HSAG HEALTH SERVICES ADVISORY GROUP

The Florida ESRD Network

2014 ANNUAL REPORT

HSAG: The Florida ESRD Network (Network 7)

Together we can spread positive change to make healthcare better.

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DISCLAIMER

In 2015, FMQAI officially merged with and adopted the name of our parent company Health Services Advisory Group (HSAG). HSAG and FMQAI have worked together to deliver quality improvement interventions to healthcare providers in Florida as two wholly owned subsidiaries since 2003.

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Executive Summary

The Florida ESRD Network experienced great change in 2014. As stated in the Disclaimer at the beginning of this report, FMQAI merged with our parent company HSAG and officially changed the name of the Network to HSAG: The Florida ESRD Network. We also changed our location in Tampa to 3000 Bayport Drive, Suite 300 and we re-aligned our staffing to better serve the Florida community. We accomplished all of these changes while maintaining our focus on ensuring quality care for ESRD patients in the state of Florida and positive engagement with the providers of this care. We culminated all of our efforts with our 11th Network Annual Forum Meeting in Orlando, Florida. The Annual Forum allows us to highlight state-level statistics and to honor our ESRD community leaders. For this year's meeting we incorporated our LAN activities and two boards (BOD, MRB) and one committee (PAC) meeting. The Florida ESRD Network also incorporated a frontline staff workshop into our Annual Forum to focus on improving communication and to bring patients and staff together towards this end.

At the heart of improving the patient experience is the need for improved communication, both staff to patient and staff to staff. As a result of a focused audit of patient grievances received during Quarters 3 and 4 of 2013 and Quarter 1 of 2014, the Network identified a patient grievance trend impacting 10% of the Network population that was related to facility staff communication and professionalism. The Network then identified 5 focus group facilities whose patients had filed grievances with Network 7 related to the trend topic. Through the provision of training and resources, the focus group improved their communication and professionalism skill set. The group also had no further patient grievances filed with the Network.

In further support of reducing the trend identified, Network 7 staff developed an innovative new component to its already successful Annual Forum meeting that is held for the ESRD stakeholder community. The frontline floor staff workshop was titled "Together Performing at a Higher Standard" and it combined the elements of improving communication in the dialysis facility with training and recommendations for enhancing staff focus on customer service and professionalism. The overall four scale evaluation rating by the attendees was 3.7, indicating widespread approval and perceived value in the information and tools presented. The Network further promoted the workshop by placing the presentation on its website and will also provide further statewide spread during additional live presentations in the coming year.

FRONTLINE FLOOR STAFF WORKSHOP

"Together Performing at a Higher Standard"

Time	*Topic*	*Speaker*	*Mins*
Part 1: Your Role in the Patient Experience			
1:00 p.m. - 1:10 p.m.	Welcome and Introduction	Helen Rose, MSW, LCSW *Network 7* *Joe Karan* *Network 7 Subject Matter Expert*	10 mins
1:10 p.m. - 1:50 p.m.	Let's Talk About Customer Service and Professionalism!	Dorothy Craft, RN, CDN *Home Program Manager, DaVita*	40 mins
1:50 p.m. - 2:30 p.m.	***Staff to Patient*** Communication Scenarios	Dorothy Craft, RN, CDN *Home Program Manager, DaVita* Helen Rose, MSW, LCSW *Network 7* Beverly Whittet, RN, CDN *Network 7*	40 mins
2:30 p.m. - 3:00 p.m.	***Staff to Staff*** Strategies	Beverly Whittet, RN, CDN *Network 7*	30 mins
3:00 p.m. - 3:15 p.m.	Break		
Part 2: Vascular Access - The Patient Chronicles			
3:15 p.m. - 3:20 p.m.	Welcome Back and Introduction	Mary Fenderson, RN, CNN, MSHSA *Network 7*	5 mins
3:20 p.m. - 3:30 p.m.	Introduction and Overview of ***The Patient Chronicles Learning from the Journey***	Christina Beale, RN, CNN *Lifeline Vascular Access*	10 mins
3:30 p.m. - 5:15 p.m.	7 Discussion Stories • Patient Education • Vessel Mapping • Surgical Evaluation • Fistula Surgery • Fistula Maturation • First Cannulation • Catheter Removal	Christina Beale, RN, CNN *Lifeline Vascular Access (Narrator)* Cyndi Asprey, RN, BSN, CNN *Lifeline Vascular Access (Facilitator)*	105 mins
5:15 p.m. - 5:30 p.m.	Continuing Education/Adjournment		

Lastly, the Network recognized patients and providers who have had a positive impact on the work of the Network and have supported our efforts to bring better engagement and better care to patients with ESRD in the State of Florida. The following awards were given out at the 2014 ESRD Network 7 Annual Forum:

2014 Volunteer of the Year Award

Jasper Travis

The Volunteer of the Year Award is presented to an individual who plays an important role in the success of Network 7 and has contributed significantly through their dedication and commitment to the Florida renal community. This year we were pleased to recognize an individual who has worked to enhance Network 7 through his personal experience and sharing his story.

This person has been an active Patient Advocate at his dialysis facility and has been involved with Network 7 since 2011 when he joined the Patient Coordinator program. He then became a Patient Subject Matter Expert for the Network's Patient Engagement Learning and Action Network in 2013 and has been very supportive of the LAN, providing the patient voice at various LAN webinars and in-person meetings over the last two years. He became the Chair of the Patient Advisory Committee and a member of the Board of Directors for Network 7 in 2014. This Volunteer of the Year Award was presented to **Jasper Travis**, in grateful acknowledgement of his dedicated willingness to serve the dialysis community.

2014 Susan V. McGovern, ARNP, MS Memorial Award

Debbie Glidden

Six years ago, the Network staff lost a key member of its team – Susan McGovern – after a two-year battle with breast cancer. Susan made a tremendous difference to our staff and to our community.

To honor her memory, the Network created an award in her name. The Susan V. McGovern Memorial Award is presented to an individual who has demonstrated the qualities and skills that represented Susan's contribution to our community – continuous quality improvement, teaching and service.

This individual is dedicated to patient and professional education, and integrates an organizational culture of quality improvement into the delivery of professional services and patient centered care. This person has worked in dialysis for 27 years. She has provided direct dialysis care and developed various dialysis programs and protocols for different dialysis providers. She has been involved with research, has been a preceptor for nurse practitioner students at the University of Central Florida, and currently serves as the Best Practices Leader for ANNA Advanced Practice Specialty Network. She has been a member of the Network 7 Medical Review Board since 2008 and her dedication has been immeasurable.

Honoring the quest for continuous quality improvement, the desire to teach others, and the willingness to serve the renal community at the highest level; The Florida ESRD Network, Susan V. McGovern, Memorial Award was presented to **Debbie Glidden.**

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.

HSAG: The Florida ESRD Network's Role in Improving the Quality of ESRD Care

The Florida ESRD Network (Network 7) is privileged to be under Health Services Advisory Group, Inc. (HSAG) for corporate oversight. HSAG: The Florida ESRD Network (Network 7) holds a contract with CMS to oversee the care of ESRD beneficiaries in the State of Florida. This contract was renewed on January 1, 2014 for the final Option Year (OY) of a 3-year contract cycle. HSAG is proud of the professional and productive mix of skills and talents that make up the Network organization and the added influence of having two sister Networks to encourage and promote best practices through our Tri-Network collaborations. With a corporate oversight team that encourages and promotes collaboration between the three ESRD Networks contracted under HSAG and the corporate team, we worked together to find the best solutions for our providers and beneficiaries.

As stated earlier, the service area of Network 7 is the state of Florida. In 2014 the most current U.S. Census American Community Survey data available, Network 7 had a combined estimated general population of 19,893,297. As of December 31, 2014 there were 399 Medicare-Certified dialysis centers situated in urban, suburban and rural areas throughout the state and 8 transplant facilities located in the major urban areas.

In 2014, 7,319 individuals were newly diagnosed with ESRD in Network 7. As of December 31, 2014, the Network had 27,795 ESRD patients on dialysis in 399 Medicare certified dialysis facilities and 13 non-Medicare facilities and Federal correctional institutions across its region. The following section provides summary information on Florida's geography and general population, as well as ESRD patient demographics.

Geography and General Population

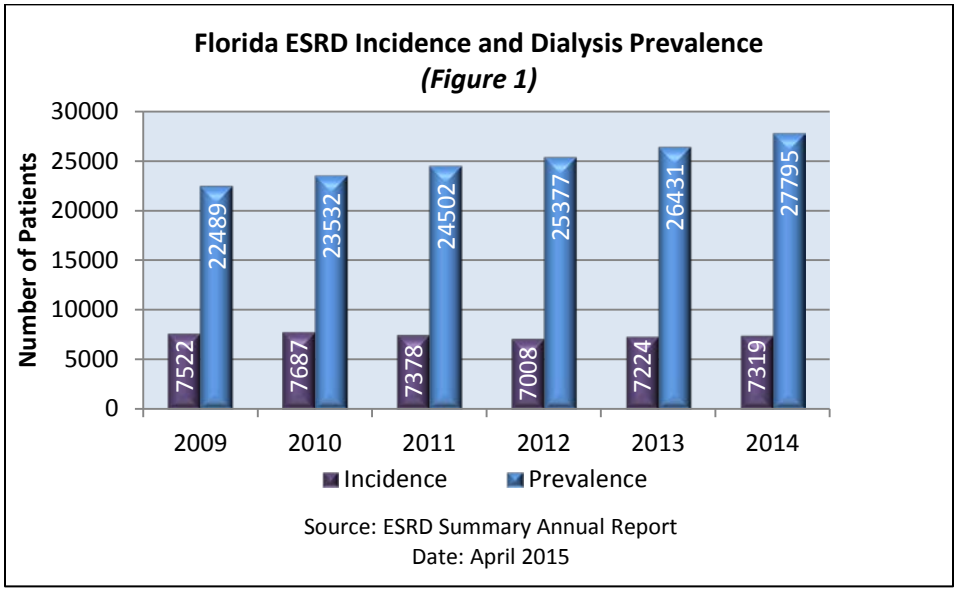
The state of Florida covers 54,090 square miles and is bordered by the Gulf of Mexico and the Atlantic Ocean. According to the U.S. Census Bureau, Florida's population was estimated at 19,893,297 in 2013, ranking as the fourth largest state in the country. This represented a 5.8% increase from the 2010 census. In addition, Florida ranked as 3rd largest in population.

According to U.S. Census Bureau demographic data available at the time of this report (latest data available is July 2013), 78.1% of Florida's population was categorized as white as compared to 77.7% nationally. In the non-white population, 16.7% were African-American compared to 13.2% at the national level, and 2.7% were Asian compared to 5.3% nationally. Florida continued to have the highest percentage of senior citizen residents with 18.7% of the population aged 65 years and older compared to the nation at 14.1%. The median age for Florida residents was 41.5 years in 2013.

ESRD Population

Network 7 worked in collaboration with the Florida renal community and other key stakeholders to improve the quality of life and quality of care of over 27,000 individuals with ESRD in 2014. The following section describes the characteristics of the ESRD patient population in Florida.

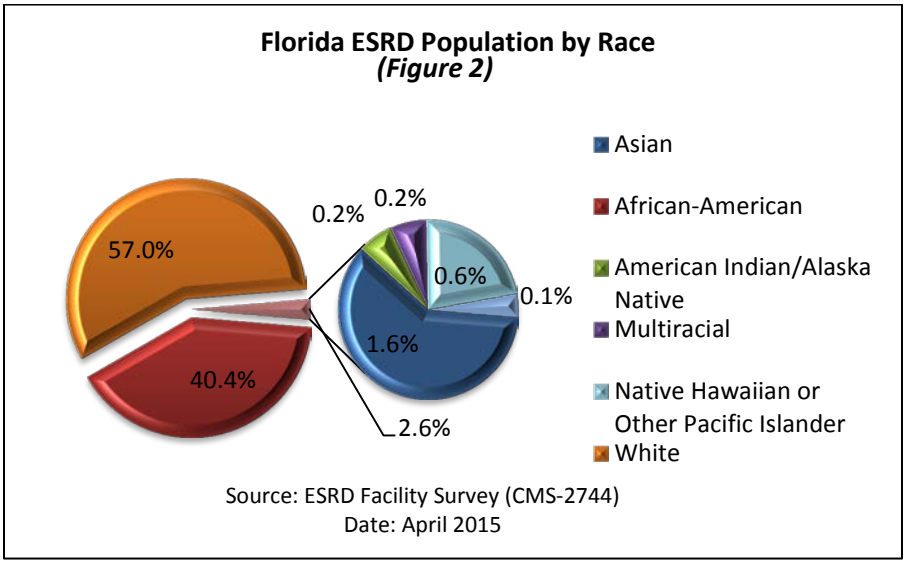
From 2013 – 2014, the prevalent patient census increased by 1,364 patients (4.9%), for a total of 27,795 prevalent patients in the state of Florida (*Figure 1).*



The number of incident patients increased by 95, for a total of 7,319 residents newly diagnosed with ESRD. This represents a 1.3% increase.

Race and Ethnicity

The demographics of Florida's ESRD population are similar to that of the United States' ESRD population, with 57.0% of Florida's ESRD population characterized as white and 40.4% as African-American. Compared to Florida's general population, however, in which only 16.7% were categorized as African-American, the proportion of African-Americans with ESRD remained disproportionately high at 40.4% *(Figure 2)*. The third largest racial demographic in Florida was Asian, representing 1.6% of the entire ESRD population in Florida.

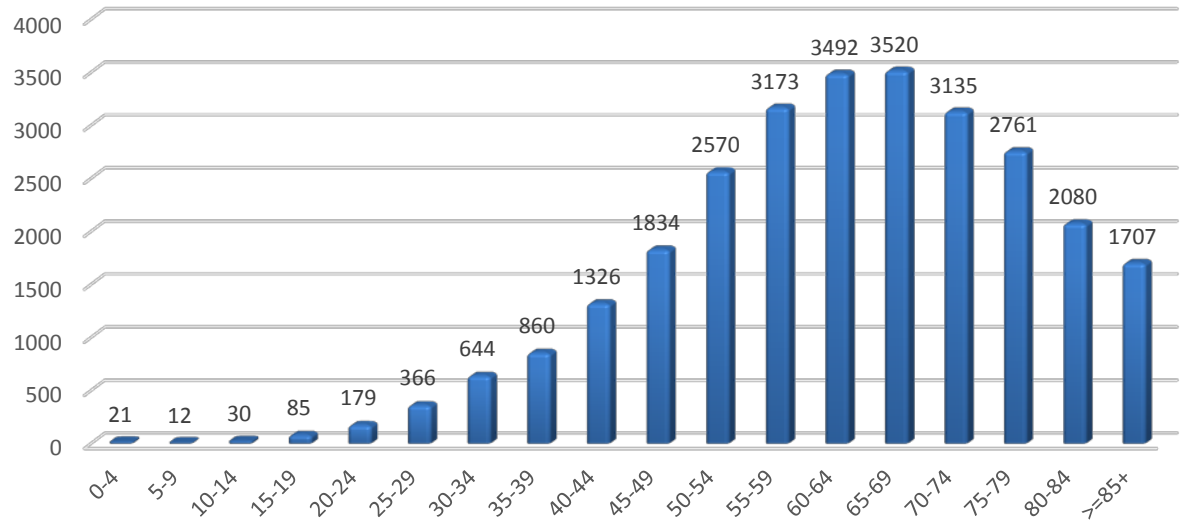


With respect to race and ethnicity, individuals that identified as Hispanic or Latino accounted for 23.2% of Florida's general population. In 2013, 16.2% of Florida ESRD patients were reported as Hispanic or Latino.

Gender and Age

Forty-two percent of Florida's ESRD population was female and 58% was male. Additionally, 56.8% of Florida's ESRD population was age 60 or older (*Figure 3*). This figure is also disproportionately large when compared to Florida's general population, in which only 27.9% of residents are age 65 or older.

Florida ESRD Population by Age
(Figure 3)

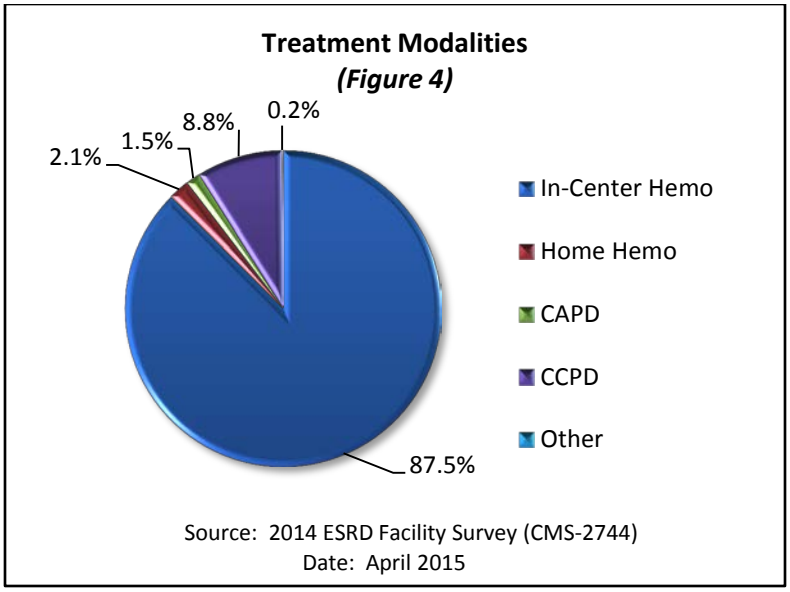


Source: ESRD Facility Survey (CMS-2744)
Date: April 2015

Treatment Options

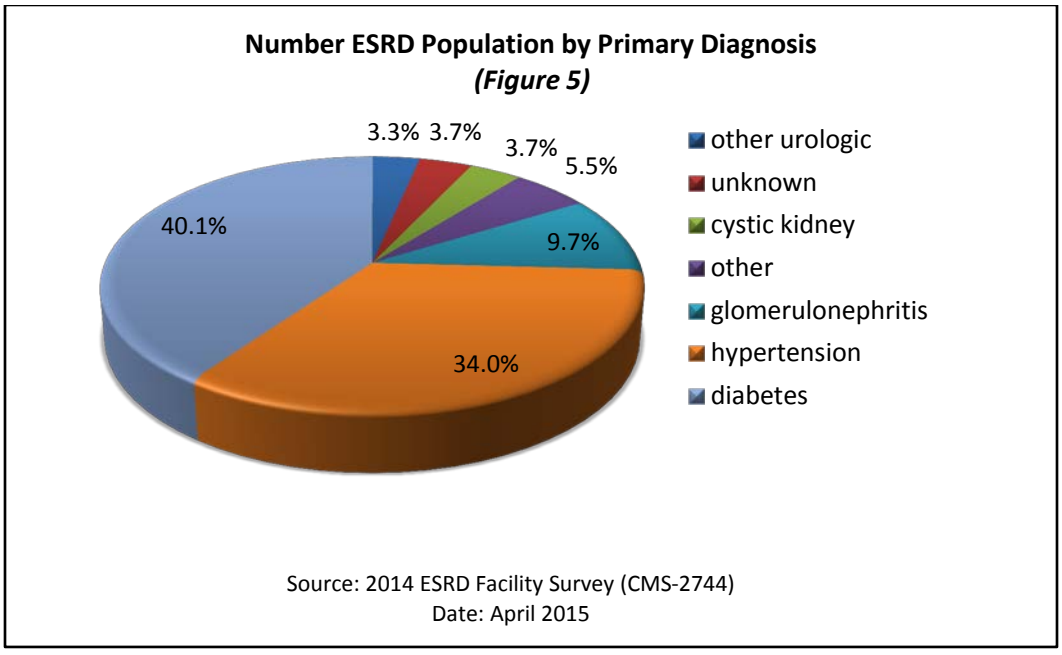
In Florida, there are four main categories of dialysis treatment modalities that patients receive (*Figure 4*):

- In-center hemodialysis decreased from 88.1% in 2013 to 87.5% in 2014,
- Continuous cycling peritoneal dialysis increased from 8.2% in 2013 to 8.8% in 2014,
- Continuous ambulatory peritoneal dialysis remained steady at 1.5%, and
- Home hemodialysis increased slightly from 1.7% in 2013 to 2.1% in 2014.



Primary Diagnoses/Co-Morbidities

The Network data reflected that 74.1% of patients had a primary diagnosis (*Figure 5*) of either the largest category of diabetes (40.1%) or the second largest category of hypertension (34.0%). This reflected a slight decrease for diabetes diagnosis (0.6 percentage point) and a slight increase for hypertension diagnosis (0.2 percentage point) from 2013 – 2014. The third largest category of primary diagnosis was glomerulonephritis (9.7%).



Providers

As of December 2014, Network 7 had a total of 414 ESRD dialysis care providers (including providers pending Medicare certification, and federal/prison facilities), representing 12 different affiliations.

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

Category	Number
Number of Dialysis Facilities in The Florida ESRD Network's Service Area	414
Number of Transplant Centers in The Florida ESRD Network's Service Area	9

Source of data: End Stage Renal Disease National Coordinating Center (ESRD NCC) report to ESRD Forum.
*Counts of dialysis facilities and transplant centers may include a small number of facilities that closed during the calendar year but did not have a closing date recorded in CROWNWeb as of December 31, 2014.

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

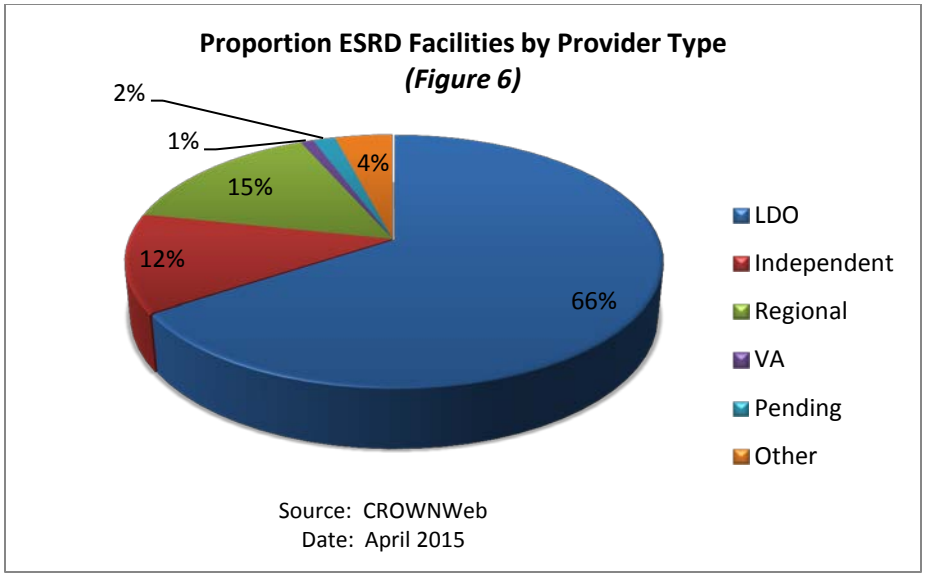
Category	Number	Percent
Number of Dialysis Facilities in The Florida ESRD Network's Service Area	414	
Dialysis Facilities in The Florida ESRD Network's Service Area Offering Dialysis Shifts Starting after 5 PM*	62	15%

Source of data for number of dialysis facilities: End Stage Renal Disease National Coordinating Center (ESRD NCC) report to ESRD Forum.
Source of data for dialysis facilities offering dialysis shifts starting after 5 PM: NCC Gap Report "Shifts After 5 PM."
*Counts of dialysis facilities and transplant centers may include a small number of facilities that closed during the calendar year but did not have a closing date recorded in CROWNWeb as of December 31, 2014.

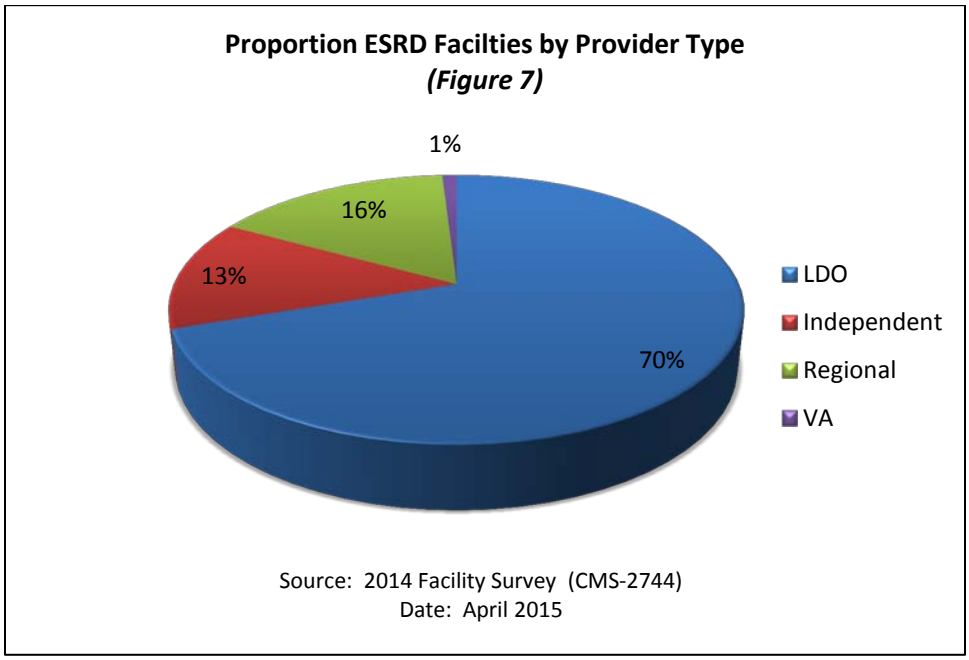
Dialysis facilities were located in 56 (83%) of the 67 Florida counties. Miami-Dade County had the largest number of providers (54), followed by Broward County, (44) and Palm Beach County (32). Together, these three counties accounted for 31% of Florida dialysis facilities.

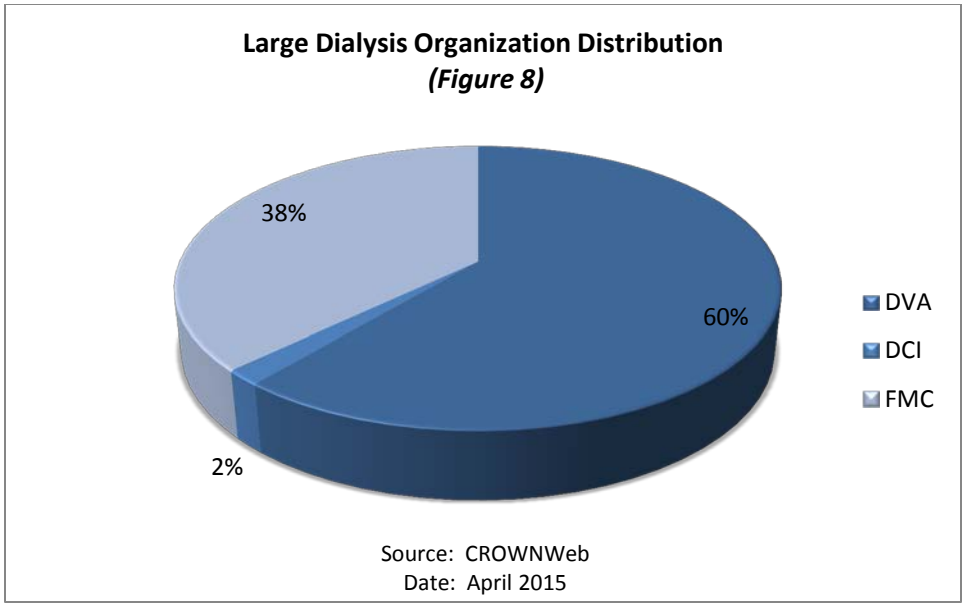
ARA – American Renal Associates
DVA – DaVita, Inc.
DCI – Dialysis Clinics, Inc.
FMC – Fresenius Medical Care
NRI – National Renal Institutes
IND – Independent (Single Facility)
DSI – Diversified Specialty Institutes
CFKC – Central Florida Kidney Centers
MKC – Melbourne Kidney Centers
RAI – Renal Advantage, Inc.
RCP – Renal Care Partners
VA – Veterans Administration

The majority of Florida's providers are owned by the three Large Dialysis Organizations (LDOs), DaVita (DVA), Fresenius (FMC) and Dialysis Clinics, Inc. (DCI). These three corporations owned and/or operated 64.6% of Florida's 356 ESRD facilities at the end of 2009. By December 31, 2014, they represented 69.6% of the 414 providers of ESRD care in the state. Between those dates, the number of independent facilities and facilities pending certification also increased, from 11% to 13.3% and 1.6% to 1.7% respectively. The number of facilities owned by smaller, regional chains increased from 14.4% to 16% of the total, an increase of 1.6 percentage points.



Within the LDO facility group, 61.1% were affiliated with DVA, 37.2% with FMC and 1.7% with DCI.





Network Goals

Under the direction of CMS, the ESRD Network Program strives to achieve bold strides towards the achievement of the CMS National Quality Goals, which align with the Health and Human Services (HHS) National Quality Strategy. This report focuses on the goals and outcomes towards meeting CMS' three-part AIMs, and other CMS priorities designed to improve the delivery and experience of care for individuals with ESRD.

The Network is tasked with promoting positive change relative to the three AIMs outlined in the National Quality Strategy and CMS priorities. The three AIMs are subdivided into multiple domains. Many factors influence these domains, including patient characteristics, patients' social support/environment, and other aspects of the healthcare delivery system. To substantively impact these domains, the Network incorporated interventions that focus on patients, dialysis and transplant providers, other providers (e.g., nursing homes, acute dialysis units, hospitals), and stakeholders. Where possible, the Network included emphasis on reducing disparities within projects and reporting.

- AIM 1: Better Care for the Individual through Beneficiary and Family Centered Care
  - *Domain 1: Patient and Family Engagement*
  - *Domain 2: Patient Experience of Care*
  - *Domain 3: Patient-Appropriate Access to Dialysis Care*
  - *Domain 4: Vascular Access Management*
  - *Domain 5: Patient Safety—Healthcare Acquired Infections (HAI)*

- AIM 2: Better Health for the ESRD Population
  - *Innovative Pilot Project A: Increase HBV and Pneumococcal Vaccination Rates*

- AIM 3: Reduce Costs of ESRD Care by Improving Care

- *Domain 1: Support for ESRD QIP and Performance Improvement on QIP Measures*
- *Domain 2: Technical Assistance to Facilities for Facility Data Submission for CROWNWeb, NHSN, or Other CMS-Designated Data Systems*

In addition to their advisory role to the Network, in 2014 the Medical Review Board began initial assessments of the Criteria & Standards and clinical goals to consider revisions to align with the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines, ESRD Conditions for Coverage (CfC) Measures Assessment Tool (MAT 2.3) and the ESRD Quality Incentive Program (QIP) measures. This work allowed the Network to re-align the Clinical Goals and Standards into a new and integrated format that uses the QIP, KDOQI and CfC to align our statewide suggestions for quality care for patients with ESRD.

Profile of Patients in The Florida ESRD Network's Service Area

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

The Florida ESRD Network 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	7319	
Primary Cause of ESRD among Incident ESRD Patients		
Diabetes	2904	39.68%
Glomerulonephritis	375	5.12%
Secondary Glomerulonephritis/Vasculitis	123	1.68%
Interstitial Nephritis/Pyelonephritis	163	2.23%
Hypertension/Large Vessel Disease	2560	34.98%
Cystic/Hereditary/Congenital Diseases	221	3.02%
Neoplasms/Tumors	194	2.65%
Miscellaneous Conditions	500	6.83%
Not Specified	279	3.81%
Prevalent Dialysis Patients		
Number of Prevalent Dialysis Patients as of December 31, 2014	27795	
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2014		
In-Center Hemodialysis or Peritoneal Dialysis	24316	87.63%
In-Home Hemodialysis or Peritoneal Dialysis	3433	12.37%
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2014		
Arteriovenous Fistula in Use	13987	60.62%
Arteriovenous Graft in Use	4392	19.04%
Catheter in Use for 90 Days or Longer	2620	11.36%
Renal Transplants		
Number of Renal Transplants, Calendar Year 2014	996	
Transplant from Deceased Donor	786	78.92%
Transplant from Living Related Donor	157	15.76%
Transplant from Living Unrelated Donor	53	5.32%
Donor Information Not Available		
Mortality		
Number of Deaths of ESRD Patients, Calendar Year 2014	4692	

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

The Florida ESRD 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 Florida.

Under contract with CMS, The Florida ESRD Network is responsible for identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in Florida; 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.

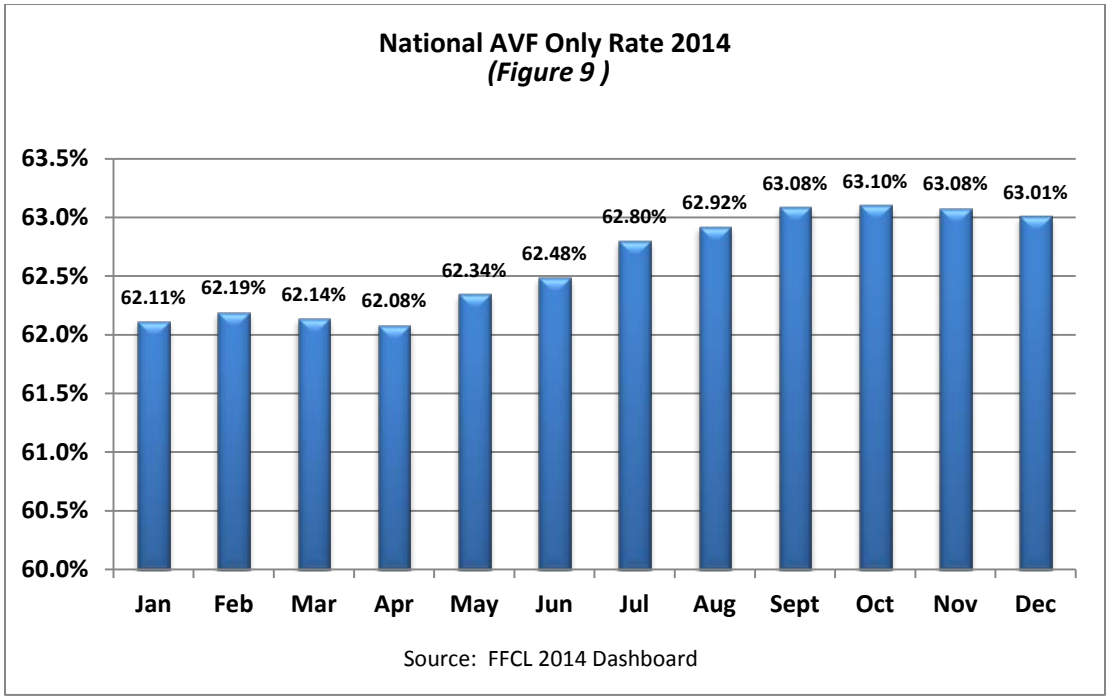
Vascular Access

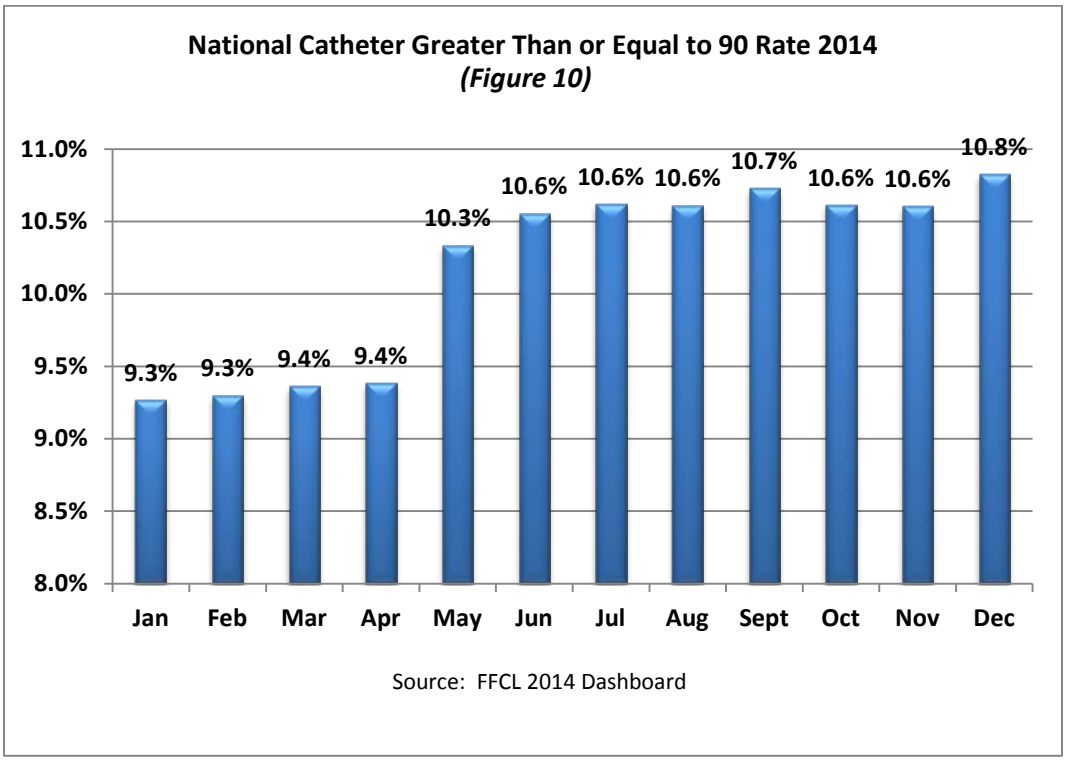
Vascular Access Management

INTRODUCTION

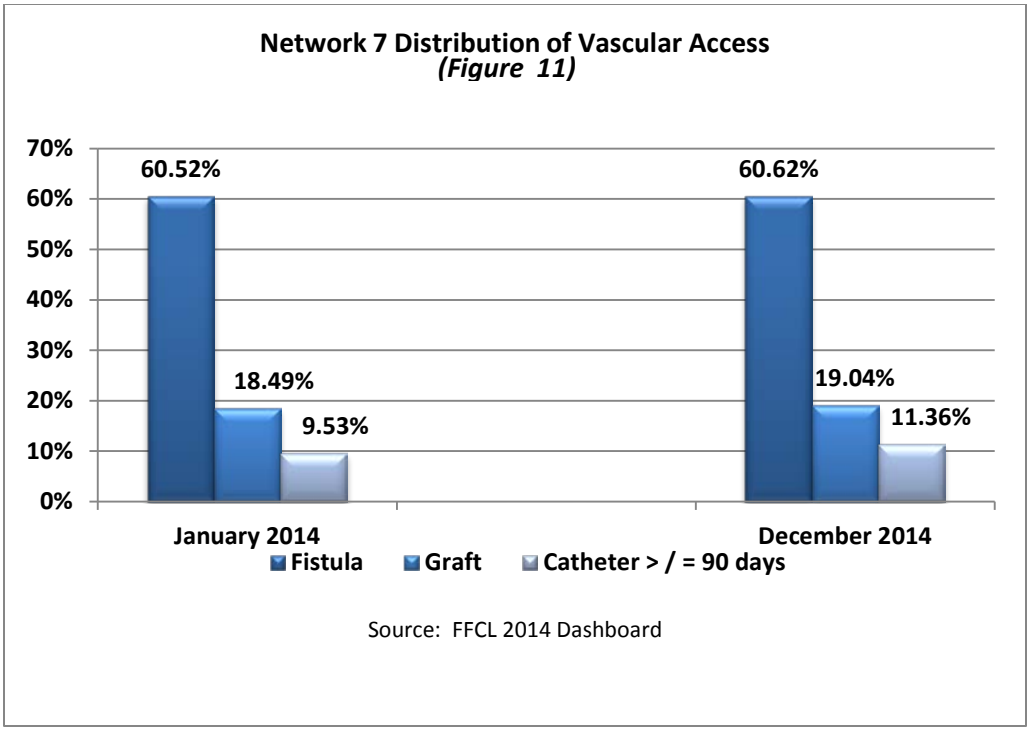
In 2005, CMS introduced the Fistula First Breakthrough Initiative (FFBI), formerly called the National Vascular Access Improvement Initiative (NVAII). In support of the release of CROWNWeb in 2012 and ESRD Network Program's redesigned SOW in 2013, the FFBI enhanced its focus and data reporting to emphasize increasing AVF rates and decreasing catheter usages rates. In an effort to stress this enhanced effort, CMS introduced the Fistula First/Catheter Last (FFCL) focus to re-new commitment and focus on improving the AVF use while decreasing the reliance on catheters. The FFCL goal is to address the urgent need to have safer, higher-quality access to hemodialysis through appropriate arteriovenous fistula (AVF) placement. Fistulas are considered to be the "gold standard" in vascular access, as they have demonstrated the ability to last longer, require less rework or repairs, and are linked with lower rates of infections, hospitalization, and death. The FFCL effort greatly expanded CROWNWeb data reports for use in Network quality improvement projects throughout 2014. To support the ESRD community, in 2014, a national FFCL Dashboard based on data captured in the CROWNWeb application, was developed and available on the ESRD National Coordinating Center (NCC) website. Vascular access data collected for the CROWNWeb application, once clinical periods are closed, are incorporated into the FFCL Dashboard.

Nationally in 2014, the FFCL initiative demonstrated nominal gains in AV fistula rates and an upsurge in the long-term (LTC) rates (catheter greater than or equal to 90 day). *(Figures 9 and 10).*





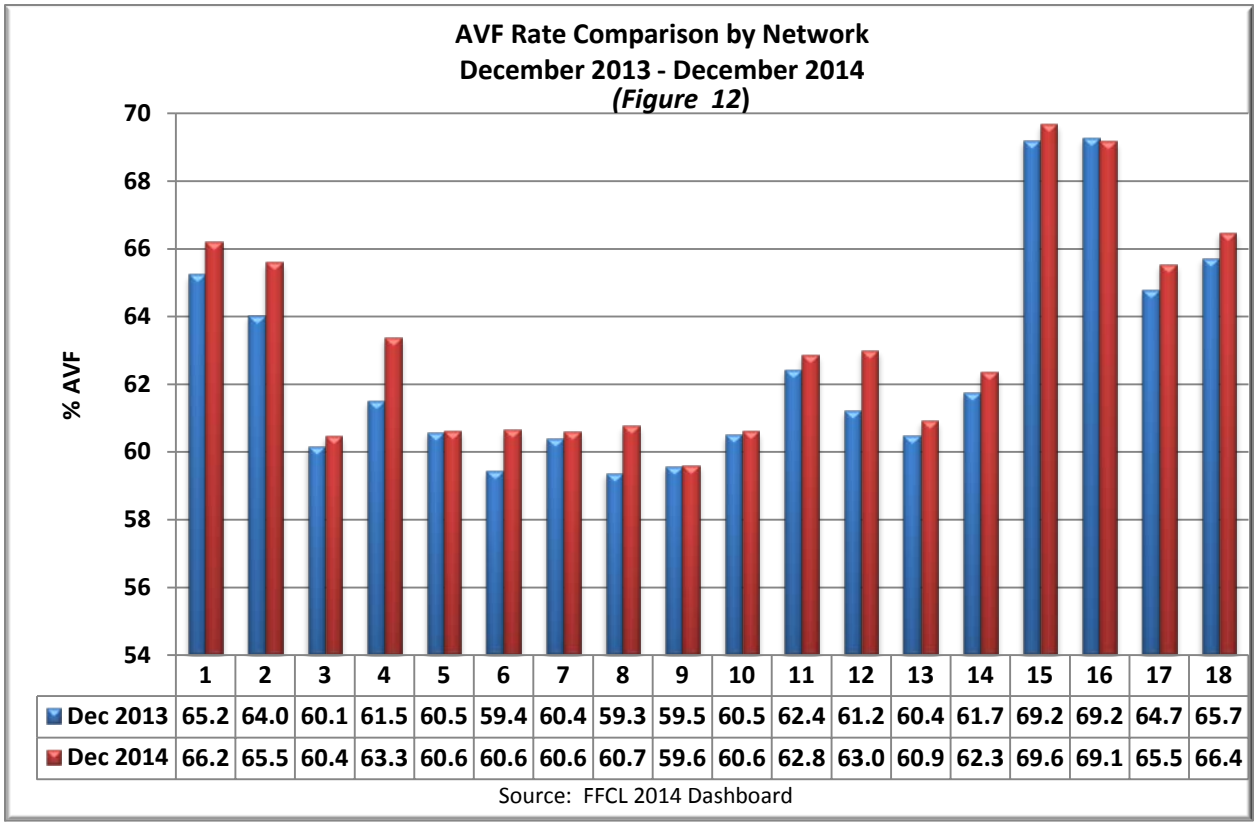
Vascular access rates in Florida for January 2014 as compared to December 2014 are displayed in the following graph *(Figure 11).* During this period, the AVF in-use rate increased 0.1% whereas the Catheter greater than or equal to 90 days rate increased by 1.83%.



Improve AVF Rates for Prevalent Patients

An historical assessment of Florida's vascular access rates demonstrated Network 7 experienced a 21.37% statewide increase in the AVF rate from an AVF rate of 36.9% (January 2004) to 58.27% (May 2012). For this time period the Network's monthly increases in the aggregate rate increased by 0.20%. From May 2012 to December 2014, the Network demonstrated a 2.33% AVF rate increase from 58.27% (May 2012) to 60.6% (December 2014); however the monthly increases in the aggregate rate declined to 0.08% demonstrating a significantly slower incremental rise in AVF rates.

As of December 2014, Network 7 ranked 12th in AV fistula prevalence among all 18 Networks. The graph below depicts AVF comparison data by Network for December 2013 and 2014 (*Figure12*).



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Dec 2013	65.2	64.0	60.1	61.5	60.5	59.4	60.4	59.3	59.5	60.5	62.4	61.2	60.4	61.7	69.2	69.2	64.7	65.7
Dec 2014	66.2	65.5	60.4	63.3	60.6	60.6	60.6	60.7	59.6	60.6	62.8	63.0	60.9	62.3	69.6	69.1	65.5	66.4

Source: FFCL 2014 Dashboard

Performance Goal

The 2014 ESRD Network SOW charged the Networks with achieving and sustaining the CMS national goal of at least a 68% AV fistula-in-use rate for prevalent patients. The Network 7 goal was to reduce its AVF quality deficit by 20% by September, 2014. The quality deficit is calculated as the difference between the CMS goal of 68% and the Network 7 baseline AVF as of October 2013, which for Network 7 was 60.18%. If the amount of the quality deficit was less than 1% (floor) or more than 4% (ceiling), then the floor or ceiling would apply. Therefore, the goal for Network 7 was to improve the AVF in use rate by 1.56 percentage points, or to reach 61.74% by September 2014. As represented in Figure 12; Network 7 did not reach its goal for 2014 but we have incorporated the lessons learned into our processes for 2015.

Methods/Identification

In 2014 Network 7 instituted a two-pronged approach toward increasing fistula rates by utilizing a statewide approach, as well as conducting more intensive interventions with an identified focus group of providers to improve AVF rates. The Focus Group method provided a systematic approach to health care quality improvement in which the dialysis focus group facilities were able to test and measure practice innovations. Focus Group facilities were also able to share experiences in an effort to accelerate learning and widespread implementation of best practices.

Utilizing the CROWNWeb vascular access data via the 2013 NCC FFCL (October 2013), the Network conducted analyses to identify low performing facilities in regards to AVF in-use and long-term catheter (LTC) rates, as well as facilities with significantly declining AVF rates.

Based on Root Cause Analysis (RCA) of decelerating improvement in the statewide AVF in-use and LTC rates, data was also analyzed to determine Network patterns of AVF in-use and LTC rate movement in 2013 statewide, as well as within prior AVF in-use and LTC Focus Group projects, to ensure the 2014 QIA encompassed an appropriate facility patient census to meet the contract goal. The statewide analysis demonstrated a prevalent AVF improvement rate in 2013 [average monthly rate of 0.08% (absolute) per month, or 0.9 percentage points per year]. The analysis conducted on the previous Focus Group results to determine the minimum patient census to be impacted by the project to meet the Network's CMS goal yielded a target of approximately 10% of the Network's patient population with a minimum of 2,900 patients.

Forty four Focus Group facilities were identified to participate in the 2014 Vascular Access QIA with a reported hemodialysis patient count of 3, 105 and baseline AVF in-use rate of 49.7%, LTC rate of 18.4% and permanent vascular access (AVF + AVG) rate of 68.7% (October 2013).

Interventions

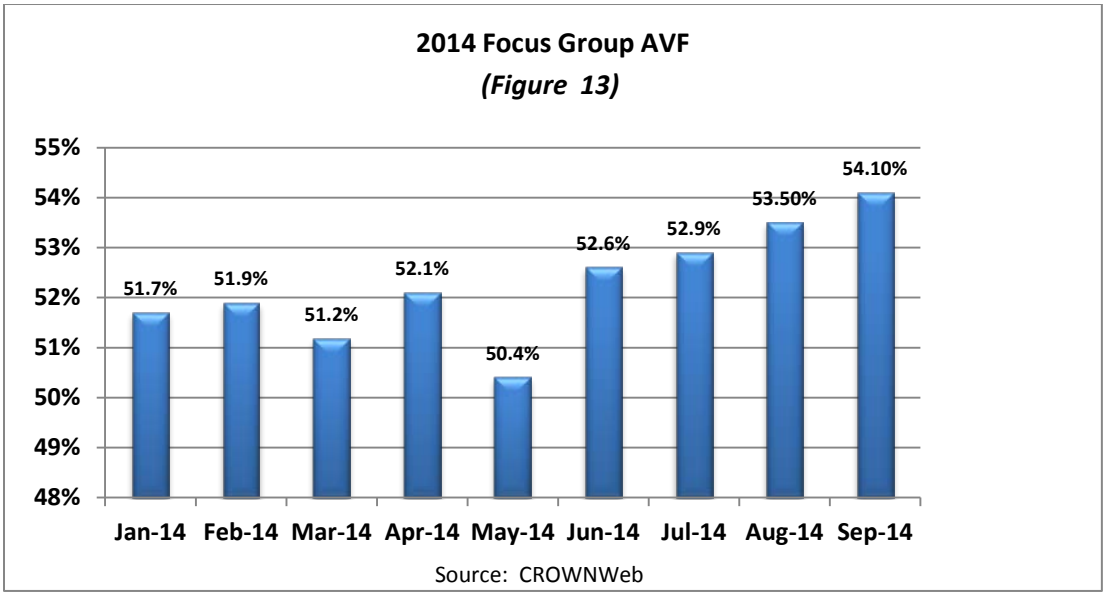
- **Orientation** – Facility orientation to the vascular access projects was conducted via an orientation teleconference and included a project overview, timeline, interventions, and monthly reporting requirements.
- **Root Cause Analysis** – Focus Group participants were required to conduct and submit a vascular access RCA, identify their number one challenge pertaining to permanent vascular access placement, and facility self-reported vascular access data (March 2014).
- **Improvement Plan** – RCA documents and facility plans to address their number one challenge to permanent access placement was reviewed by Network staff. One-on-one conversations with each facility were held to discuss their plan addressing facility challenges and included discussion on possible strategies and recommendations to enhance the facility's vascular access management processes. Follow up Network communications were provided to all facilities outlining key points identified during the one-on-one conversations.
- **Monthly Progress Reports** – In order to gauge monthly performance and conduct rapid cycle improvement, facilities were required to report their data on a monthly basis. The monthly self-report included the ending HD census, total number of patients dialyzing with an AVF, AVG, CVC with AVF, CVC with AVG, catheter in use for greater than 90 days. Additionally, facilities reported the number of AVF/AVG placed during each reporting month and the number of transitions from catheter use to AVF/AVG use and a breakdown of reasons for central venous catheter (CVC) use. The Network analyzed the report monthly for positive/negative trends and provided each facility individualized technical assistance.
- **Bi-Monthly teleconference** – Bi-monthly calls were held for purposes of providing a data update, discussing facility successes, as well as continued struggles. Following are examples of the topics covered during the bi-monthly calls:
    - Fistula First data updates.
    - Patient engagement – promotion of DVD "Dialysis Patients Speak: A conversation about the importance of AV Fistulas (permission to disseminate from NW1) and patient success stories.

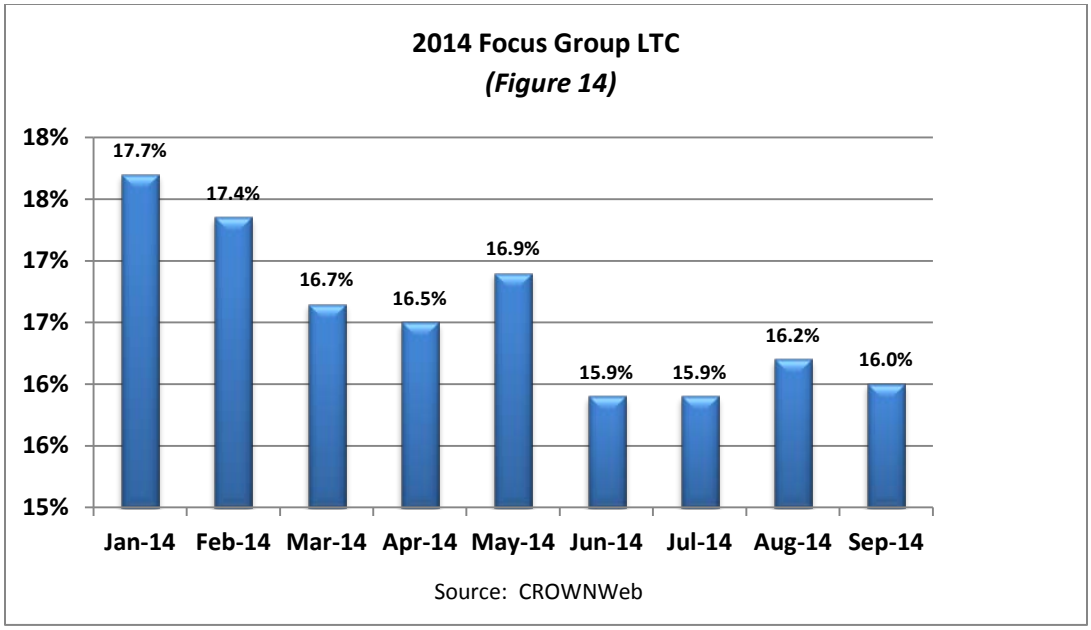
- Success stories pertaining to surgeon and hospital engagement with permanent vascular access placements
- Addressing facility challenges such as patient insurance, referral practices, and patient refusal.
- Promotion of the patient and provider educational vascular access resources and FFCL Dashboard available on the End Stage Renal Disease (ESRD) National Coordinating Center (NCC) website as well as a Vascular Access Workshop held during the 2014 Network Annual Forum.

AVF Focus Group Results

The baseline rates for the 44 facilities in Focus Group was AVF in-use rate of 49.1%, LTC rate of 18.4% and permanent vascular access (AVF + AVG) rate of 68.7% (October 2013).

By September 2014, this group improved the AVF rate by 1.4% achieving an overall AVF rate of 54.1% *(Figure 13).* Additionally, the group decreased the overall LTC rate from the baseline rate of 18.4% to 16.0% during the same time period, however, the utmost improvement was noted in the percentage of hemodialysis patients with permanent access (AVF + AVG) in use from 68.7% (October 2013) up to 74.3% (September 2014).





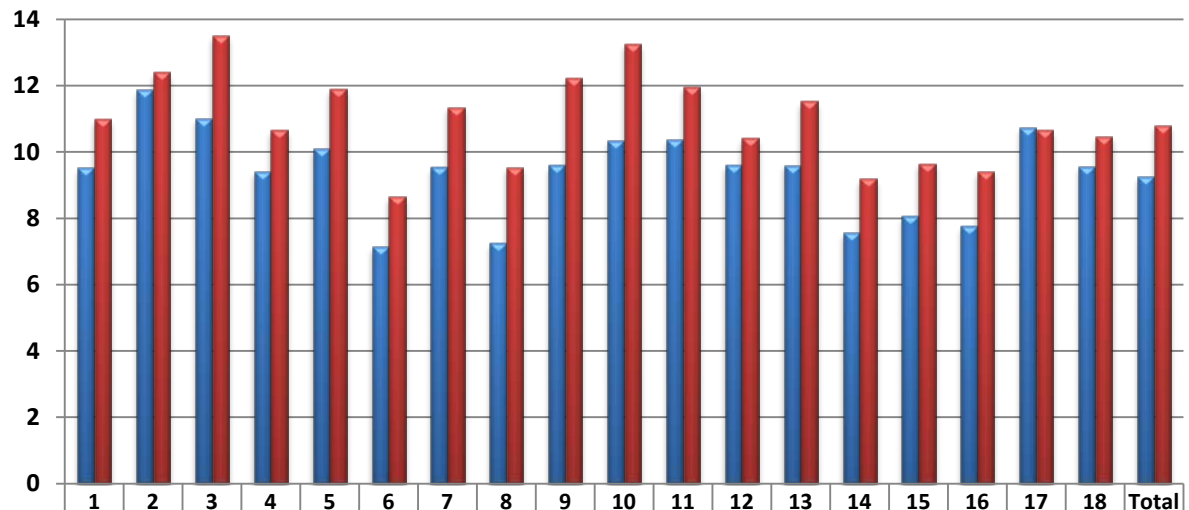
The goal for Network 7 was to improve the AVF in use rate by 1.56 percentage points, or to reach 61.74% by September 2014. The Network September 2014 final re-measurement AVF rate was 60.39% which was 1.35 percentage points short of achieving the CMS goal.

Reduce Catheter Rates for Prevalent Patients

Catheters have a significant association with morbidity and mortality in chronic hemodialysis patients (NKF KDOQI Guidelines Updates 2006). For the past nine years, the Network has developed a plan for QI activities based upon reducing the rate of long-term catheters (LTC) identified as catheters in use for greater than or equal to 90 days. However, in 2014, Network 7 experienced an increase in the LTC rate from 9.53% (January 2014) up to 11.36% (December 2014) with similar increases in national LTC rates (*Figure 14)*.

As of December 2014, Network 7 ranked 11th in LTC prevalence among all 18 Networks. The graph below depicts LTC comparison data for January and December 2014 (*Figure 15*). Due to data discrepancies in the CROWNWeb system; there is an increase in LTC for 17 of 18 ESRD Networks; as presented here.

LTC Comparison by Network
January 2014 - December 2014
(Figure 15)



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
Jan 2014	9.54	11.9	11	9.42	10.12	7.15	9.53	7.25	9.59	10.36	10.4	9.6	9.61	7.58	8.05	7.75	10.73	9.58	9.27
Dec 2014	10.99	12.41	13.52	10.65	11.88	8.66	11.36	9.55	12.23	13.26	11.96	10.41	11.52	9.2	9.64	9.42	10.65	10.46	10.82

Source: FFCL Dashboard

Performance Goal

In 2014, in addition to improving the statewide AVF rate, the Network's SOW included additional vascular access measures. The Network was charged with a goal to monitor facilities with long-term catheter (LTC) in-use rates (catheter ≥ 90 days) greater than 10%. The Network LTC goal was to achieve a two percentage point reduction in the baseline LTC rate among prevalent patients in facilities with a baseline LTC rate of > 10% (October 2013). The Network 7 baseline LTC rate was 14.96% (October 2013). Therefore, the LTC in-use goal for the 134 facilities identified with a baseline LTC rate > 10% was 12.96% by September 2014.

Methods/Identification

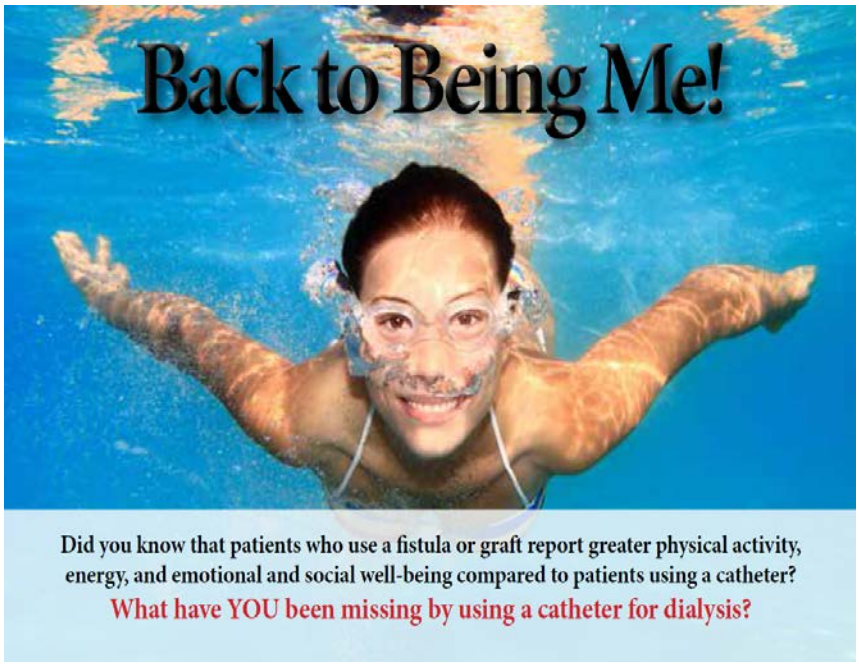
Utilizing the October 2013 FFCL data extract, the Network identified 134 facilities with a LTC rate above 10%. The Network utilized a statewide approach and conducted more intensive interventions with an identified Focus Group described above to work individually with 43 selected facilities.

Interventions

- **Orientation –** Network correspondence mailed included the facility's Vascular Access Summary Report displaying CROWNWeb data from April 2013 to March 2014 and AVF map by County (March 2014). Facilities with missing vascular access data reported to CROWNWeb were requested to submit self-reported vascular access data to the Network for comparison to CROWNWeb data.
- **Root Cause Analysis** – An environmental scan for facilities to rank their most frequent challenges to permanent access placement was reviewed by the Network. Network staff

compiled facility self-reported and CROWNWeb data and communicated any variances to the facility. Recommendations to improve the facility's reporting rate and/or one-on-one technical assistance for identification of missing data and data entry into the CROWNWeb application was provided.

- **Teleconferences** – Network staff conducted one-on-one calls with selected facilities to discuss their challenges to permanent access placement and discuss alternative strategies for catheter reduction.
- **Resource** – To stimulate conversations with catheter patients pertaining to activities with having a catheter prevents them from enjoying, the Network developed a patient post card "Back to Being Me!" which was distributed state wide. Post cards, based on each facility's catheter patient census, were mailed to providers identified with LTC > 10% to initiate conversations with patients eligible of permanent access placement by reluctant to be referred.



The goal for Network 7 was to achieve a 2 percentage point reduction by September 2014 in dialysis facilities that had a > 10% rate of long-term catheters in October 2013 (baseline rate - 14.96%). The Network September 2014 final re-measurement for this subset was 14.28%, which demonstrated a 0.68% reduction from the baseline rate and short of achieving the CMS goal of 12.96%.

Missing Vascular Access Data

In 2014, the Network continued efforts to monitor vascular access data in CROWNWeb and supporting facilities to achieve a 100% CROWNWeb vascular access reporting rate. The Network provided technical assistance to facilities regarding their clinical information systems or the manual data entry processes. The Network also provided support to corporate liaisons. In addition to the one-on-one technical support provided by the Network staff, the following communications were disseminated statewide pertaining to the timelines for closing of the clinical months in CROWNWeb:

- Q2 2014 Provider e-newsletter included article on Network access rates with emphasis for 100% reporting.
- August 2014 – the Network sent notification to providers regarding the CROWNWeb clinical month closure schedule for October – December 2014 and the schedule for January through May 2015 months.
- September 2014 – Network distributed correspondence to medical directors of facilities with less than 100% vascular access reporting in CROWNWeb which included the facility's reporting rates, vascular access rates, and missing prevalent patient count for Q2 2014.
- CROWNWeb clinical month closure schedule for January – May 2015 was addressed in the Network's Provider *e*Newsletter (3rd Quarter 2014 – Edition 3) and included the close dates for Q4 2014 clinical months as well.
- October 2014 – the Network sent notification to providers regarding the closing of July – September 2014 clinical months in CROWNWeb.

The average reporting rate (percentage of patients with an access reported to CROWNWeb) for Network 7 has improved from 94.43% (2013) up to 96.54% (2014).

Additional Educational Materials Provided

Presentations – The Network regularly provided vascular access updates including Fistula First during professional meetings throughout the state. During the presentations, statewide and Focus Group AVF and LTC data were provided, as well as an update on Network QI activities related to Fistula First and catheter reduction:

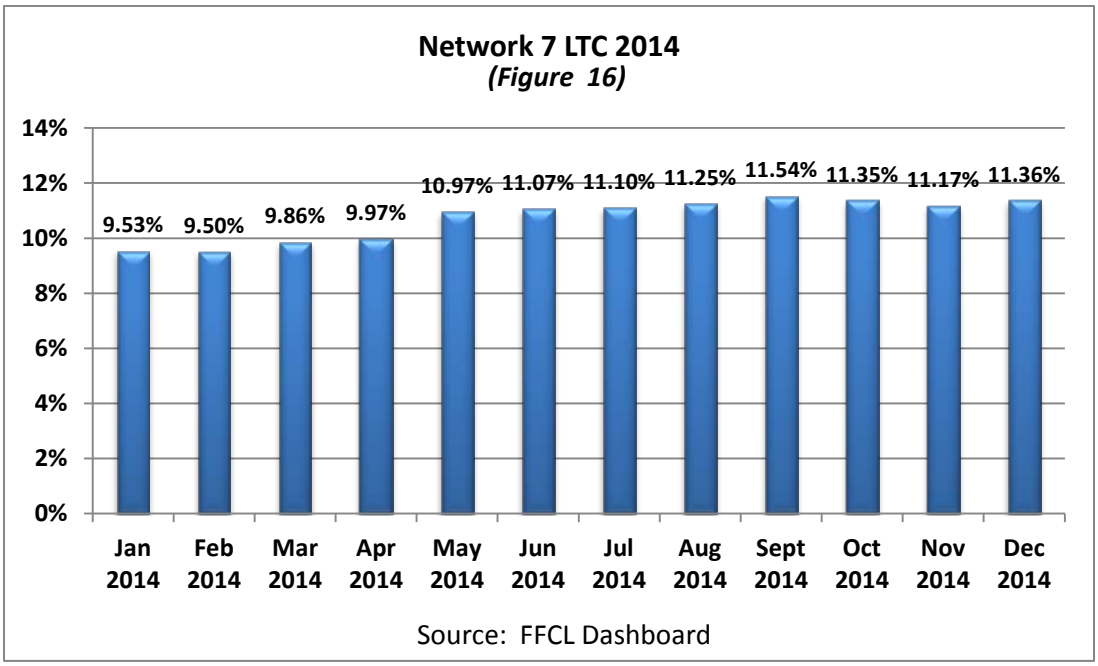
- "Collaborating to Improve ESRD Care" at the Florida Renal Administrators Association (FRAA) meeting during July 2014.
- Interactive Workshop - The Network held a pre-conference Frontline Interactive Workshop in advance of the 2014 Annual Forum. The Vascular Access workshop, "Patient Chronicles- Learning from the Journey" included 7 discussion stories depicting patient experiences from catheter to permanent access use including vessel mapping, surgical evaluation, fistula surgery, fistula maturation, first cannulation, catheter removal and access preservation
- Demetra Denmon, MA, WSD, Network 7 Executive Director and Jeffrey J. Sands, MD, MMM welcomed 310 attendees and 100 Exhibitors to the 2014 Network 7 Annual Forum with a presentation titled Step up to the Plate – Hit a Home Run in ESRD Care!. This multi-day event was held from November 20 – 21, 2014. The agenda for the 2014 Network Annual Forum meeting included vascular access presentations:
    - Dr. Stephen E. Hohmann, MD, FACS presented "Challenges of Central Venous Stenosis"
    - Lynda K. Ball, MSN, RN, CNN presented "Vascular Access: Don't Strike Out"

The Network provided additional vascular access resources as follows:

- The Network's Provider *e*Newsletter (2nd Quarter 2014 – Edition 2) included the statewide AVF utilization rate and LTC rates for March 2014, CMS Vascular Access Performance expectations for AVF use, and Network recommendations for monthly facility reviews of CROWNWeb to identify opportunities to improve reporting processes. Fistula First Catheter Last (FFCL) – Lifeline for a Lifetime resource and the FFCL Dashboard was promoted.
- The Long Term Catheter Rates by County map (June 2014) was included in the Provider *e*Newsletter (Quarter 4 2014 – Edition 4).
- The Network developed AVF and LTC rate by county maps and facility-specific vascular access trend reports and long-term catheter on goal reports for quarterly distribution statewide to the facility administrator and encouraged review with the facility medical director during the Quality Assessment and Performance Improvement (QAPI) meeting.

Summary

Overall, since the Fistula First Initiative began, Network 7 has achieved a statewide increase in AVF rates of 23.3%, increasing AVF in-use rates from 36.9% (January 2004) to 60.62% (December 2014. During 2014, the Network was able to realize improvements in both permanent access (AVF/AVG) and LTC rates with the facilities participating in the Focus Groups, however, statewide, the LTC rate demonstrated an increase as depicted by the graph below. Focus Group facilities' best practices and lessons learned will be utilized in the provision of vascular access technical assistance.



Patient Safety

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

The Network exceeded the CMS established goal that >80% of facilities must be reporting Dialysis Facility Event data, for at least six consecutive months, by the end of the base contract year. As of 02/07/14, 340 of 357 (95%) eligible facilities in Network 7 have reported Dialysis Facility Event data in NHSN for at least six consecutive months. Additionally, at the close of 2014, 364 of 365 (99.7%) eligible facilities were enrolled in NHSN and 360 of 365 (98.6%) eligible facilities have joined the Network's NHSN group, allowing their facility data to be analyzed and monitored.

NHSN education and helpful links regarding NHSN enrollment and reporting are communicated to facilities throughout the year by email, fax blast and were included in the Provider e-newsletter. Newly certified facilities are contacted directly and offered technical assistance. The Network also provided NHSN enrollment resources on their website.

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 2014, Network 7 established a Learning and Action Network focused on patient safety in dialysis facilities, with a specific focus on reducing rates of healthcare-acquired infections (HAIs). Network 7's HAI LAN workgroup comprises ESRD stakeholders and patients, including:

- Regional Directors and Corporate staff from LDOs, chains and Independent facilities
- The Agency for Healthcare Administration
- The Florida Department of Health HAI Prevention Program Manager and Program Epidemiologist
- Network 7 PAC and Network Council Chairs and Patient SMEs
- Network 7 Facilities
- Centers for Disease Control
- National Association of Kidney Patients Representative
- National Kidney Foundation Representative
- Orlando Health System Clinical Practice Improvement Consultant

The initial 2014 HAI LAN workgroup was held February 20, 2014 and included participation from the stakeholders above. The agenda for the meeting was as follows:

- Discuss the participant feedback (attached-please refer to the HAI section) from the 2013 in-person HAI - Learning Action Network
- Review 2013 HAI activities, 2013 materials can be found at http://fmqai.com/NW7-LANs.aspx
- Brain storm on HAI statewide initiatives for 2014 to reduce HAIs
- Provide an update of activities planned for the next in-person HAI LAN, April 11, 2014
- Solicit feedback on the promotion of the CDC HAI intervention tools available to reduce blood stream infections (BSIs)
- Discuss the National Action Plan to Prevent Healthcare-Associated Infections: "Roadmap to Elimination is available at http://www.hhs.gov/ash/initiatives/hai/esrd.html

Network 7 also collaborated with the Florida QIO during an in-person LAN "From Ordinary to Extraordinary-The Journey Continues" on April 11, 2014, which had over 100 participants, with dialysis providers as the second largest group participating.

The Network held the next HAI LAN webinar on September 30, 2014. The guest speaker was from the Centers for Disease Control (CDC) and reviewed NHSN data and reports for infection monitoring including:

- Monthly Dialysis Event Surveillance reporting criteria

- Common reporting errors and learn strategies to avoid them
- Introduction to NHSN reports
- Interpretation of NHSN rate tables to assess facility infection prevention performance

The final 2014 HAI LAN meeting was held in-person during the Network's Annual Forum in November. The over 100 attendees represented Network 7 dialysis facilities, hospitals, patients, physicians, kidney community groups, the CDC and the State Survey Agency.

The HAI LAN is promoted on the Network 7 website, along with CDC tools, HAI LAN presentations and HAI Workgroup developed resources.

Patient Safety: Reducing Rates of Healthcare-Acquired Infections

In addition to performing monthly NHSN facility data audits beginning in April 2014 and completing the bi-annual review of the 10 highest performing & 10 lowest performing facilities and conducting follow-up, the Network, the Network conducted an HAI Reduction Quality Improvement Activity (QIA) to improve practices with the intent of reducing Dialysis Facility Event rates, specifically, blood stream infection (BSI) rates.

Selection of the project facilities was accomplished using the following methodology to identify facilities with the highest potential for improvement:

- Utilizing NHSN data (January 2013 to December 2013), facilities were ranked (highest to lowest) by the reported BSI incident number and rate.
- The NHSN data set (January 2013 to December 2013) was then ranked (highest to lowest) by facilities BSI's associated with CVC.
- Analysis and ranking of all Network facilities with infection control deficiencies during their 2013 Agency for Health Care Administration (AHCA) on-site survey for certification.
- Examination of facilities with CROWNWeb Long Term Catheter (LTC) rate of higher than 10%.

In final analysis of the project's outcome, the focus group aggregate BSI rate decreased from a baseline of 0.96 per 100 patient-months to 0.80.

Some of the best practices noted by the 72 facility participants were:

- Including and involving all staff members in monthly audit completion improved results.
- Reminders were given to physicians to practice hand hygiene between patients when rounding.
- Staff viewed the CDC video on "Preventing Dialysis Infections."
- Guide to hand-washing opportunities previously circulated by the Network was re-posted at sinks and workstations.
- Targeted auditing during turnover identified the need to adjust the patient schedule to allow for proper infection control technique.

- Dialysis Company has new “CVC Care Initiative” which highlights infection control and meshes with HAI QIA.
- Reminders given to Nurse Practitioners to practice hand hygiene between patients when rounding.
- Facility had infection-control specific staff meeting.
- Reworking of the patient schedule allowed for more time for correct infection control procedures.
- Performing the CDC audits help to identify staff that need additional education on cannulation infection control.
- Overall improvement was noted in following procedures and in the reduction of facility infections after performing monthly audits.
- A facility manager held a specific infection control in-service for staff regarding CVC care.
- Improper mask placement was identified and corrected during catheter care audit.

Support for the ESRD Quality Improvement Program (ESRD QIP)

Introduction

The ESRD QIP continues efforts by CMS to improve the quality of care for beneficiaries with ESRD. Since 1978, Medicare has worked through the ESRD Networks to monitor and improve the quality of care furnished to ESRD beneficiaries. Since 2001, CMS has published information for consumers about the quality of dialysis care on the Dialysis Facility Compare website at www.medicare.gov.

Section 153(c) of Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) requires, among other things, that CMS select measures, develop a scoring methodology, and implement a payment reduction scale that relates to facility performance. A percentage of the facility’s dialysis payment is contingent on the facility’s actual performance on a specific set of measures. In support of the CMS AIM 3: Reduce Costs of ESRD Care by Improving Care, the Network provides technical assistance and education to facilities, beneficiaries, caregivers, and other stakeholders, on the ESRD QIP.

The Network communicated ESRD QIP information throughout 2014 in a variety of ways. Facilities were notified via e-mail, fax, or individual phone contact of CMS notifications, upcoming deadlines, training vehicles, and available resources, regarding the QIP. Each of the Network’s Quarterly Provider eNewsletters contained information about the program as well. Network staff also conducted activities to support facility data submission in CROWNWeb and the National Healthcare Safety Network (NHSN), both of which contain information and results that are part of the facility’s QIP Total Performance Score (TPS). The Performance Score Certificate (PSC) displays the facility’s TPS, scores on individual measures, and comparisons to the national average. Assisting dialysis facilities in understanding and complying with QIP processes and requirements, in turn improves facility performance on QIP measures and the TPS, which ultimately reduces the cost of ESRD care.

Beneficiaries, their families, and caregivers, were provided plain-language QIP information that explained the program's measures and the PSC, which is mandatorily displayed in each dialysis facility. The Network's PAC and SME groups collaborated and contributed to a PSC explanatory flyer that was sent for patient distribution in every QIP eligible dialysis facility in Network 7. The Network's Patient Newsletter also contained QIP information and a copy of the PSC with a detailed explanation.

The Network collaborates without boundaries while promoting the CMS ESRD QIP, demonstrated by its participation in the CDC HAI Prevention Collaborative, the NCC Community of Practice calls and webinars, partnership with the Florida Department of Health, attendance and subject matter expert input during provider teleconferences and meetings, and its on-going synergy with the State Survey Agency. The Network also facilitates a cohesive and productive Patient Engagement Learning and Action Network, whose primary focus is continuous quality improvement, framed by the CMS Three Aims.

The Network collaborated with LDO Corporate Quality personnel on QIP measures, as well as providing QIP technical assistance to small provider chains. Network staff also distributed QIP information during the following meetings:

- January 2014 - AHCA Directors Meeting
- April 2014 - TGH Transplant Foundation Education Meeting
- May 2014 - FMC Regional Social Worker's Annual Meeting
- June 2014 - ANNA Suncoast Chapter Annual Meeting
- July 2014 - Vascular Access Center Meeting
- August 2014 - DSI Administrators Meeting
- August 2014 - ANNA Chapter Meeting
- November 2014 - Network 7 Annual Forum
- November 2014 - NKF Kidney Walk
- December 2014 - Patient Kidney Support Group Meeting

In direct support of the CMS AIM 3: Reduce Costs of ESRD Care by Improving Care, Network staff has continuously provided expert ESRD QIP technical assistance and education to and for these partnerships.

ESRD QIP information is spread to providers utilizing a variety of methods; notification is accomplished via the Provider Newsletter, electronically via Constant Contact or the Master Account Holder (MAH) email address list, state wide fax blasts, or individual phone contact. Information spread includes CMS notifications, upcoming deadlines and available training resources regarding the ESRD QIP. Network responsibility also includes the registration of dialysis facility Master Account Holders, which enables user access to the designated CMS website for the provision of facility ESRD QIP Performance Score Reports and Performance Score Certificates.

As part of the ESRD QIP requirement, dialysis facilities are required to post a Performance Score Certificate that outlines how well it performed under the program. Through email, fax

blast, LDO corporate collaboration and direct facility contact, the Network achieved 100% compliance with facility PSC access.

As evidence of the on-going assistance provided to Network facilities, in ESRD QIP payment year 2014, 18 facilities in the Network 7 area received a payment reduction. This is a 53% improvement from 2013, when 34 facilities suffered a reduction under the program.

The Network also collaborated with LDO and NRAA state leads during the CROWNWeb QIP attestation period, as well as conducted direct independent facility contacts, resulting in successful ESRD QIP attestation of all but one Network facility. The Medical Director of the non-attesting facility was contacted and educated regarding ESRD QIP requirements.

The Network 7 Patient and Provider Newsletters contain information related to the ESRD QIP in each quarterly issue and the Patient SMEs give feedback on all ESRD QIP resources that are used or produced by the Network.

Facility Monitoring

The Network and MRB review the Standardized Mortality Ratio (SMR) data reported in the Dialysis Facility Report (DFR), when available annually to identify facilities to participate in the monitoring project. The Network goals in working with these providers is to assist in facility development, implementation, maintenance, and evaluation of an effective data driven interdisciplinary program, focusing on indicators related to improved outcomes.

The Network process for monitoring facility compliance begins with the analysis of data, which are obtained from a variety of sources including Dialysis Facility Report (DFR) data. Once obtained, data are evaluated and facilities are considered to be out of range if they are not meeting the appropriate targets. When the Network identifies these facilities, it gives notice to the provider and allows for an opportunity to provide additional information. If an Improvement Plan (IP) is required, the Network provides technical assistance to the ESRD facility in the completion of this plan. The entire process results in a facility either being excused from monitoring, selected to participate in the monitoring project and submitting outcomes data as part of the IP, or being referred back to the MRB for the consideration of a sanction.

In late 2013, the Network began working with five facilities with a greater than expected Standardized Mortality Rate (SMR) reported in the 2013 DFR. The Network provided updates to the MRB regarding the progress of the facilities in improving their patient care processes and self-reported monthly clinical outcome results.

Results

The monthly self-reporting for the Focus Group began in December 2013. Two of the five facilities had a baseline LTC rate of greater than 10% (December 2013) with reduction to less than 10% by July 2014. For the adequacy component measure, all five facilities demonstrated reductions in the percent of patients with Kt/V less than 1.2.

To determine participants for the 2014 – 2015 Focus Group, Network 7 first determined project release eligibility for the original five facilities by analyzing SMR data reported in the 2014 DFR, facility self-reported monthly clinical outcomes data, and number of deaths. Based on this analysis, all five facilities were identified for release. In November 2014 the MRB approved continuation of the project. Network 7 analyzed DFR data for calendar year 2013 and the period of 2010-2013 to identify new facilities with a greater than expected SMR; seven facilities met the inclusion criteria for the 2014 – 2015 facility monitoring group.

Summary

The Facility Monitoring QIA provides an opportunity for the Network to assist providers in improving clinical performance measures that are included in the Quality Incentive Program (QIP) as well as provide education on the Dialysis Facility Report data in order to evaluate the facility practice patterns and identify areas for improvement.

Provider Education

Per the Network's 2013 Provider Needs Assessment, dialysis providers reported they preferred to receive education via email. In keeping with these preferences, for 2014 the Network shared provider education via a quarterly e-newsletter sent to all providers on a designated email list and to all Master Account Holder (MAH) email addresses for all Network 7 facilities. The quarterly newsletters included the status of all AIM 1 activities, including results from the Network's LAN QIA and Campaigns, vascular access and HAI information as well as important information regarding the CMS ESRD QIP, NHSN reporting, and CROWNWeb reporting. Based on responses to the needs assessment, patient education materials, including a link to Network 7 patient newsletters, are included in each edition. Fifty percent (50%) of respondents to the provider needs assessment reported using the Network 7 patient newsletters for education of patients.

As discussed in the Executive Summary, the Network held its Annual Forum Meeting in Orlando, Florida in 2014. The meeting included an in-person Patient Engagement LAN meeting, a frontline floor staff workshop on improving communication between patients and staff, break-out sessions for specific disciplines and other important topics related to improving ESRD care in Florida. The majority of speakers received evaluation scores between 4.0 and 5.0 with an overall Annual Meeting evaluation score of 4.6. Additionally, the Annual Forum is a chance for Network staff to meet providers in person and in 2014 led to the recruitment of 35 facilities for the Network's Peer Representative program and 10 new providers to participate on the Network Medical Review Board and Council. Attendees represented over 150 facilities in the Network area with six patients also attending the meeting.

In addition to hosting the Annual Forum, the Network 7 also presented or exhibited at multiple other professional meetings in 2014 including the National Kidney Foundation of Florida's Renal Professional Forum (150 attendees), a Fresenius Medical Care Regional Social Worker Meeting (30 attendees), a DSI Dialysis Regional Manager meeting (20 attendees), ANNA regional meetings (100 attendees), Florida Hurricanes and Healthcare Conference (50 attendees), and the Florida Renal Administrators Association meeting (125 attendees). Attending such meetings allows Network staff to meet providers in person, build relationships, and improve communication between the two. It also enhances recruitment efforts for Network projects and committees and encourages spread of Network materials.

The Network also continued to offer continuing education credits to providers via the Network's website in 2014. The Network website hosted 14 Continuing Education Unit (CEU) courses in 2014, offering a total of 22 CEUs, including:

- Adequacy of Hemodialysis (1 CEU)
- Renal Transplantation (2 CEUs)
- Water Treatment (1 CEU)
- Ethical Decision Making and Professional Boundaries in Social work (1 CEU)
- KDOQI 2006 Updates for Prevention and Treatment of Catheter and Port Complications (1.5 CEUs)
- Implementation and Use of the Decreasing Dialysis Patient-Provider Conflict (DPC) Toolbox (2.5 CEU)
- Improving the Fundamentals of Managing in a Dialysis Facility (3 CEUs)
- All Hazards I: Identifying and Preparing for Potential Emergencies and Disasters (1 CEU)
- All Hazards II: Conditions for Coverage and Emergency Preparedness (1 CEU)
- Quality Improvement: A Culture of Change (1 CEU)
- Understanding Rapid Cycle Improvement (3 CEUs)
- Caring for the ESRD Patient During a Disaster (1 CEU)
- Chronic Kidney Disease Discharge Planning (1 CEU)
- Infection Control in the Dialysis Setting (2 CEU)

A total of 5595 online classes were completed by providers in 2014. Of those completions, the most accessed courses were Infection Control in the Dialysis Setting, Water Treatment for Dialysis, and Understanding Rapid Cycle Improvement.

Contributions to the Professional Literature

In 2014, The Florida ESRD Network did not contribute to any of the following professional literature venues:

- Book chapters,
- Articles in state or national peer reviewed academic journals, or
- Articles in state or national refereed trade publications.

Ensuring Data Quality

Data Collection and Entry

Veteran Health Administration dialysis facilities (VHA) are not required to use CROWNWeb for data submission. The Network continued to receive hard copies of Medical Evidence forms (CMS-2728), Death Notification forms (CMS-2746 Form), Annual Facility Survey forms (CMS-2744), and dialysis patient tracking forms from VHA facilities. Network staff submits these forms into CROWNWeb on behalf of the facilities on a daily basis. The Network staff submitted 72 forms and approximately 1,204 patient tracking updates on behalf of VHA facilities.

Use of CROWNWeb by kidney transplant facilities is not supported by CROWNWeb. As with VHA facilities, kidney transplant centers are not required to use CROWNWeb for data submission. The Network continued to receive hard copies of Medical Evidence forms (CMS-2728), Death Notification forms (CMS-2746 Form), Annual Facility Survey forms (CMS-2744), and transplant patient tracking forms from Transplant facilities. Network staff submits these forms into CROWNWeb on behalf of the facilities on a daily basis. The Network staff submitted 305 forms and approximately 2,323 patient tracking updates on behalf of kidney transplant centers.

Support Facility Data Submission for CROWNWeb, NHSN, and Other CMS Designated Data Systems

CMS Software Support

CMS and the ESRD Networks continued to work together to enhance the ESRD information system called Consolidated Renal Operations in a Web-enabled Network (CROWN). CROWN facilitates the collection and maintenance of information about the Medicare ESRD program, its beneficiaries, and the services provided to them. It allows dialysis facilities to submit information electronically. This information is immediately available to CMS and the appropriate ESRD Network. CROWN includes the following:

- The Renal Management Information System (REMIS), which determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access ESRD patient and facility information
- QualityNet Identity Management System (QIMS) is the identity management system used to create and manage user accounts
- CROWNWeb provides a single, web-enabled, national data warehouse for ESRD patient tracking, forms, and clinical data submission

REMIS

The Renal Management Information System (REMIS) determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access ESRD patient and facility information in the ESRD Program Management and Medical Information System Database. REMIS combines read only views of several CMS systems for information on ESRD patients. These systems include Medicare billing, Medicare Enrollment Database (EDB), data submitted via United Network of Organ Sharing (UNOS), as well as views of the ESRD patient and facility tracking system CROWNWeb. REMIS also includes sophisticated data quality problem resolution support. Network 7 utilized REMIS to improve the accuracy, reporting and reliability of ESRD data. For example, the Network utilized REMIS to reconcile discrepancies where multiple facilities claimed to have treated a patient during a specific time period. In addition, during the *Annual Facility Survey* (CMS-2744) preparation period, REMIS provided the Network with the ability to verify a patient's status when a facility reported a patient as "lost to follow-up."

QIMS

The QualityNet Identity Management System (QIMS) is the system that creates and manages User IDs and Passwords for multiple CMS applications, including CROWNWeb. QIMS simplifies the account activation process by enabling each facility's selected End User Manager (EUM) and Security Official to review, authorize, and activate account requests. QIMS also helps automate the account activation process by allowing users to initiate applications electronically and submit them to their EUM (End Users must also print and present the form to the EUM).

CROWNWeb Support

The Network utilized CROWNWeb reports to assist facilities in submitting data. Possible Duplicate Patient Reports were reviewed monthly and necessary updates were made within CROWNWeb and /or submitted to the QualityNet Help Desk to resolve. While working with facilities on the Annual Facility Survey, CMS-2744 form, the Network reviewed submission status for forms several times each week to identify facilities in need of assistance.

Twice monthly the Network utilized the Missing Clinical reports provided by CDDS to notify facilities with less than 90% of their clinical data submitted for any collection type for open clinical months. Included in the notification were the number and percentage missing for each clinical collection type for all open clinical months.

Facilities are provided with step-by-step instructions developed by the Network for completing the specific tasks in CROWNWeb. Facilities submitting data directly in CROWNWeb receive instructions on how to submit clinical information. Facilities associated with batch submitters receive instructions to contact the Help Desk for their batch submitter. On request, the Network provides facilities with lists of patients who are missing data allowing them to enter specific patients and/or work with their batch submitters to identify impediments to batch submission.

The Network worked directly with facilities experiencing issues with admitting out of scope patients by providing corrections to patient identifiers or admitting the patient on behalf of the facility, as appropriate. During 2014, the Network received 207 requests for assistance with out of scope patients. In addition to resolving 3,170 notifications and accretions assigned to the Network, the Network assisted facilities in resolving 434 notifications and accretions assigned directly to facilities.

In addition to notifications and reminders provided to facilities, the Network responded to 585 requests for assistance with CROWNWeb from facility users.

CMS Forms

To register an ESRD patient, the treating dialysis facility or transplant facility must submit a Medical Evidence form (CMS-2728 Form) to the Network within 45 days of initiation of chronic treatment. The CMS-2728 Form serves two purposes:

- To provide medical evidence of an end stage renal condition for Medicare entitlement.
- To enroll a patient in the national renal registry.

Upon the death of a patient, the provider must submit a Death Notification form (CMS-2746 Form) to the Network within 14 days of the patient's date of death.

To assist dialysis facilities in identifying missing forms, the Network augmented the *Missing Forms* and *Saved Status Forms* reports from CROWNWeb with the Gap Reports provided by the ESRD NCC to send lists of missing and un-submitted forms to facilities. These are emailed to all CROWNWeb users at the facility and include:

- CROWN UPI (Unique Patient Identifier)
- Type of Form Missing or Saved (CMS-2728, 2746)
- Admit or Death Date, as appropriate
- Due Date (admission date plus 45 days for 2728s or death date plus 14 days for 2746s)
- Step-by-step instructions on how to complete the form in CROWNWeb

In addition to the above reports, the Network worked one-on-one with facilities to support and mentor facilities needing assistance in submitting their forms.

Medicare Advantage

The Network also responded to inquiries from Medicare Advantage organizations regarding the status of CMS 2728 Forms and transplant status of ESRD Medicare beneficiaries who were members of Medicare Advantage organizations. In 2014, the Network responded to 35 inquiries regarding the ESRD status of 144 patients from Medicare Advantage organizations. Information included current dialysis or transplant function, first date of dialysis or transplant date, and the approximate date the CMS 2728 Form was submitted to CMS.

Summary

Through education, technical assistance and spread of best practice methods, the Network strove to improve quality of care and reduce costs for people with ESRD. By supporting the QIP, CROWNWeb and NHSN, the Network is promoting the efforts of CMS to move dialysis care toward a patient outcome-based system that focuses on quality assessment and performance improvement.

Special Project: Business Requirements for ESRD Systems (BRES)

Project CROWNWeb

During 2014, HSAG: The Florida ESRD Network continued work on the Business Requirements for ESRD Systems (BRES) special project. This project has supported the development of CROWNWeb application since the End Stage Renal Disease (ESRD) data system was officially launched by CMS in June 2012. CROWNWeb serves as the primary source of ESRD data collection from Medicare-certified dialysis facilities and ESRD Networks.

CROWNWeb Master Project Plan

The CROWNWeb Master Project Plan (MPP) is a formal, CMS approved document that is used to guide both project execution and project control for all stakeholders. The project plan is primarily used to document planning assumptions and decisions, facilitate communication among project stakeholders, document approved scope, and schedule baselines. The MPP provides detailed information on when releases will be deployed for the CROWNWeb application; assuring that the CROWNWeb team has detailed steps in order to meet the production deployment.

CROWNWeb Data

CROWNWeb continues to allow CMS, ESRD Networks, and dialysis providers to enter and view ESRD patient data through a secured web portal. Data submitted via CROWNWeb aids the ESRD community in assessing patient progress, measuring provider success, and gauging the overall success of the ESRD initiative through measures reporting and data availability. CMS uses the data from CROWNWeb to assess clinical performance on National, Facility, State and Network levels. Additionally, the data can potentially establish policy and other measures for the application.

CROWNWeb Responsiveness and Feedback Tree

The CROWNWeb Responsiveness and Feedback Tree (CRAFT) allows input and feedback from the Network and provider communities. The feedback has been extremely successful since its launch in 2007; staff at HSAG is dedicated to providing accurate timely responses to the community. All inquiries received through CRAFT are indexed and prioritized. The acquired information is provided to CMS on a weekly basis. CRAFT continues to provide an avenue of communication for CROWNWeb users and offers excellent customer service and responsiveness to the renal community.

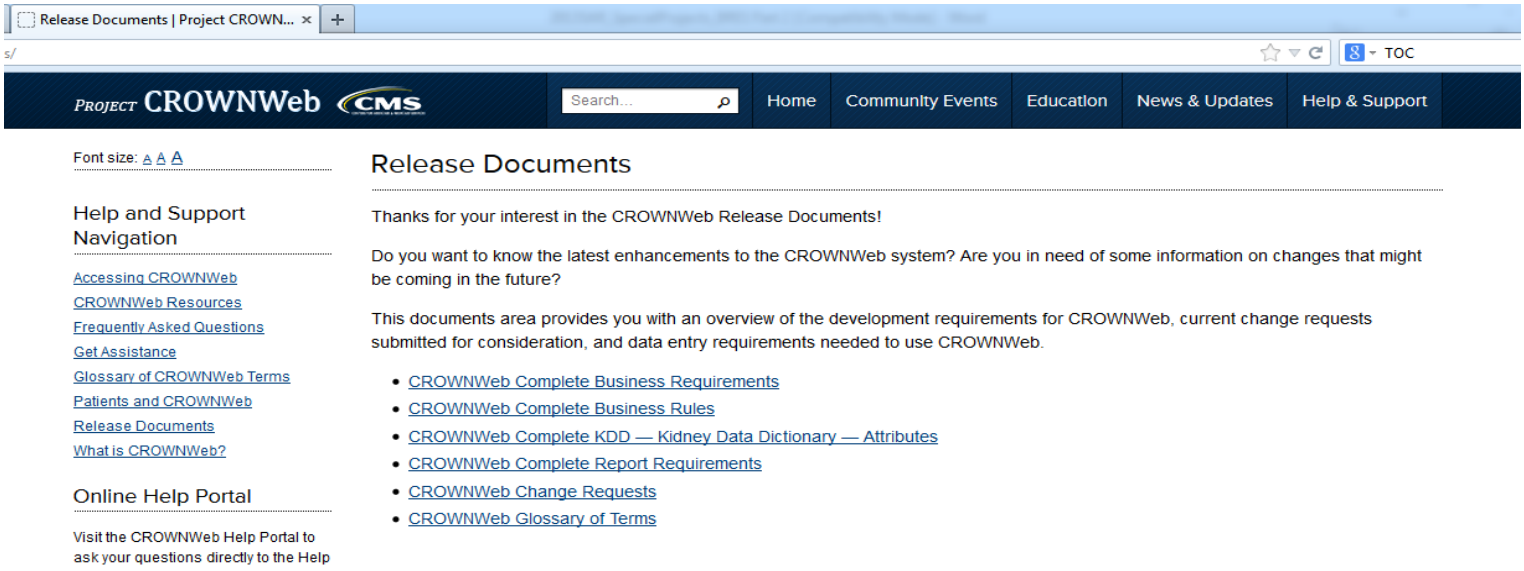
Project CROWNWeb Website

Information on CROWNWeb is also provided to the ESRD community through a project website (http://projectcrownweb.org/). The project CROWNWeb website information includes e-mail distribution, and CRAFT newsletters. The newsletters, which are posted monthly on the website, and e-mailed to those in the distribution list, include updates on the latest CROWNWeb news, links to Web resources, details on the next scheduled CRAFT call, training information, and recognition of Networks participating in CROWNWeb workgroups.

Business Requirements and Kidney Data Dictionary

As part of the BRES Special Study, HSAG developed and maintains the Business Requirements (BR), Kidney Data Dictionary (KDD), and Change Requests (CR) located at (http://projectcrownweb.org/help/release-documents/. These vital community reference documents provide a valuable source of information surrounding the background of CROWNWeb, and provide insight into future development of the system.

The communication that is received via CRAFT as well as other elicitation sessions is sent to CMS, potentially impacting how the BRs and KDDs are developed. Community comments regarding the BRs and KDD are received via the CRAFT email account (craft@nw7.esrd.net).



Within 2014, BRES developed new business requirements for the CROWNWeb application. There were three major enhancement releases in 2014; the 4.4 release was implemented in production on 5/28/2014, the 4.5 release on 9/10/2014 and the 4.6 release on 12/19/2014.

4.4 Release (5/28/2014)	4.5 Release (9/10/2014)	4.6 Release (12/19/2014)
10 Enhancements	11 Enhancements	13 Enhancements
13 Technical Enhancements	13 Technical Enhancements	5 Technical Enhancements
31 Production Defect Fixes	8 Production Defect Fixes	11 Production Defect Fixes

4.4 Enhancements include:

- Ability to Save in the CROWNWeb Clinical Module
- Facility Change of Ownership
- Allowing Flagging of Patients with Missing Clinical
- Updates to the Clinical Module, which include an N/A feature and reduction of clinical elements to assist in reducing burden for the facilities.
- Updates from ICD-9 to ICD-10
- Prevention of Duplicate Treatment Records, Updates to Medicare HICNUMs
- Adding Collection Type Element to Batch Schema
- Modification of Merge Execution/Validation Packages

4.5 Enhancements include:

- ICD-10 diagnosis will be displayed and printed on the CMS-2728 form and CW reports on or after 10/1/2015.
- QIP Attestations for PY 2016, which include attestations for: Anemia Management, Mineral Metabolism and ICH CAHPS.
- Ignore case-sensitivity when matching on facility and patient mappings during EDI processing.
- Allow Facilities to be able to run the missing forms and saved status reports.
- Create patient mapping when Warning 200 occurs and the patient is an Exact Match. Creating a patient mapping for these patients will enable the successful processing of necessary admit/discharge/treatment and clinical data.
- Have the capability to submit all data for the 2728 through an electronic means, eliminating the requirement for completion through the UI only.
- Ability to see due and past due missing forms on the missing forms monthly report.

4.6 Enhancements include:

- CROWNWeb to allow lab entry from an external source.
- BSO Enhancement for electronic submission of CMS Form 2746.
- Updates to reports which improve data submissions, data quality, and reporting compliance.
- Support the QIP for facility attestations, including verbiage and attestation validation.

Patient Contact Utility

The Patient Contact Utility (PCU) was developed atop the Network Contact Utility (NCU) that was built in 2009. The NCU was developed leveraging the table structures from a legacy system called the Standard Information Management System (SIMS). It was offered, discussed and adopted as a stopgap measure to address the concerns expressed by key ESRD Network personnel during the initial SIMS-to-CROWNWeb migration period. Ultimately, the PCU is deemed an immediate solution for Network reporting of ESRD beneficiary complaints and grievances to CMS, until the centralized data repository is implemented.

The PCU development on the 2.0 version began early in 2014 followed by the release on 2/28/2014. BRES leverages the CRAFT inbox to field feedback and continues to work with ESRD Network personnel to support the Patient Contact Utility. In addition, BRES was part of a PCU workgroup that was commissioned summer of 2014. This workgroup, consisting of Networks, CMS and BRES discussed changes to the 2.0 version for an even more enhanced application. From these initial meetings BRES started development on the PCU 3.0 in early 2015. In early 2015 BRES collaborated with CMS and the Networks. These elicitation sessions drive further development of PCU 3.0 with an anticipated deployment date in mid to late 2015.

Disparities in ESRD Care

Introduction

The Population Health Innovation Pilot Project presented opportunities for the Network to improve the quality and efficiency of services rendered to our Medicare beneficiaries through learning activities associated with the review and analysis of data, input from providers, patients, and other experts in the field, employment of proven quality improvement techniques, and identification and the spread of best practices. CROWNWeb data was the official data source for the project, provided by the ESRD Network Coordinating Center (NCC).

The bold and innovative approach to change involved in the Population Health Innovation Pilot Project aims to expand beyond traditional approaches to quality improvement with emphasis on engagement in collaborative partnerships to strive for maximum, sustainable improvement. The Network reviewed and gained consensus for the selection of the Population Health Innovation Pilot Project with the MRB, NC, and PAC.

Population Health Innovation Project: Increasing Hepatitis B and Pneumococcal Vaccination Rates

In 2014, the Network implemented the Innovation Project: Increasing Hepatitis B and Pneumococcal Vaccination Rates based on data analysis from the ESRD National Coordinating Center (NCC). The data were assessed for identification of an underserved population meeting project criteria to have ≤ 85% of the Florida target population not achieving the desired vaccination outcomes and identification of a disparity for both vaccination types of at least a combined 5% less than the non-underserved population (Table 1).

Table 1				
Disparity Race 12 Focus Facilities	Black or African American	White	Difference	
Number of Patients	494	364		
% of Patient Received Hepatitis	16.2%	31.0%	-14.8%	Sum
% of Patient Received Pneumococcal	10.3%	10.4%	-0.1%	-14.9%

Both of these requirements were met which demonstrated the statewide pneumococcal vaccinate rate was 62.0% and the hepatitis B vaccination rates was 60.5%; a race (Black or African American vs. White) disparity of at least a combined -5% total disparity for both vaccination types.

This project has applied the following provider and patient exclusions:

- Veterans Administration (VA) facilities
- Transplant facilities
- Special purpose facilities (e.g. prisons)

- ESRD patients below the age of 18

Using the above exclusion criteria, 12 facilities were identified for participation in the QIA with a combined race disparity rate of -14.9% and a total patient census of approximately 858.

The QIA had a primary and secondary measure. The primary measure was a one percent reduction in the identified disparity of race (Black or African American vs. White) for hepatitis B and pneumococcal vaccination rates. The secondary measure was an overall five percent vaccination rate increase of all patients within the project facilities, who have received the hepatitis B (minimum 1st of the series) and pneumococcal vaccinations.

The Network incorporated the following six attributes within the project plan interventions:

- Rapid Cycle Improvement—The Network utilized a CMS approved facility self-reporting tool and its internal Quality Control (IQC) processes to monitor and measure improvement and/or identify barriers to be addressed. These included components for facility reporting and Network self-assessment techniques with weekly and monthly activities:
    - The project kick-off WebEx with facility participants oriented them to project tools including CMS approved project performance measures to be reported to the Network monthly;
    - Weekly Network staff meetings were utilized to review the status of all contract activities including AIM 2, using a standing agenda/minutes format. Ad hoc meetings were scheduled as needed to address identified issues in more depth including conducting a root cause analysis (RCA) and adjusting the project design as warranted;
    - A weekly evaluation reporting tool containing elements of the ESRD Dashboard was completed by the Network and submitted to HSAG administration for review;
    - CMS monitoring was conducted via the monthly Progress and Status Report reviewed during the Contracting Officer's Representative (COR) monthly call and via the data submitted on the ESRD Dashboard;
    - The Network collaborated with the NCC on their immunization project workgroup via WebEx meetings; and
    - The Network utilized a Learning and Action Network (LAN) model within the focus group of facilities allowing for flow of knowledge, identification of needs, and sharing of potential interventions.
- Customer Focus & Value to Beneficiaries, Providers and CMS—The Network used a multi-pronged approach to seek input, provide technical assistance with interventions, and obtain feedback to ensure a patient-centered, customer focused project that brought value to the participants and CMS. Activities included:
    - A CMS approved needs assessments was provided to patients and providers to understand barriers to vaccination and guide interventions;
    - Patient SMEs and PAC members provided feedback and ideas based on the patient voice;
    - Technical assistance was provided to facilities in conducting internal RCAs on patient and provider factors impacting vaccination rates;

    - Satisfaction surveys/evaluations were used to assess the effectiveness of Network activities and drive adjustments to the project. These were disseminated in hard copy to facilities for use by the staff and for distribution to patients. These tools were also sent electronically to the provider contact person for the project;
    - Rapid cycle improvement processes were used for the Network and CMS to monitor and adjust the project as needed to demonstrate improvement and eliminate barriers to success;
    - At the end of the project period, the Network provided technical assistance to the facilities to establish a standardized process to sustain successes in improving patient care and outcomes; and
    - Resources and tools developed during the project are posted on the Network website.
- Sustainability—To promote sustainability, the Network encouraged facilities to establish a standardized process that mirrors successful approaches used during the project. The Network provided technical assistance in the development of policies or procedures as needed. Providers were encouraged to engage with other Health and Human Services (HHS) partners for sustainment purposes such as CDC.gov, Vaccine.gov and Flu.gov.
- Innovation—The Network solicited and created new ideas to maximize improvement methods including utilization of the LAN model, which was successful and dynamic in other focused Network initiatives such as patient engagement and health-associated infection. This process allowed all participants to contribute, identify priority goals, and share solutions and resources to improve care. Participants included patients, ESRD providers, clinical SMEs and other stakeholders such as community organizations or agencies described earlier. While the Network incorporated evidence based tools into its activities as appropriate, the LAN process allowed for the introduction and development of new tools and resources.
- Boundarilessness—HSAG, as both the Florida ESRD Network and QIO, collaborated with CMS in working with patients, healthcare professionals and other stakeholders to improve quality of care, quality of life, and healthcare efficiencies. To gain participation from broad groups in these efforts, the Network collaborated with patient SMEs, dialysis providers at the facility and corporate level, state agencies such as the Agency for Healthcare Administration (SSA) and the Florida Department of Health, the Centers for Disease Control (CDC), and other Networks. The Network also collaborated with the QIO Prevention Team that works on improving health for populations and communities, including utilization of the electronic health record (EHR) system to incorporate reminders, analysis to improve screening or vaccination rates, care coordination techniques, and patient engagement.
- Unconditional Teamwork—The Network recognizes the value of innovation and spread of successful approaches in order to maximize successes in a rapid cycle manner. Unconditional teamwork is essential to this success and the positive impact on patient outcomes. The Network engaged with other Networks and CMS using venues such as the CMS national teleconferences for the Three AIMs, Executive Office Hours, QIO/Network and NCC/Network collaborations, and the Region VI Networks' Best

Practices call. Within HSAG, the Network utilized its existing weekly Tri-Network calls for additional collaborative activities. The Network also utilized patient and stakeholder relationships to further the goals of the project.

The Rapid Cycle Improvement throughout the project allowed the Network to evaluate the value of the interventions and make interim adjustments as needed.

In March 2014, initial correspondence was sent to the focus group facilities and included a facility-specific 2013 vaccination profile for hepatitis B and pneumococcal displayed by race.

Interventions

- **Orientation –** Facility orientation to the project was conducted by the Network via teleconference and included a project overview, root cause analysis (RCA) and monthly facility reporting requirements.
- **Root Cause Analysis** – Focus Group participants were required to submit evidence of a root cause analysis (RCA) conducted to guide development of an improvement plan.
- **Improvement Plan** – RCA documents and improvement plans were reviewed by Network staff with feedback provided to all facilities.
- **Monthly Progress Reports** – Facilities were required to report monthly (April 2014 through September 2014) on their previous month's vaccination activities via a Network specific self-reporting tool. The self-reporting tool included the total facility census, number of patients who received either the hepatitis B or pneumococcal vaccine, number of patients refusing vaccination, number allergic, number of patients not offered the vaccine, and for hepatitis B, the number of patients with lab indicating immune status, as well as a section for facility comments to indicate their number one barrier pertaining to vaccinations.
- **Teleconferences** – The Network conducted individual teleconferences with selected facilities in the focus group to provide targeted resources and technical assistance. The purpose of the calls was to review the facility's vaccination management processes and identify reasons vaccinations were either not given or not reported in CROWNWeb.

Additional Resource and Educational Materials

Throughout the project timeline, the Network provided the following additional resource and educational materials to the focus group:

- In recognition of April being "National Minority Health Month", information regarding the Health and Human Services (HHS), National Partnership for Action to End Health Disparities, Tool Kit.
- Information for accessing a 5 minute CDC video, with Dr. Carolyn Bridges (CDC-Associate Director of Adult Immunizations) explaining the critical role that all healthcare professionals play in ensuring that adults get the vaccines they need
- YouTube video link on "Health Literacy" from the American Medical Association intended to provide the tools and a new perspective on how to help ESRD patients dealing with literacy issues.

- Information and a link to the National Partnership for Action (NPA) to End Health Disparities.
- Promotion of the ESRD National Coordinating Center (NCC) National Healthcare Associated Infections Learning and Action Network Event, "Aiming for 100%: What You Should Know to Increase Your Patient's Willingness to Take the Influenza and Pneumococcal Vaccines" (September 2014).
- Promotion of "National Vaccination Week" (December 2014)

Results

The final re-measurement vaccination rates (September 2014), the focus group facilities demonstrated a 29% overall improvement of patients receiving Hepatitis B and 49% receiving pneumococcal vaccinations. Additionally, the vaccinations disparity rate for the 12 facilities reduced from 14.97% to 8.98% by September 2014. Network correspondence mailed to the facility administrator and medical director at the end of the project included a facility-specific vaccination profile for hepatitis B and pneumococcal displayed by race (January – September 2014). A list of following Best Practices identified during the course of the project was also included in the final mailing:

- Creation of new process to assure new patients are offered vaccinations during initial nursing assessment.
- Hepatitis vaccine orders scheduled immediately following return of appropriate lab results.
- Facility promoted Vaccination Week with dedicated staff to administer inoculations as patients exited the clinic.
- Staff members received vaccinations in demonstration to patients.
- Administrative Assistant coordinated collection of patient vaccination records from other administration sites.
- Use of CDCs Hepatitis B test result interpretation tool improved monitoring and understanding.
- Designated "Vaccination Manager" improved facility vaccination rates processes.
- Including patient family members in vaccination education uncovered previously unknown barriers.

The QIA interventions throughout the project provided Network staff an opportunity to identify barriers based on facility feedback and provide actionable solutions.

Partnerships and Coalitions

Introduction

In addition to QIAs, the Network works with providers, patient groups, professional organizations, the State Survey Agency (SSA), the Florida QIO, and other appropriate groups to improve the quality of care and quality of life for ESRD patients. The following is a summary of the Network's collaborative activities.

Collaborative Activities with Kidney Patient Organizations

The Network partnered with patient and professional organizations throughout the state. These collaborative efforts assisted providers and partners with better understanding the work of the Network and increased the spread of Network resources and assistance. These partners included, but were not limited to, NKF, American Association of Kidney Patients (AAKP), and the FFBI:

- The Network presented and recruited at the All Kidney Patients Support Group held on 10/1/2014 in St. Petersburg, FL.
- The Network promoted and exhibited at the Transplant Foundation, Inc. 2014 Education Forum held at Tampa General Hospital in Tampa, FL in 2014.
- The Network's Patient Services Director addressed "Preventing and Addressing Crisis in the Dialysis Facility" at a Fresenius Medical Care (FMC) Social Worker meeting in April 2014.
- The Network's QICs collaborated with Vascular Access Centers in Jacksonville, FL and presented on Buttonhole Technique in July 2014.
- The Network's Patient Services Director presented on Dialysis Emergency Preparedness- Is Your facility ready?" at an ANNA meeting in Palatka in August 2014.
- The Network's Patient Services Director presented on Preventing Involuntary Discharge to DSI Administrators in Tampa, FL in August 2014.
- Collaboration between committed patients and providers assisted the Network with ensuring both perspectives were considered in the development of LAN activities based on the topics chosen by the Patient SMEs.
- Network 7 continued collaboration with the Centers for Disease Control and Prevention National Helathcare Safety Network (NHSN) in efforts to reduce bloodstream (BSI) infections statewide.

Collaborative Activities - Data

ESRD NCC Data Committee: The ESRD NCC Data Committee was created to guide decision making and provide subject matter expertise on the generation of data extracts or reports that are needed in order to complete tasks outlined in the Network Statement of Work (SOW), but are currently not available from CROWNWeb. These data needs fall into, but are not limited to, the following major areas:

- Data needed to complete the CMS ESRD Network Dashboard
- Needs outlined in the CROWNWeb Gap Analysis

- Clinical AIMS data

The committee is comprised of two Network Data Managers from each of the ESRD Network Regional Offices (Boston, Dallas, Kansas City, and Seattle). Network 7 was selected as one of the representatives for the Dallas region. The committee assists the NCC with defining the data elements and logic for reports and helps prioritize support needs within the community. Between meetings, the committee members pilot test report and provide feedback to the NCC developers for enhancement needed to support the Network SOW activities.

Collaborative Activities with NCC and Forum

The Network collaborated with the NCC to provide Network feedback and Network SME participation on the NCC Patient and Family Engagement LAN. The Network provided a patient education resource regarding Transplant utilized in the Network's PE LAN Campaign for use by the NCC PE LAN.

The Network's patient representative to the Forum of ESRD Network's Beneficiary Advisory Committee (BAC) continued to be an active participant bringing the patient's voice to Forum activities and participating in the CMS QualityNet Conference on several panels.

Patient and Family Engagement

Patient Engagement Learning and Action Network (LAN)

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

In 2014 the Network developed and facilitated a Patient Engagement LAN in the Network area to promote patient and family centered care. To begin LAN development, the Network recruited ESRD patients throughout Florida to volunteer as Network Patient Subject Matter Experts (Patient SMEs). Patient SME recruitment activities and materials were developed with input from the Network Patient Advisory Committee (PAC) and distributed to dialysis facilities in specific areas of the Network in which there was not already SME representation for the group in January 2014. Packets also went to patients that had contacted the Network in prior recruitment efforts. The Patient SMEs are committed and informed patients who are representative of the demographic characteristics of the Network's service area and assisted the Network by providing the patient perspective for Network improvement activities.

The Patient SMEs met bi-monthly during 2014 via conference call to share their stories, discuss identified areas of possible improvement at the patient and facility level, and provide direction and feedback for Patient Engagement LAN activities. During the Patient SME called held in January 2014, the group decided the Patient Engagement LAN would conitinue it's focus on treatment options education and engaging patients in the Plan of Care (POC) process.

Through the Patient Engagement LAN the Network was tasked with implementing the following:

- A quality improvement activity (QIA) developed by the LAN impacting at least 10% of the Network population that promotes patient-centered care and protects the interest of beneficiaries;
- At least two Campaigns developed by the LAN that impact at least 20% of the Network population per Campaign.

Patient Engagement LAN QIA

The LAN QIA included 32 facilities and 2250 patients and focused on provider education to increase the number of dialysis patients and/or their caregivers that are invited to attend a scheduled POC meeting with the facility Interdisciplinary Team (IDT). QIA activities included the Focus Group facilities completing an environmental scan via a SurveyMonkey tool. The environmental scan assisted the Network in obtaining information from the Focus Group facilities regarding their POC process and establishes the baseline for the QIA primary measure. Interventions for the QIA included a Network hosted orientation conference call for all focus group facilities, completion of an improvement plan (IP) by each facility, and provision of monthly educational resources by the Network to facilities, specifically aimed at making the facility's POC process more patient-centered. The resources assisted facilities in engaging patients in understanding the POC process and becoming more active in their dialysis care. The facilities also completed and returned to the Network monthly attestations that the resource was

received and describe how the resource was utilized by facility staff. At the end of the QIA, 100% of patients scheduled for a POC meeting with the IDT were invited to participate. This was an increase of 12.5%. Additionally, at the end of the QIA, 69% of patients from the QIA facilities attended their scheduled POC meeting. This was a 15.5% increase from baseline. QIA facilities completed an evaluation of the QIA as part of their November reporting, with 94% of the Focus Group responding that the QIA had a positive impact on their facility. The Network also provided a project completion letter to each facility, including final results of the QIA, and a summary was provided statewide to encourage adoption of QIA best practices.

Campaign 1: What's Your Plan?

Campaign 1 was implemented with 61 facilities and included 4,300 patients. The Campaign focused on patient education regarding participation in POC meetings with the facility Interdisciplinary Team (IDT) and included dissemination of monthly Campaign materials to patients through the facilities. Before the Campaign began, 27% of the patients who responded to the Network's 2013 Patient Needs Assessment, from the Campaign regions, reported they had participated in a scheduled meeting with the facility interdisciplinary team (IDT) to discuss their Plan of Care (POC). At the end of the Campaign, 52% of patients who responded to the Campaign re-measurement tool reported that they had participated in a scheduled IDT meeting to discuss their POC. This 25% increase was the first step in increasing patient's engagement in their dialysis treatment POC.

Campaign 2: Know Your Options

Campaign 2 was implemented with 46 facilities and included 3,600 patients.
The Campaign focused on patient education to increase patient knowledge of ESRD treatment options. Before the Campaign began, 69% of the patients who responded to the Network's 2013 Patient Needs Assessment, from the Campaign region, reported being "knowledgeable" or "very knowledgeable" regarding treatment options for End Stage Renal Disease (ESRD). At the end of the Campaign, 81% of patients who responded to the Campaign re-measurement tool reported being "knowledgeable" or "very knowledgeable" regarding treatment options for ESRD. This 12% increase was a positive step in ensuring all ESRD patients are knowledgeable regarding treatment options for ESRD.

Campaign educational materials were developed by the Network and patient SMEs, with feedback provided by the PAC. All of the Campaign materials, as well as other Network Patient Engagement Learning and Action Network (LAN) resources, are available on the Network website at http://fmqai.com/NW7-LANs.aspx.

Support for ICH CAHPS

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

The Florida ESRD Network encourages outpatient dialysis facilities to participate in the ICH CAHPS® administration and data collection. The ICH CAHPS® Survey is also a reporting measure contained in the ESRD QIP and eligible facilities must contract with an independent third party survey vendor that has been approved and trained by CMS. All approved ICH CAHPS® vendors are required to use the administration specifications developed by CMS. During 2014, the Network collected surveillance data reflecting the number of facilities that were utilizing the ICH CAHPS survey via a Network developed data collection tool and provided that information to CMS on a monthly basis. The Network sent all dialysis facilities in Florida an email reminder regarding the June 30, 2014 CMS deadline for facility ICH CAHPS registration and the July 31, 2014 deadline for ICH CAHPS vendor selection. Network staff, using email, fax blasts and direct contact, also provided technical assistance to ICH CAHPS eligible facilities during the mandatory CROWNWeb attestation period, whereby the facility indicates its compliance with the ESRD QIP. After this intensive intervention, all but one eligible Network 7 facility completed the required attestation (373/374).

Education for ESRD Patients and Caregivers

During 2014, the Network shared important educational topics and the status of all AIM 1 activities, including results from the Network's LAN QIA and Campaigns, statewide via the Network's quarterly patient newsletters. Copies of the newsletter were mailed to each facility quarterly with instructions for facility staff to make additional copies as needed and disseminate to patients. Additional topics for the newsletters included articles on vascular access, Medicare Part D, disaster preparedness, the Network grievance process, and treatment options. For each edition, the topics for the newsletters were developed to facilitate communication between patients and the providers that care for them. Patient newsletters also included an article titled "The patient's voice" which highlighted an important message the Network's Patient Advisory Members wanted to share patient to patient.

In December 2014, the mailing of patient newsletters to facilities included a newsletter evaluation to be completed by patients. Ninety Seven percent (97%) of patients and families who responded to the evaluation reported the agreed or strongly agreed that the information in the newsletter is helpful and 98% agreed or strongly agreed the information is easy to read.

The Patient's Voice

My name is Bridgette and I became a Network 7 Patient Subject Matter Expert (SME) earlier this year. I started hemodialysis in January 2011 and had two fistulas placed, but neither worked properly and I always felt sick. My hemodialysis nurse recommended I talk with the peritoneal dialysis (PD) nurse at my facility and once I did, and started taking PD training I was sold! My mom was nervous about possible infections and how much work it might be to do dialysis at home, but I found the training was easy, and doing PD is simple and flexible. I feel I am healthier and more active on PD. I have even gained some weight which is a good thing! I love to travel with my family and delivery of supplies to the hotels has never been a problem. I am planning to go on a cruise with my family next year and feel good knowing I can easily take my PD machine and supplies with me. If you are interested in more flexibility and a different dialysis modality, talk to your facility nurse or social worker for more information.

–Bridgette Blackman, Peritoneal Dialysis Patient, Tampa, FL

Grievances and Access to Care

The Florida ESRD Network responds to grievances filed by or on behalf of ESRD patients in Florida.

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

Access to care cases includes 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, or due to 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, The Florida ESRD Network responded to 60 grievances. Of these, 0% involved issues related to access to care. The Florida ESRD Network responded to 47 additional non-grievance access to care cases brought to the Network's attention by facility staff or patients.

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

Category	Number
Number of Grievance Cases Opened by The Florida ESRD Network in Calendar Year 2014*	60
Number (Percent) of Grievance Cases Involving Access to Care	0
Number of Non-Grievance Access to Care Cases Opened by The Florida ESRD Network in Calendar Year 2014	71
Total Number of Grievance and Non-Grievance Cases Involving Access to Care in Calendar Year 2014	131
Number of Cases Involving Involuntary Transfers**	0
Number of Cases Involving Involuntary Discharges**	47
Number of Cases Involving Failure to Place**	24

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

Of the 60 grievances received by the Network in 2014, 60 (100%) were resolved. Of these, five (8%) were referred to the State Survey Agency (SA) for further investigation. The first case involved blood on equipment and chairs and staff not washing hands. The state surveyor who completed the investigation contacted the Network after the investigation and explained the facility did not receive any citations. The second case referred included a patient's treatment times being shortened, staff being unprofessional and verbally abusive, reports of visible blood, debris, trash and used medical equipment on the floor of the facility, staff not wearing appropriate personal protective equipment (PPE), staff not adequately trained, facility management not following the facility grievance policy, and facility staff falsifying the patients' treatment records. The Network was contacted by the state surveyor who reported the facility would not receive any citations. The third case was related to a water system failure and possible chlorine breakthrough. The Network was contacted by the state surveyor after the on-site investigation and reported the facility would not receive any citations from the SA. The fourth case was related to staffing issues on the facility's fourth shift and was not substantiated by the SA. The fifth case referred to the SA included staff not changing gloves or washing hands between caring for different patients. The SA investigation substantiated the concerns and the facility was cited under the Infection Control Condition and Standards for ESRD Facilities (Conditions for Coverage (CfC). The facility was held accountable for staff breaking infection prevention protocols.

Additionally, the Network made one referral in 2014 to the SA related to a facility not completing an Involuntary Discharge (IVD) properly. Network staff did not conclude that the facility's documentation regarding the patient's reported disruptive and abusive behavior met the definition per the CMS CfC and this was substantiated by the SA and the facility was cited.

Recommendations for Sanctions

Public Act 98-369 of Section 1881(c) of the Social Security Act states: the ESRD Network can recommend to CMS the imposition of an alternative sanction when the Network submits documents that an ESRD provider is not cooperating in achieving Network goals. The Federal Regulations that implement this statute are contained in 42 CFR §405.2181.

Network 7 strived to maintain a cooperative and collaborative partnership with ESRD providers in all activities. The Network regularly interacted with facilities related to quality improvement activities and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2014, The Florida ESRD Network did not recommend sanctions to CMS of any facilities within its Network area.

Recommendations to CMS for Additional Facilities

HSAG: The Florida ESRD Network did not recommend to CMS additional facilities within its Network area in 2014.

Emergency Preparedness and Response

ESRD Networks are required by CMS to have a Comprehensive Emergency Management Plan (CEMP) which outlines general principles and procedures for administration and staff to follow when responding to all types of emergencies or occurrences either within the Network or within the community. Preparedness is an essential component of the CEMP and critical to facilitating successful outcomes for ESRD patients and providers during emergencies and/or disasters.

The ESRD Conditions for Coverage (CfC) include specific language related to disaster preparedness and response. In order to assist providers in complying with the CfC, and to ensure that patients had timely access to treatment during emergencies, the Network disseminated resources, provided technical assistance, and coordinated the Florida Kidney Disaster Coalition. Disaster preparedness activities in 2014 included:

- "Are You Ready" hurricane planning posters included in all Facility Resource Materials packets;
- Pre-hurricane season fax blast to providers regarding preparedness;
- Disaster preparedness articles included in the quarter two editions of the patient and provider newsletters;
- Fax blasts and posting of FDA alerts to the Network website;
- FKDC Community Partner Meeting – A Community Partner Meeting (CPM) was facilitated by a coalition member in Miami-Dade County on Wednesday, May 7, 2014 and included 80 attendees. The Network provided Community Partner Packets and promotional support for the meeting. The target audience included dialysis facility social workers and administrators, transportation agencies, and emergency management personnel;
- E-blast to all providers in June 2014 regarding Kidney Community Emergency Response (KCER) Coalition preparedness information related to Tornados, Hurricanes, and Wildfire;
- "Dialysis Emergency Preparedness – Is your facility ready?" presented to 45 members of ANNA Gainesville chapter on August 9, 2014;
- Memo sent via email to all facilities in September 2013 regarding September is National Preparedness Month and KCER Coalition Kidney Disaster Week;
- CDC resources related to Ebola Preparedness were sent to dialysis providers via e-blast memo and posting of resources to the Network website in October and November of 2014;
- KCER Coalition drill exercise participation by Network staff with 17 other ESRD Networks to evaluate decision-making processes and capability to implement the CEMP in response to a wide area, virus outbreak.
- Network 7 staff provided emergency preparedness materials at the FKDC information booth at the Network 7 Annual Forum.

Network 7 regularly assisted with disaster preparedness via the help-line and through email. Information, tools, and other resources for disaster preparedness and response were also posted on the Network website.

List of Tables

Table 1: ESRD Incidence - One Year Statistics

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

Age Group	FL	Other	Total
00-04	17	0	**17**
05-09	7	0	**7**
10-14	12	2	**14**
15-19	37	0	**37**
20-24	35	1	**36**
25-29	76	1	**77**
30-34	141	4	**145**
35-39	169	8	**177**
40-44	273	7	**280**
45-49	396	5	**401**
50-54	573	7	**580**
55-59	699	15	**714**
60-64	778	14	**792**
65-69	927	25	**952**
70-74	885	37	**922**
75-79	834	27	**861**
80-84	659	18	**677**
>=85	604	26	**630**
Total	**7,122**	**197**	**7,319**
Gender	**FL**	**Other**	**Total**
Female	2,921	83	**3,004**
Male	4,201	114	**4,315**
Not Specified	0	0	**0**
Total	**7,122**	**197**	**7,319**
Race	**FL**	**Other**	**Total**
American Indian/Alaska Native	10	1	**11**
Asian	106	3	**109**
Black or African American	2,125	34	**2,159**
Multiracial	16	0	**16**
Native Hawaiian or Other Pacific Islander	67	1	**68**
White	4,748	158	**4,906**
Not Specified	50	0	**50**
Total	**7,122**	**197**	**7,319**
Primary Diagnosis	**FL**	**Other**	**Total**
Cystic/Hereditary/Congenital Diseases	216	5	**221**
Diabetes	2,835	69	**2,904**
Glomerulonephritis	364	11	**375**
Hypertension/Large Vessel Disease	2,492	68	**2,560**
Interstitial Nephritis/Pyelonephritis	157	6	**163**
Miscellaneous Conditions	482	18	**500**

Primary Diagnosis	FL	Other	Total
Secondary GN/Vasculitis	118	5	**123**
Not Specified	275	4	**279**
Total	**7,122**	**197**	**7,319**

*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 150 patients with transplant therapy as an initial treatment.

*This table includes 77 patients receiving treatment at VA facilities.

Table 2: ESRD Dialysis Prevalence - One Year Statistics

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

Age Group	FL	Other	Total
00-04	21	0	**21**
05-09	12	0	**12**
10-14	25	5	**30**
15-19	83	2	**85**
20-24	176	3	**179**
25-29	357	9	**366**
30-34	632	12	**644**
35-39	845	15	**860**
40-44	1,301	25	**1,326**
45-49	1,812	22	**1,834**
50-54	2,531	39	**2,570**
55-59	3,121	52	**3,173**
60-64	3,420	72	**3,492**
65-69	3,420	100	**3,520**
70-74	2,996	139	**3,135**
75-79	2,634	127	**2,761**
80-84	1,981	99	**2,080**
>=85	1,630	77	**1,707**
Total	**26,997**	**798**	**27,795**
Gender	**FL**	**Other**	**Total**
Female	11,464	300	**11,764**
Male	15,533	498	**16,031**
Total	**26,997**	**798**	**27,795**
Ethnicity	**FL**	**Other**	**Total**
Hispanic or Latino	4,428	70	**4,498**
Not Hispanic or Latino	22,536	728	**23,264**
Not Specified	33	0	**33**
Total	**26,997**	**798**	**27,795**
Race	**FL**	**Other**	**Total**
American Indian/Alaska Native	45	1	**46**
Asian	431	8	**439**
Black or African American	11,077	157	**11,234**
More than one race selected	46	2	**48**
Native Hawaiian or Other Pacific Islander	162	1	**163**
White	15,206	629	**15,835**
Not Specified	30	0	**30**
Total	**26,997**	**798**	**27,795**

Primary Diagnosis	FL	Other	Total
Acquired obstructive uropathy	198	11	**209**
Acute interstitial nephritis	33	2	**35**
Amyloidosis	34	1	**35**
Analgesic abuse	33	2	**35**
Cholesterol emboli, renal emboli	44	3	**47**
Chronic interstitial nephritis	124	9	**133**
Chronic pyelonephritis, reflux nephropathy	53	4	**57**
Complications of other specified transplanted organ	2	0	**2**
Complications of transplanted bone marrow	3	0	**3**
Complications of transplanted heart	10	2	**12**
Complications of transplanted intestine	1	0	**1**
Complications of transplanted kidney	464	20	**484**
Complications of transplanted liver	28	3	**31**
Complications of transplanted lung	5	0	**5**
Complications of transplanted organ unspecified	13	0	**13**
Complications of transplanted pancreas	2	0	**2**
Congenital nephrotic syndrome	22	0	**22**
Congenital obstruction of ureterpelvic junction	20	1	**21**
Congenital obstruction of uretrovesical junction	7	1	**8**
Cystinosis	4	0	**4**
Dense deposit disease, MPGN type 2	5	0	**5**
Diabetes with renal manifestations Type 1	1,100	23	**1,123**
Diabetes with renal manifestations Type 2	9,747	281	**10,028**
Drash syndrome, mesangial sclerosis	5	0	**5**
Etiology uncertain	493	26	**519**
Fabry's disease	5	0	**5**
Focal Glomerulonephritis, focal sclerosing GN	712	26	**738**
Glomerulonephritis (GN) (histologically not examined)	718	20	**738**
Goodpasture's syndrome	34	2	**36**
Gouty nephropathy	4	0	**4**
Hemolytic uremic syndrome	25	0	**25**
Henoch-Schonlein syndrome	3	1	**4**
Hepatorenal syndrome	23	0	**23**
Hereditary nephritis, Alport's syndrome	43	2	**45**
Hypertension: Unspecified with renal failure	9,048	232	**9,280**
IgA nephropathy, Berger's disease (proven by immunofluorescence)	197	7	**204**
IgM nephropathy (proven by immunofluorescence)	12	0	**12**
Lead nephropathy	1	0	**1**
Lupus erythematosus, (SLE nephritis)	421	8	**429**
Lymphoma of kidneys	3	0	**3**
Medullary cystic disease, including nephronophthisis	14	0	**14**
Membranoproliferative GN type 1, diffuse MPGN	63	6	**69**
Membranous nephropathy	127	2	**129**

Primary Diagnosis	FL	Other	Total
Multiple myeloma	119	5	**124**
Nephropathy caused by other agents	75	4	**79**
Nephropathy due to heroin abuse and related drugs	8	0	**8**
Other (congenital malformation syndromes)	28	2	**30**
Other Congenital obstructive uropathy	40	2	**42**
Other disorders of calcium metabolism	1	0	**1**
Other immuno proliferative neoplasms (including light chain nephropathy)	19	2	**21**
Other proliferative GN	79	1	**80**
Other renal disorders	259	6	**265**
Other Vasculitis and its derivatives	33	4	**37**
Polyarteritis	6	0	**6**
Polycystic kidneys, adult type (dominant)	719	20	**739**
Polycystic, infantile (recessive)	11	0	**11**
Post infectious GN, SBE	26	0	**26**
Post-partum renal failure	5	1	**6**
Primary oxalosis	2	0	**2**
Prune belly syndrome	13	0	**13**
Radiation nephritis	4	0	**4**
Renal artery occlusion	29	1	**30**
Renal artery stenosis	86	14	**100**
Renal hypoplasia, dysplasia, oligonephronia	47	2	**49**
Renal tumor (benign)	3	0	**3**
Renal tumor (malignant)	88	6	**94**
Renal tumor (unspecified)	9	1	**10**
Scleroderma	6	1	**7**
Secondary GN, other	25	1	**26**
Sickle cell disease/anemia	30	1	**31**
Sickle cell trait and other sickle cell (HbS/Hb other)	1	0	**1**
Traumatic or surgical loss of kidney(s)	28	0	**28**
Tuberous sclerosis	10	0	**10**
Tubular necrosis (no recovery)	292	15	**307**
Urinary tract tumor (malignant)	14	0	**14**
Urinary tract tumor (unspecified)	6	0	**6**
Urolithiasis	10	0	**10**
Wegener's granulomatosis	70	2	**72**
With lesion of rapidly progressive GN	35	1	**36**
Not Specified	510	7	**517**
Total	**26,997**	**798**	**27,795**

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

Table 3: Dialysis Patients Modality and Setting - In Home

(For Survey Years 2013 and 2014)

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
100001	0	0	7	8	21	17	0	0	28	25
100006	0	0	0	0	0	0	0	0	0	0
100007	8	9	0	0	0	0	0	0	8	9
100022	0	0	0	0	2	3	0	0	2	3
100038	0	0	0	0	0	0	0	0	0	0
100088	0	0	0	0	3	2	0	0	3	2
10009F	0	0	0	1	10	14	0	0	10	15
100113	0	0	0	0	4	3	0	0	4	3
10011F	0	0	0	0	0	0	0	0	0	0
100128	0	0	0	0	4	5	0	0	4	5
100288	0	0	0	0	16	12	0	0	16	12
10061F	0	0	5	7	7	2	0	0	12	9
10065F	0	0	0	0	0	0	0	0	0	0
102501	1	1	6	1	35	29	1	0	43	31
102502	8	14	3	2	15	24	0	0	26	40
102503	0	0	0	0	0	0	0	0	0	0
102504	0	0	0	0	0	0	0	0	0	0
102505	0	0	2	1	45	42	0	0	47	43
102506	2	2	4	4	12	8	0	0	18	14
102510	0	0	0	0	0	0	0	0	0	0
102511	3	5	3	6	18	23	0	0	24	34
102512	4	5	6	6	15	18	0	0	25	29
102513	0	0	3	3	33	31	0	0	36	34
102514	7	3	10	3	24	22	0	0	41	28
102517	0	0	0	4	3	1	0	0	3	5
102518	0	0	0	0	0	0	0	0	0	0
102519	0	0	0	1	4	2	0	0	4	3
102520	0	0	3	3	16	14	0	0	19	17
102521	17	16	4	3	68	66	0	0	89	85
102522	0	0	0	0	0	0	0	0	0	0
102524	0	1	0	0	0	0	0	0	0	1
102525	0	0	1	3	3	7	0	0	4	10
102527	0	0	0	0	5	4	0	0	5	4
102528	0	0	0	0	0	0	0	0	0	0
102529	9	12	0	0	2	3	0	0	11	15
102530	0	0	1	1	5	6	0	0	6	7
102531	1	2	2	2	36	36	0	0	39	40
102532	4	5	14	3	24	27	0	0	42	35
102534	1	2	1	0	4	3	0	0	6	5
102536	0	0	0	0	0	0	0	0	0	0
102538	0	2	0	0	0	0	0	0	0	2

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
102542	0	0	3	0	7	9	0	0	10	9
102543	0	0	0	2	1	3	0	0	1	5
102544	0	0	14	2	22	7	0	0	36	9
102545	0	0	5	4	32	32	0	0	37	36
102546	0	0	0	2	4	8	0	0	4	10
102547	0	0	0	0	0	3	0	0	0	3
102548	0	4	5	5	12	12	0	0	17	21
102549	0	0	0	0	0	0	0	0	0	0
102551	0	0	4	0	6	0	0	0	10	0
102553	5	5	1	3	15	21	0	0	21	29
102554	1	0	2	1	13	16	0	0	16	17
102555	0	0	0	0	0	0	0	0	0	0
102557	0	0	2	2	0	3	0	0	2	5
102558	76	55	2	1	0	0	0	0	78	56
102559	0	0	2	1	2	0	0	0	4	1
102563	0	0	0	0	0	0	0	0	0	0
102564	0	0	2	1	2	5	0	0	4	6
102565	0	0	1	3	9	9	0	0	10	12
102566	0	0	0	0	0	0	0	0	0	0
102569	0	0	0	0	0	0	0	0	0	0
102571	0	0	0	0	3	2	0	0	3	2
102573	0	0	1	2	36	36	0	0	37	38
102574	8	9	0	2	5	4	0	0	13	15
102576	0	0	0	0	20	21	0	0	20	21
102578	0	0	0	0	0	0	0	0	0	0
102579	0	0	1	1	3	2	0	0	4	3
102581	0	0	0	2	1	2	0	0	1	4
102582	0	0	0	0	0	0	0	0	0	0
102583	0	0	0	0	0	0	0	0	0	0
102584	0	0	2	3	6	6	0	0	8	9
102585	0	0	0	0	0	0	0	0	0	0
102586	8	8	8	2	12	12	0	0	28	22
102587	0	0	0	0	3	5	0	0	3	5
102589	0	0	1	1	1	2	0	0	2	3
102590	12	8	3	4	9	14	1	1	25	27
102591	0	0	2	1	3	3	0	0	5	4
102592	0	0	0	0	0	0	0	0	0	0
102593	0	0	2	1	18	27	0	0	20	28
102594	10	12	0	2	8	8	0	0	18	22
102595	0	0	0	0	0	0	0	0	0	0
102596	6	6	3	4	20	26	0	0	29	36
102597	0	0	2	1	4	6	0	0	6	7
102598	12	16	1	2	9	8	0	0	22	26

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
102601	0	0	0	0	0	0	0	0	0	0
102602	0	0	6	4	18	25	0	0	24	29
102603	0	0	0	0	1	1	0	0	1	1
102604	3	4	0	0	18	11	0	0	21	15
102605	0	0	0	0	0	0	0	0	0	0
102609	0	0	0	2	4	4	0	0	4	6
102610	3	2	3	5	6	12	0	0	12	19
102612	0	0	6	6	20	13	0	0	26	19
102613	0	1	0	0	0	3	0	0	0	4
102614	0	0	0	0	0	0	0	0	0	0
102615	0	0	0	1	13	17	0	0	13	18
102616	1	0	0	0	3	5	0	0	4	5
102617	0	0	0	0	0	0	0	0	0	0
102618	0	0	0	0	0	0	0	0	0	0
102619	0	0	0	0	0	0	0	0	0	0
102623	0	0	0	0	0	0	0	0	0	0
102624	0	0	0	0	0	0	0	0	0	0
102626	0	0	0	0	0	0	0	0	0	0
102627	0	0	0	0	0	0	0	0	0	0
102628	0	0	5	3	11	10	0	0	16	13
102629	0	0	0	0	0	0	0	0	0	0
102630	0	0	0	0	0	0	0	0	0	0
102632	0	0	0	0	0	0	0	0	0	0
102634	12	10	1	1	12	10	0	0	25	21
102635	0	0	1	4	3	9	0	0	4	13
102636	1	0	1	1	0	0	0	0	2	1
102637	0	0	0	2	11	7	0	0	11	9
102638	0	0	0	0	0	0	0	0	0	0
102639	0	0	0	0	0	0	0	0	0	0
102642	1	1	0	1	6	8	0	0	7	10
102645	18	9	6	8	10	8	0	0	34	25
102646	0	0	1	2	4	7	0	0	5	9
102647	0	0	0	0	0	0	0	0	0	0
102648	0	0	0	0	2	0	0	0	2	0
102649	0	0	0	0	0	0	0	0	0	0
102651	0	0	0	0	0	0	0	0	0	0
102652	0	0	0	0	0	1	0	0	0	1
102653	0	2	0	0	2	0	0	0	2	2
102654	0	0	0	0	0	0	0	0	0	0
102655	0	0	0	0	0	0	0	0	0	0
102656	7	3	2	5	0	8	0	0	9	16
102658	0	0	1	1	5	9	0	0	6	10
102659	1	9	1	0	18	19	0	0	20	28

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
102660	0	0	0	0	0	0	0	0	0	0
102662	0	0	0	0	0	0	0	0	0	0
102664	0	0	0	0	0	0	0	0	0	0
102665	0	0	0	0	0	0	0	0	0	0
102666	0	0	0	0	10	15	0	0	10	15
102668	0	0	0	0	0	0	0	0	0	0
102670	0	0	0	0	0	0	0	0	0	0
102673	7	4	1	1	53	62	0	0	61	67
102674	0	0	0	0	0	0	0	0	0	0
102675	0	0	1	1	0	1	0	0	1	2
102676	0	0	1	0	8	4	0	0	9	4
102678	0	0	0	0	0	0	0	0	0	0
102679	0	0	0	0	1	2	0	0	1	2
102680	0	0	15	9	7	12	0	0	22	21
102681	0	0	0	0	0	0	0	0	0	0
102683	0	0	0	0	0	0	0	0	0	0
102684	0	0	2	1	7	8	0	0	9	9
102687	0	0	0	0	0	0	0	0	0	0
102689	0	0	0	0	0	0	0	0	0	0
102690	0	0	0	0	0	0	0	0	0	0
102692	0	0	0	0	8	1	0	0	8	1
102693	4	6	1	1	5	6	0	0	10	13
102694	0	0	0	0	0	0	0	0	0	0
102695	0	0	0	0	0	0	0	0	0	0
102696	0	0	0	0	0	0	0	0	0	0
102697	0	0	0	0	0	0	0	0	0	0
102699	0	0	0	0	0	0	0	0	0	0
102700	0	0	0	0	0	0	0	0	0	0
102701	0	0	2	7	38	35	0	0	40	42
102702	0	0	0	0	0	2	0	0	0	2
102703	0	0	0	0	0	0	0	0	0	0
102704	0	0	0	0	0	0	0	0	0	0
102705	3	4	11	11	27	32	0	0	41	47
102706	5	7	3	0	15	18	0	0	23	25
102707	0	0	0	0	0	0	0	0	0	0
102708	0	0	0	0	0	0	0	0	0	0
102709	0	0	0	0	0	0	0	0	0	0
102710	0	0	0	0	2	0	0	0	2	0
102712	0	0	0	0	0	0	0	0	0	0
102714	0	0	0	0	0	0	0	0	0	0
102715	0	0	0	0	0	0	0	0	0	0
102716	0	0	0	0	0	0	0	0	0	0
102717	0	0	1	4	15	9	0	0	16	13

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
102718	0	0	0	0	2	6	0	0	2	6
102719	0	0	0	0	1	4	0	0	1	4
102720	0	0	7	3	13	14	0	0	20	17
102721	0	0	0	0	0	0	0	0	0	0
102722	0	0	0	0	8	8	0	0	8	8
102726	13	9	0	0	0	0	0	0	13	9
102727	0	0	2	1	4	16	0	0	6	17
102728	0	0	3	2	13	19	0	0	16	21
102731	0	0	0	0	0	0	0	0	0	0
102732	0	0	0	0	0	0	0	0	0	0
102733	0	0	0	0	0	0	0	0	0	0
102736	0	0	0	0	0	0	0	0	0	0
102737	0	0	0	0	0	0	0	0	0	0
102738	0	0	0	0	0	0	0	0	0	0
102739	0	0	0	0	0	0	0	0	0	0
102740	27	39	0	0	0	0	0	0	27	39
102741	0	0	0	0	0	0	0	0	0	0
102742	0	0	3	2	6	12	0	0	9	14
102743	0	0	0	0	2	1	0	0	2	1
102744	0	0	0	4	2	5	0	0	2	9
102745	0	0	0	0	0	0	0	0	0	0
102746	0	0	0	0	0	0	0	0	0	0
102747	0	0	0	3	4	3	0	0	4	6
102748	0	0	0	1	11	9	0	0	11	10
102749	0	0	0	0	0	0	0	0	0	0
102750	0	0	0	0	0	0	0	0	0	0
102751	0	0	0	0	0	0	0	0	0	0
102752	0	0	0	0	0	0	0	0	0	0
102754	0	0	0	0	16	14	0	0	16	14
102756	0	0	2	1	8	6	0	0	10	7
102757	0	0	0	0	0	0	0	0	0	0
102759	0	0	0	0	0	0	0	0	0	0
102761	4	4	0	0	12	15	0	0	16	19
102762	0	1	2	2	4	7	0	0	6	10
102763	0	0	0	0	0	0	0	0	0	0
102764	3	6	0	1	0	9	0	0	3	16
102765	0	0	0	0	0	0	0	0	0	0
102766	0	0	0	0	1	4	0	0	1	4
102767	0	0	0	0	0	0	0	0	0	0
102768	0	0	0	0	0	0	0	0	0	0
102769	0	0	1	2	16	18	0	0	17	20
102770	0	0	0	0	0	0	0	0	0	0
102771	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
102772	0	0	2	1	76	65	0	0	78	66
102773	0	0	0	0	7	11	0	0	7	11
102774	0	0	4	2	8	9	0	0	12	11
102775	0	0	0	0	0	0	0	0	0	0
102776	0	0	0	0	0	0	0	0	0	0
102777	0	0	1	1	3	4	0	0	4	5
102778	0	0	0	0	0	0	0	0	0	0
102779	0	0	0	0	1	0	0	0	1	0
102782	0	0	0	0	0	0	0	0	0	0
102783	0	0	4	0	14	19	0	0	18	19
102784	0	0	0	0	0	0	0	0	0	0
102786	0	0	0	0	0	0	0	0	0	0
102787	0	0	2	1	13	14	0	0	15	15
102788	0	0	0	0	0	0	0	0	0	0
102789	0	0	9	0	0	10	0	0	9	10
102790	0	0	0	0	0	0	0	0	0	0
102791	0	0	7	6	10	11	0	0	17	17
102792	0	0	4	8	20	16	0	0	24	24
102793	0	0	0	0	0	0	0	0	0	0
102794	2	1	10	9	21	27	0	0	33	37
102795	0	0	0	0	0	0	0	0	0	0
102796	0	0	0	0	0	0	0	0	0	0
102800	9	8	0	0	0	0	0	0	9	8
102801	0	0	0	0	0	0	0	0	0	0
102802	0	0	0	0	3	2	0	0	3	2
102803	9	11	0	0	0	0	0	0	9	11
102804	0	0	0	0	0	0	0	0	0	0
102805	0	0	6	4	25	32	0	0	31	36
102806	1	1	0	0	1	4	0	0	2	5
102807	0	0	0	1	0	0	0	0	0	1
102808	0	0	0	0	0	0	0	0	0	0
102809	1	0	0	3	6	10	0	0	7	13
102810	0	0	0	0	0	0	0	0	0	0
102811	0	0	0	0	1	1	0	0	1	1
102812	0	0	0	1	0	3	0	0	0	4
102813	0	0	0	0	0	0	0	0	0	0
102814	0	0	0	0	0	0	0	0	0	0
102815	0	0	0	0	0	0	0	0	0	0
102816	0	0	1	2	11	11	0	0	12	13
102817	0	0	0	5	12	14	0	0	12	19
102818	0	0	0	0	0	0	0	0	0	0
102819	0	0	0	0	0	0	0	0	0	0
102820	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
102821	0	0	0	1	13	16	0	0	13	17
102822	0	0	0	0	0	0	0	0	0	0
102823	0	0	0	0	49	46	0	0	49	46
102824	2	3	1	2	23	16	0	0	26	21
102825	20	24	32	30	86	78	0	0	138	132
102826	0	0	0	0	7	8	0	0	7	8
102827	0	0	0	0	0	0	0	0	0	0
102828	0	0	0	0	11	15	0	0	11	15
102829	0	0	0	0	0	0	0	0	0	0
102830	0	0	0	0	0	0	0	0	0	0
102831	0	0	0	0	0	0	0	0	0	0
102832	0	0	0	0	14	7	0	0	14	7
102833	0	0	12	11	20	12	0	0	32	23
102834	0	0	0	0	0	0	0	0	0	0
102835	0	0	0	0	0	0	0	0	0	0
102836	0	0	1	1	2	1	0	0	3	2
102837	0	0	0	0	0	0	0	0	0	0
102838	0	0	1	1	7	22	0	0	8	23
102839	0	0	0	0	0	0	0	0	0	0
102840	0	0	0	0	0	0	0	0	0	0
102841	0	0	0	0	0	0	0	0	0	0
102843	0	0	0	0	0	0	0	0	0	0
102844	4	2	1	3	6	3	0	0	11	8
102845	0	0	0	0	0	0	0	0	0	0
102847	3	1	3	4	21	16	0	0	27	21
102848	1	1	0	1	23	7	0	0	24	9
102849	0	0	1	2	16	16	0	0	17	18
102850	2	1	1	2	3	2	0	0	6	5
102851	0	0	2	0	21	20	0	0	23	20
102853	0	0	4	3	13	15	0	0	17	18
102854	0	0	0	0	2	4	0	0	2	4
102855	8	7	0	1	7	9	0	0	15	17
102856	0	0	0	0	0	0	0	0	0	0
102857	0	0	0	0	0	0	0	0	0	0
102858	0	0	0	0	0	0	0	0	0	0
102859	0	0	0	0	0	0	0	0	0	0
102860	0	0	0	0	0	0	0	0	0	0
102861	0	0	2	0	13	9	0	0	15	9
102863	0	0	0	0	0	0	0	0	0	0
102864	0	0	1	1	3	6	0	0	4	7
102865	0	0	0	0	0	1	0	0	0	1
102866	0	0	0	0	0	0	0	0	0	0
102867	0	0	0	0	2	2	0	0	2	2

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
102868	0	0	0	0	0	0	0	0	0	0
102869	0	0	0	0	0	0	0	0	0	0
102870	0	0	0	0	0	0	0	0	0	0
102871	4	3	0	1	0	0	0	0	4	4
102872	0	1	0	0	0	0	0	0	0	1
102873	8	7	0	2	9	12	0	2	17	23
102874	0	0	0	1	0	3	0	0	0	4
102875	0	0	0	0	0	0	0	0	0	0
102876	0	1	0	1	9	10	0	0	9	12
102877	0	0	0	0	0	0	0	0	0	0
102878	0	0	0	0	0	0	0	0	0	0
102879	0	0	0	5	0	3	0	0	0	8
102880	0	0	0	0	0	0	0	0	0	0
102881	0	0	0	0	1	0	0	0	1	0
102882	0	0	1	1	14	12	0	0	15	13
102883	0	0	0	0	0	0	0	0	0	0
102884	0	0	0	0	0	0	0	0	0	0
102885	17	14	2	0	25	32	0	0	44	46
102886	0	0	0	0	0	0	0	0	0	0
102887	6	10	1	0	6	15	0	0	13	25
102888	0	0	0	0	0	0	0	0	0	0
102889	0	0	0	0	5	5	0	0	5	5
102890	0	0	0	0	0	0	0	0	0	0
102891	0	0	0	0	0	1	0	0	0	1
102892	0	0	0	0	0	0	0	0	0	0
102893	0	0	0	0	0	0	0	0	0	0
102894	18	15	1	1	0	0	0	0	19	16
102895	0	0	0	0	0	0	0	0	0	0
102896	1	1	1	2	30	30	0	0	32	33
102897	0	0	2	5	8	9	0	0	10	14
102898	0	0	0	0	0	0	0	0	0	0
102899	0	0	0	0	0	0	0	0	0	0
103300	0	0	1	2	6	3	0	0	7	5
103301	0	0	0	0	7	4	0	0	7	4
103502	3	5	2	3	3	5	0	0	8	13
103503	2	0	2	2	5	1	0	0	9	3
682500	0	0	2	1	8	8	0	0	10	9
682501	0	0	0	0	0	0	0	0	0	0
682502	0	0	0	3	9	13	0	0	9	16
682503	1	1	0	0	1	5	0	0	2	6
682504	0	0	1	1	3	3	0	0	4	4
682505	0	0	0	0	0	0	0	0	0	0
682506	0	1	3	2	7	7	0	0	10	10

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
682507	17	17	0	0	0	2	0	0	17	19
682508	0	0	1	2	2	3	0	0	3	5
682509	0	0	0	0	0	0	0	0	0	0
682510	0	0	0	0	0	0	0	0	0	0
682511	23	3	0	0	0	0	0	0	23	3
682512	0	0	0	0	0	0	0	0	0	0
682513	11	58	0	0	0	0	0	0	11	58
682515	0	0	1	2	5	8	0	0	6	10
682516	1	1	1	1	4	3	0	0	6	5
682517	0	0	0	1	6	10	0	0	6	11
682518	0	0	1	0	7	13	0	0	8	13
682519	0	0	0	0	0	0	0	0	0	0
682520	0	0	0	0	0	0	0	0	0	0
682521	0	0	0	0	0	0	0	0	0	0
682522	0	0	1	1	26	27	0	0	27	28
682523	4	4	2	1	1	3	0	0	7	8
682525	0	0	0	0	0	0	0	0	0	0
682526	0	1	0	0	5	6	1	0	6	7
682527	0	0	0	0	0	0	0	0	0	0
682528	0	0	0	0	0	0	0	0	0	0
682529	0	0	0	0	0	0	0	0	0	0
682530	0	0	0	0	0	0	0	0	0	0
682531	3	5	1	0	11	13	0	0	15	18
682532	0	0	0	1	2	4	0	0	2	5
682533	0	1	1	0	4	11	0	0	5	12
682534	2	4	5	3	39	33	0	0	46	40
682535	0	0	0	0	0	0	0	0	0	0
682536	0	0	0	0	0	0	0	0	0	0
682537	0	0	0	0	0	0	0	0	0	0
682538	0	1	8	4	80	77	0	0	88	82
682539	0	0	1	2	1	9	0	0	2	11
682540	0	0	0	0	0	0	0	0	0	0
682541	0	0	0	1	2	5	0	0	2	6
682542	0	0	1	3	1	6	0	0	2	9
682543	1	9	1	5	5	10	0	0	7	24
682544	0	0	0	0	0	0	0	0	0	0
682545	0	0	0	1	0	0	0	0	0	1
682546	0	0	0	0	0	0	0	0	0	0
682547	0	1	0	0	0	0	0	0	0	1
682548^	0	0	0	0	0	3	0	0	0	3
682549^	0	0	0	0	0	0	0	0	0	0
682550	0	0	0	1	0	33	0	0	0	34
682551^	0	0	0	1	0	3	0	0	0	4

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
682552^	0	0	0	2	0	5	0	0	0	7
682553^	0	2	0	0	0	0	0	0	0	2
682554^	0	1	0	0	0	25	0	0	0	26
682555^	0	0	0	0	0	0	0	0	0	0
682556^	0	0	0	0	0	4	0	0	0	4
682557^	0	5	0	6	0	17	0	0	0	28
682558^	0	0	0	0	0	0	0	0	0	0
682559^	0	6	0	0	0	0	0	0	0	6
682560^	0	0	0	0	0	1	0	0	0	1
682561^	0	1	0	0	0	10	0	0	0	11
682562^	0	0	0	0	0	0	0	0	0	0
682563^	0	1	0	0	0	1	0	0	0	2
682564^	0	0	0	0	0	0	0	0	0	0
682565^	0	0	0	0	0	1	0	0	0	1
682566^	0	0	0	0	0	1	0	0	0	1
682567^	0	0	0	0	0	9	0	0	0	9
682568^	0	0	0	0	0	1	0	0	0	1
682569^	0	0	0	0	0	1	0	0	0	1
682570^	0	0	0	0	0	0	0	0	0	0
682572^	0	0	0	0	0	1	0	0	0	1
FL0ORP	39	28	9	7	0	0	0	0	48	35
FL Totals	**539**	**591**	**401**	**405**	**2,157**	**2,434**	**3**	**3**	**3,100**	**3,433**
Network										
	Hemo		**CAPD**		**CCPD**		**Other**		**Total**	
	2013	**2014**	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**
Network Totals	**539**	**591**	**401**	**405**	**2,157**	**2,434**	**3**	**3**	**3,100**	**3,433**

Source of Information: Facility Survey (CMS 2744) and CROWNWeb
Date of Preparation: April 2015
This table includes 22 Veterans Affairs Facility patients for 2013 and 24 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)

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
100001	192	192	0	0	192	192	220	217
100006	8	7	0	0	8	7	8	7
100007	6	18	0	0	6	18	14	27
100022	33	32	0	0	33	32	35	35
100038	7	8	0	0	7	8	7	8
100088	4	7	0	0	4	7	7	9
10009F	37	35	0	0	37	35	47	50
100113	9	7	0	0	9	7	13	10
10011F	44	36	0	0	44	36	44	36
100128	9	5	0	0	9	5	13	10
100288	89	72	0	0	89	72	105	84
10061F	25	30	0	0	25	30	37	39
10065F	23	39	0	0	23	39	23	39
102501	101	106	0	0	101	106	144	137
102502	104	102	0	0	104	102	130	142
102503	65	63	0	0	65	63	65	63
102504	186	154	0	0	186	154	186	154
102505	135	133	0	1	135	134	182	177
102506	63	58	0	0	63	58	81	72
102510	49	47	0	0	49	47	49	47
102511	0	0	0	0	0	0	24	34
102512	78	73	0	0	78	73	103	102
102513	112	114	0	0	112	114	148	148
102514	88	87	0	0	88	87	129	115
102517	90	82	0	0	90	82	93	87
102518	77	77	0	0	77	77	77	77
102519	87	78	0	0	87	78	91	81
102520	25	27	1	0	26	27	45	44
102521	76	86	0	0	76	86	165	171
102522	96	84	0	0	96	84	96	84
102524	44	45	0	0	44	45	44	46
102525	88	102	0	0	88	102	92	112
102527	84	82	0	0	84	82	89	86
102528	64	77	0	0	64	77	64	77
102529	38	37	0	1	38	38	49	53
102530	77	67	0	0	77	67	83	74
102531	100	105	0	0	100	105	139	145
102532	91	95	0	0	91	95	133	130
102534	42	44	0	0	42	44	48	49
102536	98	95	0	0	98	95	98	95

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102538	51	54	0	0	51	54	51	56
102542	57	63	0	0	57	63	67	72
102543	41	39	0	0	41	39	42	44
102544	84	103	0	0	84	103	120	112
102545	101	97	0	0	101	97	138	133
102546	89	82	0	0	89	82	93	92
102547	118	96	0	0	118	96	118	99
102548	91	100	0	0	91	100	108	121
102549	71	57	0	0	71	57	71	57
102551	57	0	1	0	58	0	68	0
102553	143	119	0	0	143	119	164	148
102554	63	66	0	0	63	66	79	83
102555	86	71	0	0	86	71	86	71
102557	57	60	0	0	57	60	59	65
102558	99	97	0	0	99	97	177	153
102559	145	145	0	0	145	145	149	146
102563	38	56	0	0	38	56	38	56
102564	79	72	0	0	79	72	83	78
102565	121	129	0	0	121	129	131	141
102566	88	88	0	0	88	88	88	88
102569	88	89	0	0	88	89	88	89
102571	78	78	0	0	78	78	81	80
102573	95	95	0	0	95	95	132	133
102574	76	78	0	0	76	78	89	93
102576	83	82	0	0	83	82	103	103
102578	81	76	0	0	81	76	81	76
102579	64	85	0	0	64	85	68	88
102581	62	55	0	0	62	55	63	59
102582	36	29	0	0	36	29	36	29
102583	132	118	0	0	132	118	132	118
102584	49	54	0	0	49	54	57	63
102585	58	53	0	0	58	53	58	53
102586	108	109	0	0	108	109	136	131
102587	31	26	0	0	31	26	34	31
102589	19	18	0	0	19	18	21	21
102590	141	153	0	0	141	153	166	180
102591	82	78	0	0	82	78	87	82
102592	47	42	0	0	47	42	47	42
102593	122	148	0	0	122	148	142	176
102594	80	79	0	0	80	79	98	101
102595	93	92	0	0	93	92	93	92
102596	139	131	0	0	139	131	168	167

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102597	65	66	0	0	65	66	71	73
102598	59	68	0	0	59	68	81	94
102601	71	64	0	0	71	64	71	64
102602	109	126	3	1	112	127	136	156
102603	47	39	0	0	47	39	48	40
102604	38	47	1	0	39	47	60	62
102605	92	92	0	0	92	92	92	92
102609	62	56	0	0	62	56	66	62
102610	137	121	0	0	137	121	149	140
102612	46	48	0	0	46	48	72	67
102613	83	77	0	0	83	77	83	81
102614	76	82	0	0	76	82	76	82
102615	118	115	0	0	118	115	131	133
102616	46	64	0	0	46	64	50	69
102617	64	80	0	0	64	80	64	80
102618	43	37	0	0	43	37	43	37
102619	78	76	0	0	78	76	78	76
102623	94	83	0	0	94	83	94	83
102624	71	105	0	0	71	105	71	105
102626	56	47	0	0	56	47	56	47
102627	77	83	0	0	77	83	77	83
102628	0	0	0	0	0	0	16	13
102629	54	64	0	0	54	64	54	64
102630	75	61	0	0	75	61	75	61
102632	66	70	0	0	66	70	66	70
102634	91	94	0	0	91	94	116	115
102635	106	107	0	0	106	107	110	120
102636	134	122	0	0	134	122	136	123
102637	74	59	0	0	74	59	85	68
102638	71	69	0	0	71	69	71	69
102639	84	91	0	0	84	91	84	91
102642	49	60	0	0	49	60	56	70
102645	93	88	0	0	93	88	127	113
102646	23	36	0	0	23	36	28	45
102647	94	102	0	0	94	102	94	102
102648	100	88	0	0	100	88	102	88
102649	71	72	0	0	71	72	71	72
102651	92	93	0	0	92	93	92	93
102652	56	62	0	0	56	62	56	63
102653	98	91	0	0	98	91	100	93
102654	68	63	0	0	68	63	68	63
102655	63	47	0	0	63	47	63	47

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102656	148	169	0	0	148	169	157	185
102658	96	89	0	0	96	89	102	99
102659	134	118	0	0	134	118	154	146
102660	115	124	0	0	115	124	115	124
102662	91	67	0	0	91	67	91	67
102664	86	86	0	0	86	86	86	86
102665	93	89	0	0	93	89	93	89
102666	81	78	0	0	81	78	91	93
102668	45	39	0	0	45	39	45	39
102670	82	83	0	0	82	83	82	83
102673	88	94	0	0	88	94	149	161
102674	55	56	0	0	55	56	55	56
102675	56	47	1	1	57	48	58	50
102676	76	75	0	0	76	75	85	79
102678	119	129	0	0	119	129	119	129
102679	60	63	0	0	60	63	61	65
102680	110	101	0	0	110	101	132	122
102681	88	81	0	0	88	81	88	81
102683	98	94	0	0	98	94	98	94
102684	96	87	0	0	96	87	105	96
102687	81	81	0	0	81	81	81	81
102689	33	37	0	0	33	37	33	37
102690	46	50	0	0	46	50	46	50
102692	50	58	0	0	50	58	58	59
102693	58	61	0	0	58	61	68	74
102694	78	58	0	0	78	58	78	58
102695	13	17	0	0	13	17	13	17
102696	32	23	0	0	32	23	32	23
102697	90	84	0	0	90	84	90	84
102699	33	86	0	0	33	86	33	86
102700	47	39	0	0	47	39	47	39
102701	62	67	0	0	62	67	102	109
102702	39	35	0	0	39	35	39	37
102703	27	25	0	0	27	25	27	25
102704	54	51	0	0	54	51	54	51
102705	154	133	1	0	155	133	196	180
102706	65	67	0	0	65	67	88	92
102707	37	39	0	0	37	39	37	39
102708	66	75	0	0	66	75	66	75
102709	55	58	0	0	55	58	55	58
102710	61	76	0	0	61	76	63	76
102712	41	33	0	0	41	33	41	33

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102714	62	64	0	0	62	64	62	64
102715	24	42	0	0	24	42	24	42
102716	69	73	0	0	69	73	69	73
102717	39	33	0	0	39	33	55	46
102718	70	73	0	0	70	73	72	79
102719	40	50	0	0	40	50	41	54
102720	67	62	0	0	67	62	87	79
102721	111	132	0	1	111	133	111	133
102722	42	65	0	0	42	65	50	73
102726	26	25	0	0	26	25	39	34
102727	52	51	0	0	52	51	58	68
102728	73	70	0	0	73	70	89	91
102731	90	95	0	0	90	95	90	95
102732	45	43	0	0	45	43	45	43
102733	62	68	0	0	62	68	62	68
102736	34	34	0	0	34	34	34	34
102737	42	39	0	0	42	39	42	39
102738	29	36	0	0	29	36	29	36
102739	23	19	0	0	23	19	23	19
102740	81	75	0	0	81	75	108	114
102741	29	31	0	0	29	31	29	31
102742	82	88	0	0	82	88	91	102
102743	38	37	0	0	38	37	40	38
102744	54	63	0	0	54	63	56	72
102745	70	81	0	0	70	81	70	81
102746	70	73	0	0	70	73	70	73
102747	70	95	0	0	70	95	74	101
102748	103	113	0	0	103	113	114	123
102749	10	8	0	0	10	8	10	8
102750	55	70	0	0	55	70	55	70
102751	33	41	0	0	33	41	33	41
102752	42	37	0	0	42	37	42	37
102754	103	107	0	0	103	107	119	121
102756	59	83	0	0	59	83	69	90
102757	45	49	0	0	45	49	45	49
102759	19	23	0	0	19	23	19	23
102761	102	104	0	0	102	104	118	123
102762	83	81	1	1	84	82	90	92
102763	48	53	0	0	48	53	48	53
102764	60	77	0	0	60	77	63	93
102765	77	80	0	0	77	80	77	80
102766	136	131	1	0	137	131	138	135

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102767	80	101	0	0	80	101	80	101
102768	44	39	0	0	44	39	44	39
102769	85	84	0	0	85	84	102	104
102770	69	77	0	0	69	77	69	77
102771	51	50	0	0	51	50	51	50
102772	0	0	0	0	0	0	78	66
102773	66	55	1	1	67	56	74	67
102774	85	87	0	0	85	87	97	98
102775	72	80	0	0	72	80	72	80
102776	88	87	0	0	88	87	88	87
102777	63	60	0	0	63	60	67	65
102778	57	59	0	0	57	59	57	59
102779	93	101	26	30	119	131	120	131
102782	38	38	0	0	38	38	38	38
102783	84	81	0	0	84	81	102	100
102784	88	87	0	0	88	87	88	87
102786	53	50	0	0	53	50	53	50
102787	91	86	0	0	91	86	106	101
102788	66	61	0	0	66	61	66	61
102789	91	95	0	0	91	95	100	105
102790	22	20	0	0	22	20	22	20
102791	42	47	0	0	42	47	59	64
102792	110	111	0	0	110	111	134	135
102793	66	66	0	0	66	66	66	66
102794	94	82	0	0	94	82	127	119
102795	45	43	0	0	45	43	45	43
102796	21	17	0	0	21	17	21	17
102800	86	99	0	0	86	99	95	107
102801	36	36	0	0	36	36	36	36
102802	61	68	0	0	61	68	64	70
102803	55	48	0	0	55	48	64	59
102804	28	23	0	0	28	23	28	23
102805	80	83	0	0	80	83	111	119
102806	116	124	0	0	116	124	118	129
102807	36	36	0	0	36	36	36	37
102808	31	31	0	0	31	31	31	31
102809	39	43	0	0	39	43	46	56
102810	80	77	0	0	80	77	80	77
102811	26	23	0	0	26	23	27	24
102812	92	113	0	0	92	113	92	117
102813	80	74	0	0	80	74	80	74
102814	38	26	0	0	38	26	38	26

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102815	60	61	0	0	60	61	60	61
102816	42	52	0	0	42	52	54	65
102817	64	58	0	1	64	59	76	78
102818	61	55	0	0	61	55	61	55
102819	30	32	0	0	30	32	30	32
102820	73	59	0	0	73	59	73	59
102821	0	0	0	0	0	0	13	17
102822	60	57	0	0	60	57	60	57
102823	0	0	0	0	0	0	49	46
102824	83	88	1	0	84	88	110	109
102825	0	0	0	0	0	0	138	132
102826	49	42	0	0	49	42	56	50
102827	80	90	0	0	80	90	80	90
102828	35	28	0	0	35	28	46	43
102829	84	89	0	0	84	89	84	89
102830	45	38	0	0	45	38	45	38
102831	33	30	0	0	33	30	33	30
102832	111	120	0	0	111	120	125	127
102833	0	0	0	0	0	0	32	23
102834	40	49	0	0	40	49	40	49
102835	83	80	0	0	83	80	83	80
102836	68	62	0	1	68	63	71	65
102837	95	92	0	0	95	92	95	92
102838	57	60	0	0	57	60	65	83
102839	93	91	0	0	93	91	93	91
102840	78	82	0	0	78	82	78	82
102841	50	44	0	0	50	44	50	44
102843	70	78	0	0	70	78	70	78
102844	88	82	0	0	88	82	99	90
102845	56	51	0	0	56	51	56	51
102847	68	66	0	0	68	66	95	87
102848	60	55	0	0	60	55	84	64
102849	68	75	0	0	68	75	85	93
102850	68	71	0	0	68	71	74	76
102851	68	67	1	2	69	69	92	89
102853	72	81	0	0	72	81	89	99
102854	77	73	0	0	77	73	79	77
102855	104	114	0	0	104	114	119	131
102856	80	83	0	0	80	83	80	83
102857	70	73	0	0	70	73	70	73
102858	107	108	0	0	107	108	107	108
102859	39	35	0	0	39	35	39	35

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
102860	27	22	0	0	27	22	27	22
102861	101	106	0	0	101	106	116	115
102863	17	17	0	0	17	17	17	17
102864	79	80	0	0	79	80	83	87
102865	23	31	0	0	23	31	23	32
102866	57	66	0	0	57	66	57	66
102867	18	20	0	0	18	20	20	22
102868	71	67	0	0	71	67	71	67
102869	44	46	0	0	44	46	44	46
102870	102	119	0	0	102	119	102	119
102871	42	37	0	0	42	37	46	41
102872	101	114	0	0	101	114	101	115
102873	65	77	0	0	65	77	82	100
102874	54	53	0	0	54	53	54	57
102875	57	46	0	0	57	46	57	46
102876	42	52	0	0	42	52	51	64
102877	50	62	0	0	50	62	50	62
102878	85	86	0	0	85	86	85	86
102879	37	40	0	0	37	40	37	48
102880	44	42	0	0	44	42	44	42
102881	9	0	0	0	9	0	10	0
102882	84	79	0	0	84	79	99	92
102883	55	57	0	0	55	57	55	57
102884	78	78	0	0	78	78	78	78
102885	0	0	0	0	0	0	44	46
102886	91	103	0	0	91	103	91	103
102887	0	0	0	0	0	0	13	25
102888	22	23	0	0	22	23	22	23
102889	32	32	0	0	32	32	37	37
102890	17	28	0	0	17	28	17	28
102891	34	56	0	0	34	56	34	57
102892	49	68	0	0	49	68	49	68
102893	60	74	0	0	60	74	60	74
102894	4	6	0	0	4	6	23	22
102895	15	0	0	0	15	0	15	0
102896	94	116	0	0	94	116	126	149
102897	67	67	0	0	67	67	77	81
102898	81	96	0	0	81	96	81	96
102899	48	52	0	0	48	52	48	52
103300	5	7	0	0	5	7	12	12
103301	14	22	0	0	14	22	21	26
103502	51	56	0	0	51	56	59	69

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
103503	87	87	0	0	87	87	96	90
682500	39	55	1	0	40	55	50	64
682501	48	50	0	0	48	50	48	50
682502	38	49	0	0	38	49	47	65
682503	29	32	0	0	29	32	31	38
682504	0	0	0	0	0	0	4	4
682505	31	37	0	0	31	37	31	37
682506	30	48	0	0	30	48	40	58
682507	55	81	0	0	55	81	72	100
682508	65	58	1	0	66	58	69	63
682509	24	33	0	0	24	33	24	33
682510	57	72	0	0	57	72	57	72
682511	23	35	0	0	23	35	46	38
682512	13	22	0	0	13	22	13	22
682513	18	40	0	0	18	40	29	98
682515	31	29	0	0	31	29	37	39
682516	37	35	0	0	37	35	43	40
682517	83	85	0	0	83	85	89	96
682518	35	47	0	0	35	47	43	60
682519	50	62	0	0	50	62	50	62
682520	60	80	0	0	60	80	60	80
682521	30	45	0	0	30	45	30	45
682522	94	89	1	0	95	89	122	117
682523	5	9	0	0	5	9	12	17
682525	33	50	0	0	33	50	33	50
682526	25	28	0	0	25	28	31	35
682527	31	39	0	0	31	39	31	39
682528	0	0	0	0	0	0	0	0
682529	21	23	0	0	21	23	21	23
682530	60	67	0	0	60	67	60	67
682531	0	0	0	0	0	0	15	18
682532	12	24	0	0	12	24	14	29
682533	0	0	0	0	0	0	5	12
682534	0	0	0	0	0	0	46	40
682535	34	57	0	0	34	57	34	57
682536	11	18	0	0	11	18	11	18
682537	7	16	0	0	7	16	7	16
682538	0	0	0	0	0	0	88	82
682539	0	0	0	0	0	0	2	11
682540	11	15	0	0	11	15	11	15
682541	27	45	0	0	27	45	29	51
682542	10	45	0	2	10	47	12	56

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2013	2014	2013	2014	2013	2014	2013	2014
682543	0	0	0	0	0	0	7	24
682544	1	14	0	0	1	14	1	14
682545	1	22	0	0	1	22	1	23
682546	0	13	0	0	0	13	0	13
682547	3	4	0	0	3	4	3	5
682548^	0	13	0	0	0	13	0	16
682549^	0	30	0	0	0	30	0	30
682550	0	0	0	0	0	0	0	34
682551^	0	51	0	0	0	51	0	55
682552^	0	25	0	0	0	25	0	32
682553^	0	5	0	0	0	5	0	7
682554^	0	0	0	0	0	0	0	26
682555^	0	62	0	0	0	62	0	62
682556^	0	27	0	0	0	27	0	31
682557^	0	0	0	0	0	0	0	28
682558^	0	43	0	0	0	43	0	43
682559^	0	2	0	0	0	2	0	8
682560^	0	2	0	0	0	2	0	3
682561^	0	0	0	0	0	0	0	11
682562^	0	26	0	0	0	26	0	26
682563^	0	16	0	0	0	16	0	18
682564^	0	8	0	0	0	8	0	8
682565^	0	21	0	0	0	21	0	22
682566^	0	1	0	0	0	1	0	2
682567^	0	5	0	0	0	5	0	14
682568^	0	3	0	0	0	3	0	4
682569^	0	1	0	0	0	1	0	2
682570^	0	3	0	0	0	3	0	3
682572^	0	2	0	0	0	2	0	3
FL0ORP	39	44	0	0	39	44	87	79
FL Totals	**23,240**	**24,273**	**42**	**43**	**23,282**	**24,316**	**26,382**	**27,749**
Network Totals	**23,240**	**24,273**	**42**	**43**	**23,282**	**24,316**	**26,382**	**27,749**

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 129 Veterans Affairs Facility patients for 2013 and 140 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)

Transplant Center	Total Transplants Performed		Patients Awaiting Transplant	
	2013	2014	2013	2014
109801	**216**	**206**	**215**	**0**
109802	165	140	517	476
109803	94	83	473	470
109804	275	351	0	0
109806	160	153	973	815
109807	13	8	43	0
109809	36	60	210	0
109811	0	24	0	0
FL Total	**959**	**819**	**2,431**	**1,761**

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	4	0	0	0	**4**
05-09	5	1	0	0	**6**
10-14	10	1	0	0	**11**
15-19	16	3	0	0	**19**
20-24	12	9	0	0	**21**
25-29	31	9	0	0	**40**
30-34	45	8	5	0	**58**
35-39	47	13	5	0	**65**
40-44	66	11	8	0	**85**
45-49	89	18	6	0	**113**
50-54	76	18	7	0	**101**
55-59	81	19	7	0	**107**
60-64	101	22	5	0	**128**
65-69	102	9	4	0	**115**
70-74	68	9	5	0	**82**
75-79	27	5	1	0	**33**
80-84	6	2	0	0	**8**
>=85	0	0	0	0	**0**
Total	**786**	**157**	**53**	**0**	**996**

Gender	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
Female	307	69	17	0	**393**
Male	479	88	36	0	**603**
Total	**786**	**157**	**53**	**0**	**996**

Race	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
American Indian/Alaska Native	0	0	0	0	**0**
Asian	18	7	3	0	**28**
Black or African American	267	23	6	0	**296**
Multiracial	2	1	0	0	**3**
Native Hawaiian or Other Pacific Islander	5	0	1	0	**6**
White	494	126	43	0	**663**
Not Specified	0	0	0	0	**0**
Total	**786**	**157**	**53**	**0**	**996**

Primary Diagnosis	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
Acquired obstructive uropathy	8	0	1	0	**9**
Acute interstitial nephritis	0	0	0	0	**0**
AIDS nephropathy	2	0	0	0	**2**
Amyloidosis	1	0	0	0	**1**
Analgesic abuse	1	1	0	0	**2**
Cholesterol emboli, renal emboli	1	0	0	0	**1**
Chronic interstitial nephritis	4	0	0	0	**4**
Chronic pyelonephritis, reflux nephropathy	9	1	0	0	**10**
Complications of other specified transplanted organ	1	0	0	0	**1**
Complications of transplanted bone marrow	0	0	0	0	**0**
Complications of transplanted heart	1	0	0	0	**1**
Complications of transplanted intestine	1	0	0	0	**1**
Complications of transplanted kidney	28	6	4	0	**38**
Complications of transplanted liver	1	1	0	0	**2**
Complications of transplanted lung	0	0	0	0	**0**
Complications of transplanted organ unspecified	1	0	0	0	**1**
Complications of transplanted pancreas	0	0	0	0	**0**
Congenital nephrotic syndrome	3	1	0	0	**4**
Congenital obstruction of ureterpelvic junction	0	0	0	0	**0**
Congenital obstruction of uretrovesical junction	2	0	0	0	**2**
Cystinosis	1	0	0	0	**1**
Dense deposit disease, MPGN type 2	0	0	0	0	**0**
Diabetes with renal manifestations Type 1	46	2	1	0	**49**
Diabetes with renal manifestations Type 2	168	27	8	0	**203**
Drash syndrome, mesangial sclerosis	0	0	0	0	**0**
Etiology uncertain	23	6	2	0	**31**
Fabry's disease	0	0	0	0	**0**
Focal Glomerulonephritis, focal sclerosing GN	55	6	6	0	**67**
Glomerulonephritis (GN) (histologically not examined)	35	12	4	0	**51**
Goodpasture's syndrome	3	1	1	0	**5**
Gouty nephropathy	0	0	0	0	**0**
Hemolytic uremic syndrome	0	0	1	0	**1**
Henoch-Schonlein syndrome	0	0	0	0	**0**
Hepatorenal syndrome	13	0	0	0	**13**
Hereditary nephritis, Alport's syndrome	1	1	1	0	**3**
Hypertension: Unspecified with renal failure	211	31	7	0	**249**
IgA nephropathy, Berger's disease (proven by immunofluorescence)	25	15	4	0	**44**
IgM nephropathy (proven by immunofluorescence)	1	0	0	0	**1**
Lead nephropathy	0	0	0	0	**0**
Lupus erythematosus, (SLE nephritis)	22	13	0	0	**35**
Lymphoma of kidneys	0	0	0	0	**0**
Medullary cystic disease, including nephronophthisis	2	0	0	0	**2**

Primary Diagnosis	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
Membranoproliferative GN type 1, diffuse MPGN	2	2	1	0	**5**
Membranous nephropathy	9	2	1	0	**12**
Multiple myeloma	0	0	0	0	**0**
Nephrolithiasis	3	1	0	0	**4**
Nephropathy caused by other agents	4	1	0	0	**5**
Nephropathy due to heroin abuse and related drugs	0	0	0	0	**0**
Other (congenital malformation syndromes)	4	0	0	0	**4**
Other Congenital obstructive uropathy	9	1	0	0	**10**
Other disorders of calcium metabolism	0	1	0	0	**1**
Other immuno proliferative neoplasms (including light chain nephropathy)	0	0	0	0	**0**
Other proliferative GN	0	0	0	0	**0**
Other renal disorders	7	1	1	0	**9**
Other Vasculitis and its derivatives	0	1	0	0	**1**
Polyarteritis	0	0	0	0	**0**
Polycystic kidneys, adult type (dominant)	39	13	6	0	**58**
Polycystic, infantile (recessive)	2	0	0	0	**2**
Post infectious GN, SBE	1	1	0	0	**2**
Post-partum renal failure	0	0	0	0	**0**
Primary oxalosis	1	1	0	0	**2**
Prune belly syndrome	0	0	0	0	**0**
Radiation nephritis	0	0	0	0	**0**
Renal artery occlusion	0	0	0	0	**0**
Renal artery stenosis	0	0	0	0	**0**
Renal hypoplasia, dysplasia, oligonephronia	9	0	0	0	**9**
Renal tumor (benign)	0	0	0	0	**0**
Renal tumor (malignant)	2	0	1	0	**3**
Renal tumor (unspecified)	0	0	0	0	**0**
Scleroderma	0	1	0	0	**1**
Secondary GN, other	2	0	0	0	**2**
Sickle cell disease/anemia	0	0	0	0	**0**
Sickle cell trait and other sickle cell (HbS/Hb other)	0	0	0	0	**0**
Traumatic or surgical loss of kidney(s)	1	0	0	0	**1**
Tuberous sclerosis	0	0	0	0	**0**
Tubular necrosis (no recovery)	7	0	0	0	**7**
Urinary tract tumor (benign)	0	0	0	0	**0**
Urinary tract tumor (malignant)	0	0	0	0	**0**
Urinary tract tumor (unspecified)	0	0	0	0	**0**
Urolithiasis	1	0	0	0	**1**
Wegener's granulomatosis	1	2	0	0	**3**
With lesion of rapidly progressive GN	2	1	0	0	**3**
Not Specified	10	4	3	0	**17**
Total	**786**	**157**	**53**	**0**	**996**

Table 7: Dialysis Deaths

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

Age Group	FL	Other	Total
00-04	3	0	**3**
05-09	1	0	**1**
10-14	1	0	**1**
15-19	0	0	**0**
20-24	11	0	**11**
25-29	8	0	**8**
30-34	29	0	**29**
35-39	36	1	**37**
40-44	91	1	**92**
45-49	110	0	**110**
50-54	234	2	**236**
55-59	386	7	**393**
60-64	497	4	**501**
65-69	602	8	**610**
70-74	673	8	**681**
75-79	658	14	**672**
80-84	604	17	**621**
>=85	677	9	**686**
Total	**4,621**	**71**	**4,692**
Gender	**FL**	**Other**	**Total**
Female	1,907	18	**1,925**
Male	2,714	53	**2,767**
Not Specified	0	0	**0**
Total	**4,621**	**71**	**4692**
Race	**FL**	**Other**	**Total**
American Indian/Alaska Native	5	0	**5**
Asian	63	1	**64**
Black or African American	1,354	9	**1,363**
Multiracial	7	0	**7**
Native Hawaiian or Other Pacific Islander	33	0	**33**
White	3,153	61	**3,214**
Not Specified	6	0	**6**
Total	**4,621**	**71**	**4,692**

Primary Diagnosis	FL	Other	Total
Cystic/Hereditary/Congenital Diseases	89	2	**91**
Diabetes	2,054	34	**2,088**
Glomerulonephritis	198	6	**204**
Hypertension/Large Vessel Disease	1,568	11	**1,579**
Interstitial Nephritis/Pyelonephritis	81	3	**84**
Miscellaneous Conditions	328	7	**335**
Neoplasms/Tumors	176	8	**184**
Secondary GN/Vasculitis	51	0	**51**
Not Specified	76	0	**76**
Total	**4,621**	**71**	**4,692**
Primary Cause of Death	**FL**	**Other**	**Total**
Cardiac	2,085	36	**2,121**
Endocrine	0	0	**0**
Gastro-Intestinal	18	1	**19**
Infection	334	2	**336**
Liver Disease	36	0	**36**
Metabolic	20	0	**20**
Not Specified	151	1	**152**
Other	1,828	29	**1,857**
Vascular	149	2	**151**
Total	**4,621**	**71**	**4,692**

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.

This table includes 34 Patients receiving treatment at VA facilities.

Table 8: Vocational Rehabilitation

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

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
102518	20	0	0	0
102501	50	1	5	1
102514	35	2	11	2
102512	35	0	6	1
102548	29	0	1	3
102551	0	0	0	0
100001	99	1	10	3
102531	50	0	12	1
102521	48	2	6	2
102557	18	0	1	0
102573	43	0	3	1
102519	24	0	4	0
102528	18	0	5	1
102529	7	0	1	0
102506	27	1	9	0
102542	18	0	4	0
102538	16	1	4	0
102547	31	0	4	0
102563	7	0	1	0
102554	26	1	2	1
103300	5	2	0	5
100007	13	0	0	0
102505	83	1	17	1
102517	15	0	2	0
102511	21	0	6	3
102546	44	0	4	0
102553	43	2	13	2
102569	25	0	1	0
102513	51	0	8	3
102524	13	0	1	0
102534	14	0	6	0
102549	10	0	1	0
102545	39	0	10	0
102564	18	0	1	0
102520	10	0	2	0
102525	19	0	5	0
102527	15	0	5	0
102510	13	0	1	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
102571	29	0	3	0
102555	24	0	1	0
100038	2	0	0	1
102536	27	0	1	0
102559	40	0	9	3
102504	51	0	4	2
102544	27	0	3	1
102718	16	1	5	0
102503	18	0	1	0
102530	17	0	3	0
102532	31	3	11	3
102502	43	1	16	2
102543	13	0	2	0
102558	31	0	4	0
102565	57	0	8	2
102566	21	2	11	3
102574	30	0	3	0
102576	23	0	3	0
102578	12	0	2	0
102579	11	0	1	0
102581	24	1	5	1
102582	6	0	2	0
102583	33	0	6	2
102584	20	0	2	0
102585	21	0	3	0
102586	67	16	29	8
102587	3	0	0	0
102589	7	0	0	0
102590	52	1	5	0
102591	29	1	4	0
102592	11	0	1	1
102593	43	0	6	1
102594	33	0	9	2
102595	18	2	7	1
102596	39	0	16	0
102597	10	0	1	0
102598	21	0	3	1
102601	13	0	0	0
102602	48	0	6	0
102603	6	0	0	0
102604	19	0	3	0
102605	27	0	3	1

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
102610	47	1	8	1
102689	16	1	2	0
102612	24	0	4	0
100022	19	0	4	2
100113	2	0	0	0
100128	5	0	1	0
109802	0	0	0	0
109804	0	0	0	0
109803	0	0	0	0
109801	0	0	0	0
102616	26	0	2	0
102618	13	0	4	0
102613	28	0	5	0
102614	25	0	1	0
102615	42	0	4	0
102619	19	0	2	0
102617	14	0	5	1
102623	30	2	6	2
102624	38	0	11	0
109809	0	0	0	0
102626	17	1	1	0
102627	26	0	1	0
10061F	6	0	1	0
10011F	6	0	0	0
102629	11	0	2	0
102630	16	0	3	0
102632	19	0	4	0
102635	24	0	5	0
102634	33	1	10	0
102636	49	0	8	0
102558	5	0	0	0
102638	23	0	1	0
102637	21	0	0	0
102628	6	1	2	1
102639	33	1	7	1
102642	18	0	3	0
102647	23	0	8	0
102646	19	0	2	0
103301	6	0	2	3
102645	38	1	8	0
102648	22	1	10	0
102649	12	1	3	1

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
102651	15	2	4	0
102653	17	0	5	1
102656	78	0	11	0
102654	12	0	2	0
102655	8	0	0	0
102658	13	0	4	0
102662	17	0	0	0
102659	50	0	12	2
102660	24	0	6	2
102664	29	0	3	0
102665	14	0	1	0
10009F	6	1	1	0
102529	5	0	0	0
102666	27	2	6	1
102670	16	0	1	0
102668	10	0	0	0
102695	1	0	0	0
102674	18	0	3	0
102673	77	0	20	2
102675	4	0	1	0
102683	23	2	0	0
102676	24	0	2	0
102678	30	1	3	1
102679	20	0	0	0
102684	27	1	6	1
102687	16	1	4	1
102680	31	0	13	0
102681	32	0	6	0
102692	11	0	1	0
102690	7	0	1	0
10065F	4	0	0	0
102693	21	1	4	1
102705	52	1	17	1
102694	14	0	2	0
102696	7	1	0	0
102699	18	0	1	0
102697	30	0	1	0
102702	8	0	1	0
102708	24	1	7	1
102701	32	0	12	0
102715	11	0	1	0
102700	15	0	3	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
102719	11	0	0	0
102707	11	0	2	0
102710	16	0	2	0
102712	8	0	0	0
102716	26	1	3	1
102714	15	0	4	0
102717	13	0	2	0
102720	9	0	2	0
102721	46	1	31	1
102722	17	0	1	0
102733	13	0	1	0
102703	6	0	0	0
102726	10	0	3	1
102728	17	0	3	0
102709	10	0	1	0
102748	44	0	7	0
102731	11	0	2	0
102727	8	0	0	0
102737	10	0	0	0
102732	7	0	2	0
102739	8	0	0	0
102736	4	0	0	0
102746	12	1	6	0
100088	0	0	0	0
102740	36	1	15	2
102738	9	1	2	0
102741	12	0	0	0
102893	19	0	9	0
102742	27	1	6	0
102744	8	1	2	0
102743	6	0	0	0
102756	25	0	3	1
102752	7	0	1	0
102750	16	0	6	0
102745	25	1	4	1
102749	2	1	0	1
102747	32	1	1	1
102751	19	0	7	0
102522	17	1	6	1
102706	20	1	2	0
102759	5	0	2	0
102757	15	1	5	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
102766	25	1	8	1
102764	30	0	1	0
102768	8	0	3	1
102754	44	3	7	1
102761	45	5	5	2
102767	28	0	11	1
102762	22	0	4	0
102765	30	0	4	0
102770	19	0	2	0
102772	22	0	6	2
102769	44	0	5	0
102773	22	0	1	0
102774	8	0	3	1
102776	28	2	3	0
109806	0	0	0	0
102771	13	0	4	0
102775	17	2	2	1
102778	14	0	2	0
102783	23	0	6	0
102782	12	0	0	0
102777	28	0	2	0
102779	44	0	11	0
102784	39	0	10	8
102792	29	0	6	1
102786	9	0	2	0
102790	6	0	0	0
102789	12	1	1	1
102788	12	0	2	0
102787	23	1	10	1
102791	7	0	1	0
102793	18	0	4	0
102794	53	0	16	4
102795	13	0	6	0
102801	9	0	2	0
102796	4	0	0	0
102800	28	0	5	0
102805	49	0	5	0
102811	5	0	3	0
102803	25	0	2	1
102804	7	0	2	0
FL0ORP	50	0	0	0
102806	35	0	6	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
102807	9	0	2	0
102802	18	0	0	0
102812	39	1	5	0
102809	8	0	2	1
102810	22	0	2	0
102813	22	0	2	0
103502	25	0	3	1
102815	27	0	2	0
102814	6	0	1	0
102817	20	0	4	0
102818	10	1	3	0
102819	9	0	2	0
102820	26	0	5	0
102816	18	0	1	0
102856	36	0	6	0
102832	30	0	0	0
102823	16	0	3	0
102825	35	1	12	1
102824	24	1	6	1
102828	17	0	1	0
102826	11	1	3	0
102827	17	0	2	0
102821	6	0	3	0
102822	14	0	0	0
102829	28	0	2	0
102830	11	0	1	0
102831	7	0	0	0
102834	15	0	0	0
102833	4	0	2	0
102835	21	0	5	0
102860	11	0	0	0
102836	13	0	5	0
102838	9	0	0	0
102839	26	0	2	0
102840	19	0	1	0
102841	9	0	1	0
109807	0	0	0	0
102843	8	0	1	0
102844	8	0	1	0
102845	13	9	2	0
102883	10	0	2	1
102851	18	0	0	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
102848	19	0	2	1
102849	19	2	4	2
102850	28	0	6	0
102847	15	0	1	0
102853	24	0	6	0
102855	32	0	2	0
102861	24	0	5	0
102837	31	1	6	1
102854	4	1	1	0
102885	25	0	10	0
102857	15	0	0	0
102858	31	0	1	0
102859	6	0	2	0
102874	13	0	2	0
682504	2	0	1	0
102875	5	0	2	0
102873	32	4	8	3
102881	0	0	0	0
102871	13	0	5	0
102863	6	0	1	0
102864	23	1	2	0
102865	10	1	1	0
102876	17	0	3	1
102866	17	0	7	0
102867	3	0	1	0
102868	11	1	1	0
102869	6	0	0	0
102870	43	6	14	3
102890	7	0	0	1
102880	11	0	6	1
102879	19	0	4	0
102884	25	0	4	0
102872	22	0	2	0
102882	25	0	4	0
102877	16	3	4	0
102887	8	0	5	0
102878	31	0	1	0
102888	4	0	2	0
102886	38	0	8	0
102892	10	1	5	1
102894	2	0	0	0
102889	11	0	3	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
102895	0	0	0	0
102891	14	1	3	1
102896	62	0	20	3
102897	18	0	7	0
682513	24	0	3	1
682501	10	0	1	0
682502	15	0	5	0
102898	23	0	0	0
682511	14	0	1	0
682503	8	1	3	0
682507	19	0	1	0
682508	22	0	3	0
102899	9	0	2	0
682505	13	0	0	0
682509	3	0	1	0
682506	25	0	4	1
682510	15	2	2	2
682512	5	0	0	0
682515	13	0	4	1
682525	15	1	1	0
682516	12	0	2	1
682523	11	0	4	0
682517	33	0	2	0
682527	3	0	1	0
100006	1	0	0	1
682520	13	0	4	0
682521	12	2	1	0
682518	15	1	3	1
682528	0	0	0	0
682519	7	1	0	0
682522	38	1	3	1
682526	16	0	2	0
682536	10	0	1	0
682530	27	1	0	0
682529	7	1	0	0
682535	20	0	1	0
682531	10	0	2	2
682534	18	0	5	1
682532	11	0	2	0
682538	32	2	13	1
682547	2	0	0	0
682540	1	0	0	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
682537	3	0	1	0
682541	18	0	2	0
682533	6	0	2	2
682543	16	0	6	1
682546	1	0	0	0
682545	6	0	0	0
682548	3	0	0	0
682542	4	0	0	0
682544	3	0	0	0
682550	15	0	6	1
682549	7	0	3	0
682551	20	1	1	2
682552	7	0	2	0
682556	11	0	2	0
682557	9	1	6	0
682555	24	0	8	0
682565	4	0	2	0
682564	5	0	1	0
682553	4	0	2	0
682554	5	0	1	0
682559	5	1	1	2
682558	11	0	2	0
682560	3	0	1	1
682561	3	0	1	0
682567	3	0	0	0
682570	1	0	0	0
682563	5	0	3	0
682562	8	0	0	1
682568	1	0	0	0
682566	2	0	0	0
109811	0	0	0	0
682572	1	0	0	0
682569	1	0	0	0
FL Total	**7,801**	**150**	**1,419**	**176**

Appendix: Network Staffing and Structure

Staffing

The Network 7 staff of eight (8) team members is responsible for, but not limited to, completing the tasks and deliverables of the CMS Scope of Work. These tasks include assuring effective and efficient administration of the benefits provided under the Social Security Act for individuals with ESRD. Network 7 is responsible for conducting activities in the areas of Quality Improvement, Community Information and Resources, Administration, and Information Management. The Network's primary function is to:

- Provide an efficient organizational structure for improving ESRD quality of care;
- To identify opportunities to improve care, develop quality improvement interventions, and measure the effectiveness of the interventions;
- Identify and address instances of sub-standard care including patient safety concerns;
- Investigate and resolve patient complaints and grievances, and
- Coordinate the collection, analysis and reporting of data which is used to monitor and evaluate the quality of care and to determine beneficiary entitlement.

Network 7 also had a staff of six (6) team members assigned to the Business Requirements for ESRD Systems (BRES) Special Innovation Project. During the calendar year 2014, Network 7 staff included:

Martha Hanthorn, MSW – Executive Director (January 2012-July 2014): The Executive Director provides oversight for the successful completion and delivery of the requirements of the Network contract requirements. This position serves as a resource to organizational leadership regarding goals, objectives, work plans, and operational policies. An important function is to establish and maintain relationships with ESRD patients, providers, and other stakeholders to ensure community collaboration towards goals to improve ESRD care. Additionally, responsibilities include management of operational and financial performance and ESRD personnel, and daily office operations.

Demetra Denmon, MA-WSD, Executive Director, ESRD Services: As the Executive Director, ESRD Services, Ms. Denmon serves as the corporate liaison between the three HSAG Networks, Centers for Medicare & Medicaid Services, and the corporate leadership team. In August 2014, she also took on the role as Executive Director for Network 7. Her role guides the work of the Networks to provide advice on goals, objectives, work plans and operational policies. Ms. Denmon facilitates communications between Senior Management and the development of a Tri-Network focus in support of the Network activities and the completion of administrative responsibilities and reporting. As the Executive Director for Network 7, Ms. Denmon serves as a resource to organizational leadership regarding goals, objectives, work plans, and operational policies. An important function is to establish and maintain relationships with ESRD patients, providers, and other stakeholders to ensure community collaboration towards goals to improve ESRD care. Additionally, responsibilities include management of operational and financial performance and ESRD personnel, and daily office operations.

Helen Rose, MSW, LCSW – Patient Services Director: The Patient Services Director leads community information and resource activities, including management of the Network's patient grievance process, in collaboration with the Medical Review Board grievance subcommittee, patient-focused quality improvement activities and campaigns, and patient volunteer activities with the Patient Advisory Committee (PAC) and Patient Subject Matter Experts (SMEs). This position also provides technical assistance and education to patients, providers, and other stakeholders for patient concerns, disaster preparedness, and vocational rehabilitation (VR).

Leonardo Denaro, BS – Quality Improvement Director (April 2013 – July 2014): The Quality Improvement Director coordinates and provides oversight of Network quality initiatives and activities, as well as the internal quality control (IQC) process. Responsibilities include coordinating the development of quality improvement project plans, evaluating educational components of activities in coordination with staff and Network committees to ensure that appropriate subject matter is being addressed, and directing the activities of the Network Council (NC) and Medical Review Board (MRB).

Mary Fenderson, RN, CNN, MSHSA – Interim Quality Improvement Director (August 2014-December 2014): The Quality Improvement Director coordinates and provides oversight of Network quality initiatives and activities, as well as the internal quality control (IQC) process. Responsibilities include coordinating the development of quality improvement project plans, evaluating educational components of activities in coordination with staff and Network committees to ensure that appropriate subject matter is being addressed, and directing the activities of the Network Council (NC) and Medical Review Board (MRB). Ms. Fenderson also continued to conduct quality improvement project activities including project design, interventions, measurement and sustainment. Additional activities include the provision of assistance in the clinical aspects of investigation and resolution of patient grievances, development of patient and professional educational materials, provision of clinical knowledge and subject matter expertise to the community and other CMS contractors, and support of technical assistance to patients and providers. This position also provides subject matter expertise to the BRES Special Innovation Project team.

Beverly Whittet, RN, CDN – Quality Improvement Coordinator: The Quality Improvement Coordinator conducts quality improvement project activities including project design, interventions, measurement, and sustainment. Additional activities include the provision of assistance in the clinical aspects of investigation and resolution of patient grievances, development of patient and professional educational materials, provision of clinical knowledge and subject matter expertise to the community and other CMS contractors, and support of technical assistance to patients and providers.

Janet Lea Hutchinson – Director of Information Management: The Director of Information Management coordinates activities to meet the Network's data management and information systems responsibilities, including dialysis provider data submission and reporting via CROWNWeb, development and management of the Network's Business Continuity and Contingency Plan, and maintenance of the ESRD computer network. Responsibilities also include serving as the Network's primary Security Point of Contact (SPOC), ensuring the integrity of the Network's database and the continuous operations of the computer network, and serving as a subject matter expert (SME) for the BRES Special Innovation Project.

LeChrystal "Chrys" Williams – Data Control Specialist: The Data Control Specialist provides technical assistance to dialysis providers on QIMS registration and CROWNWeb data submission requirements, supports the maintenance of the Network server and equipment, and tracks data for quality improvement activities including project-specific facility reporting and tools such as environmental scans and needs assessments. This position also supports maintenance of the Network server and equipment, and serves as the Network's secondary SPOC.

Kolina Ford – Senior Administrative Assistant: The Senior Administrative Assistant assists with Network activities and campaigns through graphic design and development of materials for quality improvement and education, including patient and provider newsletters and resource materials, and event planning and management for Network educational events. This position also supports activities with other FMQAI Networks and QIO teams.

Michael W. Kennedy, PMP, MSMPM – Director of Informatics (January 2012-March 2014): The Director of Informatics leads FMQAI informatics operations and project management. Activities include collaborating with key government, ESRD Network, renal community, and other stakeholders, providing recommendations for business requirements and standard operating procedures, and serving as the main contact for CMS and other stakeholders for the BRES Special Innovation Project.

Dianna Christensen, BS – Study Director (March 2014-Present): The Study Director provides oversight of activities and manages day-to-day operations of the BRES Special Innovation Project team. Activities include collaboration with CMS, its contractors, and stakeholders conducting specific tasks, including elicitation and analysis related to CROWNWeb, and serving as a conduit between the renal community and the development team.

Harold "Anthony" Seabrook, MBA, MCP – Information Technology (IT) Manager: The IT Manager supports the functionality of the Network Contacts Utility (NCU) and Patient Contacts Utility (PCU) systems. Additional activities include assisting with website development and elicitation of feedback to increase functionality, and working with the Director of Information Management to ensure the procurement of appropriate hardware/software for the BRES Special Innovation Project.

Jamila Seaton, MS – Quality Assurance Specialist (March 2014-December 2014): The Quality Assurance Specialist uses analytical processes and methodologies to identify errors and evaluate them for quality and efficiency throughout the project. Activities include applying government regulations, manuals and standards relating to quality assurance; developing, monitoring, evaluating and implementing quality assurance plans and systems; and participate in Test Readiness Reviews.

John Jennings, MEd – Web Developer: The Web Developer leads the design and development of the Project CROWNWeb website, provides technical assistance to the communication team on implementing strategic goals, and provides technical assistance to the IT team to support database design and administration.

Melissa Johnson – Administrative Assistant (January 2012-December 2014): The Administrative Assistant provides coordination and administrative assistance for the BRES Special Innovation Project and other contracts as needed. Activities include managing updates to the deliverables database, documenting meeting minutes, and developing reports for the BRES Special Innovation Project. This position also provides administrative assistance for other ESRD contracts.

Overall, the Network employed 14 full-time staff and zero part-time staff in 2014.

Network Boards and Committees

In order to support Network operations and comply with the CMS Statement of Work, The Florida ESRD Network has established a Board of Directors and various committees. The members represent ESRD patients, dialysis facilities, transplant centers, and other strategic organizations within the Network area. The contributions of these volunteer members are critical to the success of Network activities. Their efforts truly improve the quality of care and quality of life for Florida's ESRD patients.

FMQAI Board of Directors (BOD)

The Board of Directors conducts governance activities according to corporate bylaws including overseeing successful completion of CMS contract deliverables, monitoring financial and business operations and the efficient operation of The Florida ESRD Network. Oversight of the Network is provided by the ESRD Board of Directors members, who are also members of the HSAG Board of Directors.

ESRD Board of Directors (BOD)

The BOD, in concert with the corporate team, oversees management of the Network in meeting contract deliverables and requirements, as well as the financial performance of the Network contract including its Internal Quality Improvement program. BOD responsibilities include approval of requests for contract modifications for the Network that involve requests for additional funding, review and approval of any recommendations from the MRB to sanction ESRD facilities; and to meet as necessary to ensure successful operation of the Network.

The HSAG ESRD BOD held two in-person meetings and two telephonic meeting in 2014. The following accomplishments and activities resulted:

- Provided financial and program oversight for the Network contract;
- Reviewed the Network Internal Quality Improvement plan and outcomes;
- Reviewed the Quality Improvement Activities developed by the Network and Medical Review Board;
- Reviewed the input and recommendations provided by the Network Council;
- Reviewed the input and recommendations of the Patient Advisory Committee;
- Reviewed the Network 7 Annual CMS Evaluation results; and
- Collaborated regarding Tri-Network activities and goals.

Chairman		
Jeffrey J. Sands, MD, MMM	ESRD Board Chairman – Retired	Celebration, FL
Members		
Mary Ellen Dalton, PhD, MBA, RN	HSH President and HSAG Board of Directors Chairman	Phoenix, AZ
Mark Russo, MD, PhD	ESRD Board Member, Medical Review Board Chairman – Nephrologist	Naples, FL
Candace Ann Magiera, BS	ESRD Board Member, Network Council Chairman – Renal Administrator	Sarasota, FL
Jasper Travis	ESRD Board Member, Patient Advisory Committee Chairman - Beneficiary	Jacksonville, FL
Julie A. Brophy	ESRD Board Member- Beneficiary	St. Petersburg, FL
Robert Loeper, MBA	ESRD Board Member, Renal Administrator	St. Petersburg, FL
Sue Rottura	ESRD Board Member, Renal Administrator	Boca Raton, FL
Ignacio Sotolongo, MD	ESRD Board member, Nephrologist	St. Petersburg, FL

Medical Review Board (MRB)

The MRB serves as an advisory panel to the Network on patient quality of care, outcomes, and appropriate ESRD patient access to care; patient grievances; quality improvement activities, including analysis of local data such as clinical performance measures; and development of criteria and standards for ESRD care. The MRB monitors quality of care though facility monitoring projects and Network analyses, and may conduct facility site visits as part of monitoring activities. Based on facility review, the MRB may submit to the BOD facilities to be considered for recommendation to CMS for sanctions.

Chairman		
Mark Russo, MD, PhD	Nephrologist	Naples, FL
Members		
Carlos Bejar, MD	Nephrologist	Ft. Lauderdale, FL
Mary Ann Blanchard, BS, RN	Renal Administrator	Lakeland, FL
Fred Bowers, PCT	Certified Patient Care Technician	Orlando, FL
Douglas Curtis	ESRD Beneficiary	Sarasota, FL
Jacqueline Thomas	ESRD Beneficiary	St. Petersburg, FL
Avon Doll, MD	Nephrologist	Tallahassee, FL
Fernando Kafie, MD, F.A.C.S	Vascular Surgeon	Pensacola, FL
Rebecca Brooks, RD, LDN	Renal Dietitian	Tampa, FL
Debbie Glidden, MSN, ARNP	Nurse Practitioner	Winter Park, FL
Elizabeth Howard, RN, CNN	Nurse	Oldsmar, FL
Helen Hutteri, RN, CDN	Nurse	Palm Harbor, FL
Patricia Lebron-Johnson, RN, CNN	Nurse	Tallahassee, FL
Beverly Moreland, MSW, LCSW	Renal Social Worker	Jacksonville, FL
Barbara Miller, RN, MSN, CCTC	Certified Clinical Transplant Coordinator	Fort Myers, FL
A. Oussama Rifai, MD	Nephrologist	Panama City, FL
Anna T. Samarkos	Biomed Specialist	Tarpon Springs, FL
Gary Strange, MBA	Regional Vice-President	Boynton Beach, FL

The MRB met four times in 2014, including one in-person meeting, providing guidance and ongoing feedback regarding the development and implementation of innovative quality improvement projects and activities in accordance with the new 2013-2015 Network Statement of Work. The MRB also provided feedback and was instrumental in the revision of the updated Network 7 Clinical Performance Guidelines and Standards of Care. In addition, the Grievance Review subcommittee met on a quarterly basis to review beneficiary grievances, involuntary

discharges and patient access to care concerns and trends, and provided direction to the Network on the development of quality improvement activities. The Standardized Mortality Ratio (SMR) subcommittee met via email to release 2013–2014 facilities from the project and approve an additional 9 facilities to participate in the project during 2014–2015.

Network Council (NC)

The Network Council serves as a liaison between the Network, and provider and patient members of the renal community, providing input on community concerns and recommendations for Network activities.

Chairman		
Candace A. Magiera, BS	Renal Administrator	Sarasota, FL
Members		
Christina Beale, RN	Nurse	Tallahassee, FL
Juan Cuellar, MD	Nephrologist	Miami, FL
Douglas Curtis	ESRD Beneficiary	Englewood, FL
Robin Wood-Gay, RD	Renal Dietitian	Panama City, FL
Mark M. Geisler, ACSW	Transplant Social Worker	Fr. Myers, FL
Julie Glennon	ESRD Beneficiary	West Palm Beach, FL
Susan Witzel-Kreuter, LCSW	Dialysis Social Worker	Miami, FL
Stacey McCormack, RN	Nurse	Jacksonville, FL
Stacey Moon, RN	Nurse	Gainesville, FL
Rachel Santos, LCSW	Renal Social Worker	Apopka, FL
Janice Starling-Williams	ESRD Beneficiary	St. Petersburg, FL
Camille Tate, RN	Nurse	Ft. Lauderdale, FL

The NC met three times in 2014, providing the Network input on community concerns and recommendations regarding Network educational activities and the development and implementation of innovative quality improvement activities.

Patient Advisory Committee (PAC)

The Patient Advisory Committee assists the Network in identifying barriers to obtaining quality healthcare from all perspectives on behalf of ESRD beneficiaries. This committee serves an important role in providing the patient voice and perspective to Network activities and the renal community, and collaborates with the Network's Patient Subject Matter Experts in Learning and Action Network (LAN) activities to increase patient engagement and patient-centered care. Activities include development of educational materials for patients via website, newsletter, or teleconference; provision of recommendations and feedback regarding patient related health care messages, materials, and activities planned by the Network; and Provide feedback on the effectiveness of Network patient related activities.

Chairman		
Jasper Travis	ESRD Beneficiary	Jacksonville, FL
Members		
Shakur Bolden	ESRD Beneficiary	Jacksonville, FL
Elowisa Cox	ESRD Beneficiary	Sarasota, FL
Nick Crespo	ESRD Beneficiary	Tampa, FL
Julie Glennon	ESRD Beneficiary	West Palm Beach, FL
Eric Naegler	ESRD Beneficiary	Fort Pierce, FL
Judith Schapp	ESRD Beneficiary	Port Charlotte, FL
Kathleen Robbins	ESRD Beneficiary	Hallandale Beach, FL
Jacqueline Thomas, RN	ESRD Beneficiary/Nurse	St. Petersburg, FL
Linda Thompson	ESRD Beneficiary	Tampa, FL

In 2014, the Patient Advisory Committee included 10 patients representing the demographics of the Network's ESRD patient population and the different geographical areas of Florida. Members also represented diversity in ESRD treatment modalities including in-center and home hemodialysis, home peritoneal dialysis and kidney transplant. The committee provided feedback on patient education materials, including the patients and families page of the Network's website. The group recommended topics for additional patient education materials including the CMS Quality Incentive Program (QIP) and the Dialysis Facility Compare website. Committee members provided articles for The Patient Voice, a regular article in the Network's quarterly patient newsletter. The PAC collaborated with the Network's Patient Subject Matter Expert group regarding the Network's Patient Engagement Learning and Action Network activities and in development of Campaign materials.