0	0	0	0	78
NJ Total	125	158	789	0	1072	14042
400016	0	0	0	0	0	0
40003F	0	0	0	0	0	36
400061	0	0	0	0	0	56
402501	0	0	0	0	0	150
402502	1	1	10	0	12	165
402503	0	0	0	0	0	130
402504	0	0	0	0	0	141
402505	0	0	29	0	29	211
402506	0	0	0	0	0	107
402507	0	0	0	0	0	151
402508	0	0	12	0	12	126
402509	0	0	0	0	0	125
402510	0	1	44	0	45	254
402513	0	0	29	0	29	118
402514	0	0	0	0	0	179
402515	1	6	36	0	43	216
402517	0	1	24	0	25	165
402518	0	2	9	0	11	168
402519	0	6	26	0	32	169
402521	0	0	0	0	0	112
402525	0	0	27	0	27	132
402527	0	0	21	0	21	184
402528	0	0	8	0	8	96
402529	0	0	0	0	0	90
402530	0	1	23	0	24	269

Facility CCN	HD	CAPD	CCPD	Other Modalities	Total In-Home Patients	Total In-Center and In-Home Patients
402531	0	1	9	0	10	116
402533	0	0	8	0	8	194
402534	0	0	0	0	0	99
402535	0	0	0	0	0	74
402536	0	0	0	0	0	87
402537	0	0	0	0	0	99
402538	0	0	8	0	8	160
402539	0	0	9	0	9	183
402540	0	0	21	0	21	132
402541	0	0	19	0	19	211
402543	0	1	12	0	13	162
402544	0	0	0	0	0	16
402546	0	0	0	0	0	93
402547	0	0	0	0	0	64
402548	0	0	0	0	0	113
402549	0	1	15	0	16	179
402550	0	2	14	0	16	95
402551	0	0	0	0	0	73
402552	0	0	0	0	0	103
402553	0	0	0	0	0	57
402554	0	0	0	0	0	44
402555	0	0	0	0	0	0
402556	0	0	0	0	0	0
403301	0	0	8	0	8	20
PR Total	2	23	421	0	446	5924
480001	0	0	0	0	0	82
480002	0	0	0	0	0	65
482500	0	0	0	0	0	37
482501	0	0	0	0	0	23
482502	0	0	0	0	0	17
VI Total	0	0	0	0	0	224
Network Total	127	181	1210	0	1518	20190
Source of data: ESRD Facility Survey (CMS-2744A) as recorded in CROWNWeb.						
HD = Hemodialysis						
CAPD = Continuous Ambulatory Peritoneal Dialysis						
CCPD = Continuous Cycling Peritoneal Dialysis						
NOTE: This table may include data for some U.S. Department of Veterans Affairs (VA) facilities.						

Network 3					
Created: May 22, 2017					
Table 4. In-Center Dialysis Patients in Network 3's Service Area, by Dialysis Facility and Modality					
As of December 31, 2016					
Facility CCN	HD	PD	Total In-Center Patients	Total In-Center and In-Home Patients	
31001F	44	0	44	44	
310025	54	0	54	54	
310027	67	0	67	71	
310032	101	0	101	101	
310054	195	0	195	202	
310064	63	0	63	63	
310083	134	0	134	134	
310092	126	0	126	136	
312501	186	0	186	186	
312502	228	0	228	228	
312503	100	0	100	114	
312504	115	0	115	115	
312505	99	0	99	112	
312506	77	0	77	77	
312508	87	0	87	133	
312509	194	0	194	221	
312510	97	0	97	97	
312513	103	0	103	129	
312514	87	0	87	92	
312515	67	0	67	67	
312516	42	0	42	42	
312517	84	0	84	86	
312518	100	0	100	100	
312520	79	0	79	92	
312521	62	0	62	62	
312522	99	0	99	103	
312523	57	0	57	63	
312524	0	0	0	22	
312525	114	0	114	170	
312527	72	0	72	72	
312528	84	0	84	93	
312529	96	0	96	96	
312530	85	0	85	85	
312531	73	0	73	73	

Facility CCN	HD	PD	Total In-Center Patients	Total In-Center and In-Home Patients
312532	97	0	97	97
312533	114	0	114	114
312534	67	0	67	67
312535	87	1	88	99
312536	127	0	127	149
312537	91	0	91	112
312538	112	0	112	112
312540	104	0	104	104
312541	66	0	66	66
312542	130	0	130	130
312543	92	0	92	97
312544	61	0	61	69
312545	86	0	86	93
312546	121	0	121	121
312547	45	0	45	45
312548	48	0	48	48
312550	49	0	49	61
312551	86	0	86	112
312552	93	0	93	100
312553	113	0	113	115
312554	118	0	118	135
312555	32	0	32	32
312557	103	0	103	111
312558	109	0	109	116
312559	109	0	109	127
312560	107	0	107	109
312561	52	0	52	63
312562	85	0	85	85
312563	79	0	79	94
312564	98	0	98	98
312565	40	0	40	40
312566	100	0	100	110
312567	83	0	83	83
312568	105	0	105	105
312569	55	0	55	55
312570	99	0	99	109
312571	74	0	74	76
312572	70	0	70	85
312573	151	0	151	151

Facility CCN	HD	PD	Total In-Center Patients	Total In-Center and In-Home Patients
312574	85	0	85	122
312575	61	0	61	61
312576	92	0	92	99
312578	98	0	98	98
312579	66	0	66	66
312580	131	0	131	131
312581	108	0	108	108
312582	91	0	91	91
312583	65	0	65	79
312584	82	0	82	87
312585	95	0	95	102
312586	81	0	81	81
312587	85	0	85	89
312588	76	0	76	76
312589	45	0	45	45
312590	72	0	72	89
312591	0	0	0	23
312592	53	0	53	71
312593	123	0	123	131
312594	77	0	77	77
312595	47	0	47	47
312596	62	0	62	62
312597	63	0	63	63
312598	105	0	105	105
312599	53	0	53	53
312600	58	0	58	61
312602	49	0	49	60
312603	48	0	48	49
312604	64	0	64	64
312605	17	0	17	17
312606	89	0	89	94
312607	74	0	74	77
312608	49	0	49	56
312609	44	0	44	54
312610	49	0	49	77
312611	72	0	72	84
312612	99	0	99	105
312613	35	0	35	35
312614	331	0	331	363

Facility CCN	HD	PD	Total In-Center Patients	Total In-Center and In-Home Patients
312615	198	0	198	219
312616	98	0	98	98
312617	51	0	51	51
312618	120	0	120	120
312619	99	0	99	110
312620	72	0	72	72
312621	98	0	98	102
312622	156	0	156	167
312623	52	0	52	52
312624	62	0	62	72
312625	43	0	43	46
312626	92	0	92	95
312627	87	0	87	87
312628	100	0	100	108
312629	75	0	75	82
312630	74	0	74	86
312631	0	0	0	5
312632	37	0	37	37
312633	40	0	40	47
312634	53	0	53	59
312635	49	0	49	58
312636	33	0	33	39
312637	67	0	67	82
312638	78	0	78	90
312639	50	0	50	52
312640	34	0	34	34
312641	50	0	50	64
312642	64	0	64	68
312643	52	0	52	52
312644	24	0	24	24
312645	61	0	61	72
312646	0	0	0	36
312647	27	0	27	30
312648	40	0	40	44
312649	32	0	32	37
312650	0	0	0	5
312651	34	0	34	40
312652	32	0	32	34
312653	0	0	0	25

Facility CCN	HD	PD	Total In-Center Patients	Total In-Center and In-Home Patients
312654	24	0	24	28
312655	17	0	17	18
312656	23	0	23	23
312657	18	0	18	20
312658	113	0	113	122
312659	93	0	93	105
312660	56	0	56	56
312661	6	0	6	6
312662	5	0	5	5
312663	12	0	12	12
312664	5	0	5	6
313501	184	0	184	202
313503	89	0	89	89
313517	189	0	189	189
313519	78	0	78	78
NJ Total	12969	1	12970	14042
400016	0	0	0	0
40003F	36	0	36	36
400061	56	0	56	56
402501	150	0	150	150
402502	153	0	153	165
402503	130	0	130	130
402504	141	0	141	141
402505	182	0	182	211
402506	107	0	107	107
402507	151	0	151	151
402508	114	0	114	126
402509	125	0	125	125
402510	209	0	209	254
402513	89	0	89	118
402514	179	0	179	179
402515	173	0	173	216
402517	140	0	140	165
402518	157	0	157	168
402519	137	0	137	169
402521	112	0	112	112
402525	105	0	105	132
402527	163	0	163	184
402528	88	0	88	96

402529	90	0	90	90
402530	245	0	245	269
402531	106	0	106	116
402533	186	0	186	194
402534	99	0	99	99
402535	74	0	74	74
402536	87	0	87	87
402537	99	0	99	99
402538	152	0	152	160
402539	174	0	174	183
402540	111	0	111	132
402541	192	0	192	211
402543	149	0	149	162
402544	16	0	16	16
402546	93	0	93	93
402547	64	0	64	64
402548	113	0	113	113
402549	163	0	163	179
402550	79	0	79	95
402551	73	0	73	73
402552	103	0	103	103
402553	57	0	57	57
402554	44	0	44	44
402555	0	0	0	0
402556	0	0	0	0
403301	12	0	12	20
PR Total	5478	0	5478	5924
480001	82	0	82	82
480002	65	0	65	65
482500	37	0	37	37
482501	23	0	23	23
482502	17	0	17	17
VI Total	224	0	224	224
Network Total	18671	1	18672	20190
Source of data: ESRD Facility Survey (CMS-2744A) as recorded in CROWNWeb.				
HD = Hemodialysis				
PD = Peritoneal Dialysis				
NOTE: This table may include data for some U.S. Department of Veterans Affairs (VA) facilities.				

Network 3						Created: May 22, 2017	
Table 5: Number of Transplants Performed in Network 3's Service Area, by Transplant Center and Donor Type and Number of Patients on Transplant Waiting List* in Network 3's Service Area, by Transplant Center							
January 1, 2016 - December 31, 2016							
Transplant Center CCN	Deceased Donor	Living Related Donor	Living Unrelated Donor	Unknown Donor Type	Total Transplants Performed	Patients on Transplant Waiting List	
310001	24	7	9	0	40	172	
310002	5	0	0	0	5	0	
310029	42	3	2	0	47	283	
310038	43	11	8	0	62	440	
310076	157	64	83	0	304	1015	
NJ Total	271	85	102	0	458	1910	
400016	86	3	6	0	95	450	
PR Total	86	3	6	0	95	450	
Network Total	357	88	108	0	553	2360	

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

*As of December 31, 2016

Network 3							Created: May 22, 2017
Table 6: Renal Transplant* Recipients in Network 3's Service Area, by Patient Characteristics							
January 1, 2016 - December 31, 2016							
Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network Total	Percent	
Age Group							
<= 4 Years	3	0	0	0	3	0.5%	
5-9 Years	0	0	0	1	1	0.2%	
10-14 Years	6	0	0	0	6	1.1%	
15-19 Years	6	0	0	1	7	1.3%	
20-24 Years	11	4	0	1	16	2.9%	
25-29 Years	20	4	0	1	25	4.5%	
30-34 Years	25	9	0	0	34	6.2%	
35-39 Years	34	5	0	7	46	8.3%	
40-44 Years	28	13	0	6	47	8.5%	
45-49 Years	46	15	0	4	65	11.8%	
50-54 Years	48	15	0	2	65	11.8%	
55-59 Years	62	11	0	7	80	14.5%	
60-64 Years	59	10	0	5	74	13.4%	
65-69 Years	49	3	0	0	52	9.4%	
70-74 Years	21	5	0	3	29	5.3%	
75-79 Years	1	0	0	0	1	0.2%	
80-84 Years	0	0	0	0	0	0.0%	
>= 85 Years	0	0	0	0	0	0.0%	
Total	419	94	0	38	551	100.0%	
Median Age	52	49	0	48	51		
Gender							
Female	143	38	0	9	190	34.5%	
Male	276	56	0	29	361	65.5%	
Total	419	94	0	38	551	100.0%	
Ethnicity*							
Hispanic or Latino	63	93	0	5	161	29.2%	
Not Hispanic or Latino	349	1	0	33	383	69.5%	
Not Specified	7	0	0	0	7	1.3%	
Total	419	94	0	38	551	100.0%	
Race*							
American Indian/Alaska Native	0	0	0	0	0	0.0%	
Asian	23	1	0	2	26	4.7%	
Black or African American	125	4	0	11	140	25.4%	
Native Hawaiian or Other Pacific Islander	4	0	0	0	4	0.7%	

Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network Total	Percent
White	260	89	0	24	373	67.7%
More Than One Race Reported	0	0	0	1	1	0.2%
Not Specified	7	0	0	0	7	1.3%
Total	419	94	0	38	551	100.0%
Primary Cause of ESRD**						
Diabetes	115	34	0	13	162	29.4%
Glomerulonephritis	73	29	0	9	111	20.1%
Secondary						
Glomerulonephritis/Vasculitis	23	5	0	1	29	5.3%
Interstitial Nephritis/Pyelonephritis	11	2	0	2	15	2.7%
Transplant Complications	0	0	0	0	0	0.0%
Hypertension/Large Vessel Disease	104	13	0	2	119	21.6%
Cystic/Hereditary/Congenital/Other Diseases	39	5	0	7	51	9.3%
Neoplasms/Tumors	18	3	0	3	24	4.4%
Disorders of Mineral Metabolism	0	0	0	0	0	0.0%
Genitourinary System	0	0	0	0	0	0.0%
Acute Kidney Failure	2	0	0	0	2	0.4%
Miscellaneous Conditions	26	3	0	1	30	5.4%
Not Specified	8	94	0	38	8	1.5%
Total	419	188	0	76	551	100.0%

Source of data: CROWNWeb.

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

**Categories are from the CMS-2728 form.

NOTES:

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

Network 3							Created: May 22, 2017
Table 7. Deaths among Dialysis Patients in Network 3's Service Area, by Patient Characteristics							
January 1, 2016 - December 31, 2016							
Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network	Percent	
Age Group							
<= 4 Years	1	0	0	0	1	0.0%	
5-9 Years	0	0	0	0	0	0.0%	
10-14 Years	0	0	0	0	0	0.0%	
15-19 Years	1	0	0	0	1	0.0%	
20-24 Years	4	1	0	0	5	0.1%	
25-29 Years	5	2	0	0	7	0.2%	
30-34 Years	7	8	0	0	15	0.4%	
35-39 Years	29	19	0	0	48	1.2%	
40-44 Years	31	21	0	0	52	1.3%	
45-49 Years	59	42	0	2	103	2.7%	
50-54 Years	106	75	2	4	187	4.8%	
55-59 Years	191	112	2	6	311	8.0%	
60-64 Years	265	143	4	3	415	10.7%	
65-69 Years	329	194	4	5	532	13.8%	
70-74 Years	390	175	5	8	578	14.9%	
75-79 Years	389	152	4	5	550	14.2%	
80-84 Years	384	112	5	4	505	13.1%	
>= 85 Years	469	84	3	3	559	14.4%	
Total	2660	1140	29	40	3869	100.0%	
Median Age	73	69	73	69	72		
Gender							
Female	1122	463	12	18	1615	41.7%	
Male	1538	677	17	22	2254	58.3%	
Total	2660	1140	29	40	3869	100.0%	
Ethnicity*							
Hispanic or Latino	220	1128	5	9	1362	35.2%	
Not Hispanic or Latino	2440	12	24	31	2507	64.8%	
Total	2660	1140	29	40	3869	100.0%	
Race*							
American Indian/Alaska Native	2	1	0	0	3	0.1%	
Asian	83	0	0	1	84	2.2%	
Black or African American	721	79	24	5	829	21.4%	
Native Hawaiian or Other Pacific Islander	16	0	2	0	18	0.5%	
White	1834	1039	3	34	2910	75.2%	

Network 3's Service Area	New Jersey	Puerto Rico	Virgin Islands	Other	Network	Percent
More Than One Race Reported	4	21	0	0	25	0.6%
Total	2660	1140	29	40	3869	100.0%
Primary Cause of ESRD*						
Diabetes	1174	765	14	21	1974	51.0%
Glomerulonephritis	127	60	0	0	187	4.8%
Secondary Glomerulonephritis/Vasculitis	35	10	0	1	46	1.2%
Interstitial Nephritis/Pyelonephritis	65	29	0	0	94	2.4%
Transplant Complications	2	0	0	0	2	0.1%
Hypertension/Large Vessel Disease	905	176	12	13	1106	28.6%
Cystic/Hereditary/Congenital/Other Diseases	45	15	0	0	60	1.6%
Neoplasms/Tumors	99	38	0	2	139	3.6%
Disorders of Mineral Metabolism	0	0	0	0	0	0.0%
Genitourinary System	1	0	0	0	1	0.0%
Acute Kidney Failure	23	5	0	0	28	0.7%
Miscellaneous Conditions	180	40	3	3	226	5.8%
Not Specified	4	2			6	0.2%
Total	2660	1140	29	40	3869	100.0%
Primary Cause of Death**						
Cardiac	1212	471	11	23	1717	44.4%
Endocrine	0	0	0	0	0	0.0%
Gastrointestinal	21	26	1	0	48	1.2%
Infection	237	252	2	2	493	12.7%
Liver Disease	21	12	0	0	33	0.9%
Metabolic	11	5	1	0	17	0.4%
Vascular	97	72	4	2	175	4.5%
Other	646	148	9	5	808	20.9%
Unknown	382	150	1	8	541	14.0%
Not Specified	33	4			37	1.0%
Total	2660	1140	29	40	3869	100.0%

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

**Categories are from the CMS-2746 form.

NOTES:

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

Network 3	Created: May 23, 2017									
Table 8a: Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 3's Service Area										
As of December 31, 2016										
State	Aged 18 through 54	Referred to Voc Rehab Services	Receiving Voc Rehab Services	Employed Full-Time or Part-Time	Attending School Full-Time or Part-Time					
NJ	3430	14	5	741	29					
PR	1492	29	11	226	18					
VI	64	0	3	25	0					
Network Total	4986	43	19	992	47					

Source of data: CROWNWeb.

Voc Rehab = Vocational Rehabilitation

Network 3							Created: May 23, 2017
Table 8b: Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 3's Service Area							
As of December 31, 2015							
Category	Referred to Voc Rehab Services	Receiving Voc Rehab Services	Completed Voc Rehab Services	Not Eligible for Voc Rehab Services	Declined Voc Rehab Services	No Voc Rehab Status	
Employed Full-Time							
Attending School Full-Time	0	0	0	0	0	0	
Attending School Part-Time	0	0	0	0	0	2	
Not Attending School	1	0	0	11	36	20	
School Status Not Specified	4	0	1	0	8	653	
Employed Part-Time							
Attending School Full-Time	0	0	0	0	0	2	
Attending School Part-Time	0	1	0	0	2	2	
Not Attending School	2	0	0	1	25	9	
School Status Not Specified	3	0	4	1	5	199	
Employment Status Not Specified							
Attending School Full-Time	0	2	0	0	0	4	
Attending School Part-Time	0	0	0	0	0	1	
Not Attending School	0	0	0	0	1	39	
School Status Not Specified	0	3	2	2	13	1015	
Homemaker							
Attending School Full-Time	0	0	0	0	0	0	
Attending School Part-Time	0	0	0	0	0	0	
Not Attending School	2	0	0	2	21	2	
School Status Not Specified	0	1	0	1	5	93	
Retired*							
Attending School Full-Time	0	3	0	0	1	0	
Attending School Part-Time	0	0	0	0	0	0	
Not Attending School	7	1	0	19	109	22	
School Status Not Specified	3	0	0	5	21	662	
Medical Leave of Absence							
Attending School Full-Time	0	0	0	0	0	0	
Attending School Part-Time	0	0	0	0	0	0	
Not Attending School	1	0	0	1	7	8	
School Status Not Specified	1	0	0	1	2	166	
Other**							
Attending School Full-Time	2	1	0	0	0	12	
Attending School Part-Time	1	1	0	1	3	6	
Not Attending School	10	3	0	29	121	81	

Category	Referred to Voc Rehab Services	Receiving Voc Rehab Services	Completed Voc Rehab Services	Not Eligible for Voc Rehab Services	Declined Voc Rehab Services	No Voc Rehab Status
School Status Not Specified	6	3	0	4	15	1445

Source of data: CROWNWeb.

*Retired due to preference or disability.

**Other = Employment Status of Student or Unemployed

Voc Rehab = Vocational Rehabilitation

Network 3		Created: May 23, 2017			
Table 9a: Incident ESRD Patients in Network 3's Service Area, by Ethnicity and Race					
January 1, 2016 - December 31, 2016					
Ethnicity* Category	Race* Category	Number	Percent		
Hispanic or Latino	American Indian/Alaska Native	0	0.0%		
	Asian	4	0.2%		
	Black or African American	73	3.8%		
	Native Hawaiian or Other Pacific Islander	11	0.6%		
	White	1812	95.2%		
	More Than One Race Reported	4	0.2%		
	Total	1904	100.0%		
Not Hispanic or Latino	American Indian/Alaska Native	1	0.0%		
	Asian	160	4.8%		
	Black or African American	991	30.0%		
	Native Hawaiian or Other Pacific Islander	22	0.7%		
	White	2120	64.2%		
	More Than One Race Reported	7	0.2%		
	Total	3301	100.0%		
Ethnicity Not Specified	American Indian/Alaska Native	0	0.0%		
	Asian	0	0.0%		
	Black or African American	0	0.0%		
	Native Hawaiian or Other Pacific Islander	0	0.0%		
	White	0	0.0%		
	More Than One Race Reported	0	0.0%		
	Not Specified	6	100.0%		
	Total	6	100.0%		
	Total: Incident ESRD Patients	5211			

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

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

Network 3		Created: May 23, 2017			
Table 9b: Prevalent Dialysis Patients in Network 3's Service Area, by Ethnicity and Race					
January 1, 2016 - December 31, 2016					
Ethnicity* Category	Race* Category	Number	Percent		
Hispanic or Latino	American Indian/Alaska Native	1	0.0%		
	Asian	14	0.2%		
	Black or African American	490	6.4%		
	Native Hawaiian or Other Pacific Islander	29	0.4%		
	White	6997	91.5%		
	More Than One Race Reported	118	1.5%		
	Total	7649	100.0%		
Not Hispanic or Latino	American Indian/Alaska Native	6	0.0%		
	Asian	621	5.0%		
	Black or African American	5412	43.3%		
	Native Hawaiian or Other Pacific Islander	106	0.8%		
	White	6307	50.5%		
	More Than One Race Reported	39	0.3%		
	Total	12491	100.0%		
Ethnicity Not Specified	American Indian/Alaska Native	0	0.0%		
	Asian	0	0.0%		
	Black or African American	0	0.0%		
	Native Hawaiian or Other Pacific Islander	0	0.0%		
	White	1	20.0%		
	More Than One Race Reported	0	0.0%		
	Not Specified	4	80.0%		
	Total	5	100.0%		
	Total: Prevalent ESRD Patients	20145			

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

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

Network 3		Created: May 23, 2017			
Table 9c: Renal Transplant Recipients* in Network 3's Service Area, by Ethnicity and Race					
January 1, 2016 - December 31, 2016					
Ethnicity** Category	Race** Category	Number	Percent		
Hispanic or Latino	American Indian/Alaska Native	0	0.0%		
	Asian	0	0.0%		
	Black or African American	6	3.7%		
	Native Hawaiian or Other Pacific Islander	1	0.6%		
	White	154	95.7%		
	More Than One Race Reported	0	0.0%		
	Total	161	100.0%		
Not Hispanic or Latino	American Indian/Alaska Native	0	0.0%		
	Asian	26	6.8%		
	Black or African American	134	35.0%		
	Native Hawaiian or Other Pacific Islander	3	0.8%		
	White	219	57.2%		
	More Than One Race Reported	1	0.3%		
	Total	383	100.0%		
Ethnicity Not Specified	American Indian/Alaska Native	0	0.0%		
	Asian	0	0.0%		
	Black or African American	0	0.0%		
	Native Hawaiian or Other Pacific Islander	0	0.0%		
	White	0	0.0%		
	More Than One Race Reported	0	0.0%		
	Not Specified	7	100.0%		
	Total	7	100.0%		
	Total: Transplant ESRD Patients	551			

Source of data: CROWNWeb.

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

**Categories are from the CMS-2728 form.

NOTES:

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