2015 End Stage
Renal Disease (ESRD)

# NETWORK 3 ANNUAL REPORT

**Deliverable #11**

**Contract Number:**
HHSM-500-2016-NW00003C

Quality Insights
Renal Network 3

Submitted to:
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& Medicaid Services
Division of Quality Improvement

November 30, 2016

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# REPORT HIGHLIGHTS

Quality Insights Renal Network 3 (QIRN3) is pleased to present our 2015 Annual Report.

QIRN3 serves dialysis and transplant providers and patients in New Jersey, Puerto Rico, and the US Virgin Islands. In 2009, QIRN3 merged with the West Virginia Medical Institute (WVMI) & Quality Insights. WVMI & Quality Insights holds the Medicare QIN-QIO contracts for Delaware, Louisiana, New Jersey, Pennsylvania, and West Virginia. This relationship 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.

In 2015, we began work on the last year of a three–year End Stage Renal Disease (ESRD) Network contract based on the Centers for Medicare & Medicaid Services' (CMS) 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).

## NOTABLE ACHIEVEMENTS IN 2015:

1. Increased hepatitis B and pneumonia vaccination rates in adult patients by 16.7 and 28.4 percentage points, respectively, in project facilities (selected due to their low vaccination rates at baseline), while dramatically reducing the disparity between older (>=65 years of age) and younger (<65 years of age) patients who receive these critical vaccinations.

2. Through our Puerto Rico Healthcare-Associated Infections (HAI) Learning and Action Network (LAN), successfully bridged the communication gap between dialysis providers and hospitals in Puerto Rico to improve the accuracy and sensitivity of infection tracking and trending and improve patient safety.

3. Following a recommendation from our Patient LAN, conducted a successful educational campaign to increase awareness of the importance of physical activity. Health professionals and patients in both Puerto Rico and New Jersey enthusiastically embraced this campaign and joined us in promotional walks to promote physical activity in both geographic areas.

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.

# INTRODUCTION

## CMS' END STAGE RENAL DISEASE NETWORK ORGANIZATION PROGRAM

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

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

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

## MEDICARE COVERAGE FOR INDIVIDUALS WITH ESRD

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

## HISTORY OF CMS' ESRD NETWORK ORGANIZATION PROGRAM

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

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

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

# ESRD NETWORK 3

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 (NJ) is the most densely populated state (1,195.5/sq. mi) in the country and, if Puerto Rico (PR) were a state, it would be the second most densely populated (1,162/sq. mi).1 US territories are often thought to have small populations, but it is important to note that Puerto Rico has a sizable population (3.7 million) and 5,651 patients receiving dialysis as of December 31, 2015. This number of patients is more than the ESRD population of 27 states, including large states such as Kentucky, Oklahoma, Colorado and Arizona.

These dense populations create challenges for providing dialysis to patients, as there is a greater than average number of patients per dialysis unit in these areas. New Jersey treats an average of 87.5 patients in each dialysis unit and Puerto Rico treats an average of 125.1 patients in each unit, compared to an average of 71.7 nationwide. The US Virgin Islands (USVI) treats an average of 47.4 patients in each of its 5 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 (new) ESRD patients in Puerto Rico in 2015, the primary cause of ESRD was listed as diabetes for 68.0%, and diabetes was reported as the primary cause in 62.6% of prevalent patients as of December 31, 2015. By comparison, in New Jersey, diabetes is reported as the primary cause of renal failure in 42.2% of incident patients and 41.3% of prevalent patients in the same time periods.

See Table 1 in the Appendix for a complete analysis of the incident ESRD population by age, gender, race, and primary diagnosis. Table 2 in the Appendix contains a complete analysis of the prevalent ESRD population for 2015.

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, 2016 Dialysis Facility Report, Table 13, University of Michigan Epidemiology and Cost Center

## MORTALITY

The primary cause of death reported in 2015 continued to be cardiac-related (42.1% of deaths). While infection was the second most common cause, reported in 13.1% of the 3,696 deaths reported, our HAI reduction projects have contributed to a decline in the proportion of deaths attributed to infections. In 2011, before our interventions began, infection was cited as the primary cause of death in 18.9% of deaths reported.

See Table 7 in the Appendix 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 the Network's Service Area, as of December 31, 2015

| Category | Number |
|---|---|
| Number of Dialysis Facilities in the Network's Service Area | 211 |
| Number of Transplant Centers in the Network's Service Area | 6 |

Source of data: CROWNWeb.

Table B. Number of Medicare-Certified Dialysis Facilities in the Network's Service Area and Number and Percent of Dialysis Facilities Offering Dialysis Shifts Starting after 5 PM, as of December 31, 2015

| Category | Number | Percent |
|---|---|---|
| Number of Dialysis Facilities in the Network's Service Area | 211 | |
| Dialysis Facilities in the Network's Service Area Offering Dialysis Shifts Starting after 5 PM | 72 | 34.1 |

Source of data: CROWNWeb.

# NETWORK GOALS

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

In 2015, the ESRD Network contractors were tasked with meeting the following goals:

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

# PROFILE OF PATIENTS IN THE NETWORK'S SERVICE AREA

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

Quality Insights Renal Network 3 (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's Service Area, Calendar Year 2015

| Category | Number | Percent |
|---|---|---|
| Incident (New) ESRD Patients | | |
| Number of Incident ESRD Patients, Calendar Year 2015 | 5,159 | |
| Prevalent Dialysis Patients | | |
| Number of Prevalent Dialysis Patients as of December 31, 2015 | 19,677 | |
| Treatment Modality of Prevalent Dialysis Patients as of December 31, 2015 | | |
| In-Center Hemodialysis or Peritoneal Dialysis | 18,204 | 92.5% |
| In-Home Hemodialysis or Peritoneal Dialysis | 1,473 | 7.5% |
| Total | 19,677 | 100% |
| Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2015 | | |
| Arteriovenous Fistula in Use | 10,934 | 61.0% |
| Arteriovenous Graft in Use | 3,154 | 17.6% |
| Catheter in Use for 90 Days or Longer | 2,274 | 12.7% |

| | | |
|---|---|---|
| Other | 1,631 | 9.1% |
| Total | 17,933 | 100.0% |
| Renal Transplants | | |
| Number of Renal Transplant Recipients,* Calendar Year 2015 | 528 | |
| Total | 528 | 100% |

Source of data: CROWNWeb.

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

# IMPROVING CARE FOR ESRD PATIENTS

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

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

1. Identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in the Network service area.

2. Identifying opportunities for improvement at the facility level and providing technical assistance to facilities as needed

3. Promoting the use of best practices in clinical care for ESRD patients

4. Encouraging use of all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes

5. Promoting the coordination of care across treatment settings; and

6. Ensuring accurate and timely data collection, analysis, and reporting by facilities in accordance with national standards.

# POPULATION HEALTH INNOVATION PROJECT: INCREASE VACCINATIONS

We conducted a project to increase Hepatitis B and Pneumonia Vaccinations in 2015. The identified disparity was age, in that younger (<65 years of age) patients were vaccinated at a higher rate than older (>= 65 years of age) patients.

We selected twenty facilities in which less than 85% of their adult, in-center patient population had been vaccinated for both hepatitis B (HBV) and pneumonia as of January 1, 2015 and that demonstrated a 5 percentage point or greater age disparity in the percentage of patients vaccinated to participate in this project. Because it was the second year of the vaccination project for us, the goals were to increase vaccination rates by 10 percentage points and work with twice the number of facilities as had been involved in the 2014 project.

We rolled the lessons learned during the successful 2014 vaccination project into the 2015 activities. Among the root causes identified for low vaccination rates were gaps in education provided to patients and practice such as lack of staff follow-up with patients who had refused vaccination years before, fear or misunderstanding, missing or inconsistent documentation, ineffective continuity of care processes and lack of consistent interdisciplinary team effort in vaccinating all eligible patients. Negative news attention and peer attitudes also play a role in acceptance of vaccination. Other root causes included lack of a clearly defined process and/or non-adherence to the established process for vaccinating patients.

Successful interventions included providing facilities with educational resources and regular reports containing patient-level vaccination data, auditing vaccination activity in CROWNWeb and providing feedback during group and individual calls. We formed a LAN to learn about local efforts in New Jersey and Puerto Rico to improve adult vaccination rates and disseminate best practices among facilities.

Best practices within facilities included appointing facility staff to the role of vaccination manager, revisiting refusals periodically for re-approach and reeducation, and involving physicians, other interdisciplinary team members and family members to speak to patients who decline.

Our boundariless approach included reaching out to the immunization advocacy organizations in New Jersey and Puerto Rico to participate in Network calls with participating facilities in order to educate about adult vaccination initiatives in communities. We demonstrated that successful vaccination initiatives need to involve more than patients and providers. Vaccination acceptance needs to be fostered in facilities by development of a culture of prevention.

Rapid cycle improvement was implemented through frequent communication and feedback about facility progress and reinforcement of project goals. The innovation in this project was development of a tool with patient-level vaccination data to guide facility staff members in implementing their vaccination programs and more accurately tracking the documentation of vaccinations that they provide.

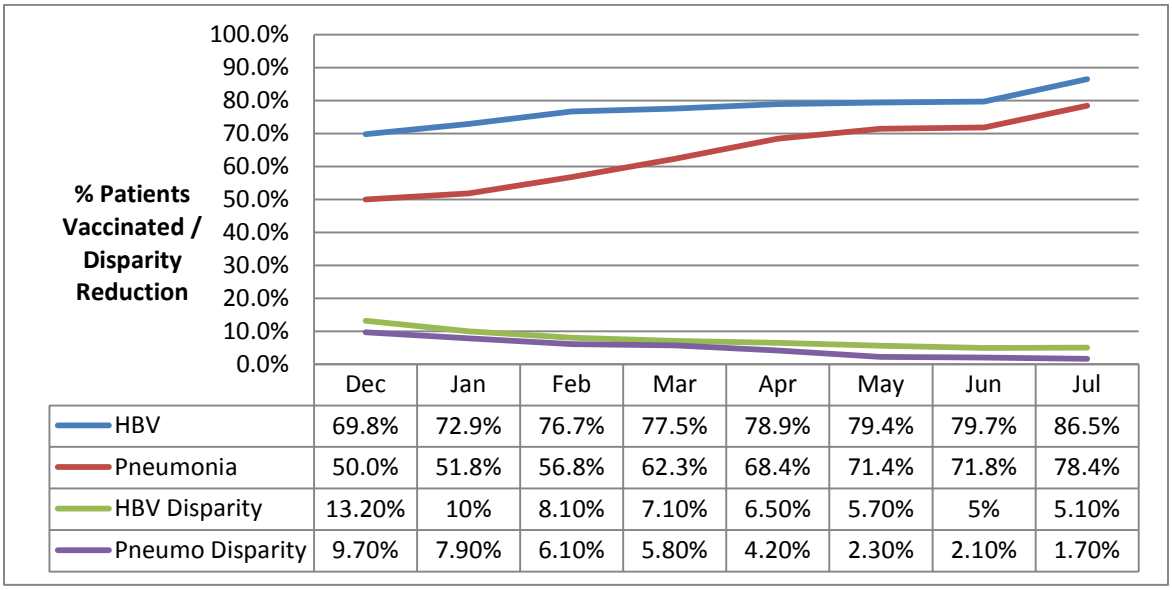
Unconditional teamwork was a feature of the project from work with our corporate data team in developing and improving the patient-level tool for facilities, to participation in a Network focus group to highlight progress, barriers and successes of different vaccination projects and to provide CMS with feedback for use in future vaccination improvement activities.

Customer benefit was realized by the hundreds of patients who received protection from HBV and pneumonia. Facilities benefitted by improving processes, better protection of patients and staff from HBV and pneumonia and income from administering vaccinations. When more people in a group are vaccinated, the better protected the rest of the population becomes.

The sustainability of the project was enhanced by the incorporation of the vaccination program into the monthly QI meetings held at each dialysis facility. Facilities submitted minutes to demonstrate their incorporation of vaccinations into their monthly QI programs.

The results of this project showed an increase in the HBV vaccination rate of >=65 year olds by 23.6 percentage points as of October 2015, while pneumonia vaccination rates increased by 34.2 percentage points compared with December 2014 baselines. The HBV vaccination rate disparity between the >=65 and <65 age groups reduced by 10.6 percentage points, while the pneumonia rate difference dropped 9.1 percentage points. The overall HBV vaccination rate increased 18.7 percentage points, while the overall pneumonia rate increased by 30.2 percentage points from their baselines of December 2014.

Figure 1: Hepatitis B (HBV) and Pneumonia Vaccination Project Results, 2015




| | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul |
|---|---|---|---|---|---|---|---|---|
| HBV | 69.8% | 72.9% | 76.7% | 77.5% | 78.9% | 79.4% | 79.7% | 86.5% |
| Pneumonia | 50.0% | 51.8% | 56.8% | 62.3% | 68.4% | 71.4% | 71.8% | 78.4% |
| HBV Disparity | 13.20% | 10% | 8.10% | 7.10% | 6.50% | 5.70% | 5% | 5.10% |
| Pneumo Disparity | 9.70% | 7.90% | 6.10% | 5.80% | 4.20% | 2.30% | 2.10% | 1.70% |

## HEALTHCARE-ACQUIRED INFECTION LAN

A LAN is an ongoing collaboration among community partners who represent 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 2015, the Network established a LAN focused on patient safety in dialysis facilities, with a specific focus on reducing rates of healthcare-acquired infections (HAIs) in Puerto Rico. The membership of the Network 3 Puerto Rico HAI LAN included representatives from the Quality Improvement Network in Puerto Rico (QIPRO) the Puerto Rico Department of Health, Fresenius Medical Care, Atlantis Healthcare, Centro Renal Universitario, Hospital Auxilio Mutuo, hospital social workers, utilization department staff, epidemiologists, American Nephrology Nurses Association-Caribbean Chapter, physicians, facility administrators, nurses, a Medicare beneficiary, Consejo Renal de Puerto Rico (Puerto Rico Renal Council), Fundación del Riñon de Puerto Rico (Puerto Rico Kidney Foundation.)

The HAI LAN provided education on the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Dialysis Event (DE) Protocol; LAN participants learned that communication between staff in the hospitals and dialysis units was a barrier that hindered accurate surveillance and reporting of infections as required by the DE protocol. The PR HAI LAN decided to embark on a pilot project aimed to improve reporting of positive blood cultures by establishing a process for communicating and exchanging medical information and records dialysis facilities required in order to accurately report infection data to NHSN.

The survey administered to 44 outpatient hemodialysis facilities in Puerto Rico included selected questions from the CDC Dialysis Event Surveillance and Reporting Validation Survey to assess practices for surveillance and reporting infections identified within one day of admission into the hospital. Thirty-five of the 44 facilities responded to the survey. Of the responding facilities, 75% requested records of patients who had been hospitalized; 72% of the facilities requested records for every hospitalization; 69% responded they “Always” or “Often” receive the medical records from the hospital most frequented by their patients; 15% of the facilities had a standard process for requesting records.

We collaborated with PR HAI LAN members, 12 dialysis facilities (with a total of 1,986 patients) and one hospital most frequented by patients in the identified dialysis facilities, who all agreed to participate in the pilot project.

A series of conference calls and two in-person meetings were held throughout the course of the project. The in-person meetings provided the participants an opportunity to network with each other.

Communication forms had been established previously during a Readmission Reduction Project in which the hospital participated. The form included the information the facility should send the hospital for a patient admitted and included the information the hospital should send the dialysis facilities upon a patient discharge. The PR HAI LAN members and pilot project participants collaborated to revise these communication forms and facility and hospital contact forms. The project facilities used these revised forms from April 2015 to September 2015. We tracked compliance rates for both the facilities and the participating hospital. We provided technical assistance and training on NHSN surveillance and reporting, on the CMS ESRD Quality Incentive Program (ESRD QIP) NHSN reporting requirements as described in the ESRD QIP, and on Protected Health Information / Personally Identifiable Information (PHI/PII) security awareness.

Pilot project facilities reported they received the communication forms and accompanying records from hospitals for 88% of their discharges to the facility by September 2015. 100% of the participating facilities established a process for identifying a positive blood culture obtained within one calendar day of a hospital admission. This improvement in communication helps support CMS and CDC goals of accurately capturing HAIs, regardless of where they are detected. At the conclusion of the pilot, we recommended that stakeholders continue to hold meetings to review and or improve the established processes.


Patient LAN: Increasing Patients' Physical Activity and Well-Being

# PATIENT LAN: INCREASING PATIENTS' PHYSICAL ACTIVITY AND WELL-BEING

We are committed to incorporating the perspective of patients, family members, and other caregivers into our quality improvement activities. In 2013, we established a Patient Engagement LAN. In collaboration with our LAN, we developed an educational campaign in 2014 titled **"Increasing Patients' Physical Activity and Well-Being."** With the goal of supporting the initiatives of this project and sustaining the activity in 2015, we encouraged participation of patients, family members and staff in Kidney Walks in both New Jersey and Puerto Rico.

On March 22, 2015, our staff joined with members of the Puerto Rican Kidney Foundation to promote awareness of a healthier lifestyle within the renal community during a 5K walk in San Juan, PR. We provided the selected Puerto Rico facilities with a total of 30 vouchers to engage at least three of their patients, family members and staff in a 5K walk. In total, 51 patients, 50 family members, 51 facility staff members and 41 family members of facility staff attended this event. Of the attendees, 116 participated in the walk.

## PHOTO FROM PUERTO RICO WALK


On June 7, 2015, we joined the NKF Kidney Walk in Trenton, NJ, with the aim of promoting dialysis patients' physical activity and well-being. Held in nearly 100 communities, the NKF Kidney Walk is the nation's largest walk to bring awareness to kidney disease. We encouraged all NJ dialysis facilities selected to participate in this educational campaign to engage their patients, staff, and family members to join in with Network staff and participate in the walk. In total, 13 patients, 28 family members, 30 facility staff members and 38 family members of facility staff attended this event. Of the attendees, 43 participated in the walk.

## PHOTO FROM NEW JERSEY WALK

# FACILITIES THAT CONSISTENTLY FAILED TO COOPERATE WITH NETWORK GOALS

In 2015, QIRN3 worked with dialysis facilities to improve the quality of care they were providing to their patients. All facilities fully cooperated with these interventions.

## RECOMMENDATIONS FOR SANCTIONS

In 2015, QIRN3 did not recommend sanctions for any dialysis facility.

## RECOMMENDATIONS TO CMS FOR ADDITIONAL SERVICES OR FACILITIES

In working with patients, families and dialysis unit staff, QIRN3 has recognized the need for special-use facilities to be created to treat patients with mental illness. Mental health professionals could be on staff at these facilities to better serve the needs of this population.

## CONTRIBUTIONS TO THE PROFESSIONAL LITERATURE

Joan Wickizer, MSW, LSW, NSW-C, and Danielle Kirkman, PhD

"A Rationale for Increasing Physical Activity in Chronic Kidney Disease: Quality Insights Renal Network 3's Learning and Action Network's Campaign"

Journal of Nephrology Social Work

Volume 39, Issue 1, 2015

Pages 29-32

# GRIEVANCES AND ACCESS TO CARE

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. In 2015, the Network responded to 102 grievances. Of these, 19 or 22.9% involved issues related to access to care.

Table D. Grievance Data for Calendar Year 2015

| Category | Number |
|---|---|
| Number of Grievance Cases Opened in Calendar Year 2015 | 83 |
| Number of Grievance Cases Involving Access to Care | 19 |
| Number of Grievance Cases Involving Involuntary Transfer | 14 |
| Number of Grievance Cases Involving Involuntary Discharge | 1 |
| Number of Grievance Cases Involving Failure to Place | 4 |
| Number of Non-Grievance Cases Involving Access to Care | 37 |
| Number of Non-Grievance Access to Care Cases Involving Involuntary Transfer | 0 |
| Number of Non-Grievance Access to Care Cases Involving Involuntary Discharge | 27 |
| Number of Non-Grievance Access to Care Cases Involving Failure to Place | 10 |
| Total Number of Grievance and Non-Grievance Cases Involving Access to Care | 56 |
| Number of Grievance Cases Closed by the Network in Calendar Year 2015 | 78 |
| Number of Non-Grievance Access to Care Cases Closed by the Network in Calendar Year 2015 | 33 |

Source of data: Patient Contact Utility.

# GRIEVANCE CASES REFERRED TO STATE SURVEY AGENCIES

QIRN3 referred 10 cases to the State Survey Agencies in 2015. Of these 10, five were referred to the New Jersey Department of Health and Senior Services and five were referred to the Puerto Rico Department of Health (DOH).

Five of the cases were classified as "Treatment Related; Quality of Care," two related to the "Physical Environment," two were "Involuntary Transfers," and one was "Staff Related." Each case had a review by the appropriate State Survey Agency, which took action based on the information provided by the grievant.

The Involuntary Transfer cases occurred in Puerto Rico and were related to a change in approved providers by the MCS Medicare Advantage Plan. MCS made the decision to change its in-Network provider from FMC to Atlantis Healthcare Group, resulting in more than 400 patients impacted by an involuntary transfer. Two of these cases resulted in referrals to the Puerto Rico DOH, as the grievants requested communication with an entity on the island.

# EMERGENCY PREPAREDNESS AND RESPONSE

## JANUARY

Winter Storm Juno impacted New Jersey on January 26 and 27, 2015. The Network was in communication with NJ dialysis facilities to track activation of their contingency plans and adjustments to schedules and transportation for patients. The storm was predicted to be a blizzard with precipitation of at least a foot of snow in most areas of the state. Many facilities made plans to close on Tuesday, January 27, as the brunt of the storm was predicted to impact them. These facilities made arrangements to dialyze Tuesday/Thursday/Saturday patients on Monday, January 26, and Wednesday, January 28.

The storm did not have its predicted impact, and most areas of the state did not have precipitation over 8 inches of snow. The closure of facilities allowed for the removal of snow and the clearing of pathways prior to re-opening on the 28th. Facilities that had decided to remain open were operational without difficulty. No facilities reported power outages or water problems. Network staff worked remotely from home, as the state of NJ issued an emergency declaration resulting in travel restrictions until after 9:00 am on the 27th. All facilities returned to normal operations, with some dialyzing extra patients on January 28. Our in-office operations resumed on January 28 as well.

## JUNE

The 2015 National Emergency Tabletop Exercise was held by the national Kidney Community Emergency Response (KCER) coalition on June 3. All 18 ESRD Networks participated in the exercise. The exercise focused on a hypothetical cyber-attack aimed at the infrastructure of water treatment facility systems in large metropolitan areas and offshore US territories, creating disruptions in the quality of water delivered to the general population. We invited community partners, the Middlesex (NJ) County Office of Emergency Management, the American Water Company, Fresenius Medical Care, DaVita, and DCI, to participate in the exercise and share their subject matter expertise. A total of 15 participants were present at the exercise, including our staff. As a result of lessons learned at this exercise, we completed an Improvement Plan to address challenges/barriers identified by players during the exercise.

During the Network's visit to Puerto Rico in June, the Network hosted a meeting with the Puerto Rico Emergency Preparedness Renal Coalition. The group addressed the drought condition in the island and the impact it could have on dialysis facilities.

## AUGUST

We were presented with two weather-related events in the USVI and PR during the month of August with Hurricane Danny and Tropical Storm Erika. We sent situational awareness advisories to the facilities and established ongoing communication with facility administrators and managers. No damage was reported from these events, and all facilities were successful in activating and implementing their contingency plans. The Puerto Rico Emergency Preparedness Renal Coalition (PREPRC) was activated during this event.

The PREPRC met to discuss how to address the drought conditions in Puerto Rico and water rationing issues. We emphasized the need to provide patients with information that would address any gossip and ease their concerns. The Network ensured that patients were receiving education by their providers about vascular access care at home during the water-rationing period. Two teleconference meetings were hosted with the PREPRC with representation from all dialysis providers, DOH, FEMA, and community stakeholders to address the storms and drought.

In preparation for the Pope's visit to Pennsylvania on September 2015, the Network also participated in conference calls hosted by KCER to address emergency preparedness initiatives for dialysis facilities, and the dissemination of appropriate notice to dialysis providers.

# DATA TABLES

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| Network 3 | | | Created: September 22, 2016 | | | |
|---|---|---|---|---|---|---|
| Table 1. Incident (New) ESRD Patients in Network 3's Service Area, by Patient Characteristics | | | | | | |
| January 1, 2015 - December 31, 2015 | | | | | | |
| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
| Age Group | | | | | | |
| <= 4 Years | 3 | 1 | 0 | 0 | 4 | 0.1% |
| 5-9 Years | 0 | 0 | 0 | 1 | 1 | 0.0% |
| 10-14 Years | 3 | 0 | 0 | 0 | 3 | 0.1% |
| 15-19 Years | 11 | 2 | 1 | 0 | 14 | 0.3% |
| 20-24 Years | 37 | 8 | 0 | 1 | 46 | 0.9% |
| 25-29 Years | 42 | 8 | 1 | 6 | 57 | 1.1% |
| 30-34 Years | 64 | 11 | 0 | 4 | 79 | 1.5% |
| 35-39 Years | 87 | 38 | 1 | 3 | 129 | 2.5% |
| 40-44 Years | 109 | 56 | 1 | 3 | 169 | 3.3% |
| 45-49 Years | 163 | 86 | 5 | 17 | 271 | 5.3% |
| 50-54 Years | 283 | 112 | 3 | 16 | 414 | 8.0% |
| 55-59 Years | 350 | 155 | 4 | 21 | 530 | 10.3% |
| 60-64 Years | 419 | 184 | 7 | 18 | 628 | 12.2% |
| 65-69 Years | 470 | 186 | 6 | 21 | 683 | 13.2% |
| 70-74 Years | 455 | 188 | 2 | 16 | 661 | 12.8% |
| 75-79 Years | 404 | 181 | 0 | 15 | 600 | 11.6% |
| 80-84 Years | 402 | 94 | 2 | 14 | 512 | 9.9% |
| >= 85 Years | 294 | 50 | 2 | 12 | 358 | 6.9% |
| Total | 3596 | 1360 | 35 | 168 | 5159 | 100.0% |
| Median Age | 67 | 65 | 62 | 62 | 66 | |
| Gender | | | | | | |
| Female | 1433 | 511 | 14 | 74 | 2032 | 39.4% |
| Male | 2163 | 849 | 21 | 94 | 3127 | 60.6% |
| Total | 3596 | 1360 | 35 | 168 | 5159 | 100.0% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
|---|---|---|---|---|---|---|
| Ethnicity* | | | | | | |
| Hispanic or Latino | 388 | 1344 | 5 | 50 | 1787 | 34.6% |
| Not Hispanic or Latino | 3200 | 16 | 30 | 118 | 3364 | 65.2% |
| Not Specified | 8 | 0 | 0 | 0 | 8 | 0.2% |
| Total | 3596 | 1360 | 35 | 168 | 5159 | 100.0% |
| Race* | | | | | | |
| American Indian/Alaska Native | 2 | 0 | 0 | 0 | 2 | 0.0% |
| Asian | 148 | 0 | 1 | 5 | 154 | 3.0% |
| Black or African American | 1011 | 54 | 27 | 43 | 1135 | 22.0% |
| Native Hawaiian or Other Pacific Islander | 35 | 1 | 4 | 0 | 40 | 0.8% |
| White | 2379 | 1303 | 2 | 119 | 3803 | 73.7% |
| More Than One Race Reported | 13 | 2 | 1 | 1 | 17 | 0.3% |
| Not Specified | 8 | 0 | 0 | 0 | 8 | 0.2% |
| Total | 3596 | 1360 | 35 | 168 | 5159 | 100.0% |
| Primary Cause of ESRD* | | | | | | |
| Diabetes | 1519 | 925 | 16 | 91 | 2551 | 49.4% |
| Glomerulonephritis | 235 | 70 | 2 | 8 | 315 | 6.1% |
| Secondary Glomerulonephritis/Vasculitis | 41 | 15 | 0 | 5 | 61 | 1.2% |
| Interstitial Nephritis/Pyelonephritis | 79 | 35 | 1 | 1 | 116 | 2.2% |
| Transplant Complications | 3 | 0 | 0 | 1 | 4 | 0.1% |
| Hypertension/Large Vessel Disease | 1292 | 211 | 13 | 48 | 1564 | 30.3% |
| Cystic/Hereditary/Congenital/ Other Diseases | 79 | 26 | 0 | 3 | 108 | 2.1% |
| Neoplasms/Tumors | 79 | 28 | 0 | 0 | 107 | 2.1% |
| Disorders of Mineral Metabolism | 1 | 0 | 0 | 0 | 1 | 0.0% |
| Genitourinary System | 2 | 1 | 0 | 0 | 3 | 0.1% |
| Acute Kidney Failure | 22 | 5 | 0 | 0 | 27 | 0.5% |
| Miscellaneous Conditions | 234 | 44 | 3 | 10 | 291 | 5.6% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
|---|---|---|---|---|---|---|
| Not Specified | 10 | 0 | 0 | 1 | 11 | 0.2% |
| Total | 3596 | 1360 | 35 | 168 | 5159 | 100.0% |

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

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

| Network 3 | | | | | Created: September 22, 2016 | |
|---|---|---|---|---|---|---|
| Table 2: Prevalent Dialysis Patients in Network 3's Service Area, by Patient Characteristics | | | | | | |
| As of December 31, 2015 | | | | | | |
| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
| Age Group | | | | | | |
| <= 4 Years | 2 | 3 | 0 | 0 | 5 | 0.0% |
| 5-9 Years | 0 | 4 | 0 | 1 | 5 | 0.0% |
| 10-14 Years | 3 | 3 | 0 | 0 | 6 | 0.0% |
| 15-19 Years | 12 | 9 | 1 | 0 | 22 | 0.1% |
| 20-24 Years | 85 | 31 | 0 | 2 | 118 | 0.6% |
| 25-29 Years | 156 | 51 | 3 | 6 | 216 | 1.1% |
| 30-34 Years | 250 | 92 | 6 | 10 | 358 | 1.8% |
| 35-39 Years | 385 | 163 | 4 | 8 | 560 | 2.9% |
| 40-44 Years | 513 | 234 | 12 | 9 | 768 | 3.9% |
| 45-49 Years | 814 | 363 | 13 | 22 | 1212 | 6.2% |
| 50-54 Years | 1161 | 529 | 21 | 22 | 1733 | 8.8% |
| 55-59 Years | 1484 | 609 | 24 | 47 | 2164 | 11.0% |
| 60-64 Years | 1690 | 803 | 22 | 37 | 2552 | 13.0% |
| 65-69 Years | 1760 | 893 | 28 | 43 | 2724 | 13.9% |
| 70-74 Years | 1608 | 753 | 32 | 40 | 2433 | 12.4% |
| 75-79 Years | 1359 | 594 | 22 | 31 | 2006 | 10.2% |
| 80-84 Years | 1162 | 348 | 16 | 18 | 1544 | 7.9% |
| >= 85 Years | 986 | 169 | 7 | 15 | 1177 | 6.0% |
| Total | 13430 | 5651 | 211 | 311 | 19603 | 100.0% |
| Median Age | 65 | 64 | 64 | 63 | 65 | |
| Gender | | | | | | |
| Female | 5514 | 2120 | 82 | 139 | 7855 | 40.1% |
| Male | 7916 | 3531 | 129 | 172 | 11748 | 59.9% |
| Total | 13430 | 5651 | 211 | 311 | 19603 | 100.0% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
|---|---|---|---|---|---|---|
| Ethnicity* | | | | | | |
| Hispanic or Latino | 1622 | 5592 | 26 | 102 | 7342 | 37.5% |
| Not Hispanic or Latino | 11806 | 57 | 185 | 209 | 12257 | 62.5% |
| Not Specified | 2 | 2 | 0 | 0 | 4 | 0.0% |
| Total | 13430 | 5651 | 211 | 311 | 19603 | 100.0% |
| Race* | | | | | | |
| American Indian/Alaska Native | 7 | 2 | 0 | 0 | 9 | 0.0% |
| Asian | 577 | 1 | 1 | 9 | 588 | 3.0% |
| Black or African American | 5116 | 457 | 170 | 114 | 5857 | 29.9% |
| Native Hawaiian or Other Pacific Islander | 108 | 4 | 14 | 1 | 127 | 0.6% |
| White | 7579 | 5085 | 16 | 185 | 12865 | 65.6% |
| More Than One Race Reported | 42 | 100 | 10 | 2 | 154 | 0.8% |
| Not Specified | 1 | 2 | 0 | 0 | 3 | 0.0% |
| Total | 13430 | 5651 | 211 | 311 | 19603 | 100.0% |
| Primary Cause of ESRD* | | | | | | |
| Diabetes | 5541 | 3538 | 120 | 169 | 9368 | 47.8% |
| Glomerulonephritis | 1139 | 488 | 9 | 20 | 1656 | 8.4% |
| Secondary Glomerulonephritis/ Vasculitis | 274 | 73 | 2 | 11 | 360 | 1.8% |
| Interstitial Nephritis/Pyelonephritis | 368 | 153 | 3 | 8 | 532 | 2.7% |
| Transplant Complications | 4 | 0 | 0 | 1 | 5 | 0.0% |
| Hypertension/Large Vessel Disease | 4507 | 904 | 59 | 81 | 5551 | 28.3% |
| Cystic/Hereditary/Congenital/ Other Diseases | 411 | 197 | 2 | 7 | 617 | 3.1% |
| Neoplasms/Tumors | 443 | 117 | 6 | 6 | 572 | 2.9% |
| Disorders of Mineral Metabolism | 1 | 0 | 0 | 0 | 1 | 0.0% |
| Genitourinary System | 1 | 1 | 0 | 0 | 2 | 0.0% |
| Acute Kidney Failure | 16 | 6 | 0 | 0 | 22 | 0.1% |
| Miscellaneous Conditions | 704 | 167 | 9 | 7 | 887 | 4.5% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
|---|---|---|---|---|---|---|
| Not Specified | 21 | 7 | 1 | 1 | 30 | 0.2% |
| Total | 13430 | 5651 | 211 | 311 | 19603 | 100.0% |

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

1. This table includes data on all patients identified in CROWNWeb as alive and receiving dialysis services as of December 31 of the calendar year.

2. This table may include data on some patients receiving dialysis services from U.S. Department of Veterans Affairs (VA) facilities.

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

Network 3 Created: September 22, 2016

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

As of December 31, 2015

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home | Total In-Center and In-Home |
|---|---|---|---|---|---|---|
| 310001 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310002 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310012 | 0 | 0 | 0 | 0 | 0 | 7 |
| 31001F | 0 | 0 | 0 | 0 | 0 | 50 |
| 310025 | 0 | 0 | 0 | 0 | 0 | 57 |
| 310027 | 0 | 0 | 0 | 0 | 0 | 59 |
| 310029 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310032 | 0 | 0 | 0 | 0 | 0 | 95 |
| 310034 | 0 | 0 | 0 | 0 | 0 | 61 |
| 310038 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310052 | 8 | 0 | 7 | 0 | 15 | 106 |
| 310054 | 0 | 0 | 5 | 0 | 5 | 205 |
| 310064 | 0 | 0 | 0 | 0 | 0 | 58 |
| 310076 | 0 | 0 | 0 | 0 | 0 | 0 |
| 310083 | 0 | 0 | 0 | 0 | 0 | 131 |
| 310092 | 0 | 1 | 10 | 0 | 11 | 135 |
| 312501 | 0 | 0 | 0 | 0 | 0 | 192 |
| 312502 | 0 | 0 | 0 | 0 | 0 | 209 |
| 312503 | 0 | 2 | 4 | 0 | 6 | 110 |
| 312504 | 0 | 0 | 0 | 0 | 0 | 106 |
| 312505 | 0 | 0 | 8 | 0 | 8 | 112 |
| 312506 | 0 | 0 | 0 | 0 | 0 | 88 |
| 312508 | 0 | 9 | 37 | 0 | 46 | 131 |
| 312509 | 4 | 2 | 18 | 0 | 24 | 212 |
| 312510 | 0 | 0 | 0 | 0 | 0 | 99 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 312513 | 0 | 7 | 24 | 0 | 31 | 133 |
| 312514 | 2 | 0 | 4 | 0 | 6 | 91 |
| 312515 | 0 | 0 | 0 | 0 | 0 | 68 |
| 312516 | 0 | 0 | 0 | 0 | 0 | 44 |
| 312517 | 0 | 0 | 1 | 0 | 1 | 86 |
| 312518 | 0 | 0 | 2 | 0 | 2 | 107 |
| 312520 | 0 | 1 | 15 | 0 | 16 | 95 |
| 312521 | 0 | 0 | 0 | 0 | 0 | 67 |
| 312522 | 0 | 0 | 3 | 0 | 3 | 112 |
| 312523 | 1 | 1 | 5 | 0 | 7 | 61 |
| 312524 | 0 | 12 | 11 | 0 | 23 | 23 |
| 312525 | 1 | 2 | 50 | 0 | 53 | 216 |
| 312527 | 0 | 0 | 0 | 0 | 0 | 74 |
| 312528 | 0 | 0 | 8 | 0 | 8 | 95 |
| 312529 | 0 | 0 | 0 | 0 | 0 | 92 |
| 312530 | 0 | 0 | 0 | 0 | 0 | 88 |
| 312531 | 0 | 0 | 0 | 0 | 0 | 72 |
| 312532 | 0 | 0 | 0 | 0 | 0 | 95 |
| 312533 | 0 | 0 | 0 | 0 | 0 | 108 |
| 312534 | 0 | 0 | 0 | 0 | 0 | 64 |
| 312535 | 2 | 5 | 3 | 0 | 10 | 105 |
| 312536 | 1 | 8 | 10 | 0 | 19 | 153 |
| 312537 | 1 | 9 | 15 | 0 | 25 | 119 |
| 312538 | 0 | 0 | 0 | 0 | 0 | 106 |
| 312540 | 0 | 0 | 0 | 0 | 0 | 116 |
| 312541 | 0 | 0 | 0 | 0 | 0 | 69 |
| 312542 | 0 | 0 | 0 | 0 | 0 | 126 |
| 312543 | 5 | 0 | 0 | 0 | 5 | 99 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 312544 | 0 | 1 | 6 | 0 | 7 | 59 |
| 312545 | 0 | 2 | 9 | 0 | 11 | 118 |
| 312546 | 0 | 0 | 0 | 0 | 0 | 113 |
| 312547 | 0 | 0 | 2 | 0 | 2 | 46 |
| 312548 | 0 | 0 | 0 | 0 | 0 | 52 |
| 312550 | 0 | 1 | 9 | 0 | 10 | 56 |
| 312551 | 0 | 13 | 9 | 0 | 22 | 108 |
| 312552 | 0 | 2 | 8 | 0 | 10 | 102 |
| 312553 | 0 | 0 | 3 | 0 | 3 | 126 |
| 312554 | 0 | 3 | 9 | 0 | 12 | 144 |
| 312555 | 0 | 0 | 0 | 0 | 0 | 0 |
| 312557 | 0 | 0 | 10 | 0 | 10 | 109 |
| 312558 | 8 | 0 | 0 | 0 | 8 | 109 |
| 312559 | 0 | 1 | 22 | 0 | 23 | 133 |
| 312560 | 2 | 0 | 0 | 0 | 2 | 108 |
| 312561 | 0 | 1 | 5 | 0 | 6 | 57 |
| 312562 | 0 | 0 | 0 | 0 | 0 | 70 |
| 312563 | 0 | 3 | 18 | 0 | 21 | 90 |
| 312564 | 0 | 0 | 0 | 0 | 0 | 97 |
| 312565 | 0 | 0 | 0 | 0 | 0 | 46 |
| 312566 | 4 | 4 | 9 | 0 | 17 | 106 |
| 312567 | 0 | 0 | 0 | 0 | 0 | 88 |
| 312568 | 0 | 0 | 0 | 0 | 0 | 102 |
| 312569 | 0 | 0 | 0 | 0 | 0 | 59 |
| 312570 | 0 | 0 | 10 | 0 | 10 | 115 |
| 312571 | 0 | 0 | 2 | 0 | 2 | 75 |
| 312572 | 1 | 2 | 10 | 0 | 13 | 79 |
| 312573 | 0 | 0 | 0 | 0 | 0 | 146 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 312574 | 0 | 0 | 37 | 0 | 37 | 115 |
| 312575 | 0 | 0 | 0 | 0 | 0 | 65 |
| 312576 | 2 | 6 | 5 | 0 | 13 | 124 |
| 312578 | 0 | 0 | 0 | 0 | 0 | 93 |
| 312579 | 0 | 0 | 0 | 0 | 0 | 71 |
| 312580 | 0 | 0 | 0 | 0 | 0 | 129 |
| 312581 | 0 | 0 | 0 | 0 | 0 | 115 |
| 312582 | 0 | 0 | 0 | 0 | 0 | 71 |
| 312583 | 0 | 5 | 15 | 0 | 20 | 88 |
| 312584 | 10 | 0 | 0 | 0 | 10 | 90 |
| 312585 | 0 | 0 | 5 | 0 | 5 | 101 |
| 312586 | 0 | 0 | 0 | 0 | 0 | 81 |
| 312587 | 1 | 0 | 2 | 0 | 3 | 103 |
| 312588 | 0 | 0 | 0 | 0 | 0 | 81 |
| 312589 | 0 | 0 | 0 | 0 | 0 | 47 |
| 312590 | 6 | 1 | 11 | 0 | 18 | 98 |
| 312591 | 11 | 1 | 14 | 0 | 26 | 26 |
| 312592 | 3 | 1 | 15 | 0 | 19 | 66 |
| 312593 | 9 | 0 | 0 | 0 | 9 | 124 |
| 312594 | 0 | 0 | 0 | 0 | 0 | 79 |
| 312595 | 0 | 0 | 1 | 0 | 1 | 45 |
| 312596 | 0 | 0 | 0 | 0 | 0 | 66 |
| 312597 | 0 | 0 | 0 | 0 | 0 | 64 |
| 312598 | 0 | 0 | 0 | 0 | 0 | 96 |
| 312599 | 0 | 0 | 0 | 0 | 0 | 54 |
| 312600 | 0 | 0 | 2 | 0 | 2 | 61 |
| 312602 | 1 | 0 | 10 | 0 | 11 | 57 |
| 312603 | 0 | 0 | 4 | 0 | 4 | 53 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 312604 | 0 | 0 | 0 | 0 | 0 | 60 |
| 312605 | 0 | 0 | 0 | 0 | 0 | 31 |
| 312606 | 1 | 3 | 3 | 0 | 7 | 95 |
| 312607 | 1 | 0 | 5 | 0 | 6 | 72 |
| 312608 | 0 | 4 | 2 | 0 | 6 | 56 |
| 312609 | 6 | 0 | 5 | 0 | 11 | 65 |
| 312610 | 0 | 5 | 20 | 0 | 25 | 78 |
| 312611 | 3 | 1 | 7 | 0 | 11 | 86 |
| 312612 | 1 | 1 | 2 | 0 | 4 | 114 |
| 312613 | 0 | 0 | 0 | 0 | 0 | 31 |
| 312614 | 4 | 0 | 29 | 0 | 33 | 366 |
| 312615 | 2 | 5 | 9 | 0 | 16 | 223 |
| 312616 | 0 | 0 | 0 | 0 | 0 | 103 |
| 312617 | 0 | 0 | 0 | 0 | 0 | 39 |
| 312618 | 0 | 0 | 0 | 0 | 0 | 122 |
| 312619 | 1 | 2 | 6 | 0 | 9 | 93 |
| 312620 | 0 | 0 | 0 | 0 | 0 | 68 |
| 312621 | 0 | 0 | 3 | 0 | 3 | 90 |
| 312622 | 0 | 0 | 12 | 0 | 12 | 176 |
| 312623 | 0 | 0 | 0 | 0 | 0 | 54 |
| 312624 | 0 | 2 | 7 | 0 | 9 | 66 |
| 312625 | 0 | 3 | 2 | 0 | 5 | 39 |
| 312626 | 2 | 0 | 0 | 0 | 2 | 94 |
| 312627 | 0 | 0 | 0 | 0 | 0 | 77 |
| 312628 | 0 | 2 | 2 | 0 | 4 | 115 |
| 312629 | 0 | 0 | 4 | 0 | 4 | 67 |
| 312630 | 0 | 3 | 8 | 0 | 11 | 70 |
| 312631 | 0 | 0 | 5 | 0 | 5 | 5 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 312632 | 0 | 0 | 1 | 0 | 1 | 40 |
| 312633 | 0 | 0 | 7 | 0 | 7 | 31 |
| 312634 | 2 | 2 | 5 | 0 | 9 | 60 |
| 312635 | 1 | 7 | 9 | 0 | 17 | 67 |
| 312636 | 1 | 0 | 3 | 0 | 4 | 31 |
| 312637 | 2 | 0 | 14 | 0 | 16 | 62 |
| 312638 | 4 | 1 | 6 | 0 | 11 | 79 |
| 312639 | 0 | 0 | 1 | 0 | 1 | 38 |
| 312640 | 0 | 0 | 0 | 0 | 0 | 26 |
| 312641 | 3 | 0 | 5 | 0 | 8 | 50 |
| 312642 | 0 | 0 | 4 | 0 | 4 | 49 |
| 312643 | 0 | 0 | 0 | 0 | 0 | 46 |
| 312644 | 0 | 0 | 0 | 0 | 0 | 17 |
| 312645 | 4 | 5 | 0 | 0 | 9 | 47 |
| 312646 | 3 | 2 | 19 | 0 | 24 | 24 |
| 312647 | 0 | 1 | 1 | 0 | 2 | 30 |
| 312648 | 0 | 0 | 3 | 0 | 3 | 42 |
| 312649 | 0 | 2 | 2 | 0 | 4 | 20 |
| 312650 | 1 | 0 | 3 | 0 | 4 | 4 |
| 312651 | 0 | 1 | 1 | 0 | 2 | 13 |
| 312652 | 0 | 2 | 0 | 0 | 2 | 4 |
| 312653 | 1 | 2 | 0 | 0 | 3 | 3 |
| 312654 | 2 | 0 | 0 | 0 | 2 | 4 |
| 313501 | 0 | 4 | 17 | 0 | 21 | 199 |
| 313503 | 0 | 0 | 0 | 0 | 0 | 90 |
| 313517 | 0 | 0 | 0 | 0 | 0 | 197 |
| 313519 | 0 | 0 | 0 | 0 | 0 | 71 |
| 313520 | 0 | 1 | 2 | 0 | 3 | 120 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| NJ Total | 128 | 167 | 736 | 0 | 1031 | 13702 |
| 400016 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40003F | 0 | 0 | 0 | 0 | 0 | 35 |
| 400061 | 0 | 0 | 0 | 0 | 0 | 61 |
| 402501 | 0 | 0 | 0 | 0 | 0 | 156 |
| 402502 | 0 | 2 | 10 | 0 | 12 | 181 |
| 402503 | 0 | 0 | 0 | 0 | 0 | 128 |
| 402504 | 0 | 0 | 0 | 0 | 0 | 141 |
| 402505 | 0 | 2 | 24 | 0 | 26 | 224 |
| 402506 | 0 | 0 | 0 | 0 | 0 | 105 |
| 402507 | 0 | 0 | 0 | 0 | 0 | 158 |
| 402508 | 0 | 3 | 12 | 0 | 15 | 118 |
| 402509 | 0 | 0 | 0 | 0 | 0 | 104 |
| 402510 | 0 | 3 | 37 | 0 | 40 | 221 |
| 402513 | 0 | 0 | 35 | 0 | 35 | 131 |
| 402514 | 0 | 0 | 0 | 0 | 0 | 203 |
| 402515 | 2 | 6 | 44 | 0 | 52 | 231 |
| 402517 | 0 | 7 | 21 | 0 | 28 | 173 |
| 402518 | 0 | 4 | 13 | 0 | 17 | 181 |
| 402519 | 0 | 3 | 30 | 0 | 33 | 173 |
| 402521 | 0 | 0 | 0 | 0 | 0 | 116 |
| 402525 | 0 | 0 | 18 | 0 | 18 | 121 |
| 402527 | 0 | 0 | 20 | 0 | 20 | 171 |
| 402528 | 0 | 1 | 13 | 0 | 14 | 100 |
| 402529 | 0 | 0 | 0 | 0 | 0 | 96 |
| 402530 | 0 | 4 | 26 | 0 | 30 | 255 |
| 402531 | 0 | 0 | 6 | 0 | 6 | 111 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 402533 | 0 | 0 | 10 | 0 | 10 | 198 |
| 402534 | 0 | 0 | 0 | 0 | 0 | 104 |
| 402535 | 0 | 0 | 0 | 0 | 0 | 73 |
| 402536 | 0 | 0 | 0 | 0 | 0 | 89 |
| 402537 | 0 | 0 | 0 | 0 | 0 | 94 |
| 402538 | 0 | 0 | 7 | 0 | 7 | 154 |
| 402539 | 0 | 0 | 10 | 0 | 10 | 185 |
| 402540 | 0 | 0 | 14 | 0 | 14 | 122 |
| 402541 | 0 | 0 | 16 | 0 | 16 | 173 |
| 402542 | 0 | 0 | 0 | 0 | 0 | 0 |
| 402543 | 0 | 2 | 9 | 0 | 11 | 137 |
| 402544 | 0 | 0 | 0 | 0 | 0 | 18 |
| 402546 | 0 | 0 | 0 | 0 | 0 | 98 |
| 402547 | 0 | 0 | 0 | 0 | 0 | 75 |
| 402548 | 0 | 0 | 0 | 0 | 0 | 100 |
| 402549 | 0 | 3 | 4 | 0 | 7 | 153 |
| 402550 | 0 | 2 | 8 | 0 | 10 | 76 |
| 402551 | 0 | 0 | 0 | 0 | 0 | 67 |
| 402552 | 0 | 0 | 0 | 0 | 0 | 82 |
| 402553 | 0 | 0 | 0 | 0 | 0 | 19 |
| 402554 | 0 | 0 | 0 | 0 | 0 | 12 |
| 403301 | 0 | 0 | 11 | 0 | 11 | 20 |
| PR Total | 2 | 42 | 398 | 0 | 442 | 5743 |
| 480001 | 0 | 0 | 0 | 0 | 0 | 87 |
| 480002 | 0 | 0 | 0 | 0 | 0 | 68 |
| 482500 | 0 | 0 | 0 | 0 | 0 | 47 |
| 482501 | 0 | 0 | 0 | 0 | 0 | 19 |

| Facility CCN | HD | CAPD | CCPD | Other Modalities | Total In-Home Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|---|---|
| 482502 | 0 | 0 | 0 | 0 | 0 | 11 |
| VI Total | 0 | 0 | 0 | 0 | 0 | 232 |
| Network Total | 130 | 209 | 1134 | 0 | 1473 | 19677 |
| | | | | | | |
| Source of data: ESRD Facility Survey (CMS-2744A) as recorded in CROWNWeb. | | | | | | |
| HD = Hemodialysis | | | | | | |
| CAPD = Continuous Ambulatory Peritoneal Dialysis | | | | | | |
| CCPD = Continuous Cycling Peritoneal Dialysis | | | | | | |
| NOTE: This table may include data for some U.S. Department of Veterans Affairs (VA) facilities. | | | | | | |

| Network 3 | | | Created: September 22,2016 | |
|---|---|---|---|---|
| Table 4. In-Center Dialysis Patients in Network 3's Service Area, by Dialysis Facility and Modality | | | | |
| As of December 31, 2015 | | | | |
| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
| 310012 | 7 | 0 | 7 | 7 |
| 31001F | 50 | 0 | 50 | 50 |
| 310025 | 57 | 0 | 57 | 57 |
| 310027 | 59 | 0 | 59 | 59 |
| 310032 | 95 | 0 | 95 | 95 |
| 310034 | 61 | 0 | 61 | 61 |
| 310052 | 91 | 0 | 91 | 106 |
| 310054 | 200 | 0 | 200 | 205 |
| 310064 | 58 | 0 | 58 | 58 |
| 310083 | 131 | 0 | 131 | 131 |
| 310092 | 124 | 0 | 124 | 135 |
| 312501 | 192 | 0 | 192 | 192 |
| 312502 | 209 | 0 | 209 | 209 |
| 312503 | 104 | 0 | 104 | 110 |
| 312504 | 106 | 0 | 106 | 106 |
| 312505 | 104 | 0 | 104 | 112 |
| 312506 | 88 | 0 | 88 | 88 |
| 312508 | 85 | 0 | 85 | 131 |
| 312509 | 188 | 0 | 188 | 212 |
| 312510 | 99 | 0 | 99 | 99 |
| 312513 | 102 | 0 | 102 | 133 |
| 312514 | 85 | 0 | 85 | 91 |
| 312515 | 68 | 0 | 68 | 68 |
| 312516 | 44 | 0 | 44 | 44 |
| 312517 | 85 | 0 | 85 | 86 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 312518 | 105 | 0 | 105 | 107 |
| 312520 | 79 | 0 | 79 | 95 |
| 312521 | 67 | 0 | 67 | 67 |
| 312522 | 109 | 0 | 109 | 112 |
| 312523 | 54 | 0 | 54 | 61 |
| 312524 | 0 | 0 | 0 | 23 |
| 312525 | 163 | 0 | 163 | 216 |
| 312527 | 74 | 0 | 74 | 74 |
| 312528 | 87 | 0 | 87 | 95 |
| 312529 | 92 | 0 | 92 | 92 |
| 312530 | 88 | 0 | 88 | 88 |
| 312531 | 72 | 0 | 72 | 72 |
| 312532 | 95 | 0 | 95 | 95 |
| 312533 | 108 | 0 | 108 | 108 |
| 312534 | 64 | 0 | 64 | 64 |
| 312535 | 94 | 1 | 95 | 105 |
| 312536 | 134 | 0 | 134 | 153 |
| 312537 | 94 | 0 | 94 | 119 |
| 312538 | 106 | 0 | 106 | 106 |
| 312540 | 116 | 0 | 116 | 116 |
| 312541 | 69 | 0 | 69 | 69 |
| 312542 | 126 | 0 | 126 | 126 |
| 312543 | 94 | 0 | 94 | 99 |
| 312544 | 52 | 0 | 52 | 59 |
| 312545 | 107 | 0 | 107 | 118 |
| 312546 | 113 | 0 | 113 | 113 |
| 312547 | 44 | 0 | 44 | 46 |
| 312548 | 52 | 0 | 52 | 52 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 312550 | 46 | 0 | 46 | 56 |
| 312551 | 86 | 0 | 86 | 108 |
| 312552 | 92 | 0 | 92 | 102 |
| 312553 | 123 | 0 | 123 | 126 |
| 312554 | 132 | 0 | 132 | 144 |
| 312557 | 99 | 0 | 99 | 109 |
| 312558 | 101 | 0 | 101 | 109 |
| 312559 | 110 | 0 | 110 | 133 |
| 312560 | 106 | 0 | 106 | 108 |
| 312561 | 51 | 0 | 51 | 57 |
| 312562 | 70 | 0 | 70 | 70 |
| 312563 | 69 | 0 | 69 | 90 |
| 312564 | 97 | 0 | 97 | 97 |
| 312565 | 46 | 0 | 46 | 46 |
| 312566 | 89 | 0 | 89 | 106 |
| 312567 | 88 | 0 | 88 | 88 |
| 312568 | 102 | 0 | 102 | 102 |
| 312569 | 59 | 0 | 59 | 59 |
| 312570 | 105 | 0 | 105 | 115 |
| 312571 | 73 | 0 | 73 | 75 |
| 312572 | 66 | 0 | 66 | 79 |
| 312573 | 146 | 0 | 146 | 146 |
| 312574 | 78 | 0 | 78 | 115 |
| 312575 | 65 | 0 | 65 | 65 |
| 312576 | 111 | 0 | 111 | 124 |
| 312578 | 93 | 0 | 93 | 93 |
| 312579 | 71 | 0 | 71 | 71 |
| 312580 | 129 | 0 | 129 | 129 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 312581 | 115 | 0 | 115 | 115 |
| 312582 | 71 | 0 | 71 | 71 |
| 312583 | 68 | 0 | 68 | 88 |
| 312584 | 80 | 0 | 80 | 90 |
| 312585 | 96 | 0 | 96 | 101 |
| 312586 | 81 | 0 | 81 | 81 |
| 312587 | 100 | 0 | 100 | 103 |
| 312588 | 81 | 0 | 81 | 81 |
| 312589 | 47 | 0 | 47 | 47 |
| 312590 | 80 | 0 | 80 | 98 |
| 312591 | 0 | 0 | 0 | 26 |
| 312592 | 47 | 0 | 47 | 66 |
| 312593 | 115 | 0 | 115 | 124 |
| 312594 | 79 | 0 | 79 | 79 |
| 312595 | 44 | 0 | 44 | 45 |
| 312596 | 66 | 0 | 66 | 66 |
| 312597 | 64 | 0 | 64 | 64 |
| 312598 | 96 | 0 | 96 | 96 |
| 312599 | 54 | 0 | 54 | 54 |
| 312600 | 59 | 0 | 59 | 61 |
| 312602 | 46 | 0 | 46 | 57 |
| 312603 | 49 | 0 | 49 | 53 |
| 312604 | 60 | 0 | 60 | 60 |
| 312605 | 31 | 0 | 31 | 31 |
| 312606 | 88 | 0 | 88 | 95 |
| 312607 | 66 | 0 | 66 | 72 |
| 312608 | 50 | 0 | 50 | 56 |
| 312609 | 54 | 0 | 54 | 65 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 312610 | 53 | 0 | 53 | 78 |
| 312611 | 75 | 0 | 75 | 86 |
| 312612 | 110 | 0 | 110 | 114 |
| 312613 | 31 | 0 | 31 | 31 |
| 312614 | 333 | 0 | 333 | 366 |
| 312615 | 207 | 0 | 207 | 223 |
| 312616 | 103 | 0 | 103 | 103 |
| 312617 | 39 | 0 | 39 | 39 |
| 312618 | 122 | 0 | 122 | 122 |
| 312619 | 84 | 0 | 84 | 93 |
| 312620 | 68 | 0 | 68 | 68 |
| 312621 | 87 | 0 | 87 | 90 |
| 312622 | 164 | 0 | 164 | 176 |
| 312623 | 54 | 0 | 54 | 54 |
| 312624 | 57 | 0 | 57 | 66 |
| 312625 | 34 | 0 | 34 | 39 |
| 312626 | 92 | 0 | 92 | 94 |
| 312627 | 77 | 0 | 77 | 77 |
| 312628 | 111 | 0 | 111 | 115 |
| 312629 | 63 | 0 | 63 | 67 |
| 312630 | 59 | 0 | 59 | 70 |
| 312631 | 0 | 0 | 0 | 5 |
| 312632 | 39 | 0 | 39 | 40 |
| 312633 | 24 | 0 | 24 | 31 |
| 312634 | 51 | 0 | 51 | 60 |
| 312635 | 50 | 0 | 50 | 67 |
| 312636 | 27 | 0 | 27 | 31 |
| 312637 | 46 | 0 | 46 | 62 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 312638 | 68 | 0 | 68 | 79 |
| 312639 | 37 | 0 | 37 | 38 |
| 312640 | 26 | 0 | 26 | 26 |
| 312641 | 42 | 0 | 42 | 50 |
| 312642 | 45 | 0 | 45 | 49 |
| 312643 | 46 | 0 | 46 | 46 |
| 312644 | 17 | 0 | 17 | 17 |
| 312645 | 38 | 0 | 38 | 47 |
| 312646 | 0 | 0 | 0 | 24 |
| 312647 | 28 | 0 | 28 | 30 |
| 312648 | 39 | 0 | 39 | 42 |
| 312649 | 16 | 0 | 16 | 20 |
| 312650 | 0 | 0 | 0 | 4 |
| 312651 | 11 | 0 | 11 | 13 |
| 312652 | 2 | 0 | 2 | 4 |
| 312653 | 0 | 0 | 0 | 3 |
| 312654 | 2 | 0 | 2 | 4 |
| 313501 | 178 | 0 | 178 | 199 |
| 313503 | 90 | 0 | 90 | 90 |
| 313517 | 197 | 0 | 197 | 197 |
| 313519 | 71 | 0 | 71 | 71 |
| 313520 | 117 | 0 | 117 | 120 |
| NJ Total | 12670 | 1 | 12671 | 13702 |
| 400016 | 0 | 0 | 0 | 0 |
| 40003F | 35 | 0 | 35 | 35 |
| 400061 | 61 | 0 | 61 | 61 |
| 402501 | 156 | 0 | 156 | 156 |
| 402502 | 169 | 0 | 169 | 181 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 402503 | 128 | 0 | 128 | 128 |
| 402504 | 141 | 0 | 141 | 141 |
| 402505 | 198 | 0 | 198 | 224 |
| 402506 | 105 | 0 | 105 | 105 |
| 402507 | 158 | 0 | 158 | 158 |
| 402508 | 103 | 0 | 103 | 118 |
| 402509 | 104 | 0 | 104 | 104 |
| 402510 | 181 | 0 | 181 | 221 |
| 402513 | 96 | 0 | 96 | 131 |
| 402514 | 203 | 0 | 203 | 203 |
| 402515 | 179 | 0 | 179 | 231 |
| 402517 | 145 | 0 | 145 | 173 |
| 402518 | 164 | 0 | 164 | 181 |
| 402519 | 140 | 0 | 140 | 173 |
| 402521 | 116 | 0 | 116 | 116 |
| 402525 | 103 | 0 | 103 | 121 |
| 402527 | 151 | 0 | 151 | 171 |
| 402528 | 86 | 0 | 86 | 100 |
| 402529 | 96 | 0 | 96 | 96 |
| 402530 | 225 | 0 | 225 | 255 |
| 402531 | 105 | 0 | 105 | 111 |
| 402533 | 188 | 0 | 188 | 198 |
| 402534 | 104 | 0 | 104 | 104 |
| 402535 | 73 | 0 | 73 | 73 |
| 402536 | 89 | 0 | 89 | 89 |
| 402537 | 94 | 0 | 94 | 94 |
| 402538 | 147 | 0 | 147 | 154 |
| 402539 | 175 | 0 | 175 | 185 |

| Facility CCN | HD | PD | Total In-Center Patients | Total In-Center and In-Home Patients |
|---|---|---|---|---|
| 402540 | 108 | 0 | 108 | 122 |
| 402541 | 157 | 0 | 157 | 173 |
| 402542 | 0 | 0 | 0 | 0 |
| 402543 | 126 | 0 | 126 | 137 |
| 402544 | 18 | 0 | 18 | 18 |
| 402546 | 98 | 0 | 98 | 98 |
| 402547 | 75 | 0 | 75 | 75 |
| 402548 | 100 | 0 | 100 | 100 |
| 402549 | 146 | 0 | 146 | 153 |
| 402550 | 66 | 0 | 66 | 76 |
| 402551 | 67 | 0 | 67 | 67 |
| 402552 | 82 | 0 | 82 | 82 |
| 402553 | 19 | 0 | 19 | 19 |
| 402554 | 12 | 0 | 12 | 12 |
| 403301 | 9 | 0 | 9 | 20 |
| PR Total | 5301 | 0 | 5301 | 5743 |
| 480001 | 87 | 0 | 87 | 87 |
| 480002 | 68 | 0 | 68 | 68 |
| 482500 | 47 | 0 | 47 | 47 |
| 482501 | 19 | 0 | 19 | 19 |
| 482502 | 11 | 0 | 11 | 11 |
| VI Total | 232 | 0 | 232 | 232 |
| Network Total | 18203 | 1 | 18204 | 19677 |
| Source of data: ESRD Facility Survey (CMS-2744A) as recorded in CROWNWeb. | | | | |
| HD = Hemodialysis | | | | |
| PD = Peritoneal Dialysis | | | | |
| NOTE: This table may include data for some U.S. Department of Veterans Affairs (VA) facilities. | | | | |

Network 3 Created: September 22, 2016

Table 5: Number of Transplants Performed in Network 3's Service Area, by Transplant Center and Donor Type and Number of Patients on Transplant Waiting List* in Network 3's Service Area, by Transplant Center

January 1, 2015 - December 31, 2015

| Transplant Center CCN | Deceased Donor | Living Related Donor | Living Unrelated Donor | Unknown Donor Type | Total Transplants Performed | Patients on Transplant Waiting List |
|---|---|---|---|---|---|---|
| 310001 | 12 | 3 | 1 | 0 | 16 | 143 |
| 310002 | 2 | 0 | 0 | 0 | 2 | 0 |
| 310029 | 37 | 4 | 5 | 0 | 46 | 274 |
| 310038 | 45 | 9 | 9 | 0 | 63 | 489 |
| 310076 | 167 | 56 | 79 | 0 | 302 | 1549 |
| NJ Total | 263 | 72 | 94 | 0 | 429 | 2455 |
| 400016 | 93 | 3 | 3 | 0 | 99 | 910 |
| PR Total | 93 | 3 | 3 | 0 | 99 | 910 |
| | | | | | | |
| Network Total | 356 | 75 | 97 | 0 | 528 | 3365 |

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

*As of December 31, 2015.

| Network 3 | | | | | Created: September 22, 2016 | |
|---|---|---|---|---|---|---|
| Table 6: Renal Transplant* Recipients in Network 3's Service Area, by Patient Characteristics | | | | | | |
| January 1, 2015 - December 31, 2015 | | | | | | |
| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network Total | Percent |
| Age Group | | | | | | |
| <= 4 Years | 1 | 0 | 0 | 0 | 1 | 0.2% |
| 5-9 Years | 1 | 0 | 0 | 0 | 1 | 0.2% |
| 10-14 Years | 4 | 0 | 0 | 0 | 4 | 0.8% |
| 15-19 Years | 5 | 0 | 0 | 0 | 5 | 0.9% |
| 20-24 Years | 13 | 5 | 0 | 0 | 18 | 3.4% |
| 25-29 Years | 20 | 4 | 0 | 3 | 27 | 5.1% |
| 30-34 Years | 16 | 9 | 0 | 0 | 25 | 4.7% |
| 35-39 Years | 36 | 16 | 0 | 2 | 54 | 10.2% |
| 40-44 Years | 35 | 7 | 0 | 0 | 42 | 8.0% |
| 45-49 Years | 45 | 16 | 0 | 2 | 63 | 12.0% |
| 50-54 Years | 55 | 15 | 0 | 7 | 77 | 14.6% |
| 55-59 Years | 59 | 9 | 0 | 5 | 73 | 13.9% |
| 60-64 Years | 52 | 9 | 1 | 3 | 65 | 12.3% |
| 65-69 Years | 42 | 5 | 0 | 2 | 49 | 9.3% |
| 70-74 Years | 14 | 2 | 0 | 3 | 19 | 3.6% |
| 75-79 Years | 3 | 1 | 0 | 0 | 4 | 0.8% |
| 80-84 Years | 0 | 0 | 0 | 0 | 0 | 0.0% |
| >= 85 Years | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Total | 401 | 98 | 1 | 27 | 527 | 100.0% |
| Median Age | 51 | 49 | 51 | 53 | 51 | |
| Gender | | | | | | |
| Female | 165 | 29 | 1 | 14 | 209 | 39.7% |
| Male | 236 | 69 | 0 | 13 | 318 | 60.3% |
| Total | 401 | 98 | 1 | 27 | 527 | 100.0% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network Total | Percent |
|---|---|---|---|---|---|---|
| Ethnicity* | | | | | | |
| Hispanic or Latino | 62 | 96 | 0 | 3 | 161 | 30.6% |
| Not Hispanic or Latino | 332 | 2 | 1 | 24 | 359 | 68.1% |
| Not Specified | 7 | 0 | 0 | 0 | 7 | 1.3% |
| Total | 401 | 98 | 1 | 27 | 527 | 100.0% |
| Race* | | | | | | |
| American Indian/Alaska Native | 1 | 0 | 0 | 0 | 1 | 0.2% |
| Asian | 31 | 0 | 0 | 2 | 33 | 6.3% |
| Black or African American | 129 | 13 | 1 | 6 | 149 | 28.3% |
| Native Hawaiian or Other Pacific Islander | 7 | 1 | 0 | 0 | 8 | 1.5% |
| White | 225 | 84 | 0 | 19 | 328 | 62.2% |
| More Than One Race Reported | 1 | 0 | 0 | 0 | 1 | 0.2% |
| Not Specified | 7 | 0 | 0 | 0 | 7 | 1.3% |
| Total | 401 | 98 | 1 | 27 | 527 | 100.0% |
| Primary Cause of ESRD** | | | | | | |
| Diabetes | 106 | 36 | 1 | 6 | 149 | 28.3% |
| Glomerulonephritis | 77 | 20 | 0 | 5 | 102 | 19.4% |
| Secondary Glomerulonephritis/Vasculitis | 27 | 4 | 0 | 1 | 32 | 6.1% |
| Interstitial Nephritis/Pyelonephritis | 10 | 3 | 0 | 0 | 13 | 2.5% |
| Transplant Complications | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Hypertension/Large Vessel Disease | 88 | 15 | 0 | 8 | 111 | 21.1% |
| Cystic/Hereditary/Congenital/Other Diseases | 41 | 11 | 0 | 4 | 56 | 10.6% |
| Neoplasms/Tumors | 15 | 4 | 0 | 2 | 21 | 4.0% |
| Disorders of Mineral Metabolism | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Genitourinary System | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Acute Kidney Failure | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Miscellaneous Conditions | 30 | 5 | 0 | 1 | 36 | 6.8% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network Total | Percent |
|---|---|---|---|---|---|---|
| Not Specified | 7 | 0 | 0 | 0 | 7 | 1.3% |
| Total | 401 | 98 | 1 | 27 | 527 | 100.0% |

Source of data: CROWNWeb.

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

**Categories are from the CMS-2728 form.

NOTES:

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

| Network 3 | | | | | Created: September 22,2016 | |
|---|---|---|---|---|---|---|
| Table 7. Deaths among Dialysis Patients in Network 3's Service Area, by Patient Characteristics | | | | | | |
| January 1, 2015 - December 31, 2015 | | | | | | |
| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
| Age Group | | | | | | |
| <= 4 Years | 0 | 0 | 0 | 0 | 0 | 0.0% |
| 5-9 Years | 0 | 0 | 0 | 0 | 0 | 0.0% |
| 10-14 Years | 0 | 0 | 0 | 0 | 0 | 0.0% |
| 15-19 Years | 0 | 1 | 0 | 0 | 1 | 0.0% |
| 20-24 Years | 3 | 1 | 0 | 0 | 4 | 0.1% |
| 25-29 Years | 5 | 4 | 0 | 0 | 9 | 0.2% |
| 30-34 Years | 11 | 5 | 0 | 1 | 17 | 0.5% |
| 35-39 Years | 19 | 19 | 1 | 1 | 40 | 1.1% |
| 40-44 Years | 38 | 18 | 2 | 1 | 59 | 1.6% |
| 45-49 Years | 59 | 30 | 0 | 1 | 90 | 2.4% |
| 50-54 Years | 105 | 80 | 4 | 6 | 195 | 5.3% |
| 55-59 Years | 212 | 82 | 2 | 6 | 302 | 8.2% |
| 60-64 Years | 246 | 103 | 3 | 3 | 355 | 9.6% |
| 65-69 Years | 349 | 153 | 5 | 8 | 515 | 13.9% |
| 70-74 Years | 375 | 174 | 1 | 5 | 555 | 15.0% |
| 75-79 Years | 371 | 147 | 4 | 7 | 529 | 14.3% |
| 80-84 Years | 397 | 107 | 4 | 9 | 517 | 14.0% |
| >= 85 Years | 418 | 83 | 0 | 7 | 508 | 13.7% |
| Total | 2608 | 1007 | 26 | 55 | 3696 | 100.0% |
| Median Age | 73 | 70 | 66 | 70 | 72 | |
| Gender | | | | | | |
| Female | 1078 | 418 | 9 | 13 | 1518 | 41.1% |
| Male | 1530 | 589 | 17 | 42 | 2178 | 58.9% |
| Total | 2608 | 1007 | 26 | 55 | 3696 | 100.0% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
|---|---|---|---|---|---|---|
| Ethnicity* | | | | | | |
| Hispanic or Latino | 221 | 994 | 2 | 15 | 1232 | 33.3% |
| Not Hispanic or Latino | 2387 | 13 | 24 | 40 | 2464 | 66.7% |
| Total | 2608 | 1007 | 26 | 55 | 3696 | 100.0% |
| Race* | | | | | | |
| American Indian/Alaska Native | 3 | 0 | 0 | 0 | 3 | 0.1% |
| Asian | 58 | 1 | 0 | 0 | 59 | 1.6% |
| Black or African American | 758 | 70 | 20 | 12 | 860 | 23.3% |
| Native Hawaiian or Other Pacific Islander | 20 | 2 | 0 | 0 | 22 | 0.6% |
| White | 1762 | 912 | 2 | 42 | 2718 | 73.5% |
| More Than One Race Reported | 7 | 22 | 4 | 0 | 33 | 0.9% |
| Not Specified | | | | 1 | 1 | 0.0% |
| Total | 2608 | 1007 | 26 | 55 | 3696 | 100.0% |
| Primary Cause of ESRD* | | | | | | |
| Diabetes | 1149 | 675 | 12 | 20 | 1856 | 50.2% |
| Glomerulonephritis | 113 | 48 | 1 | 2 | 164 | 4.4% |
| Secondary Glomerulonephritis/Vasculitis | 37 | 9 | 0 | 0 | 46 | 1.2% |
| Interstitial Nephritis/Pyelonephritis | 75 | 25 | 1 | 1 | 102 | 2.8% |
| Transplant Complications | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Hypertension/Large Vessel Disease | 867 | 170 | 10 | 17 | 1064 | 28.8% |
| Cystic/Hereditary/Congenital/ Other Diseases | 36 | 14 | 0 | 2 | 52 | 1.4% |
| Neoplasms/Tumors | 105 | 24 | 0 | 3 | 132 | 3.6% |
| Disorders of Mineral Metabolism | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Genitourinary System | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Acute Kidney Failure | 2 | 0 | 0 | 0 | 2 | 0.1% |
| Miscellaneous Conditions | 221 | 41 | 2 | 10 | 274 | 7.4% |

| Network 3's Service Area | New Jersey | Puerto Rico | Virgin Islands | Other | Network | Percent |
|---|---|---|---|---|---|---|
| Not Specified | 0 | 0 | 0 | 1 | 1 | 0.0% |
| Total | 2608 | 1007 | 26 | 55 | 3696 | 100.0% |
| Primary Cause of Death** | | | | | | |
| Cardiac | 1128 | 402 | 7 | 18 | 1555 | 42.1% |
| Endocrine | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Gastrointestinal | 28 | 31 | 1 | 5 | 65 | 1.8% |
| Infection | 243 | 232 | 2 | 7 | 484 | 13.1% |
| Liver Disease | 24 | 12 | 0 | 0 | 36 | 1.0% |
| Metabolic | 11 | 5 | 0 | 0 | 16 | 0.4% |
| Vascular | 99 | 69 | 4 | 1 | 173 | 4.7% |
| Other | 677 | 138 | 5 | 11 | 831 | 22.5% |
| Unknown | 383 | 115 | 7 | 11 | 516 | 14.0% |
| Not Specified | 15 | 3 | 0 | 2 | 20 | 0.5% |
| Total | 2608 | 1007 | 26 | 55 | 3696 | 100.0% |

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

**Categories are from the CMS-2746 form.

NOTES:

1. This table may include data on some patients who received dialysis services from U.S. Department of Veterans Affairs (VA) facilities.

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

| Network 3 | |
|---|---|

Table 8a: Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 3's Service Area

As of December 31, 2015

| State | Aged 18 through 54 | Referred to Voc Rehab Services | Receiving Voc Rehab Services | Employed Full-Time or Part-Time | Attending School Full-Time or Part-Time |
|---|---|---|---|---|---|
| NJ | 3417 | 11 | 5 | 659 | 26 |
| PR | 1496 | 20 | 16 | 190 | 14 |
| VI | 65 | 0 | 1 | 23 | 1 |
| Network Total | 4978 | 31 | 22 | 872 | 41 |

Source of data: CROWNWeb.

Voc Rehab = Vocational Rehabilitation

Network 3 Created: September 22, 2016

Table 8b: Vocational Rehabilitation Status, Employment Status, and School Attendance of Prevalent Dialysis Patients Age 18–54 Years in Network 3's Service Area

As of December 31, 2015

| Category | Referred to Voc Rehab Services | Receiving Voc Rehab Services | Completed Voc Rehab Services | Not Eligible for Voc Rehab | Declined Voc Rehab Services | No Voc Rehab Status |
|---|---|---|---|---|---|---|
| Employed Full-Time | | | | | | |
| Attending School Full-Time | 0 | 0 | 0 | 0 | 0 | 2 |
| Attending School Part-Time | 0 | 0 | 0 | 0 | 0 | 3 |
| Not Attending School | 1 | 0 | 0 | 13 | 34 | 24 |
| School Status Not Specified | 1 | 0 | 1 | 0 | 2 | 588 |
| Employed Part-Time | | | | | | |
| Attending School Full-Time | 0 | 0 | 0 | 0 | 1 | 1 |
| Attending School Part-Time | 0 | 1 | 0 | 0 | 2 | 2 |
| Not Attending School | 2 | 0 | 0 | 0 | 25 | 9 |
| School Status Not Specified | 1 | 0 | 4 | 1 | 2 | 152 |
| Employment Status Not Specified | | | | | | |
| Attending School Full-Time | 0 | 2 | 0 | 0 | 0 | 1 |
| Attending School Part-Time | 0 | 0 | 0 | 0 | 0 | 1 |
| Not Attending School | 0 | 1 | 0 | 0 | 0 | 59 |
| Homemaker | | | | | | |
| Attending School Full-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| Attending School Part-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| Not Attending School | 2 | 0 | 0 | 2 | 14 | 2 |
| School Status Not Specified | 0 | 0 | 0 | 0 | 0 | 94 |
| Retired* | | | | | | |
| Attending School Full-Time | 0 | 3 | 0 | 0 | 1 | 0 |
| Attending School Part-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| Not Attending School | 9 | 0 | 0 | 24 | 110 | 22 |
| School Status Not Specified | 0 | 1 | 2 | 2 | 14 | 617 |

| Category | Referred to Voc Rehab Services | Receiving Voc Rehab Services | Completed Voc Rehab Services | Not Eligible for Voc Rehab | Declined Voc Rehab Services | No Voc Rehab Status |
|---|---|---|---|---|---|---|
| Medical Leave of Absence | | | | | | |
| Attending School Full-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| Attending School Part-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| Not Attending School | 1 | 0 | 0 | 0 | 11 | 7 |
| School Status Not Specified | 0 | 0 | 0 | 0 | 1 | 138 |
| Other** | | | | | | |
| Attending School Full-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| Attending School Part-Time | 0 | 0 | 0 | 0 | 0 | 0 |
| School Status Not Specified | 0 | 0 | 0 | 0 | 0 | 0 |

Source of data: CROWNWeb.

*Retired due to preference or disability.

**Other = Employment Status of Student or Unemployed

Voc Rehab = Vocational Rehabilitation

| Network 3 | | Created: September 22, 2016 | |
|---|---|---|---|
| Table 9a: Incident ESRD Patients in Network 3's Service Area, by Ethnicity and Race | | | |
| January 1, 2015 - December 31, 2015 | | | |
| Ethnicity* Category | Race* Category | Number | Percent |
| Hispanic or Latino | American Indian/Alaska Native | 0 | 0.0% |
| | Asian | 1 | 0.1% |
| | Black or African American | 66 | 3.7% |
| | Native Hawaiian or Other Pacific Islander | 8 | 0.4% |
| | White | 1710 | 95.7% |
| | More Than One Race Reported | 2 | 0.1% |
| | Total | 1787 | 100.0% |
| Not Hispanic or Latino | American Indian/Alaska Native | 2 | 0.1% |
| | Asian | 153 | 4.5% |
| | Black or African American | 1069 | 31.8% |
| | Native Hawaiian or Other Pacific Islander | 32 | 1.0% |
| | White | 2093 | 62.2% |
| | More Than One Race Reported | 15 | 0.4% |
| | Total | 3364 | 100.0% |
| Ethnicity Not Specified | Asian | 0 | 0.0% |
| | Black or African American | 0 | 0.0% |
| | Native Hawaiian or Other Pacific Islander | 0 | 0.0% |
| | White | 0 | 0.0% |
| | More Than One Race Reported | 0 | 0.0% |
| | Not Specified | 8 | 100.0% |
| | Total | 8 | 100.0% |
| | Total: Incident ESRD Patients | 5159 | |

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

1. This table includes data on dialysis and transplant patients whose initial "Admit Date" in CROWNWeb was within the calendar year. Excludes patients with a "Discharge Reason" of acute kidney failure.

2. This table may include data on some patients receiving dialysis services from U.S. Department of Veterans Affairs (VA) facilities.

| Network 3 | | | |
|---|---|---|---|
| Table 9b: Prevalent Dialysis Patients in Network 3's Service Area, by Ethnicity and Race | | | |
| January 1, 2015 - December 31, 2015 | | | |
| Ethnicity* Category | Race* Category | Number | Percent |
| Hispanic or Latino | American Indian/Alaska Native | 1 | 0.0% |
| | Asian | 11 | 0.1% |
| | Black or African American | 512 | 7.0% |
| | Native Hawaiian or Other Pacific Islander | 23 | 0.3% |
| | White | 6675 | 90.9% |
| | More Than One Race Reported | 120 | 1.6% |
| | Total | 7342 | 100.0% |
| Not Hispanic or Latino | American Indian/Alaska Native | 8 | 0.1% |
| | Asian | 577 | 4.7% |
| | Black or African American | 5345 | 43.6% |
| | Native Hawaiian or Other Pacific Islander | 104 | 0.8% |
| | White | 6189 | 50.5% |
| | More Than One Race Reported | 34 | 0.3% |
| | Total | 12257 | 100.0% |
| Ethnicity Not Specified | American Indian/Alaska Native | 0 | 0.0% |
| | Asian | 0 | 0.0% |
| | Black or African American | 0 | 0.0% |
| | Native Hawaiian or Other Pacific Islander | 0 | 0.0% |
| | White | 1 | 25.0% |
| | More Than One Race Reported | 0 | 0.0% |
| | Not Specified | 3 | 75.0% |
| | Total | 4 | 100.0% |
| | Total: Prevalent ESRD Patients | 19603 | |

Source of data: CROWNWeb.

*Categories are from the CMS-2728 form.

NOTES:

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

| Network 3 | | Created: September 22, 2016 | |
|---|---|---|---|
| Table 9c: Renal Transplant Recipients* in Network 3's Service Area, by Ethnicity and Race | | | |
| January 1, 2015 - December 31, 2015 | | | |
| Ethnicity** Category | Race** Category | Number | Percent |
| Hispanic or Latino | American Indian/Alaska Native | 0 | 0.0% |
| | Asian | 2 | 1.2% |
| | Black or African American | 17 | 10.6% |
| | Native Hawaiian or Other Pacific Islander | 2 | 1.2% |
| | White | 139 | 86.3% |
| | More Than One Race Reported | 1 | 0.6% |
| | Total | 161 | 100.0% |
| Not Hispanic or Latino | American Indian/Alaska Native | 1 | 0.3% |
| | Asian | 31 | 8.6% |
| | Black or African American | 132 | 36.8% |
| | Native Hawaiian or Other Pacific Islander | 6 | 1.7% |
| | White | 189 | 52.6% |
| | More Than One Race Reported | 0 | 0.0% |
| | Total | 359 | 100.0% |
| Ethnicity Not Specified | American Indian/Alaska Native | 0 | 0.0% |
| | Asian | 0 | 0.0% |
| | Black or African American | 0 | 0.0% |
| | Native Hawaiian or Other Pacific Islander | 0 | 0.0% |
| | White | 0 | 0.0% |
| | More Than One Race Reported | 0 | 0.0% |
| | Not Specified | 7 | 100.0% |
| | Total | 7 | 100.0% |
| | Total: Transplant ESRD Patients | 527 | |
| Source of data: CROWNWeb. | | | |
| *Data are shown for unduplicated patients. A patient who had more than one transplant during the calendar year is counted only once in the table. | | | |
| **Categories are from the CMS-2728 form. | | | |
| NOTES: | | | |
| 1. Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data. | | | |