Quality Insights
Renal Network 3

2014 Annual Report

Quality Insights
Renal Network 3

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

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Executive Summary

Quality Insights Renal Network 3 (QIRN3) is pleased to present our 2014 ESRD Annual Report.

In 2014, we began work on the second year of a 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).

Our Patient Learning and Action Networks (LANs) directed two educational activities and a Quality Improvement Activity that led to over 1,500 patients realizing the importance and pledging to increase their level of physical activity. The Quality Improvement Activity focused on reducing unexcused missed treatments and resulted in 5% fewer dialysis treatments being missed.

In 2014 we conducted three projects to decrease Healthcare Acquired Infections, all with remarkable outcomes.

In 2013, the dialysis facilities in Puerto Rico reported 677 catheter related blood stream infections (CRBSIs); this number was reduced by 28% in 2014 with 488 CRBSIs reported. Using the average estimate of $11,000 per incident cited in numerous studies, this reduction may have saved Medicare up to $2,079,000 in HAI-related costs in 2014. More importantly, reducing HAIs in Puerto Rico has helped contribute to a 23% reduction in patient standardized mortality rates over the last 3 years.

In New Jersey, we conducted a project based on implementing Comprehensive Unit Based Safety Program (CUSP) in 12 dialysis facilities, resulting in a 48% reduction in bloodstream infections in these facilities.

Our final HAI project focused on the 35 targeted facilities representing 22% of the Network population or 3,770 patients; 22 of the facilities were located in Puerto Rico, 12 in NJ and 1 in the USVI. This project focused on the CDC's Prevention Process Audits but included close monitoring and follow up by QIRN3 staff members and additional requirements. The focus group overall achieved a 44% reduction in BSIs and a 35% reduction in access related blood stream infections. This last project was so successful that QIRN3 Quality Improvement nurses were invited by the CDC to present their process and outcomes on a national call in November.

Our 2014 vaccination project was also very successful. We targeted 10 facilities with low pneumonia and Hepatitis B vaccination rates, with an added goal of decreasing the vaccination rate disparity between their white and African American patients. In these facilities, the pneumonia vaccination rate for white patients was 62.3% at baseline and 77.7% by 3rd quarter

2014. The pneumonia vaccination rate in African American patients at baseline was 48.2% and increased to 81.6% by 3rd quarter 2014, completely eliminating the disparity.

The baseline Hepatitis B vaccination rate in African American patients was 42.5% and increased to 67.2% by 3rd quarter 2014. Hepatitis B vaccination rate in White patients was 64.4% at baseline and 76.6% by 3rd quarter 2014, reducing the disparity from 21.9 percentage points to 9.4 percentage points.

We also continued our proud tradition of working with non-conventional partners to improve communication and the lives of patients in New Jersey, Puerto Rico and the US Virgin Islands. Most strikingly, we conducted our 2014 Emergency Preparedness tabletop exercise onsite in Puerto Rico and invited all entities that we felt could become involved should a disaster strike. Representatives from the Puerto Rico water, sewer and power suppliers all attended this exercise and for the first time met representatives from the dialysis providers in person and established a rapport with them over the course of the day. Our providers invited these representatives to visit their dialysis units to witness and gain a more full understanding of the immediate needs of dialysis patients.

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**	**Walter Gardiner, MD**	**Christopher Brown**
CEO	Vice-Chairperson	Chairperson	Executive Director
WVMI & Quality Insights	QIRN3 Board of Directors	QIRN3 Medical Review Board	QIRN3

Introduction

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

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

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

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

Medicare Coverage for Individuals with ESRD

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

History of CMS' ESRD Network Organization Program

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

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

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers

that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

The Role of Quality Insights Renal Network 3 in Improving the Quality of ESRD Care

Quality Insights Renal Network 3 (QIRN3) serves dialysis providers and patients in New Jersey, Puerto Rico, and the US Virgin Islands. In 2009, QIRN3 merged with the West Virginia Medical Institute & Quality Insights, a Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO). WVMI & Quality Insights is the federally designated Medicare QIN-QIO for Delaware, Louisiana, New Jersey, Pennsylvania, and West Virginia. This partnership has given us immediate access to experts in the areas of quality improvement, human resources, finance, data analytics and information technology. More importantly it has provided us with access to entities such as primary care hospitals, infection control specialists and other non-ESRD partners to address transitions of care and coordinate to improve the lives of patients in our geographic area.

According to the Census Bureau (http://factfinder2.census.gov), the 3 geographic areas served by QIRN3 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]. US territories are often thought to have small populations, but it is important to note that Puerto Rico has a sizable population (3.7 million) and 5,400 patients receiving dialysis, more than 27 states, such as Kentucky, Oklahoma, Colorado and Arizona.

These dense populations create challenges for providing dialysis to patients, as there is a greater than average number of patients per dialysis unit in these areas. New Jersey treats an average of 90.1 patients in each dialysis unit and Puerto Rico treats an average of 119.9 patients in each unit, compared to an average of 71.7 nationwide. The US Virgin Islands treats an average of 69.3 patients in each of its 4 dialysis units[2].

The epidemic of diabetes in Puerto Rico continues to be the leading cause of end stage renal disease (ESRD) in this area. Among incident cases, 68.6% reported a primary diagnosis of diabetes, and diabetes is reported as the primary diagnosis in 61.6% of prevalent patients. By comparison in New Jersey diabetes is reported as the primary cause of renal failure in 42.7% of incident patients and 41.2% of prevalent patients.

[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, 2014 Dialysis Facility Report, Table 13, University of Michigan Epidemiology and Cost Center

Please refer to Data Table 2 in the appendix of this report for a complete analysis of the prevalent ESRD population by age, gender, race, and primary diagnosis. Data Table 1 in the appendix contains complete analysis of the incident ESRD population for 2014.

Mortality

The primary cause of death reported in 2014 continued to be cardiac (42.6%). While infection was the second most cause, reported as primary cause in 15.1% of the 3,698 death records received, our HAI reduction projects have continued to improve this outcome. In 2011, before our interventions began, infection was cited as the primary cause of death in 18.9% of death records received.

Please refer to Data 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.

Table A. Dialysis Facilities and Transplant Centers in Network 3's Service Area, as of December 31, 2014

Category	Number
Number of Dialysis Facilities in Network 3's Service Area	204
Number of Transplant Centers in Network 3's Service Area	7

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

Table B. Number of Dialysis Facilities in Network 3's Service Area and Number and Percent of Dialysis Facilities Offering Dialysis Shifts Starting after 5 PM, as of December 31, 2014

Category	Number	Percent
Number of Dialysis Facilities in Network 3's Service Area	204	
Dialysis Facilities in Network 3's Service Area Offering Dialysis Shifts Starting after 5 PM*	67	32.8

Source of data for number of dialysis facilities: End Stage Renal Disease National Coordinating Center (ESRD NCC) report to ESRD Forum.
Source of data for dialysis facilities offering dialysis shifts starting after 5 PM: NCC Gap Report "Shifts After 5 PM."

Network Goals

Each year, our Medical Review Board develops Network goals for facilities to achieve. The following goals were developed during the January 2014 board meeting and sent out to facilities in February.

AIM 1: Provide Better Care for the Individual through Beneficiary and Family Centered Care by:

- Increasing Patient and Family Engagement at the Facility Level by:
  - Increasing beneficiary participation in plan of care meetings
  - Ensuring facility QAPI program includes and measures patient and family participation in facility decision making related to ESRD care
- Utilizing the ICH CAHPS tool to develop a Quality Improvement Activity (QIA) to improve the patient's experience of care
- Maintaining expected levels of clinical performance to meet or exceed the CMS Payment Year 2016 Quality Incentive Program Benchmarks / Thresholds

Anemia Management Measure Topic	Threshold (15th percentile)	Benchmark (90th percentile)
Hgb >12 g/dL (ESA only) (HD & PD)	1.2%	0%
Dialysis Adequacy Measure Topic		
➢ Adult Hemodialysis ≥ 1.2 if 3x/wk	86%	97.4%
➢ Adult Peritoneal Dialysis Kt/V ≥ 1.7	67.8%	94.8%
➢ Pediatric Hemodialysis Kt/V ≥ 1.2	83%	97.1%
Vascular Access Type Measure Topic		
➢ Fistula Rate Prevalent Patients	49.9%	77%
➢ Catheters >90 days	19.9%	2.8%
Hypercalcemia >10.2 mg/dL (uncorrected Calcium)	5.4%	0%
NHSN*	Report 12 Months of data	Report 12 Months of data
Reporting Measures		
Anemia (ESA dosage and Hgb)	Monthly	Monthly
ICH CAHPS	Annually	Annually
Mineral Metabolism (Phosphorous)	Monthly	Monthly

*The achievement threshold and benchmark, for the NHSN Bloodstream Infections measure will be set at the 15th, 90th, respectively, of eligible facilities' performance in CY 2014.

- Identifying opportunities for improvement through data analysis and developing a comprehensive improvement plan to meet or exceed CMS goals.
  - Assisting other healthcare providers in the placement of patients at risk for involuntary discharge or transfer
  - Increasing AV fistula rates in prevalent patients
  - Increasing AV fistula rates in incident patients
  - Reducing catheters > 90 days rates in prevalent patients

AIM 2: Better Health for the ESRD Populations by:

- Increasing the percentage of patients vaccinated for Influenza, Pneumonia and Hepatitis B
- Increasing the percentage of staff vaccinated for Influenza
- Reporting blood stream infections in the National Health Safety Network (NHSN) monthly
- Decreasing the number of Dialysis Events by demonstrating a 5% relative improvement
- Increasing the utilization of home dialysis therapies and transplantation

AIM 3: Reduce Costs of ESRD Care by:

- Achieving the 2016 Quality Improvement Performance (QIP) Measures
- Reporting data accurately and timely in CROWNWeb and NHSN

Profile of Patients in Network 3's Service Area

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

Quality Insights Renal Network 3 (QIRN3) uses data on patients' clinical characteristics—including primary cause of ESRD, treatment modality, and vascular access type—to focus its outreach and quality improvement activities.

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

Category	Number	Percent
Incident (New) ESRD Patients		
Number of Incident ESRD Patients, Calendar Year 2014	5,155	
Primary Cause of ESRD among Incident ESRD Patients		
Diabetes	2,587	50.2
Glomerulonephritis	321	6.2
Secondary Glomerulonephritis/Vasculitis	78	1.5
Interstitial Nephritis/Pyelonephritis	139	2.7
Hypertension/Large Vessel Disease	1,469	28.5
Cystic/Hereditary/Congenital Diseases	148	2.9
Neoplasms/Tumors	106	2.1
Miscellaneous Conditions	295	5.7
Not Specified	12	0.2
Prevalent Dialysis Patients		
Number of Prevalent Dialysis Patients as of December 31, 2014	19,020	
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2014		
In-Center Hemodialysis or Peritoneal Dialysis	17,714	93.1
In-Home Hemodialysis or Peritoneal Dialysis	1,306	6.9
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2014*	17,206	
Arteriovenous Fistula in Use	10,403	60.5
Arteriovenous Graft in Use	2,958	17.2
Catheter in Use for 90 Days or Longer	2,327	13.5
Renal Transplants		
Number of Renal Transplants, Calendar Year 2014	443	
Transplant from Deceased Donor	271	61.2
Transplant from Living Related Donor	112	25.3
Transplant from Living Unrelated Donor	60	13.5
Donor Information Not Available	0	0.0
Mortality		
Number of Deaths of ESRD Patients, Calendar Year 2014	3,695	

Source of data (except vascular access data): CROWNWeb Annual Report tables.
Source of vascular access data: End Stage Renal Disease National Coordinating Center (ESRD NCC) Fistula First Catheter Last (FFCL) Dashboard.
**Vascular access information reported in this table is based on facility-level data submitted to CMS. CMS has identified issues with data transmission and the application of vascular access data definitions and is correcting these errors by working directly with stakeholders and through the Networks.*

Improving Care for ESRD Patients

QIRN3 works closely with ESRD patients, patients' family members and friends, nephrologists, dialysis facilities and other healthcare organizations, ESRD advocacy organizations, and other ESRD stakeholders to improve the care for ESRD patients in New Jersey, Puerto Rico and the US Virgin Islands.

Under contract with CMS, QIRN3 is responsible for identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in New Jersey, Puerto Rico and the US Virgin Islands; identifying opportunities for improvement at the facility level and providing technical assistance to facilities as needed; promoting the use of best practices in clinical care for ESRD patients; encouraging use of all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes; promoting the coordination of care across treatment settings; and ensuring accurate and timely data collection, analysis, and reporting by facilities in accordance with national standards.

Vascular Access

Reduce Catheter Rates for Prevalent Patients

In 2014, the ESRD Networks were challenged to decrease the long term catheter (LTC) rate by 2 percentage points. Facilities with at least 100 patients who had >10% of the prevalent population utilizing a catheter for >90 days were selected for intervention based on March 2014 data.

Nine facilities in Puerto Rico with more than 30 patients with LTCs were selected; six facilities where owned by Fresenius and 3 are owned by Atlantis. All nine facilities were required to evaluate all patients and completed catheter indication forms for each catheter patient in their facility and submitted them to QIRN3.

Of the 412 catheter patients reported by the group, 123 were pending placement or had AVF/AVG maturing; 95 were being evaluated for access placement; 132 were medically unsuited for permanent vascular access placement; 59 were refusing (8 of which have either AVF/AVG and were refusing cannulation); 2 were PD patients requiring short term HD treatment.

The NW provided the focus facilities with Network Coordinating Center (NCC) Fistula First Catheter Last (FFCL) tools and resources to assist them with the facility specific barriers to reducing long term catheters.

In July QIRN3 sent each facility a questionnaire about the patient specific reports sent in May. The results were received in August and showed interesting results. Of the 181 facilities who provided feedback:

- 82% discussed the patient level report in facility QI meetings in June
- 92% reviewed the patient specific data
- 99% want to receive the report again
- 11 facilities with discrepancies said they did not update the corporate system even though they found discrepancies.
- 42% reported no discrepancies
- 38% reported 1-5 discrepancies
- 12 % reported 6-11 discrepancies
- 5% reported 12- 25 discrepancies
- 2% reported > 25 discrepancies
- 30% of the discrepancies were noted in FMC facilities.

Outcomes

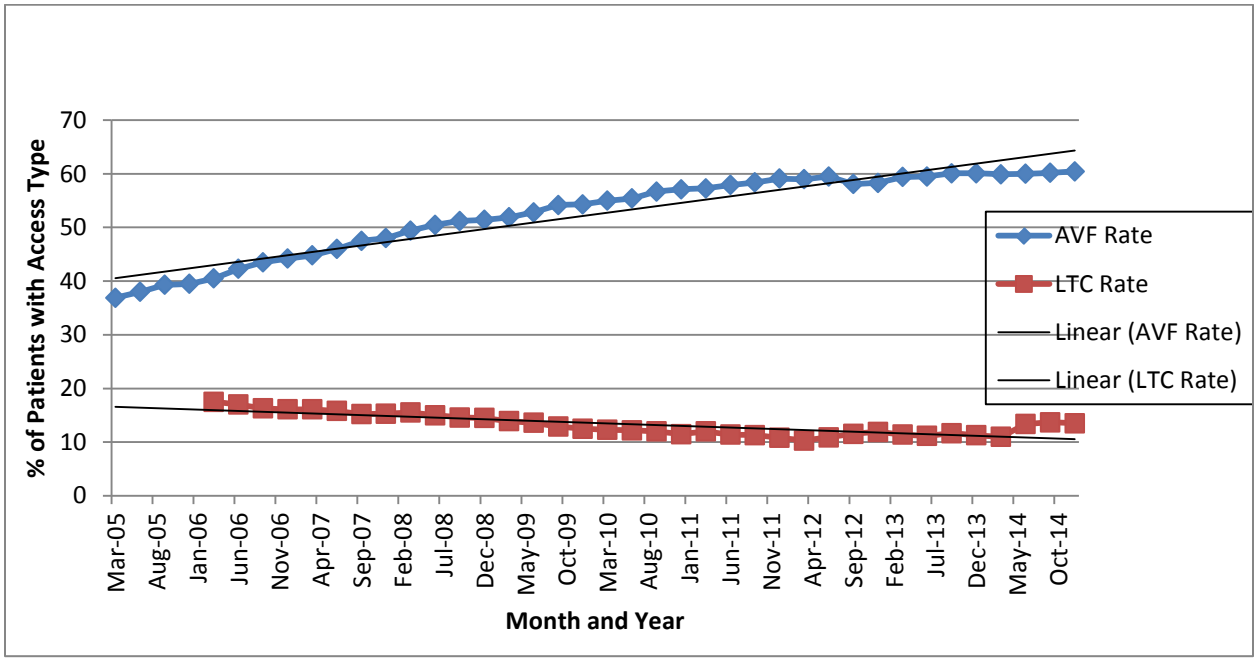
Of the nine targeted facilities, 7 did not achieve the goal to reduce long term catheter rates by 2 percentage points. Two facilities met the goal and one facility demonstrated a reduction in long term catheter rates, but did not meet the project goal. Due to the large number of discrepancies identified by the facilities and the correction of these, as a group, facilities increased the long term catheter rate by 4.0% percentage points from the March 2014 baseline by which they were selected.

Monthly comparison and evaluation of outcomes was not possible due to reporting deadlines and compliance with submission. Since the majority of the facilities belonged to an LDO, the facility managers were instructed by their corporate entities not to enter data manually. QIRN3 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.

Data integrity issues have impacted the improvement efforts have been related to the institution of the eCUBE in the FMC units in PR in 2014. Additionally, in February 2014 QIRN3 discovered an issue with FMC reporting maturing AVFs and AVGs as dual accesses instead of a catheter in use with permanent access maturing. FMC acknowledged this issue in May 2014 and began to fix the issue, resulting in thousands more patients nationally being reported as long term catheters.

The introduction of CROWNWeb in June 2012 had a demonstrable negative impact on the AVF and LTC rates in facilities in the Network 3 area, the causes of which are still being investigated. This appears to be the case in all ESRD Networks nationally. Whether this is due to data pre-CROWNWeb being inaccurately reported, or CROWNWeb being the sole source of the issues is undetermined at this time.

Figure 1 Network 3 Quarterly Access Rates, 2005-2014



Source: SIMS Database March 2005-June 2012, NCC FFCL Dashboard September 2012-December 2014

Patient Safety

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

QIRN3 has had the full cooperation of the Network providers since the inception of the NHSN project in 2011. One-hundred percent of the eligible providers in the Network report monthly in NHSN to meet the QIRN3 goal. New facilities are provided with technical assistance, if indicated, and join the QIRN3 group to allow for timely feedback and rapid cycle improvement.

In 2014, the Networks were required to complete a data quality evaluation of Dialysis Event data that are reported to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). The purpose of the evaluation was to learn how NHSN Dialysis Event Surveillance data collection procedures are understood and followed in dialysis facilities, as well as identify and address barriers to reporting complete and accurate data. As part of the evaluation, facilities were asked if they utilized the NHSN reports in their QI activities.

The majority of the respondents (18 out of 20) reported limited use of the CDC reports available in NHSN. A few reported the use of corporate reports and others reported using one or two of the available reports. In response to the survey questions, QIRN3 developed a comprehensive facility specific NHSN Infection Report, which contained 7 measures: blood stream infections; access-related blood stream infections; pus, redness and swelling at the access site; local access site infections; Vancomycin usage; antibiotic usage and adherence to the CMS QIP requirements for NHSN reporting. This report was distributed quarterly to all Network 3 providers who were asked to include the report in their Quality Improvement activities.

The accuracy of facility reporting has been a constant challenge. Frequent turnover in facility staff leave gaps in the facility's ability to complete the required reporting. This is often due to the lengthy process required to complete the on-line education, apply for security clearance and receipt of the secure access card. Through monthly data checks using the CDC checklist and the bi-annual facility survey QIRN3 identified varying levels of comprehension and the need for on-going re-education. QIRN3 has addressed this need through in-person training, webinars, and telephone sessions.

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

A LAN is an ongoing collaboration among community partners representing a broad range of organizations and professions. Regularly scheduled LAN meetings provide an opportunity for members to share knowledge, skills, and resources to address an identified quality of care issue through collaborative problem solving. In 2012, Network 3 established a Learning and Action Network (LAN) focused on patient safety in dialysis facilities, with a specific focus on reducing rates of healthcare-acquired infections (HAIs). The membership of the QIRN3 HAI LAN includes 39 representatives from organizations in Puerto Rico that include:

Figure 2 List of HAI LAN Member Organizations

Lifelink Foundation (the Puerto Rico Organ Procurement Organization)	Fundación Puertorriqueña del Riñón (Puerto Rico Kidney Foundation)
Representatives from dialysis units in Puerto Rico: nurses, physicians, social workers and patients	American Nephrology Nurses Association - Caribbean Chapter
Puerto Rico Epidemiology Nurses Association	Puerto Rico Hospital Association
Auxilio Mutuo Hospital	Consejo Renal (the Puerto Rico Renal Council)
Puerto Rico Department of Health	

Monthly calls were held in 2014, during which HAI LAN initiatives were planned and developed and members reported on HAI activities within their organizations. In 2014, the LAN developed an antiseptic reference card and poster (pictured at right) for nurses, using the CDC recommendations and KDOQI Guidelines for vascular access care. English and Spanish versions of the reference material were developed and distributed to all facilities in New Jersey, Puerto Rico and the US Virgin Islands.

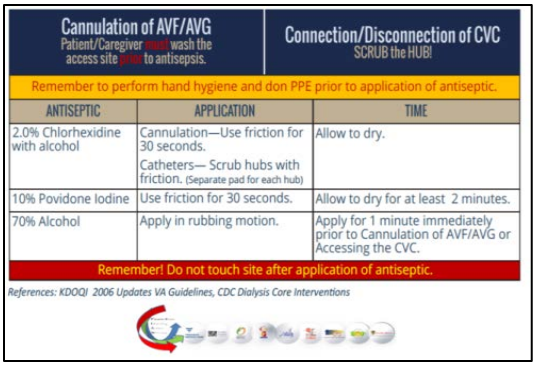


Figure 3 Antiseptic Reference Card

In addition to the reference material, the HAI LAN identified a gap in communication between the hospitals and dialysis facilities which needed to improve, particularly as related to the

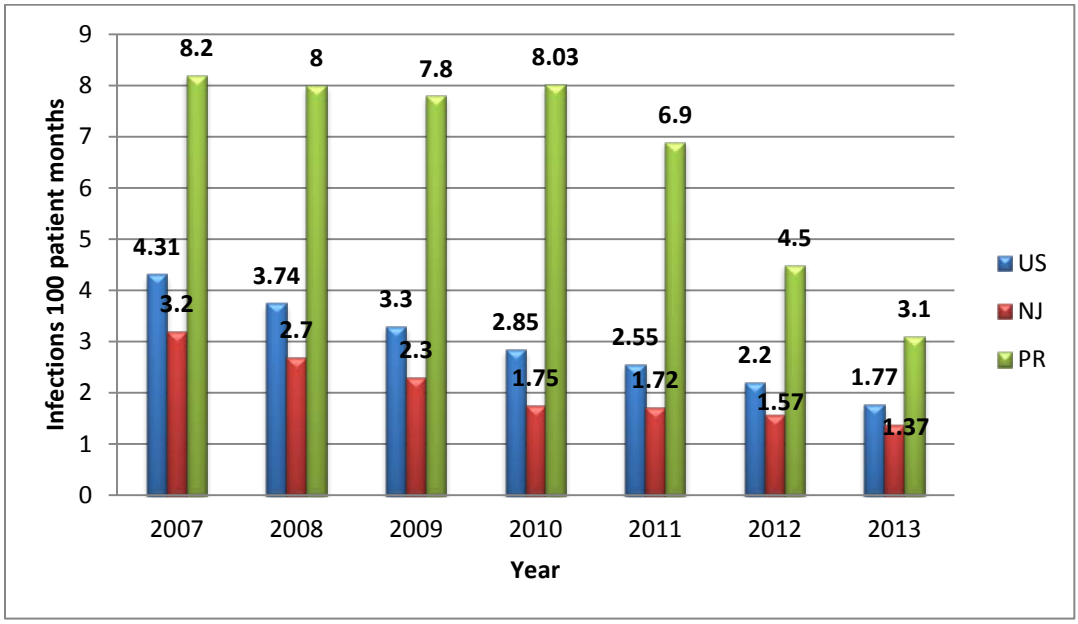
information necessary for reporting in NHSN. The LAN surveyed the dialysis facilities in Puerto Rico and using the results of this survey, identified a particular problem in one large metropolitan hospital, used by the majority of the area dialysis facilities. By leveraging the relationships between the members of the HAI LAN that included staff from this hospital, the HAI LAN facilitated a call on December 16, 2014. Twelve dialysis facilities and the hospital leadership agreed to participate in a pilot program developed by the HAI LAN to improve the communication and information exchange between the hospital and the dialysis facilities. This work will continue through 2015 with plans to spread the lessons learned to other area hospitals.

Patient Safety: Reducing Rates of Healthcare-Acquired Infections

Each year, the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) under contract from CMS develops and distributes a facility specific 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, state surveyor reports and CMS ESRD specific forms, such as the CMS-2728 and CMS-2746.

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. The renal community in Puerto Rico, working in collaboration with other healthcare stakeholders, has sustained notable improvement over the last several years. The average infection rate from 2007-2010 was 8.03 infections/100 patient months. In 2013 (the last year data was available), this rate decreased to 3.1 infections/100 patient months, representing a 61% reduction in vascular access infections, as illustrated in the following chart.

Figure 4 Vascular Access Related Infection Rates, 2007-2013



**Source: Dialysis Facility Reports, University of Michigan Kidney Epidemiology and Cost Center*

The reduction in vascular access infections leads to reduced hospitalizations, lower costs and a better quality of life for the ESRD patient. In 2013, the dialysis facilities in Puerto Rico reported 677 catheter related blood stream infections (CRBSIs); this number was reduced by 28% in 2014 with 488 CRBSIs reported. Cost estimates for blood stream infections vary from $7,000 to $15,000/episode in the outpatient setting and $23,000 to $24,000/episode in hospitalized hemodialysis patients as cited in *Prevention and Management of Catheter-related Infection in Hemodialysis Patients*, Charmaine E. Lok, Michele H. Mokrzycki, Kidney Int. 2011;79(6):587-598. Using the average estimate of $11,000 per incident, this reduction may have saved Medicare $2,079,000 in 2014 alone.

Blood stream infections are the second leading cause of death in the ESRD patient, as described in Table 7 of the appendix. In 2010, the 4 year average Standardized Mortality Ratio in Puerto Rico was 1.61, 61% higher than expected. This rate, while still significantly higher than the national rate, has decreased to a 4 year average of 1.47 in 2013.

The sustained improvement has been accomplished through Network monitoring of the infection rates in NHSN, educational programs, targeted interventions when indicated, changes in facility practice, implementation of CDC Core Interventions and the efforts of the Puerto Rico Healthcare-Acquired Infection, Learning and Action Network (LAN) partners.

BSI Reduction Project

QIRN3 selected 20% of facilities for intervention, based on their 2013 NHSN BSI rates. The national BSI rate reported in NHSN is 1.27 infections/100 patient months. The average BSI rate

for 2013 in Puerto Rico was 1.5 infections/100 patient months and 0.7 infections/100 patient months in New Jersey.

QIRN3 sorted the BSI rates from highest to lowest rates. The facilities with the highest BSI rates were selected for inclusion in this project. The 35 targeted facilities represented 22% of the Network population or 3,770 patients; 22 of the facilities were located in Puerto Rico, 12 in NJ and 1 in the USVI. In NJ, the facilities included: 1 hospital, 1 independent and 10 LDO facilities. In Puerto Rico: 1 hospital, 9 independent, and 12 LDOs were included. The Virgin Island facility was located on St. Croix. The average BSI rate among the facilities was 1.91 infections/100 patient months.

All facilities were required to complete the following CDC Prevention Process audits and report the denominator and numerator monthly to QIRN3:

- Observe at least 30 opportunities per month using the CDC hand hygiene audit tool and follow CDC instructions for use
- Observe at least 10 total opportunities per month using the CDC catheter connection and/or disconnection tools
- Observe at least 10 opportunities per month using the CDC AV fistula and graft cannulation tool

Additional interventions and/or requirements were added to develop a more robust project that would yield more meaningful clinical outcomes. These included:

- Attendance at one of the two rollout webinars; one conducted in English and one in Spanish
- Completion the CDC Annual Practice Survey in NHSN by March 4, 2014. QIRN3 analyzed the practice survey results and conducted follow-up discussions to clarify evidence - based recommended practices
- Viewing of the CDC video "*Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff*" by the facility infection control nurse
- Completion of NHSN reporting each month by the 30th of the following month to ensure rapid cycle improvement.
- Reduction in the LTC rate

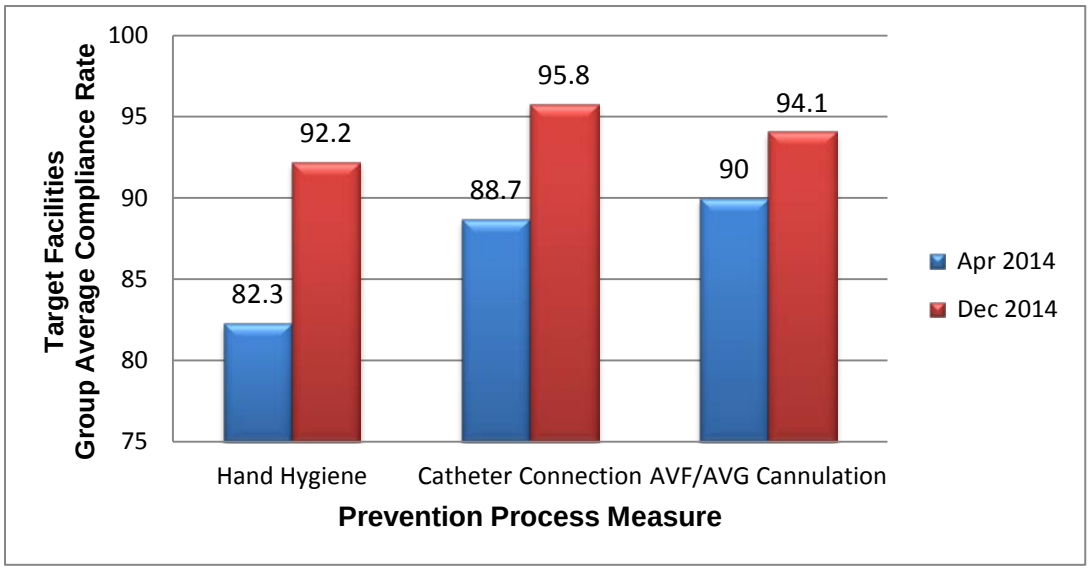
Education was provided by QIRN3 staff on how to properly perform audits utilizing the CDC directions for use, clarification was provided in Spanish, as necessary. Each facility was provided with a binder containing hard copies of the CDC resources and links to resources available only on the CDC website.

Each month, the NW reviewed BSI rates and contacted facilities failing to demonstrate improvement. Facilities failing to complete the required prevention process observations each month were contacted and site visits were conducted, as necessary, to provide NHSN education and assistance.

The CMS goal of the project was that 100% of the participating facilities complete and report the minimum required audits each month. QIRN3 established an additional 10% relative improvement of the BSI rate to be met by November 30, 2014.

The BSI Project facilities improved adherence in all three Prevention Process Measures. The average hand hygiene compliance rate at the beginning of the project was 82.3%; this rate improved to 92.2% in December 2014. Catheter initiation and AVF/AVG cannulation measures improved from 88.7% and 90% to 95.8% and 94.1% respectively.

Figure 5 BSI Project - Prevention Process Measures Outcomes

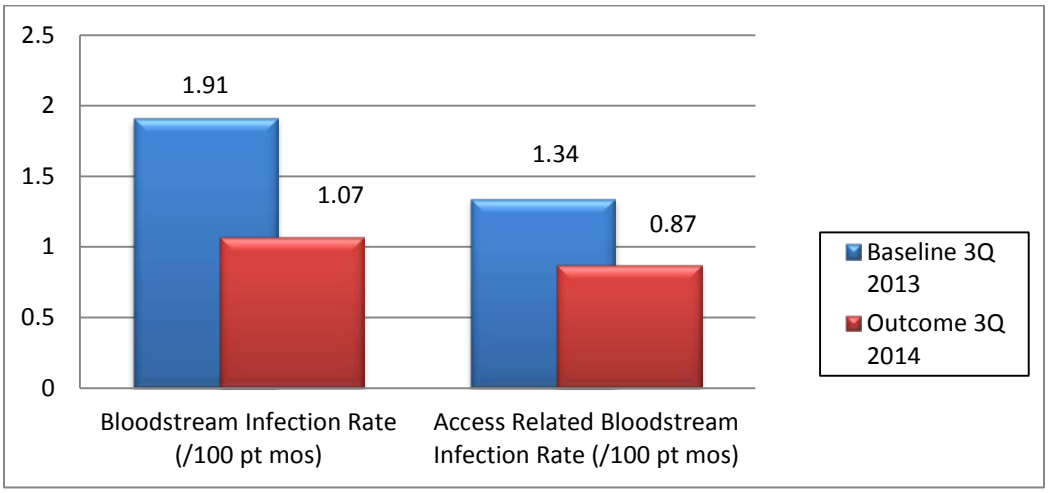


**Source: NHSN*

Although five of the thirty five facilities did not achieve the 10% reduction in BSIs, the focus group overall achieved a 44% reduction in BSIs and a 35% reduction in access related blood stream infections as illustrated in the following graphs.

The BSI Reduction Project group achieved a 44% reduction in BSIs from 1.91 infections/100 patient months to 1.07 infections/100 patient months and a 35% reduction in access-related BSIs from 1.34 infections/100 patient months to 0.87 infections/100 patient months.

Figure 6 2014 BSI Reduction Project - 35 Focus Facilities



Source: NHSN

QIRN3 was invited by Centers for Disease Control and Prevention (CDC) to present these outcomes during their Dialysis Collaborative conference call on November 20, 2014.

Reducing BSIs Using the CUSP Methodology

From January 2012 through August 2014, QIRN3 and the New Jersey Hospital Association (NJHA) provided training in Comprehensive Unit-based Safety Programs (CUSP) for selected dialysis facilities. Dr. Peter Pronovost at Johns Hopkins in Baltimore, Maryland developed CUSP with funding from Agency for Healthcare Research and Quality (ARHQ) to prevent health care-associated infections (HAI) in hospital intensive care units. In 2004, AHRQ funded a demonstration in 125 Michigan intensive care settings to prevent central line blood stream infections using CUSP, combined with evidence-based technical interventions. AHRQ contracted with the Health Research & Educational Trust (HRET) of the American Hospital Association in 2008 to implement CUSP nationally.

In collaboration with the NJHA, QIRN3 introduced CUSP methodology to selected New Jersey dialysis facilities to assist in reducing HAIs in the outpatient dialysis setting. CUSP activities consisted of education about the CDC core interventions and CUSP methodology with the intent that facilities would utilize the tools and education provided to investigate and address causes of their higher infection rates, as well as reduce the incidence of infection. Other activities included in-person meetings and fourteen monthly coaching webinars highlighting facility presentations of their CUSP activities.

The twelve facilities in the 2014 focus group reduced bloodstream infections (BSI) by 48% from 2013 to 2014, from 1.73 infections/100 patient months to 0.9 infections/100 patient months.

QIRN3 will continue to follow the data of the focus group in 2015 to determine sustainability of the CUSP intervention.

Support for the ESRD Quality Improvement Program (ESRD QIP)

When the QIP measures are published in each year, QIRN3 alerts Network 3 facilities of all educational programs provided by CMS and other trusted sources. During 2014, QIRN3 also provided QIP education through webinars, on-site visits, telecommunication, distribution of publications and educational programs.

During registration periods, QIRN3 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. In December, we sent out email blasts to remind facility administrators to post the Performance Score Certificate in the patient waiting room. Facilities were 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 QIRN3 those facilities failing to comply.

Since 2006, QIRN3 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 2014, the Network created several facility specific reports tailored to meet the needs of our dialysis facilities. The Vascular Access Longitudinal report provides patient level data to show the facilities how the patient's vascular access was reported in CROWNWeb. It allows the facilities to investigate the cause of patients missing a vascular access, or incorrect type of vascular access. Facilities have found patients on their list that have not been in the facility for months or were never admitted to their facility. All of these errors may impact the facility QIP score.

During on-site visits, clinical indicators were reviewed with the Facility Administrator. Quality Improvement meeting minutes were assessed for discussion of QIP scores and the values reported in the DFR. The Administrator was asked to show evidence of appropriate improvement plans.

Provider Education

Network 3 Educational Programs

Network 3 (NW3) provided regular 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

2014 Topics included:

- Resolve to do Better
- Working with Your Healthcare Team
- Fluid and Dialysis
- Kidney Transplantation
- Tips for Dialysis Patients During the Hot Summer Months
- Immunizations
- Disaster Preparedness
- Rehabilitation
- Hepatitis C

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

- February 18, 2014, *Anemia Management* presented by AMGEN in Spanish for facilities in Puerto Rico
- March 3, 2014, Caribbean Chapter of ANNA Meeting
- March 6, 2014 and June 5, 2014, Network staff in collaboration with local experts provided and all day educational program for the Puerto Rico Department of Health, Survey and Certification Division and Licensure Division.
- March 20, 2014, *Forging Ahead, QIP Reporting Measure 2014 and Beyond*, at the ANNA Chapter 126 Meeting
- May 4, 2014, Network staff presented at the Board of Nephrology Examiners Nursing and Technology (BONENT) Symposium, on the role of the Network and the QIP measures
- June 4, 2014, Healthcare Quality Strategies, Inc. (HQSI) the Network presented the results of the CUSP Dialysis HAI project to members of their HAI Subcommittee.
- June 8, 2014, the Network's Annual Education Program in Puerto Rico
- October 2, 2014, the Network's Annual Education Program in New Jersey
- October 10, 2014, Network staff presented at the Association for Professionals in Infection Control and Epidemiology (APIC), Basic Course for Principles of Infection Prevention and Control
- December 11, 2014, *Get the Bugs Out of Your Reporting*, at the American Nephrology Nurses Association (ANNA) Chapter 125 Meeting
- December 11, 2014, Dialysis Facility Report at the ANNA Chapter 125 Meeting

More than 1,000 nurses, physicians, social workers, dieticians, patient care technicians and patients attended the programs offered by QIRN3. Hundreds more attended the programs provided by our healthcare partners in support of QIRN3 projects: ANNA, APIC, HQSI, BONENT, and the New Jersey Hospital Association.

Each educational program offered by QIRN3 included a post evaluation for program content and an evaluation of QIRN3 performance. In 2014, 87% of the respondents reported satisfaction with the QIRN3 performance, 10% reported "Don't know" or "NA."

Contributions to the Professional Literature

QIRN3 did not contribute to the professional literature in 2014, but co-authored an article in late 2014 on the outcomes and findings of the Patient LAN Educational Campaign to increase Physical Activity. This article was accepted for publication by the Journal of Nephrology Social work and will be published in summer 2015.

Ensuring Data Quality

To ensure data quality the QIRN3 Data Manager was in regular contact with the dialysis facilities regarding CROWNWeb (CW) data entry. Each month QIRN3 contacted facilities via email including information about new user training, Town Hall calls, CMS 2744 trainings, attestations and clinical data closures.

The QIRN3 Data Manager also offered in person CW training sessions to facilities in Network 3. Nine training sessions were conducted in 2014. Eight sessions were conducted at Batch Submitting Organizations (BSOs) including Fresenius Medical Care, DaVita and American Renal Associates. The ninth session was for a Single User Interface (SUI) facility. These sessions incorporated a total of 69 different facilities and 98 facility staff in attendance. Attendees completed evaluations for training sessions conducted by the QIRN3 Data Manager.

QIRN3 invited Oniel Delva, BA, CTT, Communications and Training Manager for the CW Outreach, Communications and Training (OCT) Team to address our facilities at the QIRN3 Annual meeting in October. There was representation from both BSOs and SUIs in attendance.

QIRN3 Data Manager and Data Analyst supported facilities by addressing CW questions received via email and telephone. QIRN3 staff received over fifteen hundred calls and spent three hundred and thirty-one hours assisting facilities with CW questions including those related to CMS 2728, 2744 and 2746 submissions.

Figure 7 Top 10 Categories of CROWNWeb Support Calls, by Time Spent

Contact Category	Number of Calls Received	Total Minutes
CROWNWeb 2744 Module	407	11520
CROWNWeb Patient Module 2728	199	1394
CROWNWeb Near Match	191	1308
CROWNWeb Patient Module Admit/Discharge	159	1188
Facility Other	147	918
CROWNWeb Other	95	830
CROWNWeb Missing Data	63	583
CROWNWeb Clinical Module Entering/Editing Lab Data	39	435
CROWNWeb Patient Module 2746	63	420
CROWNWeb Multi-Facility Admit/Discharge Resolution	8	109
Total Calls, 2014	**1519**	**19894**

Source: CROWNWeb Support Tracking Database

Veterans' Healthcare Administration (VHA)

In 2014, only one of the two VHA facilities in Network 3 performed data entry in CROWNWeb. The Veteran's Medical Center in San Juan Puerto Rico 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 to enter and validate.

Transplant Facility Data Submission

At this time the six transplant facilities in the Network 3 area do not have access to CROWNWeb and continue to submit data utilizing a transplant patient activity report. QIRN3 staff entered all transplant data into CW. This data includes all transplant activity and the submission of CMS 2728, 2746 and 2744 forms. In 2014, a total of one hundred and fifty-one CMS 2728 and 2746 forms were entered for these transplant facilities.

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

Improving Data Quality

In 2014, QIRN3's Executive Director, Quality Improvement Director and Data Manager participated on several committees convened by the Network Coordinating Center (NCC) in an effort to support the development of more precise reports to improve data accuracy.

Disparities in ESRD Care

Network 3 AIM 2 Population Health Innovation Project: Improve Rate of Hepatitis B and Pneumonia Vaccination

In 2014, CMS challenged the Networks to select one of the 5 CMS-approved projects for its Population Health Improvement Project. The purpose of the project was to impact quality improvement in the care delivered to ESRD patients as well as to identify trends that may be indicative of disparities in care. The approved topics were transplantation, vaccination, reducing hospital utilization, home dialysis and quality of life.

QIRN3 identified vaccinations as the innovation project by conducting a disparity assessment for race, ethnicity, gender, and age. A 5th disparity category, urban/rural was also included for analysis, but there are no rural facilities in New Jersey and only two in Puerto Rico. The initial analysis and subsequent baseline population (defined below) was completed in the order prescribed by CMS to see where, if any, disparities exist that are greater than five percentage points. Following a comprehensive data analysis, QIRN3 was unable to identify any Network-wide disparity. Ten facilities with a >5% disparity in race were selected to participate in this project.

The goal of NW3's AIM2 Population Health Improvement Project was to increase the rate of both Hepatitis B vaccination (HBV) and pneumonia (PNE) vaccination in a disparate group (African Americans) as compared to the non-disparate group (Whites) by 5% in ten facilities identified with low overall vaccination rates, and with <85% of the target population demonstrating the desired outcome by 4th quarter 2012. Additionally, the disparity in vaccination rates between the African American and White racial groups was to be reduced by 1%.

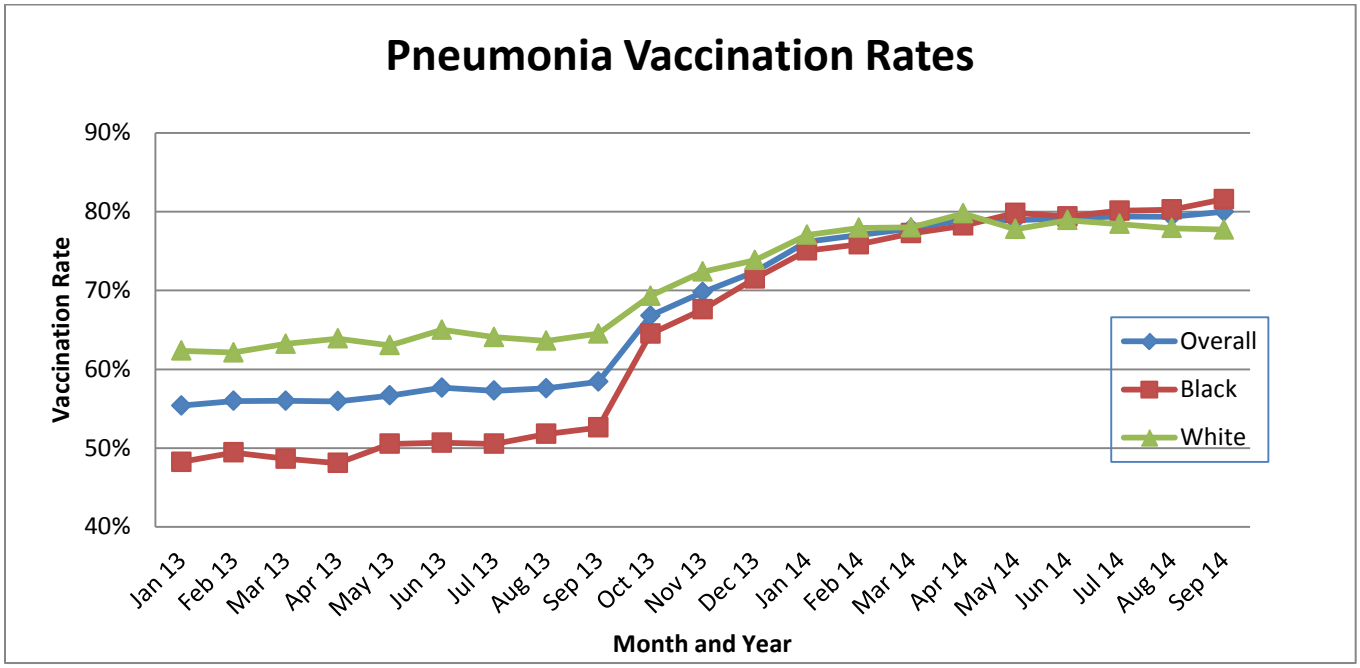
The project was rolled out to participating facilities following a WebEx on ***Disparities in ESRD Care and Outcomes*** presented by Keith Norris, MD. The WebEx was attended by representatives from 5 Networks, as well as other healthcare stakeholders. Focus facilities were asked to conduct a root cause analysis to determine the cause of the disparity at the facility level and develop a plan to address the disparity. In an effort to support sustainability, the facilities were required to incorporate vaccination rates in their monthly performance improvement activities and submit monthly minutes to QIRN3 for review. Vaccination data was collected monthly to track progress, and facilities failing to demonstrate improvement attended monthly coaching calls to discuss barriers and best demonstrated practice.

Patient education was a key component of this project. Focus facilities provided patient education utilizing patient education tools selected by the Network's Patient Advisory Committee (PAC). The importance of vaccinations was stressed during Network Council, Patient Advisory Committee, the Puerto Rico HAI LAN and Patient LAN meetings. Site visits were conducted in New Jersey and Puerto Rico to promote vaccinations in patients and healthcare providers.

QIRN3 solicited the assistance of the NJ Immunization Network (NJIN) and Puerto Rico (VOCES) which are community-based immunization coalitions to help raise awareness of the special needs of the ESRD population.

The 2014 vaccination project was very successful. The Pneumonia vaccination rate in African American patients at baseline was 48.2% and the rate increased to 81.6% by 3rd quarter 2014. Vaccination rates for Pneumonia in white patients were 62.3% at baseline and 77.7% by 3rd quarter 2014.

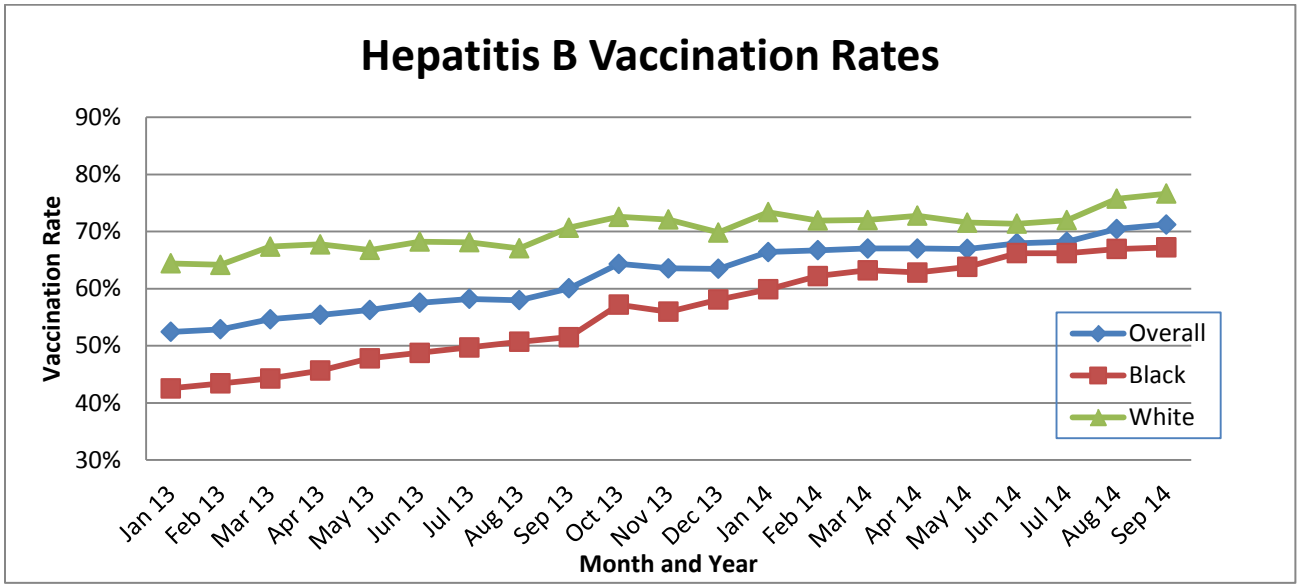
Figure 8 Aim 2 Pneumonia Vaccination Rate Trends



**Source: CROWNWeb Aim 2 Extract, Network Coordinating Center*

The baseline Hepatitis B vaccination rate in African American patients was 42.5% and the rate increased to 67.2% by 3rd quarter 2014. Hepatitis B vaccination rate in White patients was 64.4% at baseline and 76.6% by 3rd quarter 2014.

Figure 9 Aim 2 Hepatitis B Vaccination Rate Trends

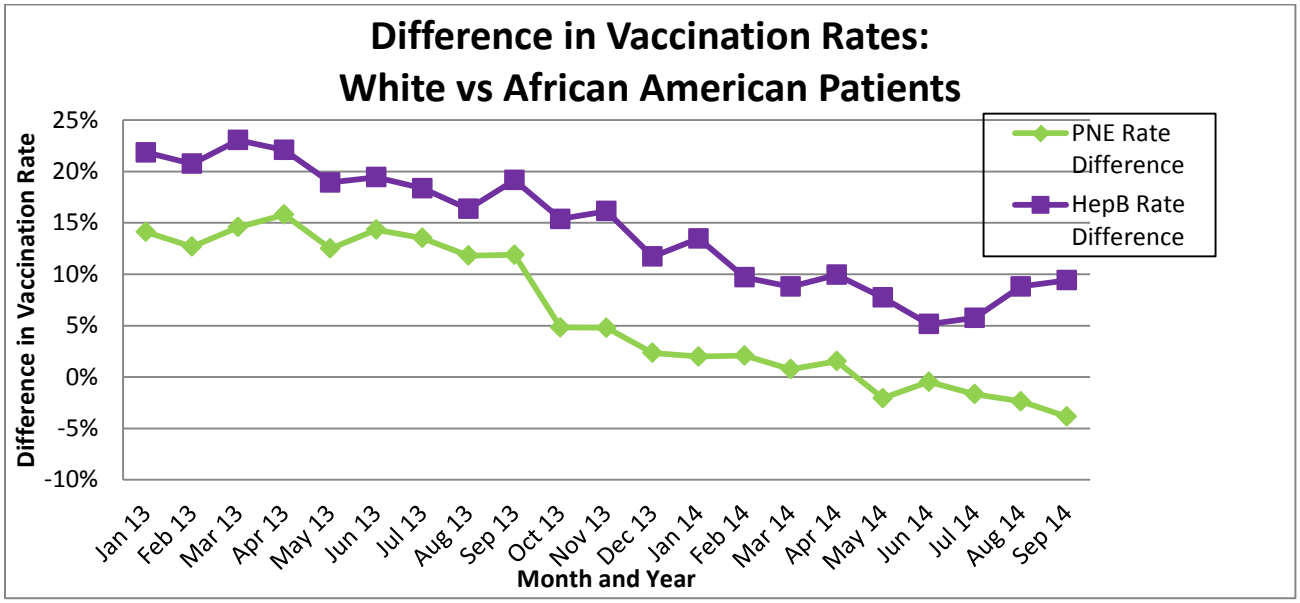


**Source: CROWNWeb Aim 2 Extract, Network Coordinating Center*

The disparity between the two groups at baseline was 20.9 percentage points and declined to 2.8 percentage points by September 2014. QIRN3 exceeded the 1 percentage point CMS goal by reducing the disparity by 18.1 percentage points or 86.6%.

The disparity between the two groups at baseline was 20.9% and declined to 2.8% by September 2014.

Figure 10 Aim 2 Disparity Trend



**Source: CROWNWeb Aim 2 Extract, Network Coordinating Center*

Partnerships and Coalitions

Quality Insights Renal Network 3 has been very successful at developing long-term, meaningful partnerships over that last several years. For decades, QIRN3 worked within its own silo as many still do; but in 2011, we learned that we could no longer succeed in achieving our goals without the help of other stakeholders and healthcare providers. The Puerto Rico HAI Learning and Action Network (LAN) established by QIRN3 in 2012 taught us many valuable lessons. Each member brought new ideas and partners from within their community to the group. We discovered that we shared common goals and values and that we could combine our resources and have a much more powerful impact on decreasing healthcare associated infections. The Puerto Rico HAI LAN, and its more than 35 members successfully launched a sustainable campaign that has decreased the vascular access infection rates in Puerto Rico by 61% over the last four years.

QIRN3, working in collaboration with the Caribbean Chapter of the American Nephrology Nurses Association and Dialysis Clinic, Inc., organized and implemented a year-long training program for dialysis nurses in Puerto Rico. Chapter members, local physicians and area stakeholders, many of whom were LAN members, volunteered their time to provide monthly all day seminars, for over 60 local nurses. This enhanced education has improved the quality of care provided to the more than 5,000 ESRD patients in Puerto Rico as evidenced by the decrease in infections, antibiotic usage and mortality.

QIRN3's partnership with the New Jersey Hospital Association has led to the use of the CUSP methodology in other areas of our work. It has been used successfully in the reduction of blood stream infections and will be applied to our vascular access projects in 2015.

Patient and Family Engagement

Education for ESRD Patients and Caregivers

QIRN3 distributed monthly educational handouts to all facilities in English and Spanish in 2014. These handouts were emailed to facilities with direction to print and distribute to patients. Topics of these educational handouts included: *Working with Your Healthcare Team; Fluid Management; Kidney Transplant; Vaccination; Disaster Preparedness; Vocational Rehabilitation and Learning about Hepatitis C*. Distribution of the materials in this manner had the potential to reach over 17,000 dialysis patients and provide education on these topics.

The Patient Advisory Committee (PAC) supported QIRN3 by providing ideas for educational articles for the PAC Newsletter, *Kidneys R Us*, which is distributed three times per year to all patients in the Network area. These newsletters were printed and mailed to each facility in both English and Spanish. Newsletter topics included: *Patient Engagement at the Dialysis Facility*; *What is the Medicare Quality Incentive Program (QIP)*; *Disaster Preparedness*; *Home Dialysis Options* and *The New Kidney Transplant Allocation System*.

On June 1, 2014 QIRN3 participated in the 12th Annual Renal Patients' Educational Meeting hosted by the Puerto Rican Kidney Foundation in Aguada, Puerto Rico. There were over 500 patients in attendance, which QIRN3 had the opportunity to reach with a presentation about the Network and the importance of being an engaged patient. Brochures and other educational materials were provided to the patients as QIRN3 hosted a booth to welcome patients and share information about the work that was being conducted.

During the month of November QIRN3 mailed to all dialysis facilities in its service area printed copies of the Patient's Rights and Responsibilities and Grievance Process to be distributed to all patients. QIRN3 requested that each facility obtain signatures of all patients confirming they received the material. QIRN3 followed up with the facilities to ensure this task was completed and that all patients were educated.

Patient Engagement Learning and Action Network (LAN)

QIRN3 is committed to incorporating the perspective of patients, family members, and other caregivers into its quality improvement activities.

In 2014, QIRN3 continued to promote the work of the Patient Engagement Learning and Action Network (LAN) established in 2013. This group is comprised of patients, family members and staff members from New Jersey, Puerto Rico and the U.S. Virgin Islands. There were a total of 45 LAN members. Six teleconference meetings were held in 2014. LAN meetings were hosted in English and Spanish to accommodate all members.

SMEs of the New Jersey LAN were invited to attend the QIRN3 Annual Meeting on October 2, 2014. SMEs benefited from various educational programs including: Unit-based Collaborative Approach to Reducing Dialysis Related Bloodstream Infections; Fluid Management; Renal Transplantation: Forging New Frontiers; Transitional Care in the Renal Community; Patient Engagement Interactive Activity; Balancing Diabetes and Renal Disease. This was also an opportunity for those attending SMEs to meet each other in person along with QIRN3 staff.

The LAN SMEs from Puerto Rico had the opportunity to attend two in person meetings during QIRN3's visit to Puerto Rico in June and October of 2014. The June 1, 2014 meeting was held during the 12th Annual Renal Patients' Educational Meeting. The October 9, 2014 meeting was unique in its collaboration with the Puerto Rican Kidney Foundation. Members of the LAN communicated with the Foundation and the Renal Council of Puerto Rico, and in support of the work to be achieved with the patients, the Renal Council of Puerto Rico offered to host the meeting at their offices. Representatives of various active renal patient support groups in Puerto Rico were in attendance.

LAN meetings mainly focused on discussion about the two educational campaigns and the Quality Improvement Activity (QIA) implemented by the LAN. The two educational campaigns for 2014 were "Coping with the Emotional Challenges of Dialysis" and "Increasing Patients' Physical Activity and Well-Being". The QIA was titled, "Patients' Treatment Adherence: Reducing No-Shows".

QIRN3 partnered with the Medical Education Institute (for independent facilities), DVA, DCI and FMC to obtain data for the Coping with the Emotional Challenges of Dialysis campaign. This campaign measured the improvement of Kidney Disease Quality of Life (KDQOL) surveys, specifically the Mental Component Scores (MCS) from July-October 2013, to the MCS scores during the same period in 2014 for the patients in 33 participating facilities. These unique partnerships allowed data to be collected from one contact at each provider, thereby reducing the burden on each individual facility.

The baseline mean for the MCS in 2013 was 49.4. The percentage of patients whose MCS was at or above the baseline was 56.7%. Our goal was to have a 10% relative improvement of patients at or above the mean in the re-measurement period of July-October 2014. The campaign's interventions focused on having the social workers at the facilities meet with patients who had a low MCS in 2013 and determine what factors were contributing to their low scores. The social workers then worked with the patients to develop strategies to help improve their MCS. Educational material was developed by QIRN3 for distribution to patients. Ultimately, this campaign was unable to reach its goal, having just 51.2% of patients at or above the baseline of 49.4 by October 2014. Although the campaign was not able to increase the percentage of patients reporting an improved MCS score, several valuable lessons were learned during the project. First, social workers in Puerto Rico identified areas of the KDQOL that were culturally irrelevant or offensive and suggested modifications. QIRN3 put this group of social workers in touch with RAND Corporation, who maintains the KDQOL measurement tool, to begin discussions on possible future changes. Second, QIRN3 realized that the KDQOL is a voluntary

survey that is offered annually, raising the probability that patients measured in the baseline were not the same as those who were re-measured. For the small subset of instances in which we were able to detect that the same patient was surveyed at baseline and re-measure, an improvement in the MCS score was demonstrated.

The second educational campaign titled, "Increasing Patients' Physical Activity and Well-Being" was very successful. The goal of this campaign was to have 10% of patients in the 37 participating facilities pledge to increase their physical activity to help improve their overall well-being. Of the 3,612 patients at the facilities during the measurement months of July-October, 1,528 patients signed pledge cards. This equaled 42.3% of patients, exceeding our goal of 10%.

QIRN3 partnered with the Department of Kinesiology and Applied Physiology at the University of Delaware to obtain input and educational material from Danielle Kirkman, PhD. The information obtained from the research conducted highlighting the positive impact of exercise on renal patient outcomes was utilized to develop the campaign's educational materials. Dr. Kirkman accompanied QIRN3 staff conducting site visits to participating facilities. Her interaction with patients had a positive impact on obtaining patient participation in this campaign.

Dialysis facilities embraced this educational campaign and supported it through various activities such as organizing a patient and family outing to a local park with food and activities, bringing an exercise bike into the lobby of the dialysis unit, conducting a beach-themed lobby day, and purchasing a Nintendo Wii game console for the patients to use in the lobby area.

The LAN QIA focused on the reduction of patients missing dialysis treatments. These missed treatments did not include re-scheduled treatments or emergency closures at facilities. QIRN3 included 20 facilities with a patient population equaling 10% of the Network's population. The goal was to demonstrate a relative improvement of 5% in patients' missed treatments. The total number of patients at baseline in April, 2014 was 1,932. Of those patients, 2.05% of scheduled treatments were missed. Interventions were conducted from May-October by facility staff utilizing educational material developed by QIRN3. The final measurement in October showed that 1.94% of treatments were missed, thus meeting the 5% relative improvement goal.

During the implementation period of these projects QIRN3 conducted facility visits to provide support, guidance, and host lobby educational events for the patients. For the educational campaign "Coping with the Emotional Challenges of Dialysis" QIRN3 conducted 7 New Jersey facility visits, and 7 Puerto Rico facility visits. For the second educational campaign "Increasing Patients' Physical Activity and Well-Being" QIRN3 conducted 6 New Jersey facility visits and 5 Puerto Rico facility visits. For the QIA "Patients' Treatment Adherence: Reducing No-Shows" QIRN3 conducted 1 New Jersey facility visit and 1 Puerto Rico facility visit.

QIRN3 continued with the successful program en-GAGE that was developed in 2013 to improve patient engagement at Network 3 facilities. Forty-nine facilities completed the program in 2014 (26 in New Jersey, 22 in Puerto Rico and one in the U.S. Virgin Islands) and received a certificate of completion. This program is designed to have dialysis facilities assess their level of patient engagement and develop strategies to help increase patient engagement. Facilities that participated showed an increase in the number of patients attending their Plan of Care (POC) meetings, attending Quality Assessment and Performance Improvement (QAPI) meetings as well as Governing Body meetings. Modifications will be made to this successful program in 2015 to encourage an inter-disciplinary approach to implementation of the program.

Support for ICH CAHPS

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

QIRN3 encourages qualified outpatient dialysis facilities to participate in the ICH CAHPS data collection. In-center hemodialysis facilities were provided with information regarding the QIP requirements for administration of the ICH-CAHPS in 2014. These facilities were made aware of the need to secure a CMS approved vendor for the 2014 administration period. QIRN3 made all in-center hemodialysis facilities aware of the https://www.ichcahps.org website to ensure they correctly selected an approved vendor and registered to have their survey results provided to CMS through the website contractor. All eligible facilities in the Network had the surveys conducted in 2014.

Grievances and Access to Care

QIRN3 responds to grievances filed by or on behalf of ESRD patients in New Jersey, Puerto Rico and the U.S. Virgin Islands.

In many instances, QIRN3 works with individual facilities to identify and address difficulties in placing or maintaining patients in treatment. These access to care cases may come to QIRN3's attention in the form of a grievance, or may be initiated by facility staff.

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

In 2014, QIRN3 responded to 70 grievances. Of these, four (5.7%) involved issues related to access to care. QIRN3 responded to 35 additional non-grievance access to care cases brought to our attention by facility staff or corporate management.

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

Category	Number
Number of Grievance Cases Opened by QIRN3 in Calendar Year 2014*	70
Number (Percent) of Grievance Cases Involving Access to Care	5.7%
Number of Non-Grievance Access to Care Cases Opened by QIRN3 in Calendar Year 2014	35
Total Number of Grievance and Non-Grievance Cases Involving Access to Care in Calendar Year 2014	39
Number of Cases Involving Involuntary Transfers**	1
Number of Cases Involving Involuntary Discharges**	17
Number of Cases Involving Failure to Place**	6

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

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

QIRN3 referred one case to the State Survey Agency (SSA). This case occurred in March 2014. This case was referred to the SSA in New Jersey as the grievant wanted an on-site investigation related to his concerns over infection control.

Recommendations for Sanctions

QIRN3 recommended no facilities for sanctions in 2014.

Recommendations to CMS for Additional Facilities

QIRN3 did not recommend that CMS certify additional facilities in 2014.

Emergency Preparedness and Response

In 2014 QIRN3 continued to maintain open communication and establish partnerships with dialysis facilities, dialysis patients, ESRD and non-ESRD community entities, and Emergency Management stakeholders in order to enhance QIRN3's abilities to respond swiftly and effectively when a disaster strikes. QIRN3 was available to dialysis facilities and patients for the provision of education, communication of alerts, and technical assistance relative to each region's specific emergency management efforts. These efforts were supported by QIRN3's continued cooperation with the Kidney Community Emergency Response (KCER) coalition and the End-Stage Renal Disease Network Coordinating Center (ESRD NCC).

Activities in 2014 included supporting communication during facility closures and/or delayed openings due to winter storms in NJ and tropical storms in PR and USVI, dissemination and follow up of drug recall alerts and shortages, and provision of dialysis specific emergency preparedness education. In addition, QIRN3 participated on KCER's National Tabletop Exercise planning team, as well as participated in the live tabletop exercise on October 8, 2015. This exercise tested the effectiveness of QIRN3's geographically based Comprehensive Emergency Management Plan (CEMP) and Pandemic Influenza Annex; both of which incorporate the needs of the ESRD providers. These plans also outline actions for the QIRN3 staff to follow when mitigating an emergency, incident, natural disaster, or unusual situation.

As an outcome of lessons learned from the 2013 KCER Tabletop Exercise, QIRN3 made it a goal in 2014 to develop collaborations between Puerto Rico's renal community and emergency management entities. Through partnerships with representatives of the ESF8 Department of Health and the Renal Council of Puerto Rico, QIRN3 supported the development of a new group named Puerto Rico Emergency Preparedness Renal Coalition (PREP Renal Coalition). This group brought together members of the LDOs and independent dialysis providers, FEMA, Red Cross, Office of Emergency Management, Electric Authority, Water and Sewer Authority, Transplant Hospital, and other renal community partners. With the goal of strengthening the work of the PREP Renal Coalition and promoting interagency collaborations, QIRN3 hosted KCER's Annual Tabletop Exercise in Puerto Rico. Outcomes of this exercise provided QIRN3 and PREP Renal Coalition with an assessment of emergency operations and reliability during an emergency. It was also the first time that some of these groups had met, and this activity provided them the opportunity to exchange needs and abilities and resulted in both Atlantis and Fresenius inviting the water and power suppliers to visit their facilities to witness the needs of dialysis units to support ESRD patients.

QIRN3's continued active membership with the New Jersey Group for Access and Integration Needs in Emergencies and Disasters (NJGAINED) has also been instrumental in 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) concerning issues affecting people with access and functional needs before, during and

after an emergency or disaster. QIRN3's participation on the NJGAINED has been instrumental in ensuring that the needs of the renal patients and dialysis facilities are considered by all.

It is QIRN3's aim to continue its practices of boundarilessness in the development of partnerships and offer continued support to dialysis facilities, renal patients, KCER, ESRD NCC, NJGAINED, PREP Renal Coalition, OEM, and other community stakeholders.

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Data Tables

Important Note regarding data tables:
The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/21/2015. 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: ESRD Incidence - One Year Statistics

As of 01/01/2014 - 12/31/2014

Age Group	NJ	PR	VI	Other	Total
00-04	0	0	0	0	**0**
05-09	1	0	0	0	**1**
10-14	4	0	0	1	**5**
15-19	11	1	0	0	**12**
20-24	29	10	1	2	**42**
25-29	29	9	2	3	**43**
30-34	54	31	1	1	**87**
35-39	88	40	1	11	**140**
40-44	107	58	2	8	**175**
45-49	204	93	2	5	**304**
50-54	255	127	2	8	**392**
55-59	347	135	3	13	**498**
60-64	444	198	5	13	**660**
65-69	436	207	4	10	**657**
70-74	434	193	11	10	**648**
75-79	394	157	7	11	**569**
80-84	377	124	1	8	**510**
>=85	340	66	1	10	**417**
Total	**3,554**	**1,449**	**43**	**114**	**5,160**
Gender	NJ	PR	VI	Other	**Total**
Female	1,395	556	14	48	**2,013**
Male	2,159	893	29	66	**3,147**
Not Specified	0	0	0	0	**0**
Total	**3,554**	**1,449**	**43**	**114**	**5,160**
Race	NJ	PR	VI	Other	**Total**
American Indian/Alaska Native	7	0	0	0	**7**
Asian	145	0	0	5	**150**
Black or African American	1,016	76	30	27	**1,149**
Multiracial	9	3	7	1	**20**
Native Hawaiian or Other Pacific Islander	28	3	2	1	**34**
White	2,346	1,366	4	80	**3,796**
Not Specified	3	1	0	0	**4**
Total	**3,554**	**1,449**	**43**	**114**	**5,160**
Primary Diagnosis	NJ	PR	VI	Other	**Total**
Cystic/Hereditary/Congenital Diseases	105	37	1	5	**148**
Diabetes	1,518	994	22	56	**2,590**
Glomerulonephritis	232	79	3	7	**321**
Hypertension/Large Vessel Disease	1,202	221	10	36	**1,469**
Interstitial Nephritis/Pyelonephritis	99	36	3	1	**139**
Miscellaneous Conditions	237	51	1	6	**295**
Neoplasms/Tumors	84	18	2	2	**106**
Secondary GN/Vasculitis	64	12	1	1	**78**
Not Specified	13	1	0	0	**14**
Total	**3,554**	**1,449**	**43**	**114**	**5,160**

Source of Information: CROWNWeb

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

This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. This table includes 60 patients with transplant therapy as an initial treatment. This table includes 31 patients receiving treatment at VA facilities.

Table 2: ESRD Dialysis Prevalence - One Year Statistics

As of 01/01/2014 - 12/31/2014

Age Group	NJ	PR	VI	Other	Total
00-04	0	3	0	0	**3**
05-09	1	4	0	0	**5**
10-14	5	4	0	0	**9**
15-19	11	11	0	0	**22**
20-24	81	37	1	1	**120**
25-29	159	61	3	4	**227**
30-34	248	114	7	2	**371**
35-39	372	166	7	14	**559**
40-44	542	246	13	15	**816**
45-49	827	353	12	18	**1,210**
50-54	1,173	556	19	18	**1,766**
55-59	1,473	559	23	27	**2,082**
60-64	1,628	783	19	24	**2,454**
65-69	1,693	861	28	34	**2,616**
70-74	1,523	694	34	20	**2,271**
75-79	1,324	540	28	25	**1,917**
80-84	1,113	326	15	16	**1,470**
>=85	920	158	5	16	**1,099**
Total	**13,093**	**5,476**	**214**	**234**	**19,017**
Gender	NJ	PR	VI	Other	**Total**
Female	5,431	2,088	80	95	**7,694**
Male	7,662	3,388	134	139	**11,323**
Total	**13,093**	**5,476**	**214**	**234**	**19,017**
Ethnicity	NJ	PR	VI	Other	**Total**
Hispanic or Latino	1,559	5,421	23	64	**7,067**
Not Hispanic or Latino	11,532	54	191	170	**11,947**
Not Specified	2	1	0	0	**3**
Total	**13,093**	**5,476**	**214**	**234**	**19,017**
Race	NJ	PR	VI	Other	**Total**
American Indian/Alaska Native	10	2	0	0	**12**
Asian	535	2	1	5	**543**
Black or African American	5,074	494	173	83	**5,824**
More than one race selected	34	112	14	1	**161**
Native Hawaiian or Other Pacific Islander	105	6	10	0	**121**
White	7,334	4,859	16	145	**12,354**
Not Specified	1	1	0	0	**2**
Total	**13,093**	**5,476**	**214**	**234**	**19,017**
Primary Diagnosis	NJ	PR	VI	Other	**Total**
Cystic / Hereditary / Congenital Diseases	415	198	4	10	627
Diabetes	5398	3374	128	105	9005
Glomerulonephritis	1114	494	9	14	1631
Hypertension / Large Vessel Disease	4254	889	55	77	5275
Interstitial Nephritis / Pyelonephritis	374	159	3	5	541
Miscellaneous Conditions	779	185	7	14	985
Neoplasms / Tumors	458	102	6	7	573
Secondary GN/Vasculitis	301	75	2	2	380
Total	**13,093**	**5,476**	**214**	**234**	**19,017**

Table 3: Dialysis Patients Modality and Setting - In Home

For Survey Years 2013 and 2014

State: NJ

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**
310012	0	0	0	0	0	0	0	0	0	0
310015#	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	1	0	0	0	1	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	6	6	1	0	2	4	0	0	9	10
310054	0	0	3	2	10	9	0	0	13	11
310064	0	0	0	0	2	0	0	0	2	0
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	6	10	0	0	7	11
312501	0	0	0	0	0	0	0	0	0	0
312502	0	0	2	0	6	1	0	0	8	1
312503	1	0	3	1	12	9	0	0	16	10
312504	0	0	0	0	0	0	0	0	0	0
312505	0	0	0	2	6	4	0	0	6	6
312506	0	0	0	0	0	0	0	0	0	0
312508	0	0	9	10	26	35	0	0	35	45
312509	1	1	4	3	17	16	0	0	22	20
312510	0	0	0	0	0	0	0	0	0	0
312513	0	0	8	6	24	24	0	0	32	30
312514	0	2	0	0	0	3	0	0	0	5
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	1	0	0	0	1
312518	0	0	0	0	9	5	0	0	9	5
312520	0	0	5	5	16	23	0	0	21	28
312521	0	0	0	0	0	0	0	0	0	0
312522	0	0	0	0	1	1	0	0	1	1
312523	1	1	1	1	8	7	0	0	10	9
312524	0	0	13	16	8	9	0	0	21	25
312525	0	1	0	5	47	48	0	0	47	54
312527	0	0	0	0	0	0	0	0	0	0
312528	0	0	1	1	9	10	0	0	10	11
312529	0	0	0	0	0	0	0	0	0	0
312530	0	0	0	0	0	0	0	0	0	0
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

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
312534	0	0	0	0	3	1	0	0	3	1
312535	1	2	1	0	0	1	0	0	2	3
312536	2	0	6	9	7	4	0	0	15	13
312537	7	5	3	8	21	19	0	0	31	32
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	3	5	0	0	0	0	0	0	3	5
312544	0	0	0	0	9	8	0	0	9	8
312545	0	0	2	3	7	9	0	0	9	12
312546	0	0	0	0	0	0	0	0	0	0
312547	0	0	0	0	0	1	0	0	0	1
312548	0	0	0	0	0	0	0	0	0	0
312550	0	0	0	0	7	6	0	0	7	6
312551	1	1	13	14	3	4	0	0	17	19
312552	0	0	2	4	11	9	0	0	13	13
312553	0	0	0	2	10	6	0	0	10	8
312554	0	0	9	4	4	7	0	0	13	11
312555	0	0	0	0	0	0	0	0	0	0
312557	0	0	3	2	2	6	0	0	5	8
312558	12	10	0	0	0	0	0	0	12	10
312559	0	0	0	2	24	25	0	0	24	27
312560	3	3	0	0	0	0	0	0	3	3
312561	0	0	1	1	5	6	0	0	6	7
312562	0	0	0	0	0	0	0	0	0	0
312563	0	0	2	0	6	9	0	0	8	9
312564	0	0	0	0	0	0	0	0	0	0
312565	0	0	1	0	1	1	0	0	2	1
312566	0	4	3	4	2	2	0	0	5	10
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	1	0	3	5	0	0	4	5
312571	0	0	0	0	4	5	0	0	4	5
312572	1	2	6	5	4	4	0	0	11	11
312573	0	0	0	0	0	0	0	0	0	0
312574	0	0	0	1	22	32	0	0	22	33
312575	0	0	0	0	0	0	0	0	0	0
312576	1	1	7	4	12	9	0	0	20	14
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
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	3	3	9	18	0	0	12	21

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
312584	7	8	0	0	0	0	0	0	7	8
312585	0	0	0	0	5	4	0	0	5	4
312586	0	0	0	0	0	0	0	0	0	0
312587	2	3	4	0	1	3	0	0	7	6
312588	0	0	0	2	3	3	0	0	3	5
312589	0	0	0	0	0	0	0	0	0	0
312590	6	6	0	0	3	8	0	0	9	14
312591	10	10	2	1	10	13	0	0	22	24
312592	6	8	0	0	16	12	0	0	22	20
312593	10	9	0	0	0	0	0	0	10	9
312594	0	0	0	0	0	0	0	0	0	0
312595	0	0	0	0	0	1	0	0	0	1
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	1	2	0	0	1	2
312601	0	0	0	0	0	0	0	0	0	0
312602	0	1	2	0	3	7	0	0	5	8
312603	2	1	0	0	6	6	0	0	8	7
312604	0	0	0	0	0	0	0	0	0	0
312605	0	0	0	0	0	0	0	0	0	0
312606	0	1	3	3	1	2	0	0	4	6
312607	0	0	0	0	3	5	0	0	3	5
312608	0	0	1	3	4	5	0	0	5	8
312609	2	3	1	0	11	6	0	0	14	9
312610	0	0	4	5	15	18	0	0	19	23
312611	3	2	1	1	4	4	0	0	8	7
312612	0	1	1	3	4	5	0	0	5	9
312613	0	0	0	0	0	0	0	0	0	0
312614	6	3	0	1	38	30	0	0	44	34
312615	0	4	4	2	26	20	0	0	30	26
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	0	0	1	3	3	3	0	0	4	6
312620	0	0	0	0	0	0	0	0	0	0
312621	0	0	1	0	3	2	0	0	4	2
312622	0	0	2	0	8	9	0	0	10	9
312623	0	0	0	0	0	0	0	0	0	0
312624	0	0	2	0	8	6	0	0	10	6
312625	1	0	4	3	2	2	0	0	7	5
312626	1	1	0	0	0	0	0	0	1	1
312627	0	0	0	0	0	0	0	0	0	0
312628	0	0	4	1	4	4	0	0	8	5
312629	0	0	0	0	1	4	0	0	1	4

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
312630	0	0	0	1	3	9	0	0	3	10
312631	0	0	0	0	2	4	0	0	2	4
312632	0	0	1	0	0	1	0	0	1	1
312633	0	0	0	0	0	5	0	0	0	5
312634	1	1	0	1	1	1	0	0	2	3
312635^	0	1	0	3	0	9	0	0	0	13
312636^	0	1	0	0	0	1	0	0	0	2
312637^	0	2	0	0	0	6	0	0	0	8
312638^	0	1	0	0	0	2	0	0	0	3
312639^	0	0	0	0	0	0	0	0	0	0
312640^	0	0	0	0	0	0	0	0	0	0
312641^	0	0	0	0	0	0	0	0	0	0
312642^	0	0	0	0	0	1	0	0	0	1
312643^	0	0	0	0	0	0	0	0	0	0
312644^	0	0	0	0	0	0	0	0	0	0
312645^	0	1	0	1	0	0	0	0	0	2
312646^	0	0	0	2	0	1	0	0	0	3
312647^	0	0	0	0	0	0	0	0	0	0
313501	0	0	4	5	12	19	0	0	16	24
313503	0	0	0	0	0	0	0	0	0	0
313513	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	0	0	0	0	0	0	0	0
313519	0	0	0	0	0	0	0	0	0	0
313520	0	0	0	0	0	0	0	0	0	0
NJ Totals	**97**	**112**	**156**	**160**	**587**	**659**	**0**	**0**	**840**	**931**

State: PR

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
400013#	0	0	0	0	0	0	0	0	0	0
40003F	1	0	0	0	0	0	0	0	1	0
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	0	0	13	10	0	0	13	10
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	18	25	0	0	18	25
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	2	3	17	13	0	0	19	16
402509	0	0	0	0	0	0	0	0	0	0
402510	0	0	6	4	12	21	0	0	18	25
402513	0	0	2	1	28	34	0	0	30	35
402514	0	0	0	0	0	0	0	0	0	0
402515	1	3	7	7	34	34	0	0	42	44

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
402517	0	0	4	2	33	27	0	0	37	29
402518	0	0	4	8	26	16	0	0	30	24
402519	0	0	2	2	8	11	0	0	10	13
402521	0	0	0	0	0	0	0	0	0	0
402525	0	0	0	0	25	23	0	0	25	23
402527	0	0	1	0	9	15	0	0	10	15
402528	0	0	1	1	17	16	0	0	18	17
402529	0	0	0	0	0	0	0	0	0	0
402530	0	0	2	2	30	31	0	0	32	33
402531	0	0	0	0	6	11	0	0	6	11
402533	0	0	0	0	3	2	0	0	3	2
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	0	0	5	8	0	0	5	8
402540	0	0	2	1	15	12	0	0	17	13
402541	0	0	0	0	5	6	0	0	5	6
402542	0	0	0	0	0	0	0	0	0	0
402543	0	0	2	1	6	10	0	0	8	11
402544	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
402549	0	0	1	0	1	2	0	0	2	2
402550	0	0	0	0	0	0	0	0	0	0
402551	0	0	0	0	0	0	0	0	0	0
402552^	0	0	0	0	0	0	0	0	0	0
403301	0	0	0	0	13	13	0	0	13	13
PR Totals	**2**	**3**	**36**	**32**	**324**	**340**	**0**	**0**	**362**	**375**

State: VI

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
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 Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Network

	Hemo		CAPD		CCPD		Other		Total	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Network Totals	**99**	**115**	**192**	**192**	**911**	**999**	**0**	**0**	**1,202**	**1,306**

Source of Information: Facility Survey (CMS 2744) and CROWNWeb. Date of Preparation: April 2015
This table includes 1 Veterans Affairs Facility patients for 2013 and 0 Veterans Affairs Facility patients for 2014
^ Facility not operational in 2013
# Facility not operational in 2014
* Facility does not have a generated 2744 in 2014

Table 4: Dialysis Patients Modality and Setting - In Center

For Survey Years 2013 and 2014

State: NJ

	Hemo		PD		Total		Total In-Center & Home	
Facility CCN	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**
310012	15	11	0	0	15	11	15	11
310015#	0	0	0	0	0	0	0	0
31001F	49	48	0	0	49	48	49	48
310025	56	54	0	0	56	54	56	54
310027	59	74	0	0	59	74	60	74
310032	89	97	0	0	89	97	89	97
310034	66	68	0	0	66	68	66	68
310038*	0	0	0	0	0	0	0	0
310052	98	96	0	0	98	96	107	106
310054	202	188	0	0	202	188	215	199
310064	69	69	0	0	69	69	71	69
310074	9	0	0	0	9	0	9	0
310083	138	130	0	0	138	130	138	130
310092	140	124	0	0	140	124	147	135
312501	206	206	0	0	206	206	206	206
312502	238	224	0	0	238	224	246	225
312503	92	107	0	0	92	107	108	117
312504	105	117	0	0	105	117	105	117
312505	101	107	0	0	101	107	107	113
312506	85	91	0	0	85	91	85	91
312508	121	125	0	0	121	125	156	170
312509	215	191	0	0	215	191	237	211
312510	99	97	0	0	99	97	99	97
312513	101	101	0	0	101	101	133	131
312514	73	80	0	0	73	80	73	85
312515	76	62	0	0	76	62	76	62
312516	55	41	0	0	55	41	55	41
312517	88	89	0	0	88	89	88	90
312518	105	113	0	0	105	113	114	118
312520	50	68	0	0	50	68	71	96
312521	70	69	0	0	70	69	70	69
312522	100	113	0	0	100	113	101	114
312523	65	59	0	0	65	59	75	68
312524	0	0	0	0	0	0	21	25
312525	140	127	0	0	140	127	187	181
312527	72	70	0	0	72	70	72	70
312528	83	84	0	0	83	84	93	95
312529	94	98	0	0	94	98	94	98
312530	84	77	0	0	84	77	84	77
312531	72	78	0	0	72	78	72	78
312532	91	100	0	0	91	100	91	100
312533	120	119	0	0	120	119	120	119

	Hemo		PD		Total		Total In-Center & Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
312534	94	74	0	0	94	74	97	75
312535	104	103	0	0	104	103	106	106
312536	116	126	0	0	116	126	131	139
312537	117	115	0	0	117	115	148	147
312538	75	97	0	0	75	97	75	97
312540	132	123	0	0	132	123	132	123
312541	70	67	0	0	70	67	70	67
312542	135	127	0	0	135	127	135	127
312543	91	99	0	0	91	99	94	104
312544	62	59	0	0	62	59	71	67
312545	100	101	1	1	101	102	110	114
312546	111	107	0	0	111	107	111	107
312547	42	41	0	0	42	41	42	42
312548	69	61	0	0	69	61	69	61
312550	43	54	0	0	43	54	50	60
312551	85	81	0	0	85	81	102	100
312552	85	79	0	0	85	79	98	92
312553	125	131	0	0	125	131	135	139
312554	128	126	0	0	128	126	141	137
312555	73	56	0	0	73	56	73	56
312557	99	83	0	0	99	83	104	91
312558	104	99	0	0	104	99	116	109
312559	120	118	0	0	120	118	144	145
312560	100	91	0	0	100	91	103	94
312561	50	49	0	0	50	49	56	56
312562	58	68	0	0	58	68	58	68
312563	68	68	0	0	68	68	76	77
312564	96	104	0	0	96	104	96	104
312565	48	44	0	0	48	44	50	45
312566	86	90	0	0	86	90	91	100
312567	89	93	0	0	89	93	89	93
312568	108	108	0	0	108	108	108	108
312569	68	60	0	0	68	60	68	60
312570	79	96	0	0	79	96	83	101
312571	74	78	0	0	74	78	78	83
312572	69	62	0	0	69	62	80	73
312573	136	127	0	0	136	127	136	127
312574	75	82	0	0	75	82	97	115
312575	55	58	0	0	55	58	55	58
312576	136	120	0	0	136	120	156	134
312578	91	85	0	0	91	85	91	85
312579	77	70	0	0	77	70	77	70
312580	104	122	0	0	104	122	104	122
312581	130	131	0	0	130	131	130	131
312582	78	77	0	0	78	77	78	77
312583	57	58	0	0	57	58	69	79

	Hemo		PD		Total		Total In-Center & Home	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
312584	96	85	0	0	96	85	103	93
312585	87	89	0	0	87	89	92	93
312586	90	80	0	0	90	80	90	80
312587	109	106	0	0	109	106	116	112
312588	78	84	0	0	78	84	81	89
312589	49	50	0	0	49	50	49	50
312590	69	79	0	0	69	79	78	93
312591	0	0	0	0	0	0	22	24
312592	48	46	0	0	48	46	70	66
312593	107	109	0	0	107	109	117	118
312594	91	74	0	0	91	74	91	74
312595	12	24	0	0	12	24	12	25
312596	43	53	0	0	43	53	43	53
312597	78	69	0	0	78	69	78	69
312598	106	101	0	0	106	101	106	101
312599	67	55	0	0	67	55	67	55
312600	62	62	0	0	62	62	63	64
312601	0	0	0	0	0	0	0	0
312602	45	45	0	0	45	45	50	53
312603	43	44	0	0	43	44	51	51
312604	56	59	0	0	56	59	56	59
312605	23	32	0	0	23	32	23	32
312606	87	83	0	0	87	83	91	89
312607	56	64	0	0	56	64	59	69
312608	49	50	0	0	49	50	54	58
312609	57	61	0	0	57	61	71	70
312610	38	45	0	0	38	45	57	68
312611	49	65	0	0	49	65	57	72
312612	88	101	0	0	88	101	93	110
312613	44	46	0	0	44	46	44	46
312614	355	351	0	0	355	351	399	385
312615	224	194	0	0	224	194	254	220
312616	140	118	0	0	140	118	140	118
312617	47	52	0	0	47	52	47	52
312618	160	140	0	0	160	140	160	140
312619	79	85	0	0	79	85	83	91
312620	47	58	0	0	47	58	47	58
312621	59	69	0	0	59	69	63	71
312622	164	167	0	0	164	167	174	176
312623	50	51	0	0	50	51	50	51
312624	60	54	0	0	60	54	70	60
312625	23	27	0	0	23	27	30	32
312626	35	80	0	0	35	80	36	81
312627	26	60	0	0	26	60	26	60
312628	118	115	0	0	118	115	126	120
312629	9	45	0	0	9	45	10	49

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
312630	3	41	0	0	3	41	6	51
312631	0	0	0	0	0	0	2	4
312632	2	18	0	0	2	18	3	19
312633	1	16	0	0	1	16	1	21
312634	1	28	0	0	1	28	3	31
312635^	0	36	0	0	0	36	0	49
312636^	0	24	0	0	0	24	0	26
312637^	0	29	0	0	0	29	0	37
312638^	0	42	0	0	0	42	0	45
312639^	0	21	0	0	0	21	0	21
312640^	0	18	0	0	0	18	0	18
312641^	0	27	0	0	0	27	0	27
312642^	0	19	0	0	0	19	0	20
312643^	0	9	0	0	0	9	0	9
312644^	0	6	0	0	0	6	0	6
312645^	0	5	0	0	0	5	0	7
312646^	0	0	0	0	0	0	0	3
312647^	0	1	0	0	0	1	0	1
313501	148	162	0	0	148	162	164	186
313503	71	70	0	0	71	70	71	70
313513	0	0	0	0	0	0	0	0
313516#	0	0	0	0	0	0	0	0
313517	175	192	0	0	175	192	175	192
313518#	0	0	0	0	0	0	0	0
313519	69	70	0	0	69	70	69	70
313520	121	121	0	0	121	121	121	121
NJ Totals	**11,917**	**12,322**	**1**	**1**	**11,918**	**12,323**	**12,758**	**13,254**

State: PR

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
400013#	0	0	0	0	0	0	0	0
40003F	31	33	0	0	31	33	32	33
400061	57	55	0	0	57	55	57	55
402501	188	184	0	0	188	184	188	184
402502	175	179	0	0	175	179	188	189
402503	141	132	0	0	141	132	141	132
402504	169	173	0	0	169	173	169	173
402505	223	213	0	0	223	213	241	238
402506	143	129	0	0	143	129	143	129
402507	185	179	0	0	185	179	185	179
402508	115	111	0	0	115	111	134	127
402509	71	69	0	0	71	69	71	69
402510	157	175	0	0	157	175	175	200
402513	140	138	0	0	140	138	170	173
402514	206	217	0	0	206	217	206	217
402515	200	201	0	0	200	201	242	245

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
402517	157	147	0	0	157	147	194	176
402518	194	188	0	0	194	188	224	212
402519	78	95	0	0	78	95	88	108
402521	89	95	0	0	89	95	89	95
402525	115	118	0	0	115	118	140	141
402527	122	130	0	0	122	130	132	145
402528	101	105	0	0	101	105	119	122
402529	104	102	0	0	104	102	104	102
402530	268	258	0	0	268	258	300	291
402531	92	97	0	0	92	97	98	108
402533	149	160	0	0	149	160	152	162
402534	90	90	0	0	90	90	90	90
402535	59	61	0	0	59	61	59	61
402536	84	87	0	0	84	87	84	87
402537	85	90	0	0	85	90	85	90
402538	96	89	0	0	96	89	96	89
402539	156	141	0	0	156	141	161	149
402540	150	136	0	0	150	136	167	149
402541	82	73	0	0	82	73	87	79
402542	36	36	0	0	36	36	36	36
402543	132	143	0	0	132	143	140	154
402544	21	20	0	0	21	20	21	20
402546	85	98	0	0	85	98	85	98
402547	54	62	0	0	54	62	54	62
402548	4	34	0	0	4	34	4	34
402549	152	150	0	0	152	150	154	152
402550	1	61	0	0	1	61	1	61
402551	10	61	0	0	10	61	10	61
402552^	0	37	0	0	0	37	0	37
403301	11	10	0	0	11	10	24	23
PR Totals	**4,978**	**5,162**	**0**	**0**	**4,978**	**5,162**	**5,340**	**5,537**

State: VI

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
480001	96	91	0	0	96	91	96	91
480002	64	68	0	0	64	68	64	68
482500	48	52	0	0	48	52	48	52
482501	9	18	0	0	9	18	9	18
VI Totals	**217**	**229**	**0**	**0**	**217**	**229**	**217**	**229**

Network

	Hemo		PD		Total		Total In-Center & Home[1]	
	2013	2014	2013	2014	2013	2014	2013	2014
Network Totals	**17,112**	**17,713**	**1**	**1**	**17,113**	**17,714**	**18,315**	**19,020**

Source of Information: Facility Survey (CMS 2744) and CROWNWeb; Date of Preparation: April 2015

[1] The last column of the report displays the total from Table #3 plus total from Table #4. This table includes 80 Veterans Affairs Facility patients for 2013 and 81 Veterans Affairs Facility patients for 2014

^ Facility not operational in 2013; # Facility not operational in 2014

* Facility does not have a generated 2744 in 2014

Table 5: Renal Transplant by Transplant Center

As of: 01/01/2014 - 12/31/2014

	Total Transplants Performed		Patients Awaiting Transplant	
Transplant Center	**2013**	**2014**	**2013**	**2014**
310001	8	17	195	167
310002	47	0	0	0
310029	32	32	298	298
310038	60	48	549	531
310076	241	248	1,660	1,711
NJ Total	**388**	**345**	**2,702**	**2,707**
400016	106	107	105	489
PR Total	**106**	**107**	**105**	**489**

Table 6: Renal Transplant Recipients

As of 01/01/2014 - 12/31/2014

Age Group	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
00-04	1	0	0	0	**1**
05-09	0	0	0	0	**0**
10-14	1	1	0	0	**2**
15-19	5	4	0	0	**9**
20-24	3	7	3	0	**13**
25-29	7	4	1	0	**12**
30-34	11	4	6	0	**21**
35-39	21	2	2	0	**25**
40-44	26	7	6	0	**39**
45-49	27	13	11	0	**51**
50-54	38	13	13	0	**64**
55-59	39	10	13	0	**62**
60-64	34	10	14	0	**58**
65-69	44	12	7	0	**63**
70-74	9	5	3	0	**17**
75-79	4	2	0	0	**6**
80-84	0	0	0	0	**0**
>=85	0	0	0	0	**0**
Total	**270**	**94**	**79**	**0**	**443**
Gender	Deceased	Living Related	Living Unrelated	Unknown	**Total**
Female	99	38	20	0	**157**
Male	171	56	59	0	**286**
Total	**270**	**94**	**79**	**0**	**443**
Race	Deceased	Living Related	Living Unrelated	Unknown	**Total**
American Indian/Alaska Native	0	0	0	0	**0**
Asian	11	6	6	0	**23**
Black or African American	74	17	7	0	**98**
Multiracial	0	0	0	0	**0**
Native Hawaiian or Other Pacific Islander	0	1	2	0	**3**
White	185	70	64	0	**319**
Not Specified	0	0	0	0	**0**
Total	**270**	**94**	**79**	**0**	**443**
Primary Diagnosis	Deceased	Living Related	Living Unrelated	Unknown	**Total**
Cystic / Hereditary / Congenital Diseases	27	8	14	0	**49**
Diabetes	101	27	20	0	**148**
Glomerulonephritis	48	18	18	0	**84**
Hypertension / Large Vessel Disease	51	17	17	0	**85**
Interstitial Nephritis / Pyelonephritis	13	8	2	0	**23**
Miscellaneous Conditions	11	3	3	0	**17**
Neoplasms / Tumors	11	7	4	0	**22**
Secondary GN/Vasculitis	8	6	1	0	**15**
Total	**270**	**94**	**79**	**0**	**443**

Table 7: Dialysis Deaths

As of 01/01/2014 - 12/31/2014

Age Group	NJ	PR	VI	Other	Total
00-04	0	0	0	0	**0**
05-09	0	0	0	0	**0**
10-14	0	0	0	0	**0**
15-19	0	1	0	0	**1**
20-24	2	1	0	0	**3**
25-29	4	3	0	1	**8**
30-34	12	16	0	0	**28**
35-39	14	20	0	0	**34**
40-44	28	27	0	1	**56**
45-49	73	47	0	0	**120**
50-54	133	60	0	2	**195**
55-59	192	73	2	2	**269**
60-64	215	128	2	3	**348**
65-69	309	182	1	7	**499**
70-74	364	179	8	4	**555**
75-79	368	155	4	3	**530**
80-84	378	108	4	7	**497**
>=85	465	83	2	5	**555**
Total	**2,557**	**1,083**	**23**	**35**	**3,698**

Gender	NJ	PR	VI	Other	Total
Female	1,077	434	7	13	**1,531**
Male	1,480	649	16	22	**2,167**
Not Specified	0	0	0	0	**0**
Total	**2,557**	**1,083**	**23**	**35**	**3,698**

Race	NJ	PR	VI	Other	Total
American Indian/Alaska Native	1	0	0	0	**1**
Asian	85	1	0	0	**86**
Black or African American	706	107	22	5	**840**
Multiracial	6	25	0	0	**31**
Native Hawaiian or Other Pacific Islander	6	0	1	0	**7**
White	1,752	950	0	30	**2,732**
Not Specified	1	0	0	0	**1**
Total	**2,557**	**1,083**	**23**	**35**	**3,698**

Primary Diagnosis	NJ	PR	VI	Other	Total
Cystic/Hereditary/Congenital Diseases	40	13	0	1	**54**
Diabetes	1,149	767	12	15	**1,943**
Glomerulonephritis	103	42	1	0	**146**
Hypertension/Large Vessel Disease	850	153	8	13	**1,024**
Interstitial Nephritis/Pyelonephritis	68	34	1	1	**104**
Miscellaneous Conditions	206	41	1	3	**251**

Neoplasms/Tumors	108	25	0	1	**134**
Secondary GN/Vasculitis	33	7	0	1	**41**
Not Specified	0	1	0	0	**1**
Total	**2,557**	**1,083**	**23**	**35**	**3,698**

Primary Cause of Death	NJ	PR	VI	Other	**Total**
Cardiac	1,144	407	6	20	**1,577**
Endocrine	0	0	0	0	**0**
Gastro-Intestinal	23	28	0	1	**52**
Infection	298	258	1	1	**558**
Liver Disease	26	11	1	0	**38**
Metabolic	7	5	0	0	**12**
Other	943	275	14	10	**1,242**
Vascular	101	99	1	2	**203**
Not Specified	15	0	0	1	**16**
Total	**2,557**	**1,083**	**23**	**35**	**3,698**

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form
Diagnosis: The categories are from the CMS-2728 Form

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

Table 8: Vocational Rehabilitation

As of: 01/01/2014 - 12/31/2014

NJ

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
31001F	6	0	0	0	
310012	1	0	0	0	
310025	19	0	0	0	
310027	14	0	1	1	
310032	28	0	2	0	
310034	20	0	2	0	
310052	20	0	2	0	
310054	40	0	7	0	Y
310064	21	0	0	1	
310083	39	0	4	0	Y
310092	48	0	3	0	Y
312501	71	0	3	0	
312502	77	0	10	0	Y
312503	34	0	3	0	
312504	53	0	8	0	Y
312505	54	0	5	0	Y
312506	25	0	6	0	Y
312508	46	0	11	0	Y
312509	36	0	5	0	Y
312510	16	0	2	0	Y
312513	47	1	13	1	
312514	29	0	3	0	
312515	14	0	2	1	
312516	8	0	0	0	
312517	10	0	3	0	
312518	37	0	7	0	Y
312520	21	1	2	0	
312521	13	0	1	0	
312522	33	0	3	0	
312523	7	0	1	0	
312524	12	0	6	0	
312525	59	0	11	1	
312527	21	2	3	1	
312528	18	0	6	0	
312529	26	0	4	0	Y
312530	14	0	7	0	
312531	8	0	1	0	
312532	18	0	3	0	
312533	48	0	5	0	Y
312534	27	0	4	0	
312535	32	0	3	0	
312536	30	0	7	0	Y

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
312538	12	0	0	0	
312540	39	1	17	1	Y
312541	14	1	2	0	Y
312542	45	0	12	0	Y
312543	27	0	4	0	Y
312544	6	0	0	0	Y
312545	36	0	11	1	Y
312546	30	0	9	0	Y
312547	5	0	1	0	
312548	13	2	1	0	
312550	12	0	2	0	
312551	32	0	3	0	
312552	22	0	5	0	
312553	20	0	4	0	
312554	23	0	6	0	Y
312555	13	0	1	0	Y
312557	26	0	3	0	
312558	21	0	2	0	
312559	39	0	14	0	Y
312560	27	0	3	0	
312561	15	0	3	0	
312562	6	0	0	0	
312563	13	0	2	0	
312564	21	0	2	0	
312565	11	0	1	1	
312566	31	0	5	2	
312567	23	0	1	1	Y
312568	22	0	2	0	
312569	6	0	0	0	
312570	27	0	7	0	Y
312571	25	0	1	0	
312572	20	0	3	0	
312573	20	1	9	1	Y
312574	38	0	12	1	
312575	15	1	0	0	
312576	35	0	7	3	Y
312578	28	0	3	0	
312579	19	0	2	0	
312580	23	0	4	0	
312581	53	0	6	0	Y
312582	9	0	0	0	
312583	12	0	7	0	
312584	25	0	2	0	
312585	31	0	2	0	Y
312586	13	0	2	0	

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
312588	23	0	1	0	
312590	14	0	9	1	
312591	8	0	2	0	
312592	24	0	8	0	
312593	33	0	3	0	
312594	15	0	2	0	
312595	4	0	0	0	Y
312596	8	0	2	0	Y
312597	18	0	6	0	
312598	35	0	1	0	
312599	14	0	1	0	
312600	4	0	0	0	Y
312601	0	0	0	0	
312602	16	0	3	0	
312603	11	0	3	0	
312604	13	0	3	0	
312605	6	0	0	0	
312606	18	0	2	0	
312607	20	0	2	1	
312608	12	0	3	0	
312609	24	0	2	0	
312610	11	0	4	1	
312611	13	0	0	0	
312612	25	0	5	0	Y
312613	6	0	0	0	
312614	161	0	15	0	Y
312615	57	0	9	0	Y
312616	25	0	7	0	Y
312617	22	0	2	0	
312618	34	1	17	0	Y
312619	16	0	4	0	
312620	8	0	4	0	
312621	31	0	8	1	Y
312622	71	0	5	0	Y
312623	3	0	1	0	Y
312624	15	0	3	0	
312625	4	0	0	0	
312626	16	0	2	0	Y
312627	18	0	1	0	
312628	28	0	7	0	Y
312629	12	0	1	0	
312630	18	0	4	2	Y
312631	0	0	0	0	
312632	3	0	1	0	
312634	7	0	2	0	

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
312635	25	0	1	0	
312636	9	0	2	0	
312637	8	0	3	0	Y
312638	10	0	1	0	
312639	2	0	0	0	
312640	7	0	0	0	
312641	7	0	0	0	
312642	5	0	0	1	
312643	2	0	1	0	
312644	0	0	0	0	
312645	3	0	1	0	
312646	1	0	1	0	
312647	0	0	0	0	
313501	45	1	7	0	Y
313503	20	0	2	0	
313513	0	0	0	0	
313517	47	0	3	1	Y
313519	25	0	2	0	Y
313520	30	0	8	0	
NJ Total	**3,459**	**12**	**557**	**25**	**49**

PR

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
400061	33	4	6	1	
402501	77	0	11	0	
402502	59	1	3	0	Y
402503	34	0	0	0	
402504	44	0	5	0	Y
402505	74	1	8	1	Y
402506	17	0	1	1	Y
402507	55	0	5	2	
402508	41	2	2	2	
402509	21	0	1	0	
402510	52	9	12	2	
402513	45	0	1	0	Y
402514	57	0	6	0	Y
402515	79	0	16	0	Y
402517	51	0	8	0	Y
402518	74	0	5	0	
402519	28	0	1	0	Y
402521	17	2	1	2	
402525	36	0	4	0	Y
402527	29	3	8	3	Y
402529	18	0	1	0	Y

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
402530	88	0	18	0	
402531	25	0	1	0	Y
402533	44	0	6	0	
402534	19	0	2	0	
402535	21	0	3	0	
402536	10	0	0	1	Y
402537	19	0	1	0	
402538	25	1	8	2	
402539	37	2	4	0	
402540	54	0	4	0	Y
402541	19	1	0	1	
402542	9	1	3	1	
402543	42	0	6	0	
402544	6	0	0	0	
402546	33	0	0	0	
402547	21	0	1	0	
402548	9	0	1	0	
402549	50	0	6	0	Y
402550	13	0	0	0	
402551	20	0	3	1	
402552	11	0	0	0	
403301	5	0	0	1	
40003F	4	0	0	0	
PR Total	**1,555**	**28**	**173**	**21**	**17**

VI

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time	Offers dialysis shift starting at 5 pm or later
480001	29	0	5	1	Y
480002	16	0	2	0	
482500	17	1	7	0	
482501	6	0	3	0	
VI Total	**68**	**1**	**17**	**1**	**1**

Appendix Network Staffing and Structure

The management staff of Quality Insights Renal Network 3 consists of:

- **Executive Director: Christopher Brown**
  - 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.

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

- **Quality Improvement Director: Beverly Hoek, RN, CNN**
  - 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
  - Served as a resource for providers and facility quality improvement staff.

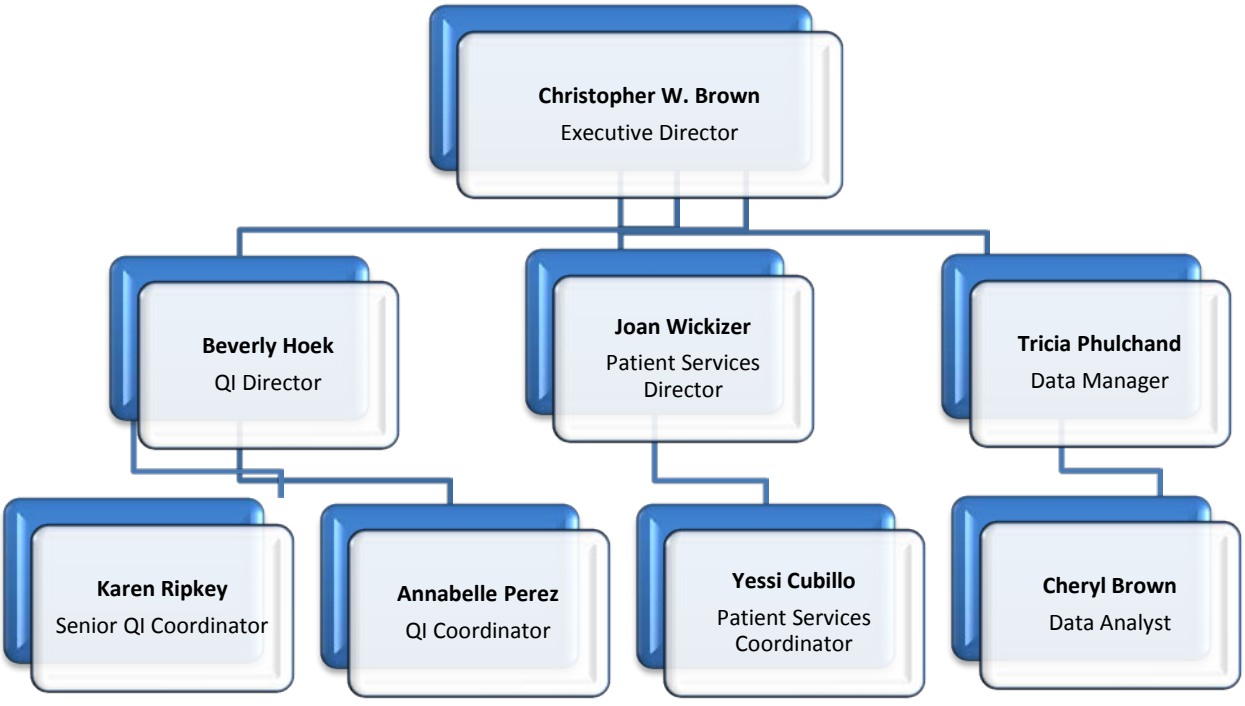
- **Data Manager: Tricia Phulchand, BS, RN**

  - 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)
- Assisted QI staff in quality improvement activities

Overall, QIRN3 employed 8 full-time staff and no part-time staff in 2014.

Network Staff Structure



Network Boards and Committees

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 patient representatives, 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. John Wiesendanger is the Chairperson, Toros Kapoian, MD is the Vice Chairperson, and Mary Lorenzo, MSW is the Secretary/Treasurer of the BOD.

In November 2013, Dr. Kapoian joined Network staff members on a visit to Puerto Rico to visit facilities and meet with the Medical Directors of several facilities who had a history of poor infection rates and mortality outcomes. This enabled him to witness the state of the facilities firsthand and provide guidance to both the MRB and BOD in 2014 with regard to oversight and potential sanction recommendations. Lack of cooperation with Network expectations prompted the boards to draft a letter to CMS expressing concern with the quality of care being provided to patients in these facilities.

BOD members received quarterly compliance updates from the corporate compliance officer, allowing them to stay informed of CMS expectations in the area of conflicts of interest, board member term limits and transparency.

Medical Review Board

The Medical Review Board (MRB) evaluates the appropriateness of ESRD care, treatment procedures, and services delivered to ESRD patients. 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.

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.

The MRB oversees the quality of care being provided to ESRD patients and establishes clinical goals for dialysis facilities to achieve. These goals were developed at the January MRB meeting and distributed to facilities in February 2014.

Physician board members representing facilities in Puerto Rico kept the board informed of challenges facing providers on the island, such as Medicare Advantage reimbursement rates and data integrity issues that were affecting vascular access reporting.

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 2014, 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.

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 QIRN3'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 2014, 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 2014, 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 but averaged ten representatives.