Quality Insights
Renal Network 3

# 2013 Annual Report

Quality Insights
Renal Network 3

*Serving ESRD patients in New Jersey,*
*Puerto Rico and the U.S. Virgin Islands.*

**Contract Number: 500-2013-NW003C, June 15, 2014**

Submitted to: Kathleen Egan, Project Officer, CMS/Division of Quality Improvement, Boston, MA
Submitted by: Quality Insights Renal Network 3, 109 South Main Street, Suite 21, Cranbury, NJ

## PREFACE

Quality Insights Renal Network 3 (QIRN3) is pleased to present our 2013 ESRD Annual Report.

In 2013, we began work on a completely redesigned three–year ESRD contract based on the Centers for Medicare & Medicaid Services' three part aim: 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).

We are excited by the opportunity provided in Aim 1 to more fully engage the patient population in the work that we do. CMS asked that Networks convene Patient Learning and Action Networks (LANs) to help include the patient voice in our activities. We were very successful in developing this LAN, and successfully completed two Patient Educational Campaigns and one Patient Clinical Quality Improvement Activity based entirely on the recommendations and guidance of patients in our LAN.

We continued improving vascular access, promoting the use of arteriovenous fistulas (AVFs) and discouraging the long term use of catheters as a patient's primary access. Due to our continued efforts, 60.1% of in-center dialysis patients in Network 3 (New Jersey, Puerto Rico, and the US Virgin Islands) facilities were dialyzing with an AVF in December 2013, up from 59.3% of patients in January 2013. More importantly, as of December 2013, only 11.3% of patients were receiving dialysis through a catheter for longer than 90 days, down from 11.8% in January 2013.

The efforts that we have put forth since 2011 in the area of reducing Healthcare Associated Infections (HAIs) have begun to show results. In 2012 we organized an HAI LAN to focus on the high infection rates in dialysis units in Puerto Rico. This LAN included members from the dialysis organizations in Puerto Rico, the Puerto Rico Hospital Association, as well as professional renal associations in Puerto Rico. The concerted work of this group has resulted in a reduction of the HAI rate in Puerto Rico from 8.03/100 patient months in 2010 (almost three times higher than the national rate of 2.85/100 patient months) to 4.55/100 patient months in 2012. Given the average ESRD population of Puerto Rico over this time (5000), this could be seen as the number of patients with an HAI going from 401 per month in 2010 to 227 per month in 2012.

We hope you find this year's annual report useful and look forward to hearing about any potential improvements or partnership opportunities you have to share. 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.

| **John C. Wiesendanger** | **Toros Kapoian, MD** | **Paul Fine, MD** | **Beverly Hoek** |
|---|---|---|---|
| CEO | Vice-Chairperson | Chairperson | Executive Director |
| WVMI & Quality Insights | QIRN3 Board of Directors | QIRN3 Medical Review Board | QIRN3 |

*The mission of Quality Insights Renal Network 3 is to provide the professional framework within which the provision of quality care to consumers of end-stage renal disease services can be maximized.*

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## INTRODUCTION

Quality Insights Renal Network 3 (QIRN3) is one of 18 End Stage Renal Disease (ESRD) Network Organizations in the country to participate in the ESRD Network Organization Program as a contractor to the Centers for Medicare and Medicaid Services (CMS).

The ESRD Network Program was established under the ESRD Amendment to the Social Security Act of 1972 for individuals with ESRD. The current CMS strategic goals for the Network Program are:

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

With respect to these goals, CMS uses the Institute of Medicine's (IOM) definition of quality, which is: "The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

As specified in the 2013-2015 CMS Statement of Work (SOW), each Network is responsible for conducting activities in the following areas:

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

# 1. NETWORK DESCRIPTION

Quality Insights Renal Network 3 (QIRN3) serves dialysis providers and patients in New Jersey, Puerto Rico, and the US Virgin Islands. According to the Census Bureau (http://factfinder2.census.gov), these 3 geographic areas have a combined population of 12.62 million people. While these three areas are geographically small in size, New Jersey is the most densely populated state (1,195.5/sq. mi) in the country. If Puerto Rico were a state, it would be the second most densely populated (1,162/sq. mi)[1].

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 treats an average of 87.6 patients in each dialysis unit and Puerto Rico treats an average of 125.8 patients in each unit, compared to an average of 72.0 nationwide. The US Virgin Islands treats an average of 73.7 patients in each of its 3 dialysis units[2].

## Population Distribution

The following table shows ESRD incidence rates for 2013 based on data in CROWNWeb, as well as population distributions based on data from the Census Bureau's 2010 census. QIRN3 collects and tracks the racial distribution of the ESRD population to properly identify patterns of interest or concern. As Table A shows, Network 3 overall has a slightly larger percentage of African American and slighter smaller percentage of White residents than the nation overall.

The large diabetic population is troubling due to the complexities of the disease as well as the percentage of patients who begin dialysis primarily due to diabetes. While all three areas have a rate that is higher than the nation, statistics show that Puerto Rico has a diabetic rate that almost 50% higher than the national rate, and is higher than any state in the nation.

**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, 2013 Dialysis Facility Report, Table 13, University of Michigan Epidemiology and Cost Center**

**Table A: 2013 Crude Incidence Rates (New ESRD Patients)**

| State/Territory | Population* | Percent African American | Percent White | Percent Diabetic | Number of New ESRD Patients | Rate Per Million |
|---|---|---|---|---|---|---|
| New Jersey | 8,791,894 | 13.7 | 68.6 | 9.2 | 3,389 | 385 |
| Puerto Rico | 3,725,789 | 12.4 | 75.8 | 12.8 | 1,425 | 383 |
| US Virgin Islands*** | 106,405 | 76.2 | 13.1 | 9.1 | 45 | 422 |
| Network 3 | 12,627,257 | 13.8 | 70.2 | 10.2 | 4,959** | 391 |
| **National** | **309,349,689** | **12.6** | **72.4** | **8.7** | **Unknown** | **Unknown** |

*Population figures derived from US Census Bureau 2010 Census: http://factfinder2.census.gov. **ESRD incident data based on CROWNWeb Patient Registry and total includes patients residing in nearby states such as Pennsylvania, Delaware, and New York. ***USVI racial statistics gathered from CIA World Fact book - https://www.cia.gov/library/publications/the-world-factbook/geos/vq.html

## Incident ESRD Patient Population in Network 3

As shown above, in calendar year (CY) 2013, 4,959 patients began treatment for ESRD in Network 3, 111 more than in CY 2012. The incident rates in New Jersey and the US Virgin Islands increased in 2013, but decreased in Puerto Rico.

## Prevalent Dialysis Patient Population in Network 3

By the end of CY 2013, 18,317 patients were receiving dialysis treatment for ESRD in Network 3, 608 patients more than CY 2012. As is illustrated in Table B below, the Network 3 area overall has experienced a consistent increase in the prevalent population over the last 10 years, resulting in an overall increase of 36%. Puerto Rico**,** in particular has experienced a dramatic rise in the number of prevalent patients being treated, with a 47.1% increase in the ESRD population.

This rise in the number of prevalent patients puts a strain on the dialysis centers in Puerto Rico. As described previously, Puerto Rico**,** on average treats a much higher number (125.8) of patients than the US (72.0) in each dialysis center.

**Table B: Prevalent Dialysis Patient Data by Year and by State/Territory of Dialysis Treatment**

| Year | NJ | NJ % Increase | PR | PR % Increase | USVI | USVI % Increase | NW 3 | NW 3 % Increase |
|---|---|---|---|---|---|---|---|---|
| 2004 | 9,729 | - | 3,587 | - | 155 | - | 13,471 | - |
| 2005 | 10,018 | 3.0 | 3,700 | 3.2 | 157 | 1.3 | 13,875 | 3.0 |
| 2006 | 10,270 | 2.5 | 3,928 | 6.2 | 183 | 16.5 | 14,381 | 3.6 |
| 2007 | 10,611 | 3.3 | 4,049 | 3.1 | 196 | 7.1 | 14,856 | 3.3 |
| 2008 | 10,863 | 2.4 | 4,267 | 5.4 | 207 | 5.6 | 15,337 | 3.2 |
| 2009 | 11,390 | 4.9 | 4,485 | 5.1 | 202 | -2.4 | 16,077 | 4.8 |
| 2010 | 11,656 | 2.3 | 4,733 | 5.5 | 208 | 3.0 | 16,597 | 3.2 |
| 2011 | 12,208 | 4.7 | 4,886 | 3.2 | 220 | 5.8 | 17,314 | 4.3 |
| 2012 | 12,158 | -0.4 | 5,076 | 3.9 | 205 | -7.3 | 17,709 | 2.2 |
| 2013 | 12,616 | 3.8 | 5,275 | 3.9 | 204 | -0.5 | 18,317 | 3.4 |
| **10 Year % Increase** | | **29.7** | **47.1** | | **25.2** | | **36.0** | |

Source: Network 3 SIMS Database (2003-2011), CROWNWeb Database (2012-2013). In 2013 there were an additional 211 patients living outside the Network 3 area but are receiving dialysis in Network 3 dialysis units. These patients are counted in the NW3 total but are not represented in the state/territory statistics.

Unauthorized immigrants continue to present a challenge to the health care system in New Jersey, As of December 31, 2013, there were 282 (from 231 in 2012) unauthorized immigrants receiving dialysis in New Jersey. These patients are not eligible for Medicare and in most cases are being treated as charity care.

The epidemic of diabetes in Puerto Rico continues to be the leading cause of end stage renal disease (ESRD) in this area. Among incident cases, 69.4% reported a primary diagnosis of diabetes, and diabetes is reported as the primary diagnosis in 61.4% of prevalent patients. By comparison in New Jersey diabetes is reported as the primary cause of renal failure in 41.5% of incident patients and 41.5% of prevalent patients.

Please refer to Table 2 in the appendix of this report for a complete analysis of the prevalent ESRD population by age, gender, race, and primary diagnosis.

**Figure 1: Annual Incident and Prevalent Patients in New Jersey - CY 2004-2013**

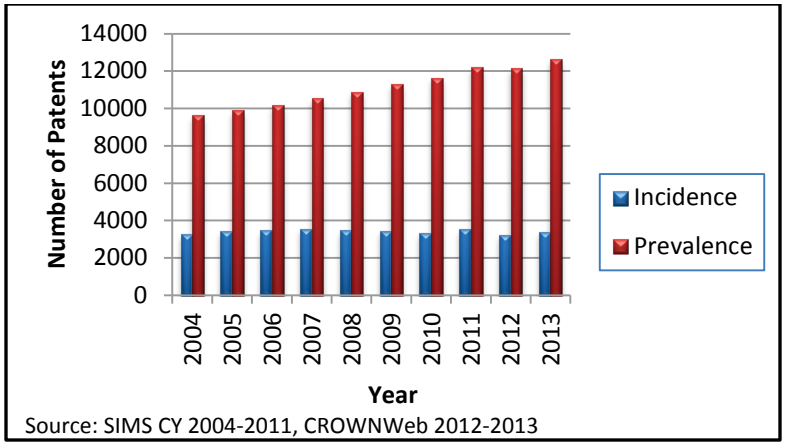



**Figure 2: Annual Incident and Prevalent Patients in Puerto Rico - CY 2004-2013**

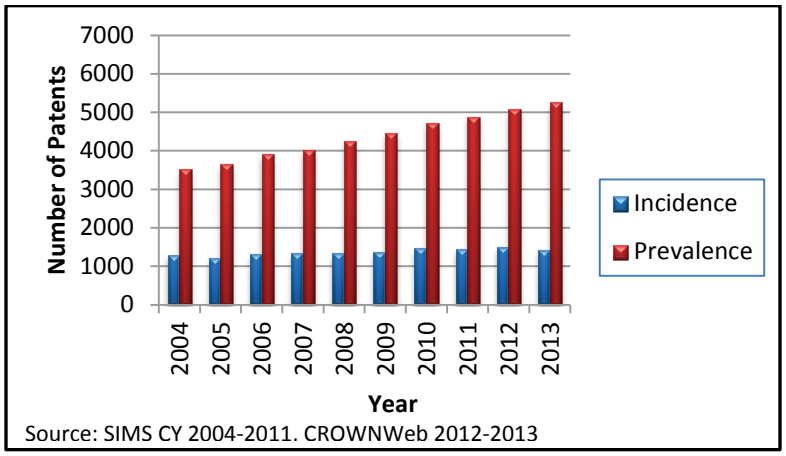
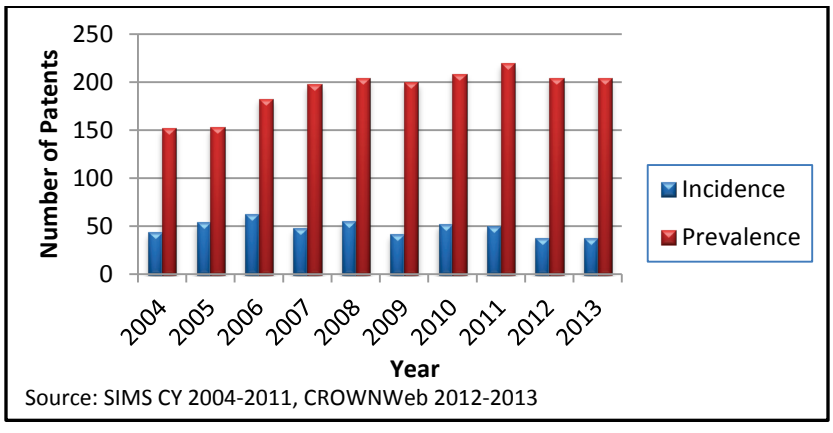



**Figure 3: Annual Incident and Prevalent Patients in Virgin Islands - CY 2004-2013**



## Mortality Data

Death notification reports (CMS 2746) for ESRD consumers are analyzed by sex, race, and cause of death. The primary cause of death reported in 2013 continued to be cardiac (43.8%), which again reflected national data. Infection was reported as primary cause in 16.1% of the 3,609 death records received.

Infection is more frequently cited as the cause of death in Puerto Rico than in other areas of the Network, and was reported as the primary cause in 26.8% of the 1,071 death records received, compared to just 11.7% in New Jersey. Although New Jersey has a prevalent population that is almost 2.4 times greater than that of Puerto Rico, an almost equal number of patients (290 in New Jersey, 287 in Puerto Rico) died due to infection in each of these areas. While high, it is worth noting that the number of deaths due to infection in both areas has decreased dramatically since 2011, when 350 patients in New Jersey and 338 patients in Puerto Rico died due to infection-related causes.

Please refer to Table 7 in the appendix of this report for a complete analysis of the mortality data for ESRD patients, stratified by age, gender, race, primary diagnosis and cause of death.

## Transplantation

Five renal transplant centers serviced the New Jersey ESRD population, with referrals also being made to neighboring New York, Pennsylvania and Maryland. Recent years have seen an inflow for transplantation to New Jersey from neighboring state residents as well. Organ procurement activities were the responsibility of two federally approved agencies, the New Jersey Organ and Tissue Sharing Network (The Sharing Network) and the Gift of Life Donor Program.

In 2013, 388 transplants were performed in New Jersey at five transplant centers, a 3.6% decrease from the 2012 total of 402 transplants.

The number of consumers on a transplant waiting list in New Jersey as of December 2013 increased to 1,660, from 1,463 in 2012. Unless the donor pool is enlarged, transplantation will not be available to the majority of consumers on the list except, perhaps, after a lengthy waiting period. Alternatively, living donor transplantation may provide some candidates with more timely access to this modality.

One renal transplant center in Puerto Rico services the Puerto Rico ESRD population, with referrals also being made to transplant centers in the continental US. Organ procurement activities were the responsibility of Life Link of Puerto Rico, an independent, non-profit organization which performs all aspects of human organ and tissue donation, procurement, and processing for transplantation and research.

In 2013, 106 transplants were performed in Puerto Rico, an increase of 9.2% from the 2012 total of 97. A total of 105 patients are now on the waiting list in Puerto Rico, an increase from 46 patients on the waiting list in 2012.

There is no renal transplant center in the US Virgin Islands, but 3 dialysis patients were able to receive transplants at off-island transplant centers in 2013. Additionally, 127 patients dialyzing in New Jersey and 31 patients dialyzing in Puerto Rico received transplants in other states.

**Figure 4: Renal Transplants performed in New Jersey by Type, 2004-2013**

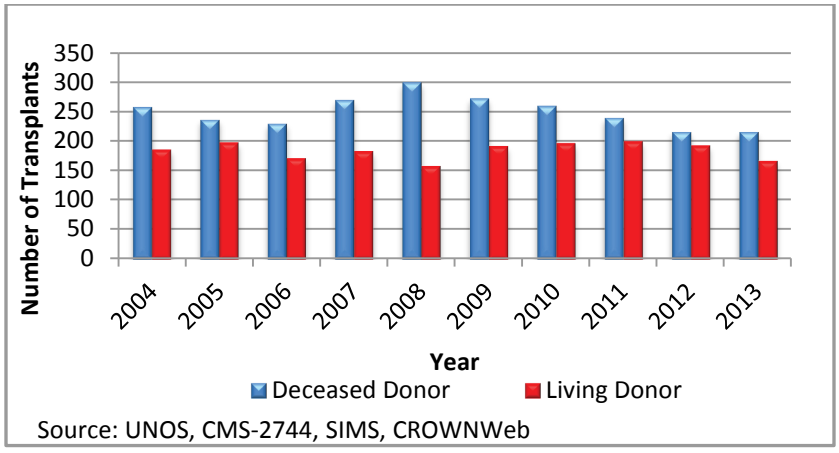
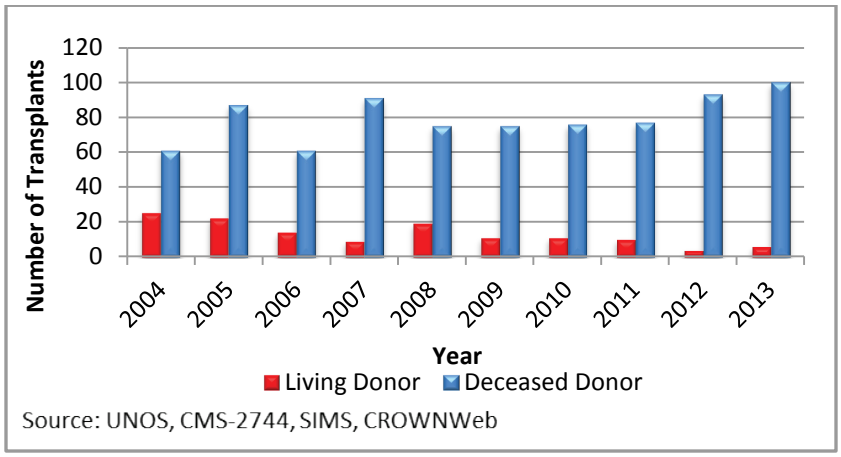



**Figure 5: Renal Transplants Performed in Puerto Rico by Type, 2004-2013**



## 2. NETWORK STRUCTURE

Professional and clerical staff conducted daily activities of the Network under the direction of the Board of Directors and in accordance with federal guidance.

Network 3 is required under contract by CMS to employ an Executive Director, Quality Improvement Director, Patient Services Director, and Data Manager, and to adequately staff the Network in order to perform the requirements of the scope of work. Christopher Brown served as Executive Director (ED) from January – May 2013 before assuming the ED position in the ESRD Network 4 contract. Beverly Hoek served as Executive Director of Network 3 from June through December 2013. The names and key responsibilities of Network staff are provided as follows:

**Beverly Hoek, RN, CNN, Executive Director**

- Administered the financial and operational aspects of the contract
- Provided advice to the Network governing bodies on goals, objectives, work plans, policies and procedures
- Maintained external relations through ongoing communication with other agencies, state programs and the general public
- Assures quality and timely completion of contract deliverables
- Supervised daily operations

**Annabelle Perez, RN, BSN, Quality Improvement Director**

- Collaborated with QI staff to develop and implement all quality improvement projects
- Planned future project implementation and worked with individual facilities
- Organized and attended Medical Review Board meetings, provided display and analysis for the Medical Review Board
- Conducted quality improvement projects and trend analysis, compiled reports
- Assisted in data collection
- Supported National Healthcare Safety Network ( NHSN) and CROWNWeb reporting
- Bi-lingual nurse, leads Puerto Rico HAI LAN activities
- Served as a resource for providers and facility quality improvement staff

**Karen Ripkey, RN, BSN, CNN Senior Quality Improvement Coordinator**

- Assisted with the conduct of improvement activities, including data collection, analysis and writing reports.
- Developed and implemented AIM 2, Innovation Project
- Performed on-site facility visits, did clinical data review, responded to consumer problems
- Supported NHSN reporting

- Provides technical assistance and conducts community outreach activities to patients, providers and other stakeholders
- Assisted with patient calls related to complaints and grievances
- Leads Network Council activities

**Joan Wickizer, MSW, LSW, NSW-C, Patient Services Director**

- Assumed a proactive role in the facilitation and resolution of patient grievances and facility concerns regarding patient issues
- Leads social services, community information and resource activities
- Provides technical assistance and conducts community outreach activities to patients and providers
- Coordinated Patient Advisory Committee and appropriately focused their activities
- Coordinated beneficiary and family centered Learning and Action Network (LAN)
- Coordinated development of patient newsletters and developed or identified new educational material for dialysis unit personnel and patients
- Promoted an increased awareness of treatment options and rehabilitation through educational programs
- Organized and conducted facility site visits to foster patient and family engagement at the facility level
- Supported Patient Contact Utility reporting

**Yessi Cubillo, BA, Patient Services Coordinator**

- Fluent in Spanish, assisted with facility concerns and patient calls related to grievances
- Coordinated Network emergency management activities
- Developed and coordinated Network patient centered campaigns and quality improvement activities
- Assisted in development and implementation of the beneficiary and family centered LAN
- Conducted facility site visits to foster patient and family engagement at the facility level

**Tricia Phulchand, BS, RN Data Manager**

- Developed data analysis and statistical reports
- Assured computer support operations, validation, testing and design of special programs to implement federal directives
- Supervised data clerk
- Assured the confidentiality and security of patient data, maintenance of computer systems and updated the patient and facility-specific database
- Served as a resource to providers and Network staff

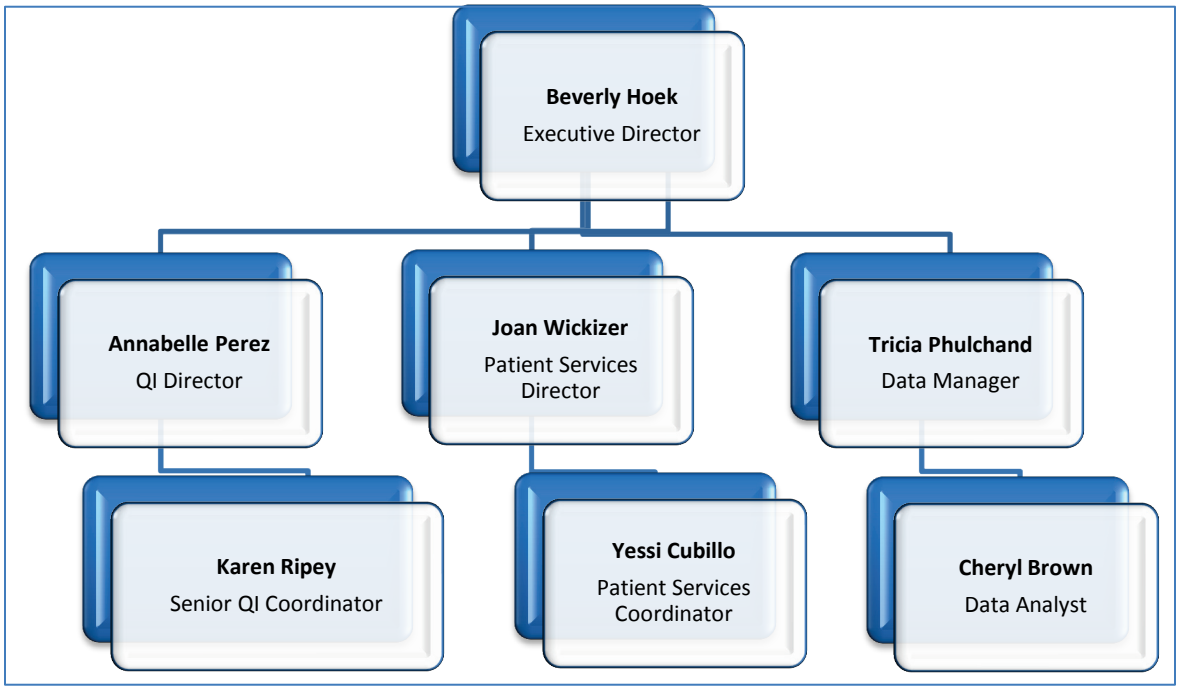
- Conducted Consolidated Renal Operations in a Web-enabled Network (CROWNWeb) training sessions and assisted facility users with questions and problems related to database
- Monitored complete and timely data submission for non- CROWNWeb users
- Developed tools to assist facilities with data recording and submission
- Assisted facilities with completion of the Annual Facility Survey (CMS 2744)

**Cheryl Brown, Data Clerk**

- Addressed New ESRD Patient Mailing Organizer (NEMO) issues
- Processed Medicare Advantage Inquiries
- Maintained phone contact with facility staff to answer questions regarding completion of forms and to obtain missing data.
- Supported CROWNWeb by providing technical assistance
- Performed data entry of medical forms and monthly patient census reports for non-CROWNWeb using facilities
- Monitored the accuracy and completeness of the database
- Assisted facilities with completion of the Annual Facility Survey (CMS 2744)

These individuals provided the clinical and administrative expertise to assure reliability of statistical data and oversight of quality improvement activities. QIRN3 maintains a relatively small but dedicated staff that continues to meet and at times exceed the expectations and requirements of the contract.

**Figure 6: Network Staff Structure**



## Governance and Committees

The WVMI Board, the Network Board of Directors, the Network Medical Review Board, the Patient Advisory Committee and the Network Council support and facilitate Network operations. Other committees and subcommittees are established when the need arises. Board and committee members include representatives from dialysis and transplant facilities, as well as other strategic organizations in the Network 3 area.

## WVMI Board of Directors

WVMI is governed by a 16-member board of directors, consisting of physicians, business representatives and consumers. The Board sets corporate policies and assures the orderly and efficient operation of WVMI and QIRN3. The Board has fiduciary oversight responsibility for QIRN3 and reviews its activities as reported by the ESRD Executive Director, Christopher Brown and the Network Board of Director vice-Chairperson, Toros Kapoian, MD. The Board considers and acts on the recommendations from the Network Board of Directors. In addition, ESRD beneficiaries serve as a representative of the renal community.

## Board of Directors

The Board of Directors **(**BOD) consists of eleven (11) members. The BOD was composed of two consumers, one dietitian, one social worker, two administrators, one nurse, three physicians, a Chair and physician Vice Chair. One board member was from Puerto Rico, one from the U.S. Virgin Islands, the Chair resides in West Virginia and the remaining board members are from New Jersey. The following chart illustrates the BOD composition. John Wiesendanger is the Chairperson, Toros Kapoian is the Vice Chairperson, and Mary Lorenzo is the Secretary/Treasurer of the BOD.

**Table 3: Board of Director Members, 2013**

| Chairperson | Title | Location |
|---|---|---|
| John Wiesendanger | Quality Insights CEO | West Virginia |
| **Vice Chairperson** | | |
| Toros Kapoian, MD | Nephrologist | North Brunswick, NJ |
| **Members** | **Title** | **Location** |
| Ron Zanger, MD | Nephrologist | Cherry Hill, NJ |
| Ken Noonan | Consumer | Neptune, NJ |
| Clifford Sales, MD | Vascular Surgeon | Westfield, NJ |
| Mary Lorenzo, MSW, LSW | Consumer | Matawan, NJ |

| Members | Title | Location |
|---|---|---|
| Judith Semptimphelter | Administrator | Roebling, NJ |
| Ling Chang, RN | Administrator | Hackensack, NJ |
| Michael Yudd, MD | Nephrologist | East Orange, NJ |
| Marien Saade | Administrator | San Juan, PR |
| Lisa Scott Brennan, RD, CSR | Dietitian | Brick, NJ |

## Network Council

The Council provided broad direction and guidance in the development of goals for home dialysis, transplant referrals and criteria selection for monitoring performance of ESRD providers and plans for improvement.

Representation on the Council was multidisciplinary, culled from professionals with demonstrated expertise in their specific field and representative of the geographic characteristics of the Network. In 2013, eight quarterly Network Council Calls were held, two in each of the following months: January, April, July and October. One call was held in English and one in Spanish. An average of 70 participants attended each NJ-USVI call, sixty-seven from New Jersey and three from the US Virgin Islands. The four Puerto Rico Council calls were attended by average of 34 participants.

## Medical Review Board

The Medical Review Board (MRB) evaluates the appropriateness of ESRD care, treatment procedures, and services delivered to ESRD consumers. The prescribed composition of the MRB is fourteen (14) members and a chairperson from the following categories: a minimum of one physician board-certified in nephrology, an experienced nephrology registered nurse responsible for nursing services, a licensed renal social worker, a registered renal dietitian and a patient representative. The MRB consists of prominent and dedicated members of the renal community who volunteer their time.

**Table 4: Medical Review Board Members, 2013**

| Chairperson | Title | Location |
|---|---|---|
| Paul Fine, MD | Nephrologist | Morristown, NJ |
| **Members** | **Title** | **Location** |
| Anthony Brown, MD | Nephrologist | Cherry Hill, NJ |

| Members | Title | Location |
|---|---|---|
| Pedro Vergne, MD | Nephrologist | Dallas, TX |
| Walter Gardiner, MD | Nephrologist | Saint Croix, U.S. Virgin Islands |
| Kathrine Dericks | Social Worker | North Brunswick, NJ |
| Ann Panten | Dietitian | Brick, NJ |
| Patricia Madden | RN, Administrator | Sewell, NJ |
| Kathy Searson | RN, Peritoneal Dialysis | North Brunswick, NJ |
| Juan Nieto | Bio Medical Technician | Jersey City, NJ |
| Mani Swaminathan | Dialysis Consumer, PAC Member | Lakewood, NJ |
| Lenna Lipman | RN, Quality Improvement | South Plainfield, NJ |
| Kevin James, MD | Vascular Surgeon | Morristown, NJ |
| Margaret Navitski | Technical Consultant, Infection Control | Bloomsbury, NJ |
| James Pritsiolas, MD | Nephrologist | Livingston, NJ |
| Keith Norris, MD | Nephrologist | San Juan, PR |

To further ensure a broad perspective on appropriateness of care and outcome measurements, a transplant surgeon, and board certified pediatric nephrologist may serve on the board or as a consultant. These members are selected based on their expertise to further promote the goals and objectives of the Network.

## Patient Advisory Committee

The Patient Advisory Committee (PAC) was organized in 2006 with patient volunteers from throughout the Network. The goal of the PAC is to support the mission of Network 3, to enhance the quality of care provided to ESRD patients and to represent and support the ESRD patient population by actively participating in the committee responsibilities and related functions.

The committee was charged with providing consumer advice to the boards and other committees on such matters as, but not limited to, quality improvement activities, content and format of the Network's website; content and format of patient educational material; improvement of communication between consumers and facility staff; direct attention to areas/issues of consumer concern.

Committee members attend meetings or conference calls on a quarterly basis and actively participate in the development of patient education programs and the PAC newsletter, *Kidneys*

*R Us*. In 2013, three editions of the newsletter were printed for each patient and mailed to all dialysis facilities in Network 3 with instructions to provide the newsletter to patients.

In 2013, the PAC consisted of sixty-two representatives from dialysis facilities in Network 3. These representatives had the opportunity to attend four meetings. Two meetings were conference calls only and two were in-person in New Jersey, with the ability for members to attend via conference call in New Jersey. Each representative was contacted either by email when possible or by regular mail. Meeting attendance fluctuated and averaged ten representatives.

## 3. GENERAL REQUIREMENTS

QIRN3 supports the vision of CMS in three major AIMS outlined in the National Quality Strategy and CMS priorities: 1). Better care for the individual through beneficiary and family-centered care; 2). Better health for the ESRD population and; 3). Reduce the costs of ESRD care through improvement of care.

To ensure the achievement of CMS goals, QIRN3 developed a comprehensive written and electronic internal quality control (IQC) program that allows the Network to monitor the contract deliverables including administrative functions, financial management and activities in support of the three AIMS.

The IQC program is used to report activities and progress towards achieving goals to the Network Medical Review Board (MRB), Board of Directors (BOD) and CMS.

Monthly progress was reported to CMS utilizing two CMS reports. The CMS Dashboard Input Form, which monitors the Network's sub-domain measures, and the Monthly Progress and Status Report, which was submitted to the CMS Contracting Officer Representative (COR) each month. The Monthly Progress and Status Report provided CMS with a detailed overview of Network activities and the report was reviewed during the monthly COR/GTL conference calls.

Participation in CMS and stakeholder meetings was imperative. Monthly conference calls were held with Network State Survey Agencies. Discussion topics included: recent survey findings, quality of care issues, grievances, updates from CMS and access and coordination of care. QIRN3 has a collaborative relationship with the New Jersey and Puerto Rico State Survey Agencies. QIRN3 immediately reported quality of care issues to the appropriate agency. A representative from the New Jersey Division of Survey and Certification was a member of the Patient Engagement Learning and Action Network (LAN).

New Jersey's Quality Improvement Organization (QIO), Healthcare Quality Strategy, Inc. (HQSI), was instrumental in the success of QIRN3's Puerto Rico HAI LAN and was the foundation for the structure of the LAN. Participation in HQSI's LAN also led to improved quality of care for the New Jersey ESRD population through the implementation of the Comprehensive Unit-based Safety Program (CUSP) program, which will be reported later in this document.

In 2013, CMS increased the functions of the Network Coordinating Center (NCC) by making it the knowledge repository for all Network-generated information and the center for analysis and interpretation of aggregate data. QIRN3 participated in NCC activities including:

- NCC data committees
- Fistula First, Catheter Last Vascular Access Infection subcommittee
- Kidney Community Emergency Response (KCER) activities

## Sanctions

In 2013, QIRN3 continued to provide quality oversight of the three Virgin Island facilities at the request of CMS to assist the dialysis facilities to achieve and sustain compliance with the Federal Conditions for Coverage. Based on this identified need, an action plan was developed in collaboration with the CMS ESRD Technical Lead for the Northeast Division, with the full cooperation of the New York Regional Office of CMS to address the specific needs of each facility.

At the request of CMS in 2007, the Network began to monitor patient safety and quality of care issues related to infection control, water treatment, equipment maintenance, medication administration, patient assessment and plan of care at the three Virgin Island facilities. The facilities were required to provide the Network with monthly data and patient records to address each specific area. Network QI staff reviewed this information and monitored implementation of recommended changes by the facilities to improve their outcomes. This project has been extensive and has continued for several years. It involves ongoing communication between CMS, Network staff and facility leadership through bi-monthly conference calls, emails, on-site visits and record review.

In 2011, the hospital-based program on St. Croix (Governor Juan Luis Hospital) was placed under a Systems Improvement Settlement Agreement (SISA) and was mandated by CMS to hire an interim management (IM) team. The IM team began onsite supervision in January 2011 and has sustained substantial improvement over the last 36 months. In 2013, bi-monthly oversight continued and the IM team implemented its succession plan. At the end of 2013, the IM team remains on-site part time, and long-term sustainability is fragile.

The second independent facility on St. Croix (Caribbean Kidney Center) has demonstrated sustained improvement. Bi-monthly calls continue with this facility, the CMS ESRD Technical Lead for the Northeast Division, the New York Regional Office of CMS and Network staff members. Monthly data submission has continued throughout the last 5 years.

The hospital-based facility on St. Thomas (Roy Lester Schneider Hospital) continues to conduct bi-monthly conference calls with CMS, the NW and the NYRO. Monthly data submission continued and they have demonstrated sustained improvement. Stability in the leadership staff was essential to their success; at the end of 2013, the Administrator and Head Nurse resigned, leaving leadership positions staffed by traveling nurses.

A fourth USVI dialysis facility opened on St. Thomas in November, 2013. The St. Thomas Caribbean Kidney Center played a major role in alleviating the overcrowding at Roy Lester Schneider Hospital dialysis unit. Several patients who were receiving dialysis in the Emergency Department of Schneider Hospital were immediately accepted at the new unit and began receiving regularly scheduled dialysis and patients waiting to return to the island from state-side now had access to dialysis care.

The current Statement of Work (SOW) clearly defines sanction criteria, the criteria include:

- Endanger the lives of patients being treated for ESRD, and/or engage in inappropriate practice patterns.
- Demonstrate a pattern of not accepting the Network's offers of technical assistance.
- Demonstrate a pattern of non-adherence to Network recommendations.
- Do not meet CMS and Network goals relative to clinical performance measures and QIP measures.
- Do not demonstrate evidence of effective quality improvement activities that result in continuous quality improvement for those clinical areas in which the facility is not meeting benchmarked national standards.

At the April 2013 Medical Review Board (MRB) and Board of Directors (BOD) meetings, the Boards voted unanimously to recommend sanctions for an independent facility located in Puerto Rico. QIRN3 staff had worked with this facility for the previous 2 years; however, the Standardized Mortality Ratio (SMR) and vascular access infection rates continued to increase, exceeding all national rates. Documentation to support the Board's decision was sent to the New York Regional Offices of CMS in April, 2013.

In May, 2013, QIRN3 received word that the parent company of this dialysis facility had changed and in June CMS, the Network MRB Chair, and Network leadership staff met with the new owners. Based on the information received at this meeting, the Network Boards agreed to postpone the recommendation of sanctions and monitor progress for the next six months to two years.

Between June and December 2013 QIRN3 staff, at the request of the new owners, held twice weekly conference calls with the new leadership staff. Results of practice audits, medical record reviews and QAPI analysis were discussed. One of the major deficiencies identified was the lack of a comprehensive policy and procedure manual that was consistent throughout the 13 facilities. Staff appeared to lack the appropriate knowledge to provide safe and effective dialysis. The Network strongly recommended the new owners seek the assistance of an interim management team, which had proven to be very successful in the U.S. Virgin Islands. In November, the BOD chair and the Network staff visited several of the 13 facilities and reported significant findings back to the Network Boards. In December, the Network Board of Directors sent a letter to the NY Regional Office of CMS recommending sanctions.

## Network 3 Educational Programs

Network 3 **(**NW3**)** provided monthly patient education in English and Spanish on pertinent topics to facilities for distribution to patients. All materials were also posted on our website at http://www.qirn3.org/Patients---Families/Patient-Education.aspx.

- January - New Year's Resolution
- February - Is it a cold or allergy?

- March - What is Patient Centered Care?
- April - HD Adequacy
- May- Catheters and Infections
- June- Hepatitis C General Fact Sheet
- July- Travel as a Dialysis Patient
- August- Life Options Vaccinations
- September - Emergency Preparation Education
- October - The ABC's of Dry Weight
- November - Diet Modifications for Thanksgiving
- December - Heart Health on Dialysis

Provider Education took place in various settings both independently and in collaboration with other partners.

Multiple educational programs were held by QIRN3 during 2013, including:

- NJ CUSP (NJHA and QIRN3 Collaboration) on January 15, 2013
- Medication Safety and Injection Practices, CDC Guidelines for Vascular Access Care and Hemodialysis Procedures presented by Mario Melgar, MD on March 7, 2013 (in Spanish)
- NW Goals and QIP on March 15, 2013
- Patient Engagement Webinars on March 19 and 26, 2013
- NJ CUSP (NJHA and QIRN3 Collaboration) on July 9, 2013
- Transfusions Webinar presented in partnership with Amgen on August 1, 2013
- Surveillance Methodology for Dialysis Infections presented by Mario Melgar, MD on August 22, 2013 (in Spanish)
- NJ CUSP (NJHA and QIRN3 Collaboration) on September 10, 2013
- QIRN3 Annual Meeting was held on October 3, 2013
- Puerto Rico Annual Meeting on November 14, 2013
- Healthcare Disparities Among People with Kidney Disease, a Webinar presented by Keith Norris on November 19, 2013
- On site CROWNWeb Training for five facilities were conducted in 2013
- QIRN3 staff also presented at local ANNA and APIC chapter meetings, a Nurses' Day Event at a southern NJ Hospital and a transplant symposium at the University Of Pennsylvania

The above list includes programs provided to NW3 facilities as general education and provided a total of 18.45 contact hours for 1064 professionals - doctors, nurses, social workers and technicians. Additional education was provided to specific facilities involved in NW3 improvement activities such as CUSP, Vascular Access and Vaccinations.

## Emergency Preparedness

Under the direction of CMS, QIRN3, in collaboration with the Kidney Community Emergency Response (KCER) program and the Network Coordinating Center (NCC) have had an influential presence for ESRD-related emergencies and response within the Network region. In 2013, QIRN3 maintained a supportive role to dialysis facilities and patients with the provision of education, communication of alerts, and technical assistance relative to each region's specific emergency management efforts. Activities included sustaining open communication during facility closures and/or delayed openings due to winter storms in NJ and tropical storms in PR and US VI, dissemination of drug recall alerts and emergency preparedness education.

Hurricane Sandy left a devastating footprint in NJ in late 2012, which led to an increased focus to expand the Network's Emergency Preparedness plans. In collaboration with KCER/NCC, the Network was able to develop a new geographically based Comprehensive Emergency Management Plan (CEMP) that incorporates both the needs of the ESRD providers and includes a plan for the Network's office and staff. The Network 3 CEMP is an outline of general principles and procedures for Network staff to follow when mitigating an emergency, incident, natural disaster, or unusual situation either within the Network office or the ESRD community. Furthermore, the Network's participation in a tabletop exercise hosted by KCER/NCC during the month of October established that the CEMP is a system which can be effectively used in reducing the confusion and chaos commonly experienced at the onset of an incident. Outcomes of this exercise were used to improve office operations and Network reliability during an emergency.

The Network's continued active membership on the New Jersey Group for Access and Integration Needs in Emergencies and Disasters (NJGAINED) has been instrumental to building sustainable partnerships. NJGAINED acts as an advisory board to the New Jersey Office of Emergency Management (NJOEM) and the NJ Office of Homeland Security and Preparedness (OHSP) regarding issues affecting people with access and functional needs in New Jersey before, during and after an emergency or disaster. The Network's participation on this coalition is vital to ensure that the needs of the renal patients and dialysis facilities in NJ are considered by all local, county and state emergency coordinators.

It is the Network's goal to sustain year-round communication and establish partnerships with dialysis facilities, renal patients, KCER/NCC, and OEM stakeholders in order to enhance our ability to respond swiftly and effectively when a true disaster strikes.

## 4.1 AIM 1: BETTER CARE FOR THE INDIVIDUAL THROUGH BENEFICIARY AND FAMILY CENTERED CARE

QIRN3 supports CMS' vision of the patient being the focus of facility activities. The patient needs to be viewed as the center of the healthcare team. Patient centered care results in patients becoming more engaged in their own healthcare and outcomes. Empowering patients as partners in their healthcare results in more educated patients who understand the need to engage in dialogue with their healthcare providers. This dialogue can result in decision making that meets the needs of the individual patient, which will result in greater adherence to the treatment plan, and ultimately, better outcomes.

### 4.1. A: Patient and Family Engagement

Patient and family engagement is a priority for both CMS and the Network. CMS' view that most Network activities are enhanced by the patient's voice has become the focus of QIRN3's activities in regard to patient and family engagement. In each area of QIRN3's involvement with facility staff, the concept of patient and family engagement is reinforced. The idea that the patient is the center of the health care team is promoted at every opportunity as a means of ensuring the highest quality of care is provided to all patients.

#### Foster Patient and Family Engagement at the Facility Level

QIRN3 worked to educate facility staff as to the concept of patient and family engagement in 2013. As an educational tool, QIRN3 developed the "en-GAGE" program. This program was designed with four tiers that each participating facility had to complete in order to receive a certificate of accomplishment. The tiers were as follows: G- Gather a Baseline; A- Assess Your Knowledge; G- Get Activated, and E- Educate Others. Each tier had activities that were designed to educate facility staff on the concept of patient engagement. Webinars were conducted by QIRN3 to foster the concept of patient engagement and to assist facilities in the completion of the program. Site visits were conducted with participating facilities in Puerto Rico to ensure they were completing the program appropriately.

QIRN3 set the goal of introducing the program to all facilities in the Network. This was accomplished with a webinar that outlined the voluntary program. In 2013, forty facilities completed this program. Twenty-one of these facilities are in New Jersey, eighteen are in Puerto Rico and one is in the US Virgin Islands. Each facility received a certificate of recognition and was encouraged to continue their patient engagement activities in 2014.

QIRN3 also evaluated patient engagement during facility visits to facilities. The level of engagement was assessed and the facilities were educated about areas for improvement, i.e. patient participation in QAPI meetings, patient participation in Governing Body meetings, presence of patient groups, etc. Facilities had the opportunity to enroll in the en-GAGE program to structure their efforts to improve their patient and family engagement in their facilities.

#### Involve Patients/Families in CMS Meetings

QIRN3 ensured that patients had the opportunity to attend CMS meetings thus ensuring the "patient voice" was heard by CMS. The goal established by CMS of having patient representation at COR meetings was met on the following dates: March 8; July 12; September 24 and December 13. The September 24 meeting was in-person meeting that occurred during our annual COR site evaluation. During each opportunity for the patient to be present, our Subject Matter Expert **(**SME**)** provided CMS with information and insight into his life as a dialysis patient. The SME also had the opportunity to bring to CMS' attention any issues related to Medicare policy that he felt relevant. Each of these meetings between the SME and our COR was purposeful and successful.

### Convene Patient Engagement Learning and Action Network (LAN)

QIRN3 created a Patient Learning and Action Network (LAN) as part of our patient engagement activities. The goal was to harness the knowledge of our patient SME and use that knowledge to create action-based educational projects. The LAN, with assistance and guidance of QIRN3 staff, created educational programs that were able to reach a critical mass of ESRD stakeholders as directed by CMS.

QIRN3 took a two tiered approach to our patient LAN development. We created two groups; one English speaking and one Spanish speaking. Both groups constituted our LAN. This was done to ensure there was no disparity in the activities of the group and to ensure that all patients in our service area were represented. QIRN3 staff was able to facilitate both LAN groups and create cohesive projects that impacted the entire Network 3 service area.

Our patient LAN began with invitations to 20% of QIRN3 dialysis facilities seeking patient representation. This resulted in an abundance of patients willing to participate. Over the course of the year, twenty-three patients, family members and dialysis staff from New Jersey, sixty-one from Puerto Rico and five from the US Virgin Islands joined the LAN. There was also representation from the New Jersey Department of Health and the American Association of Kidney Patients. The LAN far exceeded our goal of having at least ten patients and or family members join.

The patient LAN created two educational campaigns; 1) *Ways to Optimize Quality of Life* and 2) *Navigating the Dialysis System*. Each campaign involved facilities' aggregate patient populations representing at least 20% of Network 3's patient population. Campaign 1 targeted over 3,400 patients and Campaign 2 targeted over 3,600 patients. The goal of both campaigns was to have a 10% relative improvement from the baseline for each campaign. Each campaign required the development of educational materials that were distributed to each facility in the campaign. The facility social workers utilized the campaign materials to educate the patients in each topic. QIRN3 conducted webinars with the social workers to help share best practices and strategize ways to better educate the patients on the selected topics.

There was an 11.6% absolute improvement for Campaign 1 and a 25% absolute improvement in Campaign 2. To capitalize on the success of each campaign seen in the targeted facilities, QIRN3

reproduced the educational materials and disseminated them to all facilities within NJ, PR and the VI for distribution to patients.

QIRN3 also conducted a Quality Improvement Activity (QIA) with input and direction from our patient LAN. The topic of the QIA was *Increasing Patient Participation in their Plan of Care (POC)*. Nine facilities were randomly chosen from NW3 to participate in the project. These facilities represented 10% of the NW3 patient population. Of the nine facilities, four were from New Jersey, four were from Puerto Rico and one was from St. Croix, USVI.

The baseline measure of patients who attended their POC meeting after being invited was 75%. NW3 was required to show a 5% relative improvement from the baseline to the end of the campaign. At the end of the intervention, 90.7% of patients were attending their POC meetings, which far exceeded the 5% relative improvement requirement.

## 4.1. B: Patient Experience of Care

QIRN3 monitored the patient experience of care utilizing several different approaches as directed by CMS. The goal was to ensure that all patients had the opportunity to voice their grievances to their individual facilities as well as the Network. This was accomplished as outlined below.

### Evaluate and Resolve Grievances

QIRN3 received seventy-nine grievances from patients or their representatives in 2013. Each grievance was reviewed by QIRN3 patient services staff and investigated appropriately. A breakdown of the grievances and an explanation of the two data tools used in 2013 to capture the grievance information is below.

**Table 5: January – June 2013 – Network Contact Utility (NCU)**

| | Beneficiary Complaint | Beneficiary Inquiry | Formal Grievance | Data Processing | Facility Concerns | Facility Inquiry | Other Inquiry | Total |
|---|---|---|---|---|---|---|---|---|
| **Abusive** | | | | | 9 | | | **9** |
| **Disruptive** | 1 | | | | 7 | | | **8** |
| **Information** | 2 | 4 | | | 5 | 7 | | **18** |
| **Non-Compliant** | | | | | 2 | | | **2** |
| **Other** | 5 | 1 | | | 3 | | | **9** |
| **Patient Transfer/ Discharge** | | 1 | | | 14 | | | **15** |
| **Physical Environment** | 4 | | | | | | | **4** |
| **Professional Ethics** | | 1 | | | | | | **1** |
| **Reimbursement/ Financial** | | 2 | | | | | | **2** |
| **Request for Technical** | | | | | | 3 | | **3** |
| **Staff Related** | 13 | 2 | | | 1 | | | **16** |
| **Treatment Related/ Quality of Care** | 12 | 2 | | | 4 | 2 | | **20** |
| **Totals** | **37** | **13** | | | **45** | **12** | | **107** |

In July 2013, CMS required Networks to begin using the Patient Contact Utility (PCU), a new data system for grievance reporting/tracking, and retired the Network Contact Utility (NCU). The NCU was a database that collected information on complaints/grievances from beneficiaries, family members, staff members and/or patient representatives. It also captured information from contacts that were not related solely to complaints/grievances. These contacts included beneficiary inquiries, staff concerns/inquiries and other inquiries. The report above was taken from contacts recorded in the NCU from January-June 2013.

The PCU is a database that is designed solely for the collection of beneficiary, family members, staff members and/or beneficiary representative's grievances or access to care issues. All other contacts have been removed from this utility. The PCU offered no functionality of reports in 2013, and all data was compiled manually. Additionally, grievance procedures have changed and include new processes for documentation. Therefore, there is no aggregate report

available for the latter half of the calendar year, and each half of the year must be discussed individually.

Below is a table which represents the grievance contacts to QIRN3 that have been entered into the PCU from July-December 2013. These numbers were manually pulled from cases entered into the system for this time period. A report was fashioned to reflect the new categories; and, remain consistent with the NCU report above.

**Table 6: July-December 2013 – Patient Contact Utility (PCU)**

| | Access to Care-Patient | Access to Care-Staff | Appeal | Immediate Advocacy | Quality of Care-General | Quality of Care - Patient | Referral | Total |
|---|---|---|---|---|---|---|---|---|
| **Abusive** | 1 | 8 | | 1 | | | | **10** |
| **Failure to Place** | 2 | | | | | | | **2** |
| **Involuntary Patient Discharge** | 1 | 7 | | | | | | **8** |
| **Involuntary Patient Transfer** | | | | | | | | |
| **Patient at-risk for Discharge** | 1 | 5 | | | | | | **6** |
| **Physical Environment** | | | | 1 | 4 | 3 | | **8** |
| **Staff Related** | 2 | | | 7 | 3 | 5 | | **17** |
| **Treatment Related/ Quality of Care** | 3 | 1 | | 6 | 4 | 4 | 1 | **19** |
| **Voluntary Patient Transfer** | 1 | | | | | 1 | | **2** |
| **Non-Adherence** | | 1 | | 1 | | | | **2** |
| **Disruptive** | | 5 | | 1 | | | | **6** |
| **Totals** | **11** | **27** | | **17** | **11** | **13** | **1** | **80** |

In summary, an analysis of the contacts shows QIRN3 works extensively with facilities on access to care issues. There were a total of 41 contacts from facility staff to discuss issues related to Involuntary Discharge (IVD**)** and access to care in 2013. Of those contacts, thirteen resulted in IVD of the patient from the facility. The goal of the NW is to intervene early when a facility identifies a problem patient to help avert the IVD. Eighty-five percent of the IVDs were male with fifteen percent female. Sixty-nine percent were African-American and thirty-one percent were Caucasian-Hispanic. This analysis shows a disproportionate number of minorities are impacted by IVD in NW3, and education and interventions focused on prevention is a focus of our facility training for 2014.

Staff related grievances were the focus of our quality improvement (QI) project in 2013. Five facilities were included in this project. Of those five facilities who participated in the staff education program, none had additional grievances filed by patients after the project began, and through the end of 2013.

### Promote use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) and/or any Similar Survey Identified by CMS

CMS has designated the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) as the tool required to measure patient satisfaction with care provided at all adult outpatient hemodialysis facilities. This requirement was mandated in the 2015 Quality Incentive Program (QIP) guidelines, which is measured in 2013. All outpatient hemodialysis facilities were required to conduct this survey through a third-party administrator. Educational information was provided to all hemodialysis facilities to ensure they were aware of the ICH-CAHPS requirement. A speaker was provided at the QIRN3 Annual Meeting who educated facility staff on the ICH-CAHPS process and the use of the data for quality improvement.

QIRN3 monitored the completion of the survey by facilities that met the criteria for inclusion. Facilities were queried about the status of their fielding of the survey on a monthly basis. At the end of 2013, it was reported that all but one required facility in Network 3 had completed the survey out of 173 facilities.

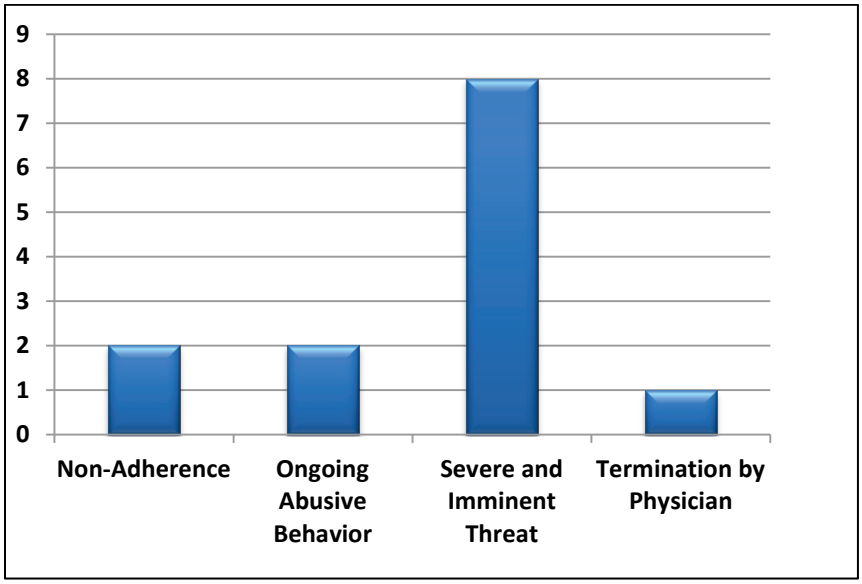
## 4.1. C: Patient Appropriate Access to In-Center Dialysis Care

CMS strives to assure appropriate access to dialysis care for ESRD patients who require life-sustaining dialysis treatment, regardless of modality. The Networks are responsible for working with individual facilities to identify and address issues related to difficulties in placing or maintaining patients in treatment.

### Address IVDs/IVTs/Failures to Place

QIRN3 monitored all cases that involved involuntary discharges (IVD), involuntary transfers (IVT) and failures to place patients in appropriate dialysis facilities. Network 3 advocated for patients who were identified as potential IVD/IVT patients when appropriate. Education was provided to all facilities regarding the requirements of the CMS Conditions for Coverage as they relate to patient discharges. In 2013, NW3 had 13 involuntary discharges. The following chart reflects the number of involuntary discharges by cause. It shows that the highest cause of IVD in 2013 was related to abusive behaviors by patients directed at staff which made it unsafe for the patient to remain at the facility.

**Figure 7: Causes of Involuntary Discharges, 2013**




Source: Network Contact Utility (NCU), Patient Contact Utility (PCU)

### Address Patients at Risk for IVD/IVT and Failure to Place

QIRN3 works to ensure that all dialysis patients have access to care. Whenever possible, NW3 will advocate for the patient in an effort to avert IVD/IVT situations.

Dialysis facilities have been provided with a copy of the Decreasing Patient and Provider Conflict (DPC) Toolkit to help them educate their staff on dealing with difficult or challenging patients. QIRN3 provided guidance and education to facilities that were having difficulty managing challenging patients. Historically, this is the primary reason for IVDs in NW3 facilities. Additionally, QIRN3 has had speakers at its Annual Meetings that have addressed this issue and have offered strategies for working with challenging patients. NW3 has a goal of averting all IVDs that have a potential to be ameliorated at the facility where the situation developed.

In 2013, four patient IVDs were averted and the patients were able to remain in their facilities. Aversion rates were monitored and NW3 focused much attention on this issue and educated facilities as to the steps necessary to avoid discharging patients. Individual consultation with facility staff occurred to ensure that all strategies for aversion were implemented prior to a decision to IVD/IVT a patient was made.

## 4.1. D: Vascular Access Management

**Background**: In 2003, CMS launched with all Networks the National Vascular Access Improvement Initiative, now called the Fistula First, Catheter Last (FFCL) initiative. The project was based on the NKF-KDOQI guidelines, which stated that 65% of prevalent hemodialysis patients should use an arteriovenous fistula (AVF) and 50% of incident patients should begin

dialysis with an arteriovenous fistula. Hemodialysis patients with fistulas have improved morbidity and mortality outcomes. In 2013, CMS increased the prevalent AVF goal to 68%.

Since the inception of the Fistula First initiative in 2003, Network 3 has sponsored educational programs for vascular surgeons, nephrologists, nurses and technicians in New Jersey, Puerto Rico and the US Virgin Islands. Targeted interventions such as site visits, meetings with the Medical Director and leadership staff, meetings with local hospitals to encourage fistula placement, QAPIs and monthly follow-up reporting, were focused on lower performing facilities.

With the release of CROWNWeb on June 14th, 2012, the Fistula First dashboard was placed on hold until data was available through CROWNWeb; unfortunately, this data did not become reliably available until August 2013. On August 10, 2013, the Network received the June – December 2012 vascular access data. On September 12, 2013, the NW received the 1st quarter 2013 data. In order to initiate the vascular access quality improvement project in January 2013, QIRN3 decided to utilize the only data available at that point, from June 2012.

When the July 2012 AVF rate was reported via CROWNWeb, NW3's AVF rate dropped from 59.5% to 57.7%. Our October 2013 baseline rate via CROWNWeb was 58.0%. Since CROWNWeb data was the only data available, the Networks are using this data. The data discrepancies are being addressed by CMS. According to December 2013 data, approximately 94% of patients have an access type reported in CROWNWeb. However, only 43% of facilities are reporting data for 100% of their patients.

In the current Statement of Work (SOW) CMS changed the catheter reduction project. Networks were challenged to decrease the long term (catheters > 90 days) catheter rate in facilities with greater than 10% of prevalent population utilizing a long term catheter. NW3 utilized June 2012, baseline long term catheter data in NW3 facilities with > 10% long term catheters. The Network goal was to decrease the long term catheter rate by 2.0 percentage points by September 2013.

### Improve Arteriovenous (AV) Fistula Rates for Prevalent Patients

In 2013, Networks were required to work toward the new CMS goal of 68% of prevalent patients receiving dialysis through an AVF. Using October 2012 data as a baseline, QIRN3 was required to achieve a 20% "Reduction in Failure Rate." A reduction in failure rate is defined as the difference between a baseline and the goal. In October 2012, the AVF rate in Network 3 was 58.0%. The difference between this rate and the CMS goal of 68% is 10 percentage points. Applying the 20% reduction in failure rate meant that Network 3 needed to improve their AVF rate by 2 percentage points, to 60%, by October 2013. The following table illustrates the success of this project. The total number of accesses reported in the second column shows the improvement in the rate of reporting between October 2012 when 14,749 accesses were reported to January 2013 when 16, 234 accesses were reported. It also demonstrates the fluctuations in dialysis facility reporting to CROWNWeb.

**Figure 8: Network 3 Prevalent AVF Rates, October 2012 - December 2013**

| Time Period | Total Accesses Reported | Number of Patients w/ AVF Only | AVF Rate |
|---|---|---|---|
| **10-2012** | 14,749 | 8,549 | 58.0% |
| **01/2013** | 16,234 | 9,626 | 59.3% |
| **02/2013** | 16,159 | 9,551 | 59.1% |
| **03/2013** | 16,175 | 9,601 | 59.4% |
| **04/2013** | 16,152 | 9,610 | 59.5% |
| **05/2013** | 16,249 | 9,733 | 59.9% |
| **06/2013** | 16,079 | 9,558 | 59.4% |
| **07/2013** | 16,376 | 9,752 | 59.6% |
| **08/2013** | 16,103 | 9,638 | 59.9% |
| **09/2013** | 15,897 | 9,576 | 60.2% |
| **10/2013** | 16,456 | 9,918 | 60.3% |
| **11/2013** | 16,272 | 9,762 | 60.0% |
| **12/2013** | 16,198 | 9,741 | 60.1% |

Source: CROWNWeb

While New Jersey continues to lead the Network in fistula rates, the state continues to have outliers with high catheter rates and low fistula rates. These facilities tend to have high infection rates and are included in several Network projects.

The nephrology community in Puerto Rico has made great strides to remove the barriers to access placement. The largest hospital on the Island now accepts Medicaid patients for vascular access placement. In 2013, a hospital system agreed to reserve Operating Room suites exclusively for vascular access placement. This started in one hospital and is now spreading to other hospitals within the same system. As a result of these changes, more than 50 AVFs were placed in 4Q 2013. The nephrologists, surgeons and hospital staff streamlined the evaluation and surgical process to decrease the need for multiple trips to the hospital, important in this area since public transportation is often a barrier for vascular access placement.

The AVF rate in Puerto Rico in December 2013 was 51.5%. For the first time in Puerto Rico's history, seven facilities have AVF rates > 60%, three facilities have exceeded the 68% AVF goal.

The three U.S. Virgin Island facilities all manually enter vascular access data into CROWNWeb. In 2013, the only vascular surgeon on St. Croix retired. Patients from St. Croix and St. John are transported to St. Thomas or stateside for access placement. Despite these challenges, the AVF rate is >60%.

The table below illustrates the AVF rate in New Jersey, Puerto Rico, and US Virgin Islands facilities from October 2012 through December 2013.

**Figure 9: NJ, PR, and USVI Prevalent AVF Rates, October 2012 - December 2013**

| | New Jersey | | | Puerto Rico | | | US Virgin Islands | | |
|---|---|---|---|---|---|---|---|---|---|
| Time Period | Total Accesses Reported | Number of Patients w/ AVF Only | AVF Rate | Total Accesses Reported | Number of Patients w/ AVF Only | AVF Rate | Total Accesses Reported | Number of Patients w/ AVF Only | AVF Rate |
| **10-2012** | 10,069 | 6,175 | 61.3% | 4,464 | 2,250 | 50.4% | 216 | 124 | 57.4% |
| **01/2013** | 11,274 | 7,075 | 62.8% | 4,745 | 2,423 | 51.1% | 215 | 128 | 59.5% |
| **02/2013** | 11,188 | 7,003 | 62.6% | 4,757 | 2,423 | 50.9% | 214 | 125 | 58.4% |
| **03/2013** | 11,186 | 7,052 | 63.0% | 4,778 | 2,435 | 51.0% | 211 | 124 | 58.8% |
| **04/2013** | 11,133 | 7,022 | 63.1% | 4,806 | 2,460 | 51.2% | 213 | 128 | 60.1% |
| **05/2013** | 11,205 | 7,121 | 63.6% | 4,835 | 2,487 | 51.4% | 209 | 125 | 59.8% |
| **06/2013** | 11,180 | 7,048 | 63.0% | 4,689 | 2,388 | 50.9% | 210 | 122 | 58.1% |
| **07/2013** | 11,305 | 7,138 | 63.1% | 4,858 | 2,490 | 51.3% | 213 | 124 | 58.2% |
| **08/2013** | 11,148 | 7,070 | 63.4% | 4,773 | 2,461 | 51.6% | 182 | 107 | 58.8% |
| **09/2013** | 10,964 | 6,984 | 63.7% | 4,788 | 2,502 | 52.3% | 145 | 90 | 62.1% |
| **10/2013** | 11,394 | 7,260 | 63.7% | 4,854 | 2,535 | 52.2% | 208 | 123 | 59.1% |
| **11/2013** | 11,361 | 7,224 | 63.6% | 4,703 | 2,414 | 51.3% | 208 | 124 | 59.6% |
| **12/2013** | 11,284 | 7,193 | 63.7% | 4,706 | 2,423 | 51.5% | 208 | 125 | 60.1% |

Source: CROWNWeb

As of December 2013, Network 3 had 178 hemodialysis providers. Of these, 43 (24.2%) had achieved the new CMS goal of 68%. A total of 139 facilities had an AVF rate of at least 51%. The 4 facilities "reporting no data" are 3 new facilities and 1 facility in PR awaiting a new provider

number following change in ownership. The facility in Puerto Rico has historically been our highest-performing facility in Puerto Rico, with AVF rates over 70% in a population of approximately 150 patients. Unfortunately, their data has not been reflected in any of our access rates due to their struggle to submit data in CROWNWeb.

**Figure 10: Number of Network 3 Facilities by AVF Rate - June 2012 vs. December 2013**

| | June 2012 | | December 2013 | |
|---|---|---|---|---|
| **Rate of AVF Use among Prevalent Hemodialysis Patients** | **Number of Facilities** | **Total Number of In-Center Patients In Facilities** | **Number of Facilities** | **Total Number of In-Center Patients In Facilities** |
| <31% | 1 | 16 | 0 | 0 |
| 31%-40.9% | 5 | 438 | 5 | 439 |
| 41%-50.9% | 36 | 3,488 | 30 | 2,895 |
| 51%-59.9% | 50 | 5,379 | 54 | 5,364 |
| 60%-67.9% | 41 | 3,434 | 42 | 3,736 |
| 68%-80.9% | 36 | 3,561 | 36 | 3,176 |
| 81%-100% | 5 | 412 | 7 | 588 |
| **Facilities Reporting No Data** | 0 | 0 | 4 | 285 |
| **Totals** | **174** | **16,728** | **178** | **16,483*** |

Source: SIMS (2012), CROWNWeb (2013)

*Note: In facilities who reported vascular access rates, there were an additional 496 patients being treated for whom an access type was not reported.

## Reduce Catheter Rates for Prevalent Patients

In 2013 Networks were challenged to decrease the long term catheter (LTC) rate in facilities with >10% of the prevalent population utilizing a catheter for >90 days by 2 percentage points. As reported earlier, vascular access data was not available once CROWNWeb was launched. NW3 had collected data manually through June 2012 and QIRN3 decided to use this data to identify facilities with high long term catheter rates for intervention.

When reliable CROWNWeb vascular access data was received, it was revealed that in facilities with an LTC rate >10%, the aggregate long term catheter rate was 16.2%.

The *Reducing Long Term Catheter Project* aimed to reduce long term catheter use by 2 percentage points in the targeted facilities. Facilities were targeted for intervention using the vascular access data for June 2012. The selection criteria included facilities with a long term catheter rate greater than 10% and with greater than 100 patients.

Nine facilities with the highest long term catheter rates were selected for the project. Eight of those facilities are in Puerto Rico, 1 in NJ. Of the 9 facilities, seven are Large Dialysis Organizations (LDOs), and 2 are Small Dialysis Organizations (SDOs**)**.

The facilities were informed of their selection into the project and were required to participate in a rollout webinar where they learned the project requirements. The facilities were provided a list of all new admissions since February 2013 utilizing the Patient Events report from CROWNWeb. Facility staff submitted the policy and procedure for admission of new patients and process for permanent vascular access placement. The NW reviewed the policies to ensure the facilities had processes in place for surgical referrals, vein mapping and care of the new vascular accesses.

Facility staff members were instructed to:

- Re-evaluate all patients with long term catheters for candidacy for a permanent vascular access placement. Documentation of this evaluation was required in the patient medical record.
- Ensure the patient medical record included evidence for all patients deemed to not be candidates for a permanent vascular access.
- Review all patients with Central Venous Catheter (CVC**)** and report progress toward a permanent vascular access on a monthly basis.
- Attend monthly conference calls with NW staff to report placement of permanent access in new ESRD patients.
- Report efforts to overcome barriers related to referrals to surgeons for candidates for permanent access.
- Provide staff and patient education provided.

The Network provided tools and resources that would assist facilities in their efforts. These resources included the Catheter Reduction Toolkit, Fistula First website and data entry tools. The duration of the project extended until the end of September 2013.

## Outcomes

Of the nine targeted facilities, 6 did not achieve the goal to reduce long term catheter rates by 2 percentage points. Two facilities met the goal and one facility demonstrated a reduction in long term catheter rates, but, did not meet the project goal. As a group, the facilities decreased the long term catheter rate by 1.7 percentage points. Importantly, it was learned that the data initially obtained through CROWNWeb for the monthly monitoring of AVF and long term CVC rates was incomplete. Furthermore, monthly comparison and evaluation of outcomes was not possible due to reporting deadlines and compliance. Since the majority of the facilities belonged to the LDOs, the facility managers were instructed by their corporate entities not to enter data manually. NW3 utilized the NCC CROWNWeb Compliance reports, and informed providers of the compliance issues. Facilities were provided weekly feedback on status of reporting compliance utilizing the report obtained from the NCC.

The following table illustrates the long term catheter rates in Network 3 facilities who had a >10% LTC rate in October 2012 (the same cohort was followed throughout the year) through December 2013.

**Figure 11: Network 3 Long Term Catheter Rates in Targeted Facilities, October 2012 - December 2013**

| Time Period | Total Accesses Reported in Targeted | Number of Patients w/ Long Term Catheter | LTC Rate |
|---|---|---|---|
| **10-2012** | 8,178 | 1,327 | 16.2% |
| **01/2013** | 8,836 | 1,357 | 15.4% |
| **02/2013** | 8,842 | 1,313 | 14.8% |
| **03/2013** | 8,820 | 1,286 | 14.6% |
| **04/2013** | 8,842 | 1,281 | 14.5% |
| **05/2013** | 8,853 | 1,292 | 14.6% |
| **06/2013** | 8,650 | 1,242 | 14.4% |
| **07/2013** | 8,870 | 1,287 | 14.5% |
| **08/2013** | 8,723 | 1,293 | 14.8% |
| **09/2013** | 8,596 | 1,294 | 15.1% |
| **10/2013** | 8,848 | 1,287 | 14.5% |
| **11/2013** | 8,830 | 1,278 | 14.5% |
| **12/2013** | 8,802 | 1,246 | 14.2% |

Source: CROWNWeb

As shown in the following table, New Jersey continues to show steady progress. There are no facilities in the US Virgin Islands with an LTC rate >10%. Our challenge continues to be Puerto Rico facilities but as described earlier, thanks to the efforts of a workgroup led by ~~our~~ MRB member, Dr. Pedro Vergne, several important changes were put into place in 2013 that should begin to ameliorate this long-standing problem.

**Figure 12: LTC Rates in Targeted NJ and PR Facilities, October 2012 - December 2013**

| | New Jersey | | | Puerto Rico | | |
|---|---|---|---|---|---|---|
| Time Period | Total Accesses Reported in 61 Targeted Facilities | Number of Patients w/ Long Term Catheter | LTC Rate | Total Accesses Reported in 27 Targeted Facilities | Number of Patients w/ Long Term Catheter | LTC Rate |
| **10-2012** | 4,940 | 759 | 15.4% | 3,238 | 568 | 17.5% |
| **01/2013** | 5,518 | 749 | 13.5% | 3,318 | 608 | 18.3% |
| **02/2013** | 5,512 | 726 | 13.2% | 3,330 | 587 | 17.6% |
| **03/2013** | 5,479 | 703 | 12.8% | 3,341 | 583 | 17.4% |
| **04/2013** | 5,484 | 690 | 12.6% | 3,358 | 591 | 17.6% |
| **05/2013** | 5,482 | 699 | 12.8% | 3,371 | 593 | 17.6% |
| **06/2013** | 5,427 | 684 | 12.6% | 3,223 | 558 | 17.3% |
| **07/2013** | 5,496 | 684 | 12.5% | 3,374 | 602 | 17.8% |
| **08/2013** | 5,426 | 679 | 12.5% | 3,297 | 614 | 19.6% |
| **09/2013** | 5,266 | 676 | 12.8% | 3,330 | 618 | 18.6% |
| **10/2013** | 5,475 | 687 | 12.5% | 3,373 | 600 | 17.8% |
| **11/2013** | 5,475 | 683 | 12.5% | 3,355 | 595 | 17.7% |
| **12/2013** | 5,455 | 657 | 12.0% | 3,347 | 589 | 17.6% |

Source: CROWNWeb

As shown in the following table, in June 2012, NW3 had 73 facilities with a long term catheter (LTC) rate equal to or greater than 10%. The percentage of LTCs within those 73 facilities was 16.8%. In December 2013, the Network had 77 facilities with long term catheter rate greater than 10%, the percentage of LTCs was 16.2%. Due to the change in reporting methodology, the QIRN3 staff is hopeful that these values actually do reflect a downward trend.

**Figure 13: Number of Network 3 Facilities by LTC Rate - June 2012 vs. December 2013**

| | June 2012 | | December 2013 | |
|---|---|---|---|---|
| **Rate of LTC Use among Prevalent Hemodialysis Patients** | **Number of Facilities** | **Total Number of In-Center Patients In Facilities** | **Number of Facilities** | **Total Number of In-Center Patients In Facilities** |
| <10% | 99 | 8,819 | 96 | 7,662 |
| 10%-14.9% | 33 | 3,292 | 42 | 5,012 |
| 15%-15.9% | 8 | 649 | 4 | 256 |
| 16%-19.9% | 16 | 1,887 | 14 | 1,452 |
| 20%-29.9% | 15 | 1,768 | 13 | 1,410 |
| >30% | 3 | 313 | 5 | 406 |
| **Facilities Reporting No Data** | 0 | 0 | 4 | 285 |
| **Totals** | **174** | **16,728** | **178** | **16,483*** |

Source: SIMS (2012), CROWNWeb (2013)
*Note: In facilities who reported vascular access rates, there were an additional 496 patients being treated for whom an access type was not reported.

## Support Facility Vascular Access Reporting

QIRN3 aimed to ensure accurate and timely reporting of vascular accesses in CROWNWeb and promote the increase utilization of AVF and reduction of long term catheters. This support was provided through ongoing education of vascular access reporting in CROWNWeb during NW Council meetings, webinars, facility visits, and individual teleconferences.

Oversight of reporting compliance and reinforcement of reporting deadlines were provided through emails and telephonically. The efforts of our staff in this area identified several issues with CROWNWeb vascular access reports that were not known, and led to the NCC being asked to generate reliable data reports more quickly than had been anticipated being necessary.

## Spread Best Practices

Multiple approaches to achieving the CMS and Network goals are developed and utilized by Network staff, as not all interventions are successful in all Network territories. We utilized resources from the various collaborative relationships that have been developed over the years.

Network activities included:

- Educational webinars relating to the care of the vascular access by Mario Melgar, MD.
- Vascular access was the "hot topic" for nurses during the Puerto Rico Annual Meeting. A local interventional nephrologist, Frank Torre, MD presented on vascular access site selection and referral for access placement, as well as the management of complications.

Leslie Dinwiddie, MSN, RN a renowned nephrology nurse consultant, presented on the care of the vascular access and prevention of complications.

- Educational presentations were provided on reporting and running CW reports during Network Council Meetings and facility visits.
- Fresenius Medical Care and Atlantis Healthcare are working collaboratively through the HAI LAN to share best practices.

## 4.1. E: Patient Safety: Healthcare Associated Infections

*Support National Healthcare Safety Network (NHSN)*

### NHSN Dialysis Event Reporting

In December 2010, the Network Board members voted unanimously to add the participation in the CDC NHSN Reporting as a Network goal. While registration became a bigger challenge than anticipated, the CDC reported at the end of 2011 that 95% of Network 3 facilities had successfully enrolled. In 2013, QIRN3 continued efforts to support enrollment of new and improve the reporting accuracy in existing facilities. Changes in leadership staff and corporate ownership provided opportunities for technical support. Monthly analysis of the CDC's CMS QIP Report allowed Network staff to contact the facility and have them correct the deficiencies in order to achieve the QIP measure of successfully reporting six months of data during 2013.

### Establish HAI LAN

**Puerto Rico Healthcare Associated Learning and Action Network (PR HAI LAN)**

Network 3 recognized early on that in order to improve the infection rates in Puerto Rico, collaboration with other quality organizations was imperative. In March 2012 the first meeting of the PR HAI LAN was held. The first members included; the Caribbean Chapter of American Nephrology Nurses Association, the Puerto Rico Kidney Foundation, the Consejo Renal de Puerto Rico, and LifeLink Foundation (the Puerto Rico Organ Procurement Organization).

During each monthly call, current members identified new members who were recruited and joined. By the end of 2013 the partnership grew to 31 members. For the first time in Network history the two largest dialysis providers in Puerto Rico were working together collaboratively on the same project.

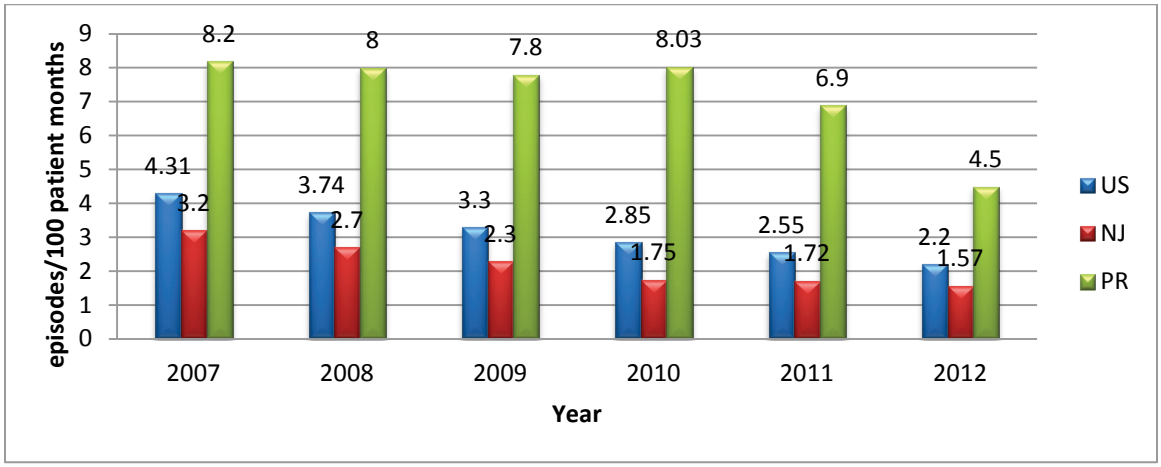
One of the many barriers to improved healthcare is the lack of resources available in Spanish. Even national organizations, such as the Centers for Disease Control and Prevention (CDC), lack patient education materials on dialysis in Spanish. To address this need the PR HAI LAN developed a patient education poster on care of the dialysis catheter in Spanish. Two hundred copies were printed and distributed to dialysis centers, physician's offices and interventional radiology departments.

## Reduce Rates of Dialysis Facility Events

**Background:** Each year, the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) under contract from CMS develops and distributes through ESRD Networks a facility annual Dialysis Facility Report (DFR).This extensive report provides trended (4 years) facility information compared to the local state, Network and national results, on several clinical measures. Several sources of information are used for this analysis such as Medicare claims, hospitalization events, and CMS ESRD specific forms.

The July 15, 2011 release of the Annual Facility Supplemental Report contained new vascular access infection rates. According to the data, Puerto Rico dialysis facilities had a Dialysis Access-Related Infection rate of 8.03/100 patient months compared to the US and New Jersey values of 2.85 and 1.75/100 patient months respectively. Since this was new data not previously reported, there was limited comparison data. However, the graph below illustrates the improvement in the US and New Jersey rates while Puerto Rico sustained an infection rate 2 - 4 times higher than the US and New Jersey.

**Figure 14: Vascular Access Infection Rates by Region**




Source: USRDS Dialysis Facility Reports

The efforts that QIRN3 has put forth since 2011 in the area of reducing Healthcare Associated Infections (HAIs) have begun to show tremendous results. As shown in the table above, the concerted work of the QIRN3 staff, HAI LAN members, and the patients and staff of the dialysis community has resulted in a reduction of the HAI rate in Puerto Rico from 8.03/100 patients months in 2010 (almost three times higher than the national rate of 2.85/100 patient months) to 4.55/100 patient months in 2012. Given the average ESRD population of Puerto Rico over this time (5000), this translates to the number of patients with an HAI going from 401 per month in 2010 to 227 per month in 2012, 174 fewer infections per month, or 2,088 fewer infections per year. Using the low estimate of $6,461 per incident of Central Line Associated

Blood Stream Infection, cited in http://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf, this reduction may have saved over $13.49 million in 2012 alone.

### New Jersey

#### *NJ CUSP-A Network Three/NJ Hospital Association Collaboration Using Comprehensive Unit-based Safety Program (CUSP) Methodology to Decrease Vascular Access Infections-Waves One and Two*

**Background**: In December 2012 NW3 collaborated with the NJ Hospital Association on a plan to educate and assist facilities in utilization of the CUSP model to address their higher rates of vascular access infections. An analysis of 2012 Dialysis Facility Report (DFR) vascular access infection data identified ten facilities with the highest vascular infection rates in Network Three. Funding through HRET (Health Research & Educational Trust, the research arm of the American Hospital Association) was available to send a limited number of NW3 staff and facility personnel to a day-long CUSP seminar in Chicago. Attending were one NW3 QI Coordinator, two LDO Regional QI managers (one from NJ and one from PR) and three NJ dialysis facility managers-two hospital based, and one acute manager.

Three conference calls to discuss and plan the CUSP project were held with the NJHA and the project was rolled out to ten facilities during a webinar held on December 4, 2012. The initial in-person education meeting took place on January 15, 2013, offered 5 contact hours and was attended by seventy-eight people representing twenty-nine dialysis facilities, four hospitals and management personnel of two LDOs and two SDOs. The educational program included presentations on the origin of CUSP, individual facility experiences with the CUSP tools, methods to decrease infections and exercises with some of the materials provided in the CUSP toolkit distributed at the meeting.

Built into the program were monthly coaching webinars to bring participants together for group learning and interaction and for individual facilities to present experiences implementing CUSP in their unit. Another in-person learning session was held in July with fifty- five participants and included a project update with data, learning and exercises in “Team Strategies and Tools to Enhance Performance and Patient Safety” (Team STEPPS), review of the group’s staff safety survey results, an Infection Preventionist panel and a presentation on research about staff levels and patient safety perception in dialysis facilities. Participants also earned five contact hours. CUSP Waves Two and One attended a joint meeting in September of 2013, with Wave One participants presenting their outcomes at the rollout educational meeting for Wave Two facilities. The format was patterned on the First Wave’s initial meeting in January 2013 and offered six contact hours to participants. QIRN3 and NJHA work with Wave Two was ongoing at the end of 2013 with the same format planned but the goal is to reduce the occurrence of positive blood cultures in line with the 2014 ESRD QIP. The Second Wave of the project chose facilities with the highest positive blood culture rates among NW3 facilities for 2013 Q1-2 and outcomes measured from NHSH data.

**Goals**:

To reduce infection rates:

- Wave One: Reduce the vascular access infection rate by 40% by July 2013. (Due to unavailability of DFR data until July of 2013, group progress was monitored using NHSN data (which was more readily available).
- Wave Two: Reduce the positive blood culture rate by 25% (NHSN data).

**Interventions:**

- Educate the facilities on CUSP methodology as created through a collaborative effort of the Agency for Healthcare Research and Quality and other state and national-level innovators in patient safety.
- Promote the use of the CDC Core Interventions for Dialysis Blood Stream Infection Prevention (BSI)
- Spread best practices
- Conduct coaching calls

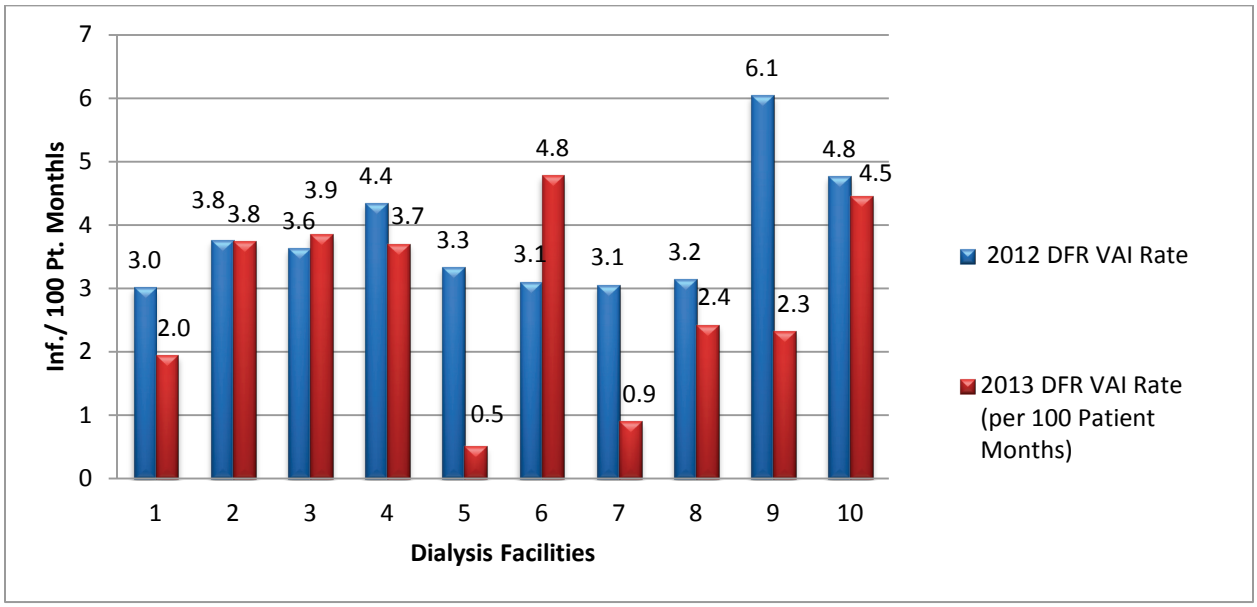
**Project results:** The First Wave facilities were able to reduce the vascular access infection rate by 25%, not the original 40% goal. Three facilities were able to exceed the 40% goal. Three showed improvement but did not achieve expected goal and three did not improve by the end of Wave One but were added to the 2014 BSI project.

The performance of the First Wave was taken into consideration when setting the goal for Wave Two and was set at a25% reduction in positive blood cultures by September 2014. Previous experience with the First Wave demonstrated that a 25% reduction was achievable.

Sharing of best practices on calls and at meetings gave rise to individual adaptations such as cohorting of all catheter patients in one area of the facility to concentrate RN resources and improve catheter care procedures. Another change adopted by the same facility was a strict appointment policy which allowed for a “down time” to clean stations and prepare for the following shift without pressure to begin another patient as soon as the previous patient departed. This same facility implemented the CDC “scrub the hub protocol” in 2Q of 2013 in addition and NHSN VAI rates went from 3.5 in Q1 to 0.7 in 4Q 2013.

The following table illustrates the First Wave facilities’ baseline vascular access infection rates and achievement rates at the end of the project. The overall reduction in vascular access infection rates was 25%.

**Figure 15: Wave One NJ CUSP Outcomes 2012 and 2013**
**Dialysis Facility Report Vascular Access Infection (VAI) Rates**




Source: NHSN Data

## 4.2 AIM 2: BETTER HEALTH FOR THE ESRD POPULATION

### 4.2. D: Project A: Increase HBV and Pneumococcal Vaccination Rates

**Background**: In 4Q 2012, QIRN3 had begun work on a disparity reduction vaccination project aimed at increasing vaccinations among the patients and staff in Puerto Rico. The project had been approved to begin in advance of the 2013-2015 CMS contract in order to take advantage of the upcoming influenza season, normally occurring from September through March. This step was taken to improve the flu vaccination rates among staff and provide required education.

A rollout webinar was held in August 2012 to introduce the scope of the project within the necessary timeframe and to provide education for the Puerto Rico dialysis staff about vaccinations and the ESRD patient. Mario Melgar, MD presented on The Importance of Immunization in the ESRD Patient in Spanish and 1.2 contact hours were awarded to the 46 attendees. The patient impact portion of the project concentrated on increasing patient hepatitis B and pneumonia vaccinations.

Data was collected from 23 LDO facilities and 12 facilities of the local SDO in Puerto Rico from September through May of 2013 when the project was wrapped up in anticipation of beginning work on the ESRD Population Health Project.

**Goals:**

- 10 percentage point increase over baseline for staff influenza vaccination.
- 5 percentage point increase over baseline for HBV and Pneumococcal vaccines.

**Table 7: Vaccination Rates in Puerto Rico, 2011-2013**

| Vaccination Type | 2011 | 2012 | 2013 |
|---|---|---|---|
| Patient Pneumonia | 13.6% | 52.9% | 66.6% |
| Patient Hepatitis B | 53.9% | 67.4% | 67.7% |
| Staff Influenza | 26.0% | 35.8% | 40.7% |

In concert with the contract changes, work was begun on the Population Innovation Pilot Project in September 2013. CROWNWeb data, which was supplied by the National Coordinating Center (NCC), was analyzed for disparity according to the project guidelines.

Ten NW3 facilities with a disparity of 5% or greater between their African American and White populations' rates of vaccination were identified. Facilities were notified of their inclusion in the project and invited to attend both an educational webinar on November 19, 2013 entitled *Healthcare Disparities Among People with Kidney Disease* and the project rollout webinar held on December 10, 2013. The disparities education was presented by Keith Norris, MD and provided 1.2 contact hours for participants. The invitation for the November webinar was

extended nationally to all ESRD Networks and facilities with a total of fifty-eight attendees. The project is expected to end September 30, 2014. The newer vaccination project mandated use of CROWNWeb data only and the focus was changed to exclude staff influenza due to that data not being available in CROWNWeb. Patient HBV and Pneumonia vaccination measures were retained.

The performance evaluation for the Aim 2 Population Health Improvement Project (Increase HBV and Pneumonia Vaccination) is based upon achieving the CMS goals as specified in the QIRN3 contract. The goals are three fold-a one percent reduction in disparity for the target population and the improvement of the disparate group's HBV and pneumonia vaccination rates by at least five percent by the third quarter of 2014 or QIRN3 evaluation-whichever is later. The third factor influencing the assessment will consider how well the following six attributes are integrated into the performance and outcomes of the project: 1) Rapid Cycle Improvement, 2) Customer Focus and Value of the Quality Improvement Activities to Beneficiary, Participants and CMS, 3) Ability to Prepare the Field to Sustain Improvement, 4) Value Placed on Innovation, 5) Commitment to Boundarilessness and 6) Unconditional Teamwork.

The plan for the QIRN3 Aim 2 project was developed to incorporate the above six attributes and moves toward the goal of improving the health of the ESRD population by seeking to reduce disparities and improve vaccination rates of HBV and Pneumonia when identified. Interventions include:

- Providing education to all facilities and ESRD Networks on Healthcare Disparities among People with Kidney Disease.
- Involvement of the targeted facilities as well as corporate members identified as potentially impacting the success of the project.
- Regular communication with patient and HAI LAN members about project to answer questions and solicitation of feedback about project and educational materials.
- Monthly submission of facility vaccination data in CROWNWeb and verification by QIRN3 project coordinator. (A monthly cycle allows for more rapid identification of progress than the quarterly data release. Regular feedback and assistance by QIRN3 are planned to assist with improvement activities).
- Evaluation of participant root cause analyses of disparity and lower vaccination rates.
- Spreading information to all stakeholders about outcomes, issues raised and best practices implemented.
- Assistance by QIRN3 for facilities that request it or demonstrate failure to improve outcomes.
- Involvement of QIRN3 with community partners also concerned/affected by vaccination rates to collaborate and communicate where possible.

## 4.3 AIM 3: REDUCE COSTS OF ESRD CARE BY IMPROVING CARE

The ESRD Networks have a long tradition of working to improve the quality of care for beneficiaries with ESRD. Network 3 has been one of the ESRD Networks since 1978 and has supported CMS efforts to reduce the costs of care by improving the quality of care through the implementation of the ESRD Quality Incentive Program (QIP**)**, assisting facilities in improving performance in the QIP measures, and providing technical assistance to facilities to support submission of data in CROWNWeb and NHSN.

### 4.3. A: Support for ESRD QIP and Performance Improvement on QIP Measures

When the QIP measures are published in July of each year, QIRN3 alerts Network 3 facilities of all educational programs provided by CMS and other trusted sources. During 2013, QIRN3 provided QIP education through webinars, on-site visits, telecommunication, distribution of publications and educational programs.

During registration periods, the Network assisted facilities in updating credentialed user accounts and accessing the Dialysis Reports website. When the performance score reports were released, we provided technical assistance to facilities that needed help accessing the reports. NW 3 sent out email blasts to remind facility administrators to post the Performance Score Certificate in the patient waiting room in December. Facilities are encouraged to report the QIP score and utilize the Dialysis Facility Report in QI activities. During Federal Surveys, the New Jersey and Puerto Rico surveyors look for the presence of the Performance Score Certificate and report to the Network those facilities failing to comply.

Since 2006, the Network has encouraged Medical Directors and nursing leadership staff to review the Dialysis Facility Report (DFR) carefully. They are encouraged to review the introductory text of the report, since this area highlights areas of concern that the unit should focus on during the next year. Facility staff members have been asked to review the co-morbid conditions and ensure that the Medical Evidence Report (CMS 2728) and Medicare claims forms are completed accurately. In 2013, during a Medical Director meeting in Puerto Rico, the attendees were asked if they verified the data entered into CROWNWeb and NHSN. They were asked if they knew who at their facility was responsible for data entry. None of the Medical Directors reported performing spot checks to verify the accuracy of the data and only a few knew the person responsible for data entry.

During on-site visits, clinical indicators were frequently reviewed with the Administrator. QI minutes were assessed for discussion of QIP scores and values reported in the DFR. The Administrator was asked to show evidence of tracking and trending and development of appropriate improvement plans. They were reminded to include the QIP measures in their facility QI measures.

## 4.3. B: Support facility data submission for CROWNWeb, NHSN, and /or Other CMS-Designated Data System

In 2013, QIRN3 supported facilities within New Jersey, Puerto Rico and the Virgin Islands to fulfill the CROWNWeb (CW) data submission as required by CMS. CROWNWeb was established in order for all dialysis facilities in the United States and U.S. territories to comply with the Conditions for Coverage. CW allows both the Network and dialysis facilities to see data simultaneously in a live database.

Dialysis facilities use CW to enter and submit patient, facility, facility personnel, clinical and vascular access data to CMS. This data entry included the submission of CMS 2728, 2746 and 2744 forms. Data submission took place via two main channels, batch submission and single user interface (SUI). LDOs such as FMC, DaVita and DCI performed batch submission through their corporate entities. Some of our Small Dialysis Organizations (SDO) utilized the NRAA Health Information Exchange (HIE) for CW to batch submit data. Other SDOs and many independent free-standing dialysis units entered data manually through the SUI.

Prior to CW, QIRN3 staff validated and monitored the accuracy and timeliness of data submissions from all dialysis and transplant programs. CW does not have a mechanism in place to calculate CMS forms compliance rates. To compensate, QIRN3 ran weekly missing forms reports and contacted facilities directly to address these missing forms.

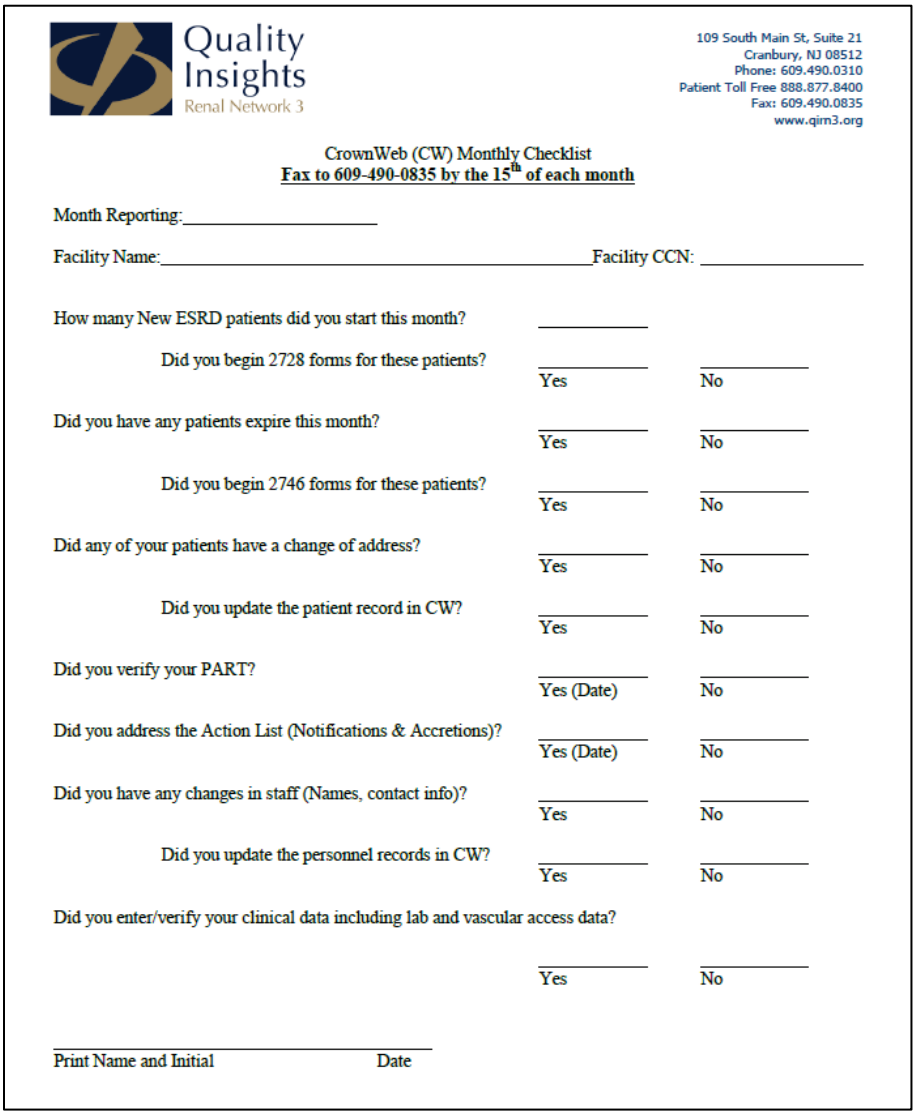
### Action List and Patient Attributes and Related Treatment (PART)

CW was also used for receiving and processing notifications and accretions from CMS. Both notifications and accretions are loaded and assigned to facilities and QIRN3 on a daily basis. The facility and QIRN3 staff verify the data through an Action List and either accept or reject the suggested value from the CMS enrollment database. All items assigned to the Network on the Action List were addressed within 30 days of notification.

The PART section in CW allows facilities to verify their current caseload on a monthly basis.

In an effort to assist the facilities to remember to perform updates, address notifications and accretions on their Action Lists and to verify their PARTs, QIRN3 developed a checklist (Figure 18 below) to be completed by all facilities and submitted to QIRN3 each month.

**Figure 16: CROWNWeb Checklist Developed and Implemented in 2013**



Quality Insights Renal Network 3

109 South Main St, Suite 21
Cranbury, NJ 08512
Phone: 609.490.0310
Patient Toll Free 888.877.8400
Fax: 609.490.0835
www.qirn3.org

CrownWeb (CW) Monthly Checklist
**Fax to 609-490-0835 by the 15th of each month**

Month Reporting:_____

Facility Name:_____ Facility CCN: _____

How many New ESRD patients did you start this month? _____

Did you begin 2728 forms for these patients? _____ Yes _____ No

Did you have any patients expire this month? _____ Yes _____ No

Did you begin 2746 forms for these patients? _____ Yes _____ No

Did any of your patients have a change of address? _____ Yes _____ No

Did you update the patient record in CW? _____ Yes _____ No

Did you verify your PART? _____ Yes (Date) _____ No

Did you address the Action List (Notifications & Accretions)? _____ Yes (Date) _____ No

Did you have any changes in staff (Names, contact info)? _____ Yes _____ No

Did you update the personnel records in CW? _____ Yes _____ No

Did you enter/verify your clinical data including lab and vascular access data? _____ Yes _____ No

_____
Print Name and Initial Date

## CW Support/Training

Each month QIRN3 forwarded New User training information to its facilities. Although most registered CW users are sent monthly educational newsletters by the Outreach, Communications and Training (OCT) Team, QIRN3 also forwarded both the CW and CRAFT newsletters to its facility administrators.

QIRN3 continued to support the CW system by training facility staff in newly certified facilities and in existing facilities when assigned staff changed. The QIRN3 Data Manager provided six CW training sessions for its NJ facilities. One at an independent (SUI) facility with five attendees; two at LDO (Batch submitting) facilities with a total of twenty-three attendees; three in-office trainings with one to two attendees.

QIRN3 invited Oniel Delva, BA, CTT, Communications and Training Manager for the CROWNWeb OCT Team to address our facilities at the QIRN3 Annual Meeting in October. There were roughly fifty guests from both LDOs and SDOs in attendance.

Evaluations were submitted for the sessions conducted by the QIRN3 Data Manager.
In February 2013, QIRN3 began tracking facility CW inquiries. The staff supported facilities by addressing CW questions received via email and telephone. QIRN3 received over twelve hundred phone calls and spent three hundred and twenty-seven hours assisting facilities with CW issues including CMS 2744 and QIMS-related (user registration) questions.

**Figure 19: CROWNWeb Support Calls by Category**

| Category | # of Calls Received | Total Minutes |
|---|---|---|
| CROWNWeb 2744 Module | 351 | 10846 |
| CROWNWeb Access Issues Login, Session Termination, Browser Errors | 1 | 3 |
| CROWNWeb Action List (Notifications & Accretions) Module | 49 | 431 |
| CROWNWeb Clinical Module Entering/Editing Lab Data | 84 | 924 |
| CROWNWeb Clinical Module Entering/Editing Vascular Access | 15 | 196 |
| CROWNWeb Duplicate Patient Resolution | 35 | 356 |
| CROWNWeb Erroneous Data | 4 | 36 |
| CROWNWeb Facility Module Editing Facility Information | 1 | 5 |
| CROWNWeb Missing Data | 56 | 496 |
| CROWNWeb Multi-Facility Admit/Discharge Resolution | 18 | 305 |
| CROWNWeb Multi-Network Admit/Discharge Resolution | 17 | 142 |
| CROWNWeb Near Match | 137 | 1327 |
| CROWNWeb NEMO | 12 | 68 |
| CROWNWeb Other | 93 | 927 |
| CROWNWeb Patient Module 2728 | 144 | 982 |
| CROWNWeb Patient Module 2746 | 37 | 222 |
| CROWNWeb Patient Module Admit/Discharge | 150 | 1566 |
| CROWNWeb Patient Module Editing Patient Attributes | 7 | 69 |
| CROWNWeb Patient Module GAP Patient | 8 | 70 |
| CROWNWeb Patient Module PART | 44 | 429 |
| CROWNWeb Personnel Module Adding/Editing Personnel | 9 | 124 |
| QIMS Account Management Disabling Facility User Account | 2 | 11 |
| QIMS Facility Management Addition of New Facilities | 1 | 7 |
| QIMS Facility Management Facility CHOW | 1 | 10 |
| QIMS Other | 4 | 48 |
| QIMS Registration Assistance During Registration Process Part A | 6 | 43 |

| Category | # of Calls Received | Total Minutes |
|---|---|---|
| QIMS Registration Determining QIMS or CW Roles/Scope | 3 | 11 |
| QIMS Registration Site Access | 3 | 20 |
| | 1292 | 19674 |

## CMS 2744

The annual CMS 2744, which summarizes dialysis and transplant unit activity for a calendar year, including admits, discharges, treatments, modalities, vocational rehabilitation and staffing statistics, was completed for the first time in CW. It took some adjustment for both facilities and QIRN3 staff to process the data in CW.

In an effort to ensure accuracy and timely data submission, QIRN3 staff went through several steps before accepting and finalizing each of its facility's 2744s. This included utilizing CW reports to confirm that the facility had no missing forms for that reported calendar year (2012); their PART had been verified within the last 30 days, and records on their Action Lists had been addressed. Any patients found on the GAP patient report (meaning that a patient was discharged and no subsequent facility had admitted them) and/or Duplicate Patient report were reviewed.

## Veterans' Healthcare Administration (VHA)

In 2013, only one of the Network's two VHA facilities performed data entry in CW. The Veteran's Medical Center in San Juan continues to submit CMS 2728, 2746 and 2744 forms on paper. All patient activity is still reported utilizing a patient activity report which is referred to as a caseload. This is submitted monthly to QIRN3 for its staff to enter and validate.

## Transplant Facility Data Submission

At this time our Network's six transplant facilities do not have access to CW and continue to submit data to QIRN3 on paper. The data is then entered in CW by QIRN3 staff. This data includes all transplant activity and the submission of CMS 2728, 2746 and 2744 forms. A total of two hundred four 2728 and 2746 forms were entered by QIRN3 staff in 2013.

Each month the United Network for Organ Sharing (UNOS) provided a downloadable Network-specific transplant list, which was also used to identify/verify transplants performed.

## UNOS

Renal transplant registrations and follow-ups were resolved through updates and verifications within the CW database. Data were received monthly from UNOS and entered into CW. Discrepancies were reviewed with transplant facilities and reconciled in CW.

### REMIS

The federal REMIS system is an important component of the CROWN system and is based on federal billing records. Data entered into CW by QIRN3 staff can be viewed there, as well as data sent from sources such as CMS, the Social Security Administration, and UNOS. The data can be used to resolve discrepancies and complete patient event histories.

QIRN3 staff used the Alerts tool in REMIS to identify incorrect patient identifiers and review missing forms and address them in this system and in CW as well.

## Challenges

### Reports

Although CW does provide several different reports, their accuracy is in question.

The missing forms report does not capture all missing forms and incorrectly reports some submitted re-entitlement forms as missing.

The GAP patient report inaccurately reports some transient patients as GAP when they actually had returned to their home dialysis facilities.

The Patient Population report does not capture all active patients as of the end of the month, and fails to reflect any patients admitted that month. It also reports patients that were discharged during the month as still being in the facility.

The Vascular Accesses in Use report does not capture all of the patients. Several facilities have reported that patient vascular access data that is clearly visible in CW is not being included. It also reports last known access data as the current month, thus reporting that a patient has data submitted for that particular month when in fact the data may be from the previous month or whenever data was last submitted.

QIRN3 worked diligently to overcome these challenges. The Executive Director, QI Director and Data Manager joined several committees convened by the Network Coordinating Center (NCC) in an effort to support the development of more precise reports to improve data accuracy.

### Consumer Impact

An accurate database is essential for the analysis of clinical indicators. Performance analysis activities utilize current, reliable data to monitor clinical patient outcomes. QIRN3's efforts to improve data accuracy enhanced data reliability and assured appropriate facility review with improvement plan oversight.

## 5. DATA TABLES

***Important Note regarding data tables:***

*The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/6/2014. Because data in CROWNWeb can be updated by facilities through the single user interface 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 responsible party for verifying, correcting and updating patient data in CROWNWeb has changed from ESRD Networks to Medicare certified dialysis facilities.*

**Table 1: Newly Diagnosed Chronic ESRD Patients**
**(ESRD Incidence)**
**Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2013**

| Age Group | NJ | PR | VI | Other* | Total |
|---|---|---|---|---|---|
| 00-04 | 6 | 2 | 0 | 0 | 8 |
| 05-09 | 2 | 0 | 0 | 0 | 2 |
| 10-14 | 1 | 0 | 0 | 0 | 1 |
| 15-19 | 7 | 3 | 0 | 0 | 10 |
| 20-24 | 20 | 10 | 1 | 1 | 32 |
| 25-29 | 40 | 12 | 0 | 2 | 54 |
| 30-34 | 50 | 28 | 0 | 1 | 79 |
| 35-39 | 75 | 31 | 4 | 5 | 115 |
| 40-44 | 128 | 66 | 5 | 5 | 204 |
| 45-49 | 178 | 90 | 0 | 4 | 272 |
| 50-54 | 267 | 139 | 2 | 6 | 414 |
| 55-59 | 334 | 146 | 9 | 8 | 497 |
| 60-64 | 383 | 184 | 3 | 10 | 580 |
| 65-69 | 405 | 228 | 5 | 18 | 656 |
| 70-74 | 432 | 196 | 6 | 6 | 640 |
| 75-79 | 401 | 156 | 4 | 12 | 573 |
| 80-84 | 343 | 85 | 6 | 12 | 446 |
| >=85 | 317 | 49 | 0 | 10 | 376 |
| Missing | 0 | 0 | 0 | 0 | 0 |
| **Total** | **3,389** | **1,425** | **45** | **100** | **4,959** |
| **Gender** | | | | | |
| Female | 1,362 | 587 | 13 | 33 | 1,995 |
| Male | 2,027 | 838 | 32 | 67 | 2,964 |
| Missing | 0 | 0 | 0 | 0 | 0 |
| **Total** | **3,389** | **1,425** | **45** | **100** | **4,959** |
| **Race** | | | | | |
| American Indian/Alaska Native | 2 | 0 | 0 | 0 | 2 |
| Asian | 133 | 3 | 3 | 7 | 146 |
| Black or African American | 997 | 126 | 26 | 27 | 1,176 |
| More than one race selected | 2 | 0 | 4 | 0 | 6 |
| Native Hawaiian or Other Pacific Islander | 30 | 0 | 6 | 1 | 37 |
| White | 2,223 | 1,295 | 3 | 65 | 3,586 |
| Not Specified | 2 | 1 | 3 | 0 | 6 |
| **Total** | **3,389** | **1,425** | **45** | **100** | **4,959** |
| **Primary Diagnosis** | | | | | |
| Cystic/Hereditary/Congenital Diseases | 96 | 23 | 0 | 0 | 119 |
| Diabetes | 1,408 | 989 | 26 | 50 | 2,473 |
| Glomerulonephritis | 214 | 83 | 2 | 9 | 308 |
| Hypertension/Large Vessel Disease | 1,177 | 209 | 7 | 29 | 1,422 |
| Interstitial Nephritis/Pyelonephritis | 113 | 32 | 1 | 3 | 149 |
| Miscellaneous Conditions | 241 | 45 | 3 | 7 | 296 |
| Neoplasms/Tumors | 67 | 14 | 0 | 0 | 81 |
| Secondary GN/Vasculitis | 62 | 27 | 1 | 2 | 92 |
| Not Specified | 11 | 3 | 5 | 0 | 19 |
| **Total** | **3,389** | **1,425** | **45** | **100** | **4,959** |

Source of information: CROWNWeb Database Date of Preparation: May 2014
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 63 patients with transplant therapy as an initial treatment and 26 patients receiving treatment at VA facilities.
* Patients residing outside the Network area.

| Table 2: Living ESRD Dialysis Patients (ESRD Prevalence) All Active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/13 | | | | | |
|---|---|---|---|---|---|
| **Age Group** | **NJ** | **PR** | **VI** | **Other*** | **Total** |
| 00-04 | 2 | 4 | 0 | 0 | 6 |
| 05-09 | 1 | 4 | 0 | 0 | 5 |
| 10-14 | 3 | 4 | 0 | 0 | 7 |
| 15-19 | 15 | 14 | 0 | 0 | 29 |
| 20-24 | 70 | 37 | 2 | 2 | 111 |
| 25-29 | 169 | 64 | 4 | 4 | 241 |
| 30-34 | 245 | 128 | 4 | 4 | 381 |
| 35-39 | 335 | 157 | 6 | 8 | 506 |
| 40-44 | 559 | 249 | 11 | 14 | 833 |
| 45-49 | 790 | 367 | 16 | 11 | 1,184 |
| 50-54 | 1,135 | 520 | 19 | 13 | 1,687 |
| 55-59 | 1,423 | 558 | 26 | 30 | 2,037 |
| 60-64 | 1,536 | 741 | 14 | 21 | 2,312 |
| 65-69 | 1,644 | 865 | 26 | 39 | 2,574 |
| 70-74 | 1,454 | 654 | 38 | 26 | 2,172 |
| 75-79 | 1,293 | 502 | 15 | 22 | 1,832 |
| 80-84 | 1,062 | 255 | 19 | 14 | 1,350 |
| >=85 | 880 | 152 | 4 | 14 | 1,050 |
| **Total** | **12,616** | **5,275** | **204** | **222** | **18,317** |
| **Gender** | | | | | |
| Female | 5,300 | 2,017 | 78 | 85 | 7,480 |
| Male | 7,316 | 3,258 | 126 | 137 | 10,837 |
| **Total** | **12,616** | **5,275** | **204** | **222** | **18,317** |
| **Ethnicity** | | | | | |
| Hispanic or Latino | 1,451 | 5,229 | 23 | 66 | 6,769 |
| Not Hispanic or Latino | 11,158 | 44 | 178 | 156 | 11,536 |
| Not Specified | 7 | 2 | 3 | 0 | 12 |
| **Total** | **12,616** | **5,275** | **204** | **222** | **18,317** |
| **Race** | | | | | |
| American Indian/Alaska Native | 4 | 2 | 0 | 0 | 6 |
| Asian | 500 | 4 | 2 | 6 | 512 |
| Black or African American | 4,900 | 547 | 168 | 77 | 5,692 |
| More than one race selected | 32 | 120 | 8 | 1 | 161 |
| Native Hawaiian or Other Pacific Islander | 88 | 4 | 8 | 0 | 100 |
| White | 7,086 | 4,597 | 15 | 138 | 11,836 |
| Not Specified | 6 | 1 | 3 | 0 | 10 |
| **Total** | **12,616** | **5,275** | **204** | **222** | **18,317** |
| **Primary Diagnosis** | | | | | |
| Acquired obstructive uropathy | 115 | 75 | 0 | 1 | 191 |
| Acute interstitial nephritis | 18 | 3 | 0 | 0 | 21 |
| AIDS nephropathy | 140 | 14 | 0 | 5 | 159 |
| Amyloidosis | 21 | 2 | 0 | 2 | 25 |
| Analgesic abuse | 15 | 8 | 0 | 0 | 23 |
| Cholesterol emboli, renal emboli | 48 | 5 | 0 | 0 | 53 |
| Chronic interstitial nephritis | 98 | 26 | 0 | 2 | 126 |
| Chronic pyelonephritis, reflux nephropathy | 33 | 27 | 0 | 0 | 60 |
| Complications of other specified transplanted organ | 2 | 0 | 0 | 0 | 2 |
| Complications of transplanted bone marrow | 1 | 0 | 0 | 0 | 1 |
| Complications of transplanted heart | 16 | 0 | 0 | 0 | 16 |
| Complications of transplanted kidney | 250 | 69 | 3 | 2 | 324 |
| Complications of transplanted liver | 9 | 1 | 0 | 0 | 10 |
| Complications of transplanted organ unspecified | 5 | 3 | 0 | 0 | 8 |

| Primary Diagnosis | NJ | PR | VI | Other* | Total |
|---|---|---|---|---|---|
| Congenital nephrotic syndrome | 6 | 6 | 0 | 1 | 13 |
| Congenital obstruction of ureterpelvic junction | 6 | 4 | 0 | 1 | 11 |
| Congenital obstruction of uretrovesical junction | 2 | 3 | 0 | 0 | 5 |
| Cystinosis | 2 | 0 | 0 | 0 | 2 |
| Dense deposit disease, MPGN type 2 | 3 | 0 | 0 | 0 | 3 |
| Diabetes with renal manifestations Type 1 | 623 | 159 | 14 | 11 | 807 |
| Diabetes with renal manifestations Type 2 | 4,614 | 3,080 | 97 | 80 | 7,871 |
| Drash syndrome, mesangial sclerosis | 1 | 3 | 0 | 0 | 4 |
| Etiology uncertain | 194 | 87 | 1 | 7 | 289 |
| Fabry's disease | 3 | 0 | 0 | 0 | 3 |
| Focal Glomerulonephritis, focal sclerosing GN | 357 | 55 | 3 | 6 | 421 |
| Glomerulonephritis (GN) (histologically not examined) | 436 | 337 | 5 | 9 | 787 |
| Goodpasture's syndrome | 24 | 1 | 0 | 1 | 26 |
| Gouty nephropathy | 8 | 4 | 0 | 0 | 12 |
| Hemolytic uremic syndrome | 10 | 0 | 0 | 1 | 11 |
| Henoch-Schonlein syndrome | 0 | 2 | 0 | 0 | 2 |
| Hepatorenal syndrome | 18 | 1 | 0 | 0 | 19 |
| Hereditary nephritis, Alport's syndrome | 12 | 9 | 0 | 0 | 21 |
| Hypertension: Unspecified with renal failure | 3,925 | 831 | 63 | 65 | 4,884 |
| IgA nephropathy, Berger's disease (proven by immunofluorescence) | 101 | 17 | 1 | 3 | 122 |
| IgM nephropathy (proven by immunofluorescence) | 7 | 3 | 0 | 0 | 10 |
| Lead nephropathy | 1 | 1 | 0 | 0 | 2 |
| Lupus erythematosus, (SLE nephritis) | 171 | 47 | 1 | 3 | 222 |
| Lymphoma of kidneys | 0 | 1 | 0 | 0 | 1 |
| Medullary cystic disease, including nephronophthisis | 6 | 2 | 0 | 0 | 8 |
| Membranoproliferative GN type 1, diffuse MPGN | 40 | 13 | 0 | 0 | 53 |
| Membranous nephropathy | 47 | 30 | 0 | 2 | 79 |
| Multiple myeloma | 51 | 9 | 1 | 0 | 61 |
| Nephrolithiasis | 20 | 6 | 1 | 1 | 28 |
| Nephropathy caused by other agents | 54 | 9 | 0 | 0 | 63 |
| Nephropathy due to heroin abuse and related drugs | 9 | 14 | 0 | 1 | 24 |
| Other (congenital malformation syndromes) | 11 | 7 | 0 | 0 | 18 |
| Other Congenital obstructive uropathy | 22 | 7 | 0 | 1 | 30 |
| Other disorders of calcium metabolism | 6 | 1 | 0 | 0 | 7 |
| Other immuno proliferative neoplasms (including light chain nephropathy) | 18 | 1 | 0 | 0 | 19 |
| Other proliferative GN | 45 | 16 | 0 | 1 | 62 |
| Other renal disorders | 206 | 18 | 3 | 1 | 228 |
| Other Vasculitis and its derivatives | 23 | 6 | 0 | 0 | 29 |
| Polyarteritis | 4 | 1 | 0 | 0 | 5 |
| Polycystic kidneys, adult type (dominant) | 302 | 138 | 2 | 8 | 450 |
| Polycystic, infantile (recessive) | 1 | 1 | 0 | 0 | 2 |
| Post infectious GN, SBE | 4 | 1 | 0 | 0 | 5 |
| Post partum renal failure | 2 | 0 | 0 | 0 | 2 |
| Prune belly syndrome | 5 | 0 | 0 | 0 | 5 |
| Radiation nephritis | 0 | 3 | 0 | 0 | 3 |
| Renal artery occlusion | 15 | 2 | 0 | 0 | 17 |
| Renal artery stenosis | 74 | 2 | 1 | 0 | 77 |
| Renal hypoplasia, dysplasia, oligonephronia | 10 | 5 | 0 | 0 | 15 |
| Renal tumor (benign) | 2 | 1 | 0 | 0 | 3 |
| Renal tumor (malignant) | 34 | 9 | 0 | 0 | 43 |
| Renal tumor (unspecified) | 8 | 0 | 0 | 0 | 8 |

| Primary Diagnosis | NJ | PR | VI | Other* | Total |
|---|---|---|---|---|---|
| Scleroderma | 12 | 0 | 0 | 0 | 12 |
| Secondary GN, other | 20 | 0 | 0 | 0 | 20 |
| Sickle cell disease/anemia | 12 | 0 | 1 | 0 | 13 |
| Sickle cell trait and other sickle cell (HbS/Hb other) | 1 | 0 | 0 | 0 | 1 |
| Traumatic or surgical loss of kidney(s) | 12 | 2 | 0 | 0 | 14 |
| Tuberous sclerosis | 1 | 0 | 0 | 0 | 1 |
| Tubular necrosis (no recovery) | 159 | 48 | 1 | 5 | 213 |
| Urinary tract tumor (benign) | 1 | 3 | 0 | 0 | 4 |
| Urinary tract tumor (malignant) | 8 | 3 | 0 | 0 | 11 |
| Urinary tract tumor (unspecified) | 2 | 5 | 1 | 1 | 9 |
| Urolithiasis | 5 | 3 | 0 | 0 | 8 |
| Wegener's granulomatosis | 22 | 5 | 0 | 0 | 27 |
| With lesion of rapidly progressive GN | 20 | 10 | 0 | 0 | 30 |
| Not Specified | 27 | 10 | 5 | 1 | 43 |
| **Total** | **12,616** | **5,275** | **204** | **222** | **18,317** |

Source of information: CROWNWeb Database
Date of Preparation: May 2014
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
***** Patients residing outside the Network area.

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013

| Provider | Self-Care Settings - Home | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | HEMO | | CAPD | | CCPD | | OTHER | | TOTAL | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 310001* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310008# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310015 | 0 | 0 | 7 | 0 | 10 | 0 | 0 | 0 | 17 | 0 |
| 310019# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31001F | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310025 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310027 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 310029* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310032 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310034 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310038 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310052 | 3 | 6 | 1 | 1 | 1 | 2 | 0 | 0 | 5 | 9 |
| 310054 | 0 | 0 | 2 | 3 | 11 | 10 | 0 | 0 | 13 | 13 |
| 310064 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 2 | 2 |
| 310074 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310083 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310092 | 0 | 0 | 1 | 1 | 8 | 6 | 0 | 0 | 9 | 7 |
| 310096# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312501 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312502 | 0 | 0 | 3 | 2 | 3 | 6 | 0 | 0 | 6 | 8 |
| 312503 | 1 | 1 | 8 | 3 | 4 | 12 | 0 | 0 | 13 | 16 |
| 312504 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312505 | 0 | 0 | 0 | 0 | 8 | 6 | 0 | 0 | 8 | 6 |
| 312506 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312508 | 0 | 0 | 6 | 9 | 19 | 26 | 0 | 0 | 25 | 35 |
| 312509 | 6 | 1 | 5 | 4 | 12 | 17 | 0 | 0 | 23 | 22 |
| 312510 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312513 | 0 | 0 | 6 | 8 | 19 | 24 | 0 | 0 | 25 | 32 |
| 312514 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312515 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312516 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312518 | 0 | 0 | 0 | 0 | 13 | 9 | 0 | 0 | 13 | 9 |
| 312520 | 0 | 0 | 5 | 5 | 12 | 16 | 0 | 0 | 17 | 21 |
| 312521 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312522 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 312523 | 1 | 1 | 1 | 1 | 6 | 8 | 0 | 0 | 8 | 10 |
| 312524 | 0 | 0 | 11 | 13 | 9 | 8 | 0 | 0 | 20 | 21 |
| 312525 | 0 | 0 | 3 | 0 | 54 | 47 | 0 | 0 | 57 | 47 |
| 312527 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312528 | 0 | 0 | 1 | 1 | 11 | 9 | 0 | 0 | 12 | 10 |
| 312529 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312530 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013

| Provider | Self-Care Settings - Home | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | HEMO | | CAPD | | CCPD | | OTHER | | TOTAL | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 312531 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312533 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312534 | 0 | 0 | 2 | 0 | 6 | 3 | 0 | 0 | 8 | 3 |
| 312535 | 1 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 4 | 2 |
| 312536 | 2 | 2 | 4 | 6 | 7 | 7 | 0 | 0 | 13 | 15 |
| 312537 | 5 | 7 | 0 | 3 | 17 | 21 | 0 | 0 | 22 | 31 |
| 312538 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312540 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312541 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312542 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312543 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| 312544 | 0 | 0 | 0 | 0 | 8 | 9 | 0 | 0 | 8 | 9 |
| 312545 | 0 | 0 | 3 | 2 | 3 | 7 | 0 | 0 | 6 | 9 |
| 312546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312547 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312550 | 0 | 0 | 0 | 0 | 7 | 7 | 0 | 0 | 7 | 7 |
| 312551 | 1 | 1 | 12 | 13 | 1 | 3 | 0 | 0 | 14 | 17 |
| 312552 | 0 | 0 | 3 | 2 | 16 | 11 | 0 | 0 | 19 | 13 |
| 312553 | 0 | 0 | 0 | 0 | 8 | 10 | 0 | 0 | 8 | 10 |
| 312554 | 0 | 0 | 7 | 9 | 1 | 4 | 0 | 0 | 8 | 13 |
| 312555 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312557 | 0 | 0 | 0 | 3 | 1 | 2 | 0 | 0 | 1 | 5 |
| 312558 | 15 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 12 |
| 312559 | 0 | 0 | 0 | 0 | 33 | 24 | 0 | 0 | 33 | 24 |
| 312560 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 |
| 312561 | 0 | 0 | 1 | 1 | 4 | 5 | 0 | 0 | 5 | 6 |
| 312562 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312563 | 0 | 0 | 1 | 2 | 5 | 6 | 0 | 0 | 6 | 8 |
| 312564 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312565 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | 2 |
| 312566 | 0 | 0 | 1 | 3 | 4 | 2 | 0 | 0 | 5 | 5 |
| 312567 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312568 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312569 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312570 | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 1 | 4 |
| 312571 | 0 | 0 | 0 | 0 | 7 | 4 | 0 | 0 | 7 | 4 |
| 312572 | 2 | 1 | 2 | 6 | 3 | 4 | 0 | 0 | 7 | 11 |
| 312573 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312574 | 0 | 0 | 0 | 0 | 18 | 22 | 0 | 0 | 18 | 22 |
| 312575 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312576 | 2 | 1 | 4 | 7 | 12 | 12 | 0 | 0 | 18 | 20 |
| 312578 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312579 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312580 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013

| Provider | Self-Care Settings - Home | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | HEMO | | CAPD | | CCPD | | OTHER | | TOTAL | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 312581 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312582 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312583 | 0 | 0 | 2 | 3 | 4 | 9 | 0 | 0 | 6 | 12 |
| 312584 | 5 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 7 |
| 312585 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 5 |
| 312586 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312587 | 0 | 2 | 4 | 4 | 2 | 1 | 0 | 0 | 6 | 7 |
| 312588 | 0 | 0 | 0 | 0 | 5 | 3 | 0 | 0 | 5 | 3 |
| 312589 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312590 | 7 | 6 | 0 | 0 | 2 | 3 | 0 | 0 | 9 | 9 |
| 312591 | 14 | 10 | 0 | 2 | 10 | 10 | 0 | 0 | 24 | 22 |
| 312592 | 7 | 6 | 2 | 0 | 10 | 16 | 0 | 0 | 19 | 22 |
| 312593 | 5 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 10 |
| 312594 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312595 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 3 | 0 |
| 312596 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312597 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312598 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312599 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312600 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 312601 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312602 | 1 | 0 | 1 | 2 | 3 | 3 | 0 | 0 | 5 | 5 |
| 312603 | 3 | 2 | 0 | 0 | 5 | 6 | 0 | 0 | 8 | 8 |
| 312604 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312605 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312606 | 0 | 0 | 2 | 3 | 2 | 1 | 0 | 0 | 4 | 4 |
| 312607 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 3 | 3 |
| 312608 | 0 | 0 | 0 | 1 | 5 | 4 | 0 | 0 | 5 | 5 |
| 312609 | 1 | 2 | 4 | 1 | 7 | 11 | 0 | 0 | 12 | 14 |
| 312610 | 0 | 0 | 0 | 4 | 2 | 15 | 0 | 0 | 2 | 19 |
| 312611 | 2 | 3 | 2 | 1 | 5 | 4 | 0 | 0 | 9 | 8 |
| 312612 | 2 | 0 | 1 | 1 | 2 | 4 | 0 | 0 | 5 | 5 |
| 312613 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312614 | 6 | 6 | 2 | 0 | 34 | 38 | 0 | 0 | 42 | 44 |
| 312615 | 0 | 0 | 5 | 4 | 26 | 26 | 0 | 0 | 31 | 30 |
| 312616 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312617 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312618 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312619 | 1 | 0 | 1 | 1 | 0 | 3 | 0 | 0 | 2 | 4 |
| 312620 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312621 | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 1 | 4 |
| 312622 | 0 | 0 | 1 | 2 | 6 | 8 | 0 | 0 | 7 | 10 |
| 312623 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312624 | 0 | 0 | 0 | 2 | 0 | 8 | 0 | 0 | 0 | 10 |

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013

| Provider | Self-Care Settings - Home | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | HEMO | | CAPD | | CCPD | | OTHER | | TOTAL | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 312625^ | 0 | 1 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 7 |
| 312626^ | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 312627^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312628^ | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 8 |
| 312629^ | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 312630^ | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| 312631^ | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 312632^ | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 312633^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312634^ | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| 313501 | 0 | 0 | 3 | 4 | 18 | 12 | 0 | 0 | 21 | 16 |
| 313503 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313505# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313511# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313514# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313516 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313518 | 0 | 0 | 2 | 0 | 10 | 0 | 0 | 0 | 12 | 0 |
| 313519 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313520 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **NJ Total** | **97** | **97** | **136** | **156** | **530** | **587** | **0** | **0** | **763** | **840** |
| 400013 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 | 0 |
| 40003F | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 400061 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402501 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402502 | 0 | 0 | 1 | 0 | 16 | 13 | 0 | 0 | 17 | 13 |
| 402503 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402504 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402505 | 0 | 0 | 0 | 0 | 22 | 18 | 0 | 0 | 22 | 18 |
| 402506 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402508 | 0 | 0 | 5 | 2 | 22 | 17 | 0 | 0 | 27 | 19 |
| 402509 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402510 | 0 | 0 | 10 | 6 | 11 | 12 | 0 | 0 | 21 | 18 |
| 402513 | 0 | 0 | 1 | 2 | 28 | 28 | 0 | 0 | 29 | 30 |
| 402514 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402515 | 2 | 1 | 5 | 7 | 32 | 34 | 0 | 0 | 39 | 42 |
| 402517 | 0 | 0 | 5 | 4 | 23 | 33 | 0 | 0 | 28 | 37 |
| 402518 | 0 | 0 | 3 | 4 | 24 | 26 | 0 | 0 | 27 | 30 |
| 402519 | 0 | 0 | 1 | 2 | 6 | 8 | 0 | 0 | 7 | 10 |
| 402521 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402525 | 0 | 0 | 0 | 0 | 22 | 25 | 0 | 0 | 22 | 25 |

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013

| Provider | Self-Care Settings - Home | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | HEMO | | CAPD | | CCPD | | OTHER | | TOTAL | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 402527 | 0 | 0 | 0 | 1 | 15 | 9 | 0 | 0 | 15 | 10 |
| 402528 | 0 | 0 | 2 | 1 | 18 | 17 | 0 | 0 | 20 | 18 |
| 402529 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402530 | 0 | 0 | 2 | 2 | 44 | 30 | 0 | 0 | 46 | 32 |
| 402531 | 0 | 0 | 0 | 0 | 10 | 6 | 0 | 0 | 10 | 6 |
| 402533 | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 | 2 | 3 |
| 402534 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402535 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402536 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402537 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402538 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402539 | 0 | 0 | 1 | 0 | 4 | 5 | 0 | 0 | 5 | 5 |
| 402540 | 0 | 0 | 0 | 2 | 17 | 15 | 0 | 0 | 17 | 17 |
| 402541 | 0 | 0 | 0 | 0 | 4 | 5 | 0 | 0 | 4 | 5 |
| 402542 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402543 | 0 | 0 | 2 | 2 | 11 | 6 | 0 | 0 | 13 | 8 |
| 402544 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402545# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402547 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402548^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402597^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402598^ | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 402599^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 403301 | 0 | 0 | 0 | 0 | 13 | 13 | 0 | 0 | 13 | 13 |
| **PR Total** | **3** | **2** | **39** | **36** | **347** | **324** | **0** | **0** | **389** | **362** |
| 480001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 480002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 482500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 482501^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **VI Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Network Total** | **100** | **99** | **175** | **192** | **877** | **911** | **0** | **0** | **1152** | **1202** |

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

Date of Preparation: May 2014

This table includes 1 Veterans Affairs Facility patients for 2012 and 1 Veterans Affairs Facility patients for 2013.

# Provider not operational in 2012

^ Provider not operational in 2013

| Table 4: Number of living patients by modality by dialysis facility in-center | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider | In-Center | | | | TOTAL In-Center | | TOTAL: HOME & IN-CENTER* | |
| | HEMO | | PD | | | | | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 310001* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310008# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310012 | 13 | 15 | 0 | 0 | 13 | 15 | 13 | 15 |
| 310015 | 58 | 0 | 0 | 0 | 58 | 0 | 75 | 0 |
| 310019# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31001F | 49 | 49 | 0 | 0 | 49 | 49 | 49 | 49 |
| 310025 | 50 | 56 | 0 | 0 | 50 | 56 | 50 | 56 |
| 310027 | 71 | 59 | 0 | 0 | 71 | 59 | 71 | 60 |
| 310029* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310032 | 91 | 89 | 0 | 0 | 91 | 89 | 91 | 89 |
| 310034 | 63 | 66 | 0 | 0 | 63 | 66 | 63 | 66 |
| 310038 | 36 | 0 | 0 | 0 | 36 | 0 | 36 | 0 |
| 310052 | 100 | 98 | 0 | 0 | 100 | 98 | 105 | 107 |
| 310054 | 177 | 202 | 0 | 0 | 177 | 202 | 190 | 215 |
| 310064 | 71 | 69 | 0 | 0 | 71 | 69 | 73 | 71 |
| 310074 | 13 | 9 | 0 | 0 | 13 | 9 | 13 | 9 |
| 310083 | 139 | 138 | 0 | 0 | 139 | 138 | 139 | 138 |
| 310092 | 140 | 140 | 0 | 0 | 140 | 140 | 149 | 147 |
| 310096# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312501 | 193 | 206 | 0 | 0 | 193 | 206 | 193 | 206 |
| 312502 | 270 | 238 | 0 | 0 | 270 | 238 | 276 | 246 |
| 312503 | 93 | 92 | 0 | 0 | 93 | 92 | 106 | 108 |
| 312504 | 104 | 105 | 0 | 0 | 104 | 105 | 104 | 105 |
| 312505 | 102 | 101 | 0 | 0 | 102 | 101 | 110 | 107 |
| 312506 | 78 | 85 | 0 | 0 | 78 | 85 | 78 | 85 |
| 312508 | 118 | 121 | 0 | 0 | 118 | 121 | 143 | 156 |
| 312509 | 203 | 215 | 0 | 0 | 203 | 215 | 226 | 237 |
| 312510 | 85 | 99 | 0 | 0 | 85 | 99 | 85 | 99 |
| 312513 | 101 | 101 | 0 | 0 | 101 | 101 | 126 | 133 |
| 312514 | 59 | 73 | 0 | 0 | 59 | 73 | 59 | 73 |
| 312515 | 71 | 76 | 0 | 0 | 71 | 76 | 71 | 76 |
| 312516 | 53 | 55 | 0 | 0 | 53 | 55 | 53 | 55 |
| 312517 | 72 | 88 | 0 | 0 | 72 | 88 | 72 | 88 |
| 312518 | 107 | 105 | 0 | 0 | 107 | 105 | 120 | 114 |
| 312520 | 59 | 50 | 0 | 0 | 59 | 50 | 76 | 71 |
| 312521 | 59 | 70 | 0 | 0 | 59 | 70 | 59 | 70 |
| 312522 | 90 | 100 | 0 | 0 | 90 | 100 | 90 | 101 |
| 312523 | 78 | 65 | 0 | 0 | 78 | 65 | 86 | 75 |
| 312524 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 21 |
| 312525 | 125 | 140 | 0 | 0 | 125 | 140 | 182 | 187 |
| 312527 | 81 | 72 | 0 | 0 | 81 | 72 | 81 | 72 |
| 312528 | 80 | 83 | 0 | 0 | 80 | 83 | 92 | 93 |
| 312529 | 0 | 94 | 0 | 0 | 0 | 94 | 0 | 94 |
| 312530 | 83 | 84 | 0 | 0 | 83 | 84 | 83 | 84 |
| 312531 | 72 | 72 | 0 | 0 | 72 | 72 | 72 | 72 |
| 312532 | 107 | 91 | 0 | 0 | 107 | 91 | 107 | 91 |
| 312533 | 119 | 120 | 0 | 0 | 119 | 120 | 119 | 120 |

| Table 4: Number of living patients by modality by dialysis facility in-center | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider | In-Center | | | | TOTAL In-Center | | TOTAL: HOME & IN-CENTER* | |
| | HEMO | | PD | | | | | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 312534 | 96 | 94 | 0 | 0 | 96 | 94 | 104 | 97 |
| 312535 | 98 | 104 | 0 | 0 | 98 | 104 | 102 | 106 |
| 312536 | 111 | 116 | 0 | 0 | 111 | 116 | 124 | 131 |
| 312537 | 112 | 117 | 0 | 0 | 112 | 117 | 134 | 148 |
| 312538 | 79 | 75 | 0 | 0 | 79 | 75 | 79 | 75 |
| 312540 | 117 | 132 | 0 | 0 | 117 | 132 | 117 | 132 |
| 312541 | 66 | 70 | 0 | 0 | 66 | 70 | 66 | 70 |
| 312542 | 126 | 135 | 0 | 0 | 126 | 135 | 126 | 135 |
| 312543 | 97 | 91 | 0 | 0 | 97 | 91 | 98 | 94 |
| 312544 | 67 | 62 | 0 | 0 | 67 | 62 | 75 | 71 |
| 312545 | 93 | 100 | 0 | 1 | 93 | 101 | 99 | 110 |
| 312546 | 106 | 111 | 0 | 0 | 106 | 111 | 106 | 111 |
| 312547 | 33 | 42 | 0 | 0 | 33 | 42 | 33 | 42 |
| 312548 | 66 | 69 | 0 | 0 | 66 | 69 | 66 | 69 |
| 312550 | 46 | 43 | 0 | 0 | 46 | 43 | 53 | 50 |
| 312551 | 88 | 85 | 0 | 0 | 88 | 85 | 102 | 102 |
| 312552 | 82 | 85 | 0 | 0 | 82 | 85 | 101 | 98 |
| 312553 | 132 | 125 | 0 | 0 | 132 | 125 | 140 | 135 |
| 312554 | 115 | 128 | 0 | 0 | 115 | 128 | 123 | 141 |
| 312555 | 69 | 73 | 0 | 0 | 69 | 73 | 69 | 73 |
| 312557 | 97 | 99 | 0 | 0 | 97 | 99 | 98 | 104 |
| 312558 | 103 | 104 | 0 | 0 | 103 | 104 | 118 | 116 |
| 312559 | 116 | 120 | 0 | 0 | 116 | 120 | 149 | 144 |
| 312560 | 90 | 100 | 0 | 0 | 90 | 100 | 93 | 103 |
| 312561 | 49 | 50 | 0 | 0 | 49 | 50 | 54 | 56 |
| 312562 | 62 | 58 | 0 | 0 | 62 | 58 | 62 | 58 |
| 312563 | 66 | 68 | 0 | 0 | 66 | 68 | 72 | 76 |
| 312564 | 103 | 96 | 0 | 0 | 103 | 96 | 103 | 96 |
| 312565 | 47 | 48 | 0 | 0 | 47 | 48 | 49 | 50 |
| 312566 | 93 | 86 | 0 | 0 | 93 | 86 | 98 | 91 |
| 312567 | 84 | 89 | 0 | 0 | 84 | 89 | 84 | 89 |
| 312568 | 109 | 108 | 0 | 0 | 109 | 108 | 109 | 108 |
| 312569 | 74 | 68 | 0 | 0 | 74 | 68 | 74 | 68 |
| 312570 | 79 | 79 | 0 | 0 | 79 | 79 | 80 | 83 |
| 312571 | 76 | 74 | 0 | 0 | 76 | 74 | 83 | 78 |
| 312572 | 63 | 69 | 0 | 0 | 63 | 69 | 70 | 80 |
| 312573 | 151 | 136 | 0 | 0 | 151 | 136 | 151 | 136 |
| 312574 | 76 | 75 | 0 | 0 | 76 | 75 | 94 | 97 |
| 312575 | 52 | 55 | 0 | 0 | 52 | 55 | 52 | 55 |
| 312576 | 137 | 136 | 0 | 0 | 137 | 136 | 155 | 156 |
| 312578 | 92 | 91 | 0 | 0 | 92 | 91 | 92 | 91 |
| 312579 | 108 | 77 | 0 | 0 | 108 | 77 | 108 | 77 |
| 312580 | 95 | 104 | 0 | 0 | 95 | 104 | 95 | 104 |
| 312581 | 122 | 130 | 0 | 0 | 122 | 130 | 122 | 130 |
| 312582 | 75 | 78 | 0 | 0 | 75 | 78 | 75 | 78 |
| 312583 | 50 | 57 | 0 | 0 | 50 | 57 | 56 | 69 |
| 312584 | 94 | 96 | 0 | 0 | 94 | 96 | 99 | 103 |
| 312585 | 87 | 87 | 0 | 0 | 87 | 87 | 87 | 92 |

| Table 4: Number of living patients by modality by dialysis facility in-center | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider | In-Center | | | | TOTAL In-Center | | TOTAL: HOME & IN-CENTER* | |
| | HEMO | | PD | | | | | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 312586 | 90 | 90 | 0 | 0 | 90 | 90 | 90 | 90 |
| 312587 | 105 | 109 | 0 | 0 | 105 | 109 | 111 | 116 |
| 312588 | 79 | 78 | 0 | 0 | 79 | 78 | 84 | 81 |
| 312589 | 40 | 49 | 0 | 0 | 40 | 49 | 40 | 49 |
| 312590 | 56 | 69 | 0 | 0 | 56 | 69 | 65 | 78 |
| 312591 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 22 |
| 312592 | 50 | 48 | 0 | 0 | 50 | 48 | 69 | 70 |
| 312593 | 101 | 107 | 0 | 0 | 101 | 107 | 106 | 117 |
| 312594 | 80 | 91 | 0 | 0 | 80 | 91 | 80 | 91 |
| 312595 | 31 | 12 | 0 | 0 | 31 | 12 | 34 | 12 |
| 312596 | 108 | 43 | 0 | 0 | 108 | 43 | 108 | 43 |
| 312597 | 88 | 78 | 0 | 0 | 88 | 78 | 88 | 78 |
| 312598 | 89 | 106 | 0 | 0 | 89 | 106 | 89 | 106 |
| 312599 | 69 | 67 | 0 | 0 | 69 | 67 | 69 | 67 |
| 312600 | 65 | 62 | 0 | 0 | 65 | 62 | 65 | 63 |
| 312601 | 84 | 0 | 0 | 0 | 84 | 0 | 84 | 0 |
| 312602 | 38 | 45 | 0 | 0 | 38 | 45 | 43 | 50 |
| 312603 | 47 | 43 | 0 | 0 | 47 | 43 | 55 | 51 |
| 312604 | 39 | 56 | 0 | 0 | 39 | 56 | 39 | 56 |
| 312605 | 18 | 23 | 0 | 0 | 18 | 23 | 18 | 23 |
| 312606 | 101 | 87 | 0 | 0 | 101 | 87 | 105 | 91 |
| 312607 | 40 | 56 | 0 | 0 | 40 | 56 | 43 | 59 |
| 312608 | 40 | 49 | 0 | 0 | 40 | 49 | 45 | 54 |
| 312609 | 45 | 57 | 0 | 0 | 45 | 57 | 57 | 71 |
| 312610 | 19 | 38 | 0 | 0 | 19 | 38 | 21 | 57 |
| 312611 | 45 | 49 | 0 | 0 | 45 | 49 | 54 | 57 |
| 312612 | 68 | 88 | 0 | 0 | 68 | 88 | 73 | 93 |
| 312613 | 47 | 44 | 0 | 0 | 47 | 44 | 47 | 44 |
| 312614 | 377 | 355 | 0 | 0 | 377 | 355 | 419 | 399 |
| 312615 | 251 | 224 | 0 | 0 | 251 | 224 | 282 | 254 |
| 312616 | 147 | 140 | 0 | 0 | 147 | 140 | 147 | 140 |
| 312617 | 46 | 47 | 0 | 0 | 46 | 47 | 46 | 47 |
| 312618 | 187 | 160 | 0 | 0 | 187 | 160 | 187 | 160 |
| 312619 | 9 | 79 | 0 | 0 | 9 | 79 | 11 | 83 |
| 312620 | 8 | 47 | 0 | 0 | 8 | 47 | 8 | 47 |
| 312621 | 8 | 59 | 0 | 0 | 8 | 59 | 9 | 63 |
| 312622 | 157 | 164 | 0 | 0 | 157 | 164 | 164 | 174 |
| 312623 | 0 | 50 | 0 | 0 | 0 | 50 | 0 | 50 |
| 312624 | 0 | 60 | 0 | 0 | 0 | 60 | 0 | 70 |
| 312625^ | 0 | 23 | 0 | 0 | 0 | 23 | 0 | 30 |
| 312626^ | 0 | 35 | 0 | 0 | 0 | 35 | 0 | 36 |
| 312627^ | 0 | 26 | 0 | 0 | 0 | 26 | 0 | 26 |
| 312628^ | 0 | 118 | 0 | 0 | 0 | 118 | 0 | 126 |
| 312629^ | 0 | 9 | 0 | 0 | 0 | 9 | 0 | 10 |
| 312630^ | 0 | 3 | 0 | 0 | 0 | 3 | 0 | 6 |
| 312631^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 312632^ | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 3 |
| 312633^ | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |

Table 4: Number of living patients by modality by dialysis facility in-center

| Provider | In-Center HEMO | | In-Center PD | | TOTAL In-Center | | TOTAL: HOME & IN-CENTER* | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 312634^ | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 3 |
| 313501 | 156 | 148 | 0 | 0 | 156 | 148 | 177 | 164 |
| 313503 | 74 | 71 | 0 | 0 | 74 | 71 | 74 | 71 |
| 313505# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313511# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313514# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 313516 | 59 | 0 | 0 | 0 | 59 | 0 | 59 | 0 |
| 313517 | 179 | 175 | 0 | 0 | 179 | 175 | 179 | 175 |
| 313518 | 126 | 0 | 0 | 0 | 126 | 0 | 138 | 0 |
| 313519 | 72 | 69 | 0 | 0 | 72 | 69 | 72 | 69 |
| 313520 | 121 | 121 | 0 | 0 | 121 | 121 | 121 | 121 |
| **NJ Total** | **11,641** | **11,917** | **0** | **1** | **11,641** | **11,918** | **12,404** | **12,758** |
| **Puerto Rico** | | | | | | | | |
| 400013 | 147 | 0 | 0 | 0 | 147 | 0 | 151 | 0 |
| 40003F | 27 | 31 | 0 | 0 | 27 | 31 | 28 | 32 |
| 400061 | 72 | 57 | 0 | 0 | 72 | 57 | 72 | 57 |
| 402501 | 188 | 188 | 0 | 0 | 188 | 188 | 188 | 188 |
| 402502 | 165 | 175 | 0 | 0 | 165 | 175 | 182 | 188 |
| 402503 | 145 | 141 | 0 | 0 | 145 | 141 | 145 | 141 |
| 402504 | 182 | 169 | 0 | 0 | 182 | 169 | 182 | 169 |
| 402505 | 218 | 223 | 0 | 0 | 218 | 223 | 240 | 241 |
| 402506 | 139 | 143 | 0 | 0 | 139 | 143 | 139 | 143 |
| 402507 | 152 | 185 | 0 | 0 | 152 | 185 | 152 | 185 |
| 402508 | 124 | 115 | 0 | 0 | 124 | 115 | 151 | 134 |
| 402509 | 71 | 71 | 0 | 0 | 71 | 71 | 71 | 71 |
| 402510 | 127 | 157 | 2 | 0 | 129 | 157 | 150 | 175 |
| 402513 | 135 | 140 | 0 | 0 | 135 | 140 | 164 | 170 |
| 402514 | 208 | 206 | 0 | 0 | 208 | 206 | 208 | 206 |
| 402515 | 194 | 200 | 0 | 0 | 194 | 200 | 233 | 242 |
| 402517 | 159 | 157 | 0 | 0 | 159 | 157 | 187 | 194 |
| 402518 | 185 | 194 | 0 | 0 | 185 | 194 | 212 | 224 |
| 402519 | 83 | 78 | 1 | 0 | 84 | 78 | 91 | 88 |
| 402521 | 98 | 89 | 0 | 0 | 98 | 89 | 98 | 89 |
| 402525 | 93 | 115 | 0 | 0 | 93 | 115 | 115 | 140 |
| 402527 | 121 | 122 | 0 | 0 | 121 | 122 | 136 | 132 |
| 402528 | 104 | 101 | 0 | 0 | 104 | 101 | 124 | 119 |
| 402529 | 100 | 104 | 0 | 0 | 100 | 104 | 100 | 104 |
| 402530 | 215 | 268 | 0 | 0 | 215 | 268 | 261 | 300 |
| 402531 | 89 | 92 | 0 | 0 | 89 | 92 | 99 | 98 |
| 402533 | 150 | 149 | 1 | 0 | 151 | 149 | 153 | 152 |
| 402534 | 91 | 90 | 0 | 0 | 91 | 90 | 91 | 90 |
| 402535 | 57 | 59 | 0 | 0 | 57 | 59 | 57 | 59 |
| 402536 | 86 | 84 | 0 | 0 | 86 | 84 | 86 | 84 |
| 402537 | 87 | 85 | 0 | 0 | 87 | 85 | 87 | 85 |
| 402538 | 90 | 96 | 0 | 0 | 90 | 96 | 90 | 96 |
| 402539 | 173 | 156 | 1 | 0 | 174 | 156 | 179 | 161 |

Table 4: Number of living patients by modality by dialysis facility in-center

| Provider | In-Center HEMO | | In-Center PD | | TOTAL In-Center | | TOTAL: HOME & IN-CENTER* | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 402540 | 160 | 150 | 0 | 0 | 160 | 150 | 177 | 167 |
| 402541 | 76 | 82 | 0 | 0 | 76 | 82 | 80 | 87 |
| 402542 | 36 | 36 | 0 | 0 | 36 | 36 | 36 | 36 |
| 402543 | 120 | 132 | 1 | 0 | 121 | 132 | 134 | 140 |
| 402544 | 20 | 21 | 0 | 0 | 20 | 21 | 20 | 21 |
| 402545# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402546 | 60 | 85 | 0 | 0 | 60 | 85 | 60 | 85 |
| 402547 | 31 | 54 | 0 | 0 | 31 | 54 | 31 | 54 |
| 402548^ | 0 | 4 | 0 | 0 | 0 | 4 | 0 | 4 |
| 402597^ | 0 | 10 | 0 | 0 | 0 | 10 | 0 | 10 |
| 402598^ | 0 | 152 | 0 | 0 | 0 | 152 | 0 | 154 |
| 402599^ | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| 403301 | 13 | 11 | 0 | 0 | 13 | 11 | 26 | 24 |
| **PR Total** | **4,791** | **4,978** | **6** | **0** | **4,797** | **4,978** | **5,186** | **5,340** |
| **Virgin Islands** | | | | | | | | |
| 480001 | 98 | 96 | 0 | 0 | 98 | 96 | 98 | 96 |
| 480002 | 62 | 64 | 0 | 0 | 62 | 64 | 62 | 64 |
| 482500 | 61 | 48 | 0 | 0 | 61 | 48 | 61 | 48 |
| 482501 | 0 | 9 | 0 | 0 | 0 | 9 | 0 | 9 |
| **VI Total** | **221** | **217** | **0** | **0** | **221** | **217** | **221** | **217** |
| **Network Total** | **16,653** | **17,112** | **6** | **1** | **16,659** | **17,113** | **17,811** | **18,315** |

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

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

Date of Preparation: May 2014

This table includes 76 Veterans Affairs Facility patients for 2012 and 80 Veterans Affairs Facility patients for 2013

# Provider not operational in 2012

^ Provider not operational in 2013

Table 5: Renal Transplants by Transplant Center

**TRANSPLANTS PERFORMED IN 2012 AND 2013**

Number of transplants performed by transplant center calendar year 2012 and calendar year 2013

| Transplant Center | TOTAL TRANSPLANTS PERFORMED | | PATIENTS WAITING FOR TRANSPLANT * | |
|---|---|---|---|---|
| | 2012 | 2013 | 2012 | 2013 |
| 310001 | 6 | 8 | 238 | 195 |
| 310002 | 70 | 47 | 486 | 0 |
| 310029 | 25 | 32 | 226 | 298 |
| 310038 | 77 | 60 | 647 | 549 |
| 310076 | 224 | 241 | 1,463 | 1,660 |
| **NJ Total** | **402** | **388** | | |
| | | | | |
| 400016 | 97 | 106 | 46 | 105 |
| **PR Total** | **97** | **106** | | |
| | | | | |
| **NETWORK TOTAL** | **499** | **494** | | |

Source of information: CROWNWeb Database/CMS-2744

Date of Preparation: May 2014

* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.

# Provider not operational in 2012

^ Provider not operational in 2013

Table 6: RENAL TRANSPLANTS:
TRANSPLANT RECIPIENTS FOR TRANSPLANT CENTERS WITHIN THE NETWORK AREA.

RENAL TRANSPLANT RECIPIENTS BY TRANSPLANT TYPE,
AGE, RACE, SEX, AND PRIMARY DIAGNOSIS FOR CALENDAR YEAR 2013

| Age Group | CADAVERIC | LIVING RELATED | LIVING UNRELATED | Total |
|---|---|---|---|---|
| 00-04 | 1 | 2 | 0 | 3 |
| 05-09 | 0 | 2 | 0 | 2 |
| 10-14 | 0 | 0 | 0 | 0 |
| 15-19 | 3 | 2 | 0 | 5 |
| 20-24 | 3 | 4 | 1 | 8 |
| 25-29 | 10 | 0 | 4 | 14 |
| 30-34 | 11 | 5 | 3 | 19 |
| 35-39 | 24 | 8 | 6 | 38 |
| 40-44 | 24 | 5 | 9 | 38 |
| 45-49 | 36 | 11 | 15 | 62 |
| 50-54 | 37 | 5 | 17 | 59 |
| 55-59 | 49 | 13 | 17 | 79 |
| 60-64 | 60 | 6 | 14 | 80 |
| 65-69 | 30 | 10 | 8 | 48 |
| 70-74 | 23 | 3 | 5 | 31 |
| 75-79 | 5 | 0 | 2 | 7 |
| 80-84 | 1 | 0 | 0 | 1 |
| >=85 | 0 | 0 | 0 | 0 |
| **Total** | **317** | **76** | **101** | **494** |
| **Gender** | | | | |
| Female | 115 | 29 | 28 | 172 |
| Male | 202 | 47 | 73 | 322 |
| **Total** | **317** | **76** | **101** | **494** |
| **Race** | | | | |
| American Indian/Alaska Native | 0 | 0 | 0 | 0 |
| Asian | 18 | 6 | 4 | 28 |
| Black or African American | 96 | 23 | 11 | 130 |
| Multiracial | 17 | 1 | 1 | 19 |
| Native Hawaiian or Other Pacific Islander | 6 | 0 | 0 | 6 |
| White | 194 | 71 | 76 | 341 |
| Not Specified | 2 | 0 | 1 | 3 |
| **Total** | **317** | **76** | **101** | **494** |
| **Primary Diagnosis** | | | | |
| Acquired obstructive uropathy | 0 | 0 | 2 | 2 |
| Acute interstitial nephritis | 0 | 0 | 0 | 0 |
| AIDS nephropathy | 4 | 0 | 0 | 4 |
| Amyloidosis | 0 | 0 | 0 | 0 |
| Analgesic abuse | 2 | 0 | 0 | 2 |
| Cholesterol emboli, renal emboli | 0 | 0 | 0 | 0 |
| Chronic interstitial nephritis | 1 | 0 | 2 | 3 |
| Chronic pyelonephritis, reflux nephropathy | 3 | 0 | 0 | 3 |
| Complications of other specified transplanted organ | 0 | 0 | 0 | 0 |
| Complications of transplanted bone marrow | 0 | 0 | 0 | 0 |
| Complications of transplanted heart | 0 | 0 | 0 | 0 |
| Complications of transplanted intestine | 0 | 0 | 0 | 0 |
| Complications of transplanted kidney | 12 | 3 | 10 | 25 |
| Complications of transplanted liver | 0 | 0 | 0 | 0 |
| Complications of transplanted lung | 0 | 0 | 0 | 0 |
| Complications of transplanted organ unspecified | 0 | 0 | 0 | 0 |

| Primary Diagnosis | CADAVERIC | LIVING RELATED | LIVING UNRELATED | Total |
|---|---|---|---|---|
| Complications of transplanted pancreas | 0 | 0 | 0 | 0 |
| Congenital nephrotic syndrome | 1 | 0 | 0 | 1 |
| Congenital obstruction of ureterpelvic junction | 1 | 0 | 0 | 1 |
| Congenital obstruction of uretrovesical junction | 0 | 0 | 0 | 0 |
| Cystinosis | 0 | 0 | 0 | 0 |
| Dense deposit disease, MPGN type 2 | 0 | 0 | 0 | 0 |
| Diabetes with renal manifestations Type 1 | 18 | 7 | 3 | 28 |
| Diabetes with renal manifestations Type 2 | 88 | 18 | 23 | 129 |
| Drash syndrome, mesangial sclerosis | 0 | 0 | 0 | 0 |
| Etiology uncertain | 8 | 2 | 0 | 10 |
| Fabry's disease | 0 | 0 | 0 | 0 |
| Focal Glomerulonephritis, focal sclerosing GN | 13 | 8 | 7 | 28 |
| Glomerulonephritis (GN) (histologically not examined) | 20 | 1 | 0 | 21 |
| Goodpasture's syndrome | 0 | 0 | 0 | 0 |
| Gouty nephropathy | 0 | 0 | 0 | 0 |
| Hemolytic uremic syndrome | 0 | 0 | 0 | 0 |
| Henoch-Schonlein syndrome | 0 | 0 | 0 | 0 |
| Hepatorenal syndrome | 1 | 0 | 0 | 1 |
| Hereditary nephritis, Alport's syndrome | 0 | 2 | 3 | 5 |
| Hypertension: Unspecified with renal failure | 78 | 13 | 19 | 110 |
| IgA nephropathy, Berger's disease (proven by immunofluorescence) | 7 | 3 | 5 | 15 |
| IgM nephropathy (proven by immunofluorescence) | 0 | 0 | 0 | 0 |
| Lead nephropathy | 0 | 0 | 0 | 0 |
| Lupus erythematosus, (SLE nephritis) | 6 | 3 | 2 | 11 |
| Lymphoma of kidneys | 0 | 0 | 0 | 0 |
| Medullary cystic disease, including nephronophthisis | 1 | 0 | 0 | 1 |
| Membranoproliferative GN type 1, diffuse MPGN | 2 | 0 | 3 | 5 |
| Membranous nephropathy | 3 | 0 | 2 | 5 |
| Multiple myeloma | 0 | 0 | 0 | 0 |
| Nephrolithiasis | 0 | 0 | 0 | 0 |
| Nephropathy caused by other agents | 2 | 0 | 0 | 2 |
| Nephropathy due to heroin abuse and related drugs | 0 | 0 | 0 | 0 |
| Other (congenital malformation syndromes) | 1 | 1 | 0 | 2 |
| Other Congenital obstructive uropathy | 0 | 2 | 0 | 2 |
| Other disorders of calcium metabolism | 0 | 0 | 0 | 0 |
| Other immuno proliferative neoplasms (including light chain nephropathy) | 0 | 0 | 0 | 0 |
| Other proliferative GN | 1 | 0 | 0 | 1 |
| Other renal disorders | 8 | 2 | 0 | 10 |
| Other Vasculitis and its derivatives | 1 | 0 | 0 | 1 |
| Polyarteritis | 0 | 0 | 0 | 0 |
| Polycystic kidneys, adult type (dominant) | 24 | 7 | 18 | 49 |
| Polycystic, infantile (recessive) | 0 | 1 | 0 | 1 |
| Post infectious GN, SBE | 0 | 0 | 0 | 0 |

| Primary Diagnosis | CADAVERIC | LIVING RELATED | LIVING UNRELATED | Total |
|---|---|---|---|---|
| Post partum renal failure | 0 | 0 | 0 | 0 |
| Primary oxalosis | 0 | 0 | 0 | 0 |
| Prune belly syndrome | 0 | 0 | 0 | 0 |
| Radiation nephritis | 0 | 0 | 0 | 0 |
| Renal artery occlusion | 0 | 0 | 0 | 0 |
| Renal artery stenosis | 0 | 0 | 0 | 0 |
| Renal hypoplasia, dysplasia, oligonephronia | 3 | 0 | 0 | 3 |
| Renal tumor (benign) | 0 | 0 | 0 | 0 |
| Renal tumor (malignant) | 0 | 1 | 0 | 1 |
| Renal tumor (unspecified) | 0 | 0 | 0 | 0 |
| Scleroderma | 0 | 0 | 0 | 0 |
| Secondary GN, other | 1 | 0 | 0 | 1 |
| Sickle cell disease/anemia | 0 | 1 | 0 | 1 |
| Sickle cell trait and other sickle cell (HbS/Hb other) | 0 | 0 | 0 | 0 |
| Traumatic or surgical loss of kidney(s) | 0 | 0 | 1 | 1 |
| Tuberous sclerosis | 0 | 0 | 0 | 0 |
| Tubular necrosis (no recovery) | 1 | 0 | 0 | 1 |
| Urinary tract tumor (benign) | 0 | 0 | 0 | 0 |
| Urinary tract tumor (malignant) | 0 | 0 | 0 | 0 |
| Urinary tract tumor (unspecified) | 0 | 0 | 0 | 0 |
| Urolithiasis | 0 | 0 | 0 | 0 |
| Wegener's granulomatosis | 1 | 1 | 0 | 2 |
| With lesion of rapidly progressive GN | 2 | 0 | 0 | 2 |
| Not Specified | 3 | 0 | 1 | 4 |
| **Total** | **317** | **76** | **101** | **494** |

Source of information: CROWNWeb Database

Date of Preparation: May 2014

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

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

| Table 7: CY 2013 Dialysis Deaths<br>DEATHS OF DIALYSIS PATIENTS BY STATE RESIDENCE, AGE, RACE, SEX, PRIMARY | | | | | |
|---|---|---|---|---|---|
| **Age Group** | **NJ** | **PR** | **VI** | **Other** | **Total** |
| 00-04 | 1 | 0 | 0 | 0 | 1 |
| 05-09 | 0 | 0 | 0 | 0 | 0 |
| 10-14 | 0 | 0 | 0 | 0 | 0 |
| 15-19 | 0 | 0 | 0 | 0 | 0 |
| 20-24 | 4 | 2 | 0 | 0 | 6 |
| 25-29 | 8 | 3 | 0 | 0 | 11 |
| 30-34 | 11 | 11 | 0 | 0 | 22 |
| 35-39 | 16 | 15 | 0 | 1 | 32 |
| 40-44 | 31 | 27 | 0 | 1 | 59 |
| 45-49 | 60 | 40 | 2 | 1 | 103 |
| 50-54 | 124 | 69 | 2 | 0 | 195 |
| 55-59 | 152 | 105 | 1 | 2 | 260 |
| 60-64 | 238 | 121 | 1 | 1 | 361 |
| 65-69 | 306 | 155 | 4 | 7 | 472 |
| 70-74 | 343 | 169 | 2 | 3 | 517 |
| 75-79 | 373 | 169 | 5 | 3 | 550 |
| 80-84 | 358 | 104 | 3 | 5 | 470 |
| >=85 | 459 | 81 | 3 | 7 | 550 |
| **Total** | **2,484** | **1,071** | **23** | **31** | **3,609** |
| **Gender** | | | | | |
| Female | 1,051 | 451 | 9 | 13 | 1,524 |
| Male | 1,433 | 620 | 14 | 18 | 2,085 |
| **Total** | **2,484** | **1,071** | **23** | **31** | **3,609** |
| **Race** | | | | | |
| American Indian/Alaska Native | 0 | 0 | 0 | 0 | 0 |
| Asian | 68 | 2 | 1 | 0 | 71 |
| Black or African American | 736 | 111 | 19 | 7 | 873 |
| Multiracial | 3 | 33 | 0 | 0 | 36 |
| Native Hawaiian or Other Pacific Islander | 17 | 1 | 0 | 0 | 18 |
| White | 1,660 | 924 | 3 | 24 | 2,611 |
| Not Specified | 0 | 0 | 0 | 0 | 0 |
| **Total** | **2,484** | **1,071** | **23** | **31** | **3,609** |
| **Primary Diagnosis** | | | | | |
| Cystic/Hereditary/Congenital Diseases | 43 | 13 | 0 | 1 | 57 |
| Diabetes | 1,111 | 730 | 12 | 8 | 1,861 |
| Glomerulonephritis | 118 | 61 | 2 | 1 | 182 |
| Hypertension/Large Vessel Disease | 800 | 151 | 5 | 11 | 967 |
| Interstitial Nephritis/Pyelonephritis | 82 | 27 | 1 | 2 | 112 |
| Miscellaneous Conditions | 206 | 46 | 2 | 4 | 258 |
| Neoplasms/Tumors | 87 | 28 | 0 | 3 | 118 |
| Secondary GN/Vasculitis | 34 | 14 | 1 | 1 | 50 |
| Not Specified | 3 | 1 | 0 | 0 | 4 |
| **Total** | **2,484** | **1,071** | **23** | **31** | **3,609** |

CY 2013 Dialysis Deaths

DEATHS OF DIALYSIS PATIENTS BY STATE RESIDENCE, AGE, RACE, SEX, PRIMARY

| Primary Cause of Death | NJ | PR | VI | Other | Total |
|---|---|---|---|---|---|
| Cardiac | 1,165 | 396 | 11 | 11 | 1,583 |
| Gastro-Intestinal | 18 | 17 | 0 | 1 | 36 |
| Infection | 290 | 287 | 0 | 5 | 582 |
| Liver Disease | 28 | 13 | 0 | 1 | 42 |
| Other | 623 | 136 | 10 | 8 | 777 |
| Unknown | 233 | 140 | 1 | 4 | 378 |
| Vascular | 93 | 82 | 1 | 1 | 177 |
| Not Specified | 34 | 0 | 0 | 0 | 34 |
| **Total** | **2,484** | **1,071** | **23** | **31** | **3,609** |

Source of information: CROWNWeb Database

Date of Preparation: May 2014

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

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

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 19 patients receiving treatment at VA facilities.

Table 8: Vocational Rehabilitation

Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013

| Provider | No. dialysis patients age 18-54 | No. dialysis patients receiving services from voc rehab and other voc rehab related service providers | No.dialysis pts employed full-time or part-time | No. dialysis pts attending school full-time or part-time | Offers dialysis shift starting at 5 pm or later |
|---|---|---|---|---|---|
| **New Jersey** | | | | | |
| 310012 | 3 | 0 | 0 | 0 | N |
| 31001F | 10 | 0 | 1 | 1 | N |
| 310025 | 19 | 0 | 0 | 0 | N |
| 310027 | 8 | 0 | 0 | 0 | Y |
| 310032 | 31 | 0 | 2 | 0 | Y |
| 310034 | 23 | 0 | 1 | 0 | N |
| 310052 | 27 | 0 | 1 | 0 | N |
| 310054 | 48 | 0 | 8 | 0 | N |
| 310064 | 21 | 0 | 0 | 1 | N |
| 310074 | 5 | 0 | 0 | 0 | Y |
| 310083 | 42 | 0 | 2 | 0 | Y |
| 310092 | 52 | 0 | 1 | 0 | Y |
| 312501 | 72 | 0 | 3 | 0 | N |
| 312502 | 89 | 0 | 6 | 0 | Y |
| 312503 | 34 | 0 | 1 | 0 | N |
| 312504 | 44 | 0 | 4 | 0 | Y |
| 312505 | 51 | 0 | 1 | 0 | Y |
| 312506 | 25 | 0 | 4 | 0 | N |
| 312508 | 44 | 0 | 14 | 0 | Y |
| 312509 | 38 | 0 | 4 | 0 | Y |
| 312510 | 17 | 0 | 1 | 0 | Y |
| 312513 | 46 | 0 | 10 | 1 | N |
| 312514 | 28 | 0 | 1 | 0 | N |
| 312515 | 21 | 0 | 2 | 0 | N |
| 312516 | 14 | 0 | 3 | 0 | N |
| 312517 | 8 | 0 | 3 | 0 | N |
| 312518 | 32 | 0 | 3 | 0 | Y |
| 312520 | 14 | 1 | 1 | 0 | N |
| 312521 | 13 | 0 | 1 | 0 | N |
| 312522 | 31 | 0 | 4 | 0 | Y |
| 312523 | 8 | 0 | 0 | 0 | N |
| 312524 | 11 | 0 | 7 | 0 | N |
| 312525 | 64 | 0 | 11 | 0 | N |
| 312527 | 20 | 0 | 7 | 2 | N |
| 312528 | 17 | 0 | 3 | 0 | N |
| 312529 | 25 | 0 | 1 | 0 | Y |
| 312530 | 18 | 0 | 8 | 0 | N |
| 312531 | 5 | 0 | 1 | 0 | N |
| 312532 | 15 | 1 | 0 | 0 | N |
| 312533 | 46 | 0 | 4 | 0 | Y |

Table 8: Vocational Rehabilitation

Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013

| Provider | No. dialysis patients age 18-54 | No. dialysis patients receiving services from voc rehab and other voc rehab related service providers | No.dialysis pts employed full-time or part-time | No. dialysis pts attending school full-time or part-time | Offers dialysis shift starting at 5 pm or later |
|---|---|---|---|---|---|
| 312534 | 30 | 0 | 4 | 0 | N |
| 312535 | 34 | 0 | 1 | 0 | N |
| 312536 | 31 | 0 | 6 | 0 | Y |
| 312537 | 42 | 0 | 10 | 0 | N |
| 312538 | 10 | 0 | 0 | 0 | N |
| 312540 | 41 | 1 | 18 | 1 | Y |
| 312541 | 12 | 0 | 0 | 0 | Y |
| 312542 | 41 | 0 | 6 | 0 | Y |
| 312543 | 22 | 0 | 5 | 0 | Y |
| 312544 | 10 | 0 | 3 | 0 | Y |
| 312545 | 28 | 0 | 5 | 1 | N |
| 312546 | 31 | 0 | 6 | 0 | Y |
| 312547 | 7 | 0 | 1 | 0 | N |
| 312548 | 16 | 2 | 2 | 0 | N |
| 312550 | 11 | 0 | 1 | 0 | N |
| 312551 | 31 | 0 | 1 | 0 | N |
| 312552 | 25 | 0 | 2 | 0 | N |
| 312553 | 24 | 0 | 8 | 0 | N |
| 312554 | 25 | 0 | 6 | 0 | Y |
| 312555 | 18 | 0 | 2 | 0 | Y |
| 312557 | 22 | 0 | 0 | 0 | N |
| 312558 | 32 | 0 | 1 | 0 | Y |
| 312559 | 32 | 0 | 15 | 0 | Y |
| 312560 | 24 | 0 | 1 | 0 | N |
| 312561 | 18 | 1 | 1 | 0 | N |
| 312562 | 7 | 0 | 0 | 0 | N |
| 312563 | 17 | 1 | 1 | 0 | N |
| 312564 | 24 | 0 | 2 | 0 | N |
| 312565 | 14 | 0 | 2 | 0 | N |
| 312566 | 28 | 0 | 7 | 2 | N |
| 312567 | 20 | 0 | 0 | 0 | Y |
| 312568 | 22 | 0 | 3 | 0 | N |
| 312569 | 8 | 0 | 1 | 0 | N |
| 312570 | 26 | 0 | 4 | 0 | Y |
| 312571 | 24 | 0 | 1 | 0 | N |
| 312572 | 20 | 0 | 0 | 0 | N |
| 312573 | 28 | 1 | 11 | 1 | Y |
| 312574 | 27 | 0 | 8 | 1 | Y |
| 312575 | 12 | 0 | 0 | 0 | N |
| 312576 | 39 | 0 | 7 | 4 | Y |
| 312578 | 28 | 0 | 2 | 0 | N |
| 312579 | 21 | 0 | 2 | 0 | N |

Table 8: Vocational Rehabilitation

Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013

| Provider | No. dialysis patients age 18-54 | No. dialysis patients receiving services from voc rehab and other voc rehab related service providers | No.dialysis pts employed full-time or part-time | No. dialysis pts attending school full-time or part-time | Offers dialysis shift starting at 5 pm or later |
|---|---|---|---|---|---|
| 312580 | 17 | 0 | 2 | 0 | N |
| 312581 | 48 | 0 | 2 | 0 | Y |
| 312582 | 10 | 0 | 0 | 0 | N |
| 312583 | 9 | 0 | 3 | 0 | N |
| 312584 | 24 | 0 | 2 | 0 | N |
| 312585 | 33 | 0 | 1 | 0 | Y |
| 312586 | 15 | 0 | 2 | 0 | N |
| 312587 | 35 | 0 | 2 | 0 | N |
| 312588 | 19 | 0 | 1 | 0 | N |
| 312589 | 15 | 0 | 1 | 0 | Y |
| 312590 | 14 | 0 | 8 | 1 | N |
| 312591 | 8 | 0 | 4 | 1 | N |
| 312592 | 29 | 0 | 9 | 0 | N |
| 312593 | 37 | 0 | 7 | 0 | N |
| 312594 | 17 | 0 | 1 | 0 | N |
| 312595 | 4 | 0 | 0 | 0 | N |
| 312596 | 6 | 0 | 3 | 0 | N |
| 312597 | 19 | 1 | 7 | 1 | N |
| 312598 | 36 | 0 | 1 | 0 | N |
| 312599 | 16 | 0 | 1 | 1 | N |
| 312600 | 5 | 0 | 2 | 0 | Y |
| 312601 | 0 | 0 | 0 | 0 | N |
| 312602 | 13 | 0 | 3 | 0 | N |
| 312603 | 7 | 0 | 1 | 0 | N |
| 312604 | 11 | 0 | 1 | 0 | N |
| 312605 | 6 | 1 | 0 | 0 | N |
| 312606 | 17 | 0 | 1 | 0 | N |
| 312607 | 15 | 0 | 1 | 0 | N |
| 312608 | 7 | 0 | 1 | 0 | N |
| 312609 | 26 | 0 | 4 | 0 | N |
| 312610 | 12 | 0 | 5 | 0 | N |
| 312611 | 10 | 0 | 2 | 0 | N |
| 312612 | 22 | 0 | 3 | 0 | Y |
| 312613 | 6 | 0 | 0 | 0 | N |
| 312614 | 163 | 0 | 8 | 0 | Y |
| 312615 | 65 | 0 | 10 | 2 | Y |
| 312616 | 27 | 0 | 8 | 0 | Y |
| 312617 | 19 | 0 | 2 | 0 | N |
| 312618 | 33 | 1 | 14 | 0 | Y |
| 312619 | 16 | 0 | 2 | 0 | N |
| 312620 | 6 | 0 | 3 | 0 | N |
| 312621 | 21 | 0 | 2 | 1 | Y |

Table 8: Vocational Rehabilitation

Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013

| Provider | No. dialysis patients age 18-54 | No. dialysis patients receiving services from voc rehab and other voc rehab related service providers | No.dialysis pts employed full-time or part-time | No. dialysis pts attending school full-time or part-time | Offers dialysis shift starting at 5 pm or later |
|---|---|---|---|---|---|
| 312622 | 61 | 0 | 6 | 0 | Y |
| 312623 | 7 | 0 | 2 | 0 | N |
| 312624 | 16 | 0 | 6 | 0 | N |
| 312625 | 7 | 0 | 0 | 0 | N |
| 312626 | 7 | 0 | 0 | 0 | N |
| 312627 | 7 | 0 | 1 | 0 | N |
| 312628 | 32 | 0 | 8 | 0 | Y |
| 312629 | 3 | 0 | 0 | 0 | N |
| 312630 | 5 | 0 | 2 | 0 | Y |
| 312631 | 0 | 0 | 0 | 0 | N |
| 312632 | 1 | 0 | 0 | 0 | N |
| 312633 | 0 | 0 | 0 | 0 | N |
| 312634 | 1 | 0 | 0 | 0 | N |
| 313501 | 37 | 0 | 5 | 0 | Y |
| 313503 | 21 | 0 | 1 | 0 | N |
| 313517 | 41 | 0 | 3 | 0 | Y |
| 313519 | 31 | 0 | 4 | 0 | Y |
| 313520 | 34 | 0 | 8 | 0 | Y |
| **New Jersey Total** | **3,350** | **11** | **456** | **22** | **48 Y/ 94 N** |
| **Puerto Rico** | | | | | |
| 40003F | 3 | 0 | 0 | 0 | N |
| 400061 | 30 | 4 | 6 | 1 | N |
| 402501 | 81 | 0 | 7 | 0 | N |
| 402502 | 62 | 0 | 3 | 0 | Y |
| 402503 | 31 | 0 | 2 | 0 | N |
| 402504 | 43 | 0 | 4 | 0 | Y |
| 402505 | 73 | 0 | 4 | 0 | Y |
| 402506 | 26 | 0 | 0 | 1 | Y |
| 402507 | 60 | 0 | 9 | 0 | N |
| 402508 | 45 | 0 | 1 | 0 | Y |
| 402509 | 18 | 0 | 0 | 0 | N |
| 402510 | 41 | 10 | 10 | 2 | N |
| 402513 | 44 | 0 | 2 | 0 | Y |
| 402514 | 56 | 0 | 5 | 0 | Y |
| 402515 | 83 | 0 | 14 | 0 | Y |
| 402517 | 50 | 0 | 7 | 0 | Y |
| 402518 | 79 | 0 | 4 | 0 | N |
| 402519 | 20 | 0 | 4 | 0 | Y |
| 402521 | 18 | 0 | 1 | 0 | N |
| 402525 | 38 | 0 | 1 | 0 | Y |
| 402527 | 31 | 1 | 4 | 1 | N |
| 402528 | 31 | 0 | 0 | 0 | Y |

Table 8: Vocational Rehabilitation

Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013

| Provider | No. dialysis patients age 18-54 | No. dialysis patients receiving services from voc rehab and other voc rehab related service providers | No.dialysis pts employed full-time or part-time | No. dialysis pts attending school full-time or part-time | Offers dialysis shift starting at 5 pm or later |
|---|---|---|---|---|---|
| 402529 | 21 | 0 | 1 | 0 | N |
| 402530 | 93 | 1 | 11 | 0 | N |
| 402531 | 25 | 0 | 1 | 0 | Y |
| 402533 | 38 | 0 | 3 | 0 | N |
| 402534 | 21 | 0 | 4 | 0 | N |
| 402535 | 22 | 0 | 2 | 0 | N |
| 402536 | 16 | 0 | 0 | 0 | Y |
| 402537 | 24 | 0 | 1 | 0 | N |
| 402538 | 26 | 1 | 8 | 1 | N |
| 402539 | 41 | 0 | 2 | 0 | N |
| 402540 | 64 | 0 | 4 | 0 | N |
| 402541 | 19 | 0 | 1 | 0 | N |
| 402542 | 9 | 0 | 3 | 1 | N |
| 402543 | 44 | 0 | 3 | 0 | N |
| 402544 | 6 | 0 | 0 | 0 | N |
| 402546 | 33 | 0 | 0 | 0 | N |
| 402547 | 18 | 0 | 1 | 0 | N |
| 402548 | 3 | 0 | 0 | 0 | N |
| 402597 | 3 | 0 | 0 | 0 | N |
| 402598 | 51 | 0 | 0 | 0 | N |
| 402599 | 0 | 0 | 0 | 0 | N |
| 403301 | 6 | 1 | 0 | 2 | N |
| **Puerto Rico Total** | **1,546** | **18** | **133** | **9** | **14 Y /30 N** |
| **Virgin Islands** | | | | | |
| 480001 | 36 | 0 | 4 | 0 | Y |
| 480002 | 15 | 0 | 1 | 0 | N |
| 482500 | 12 | 0 | 6 | 0 | N |
| 482501 | 4 | 0 | 0 | 0 | N |
| **Virgin Islands Total** | **67** | **0** | **11** | **0** | **1 Y/ 3 N** |
| | | | | | |
| **Network Total** | **4,963** | **29** | **600** | **31** | **63 Y/127 N** |

## Provider List

| Facility CCN | Facility Name |
|---|---|
| **New Jersey** | |
| 310001 | Hackensack MC Transplant |
| 310002 | Newark Beth Israel MC Transplant |
| 310012 | The Valley Hospital Renal Care Center |
| 31001F | Veterans Medical Center East Orange |
| 310025 | Bayonne Hospital Renal Center |
| 310027 | Trinitas Hospital |
| 310029 | OUR LADY OF LOURDES MC TRANSPLANT |
| 310032 | Bridgeton South Jersey Hospital |
| 310034 | Riverview Medical Center |
| 310038 | RW Johnson Univ Hosp Transplant |
| 310052 | Ocean Co Medical Center Brick |
| 310054 | Mountainside Hospital |
| 310064 | Atlantic City Medical Center |
| 310074 | Jersey City Medical Center |
| 310076 | St Barnabas Med Cntr Transplant |
| 310083 | Ea Orange Gen Hospital |
| 310092 | H. Fuld Capital Health |
| 312501 | FMC Irvington |
| 312502 | FMC Jersey City |
| 312503 | FMC North Newark |
| 312504 | FMC Trenton |
| 312505 | FMC Newark Univ DC (Miele) |
| 312506 | FMC Hillside Dialysis Ctr |
| 312508 | DVA Lumberton Dialysis Ctr |
| 312509 | FMC John J De Palma Renal Center |
| 312510 | DVA Holmdel Dialysis Ctr |
| 312513 | DVA Cherry Hill Dialysis Ctr |
| 312514 | RCG Salem Dialysis Ctr |
| 312515 | FMC So Plainfield |
| 312516 | FMC Princeton |
| 312517 | DVA Freehold AKC |
| 312518 | FMC Colonia Dialysis Ctr |
| 312520 | DVA-Shore Dialysis |
| 312521 | DVA Delran |
| 312522 | DVA East Orange AKC |
| 312523 | RV Westwood |
| 312524 | Bergen Renal Home PD Center |
| 312525 | DCI North Brunswick Dialysis Ctr |
| 312527 | FMC Ewing |
| 312528 | DVA Summit Dialysis Ctr |
| 312529 | FMC Hoboken Dialysis Ctr |
| 312530 | DaVita Bridgewater Dialysis Ctr |
| 312531 | No Jersey Lincoln Pk |
| 312532 | RCG Kenilworth |
| 312533 | RCG Orange DC |
| 312534 | RCG Woodbury Dialysis Ctr |
| 312535 | RCG Atlantic City |
| 312536 | FMC Englewood Dialysis Center |
| 312537 | DaVita Atlantic AKC |

| Facility CCN | Facility Name |
|---|---|
| 312538 | RCG So Ocean Co |
| 312540 | DVA Perth Amboy Dialysis Ctr |
| 312541 | DVA Old Bridge Dialysis Ctr |
| 312542 | FMC Union Hill |
| 312543 | FMC Dial Assoc No Jersey DC |
| 312544 | DCI Freehold |
| 312545 | Jersey City AKC No Bergen |
| 312546 | RCG Bloomfield DC |
| 312547 | FMC Phillipsburg Dialysis Ctr |
| 312548 | DVA Burlington No Dialysis Ctr |
| 312550 | FMC Kings Ct Flemington Dialysis Ctr |
| 312551 | US Renal Care Vineland Dialysis |
| 312552 | FMC Hamilton Square |
| 312553 | RV Renal Center of Passaic |
| 312554 | FMC Kenvil |
| 312555 | DCI St Peter Univ Hosp |
| 312557 | RCG Lakewood Dialysis |
| 312558 | DVA Plainfield Dialysis Center |
| 312559 | DVA Edison |
| 312560 | FMC Silver Dialysis |
| 312561 | RV Bayonne |
| 312562 | Shining Star DaVita Bricktown DC |
| 312563 | RV Brick |
| 312564 | RCG Harrison DC |
| 312565 | RV OLL Sewell |
| 312566 | Vineland RC |
| 312567 | Shining Star DaVita Neptune DC |
| 312568 | RCG East Orange DC |
| 312569 | Shining Star DaVita Middletown DC |
| 312570 | Kidney Life of Newark |
| 312571 | RV Trenton Dialysis Ctr |
| 312572 | RV Newton |
| 312573 | Bergen RCC |
| 312574 | Shining Star DaVita Somerset Dialysis |
| 312575 | Liberty Dialysis Berlin DC |
| 312576 | RCG St Barnabas So Orange Ave |
| 312578 | RCG Elizabeth DC |
| 312579 | RCG Cape May DC |
| 312580 | Hamilton Pk Dialysis Center |
| 312581 | Parkside DC |
| 312582 | RCG Whiting Dialysis Ctr |
| 312583 | RV Somerville DC |
| 312584 | DVA Willingboro |
| 312585 | FMC Winslow |
| 312586 | RCG Maplewood Dialysis Center |
| 312587 | Hillside Dialysis Ctr |
| 312588 | RCG Egg Harbor DC |
| 312589 | DaVita Hackettstown DC |
| 312590 | DaVita Marlton Dialysis Center |
| 312591 | WELLBOUND OF MERCER |
| 312592 | Liberty Runnemede |
| 312593 | DaVita Pennsauken Dialysis Center |

| Facility CCN | Facility Name |
|---|---|
| 312594 | Lourdes Dialysis at Innova Inc |
| 312595 | DCI at Madison Center |
| 312596 | FMC Fairview |
| 312597 | St. Joseph's Wayne Dialysis |
| 312598 | FMC Ironbound |
| 312599 | Kidney Center at Millville |
| 312600 | DCI Monroe |
| 312601 | Nutley Kidney Clinic |
| 312602 | Liberty Linwood Dialysis |
| 312603 | Liberty Hammonton |
| 312604 | Lawrenceville Renal Center |
| 312605 | CRRT at Waters Edge |
| 312606 | Woodland Park Dialysis Center |
| 312607 | DaVita Durham Corners |
| 312608 | FMC East Morris |
| 312609 | FMC Edison |
| 312610 | DaVita Princeton Junction Dialysis |
| 312611 | FMC Pomona |
| 312612 | FMC Linden Dialysis |
| 312613 | St. Joseph's SJRMC Dialysis |
| 312614 | St. Joseph's Paterson Dialysis |
| 312615 | Hackensack Dialysis |
| 312616 | DaVita Fairlawn Dialysis |
| 312617 | DaVita Lourdes Mt Laurel Dialysis |
| 312618 | FMC HOLY NAME RENAL CARE CENTER |
| 312619 | FMC North Montclair |
| 312620 | FMC Paramus |
| 312621 | DaVita New Brunswick Dialysis |
| 312622 | Lourdes Camden Dialysis |
| 312623 | Renal Center of Succasunna, LLC |
| 312624 | Renal Center of Morristown |
| 312625 | FMC North Cape May |
| 312626 | FMC Hackensack |
| 312627 | ARA Great Falls Dialysis, LLC |
| 312628 | PCD of Northfield |
| 312629 | DaVita Woodbridge Dialysis Center |
| 312630 | Dialysis Center at West Orange |
| 312631 | RENAL CENTER OF ENGLEWOOD |
| 312632 | DaVita Teterboro Dialysis |
| 312633 | DaVita North Haledon Dialysis |
| 312634 | FMC Toms River |
| 313501 | Kennedy Dialysis Center Voorhees |
| 313503 | Trinitas Sat Linden |
| 313513 | Morristown Mem Hosp Rehab |
| 313517 | Kennedy Dialysis Center Washington Twp |
| 313518 | Shore Mem Hosp Regional Dialysis Unit |
| 313519 | Trinitas Livingston St |
| 313520 | Jane H Booker Dialysis Center-JSUMC |
| **Puerto Rico** | |
| 400013 | Cayey Dialysis Cntr |
| 400016 | Auxilio Mutuo Hosp Transplant |
| 40003F | Veteran MC San Juan |

| Facility CCN | Facility Name |
|---|---|
| 400061 | Centro Renal Universitario |
| 402501 | FMC San Juan Dialysis Center |
| 402502 | FMC Ponce Dialysis Center |
| 402503 | FMC Mayaguez Dialysis Center |
| 402504 | FMC Bayamon Dialysis Center |
| 402505 | FMC Caguas Dialysis Center |
| 402506 | FMC San German Dialysis Center |
| 402507 | FMC Carolina Dialysis Center |
| 402508 | FMC Arecibo Dialysis Center |
| 402509 | FMC Guayama Dialysis Center |
| 402510 | Atlantis Ponce CNDS |
| 402513 | FMC Aguadilla Dialysis Center |
| 402514 | FMC Humacao Dialysis Center |
| 402515 | FMC Rio Piedras Dialysis Center |
| 402517 | FMC West Ponce Dialicentro |
| 402518 | FMC Vega Baja Renal DC |
| 402519 | Atlantis Aguadilla Dialysis |
| 402521 | Atlantis Fajardo Renal Center |
| 402525 | FMC Mayaguez No |
| 402527 | Atlantis Mayaguez MC |
| 402528 | FMC Ponce Centro |
| 402529 | FMC Arecibo Norte Dialysis Center |
| 402530 | FMC Auxilio Mutuo Dialysis Center |
| 402531 | FMC Yauco Dialysis Center |
| 402533 | Atlantis Manati DC |
| 402534 | Atlantis HRG Guaynabo DC |
| 402535 | Atlantis Lares |
| 402536 | Atlantis San Sebastian DC |
| 402537 | Atlantis Isabela DC |
| 402538 | Atlantis Caguas DC |
| 402539 | Atlantis Toa Baja |
| 402540 | FMC Canovanas |
| 402541 | Atlantis Carolina |
| 402542 | FMC Santa Rosa Dialysis |
| 402543 | FMC Santa Juanita |
| 402544 | FMC Vieques |
| 402546 | Centro de Dialisis San Miguel Arcangel, LLC |
| 402547 | The Renal Centre of Juncos |
| 402548 | The Renal Centre of Dorado |
| 402597 | FMC RIO GRANDE |
| 402598 | FMC CAYEY |
| 402599 | FMC VEGA ALTA DIALYSIS |
| 403301 | Pediatric Renal Center |
| **US Virgin Islands** | |
| 480001 | Schneider Hosp St. Thomas |
| 480002 | Governor Juan F. Luis Hospital and Medical Center |
| 482500 | Caribbean Kidney Center |
| 482501 | CKC ST THOMAS |

**Source: 2013 ESRD Facility Survey (Form 2744)**